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Contact Hours: **2**

Elder Abuse and Dependent Adult Abuse

Recognition and Reporting for Nurses and Other Healthcare Professionals

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will have the current, evidence-based information and tools you need to accurately identify and report suspected dependent adult and vulnerable elder abuse. Specific learning objectives to address potential knowledge gaps include:

- Define "elder (older adult) abuse" and "dependent adult abuse."
- Recognize the indicators of abuse.
- Discuss the risk factors for those who experience abuse and its perpetrators.
- Explain the reporting process and barriers to reporting suspected abuse.
- Summarize protective interventions that may be taken in cases of abuse.
- Describe efforts to prevent abuse of persons at risk.

INTRODUCTION

The abuse and mistreatment of dependent adults and vulnerable older adults is a hidden epidemic, with a massive number of invisible victims. Healthcare professionals are in a unique position to recognize and report this abuse in order to protect their patients, and in some states, they are mandated by law to do so.

The abuse of dependent older adults by family members in particular dates back to ancient times. It often remained a private matter, hidden from public view. Mistreatment of the elderly and dependent older adults was first described in modern scientific literature under the term *granny*

battering (Burston, 1975). Today, this sort of abuse is considered a social welfare issue as well as a public health and criminal justice concern.

The sadness that accompanies the abuse of older adults and dependent adults is incomprehensible and overwhelming at times. Disabled, dependent, and older adults are sometimes abused by the very people entrusted to help them, including professional caregivers (e.g., personal assistants, health technicians, home health aides, nursing assistants) and family members. These types of abuse are known to occur anywhere: at home, in healthcare facilities, and within the community at large.

When abuse does occur, the dependent or elder adult's personal health, safety, and emotional well-being becomes eroded and at risk, along with their ability to engage in daily life activities.

DEFINITIONS

Following are general definitions related to abuse of elder (older) adults, dependent adults, and vulnerable adults. State laws provide specific definitions relating to such abuse, and all healthcare professionals should familiarize themselves with the laws in their respective states.

Dependent adult typically means a person 18 years of age or older who is wholly or partially dependent upon one or more other persons for emotional and/or physical care and support. Dependent adults have not established financial independence and would be in danger if care or support is stopped (US Legal, 2020).

Vulnerable adult typically describes persons 18 years of age or older who, because of physical and/or mental health disorders, impaired cognition, advanced age, chronic use of drugs or alcohol, or confinement, are unable to meet their own needs or to seek help without assistance (Sitkans Against Family Violence, n.d.).

Vulnerable adult abuse generally refers to any knowing, intentional, or negligent act by a caregiver or any other person that leads to harm, or a serious risk of harm, to a vulnerable adult (Sitkans Against Family Violence, n.d.).

Elder (older adult) abuse refers to an intentional act, or failure to act, that causes harm or risk of harm to an older adult. According to the Centers for Disease Control and Prevention (CDC, 2020) an older adult is a person age 60 or older.

Caretaker is a person or institution that has responsibility for the care of an adult because of a family relationship or who has assumed the responsibility for the care of the adult voluntarily or by contract or agreement (Law Insider, 2020).

Disability, according to the Americans with Disabilities Act (ADA), is "a physical or mental impairment that substantially limits one or more major life activity." Persons with a disability include those who have a record of such impairment even if they do not currently have a disability. The ADA also makes it unlawful to discriminate against someone because of their association with a person with a disability (ADA National Network, 2020).

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EPIDEMIOLOGY

Dependent adult abuse and older adult abuse are two of the largest underrecognized and underreported problems within the United States. About 1 in 10 Americans aged 60 and older have experienced some form of elder abuse. However, it is estimated that only 1 in 14 cases of abuse are reported to authorities (NCOA, 2020).

Most states have penalties for abusers of older and dependent adults. Throughout the United States, members of law enforcement and prosecutors are trained on elder abuse and ways to use criminal and civil laws to bring abusers to justice (NCOA, 2020).

Certain data that have been collected by independent researchers illustrates a troubling reality:

- Dependent adults who experience abuse had a 300% greater risk of death when compared to those who had not been abused.
- In nearly 60% of elder abuse and neglect incidents, the perpetrator was a family member; two thirds of perpetrators are adult children or spouses of those who have been abused.
- Financial abuse and fraud costs for older Americans are estimated at over $36.5 billion annually.
- Roughly 50% of older individuals with dementia are abused or neglected by caregivers.

(NCOA, 2020)

Care Facilities

Data on the extent of dependent adult abuse in institutions, nursing homes, and other care facilities are scarce, however, research and surveys suggest high rates of abuse in such facilities (see box).

ABUSE IN CARE FACILITIES

Nursing home abuse is described by the Nursing Home Abuse Center (NHAC) as any type of harm that comes to older adults in long-term care facilities, including physical or emotional injuries, sexual assault, financial exploitation, or other types of abuse.

The NHAC has compiled the following data regarding abuse in nursing homes:

- Between 2017 and 2018, 1 in 6 adults 60 years of age or older suffered some type of abuse while in a community setting.
- 2 in 3 nursing home staff members reported that they abused nursing home residents over the past year.

