

# Abuse, Neglect and Exploitation: Identification, Prevention and Getting Help For Your Client

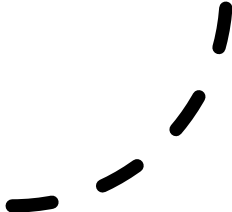
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Presented by  
Joyce McHugh, BSW,  
MSW  
Advocate Care Services


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## Objectives

- Participants will learn to identify the signs of abuse, neglect and exploitation
  - Participants will explore how to get help and protect their clients from the perpetrator of the abuse
  - Participants will learn prevention strategies
  - Participants will review and discuss ethical dilemmas.
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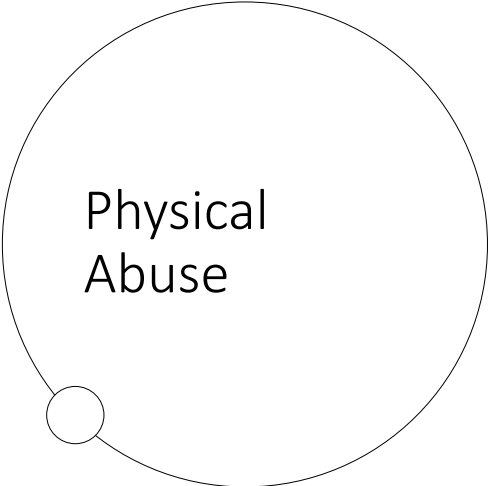


## Elder Abuse

Abuse is an umbrella term that includes 7 forms of abuse:

1. Physical Abuse
2. Sexual Abuse
3. Neglect
4. Self Neglect
5. Abandonment
6. Psychological or Emotional Abuse
7. Financial Abuse

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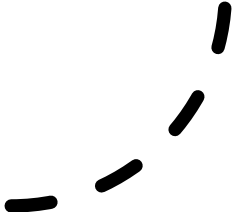
## Physical Abuse

- Physical abuse is the non-accidental use of force against an elderly person that results in physical pain, injury, or impairment.
- Includes the inappropriate use of drugs, restraints, or confinement.

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<h1>Signs</h1>	<hr/> <p>Unexplained signs of injury, such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body.</p>
	<hr/> <p>Broken bones, sprains, or dislocations.</p>
	<hr/> <p>A report of drug overdose or an apparent failure to take medication regularly (a prescription has more remaining than it should).</p>
	<hr/> <p>Broken eyeglasses or frames.</p>
	<hr/> <p>Signs of being restrained, such as rope marks on wrists.</p>
	<hr/> <p>Caregiver's refusal to allow you to see the elder alone.</p>

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<h1>Sexual Abuse</h1>	<ul style="list-style-type: none"> <li>• Contact with an elderly person without their consent.</li> <li>• Contact can involve physical sex acts</li> <li>• Showing an elderly person pornographic material</li> <li>• Forcing the person to watch sex acts</li> <li>• Forcing the elder to undress</li> </ul> 
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## Signs

- Bruises around breasts or genitals.
- Unexplained vaginal or anal bleeding.
- Torn, stained, or bloody underclothing.
- Fear around certain people.
- Reluctance/resistance to changing clothes or bathing.

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## Neglect



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Failure to fulfill a caretaking obligation.

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Constitutes more than half of all reported cases of elder abuse.

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Intentional or unintentional, based on factors such as ignorance or denial that an elderly charge needs as much care as they do.

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## Self Neglect

One of the most common forms of elder abuse encountered by geriatric care managers is self-neglect. Physical or mental impairment or diminished capacity can mean that an older adult is no longer able to perform essential self-care. They may lack basic personal hygiene, appear dehydrated, malnourished, or underweight, live in increasingly unsanitary or dirty conditions, and be unable to pay bills or properly manage their medications.

Self-neglect can be a sign of depression, grief, dementia, or other medical problem, and in many cases, the older person will refuse to seek assistance. They may be in denial, feel ashamed about needing help, or worried about losing their independence.

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## Signs of Neglect and Self Neglect

- Unusual weight loss, malnutrition, dehydration.
- Untreated physical problems, such as bed sores.
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes.
- Being left dirty or unbathed.
- Unsuitable clothing or covering for the weather.
- Unsafe living conditions (no heat or running water; faulty electrical wiring; other fire hazards).
- Desertion of the elder at a public place.

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## Abandonment

Sometimes paired with neglect, elder abandonment happens when someone who cares for an older person intentionally deserts them.

The former caretaker may leave the elder at a hospital, nursing home, or another care facility without any formal arrangement, or with relatives who did not agree to be caregivers.

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## Signs of Abandonment

May appear confused, lost, or frightened.

Appearing lonely or depressed.

