

Detecting and Responding to Suspected Elder Abuse and Neglect

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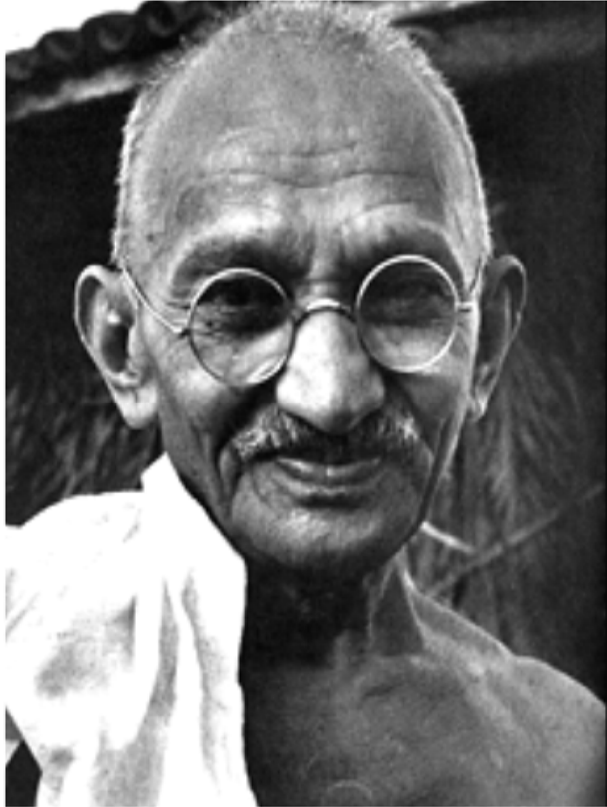
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UC Irvine Health



**“A nation’s greatness is measured
by how it treats its weakest members.”**

**—Mahatma Gandhi, humanitarian
and civil rights leader (1869–1948)**



**CENTER OF EXCELLENCE
ON ELDER ABUSE AND NEGLECT**

UNIVERSITY of CALIFORNIA, IRVINE



Elder Abuse is . . .

“Any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.”

National Center for Elder Abuse and Neglect
www.ncea.aoa.gov



Who is Covered by California's Elder Abuse Law?

- Those 65 years of age and older
- Those 18-64 years of age who have a disability
- Any adult who is admitted as an inpatient to a 24-hour health facility

Elder Abuse – California Reporting Law

- Reports are required
 - Whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment
 - Observes, has knowledge of, is told by an elder or dependent adult of, or **reasonably suspects**
 - Physical abuse
 - Abandonment
 - Abduction
 - Isolation
 - Financial abuse
 - Neglect, by self or others



Welfare and Institutions Code - Section 15630



Mandated Reporters

- Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including
 - Health care practitioners, e.g., doctors, dentists, nurses, therapists, and their office staff
 - Adult personal care providers e.g., attendants, day care staff, senior center staff
 - Law enforcement officers
 - Medical examiners
 - Paramedics and firemen
 - Code enforcement and animal control workers
 - Clergy
 - Adult/Child Protective Services staff
 - After January 1, 2007, employees of financial institutions



Welfare and Institutions Code - Section 15630
ssa.ocgov.com/abuse/elder/mandated

How to Report - California

In the Community

- All types of abuse
 - Phone report as soon as practically possible to Adult Protective Services
 - Complete **SOC 341, Report of Suspected Dependent Adult/Elder Abuse**
 - If financial institution, complete SOC 342, Report of Suspected Dependent Adult/Elder Abuse Financial Abuse
 - Forms available at <http://www.cdss.ca.gov/agedblinddisabled/default.htm>
 - FAX or mail the original copy to APS within 2 working days
 - May also report to police

In Long-Term Care

- Physical abuse, serious bodily injury
 - Phone report to local police no more than **two hours** after observing, obtaining knowledge of or suspecting the physical abuse
 - Written report (SOC 341) to law enforcement, the ombudsman, and the appropriate licensing agency within **two hours**
- Physical abuse, no serious injury
 - Phone and written reports as above within 24 hours
- Other abuse
 - Report to the LTC ombudsman or police



Confidentiality

- Reports of suspected elder or dependent adult abuse are confidential and may only be disclosed to
 - Investigators from an adult protective services agency
 - Local law enforcement
 - Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse investigators
 - Investigators of Department of Consumer Affairs, Division of Investigation
- The identity of all persons who report are confidential and only disclosed
 - To adult protective services agencies
 - To the ombudsman (with resident's permission)
 - To licensing agencies or their counsel
 - To local law enforcement
 - To the Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse
 - By the Bureau to district attorneys in a criminal prosecution
 - Upon waiver of confidentiality by the reporter
 - By a court order



Welfare and Institutions Code Section 15633

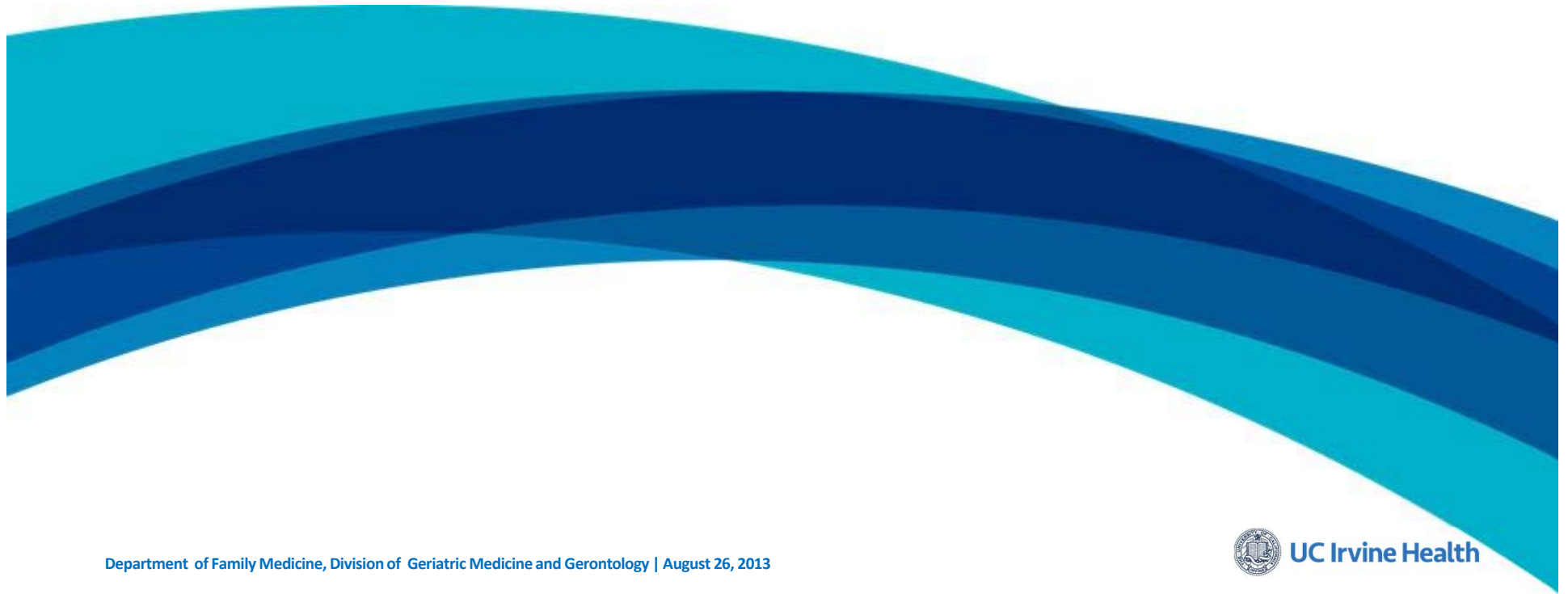
Elder Abuse – California Criminal Law



- Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions likely to produce great bodily harm or death,
 - Willfully causes or permits any elder or dependent adult to suffer,
 - Or inflicts thereon unjustifiable physical pain or mental suffering,
 - Or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured,
 - Or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable . . .

