Elder Abuse & Neglect

Agnes, 85 years old, lost her husband last year. She then moved in with her 55 year old daughter, Emily, because of her own problems with arthritis and congestive heart failure. The situation is difficult for both of them. Sometimes Emily feels as if she's at the end of her rope, caring for her mother, worrying about her college-age son and about her husband, who is about to be forced into early retirement. Emily has caught herself calling her mother names and accusing her mother of ruining her life. She handles her roughly and recently lost her temper and shoved her mother. Agnes fell to the ground and broke her hip. In addition to feeling frightened and isolated, Agnes feels trapped and worthless.

Defining The Problem

Elder abuse is the infliction of injury, unreasonable confinement, intimidation, neglect/abandonment or cruel punishment with resulting physical injury, pain or mental anguish upon an elder adult. The abuse may be physical, sexual, psychological/emotional or financial. Financial exploitation is a significant issue for seniors as their financial independence may be limited or controlled by caretakers.

Elder abuse occurs in every type of living arrangement and is usually grouped into broad categories according to where the abuse occurs, and the relationship between the perpetrator and the victim. Domestic elder abuse generally refers to maltreatment by someone who has a relationship with the elder, including a spouse, sibling, child, friend or live-in caregiver. Institutional elder abuse includes maltreatment occurring in residential facilities such as nursing homes, group facilities and assisted living. Perpetrators are usually paid to provide care and protection.

Goals

Reduce maltreatment of elders ages 60 years and older..

HP 2010 Goal	No Goal
OH 1998	Identify Baseline
US 1998	Unknown

There is no national goal for reducing elder abuse. This may be due to the scarcity of surveillance data currently available. A strong argument can be made for initiating comprehensive surveillance initiatives in an effort to draw national attention to the issue and to evaluate the effectiveness of prevention strategies.

Data

The true national and state incidence of elder abuse and injury is not known. Data on elder abuse are limited and estimates vary. The cause of injury or death is not always identified or reported accurately. Health care data are not available although elder abuse can lead to significant injuries such as broken limbs, burns and cuts.

Additionally, an elder abuse victim's lack of capacity (e.g., dementia) may impair reporting, identification and prosecution. There is a lack of data about this issue as well. Under reporting may be exacerbated by victims' reluctance to seek medical treatment for injuries or denial of the injuries existence due to dependence on perpetrators for financial support and general care. This dependence and social isolation may lead to a fear of retaliation if abuse is reported. Thus, much abuse goes unrecognized and the cycle of abuse continues.

Estimates provide a partial picture of the burden of elder abuse. The National Crime Victimization Survey reports that the rate of violent crime victimization of persons ages 65 or older was about 4 per 1,000 in 2000.[9] Other studies have estimated that between 3% and 6% of the U.S. population older than 65 suffer from abuse and/or neglect, mostly by family members.[2,3] Applying these figures to the U.S. population, approximately 1 to 2 million elders over 65 years old are abused.

A comprehensive screening study conducted in five emergency departments, including one in Ohio, asked elders "Has anyone ever tried to hurt or harm you?". The authors of the study report that 2.5% of elders age 60 and over suffer from physical abuse.[4] Applying these percentages to the state of Ohio, it is estimated that approximately 50,000-60,000 Ohio elders age 60 and over suffer physical abuse. These figures do not include emotional abuse, neglect or financial exploitation.

Comprehensive state data can be difficult to compile due to legislative mandates prescribing different agencies to investigate abuse according to where the abuse occurs. For instance, Adult Protective Services (APS) has the authority to investigate abuse allegations in domestic settings. The Ohio Department of Health and the Attorney General's Office have the authority to investigate abuse in long-term care facilities.

If ignored, the problem of elder abuse will grow as more Ohioans age into the risk category. The population aged 85 and above will increase 27% between 1995 and 2010. Disability increases one's risk for elder abuse. For 2000, 26% of 65-74 year olds, 36% of 75-84 year olds and 59% of 85+ year olds suffer moderate or severe disability.[1] By the year 2010, an estimated 492,000 older people will have moderate or severe levels of disability, requiring some assistance with the tasks of everyday life such as meal preparation, mobility and bathing.[1] The dependence on assistance increases the vulnerability of elders to abuse.

This chapter will review data for elder abuse in domestic and institutional settings.