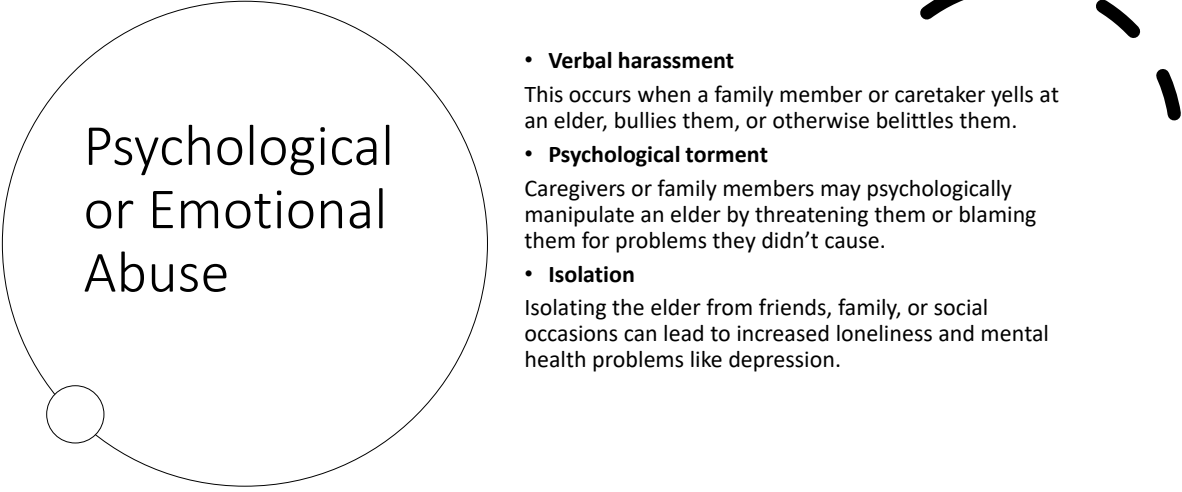
Malnourished or dehydrated.

Poor hygiene.

Trash around the home.

Wearing dirty clothes.

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## Psychological or Emotional Abuse

- **Verbal harassment**  
This occurs when a family member or caretaker yells at an elder, bullies them, or otherwise belittles them.
- **Psychological torment**  
Caregivers or family members may psychologically manipulate an elder by threatening them or blaming them for problems they didn't cause.
- **Isolation**  
Isolating the elder from friends, family, or social occasions can lead to increased loneliness and mental health problems like depression.

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## Signs of Psychological or Emotional Abuse

- Appearing afraid of their caregiver
- Appearing depressed or withdrawn
- Appearing shyer than usual
- Avoiding eye contact
- Changes in eating or sleeping patterns
- Engaging in self-harm
- Having low self-esteem
- Isolating from friends and family
- Lack of eye contact
- Rocking back and forth
- Self-neglect (lack of proper health care)

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## Financial Abuse or Exploitation



The unauthorized use of an elderly person's funds or property, either by a caregiver or an outside scam artist.

Misuse of an elder's personal checks, credit cards, or accounts.

Steal cash, income checks, or household goods.

Forge the elder's signature.

Engage in identity theft.



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## Signs of Financial Abuse or Exploitation

- Significant withdrawals from the elder's accounts.
- Sudden changes in the elder's financial condition.
- Items or cash missing from the senior's household.
- Suspicious changes in wills, power of attorney, titles, and policies.
- Addition of names to the senior's signature card.
- Financial activity the senior couldn't have undertaken, such as an ATM withdrawal when the account holder is bedridden.
- Unnecessary services, goods, or subscriptions.

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## Who is Abusing the Elderly?

How many older Americans are abused?

- Approximately one in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as five million elders who are abused each year. One study estimated that only one in 24 cases of abuse are reported to authorities.

Who are the abusers of older adults?

- Abusers are both women and men. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two-thirds of perpetrators are adult children or spouses.

What makes an older adult vulnerable to abuse?

- Social isolation and mental impairment (such as dementia or Alzheimer's disease ) are two factors. Recent studies show that nearly half of those with dementia experienced abuse or neglect. Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.

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## Burnout is Real and Presents High Risk

- Caregiver burnout is a state of physical, emotional and mental exhaustion. It may be accompanied by a change in attitude, from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able, physically or financially.
- Many caregivers also feel guilty if they spend time on themselves rather than on their ill or elderly loved ones. Caregivers who are "burned out" may experience fatigue, stress, anxiety and depression.