California Penal Code - Section 368(b)(1)

Vulnerability to Elder Abuse



Characteristics of Victims



- 80+ years
- Cognitively impaired
- Female
- Physically or psychologically aggressive

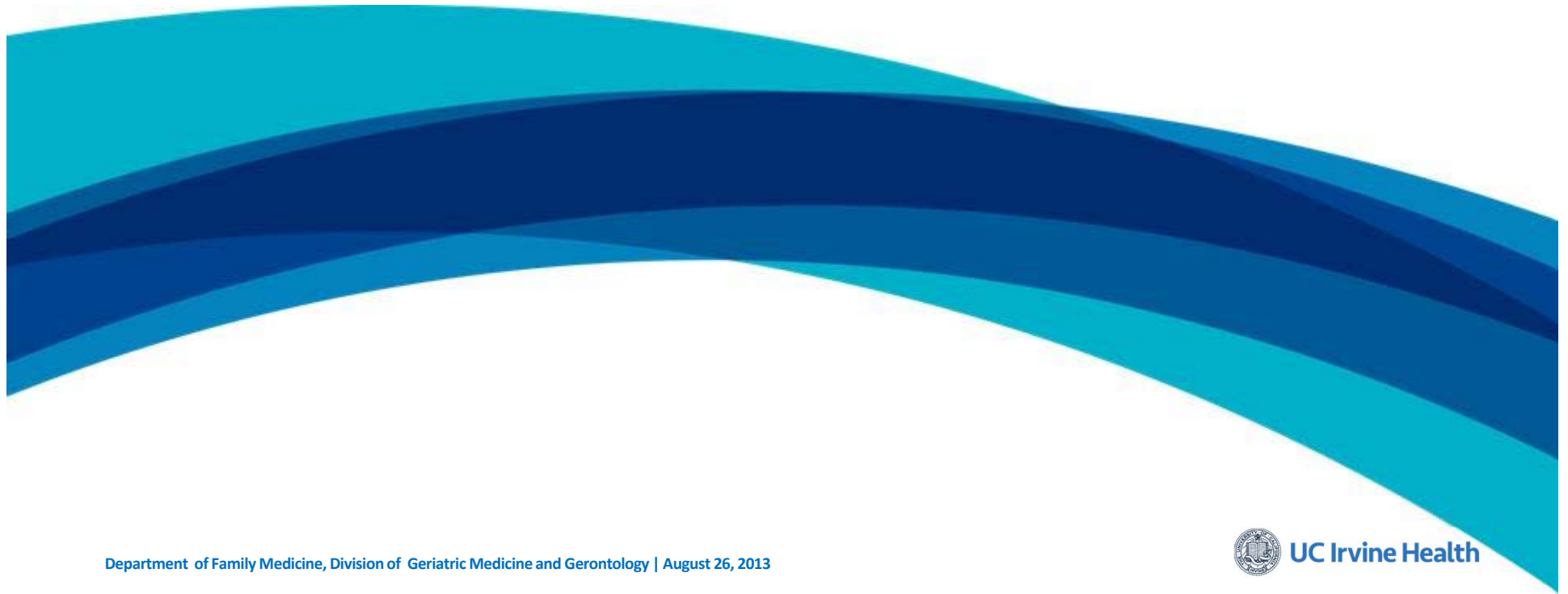
National Elder Abuse Incidence Study, 1998

Victims are from . . .

- All races, genders, sexual orientations, and countries of origin
 - It is important not to paint a picture of a typical victim in one's head
 - You might miss someone right in front of you!



Dementia Increases Vulnerability



Dementia: A Major Risk Factor for Elder Abuse

**NEARLY 1 IN 2 PEOPLE WITH DEMENTIA
EXPERIENCE SOME FORM OF ABUSE BY OTHERS.**



**AN ESTIMATED 5.2
MILLION AMERICANS
HAVE
ALZHEIMER'S DISEASE.**

¹ Cooper, C., et al. (2009). *British Medical Journal*, 338, b155

² Wiglesworth, A., et al. (2010). *JAGS*, 58, 493-500

³ Alzheimer's Association (2013). *Alzheimer's Facts & Figures*



What is Dementia?

- ***Dementia***
 - Decline in intellectual ability impacting memory plus one or more other cognitive abilities severe enough to interfere with everyday functioning
- ***Alzheimer's disease***
 - Most common type of dementia
- ***Mild Cognitive Impairment***
 - Borderland between normal aging and dementia

Cognitive Impairment & Dementia

Progressive

- Alzheimer's disease (AD)
- Dementia with Lewy Bodies (DLB)
- Fronto-temporal dementia (FTD)
- Vascular dementia (VaD)
- Parkinson's disease dementia (PDD)
- Other degenerative dementias

