

THE FACTS ABOUT ELDER ABUSE:

Domestic elder abuse is defined as maltreatment of an older person in the person's home or in the home of a caregiver. Every year hundreds of thousands of older persons are abused, neglected and taken advantage of in their homes. Many of them are frail and cannot help themselves. They usually depend on others in the home to provide for their basic needs. It is very common for elder abuse to be kept secret within the family. Often the signs are not recognized, and therefore the abuse is not reported.

Most of the victims of elder abuse are female. The median age of victims is about 78. More than 60% of victims are white, and about 20% are black. Because the frail elderly are the very people you frequently care for as a home health aide, it is important for you to know what elder abuse is, and how to recognize the signs and symptoms of possible abuse. You often spend time with these patients and frequently develop the trusting relationship that allows them to talk with you about abuse.

There are several types of elder abuse. Some of the most common include the following:

Neglect:

Neglect means refusing to provide the care needed to keep the person safe and failure to provide basic necessities. This can include failure to provide food, water, medicines, personal care, clothing, or access to medical care. Neglect is the most common form of domestic elder abuse.

Signs of neglect include poor hygiene, clothing not changed between your visits, unclean living conditions, weight loss, dehydration, medicines not given, or even fleas, lice or roaches on the patient.

Physical Abuse:

Physical abuse means the use of physical force that may result in bodily injury or pain. It includes such things as hitting, slapping, pinching, kicking, shoving, shaking, or restraining someone against his or her will. Physical abuse is the second most common type of domestic elder abuse.

Signs of physical abuse may include bruises, black eyes, untreated injuries, welts, rope marks or burns. In some cases of physical abuse, the caregiver will not allow anyone to see the elder alone.

Financial Exploitation:

Financial exploitation means abusing the elder by illegally or improperly using the person's money or property without his or her consent. Financial exploitation is the third most common form of domestic elder abuse. This could include forged signatures, disappearance of valuables, illegal withdrawal of funds from a bank account, etc.

Psychological Abuse:

Psychological (also called emotional) abuse means causing mental anguish, distress, and fear without using physical methods. Psychological abuse is the fourth most common form of substantiated elder abuse. However, the incidence is likely to be much higher since this type of abuse is harder to recognize and less likely to be reported. It can include such things as insulting, threatening, humiliating, or screaming at the person. It can also include ignoring the person, giving the "silent treatment," or keeping the older person away from friends or activities.

Signs of psychological abuse include the person being fearful, upset, or agitated. He or she may not talk and may show childish behavior such as thumb sucking or rocking back and forth. You may hear members of the household insulting or screaming at the person.

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Sexual Abuse:

Sexual abuse means non-consensual (unwanted and unwelcome) sexual contact of any kind. It is much less common than other types of substantiated elder abuse.

Signs of sexual abuse include bruising around the genitals or breasts, vaginal or rectal bleeding, stained under-clothing or bedding, or the elder's report of being sexually assaulted.

WHO ABUSES THE ELDERLY IN THEIR HOMES?

By far, the most common abusers of the elderly are family members. Adult children are the most frequent abusers, followed by spouses and then other family members.

WHY WOULD FAMILY MEMBERS ABUSE THE ELDERLY?

Elder abuse, like other forms of violence and abuse is a very complex issue. Almost always, elder abuse is a result of many different factors. While there is never an excuse for abusing the elderly, there are some factors that seem to play a role. Knowing these factors can help you identify situations in which abuse may be more likely to occur. They include the following:

1. **Caregiver stress:** As you know from your role as a home health aide, caring for frail older people is a difficult task, and can be stressful. You have the benefit of education in dealing with the elderly and their needs. Most family members do not have such training and experience, and they are not really prepared to deal with the tasks that are required. This can lead to increased stress and frustration and contribute to the likelihood of neglect or physical abuse. The stress and frustration is likely to be increased when the caregiver is financially dependent on the elder.
2. **Mental and physical condition of the elder:** Research indicates that as the level of dependency of the elder increases, so does the stress level and resentment of the family caregiver. Elders in poor health are much more likely to be abused than those in relatively good health who are more independent in caring for themselves. Many adult children have difficulty dealing with incontinence and having to "clean up" their parent.
3. **Family history of violence:** Some families tend to respond to stress with violence. If the caregiver has learned from childhood that violence is acceptable behavior, he or she is much more likely to abuse the elder family member. It may be that the caregiver has not learned other methods of dealing with stress and conflict. This is particularly true if the elder previously abused the child who is now in the role of caregiver for the very person who abused him or her.
4. **Personal problems of the abuser:** Abusers of the elderly have more personality problems and/or personal problems than adult children who are not abusers. They more often have mental disorders, alcoholism, drug addiction, or poor coping skills.

THE ROLE OF THE HOME HEALTH AIDE:

Home health aides play a very important role in recognizing and reporting suspicions of abuse among elder patients. It is very important that you keep in mind that it is **not** your role to report suspected abuse of patients to authorities or outside agencies. Your reporting should be to your own agency, according to your agency policy. The agency will take responsibility for reporting to the appropriate authorities.

- » **Listen** to your patient. If the patient tells you that he or she is being maltreated by family members or others, report it to your supervisor as soon as possible.

- » Know the factors that may increase the possibility of elder abuse.
- » Learn the signs of elder abuse and watch for them in your patients.
- » Pay attention to documentation rules. You must record objectively, not subjectively. Describe any bruises or injuries you may see, not what you think may have caused them. Do not make assumptions. If you observe what you suspect to be verbal abuse or neglect by a caregiver, seek the advice of your supervisor before charting about it.
- » Immediately report to your supervisor anything that makes you suspect elder abuse.
- » Do not confront any family members if you suspect abuse. Do not tell them you plan to report them to your supervisor.
- » Do not take signs of abuse lightly. Abuse is a very serious matter and it is your responsibility to report to your agency anything that makes you suspect elder abuse. If an elderly patient tells you he or she is being badly treated, never promise them that you won't tell anyone.

WHAT HAPPENS WHEN YOU REPORT SUSPECTED ELDER ABUSE?

Your agency may have a specific policy for actions to take when elder abuse is suspected. Usually the nurse and social worker will make a visit to the home after your report. In almost every state, health care professionals are required by law to report suspected cases of elder abuse. If the nurse and social worker believe that your suspicions are correct, they will make a report to the appropriate local authority. State and local laws designate who should receive the report. Most often it will be Adult Protective Services, but it could also be a local social services agency or law enforcement agency. The following steps will usually be taken:

1. The local agency will begin an investigation. A visit will be made to the home. It is possible that the investigating agency may want to speak with you. If so, your agency will have another staff member in the meeting with you, most often the patient's nurse.
2. If elder abuse is found, the agency will make arrangements to help the victim.
3. If the investigating agency cannot confirm abuse, the case is closed, but referrals may be made to other resources within the community to help the patient and family.

Important Note: Elderly adults have the right to make decisions about their own lives. If they are mentally competent, they have a right to refuse an investigation from Adult Protective Services or other agencies. Sometimes patients who are abused refuse to allow an investigation which might help them. If they are mentally competent, they have a right to refuse. If the patient refuses an investigation into the abuse, do not feel that you were wrong in reporting it to your supervisor. Your report is important even if the patient refuses any help.

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CASE STUDY: DEALING WITH ELDER ABUSE

Carrie is a home health aide who has been assigned to Mrs. Nelson for several weeks. Mrs. Nelson is 80 years old and lives with her 60 year-old son and his family. The home is nice and all the rooms are reasonably tidy and clean except for the bedroom where Mrs. Nelson stays. The furniture in this room is shabby and soiled, the floors are dirty, and the sheets are always soiled. Sometimes Mrs. Nelson has on the same clothing Carrie put on her at the last visit. She is often soiled and her hair does not appear to have been combed.