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# Prevention

- There are a number of factors that may increase or decrease the risk of perpetrating and/or experiencing elder abuse. To prevent elder abuse, we must understand and address the factors that put people at risk for or protect them from violence.
- Listen to older adults and their caregivers to understand their challenges and provide support.
- Report abuse or suspected abuse to local adult protective services, long-term care ombudsman, or the police. Use the National Center on Elder Abuse Listing of State Elder Abuse Hotlines [external icon](#) to find your state's reporting numbers, government agencies, state laws, and other resources.
- Educate oneself and others about how to recognize and report elder abuse.
- Learn how the signs of elder abuse differ from the normal aging process.
- Check-in on older adults who may have few friends and family members.
- Provide over-burdened caregivers with support such as help from friends, family, or local relief care groups; adult day care programs; counseling; outlets intended to promote emotional well-being.
- Encourage and assist persons (either caregivers or older adults) having problems with drug or alcohol abuse in getting help.
- The older adult population is growing faster in the U.S. than are younger populations. Many older adults require care and are vulnerable to violence perpetrated by a caregiver or someone they trust. More research is needed to uncover the causes for, and solutions to, violence against older adults.

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# Ethical Considerations

## Duty to Report Versus Victim Autonomy and Safety

- **Most states mandate that** some professionals or the entire community report cases of elder abuse to social services and/or law enforcement. In enacting elder abuse reporting laws, legislators were guided by the belief that older individuals, like children, are in need of protection and assistance, are physically or cognitively frail and more vulnerable, are at risk for abuse, and may be unable to report for themselves. As a result, professionals and others should be required to contact social services and/or law enforcement.
- **The duty to report can create ethical dilemmas for some professionals.** Many older individuals are healthy, active members of the community. They are capable of making their own decisions about their lives, including whether they want professional intervention when they are being harmed. Some victims are at greater risk of being seriously harmed or killed by an abuser if they leave or get help from professionals. Older victims may have thoughtful reasons for not wanting professionals to report abuse and may accurately understand that they are at greater risk following a report.
- Some professionals also are concerned about the breach of confidentiality and trust that can occur if a report is made. Health care providers and advocates are concerned that an older individual may decline to accept or stop using their services if a report about abuse is made to adult protective services.

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# Ethical Considerations

## Victim's Right to Self-Determination Versus Protection and Safety

- Weighing the victim's rights to make personal decisions against the potential risk of harm or death is a difficult task in any case of abuse. These competing principles may be even more complicated in elder abuse cases. On the one hand, most elder abusers use a pattern of coercive tactics to gain and maintain power and control over the victim. These abusers set the rules for the relationship (such as when dinner will be served, and who can come and go from the home) and deny older victims their right to make decisions in their own lives. Well-meaning professionals who see elder abuse cases may make decisions for victims with capacity because they believe the victim is older and may have dementia or because of discomfort or anxiety with the victim's choices. They may believe that the older victim is unable to make wise choices and needs assistance making these choices. For example, a case management plan may outline specific steps the professional believes a victim must take to live free from the abuser overriding the victim's right to consider alternatives and then decide what if any actions are desired.
- In elder abuse cases, one of the challenges with using an empowerment model is that some older victims may not be able to make their own decisions due to dementia or other cognitive challenges. Often the risks of serious harm or death are heightened due to the advanced age and health status of some victims. Professionals may assess that if an older victim remains in the current situation he or she will die or be seriously harmed. These professionals may feel a moral and ethical obligation to step in and make decisions for the older victim to keep him or her alive. Self-determination may be seen as less important or critical to decision making. Desires of the older victim may not be considered, even if they could be incorporated into an intervention. The ethical and legal dilemma is differentiating situations when decisions must be made for an older victim from situations in which professionals use their authority unnecessarily or without attempting to create interventions that incorporate victim desires to the extent possible.

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# Ethical Considerations

## Least Restrictive Alternative Versus Protection and Safety

- A guiding principle in the elder abuse and health care fields is to use the least restrictive alternative for older individuals. For example, if an older individual needs some care, ideally services can be brought into the home. If that option does not provide enough support, then the older victim may be moved to assisted living, and finally, only if necessary, to a nursing home.
- **In elder abuse cases**, professionals can disagree on what is the least restrictive intervention needed to achieve protection and safety. For example, adult protective services workers may listen to an older victim who wants to remain at home and insist that no action be taken that results in a move. Health care providers working with that same individual may assess the situation and determine that the older patient must be moved to a facility or he or she will die. One of the legal and ethical challenges facing any interdisciplinary team is wrestling with these complex situations and developing a plan that focuses on the older victim's safety and needs with the least loss of independence to him or her and harmonizes these competing considerations.
- **Multiple or interdisciplinary responses** to elder abuse cases are often the most effective responses. When professionals work together, ethical and legal challenges often arise. Preplanning among team members to develop a process for discussion and decision-making in these tough cases can be useful to ensure that victims' needs are addressed and teams continue to work together cohesively.

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## Q &A and Wrap Up

# Thank you!

Joyce McHugh

720-435-7241

[joyce@advocatecareservices.com](mailto:joyce@advocatecareservices.com)