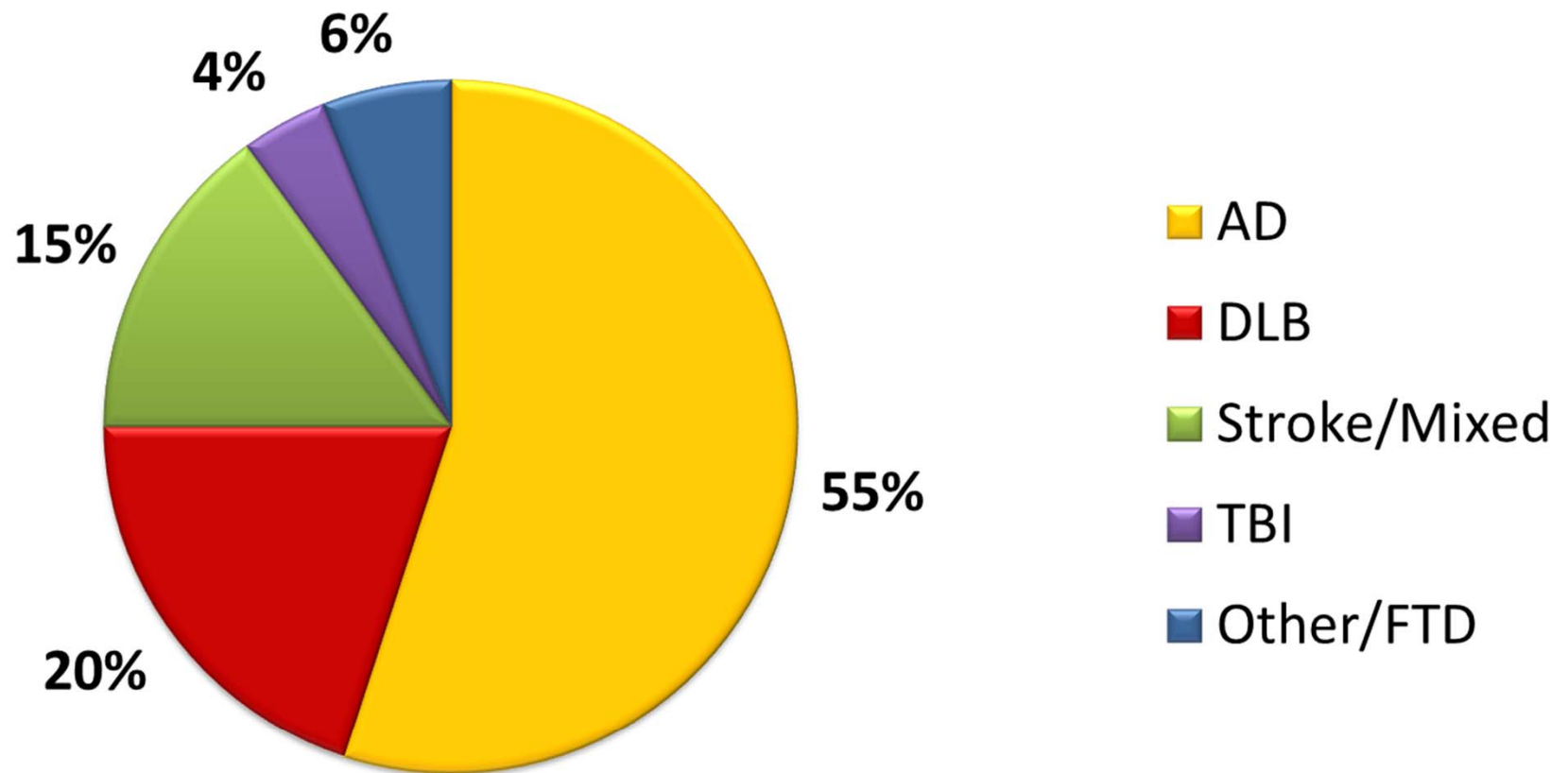
Non-Progressive

- Traumatic Brain Injury (TBI)
- Anoxia (*e.g.*, sleep apnea)
- Vascular (*e.g.*, single stroke)

Reversible

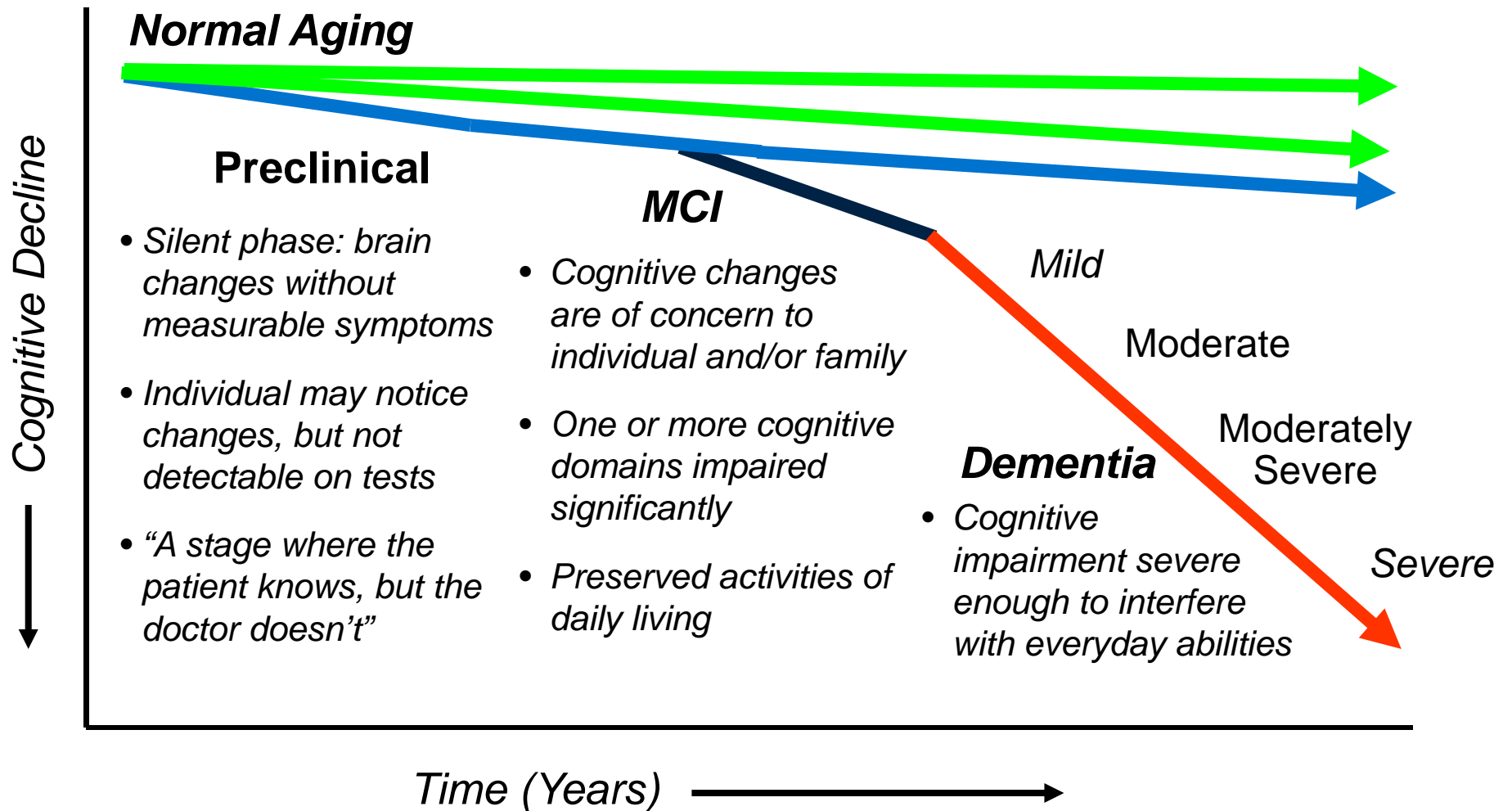
- Depression & anxiety
- Multiple medical conditions
- Metabolic problems
- Medication side effects
- Infections
- Normal Pressure Hydrocephalus

Types of Irreversible Dementia



Course of Aging, MCI and Alzheimer's Disease

Increasing Vulnerability to Abuse and Neglect



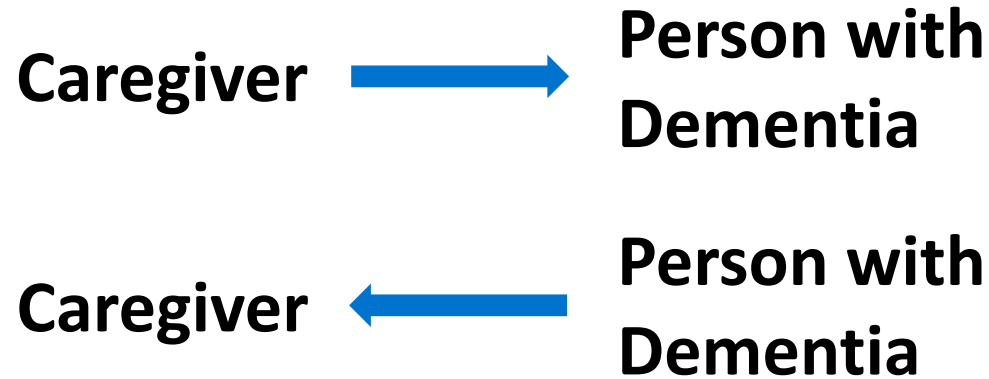
Guard Against False Assumptions

Reports of abuse and neglect in people with dementia can't be believed.