During her visits, Carrie has noticed bruises in various stages of healing. They were mostly on Mrs. Nelson's upper arms and wrists. When she asked Mrs. Nelson about the bruises, her daughter-in-law said quickly, "She's always been one to bruise if you look at her. Don't worry about them. She'll just have to be more careful. Sometimes I think she bangs herself up just to annoy me and get pity. But she'll get none from me." Mrs. Nelson looked very afraid when her daughter-in-law was talking. She did not say anything herself.

While providing cares, Carrie heard the daughter-in-law screaming at one of her five grandchildren whom she watches during the day. It sounded as though she was hitting the child and Carrie heard her shout, "Shut up that crying or you'll get more where that came from!" Later during the visit, Carrie overheard a telephone conversation between the daughter-in-law and her husband. She heard the following: "What do you mean you're going to be late? Listen, buster, that old biddy is your mother, not mine. I've got my hands full and she'll just have to do for herself! When that aide leaves, I'll go in that bedroom and knock some sense into her all right! I don't think she'll go whining to you again."

Carrie completed her cares for Mrs. Nelson. She documented information about the bruises on her visit report and left a message for her supervisor that Mrs. Nelson had some bruises on her arms, but that she bruises easily, so she doesn't think much of it.

SOMETHING TO THINK ABOUT:

- » Can you identify some possible signs of elder abuse? If so, what kind(s) of abuse might you suspect?
- » What sort of things did Carrie overhear that could be factors that might play a role in elder abuse?
- » What would you have done differently if you were Mrs. Nelson's aide?

DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following best defines elder abuse?
 - a. Not taking the elderly person to church every Sunday
 - b. Maltreating an elderly person
 - c. Being stressed about having to care for an elderly patient
 - d. Not giving an elderly person everything he or she asks for

2. Which of the following is not a factor in elder abuse?
 - a. Whether the family lives in the city or the suburbs
 - b. Caregiver stress
 - c. Family history of violence
 - d. Caregiver personality problems

3. What should you do if you suspect that an elderly patient is being abused?
 - a. Immediately call the Elder Abuse Hotline.
 - b. Tell the family you are going to report them if they don't stop.
 - c. Ask the patient what he or she did to deserve the abuse.
 - d. Report your suspicions to your supervisor according to agency policy.

4. Which of the following is the most common type of domestic elder abuse?
 - a. Physical abuse
 - b. Psychological abuse
 - c. Neglect
 - d. Sexual abuse

5. Which of the following people are most likely to abuse the elderly in their homes?
 - a. Neighbors of the elder
 - b. Husbands or wives of the elder
 - c. Teenage grandchildren of the elder
 - d. Adult children of the elder

6. Elders who are in poor health and more dependent on their family are more likely to be abused than elders who are in better health.
 - a. True
 - b. False

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POST-TEST, PAGE 2

7. Which of the following is not likely a sign of elder abuse?
- a. Bruising around the genitals
 - b. Chest pain
 - c. Marks around the wrists
 - d. A statement by the elder that his son slaps him
8. Most of the victims of elder abuse are males whose elderly wives are taking care of them.
- a. True
 - b. False
9. Which of the following statements is true about reporting elder abuse to your supervisor?
- a. You should report physical abuse only if you actually see someone hit the patient.
 - b. You should always get the patient's permission before reporting suspicions of abuse.
 - c. You should immediately report suspicions of elder abuse to your supervisor.
 - d. You should give the family an opportunity to stop the abuse and report your suspicions if they don't.
10. It is very common for elder abuse to be kept secret within the family.
- a. True
 - b. False

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NAME _____ DATE _____

DIRECTIONS: READ EACH QUESTION OF THE POST-TEST CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON THIS ANSWER SHEET. DO NOT WRITE ON THE POST-TEST.

MULTIPLE CHOICE ANSWER SHEET

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| 1. | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
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| 8. | <input type="checkbox"/> a | <input type="checkbox"/> b | | |
| 9. | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 10. | <input type="checkbox"/> a | <input type="checkbox"/> b | | |

INSTRUCTOR'S COMMENTS/SIGNATURE

Signature _____ RN _____ Date _____