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- Almost 1 out of 3 nursing homes in the United States have been issued citations for abuse.
- Nursing home abuse is significantly underreported.
(NHAC, 2020a)

Among Individuals with Disabilities

Research that focuses on abuse of people with disabilities is limited. Unfortunately, there is no definitive research that details how many people with disabilities experience abuse. The research findings that are available suggest that people with disabilities are one of the most harmed groups in the United States.

Available research suggests that people with disabilities are:

- 3 times more likely to experience violent victimization as adolescents and adults
- 3 times more likely to experience rape, sexual assault, aggravated assault, and robbery
- 3 times more likely to be sexually abused as children
- 1.5 times more likely to experience repeated abuse or neglect as children
(CVS, 2020)

There are a number of factors that increase the risk of abuse in people with disabilities. Groups at higher risk include:

- Women with disabilities
- People with cognitive or developmental disabilities
- People with psychiatric disabilities
- People with multiple disabilities
(CVS, 2020)

CATEGORIES OF ABUSE

Dependent adult and elder abuse fall into several categories, all resulting from the willful, negligent acts or omissions, including misconduct, gross negligence, or reckless acts, of a caretaker:

- Physical abuse
- Sexual abuse
- Emotional/psychological abuse

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- Financial abuse
- Neglect (also referred to as *deprivation* or *denial of critical care*)
- Self-neglect
- Abandonment

Following are general descriptions of these categories. Individual states provide specific descriptions for what constitutes dependent adult abuse and elder abuse in their jurisdictions, and healthcare professionals should familiarize themselves with the laws in their state.

What Constitutes Physical Abuse?

Physical abuse is described as the use of physical force that may result in bodily injury, physical pain, functional impairment, or death. Physical abuse may include, but is not limited to, acts of violence such as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, locking the older adult in a room, and physical punishment of any kind are also examples of physical abuse (CDC, 2020; NIH, 2020).

It is important to differentiate between injuries due to accidents and physical abuse. The following injury patterns can help to differentiate between the two:

- Persons who are abused often have head or neck injuries without visible harm to other parts of the body. Neck injuries are suspicious because the neck is often protected by the head or face during an accidental fall.
- Injuries such as scrapes or injuries below the waist are more likely to be due to accidents.
- Spiral fractures in adults may indicate abuse. Such fractures may be due to violent twisting of the arm.
- Injuries that cause specific patterns are often indicative of abuse. Examples of such patterns include round burns that may be due to a cigarette or bruises in the shape of a belt buckle or handprint.

  (JEMS, 2020)

What Constitutes Sexual Abuse?

Sexual abuse is defined as nonconsensual sexual contact of any kind with an elderly or dependent adult. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching; all types of sexual assault or battery, such as rape, sodomy; coerced nudity; sexually explicit photographing; and forced viewing of sexually explicit images (NHAC, 2020b).

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Sexual abuse is the least common type of abuse, but it is also the least reported type of abuse compared to all other types of abuse. In nursing homes, there have been over 20,000 complaints of sexual abuse over the past 20 years. Female residents and residents with dementia are at a higher risk of sexual abuse compared to other residents (NHAJ, 2020).

Signs of sexual abuse include:

- Bleeding from the anus or genitals
- Bruising on the inner thighs or genitals
- New sexually transmitted disease
- Pain of the anus or genitals
- Panic attacks
- Pelvic injuries
- Problems walking or sitting
- Social or emotional withdrawal
- Torn, bloody, or stained underwear
  (NHAC, 2020b)

What Constitutes Emotional/Psychological Abuse?

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, isolation, humiliation, name calling, terrorizing, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment"; and enforced social isolation are examples of emotional/psychological abuse (NHAC, 2020b).

Signs of emotional and psychological abuse include:

- Appearing depressed or withdrawn
- Appearing frightened
- Attempting to hurt others
- Avoiding eye contact
- Changes in sleeping or eating patterns
- Isolation from friends and family
- Low self-esteem
- Mood swings
  (NHAC, 2020b)

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What Constitutes Material/Financial Exploitation?

Financial abuse of the older adult is the illegal, unauthorized, or improper use of the older adult's resources by someone the adult trusts. Some warning signs of material/financial abuse include:

- A pattern of missing belongings
- Older adults who do not know about or understand their finances
- Someone other than the older adult showing unusual interest in their finances
- Unexplained withdrawals from bank accounts
- Evidence of unpaid bills
  (NHAC, 2020b)

What Constitutes Neglect?

Neglect is failure of a caregiver to protect an older adult from harm or failure to provide items of basic necessity, such as:

- Food
- Shelter
- Clothing
- Supervision
- Medicine
- Physical or mental healthcare
- Other care necessary to maintain that individual's life or health

Neglect is the most common type of older adult abuse. Evidence of neglect includes:

- Malnutrition
- Dehydration
- Evidence that medicine is not being taken (e.g., blood pressure is too high even though the individual is supposed to be taking antihypertensive medication)
- Clothing that is inadequate for the weather
- Dirty clothing
- Lack of hygiene evidenced by body odor, overt soiling, smell of urine or feces, etc.
  (NHAC, 2020b)

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What Constitutes Self-Neglect?