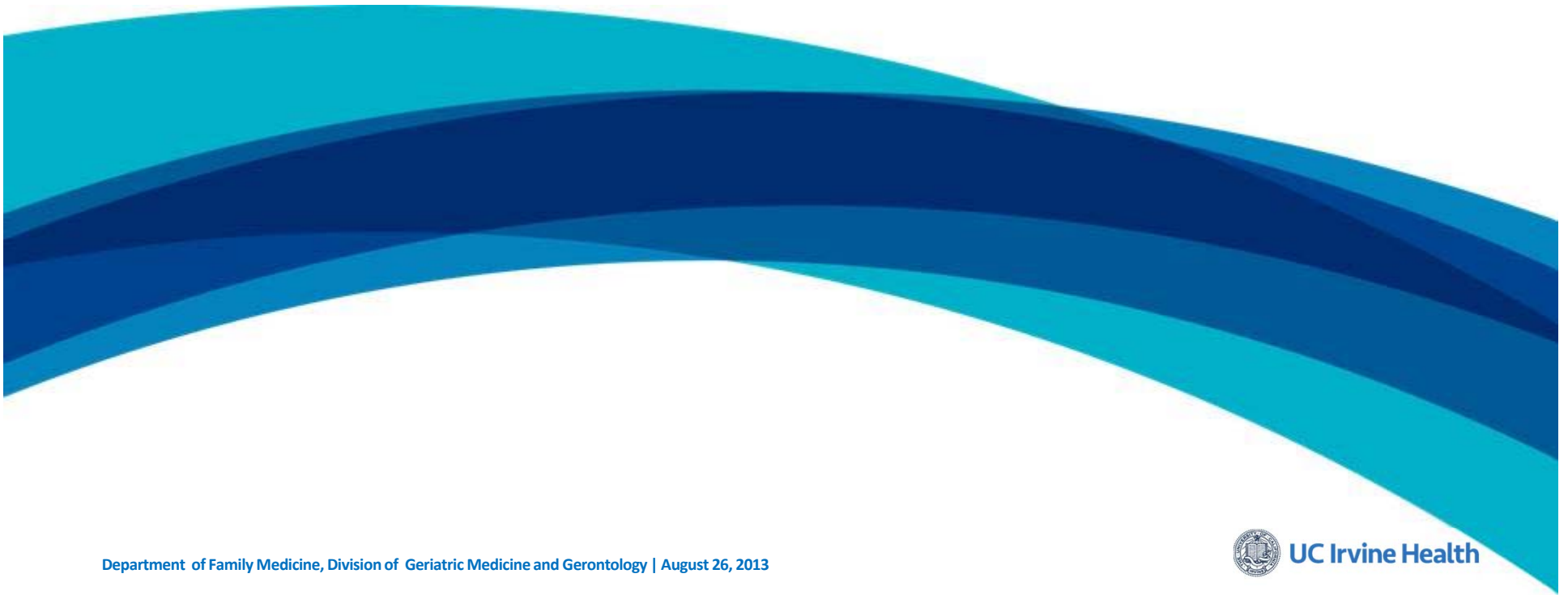
- Can people with mild-to-moderate dementia accurately report emotionally laden events?
 - 93 people with moderate-to-severe dementia and 50 cognitively normal adults were asked to describe recent emotionally laden life events
 - Accuracy was independently verified by a cognitively normal informant
 - Among the cognitively impaired older adults
 - 87 (93.5%) reported at least one substantiated emotional event
 - In 60 (64.5%) most or all of the events were confirmed
 - Conclusion
 - Most older adults with mild-to-moderate dementia are able report recent emotional events in their lives.

Wiglesworth et al. (in press)

And Remember, Abuse Can Go Both Ways



Perpetrators of Elder Abuse



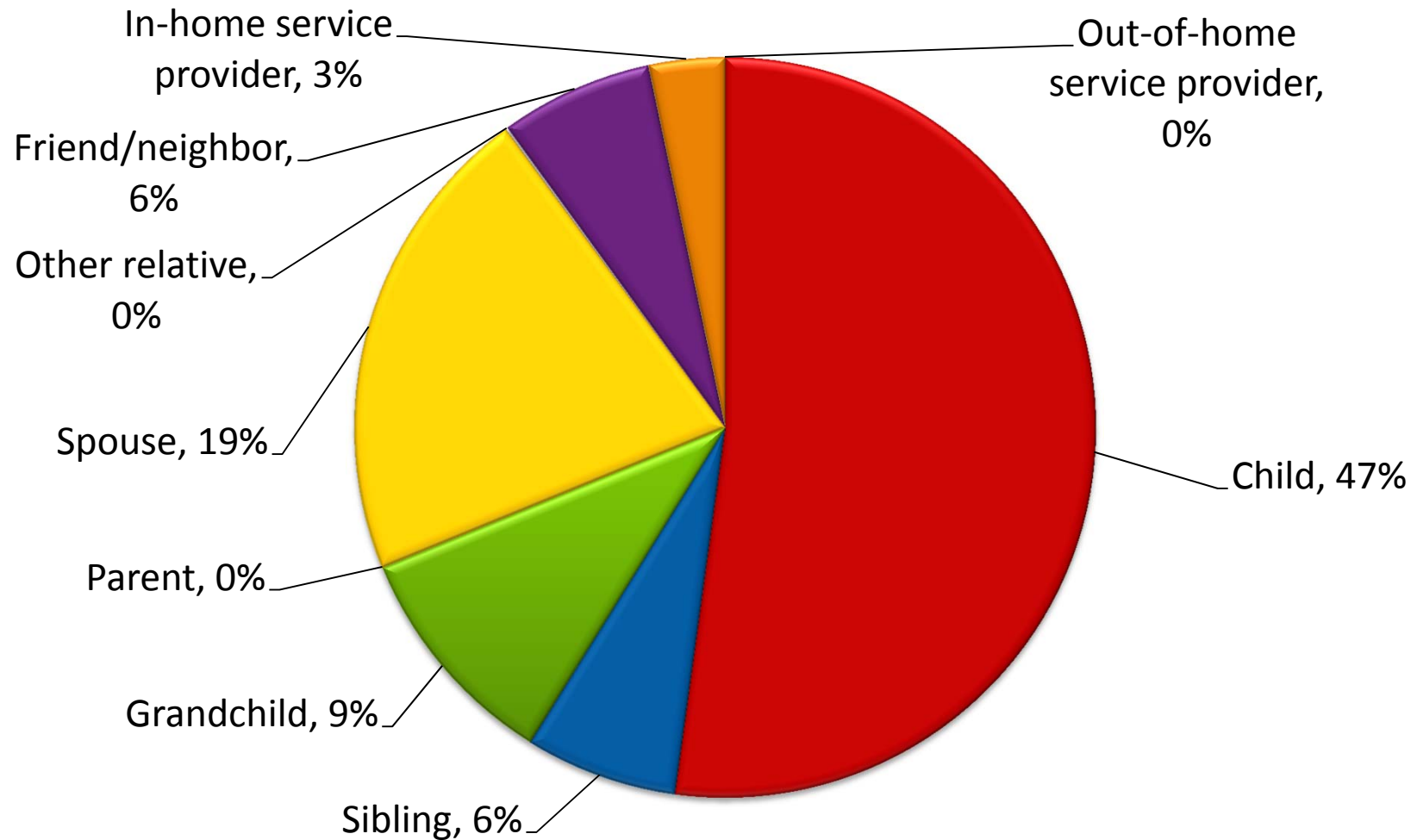
Who Abuses?