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Domestic Elder Abuse

Most incidents of elder abuse and neglect do occur at home, rather than in an institutional setting. Elder abuse occurring in domestic settings is a large problem, affecting hundreds of thousands of elderly people across the U.S. As with other types of family violence, domestic elder abuse is largely hidden. Some experts estimate that only 1 in 14 domestic incidents comes to the attention of authorities.[2]

Ohio-specific data on elder abuse in domestic settings come from investigations conducted by APS, which is administered by the county Departments of Job and Family Services (DJFS). According to APS, an elder adult is any person sixty years of age or older who is handicapped by the infirmities of aging, has a physical or mental impairment which prevents him/her from providing for his/her own care or protection and resides in an independent living arrangement. It is important to note that under reporting of data from the county DJFSs' is an issue. Only 77% of county departments submitted statistics for all four quarters of FY 2001. Therefore, reported statistics do not represent all of Ohio's elder abuse, neglect and exploitation cases and we know that the majority of incidents never come to the attention of APS workers.

APS reports that from July 1, 2000 through June 30, 2001 a total of 10,262 reports of abuse, neglect and exploitation to elders age 60 and over were received through county departments of Job and Family Services. This amounts to approximately 5.2 reported cases per 1,000 elders age 60 and over. This total comprised 90% of all the reports for adults 18 years of age and older. Of the reports to elders age 60 and over, 10% were abuse,

81% were neglect and 9% were exploitation.[5] During state fiscal year 2001, 6,324 Ohioans were in need of protective services and 338 reports indicated an emergency existed. Of the 5,242 reports of individuals who agreed to receive protective services, 91% were elders age 60 and over.[5]

According to the National Center for Elder Abuse, reports to APS agencies of domestic elder abuse increased 150 percent nationwide between 1986 and 1996. This increase dramatically exceeded the 10 percent increase in the older population over the same period. The increase may be attributed to improved reporting or to an actual increase in abuse/neglect. As identified by state APS agencies, the growth in reporting has exacerbated problems of funding and staffing. These issues have been recognized as the two major problems affecting the agencies.

APS agencies report that approximately 62% of all cases of abuse, neglect, or exploitation of elders in domestic settings involve mistreatment by other people and 38% involve self-neglect. In cases confirmed by APS during 1996, 64% of abusers were family members or spouses. Nearly 40% of these abusers were the adult children of the abused. Of the reporters of abuse to APS in 1996, 23% were health care providers, 15% were service providers, 16% were family members and only 4% were the elder victim.[6]

Reported cases of elder abuse are only a partial measure of a much larger, unidentified problem.

The National Elder Abuse Incidence Study of 1996 reports that 551,011 persons aged 60 and over in domestic settings experienced abuse, neglect, and/or self-neglect in a one-year period. Almost four times as many incidents were not reported as those that were reported to and substantiated by adult protective services agencies.[7] This study's findings confirm that reported cases are only a partial measure of a much larger, unidentified problem.

This study also reports that:

- Female elders are abused at a higher rate than males.
- Persons aged 80 years and older, suffered abuse and neglect two to three times their proportion of the older population.
- Among known perpetrators of abuse and neglect, the perpetrator was a family member in 90 percent of cases. Two-thirds of the perpetrators were adult children or spouses.
- Victims of self-neglect are usually depressed, confused, or extremely frail.

This study focused only on the maltreatment of non-institutionalized elderly. Elders living in hospitals, nursing homes, assisted-living facilities, or other institutional or group facilities were not included.

Institutional Elder Abuse

Although not as frequently, elder abuse does occur in institutional settings as well as domestic settings. The Ohio Attorney General's Medicaid Fraud Control Unit has the authority to investigate and prosecute abuse and neglect in care facilities. In calendar year 2001, they received 255 allegations, obtained 26 indictments, and obtained 30 convictions. These figures demonstrate the low prosecution and conviction rates for elder abuse allegations.