Self-neglect means situations in which the neglect is the result of the acts or omissions of the older or dependent adult themself. This may take the form of the individual refusing care or being unable to provide for their own care, resulting in a threat to their health or safety.

Evidence of self-neglect includes an individual's refusal or inability to properly:

- Maintain adequate nutrition or hydration
- Dress themself
- Maintain basic hygiene
- Take medicine
- Manage finances

Signs of self-neglect include:

- Poor hygiene
- Malnutrition
- Dehydration
- Unpaid bills
- Unclean or unsafe home
(NHAC, 2020b)

What Constitutes Abandonment?

Abandonment occurs when someone who is responsible for the care and welfare of an older adult deliberately deserts them. Persons who are abandoned may be left at such places as a hospital, nursing home, or shopping center. The older adult is frightened and may be confused, lost, or depressed. There may be evidence of malnourishment or poor hygiene (NHAC, 2020b).

Circumstances Not Constituting Abuse

There are certain situations encountered by caregivers that are typically **not** considered to constitute abuse of the dependent adult or vulnerable elder. Examples of such circumstances include:

- Circumstances in which the individual declines medical treatment if their religious beliefs call for reliance on spiritual means in place of reliance on medical treatment
- Circumstances in which the individual's caretaker, acting in accordance with the individual's stated or implied consent, declines medical treatment or care

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- Withholding or withdrawing of healthcare from an individual who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of healthcare is done at the request of the dependent adult or at the request of the individual's next of kin and in accordance with applicable laws
- Good-faith assistance by a family or household member or other person in managing the financial affairs of an individual at the request of the individual or at the request of a family member, guardian, or conservator of the individual
- Touching that is part of a necessary physical examination, treatment, or care by a caretaker acting within the scope of practice or employment of the caretaker
- Exchange of a brief touch or hug between the individual and a caretaker for the purpose of reassurance, comfort, or casual friendship
- Touching between spouses or domestic partners in an intimate relationship

(IAC, 2020b)

CASE: Neglect

Ellen is 85 years old and lives with her 50-year-old son, Jack. Since Ellen's health is deteriorating, she needs assistance with activities of daily living, especially using the toilet and dressing. Jack has agreed to serve as his mother's caretaker, but he does not have much knowledge about the needs of older adults or how to take care of them. Jack works in the construction business, and he is very stressed because business has been slow.

Jack is not consistent with assisting his mother when she indicates her need for help. Therefore, she sometimes remains lying in a urine-soaked bed for hours without clothing or blankets for warmth. Ellen has developed a urinary tract infection as well as pressure injuries on her back due to Jack not responding to her elimination needs and not repositioning her in the bed.

Finally, Jack takes his mother to the local hospital's emergency room when she becomes too sick to get out of bed. Ellen is admitted with a high temperature. The attending physician immediately suspects abuse, and she immediately acts to make a report. Investigators determine that Jack's actions constitute neglect because he has not provided his dependent mother with the minimum care she requires.

CASE: Self-Neglect

Lester is 76 years old and lives in a dilapidated cabin along the river and about five miles from town. He is a chronic alcoholic, spending the majority of his monthly income on alcohol instead of groceries. Lester has type 2 diabetes, and he no longer remembers to take his insulin on time.

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Lester's water and electricity were cut off last week since he had not paid his bills for several months. He now uses only river water for cleansing and eats whatever old, canned foods he can find in the kitchen. Due to his poorly controlled diabetes, he has developed ulcers on his feet that have become infected.

When visiting from out of town, Lester's adult son Charlie discovers his father's poor living conditions, deteriorating personal hygiene, and ill health. He also notices that his father has become more mentally confused. Charlie tells his dad that he is worried about his health and safety, but Lester angrily insists that he is free to live his life the way he wants.

When Charlie leaves his father's cabin, he immediately contacts the local county sheriff's office for assistance and to make a "welfare check" to evaluate his father's condition. Law enforcement visits Lester's home. Suspecting self-neglect, they report the case to the state's Adult Protective Services, which investigates further and assists Lester to address his physical and mental health, hygiene, and safety issues.

CASE: Physical Abuse

Darlene is 85 years old. She has limited mobility and is suffering from dementia. Darlene has been living for three years in a long-term care facility that has a reputation for excellence. Her only living relative is a niece, Chantal, who lives about an hour's drive away. Chantal visits several times a month and calls the nursing station every week to inquire about her aunt's status.

Recently, Chantal has been ill and has not visited in nearly four weeks. When she resumes her visits, she finds Darlene in a state of obvious emotional distress. At first, Chantal believes the distress is part of the pattern of dementia. However, as she helps her aunt to sit up in bed in preparation for lunch, Chantal finds a bruise that resembles a handprint on Darlene's cheek. Alarmed, Chantal examines her aunt further and finds several more bruises in different stages of healing on her buttocks and left breast. The niece immediately goes to the facility administrator with her suspicions of physical abuse.

