Welcome to the webinar! We will begin in a moment.

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This webinar is sponsored by the National Health Collaborative on Violence and Abuse.
Learning Objectives

• Discuss the various categories of elder abuse and their prevalence.

• Review the current research on risk factors, screening, strategies for prevention, and most effective responses to elder abuse.

• Discuss the resources available for victims of elder abuse
Speakers

Dr. Xinqi Dong, MD, MPH, Geriatric Medicine Specialist, Rush University Medical Center

Karen Roberto, PhD, Director, Center for Gerontology at Virginia Tech

Mary Twomey, MSW, Project Manager, California Social Work Education Center, UC Berkeley

Shelly Fox, JD Justice System Coordinator, National Clearinghouse on Abuse in Later Life (NCALL)
The Dynamics of Elder Abuse: Who, What, Where, When, Why

Karen A. Roberto, Ph.D.
University Distinguished Professor
Director, Center for Gerontology
Virginia Tech

National Health Collaborative on Violence and Abuse Webinar
Elder Abuse: Raising Awareness and Impact on Health
May 20, 2015
Disclosure Information

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What is Elder Abuse?

- **Intentional actions** that cause **harm** or create a serious risk of harm (whether or not harm is intended) to an older adult . . .

- Perpetrated by a **family member, friend**, other person who stands in a **trust relationship** to the older adult
  
  OR

- When an older person is targeted by a **stranger** based on age or disability . . .

- In **any setting** (e.g., home, community, or facility)

Types of Elder Abuse

- **Physical Abuse**: Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.

- **Emotional Abuse**: Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.

- **Sexual Abuse**: Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.

- **Exploitation**: Illegal taking, misuse, or concealment of funds, property, or assets of an older adult.

- **Neglect**: Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.

Other Forms of Elder Abuse

- **Intimate Partner Violence:** physical, sexual, or psychological/emotional harm intentionally inflicted by a current or former intimate partner.

  ~CDC, http://www.cdc.gov/

- **Self Neglect:** an inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks.
  - Life-style choices or living arrangements alone do not prove self-neglect

Polyvictimization

- When a person aged 60+ is harmed through **multiple co-occurring or sequential types** of elder abuse by one or more perpetrators,

  or

- When an older adult experiences **one type of abuse perpetrated by multiple others** with whom the older adult has a personal, professional or care recipient relationship in which there is a societal expectation of trust.

~ Ramsey-Klawsnik & Heisler, 2014
Prevalence of Elder Abuse

- **14.1%**, or **1 in 10 community-residing older adults** nationwide (over 5 million elders) experienced at least one form of elder abuse.
  ~ Acierno et al., 2010

- Adult Protective Services (APS) agencies identified **253,426 incidents** involving elder abuse in 32 states.
  - **8.3 reports of abuse for every 1,000 older Americans**
  ~ Teaster et al., 2006

- Reporting rates vary by type of abuse.
  - **For every 1 report, up to 24 may go unreported**
  ~ Lifespan of Greater Rochester, Inc., 2011
National Elder Mistreatment Study

Abuse Experienced and Reported

- Emotional: 4.6% (7.9% Experienced, 0% Reported)
- Physical: 1.6% (31% Experienced, 0% Reported)
- Sexual: 0.6% (1% Experienced, 0% Reported)
- Financial (Family Only): 5.2%
- Caregiver Neglect: 5.1%

~ Acieno et al., 2010; n = 6,589
Elder Abuse in Long Term Care

- 7% of all complaints regarding institutional facilities reported to long term care Ombudsmen were complaints of abuse, neglect, or exploitation
  ~ NORS Data, 2010

- Over 50% of nursing home staff admitted to mistreating older residents within the past year
  - Two-thirds of these incidents involved neglect
  ~Ben Natan, 2010
Types of Abuse in Long Term Care

- Physical: 37%
- Sexual: 9%
- Psychological: 27%
- Financial: 9%
- Neglect: 18%

~2010 NORS Data
Risk Factors

- **Gender** – more females than males
- **Age** – increased vulnerability
- **Living alone** – with observable vulnerability
- **Personality** – tenuous, values independence

Source: Roberto, Teaster, & McPherson, 2014
Risk Factors (cont’)

- **Health and Physical Functioning** – increased need to seek assistance from others

- **Cognitive Functioning** - declining episodic memory and slower perceptual speed