- 90% of perpetrators are relatives
 - Often these family members suffer from a substance abuse or mental health disorder¹
- Of these, nearly half are adult children
- 52% are men
- 30% are themselves over 60 years old



¹ Jorgerst, G. et al. *American J of Drug and Alcohol Abuse*, 38, 63-69

Perpetrators: Relationship to Victim

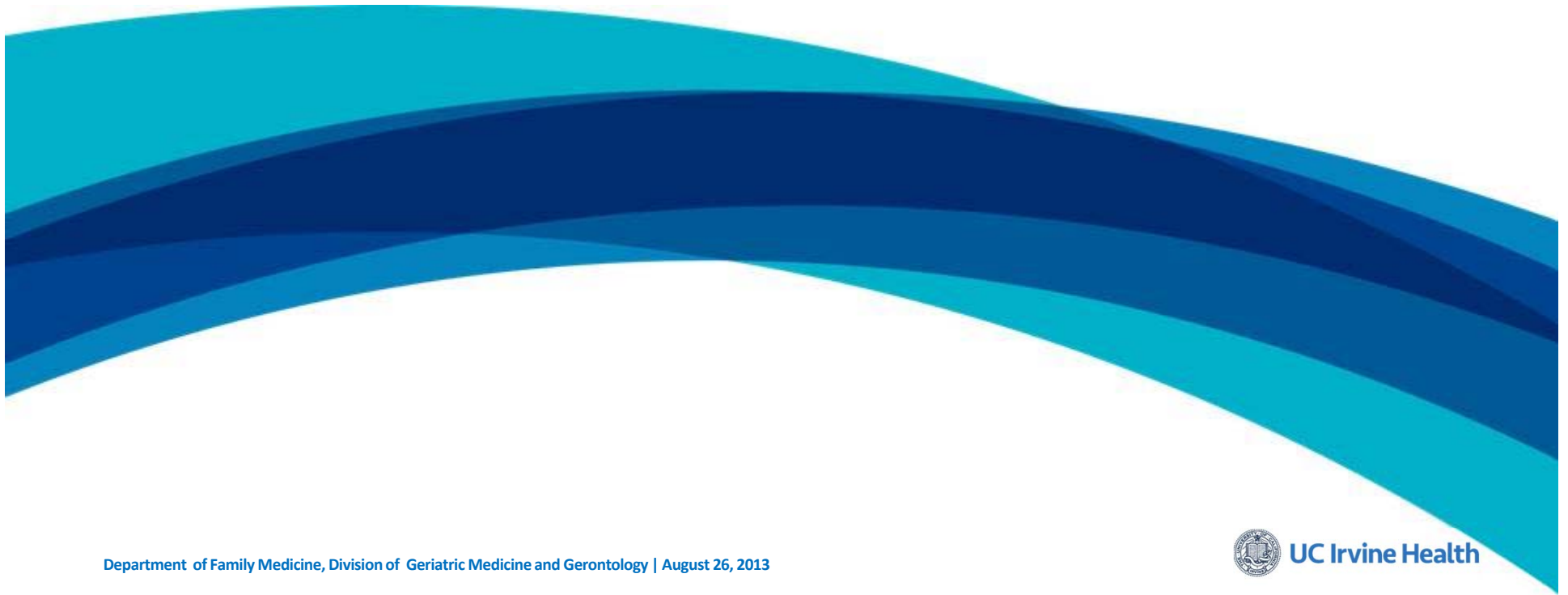


Red Flag Situations

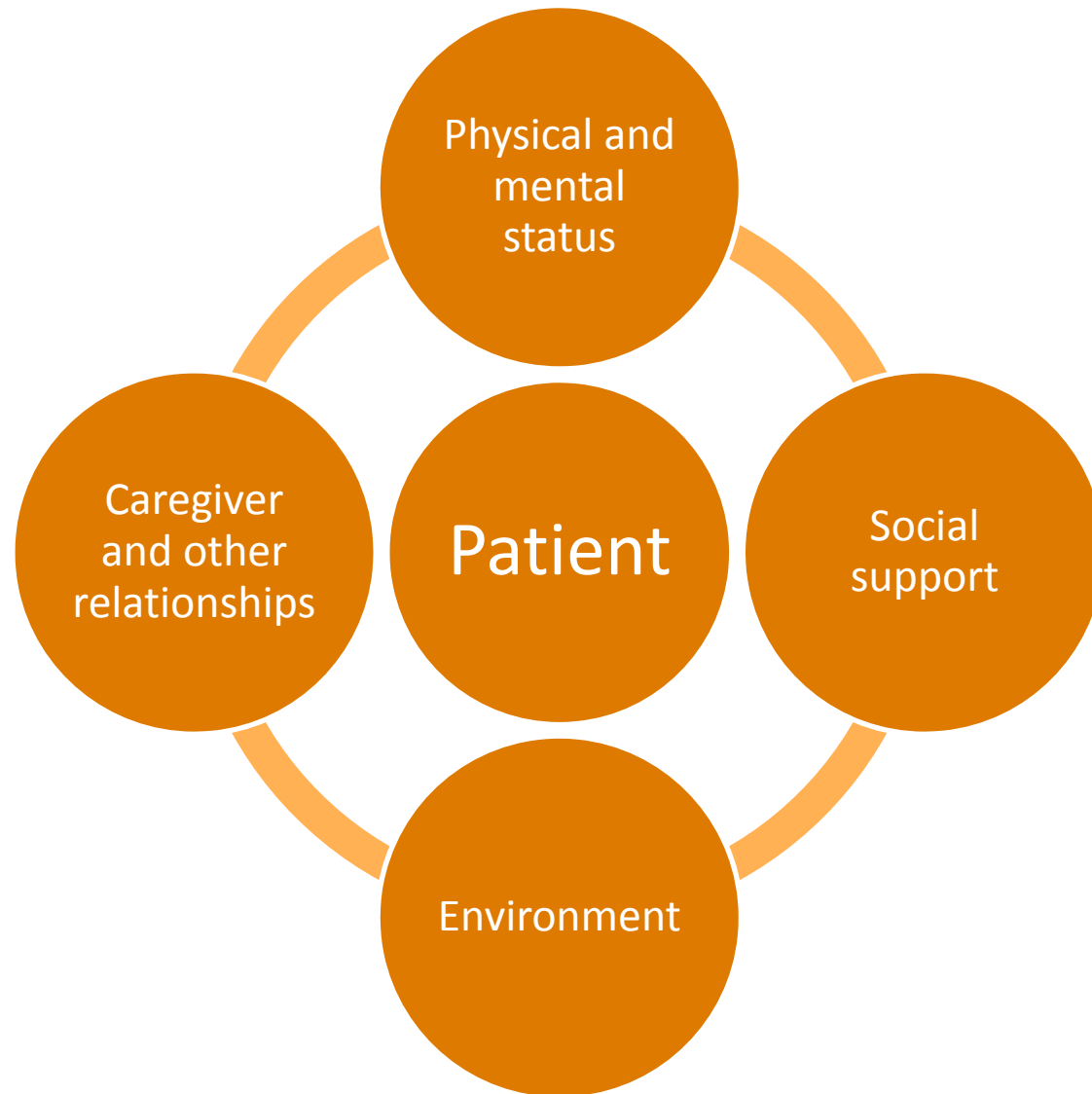


- Caregivers with inadequately treated mental health and/or substance abuse problems who also...
- Feel burdened, resentful and are providing care for . . .
- An older adult who is physically combative and/or verbally abusive