RECOGNIZING ELDER ABUSE AND DEPENDENT ADULT ABUSE

Healthcare professionals should be aware of possible indicators of abuse when caring for adults who may be victims of elder abuse or dependent adult abuse. This abuse can be recognized by many indicators, both among those adults who are victims of such abuse as well as among their abusers. It is important to be aware, however, that signs and symptoms of adult abuse vary according to the type of abuse and that the indicators described below do not always indicate abuse.

The complexity of cases of abuse makes it difficult to establish assessment criteria to meet profiles of signs and symptoms of victims. There have been a succession of tools—such as the

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EASI (Elder Abuse Suspicion Index)—introduced and used with some success (McGill University, 2020). (See “Resources” at the end of this course.)

Common recommendations described within the literature for abuse assessment with dependent adults include:

- Separate the dependent adult from the caregiver when carrying out an assessment.
- Pay special attention to the physical and psychological aspects of the assessment.
- Be aware that physically abused older adults may have large bruises and will, if able to communicate, identify the cause of injury.
    - Bruises will most likely occur on the face, lateral aspects of the right arm, and the posterior torso (i.e., back, chest, lumbar, and gluteal regions).
    - Bruises may be in various stages of healing from frequent falls, fractures, dislocations, burns, and human bite marks.

(Boltz et al., 2020)

Victim Indicators

A detailed summary of possible victim indicators of dependent adult or elder abuse are described below, grouped into the categories of physical, behavioral/psychological, environmental, and financial. This list is not all-inclusive and expands on indicators mentioned above (Boltz et al., 2020; CDC, 2020; NHAC, 2020b).

Substance use and abuse affect the older population as well as younger adults. Older adults should also be assessed for substance use issues.

POSSIBLE PHYSICAL INDICATORS

- Lack of medical care
- Lack of personal cleanliness and grooming, body odors
- Swollen eyes or ankles
- Decayed teeth or no teeth
- Bites, fleas, sores, lesions, lacerations
- Injuries in various stages of healing and incompatible with explanation
- Bruises, broken bones, or burns
- Untreated pressure injuries
- Signs of confinement (i.e., tied to furniture, locked in a room, etc.)
- Obesity, malnourishment, or dehydration

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- Broken glasses (frames or lenses)
- Drunk, overly medicated, or under-medicated
- Lying in urine, feces, old food
- Petechiae (small, purplish, hemorrhagic spots on the skin) from strangling, which can be found anywhere along the path of injury, such as on the eyelids, in the lower eyelid, on the scalp, and over the ear canals, nose, face, and/or mouth
- Dislocated joints (especially the shoulder from being grabbed)

POSSIBLE BEHAVIORAL AND PSYCHOLOGICAL INDICATORS

- Not dressing appropriately for the weather conditions
- Wearing all of one's clothing at once
- Living on the street (homeless)
- Intentional physical self-abuse, suicidal statements
- Refusing needed medical attention
- Refusing to take medications
- Not following medication directions
- Threatening or attacking others physically or verbally
- Refusing to open the door to a visitor
- Spending the day in total darkness
- Denying obvious problems (i.e., medical condition, etc.)
- Exhibiting increased depression, anxiety, or hostility
- Being withdrawn, reclusive, suspicious, timid, unresponsive
- Refusing to discuss the situation
- Expressing unjustified pride in self-sufficiency
- Disoriented as to place and time
- Exhibiting diminished mental capacity (i.e., dementia)
- Longing for death, with vague health complaints

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POSSIBLE ENVIRONMENTAL INDICATORS

- No food in the house or rotten/infested food
- Lack of proper food storage
- Clothes extremely dirty or uncared for
- Utilities cut off or lack of heat in winter
- Lack of water or contaminated water
- Doors or windows made out of cardboard
- Unvented gas heaters, chimney in poor repair
- Gross accumulation of garbage, papers, and clutter
- Large number of pets with no apparent means of care

POSSIBLE FINANCIAL INDICATORS

- Sudden changes in bank account practices
- Unexplained withdrawal of a large sum of money
- Adding names on a bank signature card
- Unapproved withdrawal of funds using an ATM
- Sudden changes in a will or other financial documents
- Unexplained missing funds or valuables
- Unpaid bills despite having enough money
- Forged signature for financial transactions or for the titles of property
- Sudden appearance of previously uninvolved relatives claiming rights to a person's affairs and possessions
- Unexplained sudden transfer of assets
- No knowledge of one's own finances
- Caretaker overly interested in finances of the dependent adult
- Isolation of the dependent adult
- Caregiver refusing to allow visitors (socialization) to see the dependent adult alone
- Loss of personal belongings such as art, silverware, jewelry, or other valuables

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Perpetrator Characteristics

Characteristics of the perpetrators of older adult abuse include:

- History of, or current existence of, depression or other mental health disorders
- Stress of providing care to the older adult
- Lack of support from other possible caregivers
- Perception that taking care of the older adult is too much of a burden
- Abusing alcohol or other drugs
- Being socially isolated due to the demands of caregiving
- History of domestic violence in the home
- Being abused by the older adult in the past
- Financial difficulties because of having to care for the elder
  (Help Guide, 2019; Meiner & Yeager, 2019)

CHARACTERISTICS AND RISK FACTORS OF ABUSERS WORKING IN A FACILITY SETTING

- Frustration if the older adult has been physically or verbally combative toward caregivers
- Not perceiving certain behaviors as abusive
- Being an unwilling or inexperienced caregiver
- Having a lack of training regarding caring for older adults
- Being under financial stress/inadequate wages
- Having substance abuse problems
- Feeling job dissatisfaction, personal stress, burnout
- Having negative attitudes toward dependent older adults
- Working in a poorly run facility
  (Meiner & Yeager, 2019; NHAC, 2020c)

Caregivers may exhibit abusive behaviors with dependent adults and/or participate in neglectful behaviors toward the victim. The following table summarizes the types of dependent adult abuse, including examples of abusive actions and warning signs and symptoms of abuse.