- **Social Supports** - lonely or isolated

- **Place of Residence** – geographic isolation, lack of access to services

~ Roberto et al., 2014
Perpetrators

Abuse in Community
- Intimate partners or spouses
- Children and grandchildren
- Other relatives
- Acquaintances/Neighbors/Strangers
- Trusted Others

Abuse in Facilities
- Employees
- Residents
Elder Abuse by Relatives

Madison, WV: September 2014

Five relatives (aged 35-67) of 88-year old women charged with neglect of incapacitated person, over-medication, embezzlement, and attempted murder

Abuse by Trusted Other

Fairfax, VA: August 2014

Area attorney, a 67-year-old male, embezzled from estate of 90-year-old female client who is now deceased
Embezzled over $483,000

http://www.dailyprogress.com/starexponent/news/local_news/former-fairfax-attorney-gets-six-years-for-embezzling-k-from/article_c5d1a24a-23ef-11e4-9cc4-0017a43b2370.html
Abuse by a Stranger

San Diego, CA: Feb 24, 2015

Older women got a phone call saying that her grandson was in trouble. A week later, she had lost tens of thousands of dollars.

http://youtu.be/v2VFy2igHPE
Why Do People Abuse Elders?

- Perpetrator-victim dependency
- Perpetrator deviance
- Victim vulnerability
- Social isolation
- Ageism
- Inadequate resources
- Lack of knowledge
- Greed or entitlement
Outcomes & Consequences

Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation, and despair.

~World Health Organization
Physical Injury or Harm

- **Bruises and sprains**
  - Open wounds

- **Broken bones and lost teeth**
  - Fractures of the head, neck, upper and lower extremities

- **Functional limitations**
  - Internal injuries including chest and brain trauma

- **Sexual abuse**
  - Genital injuries, human bite marks, imprint injuries

~ Poulos & Sheridan, 2008; Wigglesworth et al., 2009
Loss of Money and Possessions

- Nearly 3 billion dollars annually
  - Often eradicates nearly all of an elder’s financial resources
  - Little or no ability to recoup financial losses

- Far reaching effects
  - Health care inequities
  - Fractures families
  - Poor quality of life

~ Jackson & Hafemeister, 2012; MetLife Mature Market Institute, 2011
Emotional & Psychological

- Harder to quantify, but perhaps most damaging

- Lasting Impacts
  - Negative emotional symptoms
  - Poor mental health
  - Low self-efficacy
  - Feelings of helplessness
  - Isolation

~Begle et al., 2011; Bonomi et al., 2007; Cisler et al., 2012
Premature Death

Abused elders at increased mortality risk

- One-year mortality rates
  - Without abuse: 5.91 per 100
  - With confirmed abuse: 18.33 per 100
  ~ Dong et al., 2009

- Elder homicide
  - 62% gunshot wounds
  - 36% severe beatings
  - 19% stabbing

- Neglect
  - 50% bronchopneumonia
  - 22% sepsis
  - 9% severe dehydration
  ~ Shields et al., 2004
PREVENTION & INTERVENTION

Older Adults

Family Members

Health and Service Professionals, Educators

Communities

Policy Makers
Communities Working Together

- **Service Providers**
  - Adult Protective Services
  - Aging Network
  - Domestic Violence

- **Multidisciplinary Teams**
  - Professionals from diverse disciplines

- **Community educators**
  - Law enforcement, churches, community groups

- **Policy makers**
  - Elder Justice Act (2010)
  - Improved laws, regulations

Roberto et al., 2014
End Elder Abuse

“The way we treat our children in the dawn of their lives and the way we treat our elderly in the twilight of their lives is a measure of the quality of a nation.”

~ Hubert Humphrey
Policy, advocacy, reporting, & resources

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“We are losing our elders to an epidemic rarely talked about or even acknowledged. An epidemic that leaves some ashamed, some afraid and too many dead.”

American Academy of Family Physicians, 1999
Timeline of federal laws enacted for family violence
Federal Funding for Family Violence

- Child Abuse: $6 Billion
- IPV: $650 Million
- Elder Abuse: $23 Million
Complex Dynamics

• No single dynamic explains elder abuse
• “Depending on the victim-offender relationship and the type of elder abuse, elder abuse may resemble domestic violence, child abuse, or fraud or the phenomenon can stand on its own with the complexity of the relationships, individual vulnerabilities, and contexts in which it occurs.”

Elder Abuse Incidence

For every report of abuse...