Pillemer and Moore examined the issue of elder abuse occurring in nursing homes in the late 1980s. They conducted a random survey of 577 nurses and nursing home aides. Staff were asked to report on physical and psychological abuse perpetrated by others and on their own abusive actions. They reported that, overall, 36 percent of the sample had seen at least one incident of physical abuse in the preceding year. The most frequent type of physical abuse observed by the staff was the excessive restraint of patients. A total of 81 percent of the surveyed staff had witnessed at least one psychologically abusive incident in the preceding year. The most frequent type of psychological abuse observed by the staff was yelling at a patient in anger (70%). Ten percent of the nurses reported that they themselves had committed one or more physically abusive acts, the most common being the excessive use of restraints (6%). Forty percent of the nurses admitted to psychological abuse, the most common form being yelling at a patient (33%).[8] It is important to highlight that, even given multiple witnesses of an incident, the percentage of self reports is less than a lowered estimate of actual incidents. This suggests staff may not recognize the abusive behavior in themselves.

Risk Factors

Examples of contributing factors related to elder abuse include the following: **S.A.V.E.D.**

S – Stress - Caregiver stress caused by lack of staff supervision and under-staffing in facilities may lead to abuse. In community settings, family members serving as caregivers typically receive little or no social support and/or training in caring for an elder and how to balance their own needs with the needs of the older person. They may experience intense frustration and anger that can lead to abusive behavior. Caregiver stress can become even greater when the older person is physically or mentally impaired.[10]

A – Alcohol – Caregiver alcohol and/or other drug abuse increases an elder's risk of maltreatment. In addition, the stress of caregiving may lead to increased use of alcohol or other drugs.

V – Previous violence – Being an abuser or a victim of abuse in the past is a risk factor for elder abuse.[11] Elder abuse may be domestic violence "grown old" or it may be an abused spouses retaliation for past abuse. Additionally, adult children may retaliate for past abuse by a parent. [13]

E – Emotion and Psychiatric Illness - Dementia and other cognitive impairments may increase vulnerability. Perpetrators may target someone who would not be able to provide a reliable account of an incident. This can present a barrier to prosecuting abusers. In addition, behavioral manifestations of dementia may include striking out. Stressed staff, other nursing home residents or family members may react by striking back.[12]

D – Dependency, Isolation and Family Dynamics - Isolation is a risk factor and also may be a sign that abuse is occurring. Financial, physical and emotional dependence on caretakers may isolate elders, increasing their vulnerability to abuse. With little recourse available, the abused person may fear retaliation from the abuser if they report the abuse. In addition, isolating an older person may be a strategy used by the abuser to keep the abuse secret and to further exploit the older person. Social isolation can create a barrier for the abused to seek assistance and for outsiders to recognize and report abuse. [13] In addition, societal attitudes concerning the devaluation of elders may be a contributory factor. Age is another related factor. As elders age, their disability and dependency may increase, thereby increasing their risk for abuse/neglect. The risk for abuse is high when adult children live with an elder parent. More than two-thirds of perpetrators are family members living with the victim., serving in a caregiving role.[6]

Policy Issues

Federal Law:

The Older Americans Act (42 U.S.C. 3001 et seq., as amended) provides definitions of elder abuse and authorizes the use of federal funds for the National Center on Elder Abuse. It does not fund adult protective services or shelters for abused older persons. It also prescribes authorizing legislation for all states for Long Term Care Ombudsman Programs.

Ohio Revised Code:

ORC 5101.60 - 5101.72 outlines the Adult Protective Services Law - Social, medical, and mental health care professionals are mandated by law to immediately report suspected abuse, neglect, or exploitation to the county departments of job and family services. Attorneys, peace officers, senior service providers, coroners, clergymen and professional counselors are also required to report.

ORC 2903.34 Patient abuse; neglect in institutional care facilities

ORC 109.86 Investigation of abuse or neglect of care facility patient; prosecution.

ORC 173.14 et seq. Office of state long-term care ombudsman program; appointment of state ombudsman; conflicts of interest.

Ohio Administrative Code:

Chapter 3701-64 Abuse or Neglect in Long-Term Care Facilities – Establishes rules for the Department of Health to receive, review, and investigate allegations of abuse or neglect of a resident or misappropriation of the property of a resident by any individual used by a long-term care facility or a residential care facility to provide services to residents.

Costs & Consequences

The direct costs of elder abuse include providing services, criminal justice procedures, institutional care, and prevention, education and research programs. The indirect and human costs of abuse of elders result from reduced productivity, diminished quality of life, emotional pain and suffering, distrust, the loss of self-esteem, disability and premature death. [14] More specifically, the mistreatment of older victims has been shown to cause a range of long-term physical and psychological health problems, including permanent physical damage; medication and alcohol dependency; lowered immune system response; chronic eating disorders and malnutrition; self-harm or self-neglect; depression; fearfulness and chronic anxiety; suicidal tendencies; and death.[14] There are high costs to Ohioans associated with these sequelae.