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SUMMARY OF ABUSE TYPES AND INDICATORS		
Type of Abuse	**Abusive Act**	**Signs and Symptoms**
Physical	• Violent behaviors including hitting, pushing, kicking, shaking, pinching, or burning • Deliberately giving medication for the purpose of causing illness or inappropriate sedation • Physical restraint use • Force-feeding • Physical punishment	• Dependent/older adult's report of physical abuse or mistreatment • Multiple and/or untreated injuries in various healing stages • Bruises, cuts, black eyes, open wounds or other marks on the skin • Bruises in various stages of healing • Bruises in specific patterns and shapes (e.g., a handprint or a belt buckle) • Broken bones (especially spiral fractures), sprains, or dislocations • Broken personal care items (e.g., eyeglasses, dentures, hearing or ambulatory aids) • Lab findings of inappropriate medicine use • Changes in elder or caregiver behavior
Psychological or Emotional	• Verbal assaults, insults, or harassment • Intimidation or threats • Humiliation • Social isolation from friends, family, or activities • "Silent treatment" • Treating dependent/older person as a baby or belittling • Deliberately embarrassing the dependent/older person	• Dependent/older adult's report of verbal or emotional abuse • Changes in the victim's behavior or emotional responses • Tearfulness and/or agitation • Withdrawn behavior • Reluctance to communicate • Caregiver answering for the dependent/older adult • Depression

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Sexual Abuse	• Unwanted touching • Coerced nudity • Sexually explicit photography or video recording • Sexual assault or rape • Forcing dependent/older adult to watch sexually explicit videos, social media postings, or pornographic pictures	• Dependent/older adult's report of sexual abuse • Bruises or bleeding around breasts, genitals, or anus • Torn, bloody, or stained underwear • Sexually transmitted disease or unexplained genitourinary infection • Difficulty sitting • Pain in the genitals or anus
Financial Abuse	• Stealing or misusing money or possessions • Unauthorized check cashing, bank withdrawal, or credit card use • Signature forgery on legal documents • Forcing the elder to give away valuable possessions • Improper use of power of attorney or trusteeship	• Dependent/older adult's report of exploitation • Unexplained money withdrawal or change in banking practices • Changes in legal documents such as a will or guardianship • Missing money or possessions • Provision of unneeded goods or services • Unexplained withdrawals from bank accounts
Neglect	• Lack of basic necessities including food, water, clothing, shelter, medicine, or utilities • Personal hygiene and discomfort not attended to • Unsanitary living conditions • Failure to give medication	• Dependent/older adult's report of neglect • Dehydration, malnutrition, weight loss • Untreated pain, falls, or medical conditions • Bedsores, lice, or other infections and injuries • Soiled or inadequate clothing or bedding • Spoiled food, fecal, or urine odors

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Self-Neglect	• Refusing basic necessities, including food, water, clothing, shelter, medicine, or utilities • Not attending to personal hygiene and discomfort not attended • Deliberately living in unsafe or unsanitary conditions • Refusing to seek necessary medical care	• Poor personal hygiene • Dehydration, weight loss, malnutrition • Untreated medical conditions, infections, or injuries • Spoiled food, fecal or urine odors, animal or pest infestations
(Meiner & Yeager, 2019; NHAC, 2020a, b, c)		

REPORTING SUSPECTED ABUSE

All states have a mandatory reporting statute for elder abuse, although statutes vary as to the following areas:

- Who is required to report abuse or suspected abuse ("mandated reporters")
- What activities constitute or require reporting
- Whether or not the victim lacks capacity
- Whether or not the victim resides at home or in an assisted living facility or nursing home

(For information on locating each state's elder abuse statutes, see "Resources" at the end of this course.)

Dependent adult abuse and elder abuse laws provide for evaluations and assessments of alleged abused dependent adults and elders. These laws seek to provide services and make referrals to assist abused adults to acquire a safe living arrangement. Adult Protective Service agencies are available in most jurisdictions.

The primary purpose of the reporting process is to obtain available and pertinent information regarding the allegation of abuse. The ability of the reporter to gather this information is critical to the evaluation and assessment process and is often the first step taken to initiate safeguards for the dependent adult at risk. The intent of reporting laws is to accept and process valid reports while not infringing on an adult's right to privacy.

A thorough intake will provide:

- Protection for the dependent adult
- Necessary information for the assigned Adult Protective Services worker
- Information and referral

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All allegations of abuse must be taken seriously whether they come from the patient, family, healthcare professional, neighbor, friend, or other service provider. Concerns must be reported to those responsible for assessment and followed up by inquiries about the nature and circumstances of the allegation.