23 cases go unreported

Lifespan, Under the Radar, 2012
Victims Want the Abuse to End

But often maintain a relationship with or protect the abuser because:

- Fear (of retaliation, death, facility placement)
- Love/care about the abuser (especially an adult child)
- Economic reasons
- Health concerns
Steps to Screen for EAN

• **Look** for signs of abuse and neglect
• **Ask** questions that may reveal abuse or neglect
• **Listen** to the patient’s answers
Elder Abuse Suspicion Index (EASI)

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
2. Has anyone prevented you from getting food, clothes, medication, or medical care, or from being with people you wanted to be with?
3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
4. Has anyone tried to force you to sign papers or to use your money against your will?
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

www.medicine.uiowa.edu/familymedicine/emscreeninginstruments/
Confirming the diagnosis

• Ubiquity 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.
Mandated Reporting to APS

49 states mandate certain professionals to report suspected maltreatment to Adult Protective Services

APS is:

• Social workers/nurses
• Receive reports of abuse from mandated reporters and others
• Work with elder/dependent adult to help them access resources in community to stay safe
• In many states: Cross report to police
APS is NOT CPS

• Does not have the same powers as CPS
• Older adults and adults with disabilities have the right to make poor choices
• APS is a voluntary service
• APS is not police or Immigration Control
• Will work with the senior to
Resources
National Center on Elder Abuse

Directed by the U.S. Administration on Aging, NCEA is a resource for policy makers, social service and health care practitioners, the justice system, researchers, advocates, and families.

What’s New & Notable

October begins Medicare Annual Enrollment and it runs through December 7th, 2014. Consumers are faced with myriad choices and it can be overwhelming and confusing. Financial predators use this time to contact Medicare Beneficiaries to trick them into providing their Medicare numbers and other vital medical identity information. This fact sheet from
Mistreatment of Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders

KEY TAKEAWAYS

- Many LGBT elders are at risk for elder abuse, neglect, and exploitation.
- A pressing need for LGBT elders is dealing with social isolation as it relates to a risk factor for elder abuse.
- Fear of homophobia or transphobia keeps LGBT elders from seeking help and services.
- Internalized homophobia or transphobia may affect an LGBT elder’s willingness to seek help and put them at risk of self-neglect.
- Some LGBT elders choose to hide their LGBT identity and disclosure of that identity against their wishes can cause problems.
- Elder gay men and lesbians place high value on self-sufficiency and may be reluctant to accept help.
- Be sensitive to an LGBT elder’s lack of legal protections, desires, relationships, and potential need to be connected to the LGBT community.

Population Estimates of LGBT Elders

It has been estimated that 5 million Americans identify as lesbian, gay, bisexual, or transgender (LGBT) (Gallup, 2016). This number has also been approximated at 1.5 million adults, aged 65 or older, are LGBT (no transgender estimate provided) (Advocate Ageing Project (AAP), Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), & Asian Pacific Islanders (API) LGBT Older Adults). It should be noted, however, that estimates of the LGBT population may vary depending upon measurement methods and consideration of those who may not self-identify as LGBT due to societal stigma.

LGBT Elders Face Multiple Challenges

LGBT elders face the typical challenges of aging, including the possibility of elder abuse or domestic violence in combination with the threat of discrimination and abuse due to their sexual orientation or gender identity (Cohen-Cann, 1996). In a 2006 study by White House National Institute, 27% of LGBT baby boomers reported that they had great concern about discrimination as they age.

This RESEARCH BRIEF synthesizes the latest available information and research relating to the mistreatment of LGBT elders. Information is provided on the occurrence of abuse, isolation as a risk factor, issues affecting help seeking, and tips for working with LGBT elders.

KEY TAKEAWAYS

- The term “Asian” or “Asian Pacific Islander” encompasses very diverse groups of people, with 20 different sub-groups (e.g., Japanese).
- Culture can be a source of protective and risk factors for API elders. It affects how people perceive abuse and seek help and so should also affect how professionals engage, assess, and intervene.
- Asian American API elders may believe a certain because of their ethnicity. If you want to stand with their culture, beliefs, views, ask.
- API cultures, the family or group is the individual. This can affect an API elder’s ability to access abuse or seek help. Fill important cultural values.
- Interpreters must be trained to be skilled with API elders.
- Interpreters must be trained to be skilled with API elders.