Paying Attention to the Signs of Elder Abuse



Paying Attention to Signs of Elder Abuse



Physical Clues

Pressure sores

Slap marks/
pressure marks



Burns or blisters/
restraint marks

Broken bones



Dehydration

Low weight

Poor nail care



Exacerbations of
chronic illness
under treatment

Over- or under-
medicated

Bruises around
breasts or genital
area, inner thigh

Unexplained
sexually
transmitted
diseases

Poor grooming and
hygiene, body odor

Bruises – In the Wrong Places

- Bruises in physically abused older adults
 - Are larger
 - *Be suspicious if > 5 cm (about 2 inches)*
 - Are more likely to be on the head, neck, lateral right arm
 - Pay attention to the location
- People who have been abused are more likely to remember the cause of the bruise
 - *Ask!*

Diagrams of accidental bruising and bruising in physical abused elders can be found at
http://www.centeronelderabuse.org/docs/Bruising_color_handout.pdf

Behavioral Clues

Increased
confusion

Inability to
comprehend
new transactions

Less alert

Anxiety/
Agitation



Loss of interest



Cowering

Hesitant,
evasive,
secretive

Fear of being
touched

Any unusual
behavior
changes



Relational Clues

Caregiver won't let you talk to patient alone

Caregiver speaks for the patient

Caregiver overly protective or lacking concern

Caregiver stands watch, monitors interactions

Caregiver hostile and surly to staff

Patient's body language (e.g., no eye contact)

Inconsistent stories

Delay in seeking care

Previous reports of abuse



Caregiver Clues

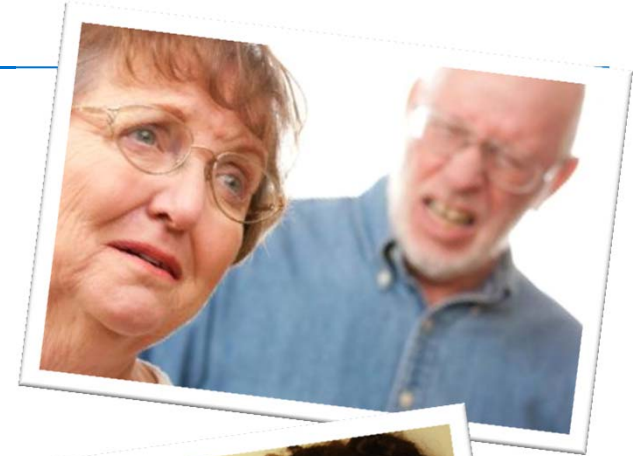
Caregiver has untreated mental health issues

Caregiver abuses alcohol or drugs

Caregiver reports burden, resentment, frustration

Caregiver is verbally aggressive, demeaning

Caregiver is overly concerned with spending money



Social Support Clues

Isolated

Phone calls screened

Mail intercepted

Patient told he/she is sick and must stay in bed

Patient prohibited from going out (e.g., to church)

Doctor shopping (i.e., frequently changing MDs)

Patient says someone is accessing his/her accounts, money is disappearing

Financial decisions being made for patient are not consistent with good care

Person who used to handle finances recently left of had to stop



Environmental Clues

Filth

Clutter

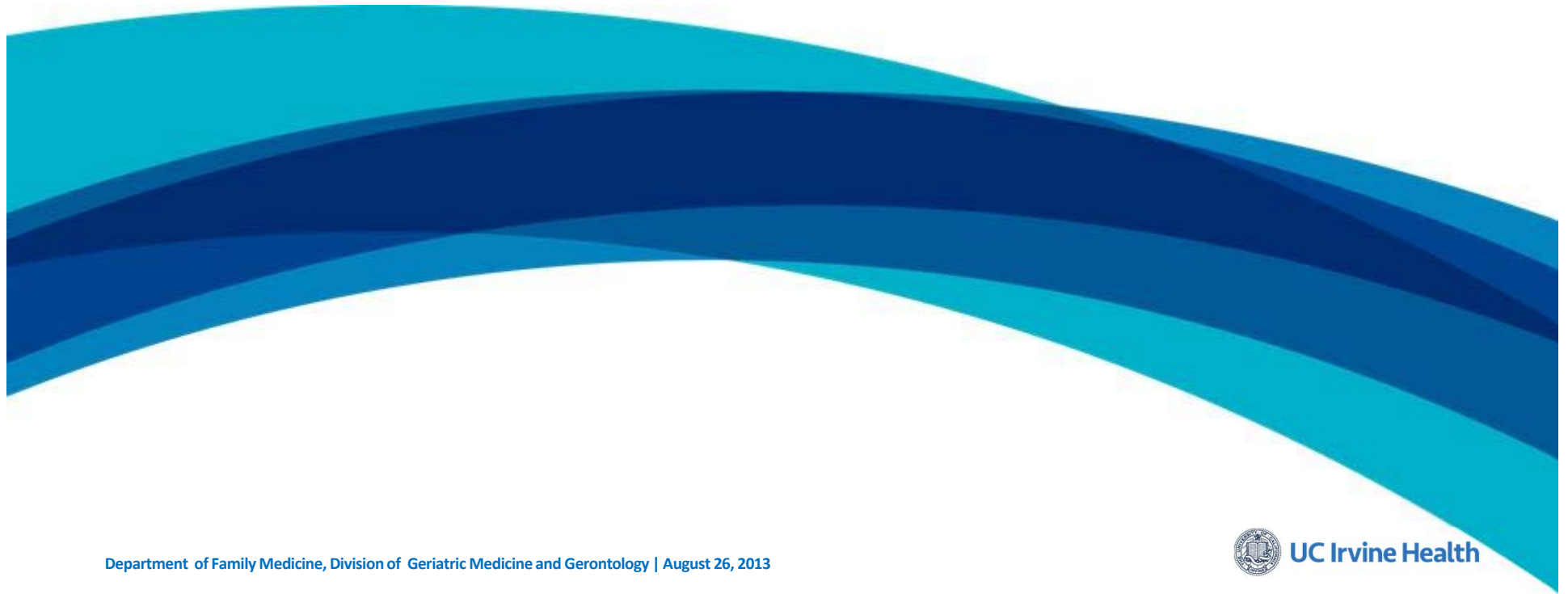
Disrepair

Safety hazards

Inadequate facilities
(e.g., appliances,
heat/cooling,
working plumbing)



Assessment of Elder Abuse



If You Suspect Mistreatment

- Speak with the older patient alone
 - Enlist help from other team members if needed
- Normalize the situation as much as possible
- Try to maintain an objective and supportive demeanor with both the patient and caregiver



Ron Chez, M.D., *An Introduction for the Clinician*, www.centeronelderabuse.org

Talking to Patients

- General statements
 - *I don't know if this is a problem for you, but because so many patients I see are dealing with abusive relationships, I have started asking about it routinely.*
 - *Because there is help available for my patients who are being abused, I now ask everyone about the possibility if it is occurring to them.*

Allow Silence

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Talking to Patients

- Direct questions
 - *Are you afraid of anybody?*
 - *Has anybody hurt you?*
 - *Is anyone mistreating you?*
 - *Do you feel safe where you live?*
 - *Is anybody taking or using your money without your permission?*
 - *Do you always have enough food and water available?*
 - *Has your caregiver ever refused to help take care of you when you asked for help?*
 - *Are you made to stay in your room or left alone a lot?*
 - *Have you been forced to do something sexually that you don't want to (or makes you feel uncomfortable)?*

Ron Chez, M.D., *An Introduction for the Clinician*, www.centeronelderabuse.org
Mosqueda, L., & Olsen, B. (in press)



Talking to Caregivers

- General statements
 - *Some people find it difficult to care for a parent with your mother's condition. Do you?*
 - *Are you overwhelmed, confused, fearful, or angry as a result of being a caregiver?*
 - *Are you able to meet your personal and family needs?*
 - *Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?*
 - *This kind of caregiving is really frustrating. How do you handle it when you've reached your limit?*