Who Must Report?

MANDATED REPORTERS

All states have laws designating certain professionals as mandated reporters of dependent adult abuse (Meiner & Yeager, 2019; Phelan, 2018). By law, many organizations and individuals who are responsible for the care or custody of the elderly or dependent adults are required and mandated to report situations of abuse. Mandated reporters may include, but are not limited to, the following:

- Healthcare professionals
- Care custodians
- Employees of Adult Protective Services agencies
- Employees of financial institutions
- Law enforcement officers
- Clergy members

PERMISSIVE REPORTERS

Any person who believes a dependent adult has suffered some form of abuse **may report** the suspected abuse to the local Adult Protective Services (or equivalent governmental agency) or to law enforcement. This is referred to as *permissive reporting.* For example, a local shop owner may voluntarily report suspected financial exploitation of a dependent adult, or a neighbor may report suspected self-neglect of an older adult.

It is important to note that mandated reporters may also report suspected abuse outside the scope of their professional practice, as permissive reporters (Geiderman & Marco, 2020).

KEY CONCEPTS FOR NURSE MANDATED REPORTERS

The registered nurse is contextually involved in the dynamics of dependent adult abuse merely by the professional responsibility as a mandated reporter and an advocate for patients. Some of the key concepts involved within the profession of nursing include:

- Nurses must maintain updated knowledge of signs and symptoms of suspected dependent adult abuse.
- Nurses must maintain updated knowledge of laws pertaining to dependent adult abuse.

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- Nurses have a legal responsibility to report suspected abuse of dependent adults.
- Nurses must be vigilant and sensitive to the potential for abuse in the frail and vulnerable adult.
- Nurses must assess subtle signs of abuse.
- Nurses must proceed with a full assessment, including determination of safety of the victim.
- Nurses must participate in the prevention and early recognition of potential abuse.

(Registered Nursing, 2020; Touhy & Jett, 2016)

These same concepts can be applied by all mandated reporters.

CASE: Reporting Abuse

Jean is a 25-year-old with muscular dystrophy and moderate intellectual disabilities. She is dependent on her parents for all her activities of daily living and attends a special work program to assist her. On a recent field trip with the program, Jean's supervisor left her alone and unsupervised in the program's van with two male members of the program for approximately ten minutes. While the supervisor was gone, one of the young males removed Jean's shirt and took a picture of the two of them while he fondled her breasts. Upon arriving back at the program's building, the two males showed the picture to other people in the work program.

Back at home, Jean, distraught from the incident, tearfully told her mother what had happened. Jean's mother, Barbara, who happens to be a nurse, immediately called the police and then the work program administrator. Since she did not learn of the abuse while working in her capacity as a nurse, Barbara is not considered a mandated reporter in this instance according to her state's laws. But as a healthcare professional, she is well aware of the harmful effects of the abusive actions on her daughter, and she understood that calling the police would be the correct intervention for her to take as a permissive reporter.

The police began an investigation for dependent adult abuse in the form of personal degradation and sexual exploitation. They also directed the complaint to the county's Adult Protective Services for further assessment. A social worker began to help Jean and her parents to find another work program and to seek psychological/mental health services. Appropriate actions were also taken toward the program and abusers.

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What Is the Reporting Process?

IMMEDIATE PROTECTION CONTEXT

If urgent protection is believed necessary for a dependent adult, a reporter should immediately **call 911 or law enforcement.** The law enforcement personnel receiving this information will then report to the designated state agency (Registered Nursing, 2020).

COMMUNITY CONTEXT

Mandated reporters who suspect elder abuse or dependent adult abuse within the community generally must immediately make an **oral report** via an Adult Protective Services or elder abuse hotline or an online reporting system. Reporters who are a staff member or employee of a care facility must generally also notify the person in charge at the facility. A **written report** is usually required by the mandated reporter within a specified timeframe after the oral report (Samuels, 2020).

(See also "Resources" at the end of this course for a sample report form.)

HEALTHCARE FACILITY CONTEXT

If abuse occurs in a facility, the reporter must immediately notify the person in charge, who must then notify the state's Long-Term Care Ombudsman Program within a designated timeframe (ACL, 2018). This program is established in all states under the Older Americans Act, which is administered by the Administration on Aging. Local ombudsmen work with and on behalf of residents in hundreds of communities throughout the country.

SELF-REPORTING ABUSE

Some victims of abuse may be able to self-report if they are provided with an opportunity to do so. Unfortunately, however, the rate of self-reporting abuse is low due to fear, futility, and/or embarrassment. Healthcare professionals can suggest the following actions to those who wish to self-report abuse:

- Call 911 if you are in immediate danger.
- Speak up; if unhappy with your care, tell someone you know and trust; ask that person to report the abuse, neglect, or substandard care to your state's abuse hotline or Long-Term Care Ombudsman's office; or make the call yourself. (See "Resources" at the end of this course for contact information.)
- Report to the local Adult Protective Services agency.