According to the 1998 Pennsylvania Attorney General's Family Violence Task Force Report, elders are more easily injured, heal more slowly, are less resilient emotionally, and are less financially stable than younger victims. Recent research suggests that abused elders are more likely to die sooner than those who are not abused. This is true even in the absence of chronic or life-threatening disease.[13]

Existing Programs

Ohio Programs

Most existing programs focus on awareness. It is difficult for victims to come forward, especially in settings where they are often dependent on their perpetrators for care.

Adult Protective Services are intended to assist adults who are in danger of harm, unable to protect themselves and have no one else to assist them. Each County Department of Job and Family Services (CDJFS) in Ohio, is responsible for receiving and investigating all reports of abuse, neglect and exploitation of the elderly population 60 years and older. The goals of Adult Protective Services are:

1. To prevent, reduce or remedy conditions causing endangerment to adults (who meet specified criteria) through provision of services appropriate to the adult's needs.
2. To maximize the adult's independence and self-direction.
3. To prevent unnecessary institutionalization and to enable the adult to remain in his/her own home as long as possible by selection of the least restrictive alternative. The least restrictive alternative means the change resulting in the least loss of self-determination that will meet the specified need.

C.H.E.C.K.S. Program – Trains banks and financial institutions on how to recognize financial exploitation of the elderly.

Ohio Attorney General's Medicaid Fraud Control Unit enforces Ohio's Patient Abuse and Neglect Law, which protects the mentally and physically disabled and the elderly from exploitation and abuse in Ohio's long-term care facilities.

Ohio Department of Aging -

1. The Long-Term Care Ombudsman Program investigates abuse complaints on behalf of any recipient of long-term care services including home care. If the complaint alleges probable harm, they must initiate an investigation within one business day.
2. The Family Caregiver Support Program is designed to support and provide respite for caregivers in the community. It emphasizes the importance of assisting elders to remain at home for as long as possible as opposed to institutionalizing them in nursing homes. It focuses on empowering elders with independence and their right to choose where they live.

Ohio Department of Health investigates abuse in nursing homes. There are requirements that govern the facility investigation and reporting. An internal investigation and report are due to ODH within 5 days.

Ohio Department of Mental Health has a role in abuse for the facilities they certify.

TRIAD – A collaboration of regional groups, including law enforcement, elder advocates, etc. to address and prevent abuse.

Western Reserve Geriatric Education Center has developed a model program for the training of law enforcement in identifying and investigating elder abuse.

National Programs

National Center on Elder Abuse is a resource for public and private agencies, professionals, service providers, and individuals interested in elder abuse prevention information, training, technical assistance and research.

Recommendations to Prevent Elder Abuse

Improve surveillance

1. Encourage the development and use of standardized elder abuse screening and assessment tools, record keeping and referral tracking systems in health care facilities.
2. Create a comprehensive, statewide surveillance system and database to track elder abuse. Create a multi-agency task force to examine the current status of data collection efforts and to issue recommendations for improved surveillance.

Target prevention resources toward high risk groups

3. Create funding mechanisms and implement initiatives to improve caregiver support and relief to reduce caregiver stress. Implement recommendations from planning efforts taking place at the Ohio Department of Aging, the Ohio Department of Health, and the Ohio Board of Nursing.

Empower communities

4. Encourage social support and contact for older persons through the development of networking programs. Include elders in planning efforts.
5. Implement a statewide awareness and education program for elder abuse occurring in home settings, and evaluate its effectiveness. This program should target caregivers and elders, increase awareness of existing resources and include elders in the planning process.

Expand training

6. Implement training programs for health care professionals in hospital and ambulatory care settings, and evaluate their effectiveness. These programs should address recognizing the signs and symptoms of elder abuse, screening older patients, documenting abuse and making appropriate referrals. Health care facilities should be recognized as a point of identification for elder abuse.
7. Implement training programs for law enforcement in how to investigate criminal abuse in institutional settings. The training should include evidence gathering, addressing cognitively impaired victims and ensuring effective prosecution of cases. The effectiveness of these programs should be evaluated.

Evaluate programs

8. Monitor the impact of reduced funding for Adult Protective Services programs on elder abuse trends.

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