Ron Chez, M.D., *An Introduction for the Clinician*, www.centeronelderabuse.org
Mosqueda, L., & Olsen, B. (in press)



Talking to Caregivers

- Direct questions
 - *Is [name] physically or verbally abusive toward you?*
 - *I can see that you are under a lot of stress. Have you ever gotten to the point where you've hit [name] or thought about hitting [name]?*
 - *When [name] is resistant to the care you're providing, such as bathing, has it ever gotten physical? Has she ever hurt you? Have you ever hurt her?*
 - *I know [name] is getting up in years and you're probably going to inherit her money. Are you using that money now?*
 - *Do you ever get so tired that you don't take as good care as you'd like to and end up leaving your husband on his own?*
 - *Is there a reason for waiting this long to seek medical care for [name]?*
 - *I'm worried about the bruises on [name], can you tell me how [name] got them?*

Ron Chez, M.D., *An Introduction for the Clinician*, www.centeronelderabuse.org
Mosqueda, L., & Olsen, B. (in press)



Responding

- If the answer is **YES**

I'm glad you told me and I want to help you now. First, you need to know that it's never OK to hit [name], [for someone to hit you]. I'm going to call a social services agency so they can come to your home and help you figure out what to do so this never happens again.

- If the answer is **No**

I'm glad to hear that. You're in a situation where this could happen so we both need to be alert for it. There's a lot we can do to prevent any abuse from happening so you need to let me know if you're feeling that you're getting too angry or frustrated.

- If the answer is **MAYBE**

It's good I know this. I had the sense you were feeling overwhelmed by [name's] care needs. Now we need to do something different so that this never happens again.

Mosqueda, L., & Olsen, B. (in press)



Documentation

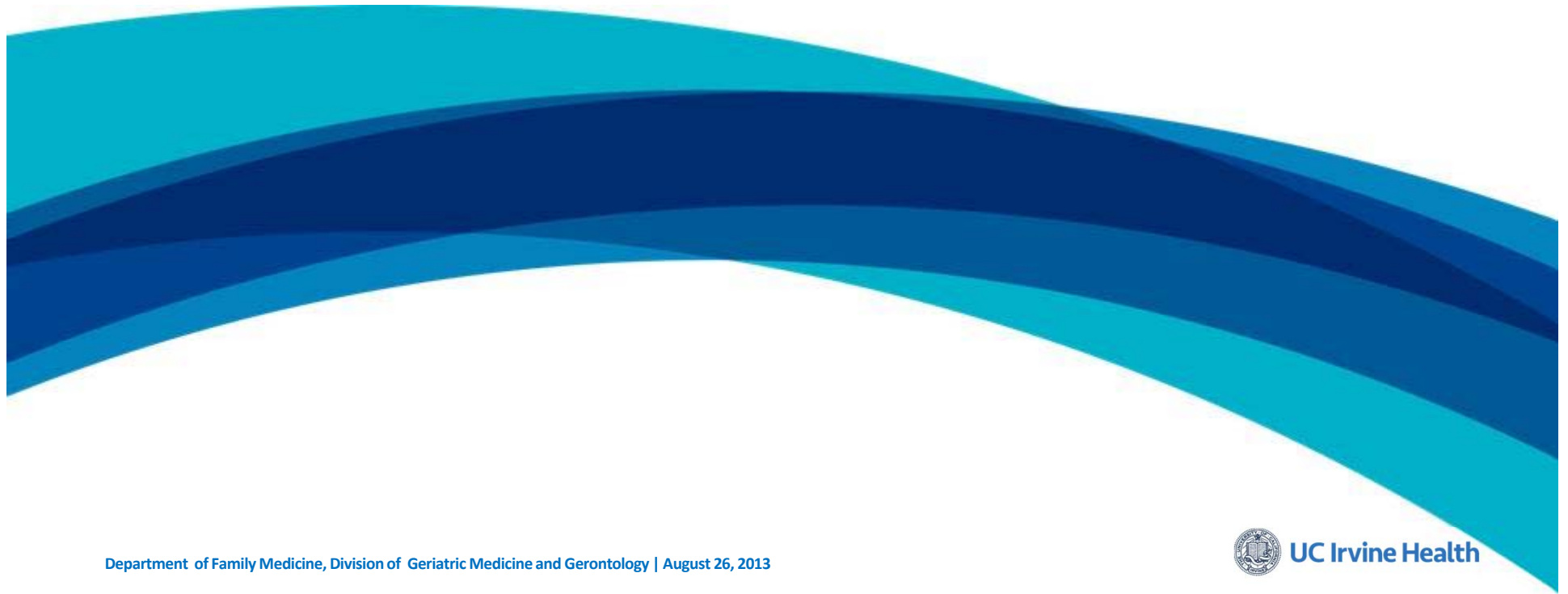
- ✓ Date, time
- ✓ Patient's identifying information
- ✓ Clinician's observations (e.g., patient's behavior)
- ✓ Patient's statements
- ✓ Physical findings
- ✓ Medical opinion
- ✓ Treatment required
- ✓ Follow up and referral plans
- ✓ Reporting requirements fulfilled

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Home Visits

You Never Know What You'll Walk Into



Tips for Home Visits

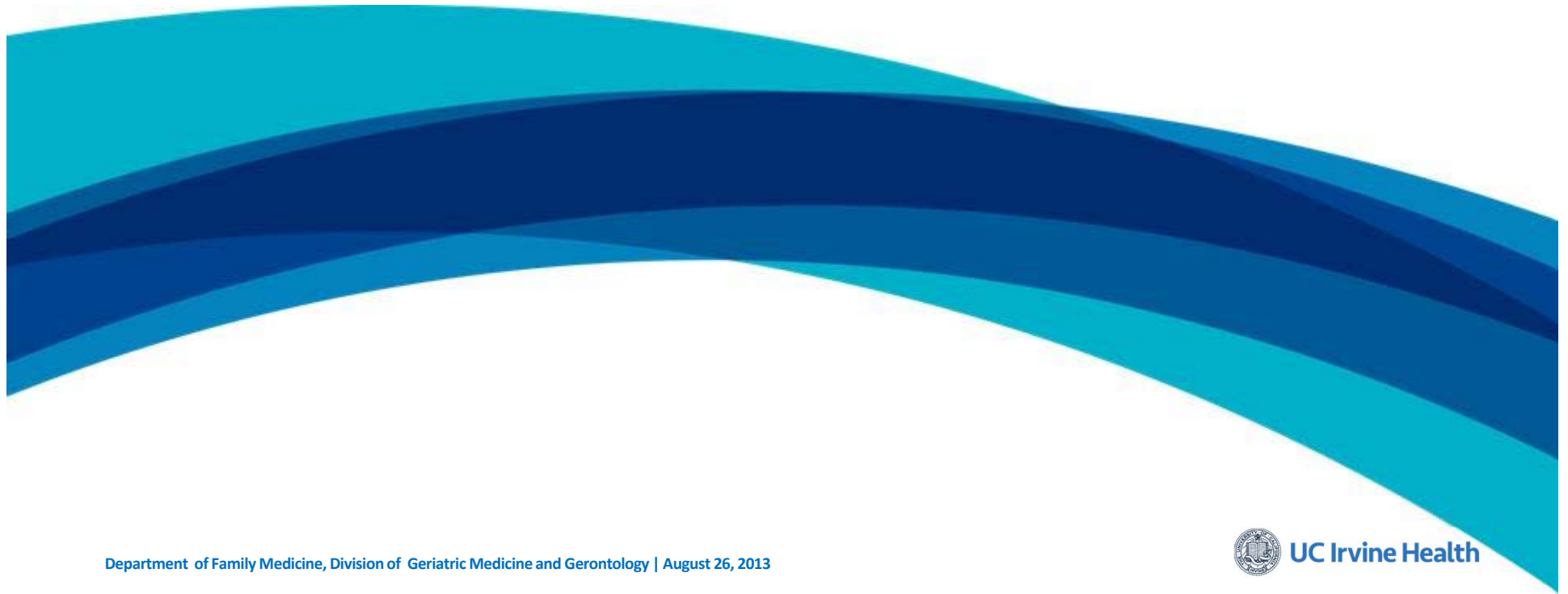
- Be prepared
 - Develop policy to handle emergencies and complex situations during home visits
- Safety
 - Don't go inside the home if you feel unsafe
 - Don't hesitate to call 911 in an emergency
 - Be aware of your surroundings and develop an exit strategy should the situation become unsafe after you enter the home
- Complexity
 - Consider team visit if situation is known to be complex beforehand
 - If alone and unsure how to handle the situation
 - Politely excuse yourself to make a call and reach out for consultation