(Yon et al., 2019)

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Report Contents

Reports of suspected dependent adult or elder abuse typically include:

- Names and home addresses of the dependent adult or elder, relatives, caretakers, and other people believed to be responsible for the individual's care
- The dependent adult or elder's present whereabouts, if not the same as the address given
- The reason the adult is believed to be dependent or vulnerable
- The dependent adult or elder's age
- The nature and extent of the abuse, including evidence of previous abuse
- Information concerning the suspected adult abuse of any other dependent adults or elders in the same residence
- Other information that may be helpful in establishing the cause of the abuse or the identity of the person(s) responsible for the abuse or helpful in assisting the dependent adult
- Reporter's name and address
(IA DHS, 2020)

Legal Issues for Reporters

An individual participating in good faith by reporting, cooperating, or assisting in evaluating a case of dependent adult or vulnerable elder abuse or participating in a judicial proceeding generally has **immunity** from liability, civil or criminal, which may have occurred due to the act of making the report or offering assistance. State laws generally prohibit a person or employer from discharging, suspending, or disciplining an individual required to report or who voluntarily reports suspected abuse.

A mandated reporter who is required to report a suspected case of dependent adult abuse and who knowingly and willfully **fails to do so** is considered to have committed a crime and is subject to prosecution according to applicable state laws. Likewise, a mandated reporter who knowingly interferes with or fails to make a report can be held civilly liable in some states for damages proximately caused by such acts or failures to act (Akhbari, 2020).

BARRIERS TO REPORTING

Researchers estimate that only 1 of every 14 incidents of dependent adult abuse actually come to the attention of law enforcement or human service agencies. There are significant barriers to reporting the abuse of dependent elders. These include, but are not limited to:

- Abused adult feels as if they somehow deserve the abuse

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- Abuser believes that dependent or older adult deserves the abuse
- History of prior abuse
- Fear of retaliation by the abuser
- Fear of abandonment if the abuser goes to jail if abuse is reported
- Cultural beliefs (e.g., "What happens at home is nobody else's business.")
- Embarrassment
- Shame
- Vowed to secrecy by the abuser
- Threats from abuser (e.g., that they will send the victim to a nursing home or withhold food and other necessities)

(RAINN, 2020)

PROTECTIVE INTERVENTIONS

If older adult or dependent adult abuse is suspected, the healthcare professional should intervene as follows:

- Separate the adult from the suspected abuser for assessment
- Summon law enforcement if the elder is in immediate danger
- If there is no immediate danger, report the suspected abuse according to state laws and organizational policies and procedures concerning the reporting of older adult or dependent adult abuse
- Conduct a thorough screening and physical and mental health assessment

(Phelan, 2018)

Following a report, the local or state Adult Protective Services intervenes to conduct an investigation and provide services to abused, neglected, or exploited older and dependent adults. If the dependent adult is unable to be protected by Adult Protective Services, the court may intervene and take actions such as:

- Authorize or order the provision of protective services
- Prohibit a caregiver from interfering with the provision of protective services to the dependent adult
- Appoint conservatorship to an individual to assume responsibility for custody and control of the victim's property

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- Assign guardianship, granting another individual the authority to make personal and healthcare decisions for a dependent who is incapacitated
- Assign power of attorney to another individual to act on the dependent's behalf regarding issues such as healthcare or financial management

(IAC, 2020a)

RIGHT TO SELF DETERMINATION

All adults have a right to self-determination. This means that the dependent adult can refuse services unless a court determines that the person is not competent to make decisions or is threatening his or her own life or that of others (EAPU, n.d.).

Prevention Interventions

The CDC (2020) identifies several interventions to help prevent abuse of the older adult. These include the following actions:

- Listen to older adults and their caregivers. Take seriously their concerns about stress, the challenges of aging, the challenges of taking care of an older adult with dementia, and the impact caregiving has on the caregiver and the entire family unit.
- Listen to the staff members at long-term care facilities. Take seriously their concerns about staffing, stress, frustration, and lack of knowledge about dementia and the care of older adults.
- Report suspected abuse to Adult Protective Services.
- Learn to recognize signs and symptoms of the various types of abuse.
- Learn how to report abuse.
- Check in on older adults who are isolated and who may have few family members and/or friends.
- Encourage caregivers to take a break whenever possible by recruiting help from family or friends or from local resources such as the Area Office on Aging and Adult Protective Services. Check on the availability of respite care. Some long-term care facilities will assume care for a specific amount of time so that caregivers have some time "off."
- Investigate and encourage participation in adult day care programs when appropriate.
- Encourage participation in counseling. Both the caregiver and the elder may find some benefit from counseling.
- Refer caregivers (and older adults as needed) to counseling for substance abuse, financial help, and/or anger and stress management.

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CASE: Protection

Harry Johnson is a 78-year-old with multiple chronic health problems and dementia. He is being considered for discharge from acute hospital care to home after experiencing complications with his diabetes. His caregiver is his 80-year-old wife, Betty.

While the registered nurse Anita was planning Harry's hospital discharge, she discovered that Betty does not want Harry to return home because his dementia has caused him to have violent outrages targeted at her. Betty shared with Anita that at one point Harry threw her to the ground, breaking her ankle, and while she was on the ground, he punched her in the head and threatened to kill her. Betty stated she had not called the police or told anyone else about Harry's violent behavior, since he had threatened to kick her out of the house if she said anything. She was now afraid for her own well-being and life.