*API is a Very Diverse Group

Out of the total US population, 5% are Asian or Asian in either Hawaii, or other Pacific. We refer to as Asian and Pacific Islander, consisting of a variety of South Asian, East Asian, Native Hawaiian, Asian/Pacific Islander, and non-Hispanic white elders. In the family, cultural, and religious diversity, it is important to understand the largest and most diverse groups (Japanese, Chinese, Vietnamese, and others).
Welcome to the United States Department of Justice Elder Justice Website, a resource for victims of elder abuse and financial exploitation and their families; practitioners who serve them; law enforcement agencies and prosecutors; and researchers seeking to understand and address this silent epidemic plaguing our nation’s elders.

Here, **victims and family members** will find information about how to report elder abuse and financial exploitation in all 50 states and territories. Simply enter your zipcode to find local resources to assist you.

**Federal, State, and local prosecutors** will find three different databases containing sample pleadings and statutes.
Mobile elder abuse app

It’s free!

http://www.centeronelderabuse.org/368ElderAbuseCA.asp
Building a national movement that gives a voice to everyone who cares about elder justice

www.agelessalliance.org
Transfer of learning!

• What’s one thing you can do when you return to your office?
  • Begin screening...
  • Start collecting data...
  • Join a multi-disciplinary
  • Get more training on...
  • Train your staff...
It Takes a Village
Disclosure Information – Shelly Fox, NCALL

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Collaboration

…”the act of working together; united labor.”
Making Community Referrals: Who Might Be Involved

- Faith Community
- Victim-Service Organizations
- Aging Services Network
- Adult Protective Agencies
- Health Professionals
- Friends & Family
- Legal Services
- Social Service Providers
- Community-based organizations
Adult Protective Services

- Investigate reports and complaints.
- Work with clients with and without various capacities.
- Make home visits and referrals.
- May provide case management.
Aging Services Network

• Provide ongoing support and service to older adults, including:
  – Transportation assistance
  – In-home care
  – Nutrition services
  – Health, prevention, and wellness programs
Culturally-Specific Centers and Programs

• Provide services and support for victims from specific communities, including:
  – Clients with disabilities
  – DEAF or Hard of Hearing
  – LGBT
  – Immigrants
  – Non-English speakers
  – Communities of color
Domestic Violence and Sexual Assault Programs

• Provide confidential relationship and communications.
• Offer information, emergency shelter, legal advocacy, counseling, and support groups.
• Offer victim various alternatives including crisis and longer term resources.
• Assist victim with safety planning.
Faith-based Organizations

• May be a resource for older adults.
• Often, spiritual leaders are trusted supports and may be the first place victims turn for help.
Health Care Providers

• Report suspected abuse, neglect, or exploitation to APS and/or law enforcement.
• Assess capacity.
• Document observations and medical findings.
• Hospitals: Provide safe and secure care setting for patients.
Long-Term Care & Ombudsmen

• Long-Term Care:
  – Nursing Homes, Assisted Living Facilities, other Residential Programs.
    • Assistance with bathing, eating, dressing, toileting.
    • Support with housework, shopping, pet care, etc.
    • Health care.

• Long-Term Care Ombudsmen:
  – Provide information on long-term care facilities.
  – Advocate for resident’s rights.
  – Assist with and investigate complaints against long-term care facilities.
Methods of Collaboration

• Joint interviews or case consultation
• Working on a project (awareness, prevention)
• Case review:
  – Multidisciplinary or Interdisciplinary (MDTs, I-Teams)
  – Sexual Assault Response Teams (SARTs)
  – Elder Abuse Forensic Centers
Methods of Collaboration, Continued:

• **Systems Change:**
  – Coordinated Community Response Teams (CCRs) or
  – Fatality Review Teams (EA-FRTs)

• **Topic specific:**
  – Financial Abuse Specialist Teams (FASTs)
Potential Challenges of Collaboration

• Partners may have conflicting strategic goals that need to be reconciled or resolved
• Variations in ethical or reporting obligations
• Prior history of conflict between actors or agencies
• Avoiding duplication of services or resources
How Can You Resolve Challenges to Collaboration?

• Develop ‘ground rules’ at the very beginning to set parameters for discussion

• Consider drafting an MOU (Memorandum of Understanding) that formalizes expectations and roles for partners. These can be especially helpful for community-wide initiatives, such as CCR or Fatality Review Boards
The Most Important Aspect of Collaboration:

• Keep the victim at the center of collaborative discussion between partners. At all times, ask yourselves: is our joint work promoting safety and autonomy for victims of elder abuse?
THANK YOU!

- Please take a moment to fill out the evaluation survey: https://www.surveymonkey.com/s/8XQ27BX

  – Please note that if you are requesting CME credits (MD and DO only), you *must* fill out the evaluation survey.