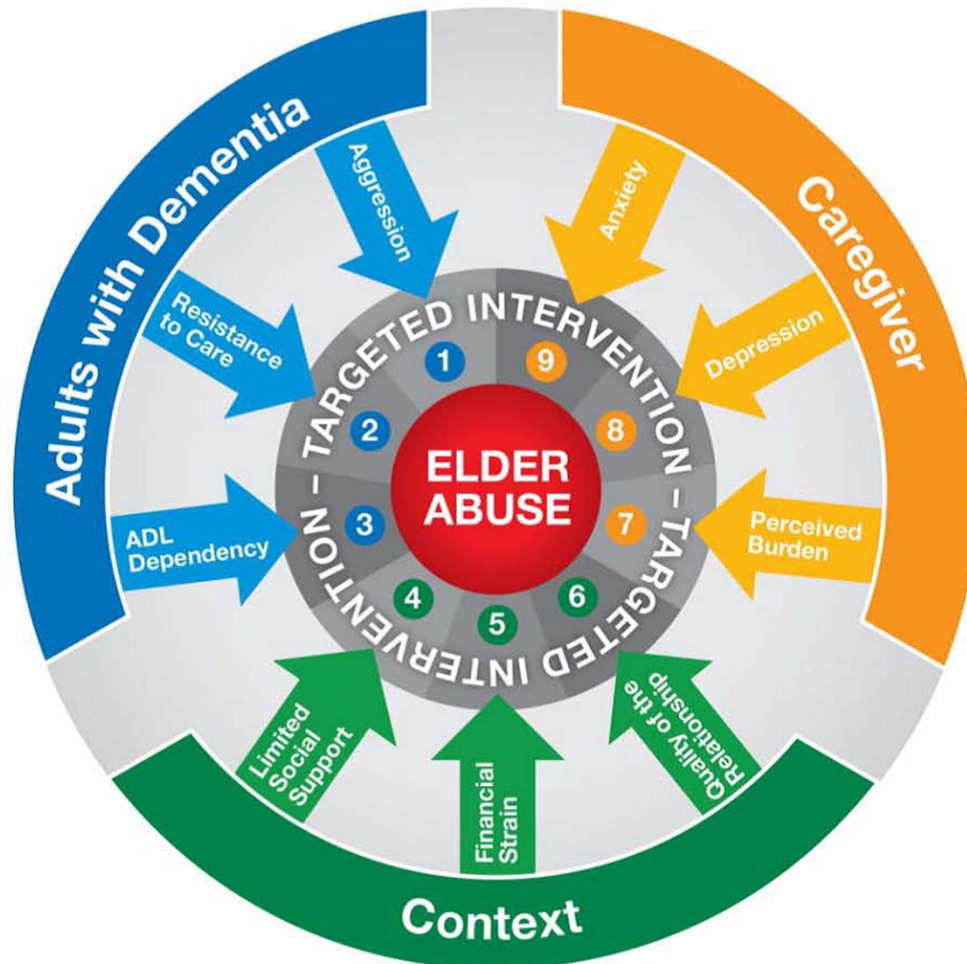
Tips for Home Visits

- Walking into potential elder abuse/neglect
 - Medical emergency
 - Call 911
 - Call the police
 - Call APS
 - File the written report
 - Document thoroughly
 - Non-emergency situation (e.g., neglect, hoarding, non-emergency medical situation)
 - Arrange for medical care if needed
 - Call APS as soon as reasonably possible
 - File the written report
 - Document thoroughly

Interventions Beyond Reporting



Work in Progress – The AIM Study



Living with Bad Choices

- Autonomy
 - You have the right to make your own decisions, good or bad, stupid or smart, whether others agree or not as long as you have the **capacity** to make them and you are **not unduly influenced**.
 - In California, capacity requires that the person ***“understand and appreciate”*** the decision (California Probate Code 812)
 - Remember, capacity is not the same as diagnosis, IQ or brain changes
 - Conditions that impair capacity under the law are cognitive impairment, severe mood disturbance, perceptual distortion, and thought processing deficits
 - Evaluation of capacity is complex and should follow APA/ABA guidelines
 - Undue influence involves exerting inappropriate influence over a vulnerable individual in order to change his/her decision or behavior
 - APS cannot override bad decisions in a person with the capacity to make those decisions.

Kemp, B. Autonomy, capacity and undue influence: The right to decide vs. abuse. www.centeronelderabuse.org



Assessing Your Knowledge

Nurses must only report elder abuse/neglect when they are SURE that abuse is taking place.

True or False

When physical abuse involving serious bodily injury occurs in a facility, you must report the incident to local law enforcement within two hours. True or False

Bruises of older adults who have been physically abused are typically small and occur on the extremities. True or False

Elder abuse occurs most commonly in nursing home and residential care facilities. True or False

APS' SWs can override the choice of an older adult to live in squalor, even if the person has the capacity to make that decision. True or False

People with dementia cannot accurately report elder abuse. True or False

Resources

Center of Excellence in Elder Abuse

www.centeronelderabuse.org

National Center on Elder Abuse

<http://www.ncea.aoa.gov>

Ageless Alliance

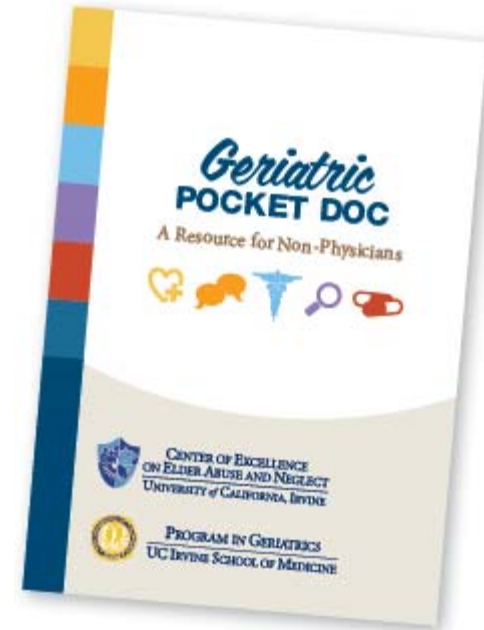
www.agelessalliance.org



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1 in 10 older Americans experience abuse each year

How will *you*
take a stand?



Join the movement
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