As a mandatory reporter, Anita promptly reported the incident to Adult Protective Services according to state law and also notified both her supervisor and Harry's physician of the circumstances. In reviewing the information with Betty, the physician concluded that Harry would be better off getting assistance with his violent behaviors and other care needs at a facility providing long-term dementia care, where he would receive more supervision. This would also provide Betty with the safety and consolation she needed. While Harry was at the care facility, Adult Protective Services would be able to continue with their investigation into the matter.

The physician and interdisciplinary team made the coordinating arrangements with a facility close to the Johnson's home so Betty could conveniently visit Harry. As a result of the Adult Protective Services evaluation, the court intervened and determined that Harry should be committed to the care facility and not be returned to his home.

CONCLUSION

Healthcare professionals have an ethical, moral, and legal responsibility to understand and address the complexities of older adult and dependent adult abuse. Community service agencies, care facilities, clinics, and other healthcare centers are ideal places to embed the frameworks presented here for assessing and identifying vulnerable adults who are at risk for such abuse.

Nurses and other professionals serve as advocates for all those in their care, including the most vulnerable. It is through education and interdisciplinary teamwork that mandated reporters can provide a compassionate and quick response to suspected abuse in order to protect the safety and well-being of the dependent adults within our communities and facilities.

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RESOURCES

Adult Protective Services map (NAPSA)
http://www.napsa-now.org/get-help/help-in-your-area/

Elder abuse and elder financial exploitation statutes
https://www.justice.gov/elderjustice/prosecutors/statutes

Elder Abuse Suspicion Index (EASI)
https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf

Elder Locator Helpline (to self-report abuse)
https://eldercare.acl.gov/Public/Index.aspx
800-677-1116

How to find a Long-Term Care Ombudsman Program
https://theconsumervoice.org/get_help

National Adult Protective Services Association
http://www.napsa-now.org/

National Center on Elder Abuse
https://ncea.acl.gov

Suspected dependent adult abuse report (sample form) (Iowa Department of Human Services)
https://dhs.iowa.gov/sites/default/files/470-2441.pdf

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TEST

[Take the test online at wildirismedicaleducation.com]

1. The term *dependent adult* describes which individual?

a. An 87-year-old living independently at home
b. A 35-year-old with a hearing and speaking impairment living independently
c. A 15-year-old with severe head injuries who is confined to a skilled nursing facility
d. A 55-year-old with Alzheimer's disease being cared for in a skilled nursing facility

2. A willful act by a caretaker intended to shame or humiliate a dependent adult is considered:

a. Physical abuse.
b. Financial abuse.
c. Emotional/psychological abuse.
d. Neglect.

3. A older adult who lives independently and who deliberately refuses to take prescribed medication, bathe regularly, or eat a nutritious diet is demonstrating:

a. Emotional abuse.
b. Abandonment.
c. Self-neglect.
d. Physical abuse.

4. Which is an example of an **environmental** indicator that older adult or dependent adult abuse may be occurring?

a. The individual is overly talkative to healthcare personnel.
b. A large number of pets are living in the house without being cared for.
c. The individual displays a large personal collection of expensive art and jewelry.
d. Bills for rent and utilities are being paid by the individual's adult children.

5. Which situation describes a **caregiver** risk factor for older adult or dependent adult abuse?

a. Having multiple other family members willing to help provide care
b. Interacting with a lot of healthcare professionals on behalf of the dependent adult
c. Receiving a financial loan to help with the dependent adult's expenses
d. Having experienced domestic violence in the past

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6. Which is a **true** statement about reporting suspected dependent adult abuse?

a. If immediate protection for a dependent adult is necessary, call 911 or law enforcement.

b. Reports of abuse taking place in a long-term care facility are made only to the facility's administration.

c. A written report is generally not required if a report has already been made by phone.

d. Mandated reporters who suspect abuse may choose to provide the dependent adult with a hotline number to self-report any abuse instead of making a report themselves.

7. A mandated reporter who fails to report a suspected case of dependent adult abuse:

a. Commits a crime if they knowingly and willingly do not report.

b. Has immunity from prosecution for any criminal or civil liability.

c. Is not subject to any penalty if their reason for not reporting is to protect the dependent adult's privacy.

d. Is not subject to any penalty if it is later determined that no actual abuse occurred.

8. If older adult or dependent adult abuse is suspected, the clinician intervenes by:

a. Always summoning law enforcement even if there is no immediate danger to the individual.

b. Separating the individual from the suspected abuser during assessment.

c. Waiting to obtain proof before making a report of suspected abuse.

d. Contacting the court in order to arrange for a legal guardian for the individual.

9. Which is a recommended action that clinicians can suggest to older adults in order to help prevent abuse?

a. Avoid participating in counseling, since it may be expensive.

b. Ask a neighbor to make withdrawals from your personal bank accounts.

c. Participate in adult day care programs as appropriate.

d. Do not worry about being abused if your spouse is your caregiver.

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