

# Recognizing and Reporting Elder Abuse

## Instructor Guide



UPDATED JUNE 23, 2011



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## ***Instructor Guide:***

# **Recognizing and Reporting Elder Abuse**

<b>Overview</b>	This module will address the responsibility of the care provider to ensure residents are not abused, exploited, or neglected. We will discuss the definition of abuse, exploitation and neglect, and what to do if you feel a resident is being abuse.
<b>Video(s)</b>	"Recognizing and Reporting Elder Abuse" (17 minutes)
<b>Special Supplies</b>	Have a copy of state regulations related to abuse available for reference.
<b>Learning Objectives</b>	<ol style="list-style-type: none"><li>1. Abuse is a form of violence but not always physical;</li><li>2. Define abuse;</li><li>3. What is elder abuse and when to suspect abuse;</li><li>4. Statistics of abuse and neglect;</li><li>5. Define different types and elements of abuse;</li><li>6. Define neglect and signs of neglect;</li><li>7. Self-neglect and tips for preventing self-neglect;</li><li>8. Involuntary seclusion and restraint;</li><li>9. Abandonment;</li><li>10. What to do if someone is being abuse;</li><li>11. Mandated reporters of abuse and why, when, and how to report abuse;</li><li>12. How to minimize or prevent abuse in assisted living and residential care Communities.</li></ol>

## ***QUIZ: Recognizing and Reporting Elder Abuse***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. \_\_\_\_\_ cases of elder abuse are reported.
  - a. 5 of 10
  - b. 2 of 12
  - c. 1 of 14
  
2. Choose the best definition of sexual abuse:
  - a. Any sexual contact
  - b. Any consensual sexual contact
  - c. Any non-consensual sexual contact
  
3. Refusal or failure to fulfill any part of a caregiver's duties to an elder is neglect.
  - a. True
  - b. False
  
4. Pinching a resident would never be considered abuse.
  - a. True
  - b. False
  
5. If you suspect but have no proof that abuse has taken place, you are not required to file a report.
  - a. True
  - b. False

6. A visitor tells you they witnessed abuse. Must you report this incident?
  - a. Yes
  - b. No
  
7. Mary claims that the money in dresser drawer was stolen while she was in the dining room. Could this be a form of abuse or suspected abuse?
  - a. Yes
  - b. No
  
8. You suspect abuse of a resident. You tell your supervisor. Your supervisor says they will take care of it. Have you fulfilled your reporting duties as mandated by law?
  - a. Yes
  - b. No
  
9. Which of the following might be signs of abuse?
  - a. Bruises
  - b. Lacerations
  - c. Cuts
  - d. Broken bones
  - e. Welts
  - f. Black eyes
  - g. All of the above
  
10. Restricting a family member's access to a resident may be considered a form of abuse.
  - a. True
  - b. False
  
11. All caregivers in an assisted living environment are considered "Mandated Reporters".
  - a. True
  - b. False



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# Certificate of Completion

THIS IS TO RECOGNIZE

\_\_\_\_\_

FOR DEDICATION TO QUALITY RESIDENT CARE  
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

**RECOGNIZING AND REPORTING ELDER ABUSE**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date



# Recognizing and Reporting Elder Abuse

## Learner Workbook



UPDATED JUNE 23, 2011



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# **ABUSE**

Abuse occurs when people mistreat or misuse other people, showing no concern for their integrity or innate worth as individuals, and in a manner that degrades their well being.

## **Abuse is a Form Violence**

Many forms of violence saturate our culture. Abuse is a form of violence with which most of us learn to cope. Still, it is never acceptable to abuse anyone, especially a child, dependant adult, or elderly person in or out of a residential care setting.

This is a course about abuse and neglect, with emphasis on residents in Communities and residential care facilities. The first section defines and discusses each of the types of abuse.

## **Abuse is Not Always Physical**

Physical abuse is generally what people think of when they hear the word “abuse.” There are many other types of abuse in addition to physical abuse. Often these different forms of abuse are much more difficult to recognize because physical indicators of abuse are not present.

Other forms of abuse can be subtle and are not always taught as “abuse;” therefore many do not recognize these “occurrences” as abuse. This makes education and understanding of abuse imperative for those working in any residential care setting or Community.

Residents depend upon and need to trust care providers to provide positive, quality, and compassionate services in a safe atmosphere.

## **Abuse Defined**

Abuse is any act, failure to act, or incitement to act done willfully, knowingly, or recklessly through words or physical action which causes or could cause mental or physical injury, harm, or death to any person or resident (regardless of age).

Abuse can take many forms. Neglect is a form of abuse. The next page lists the common types of abuse.

## ELDER ABUSE

Perpetrators of psychological abuse against the elderly often take advantage of their vulnerability in ways that control and/or humiliate the victim, including:

- Denying or creating long waits for food, medication, heat, or basic care.
- Taking the victim's walker, glasses, or dentures.
- Intentionally failing to follow medical, therapy, or safety recommendations.

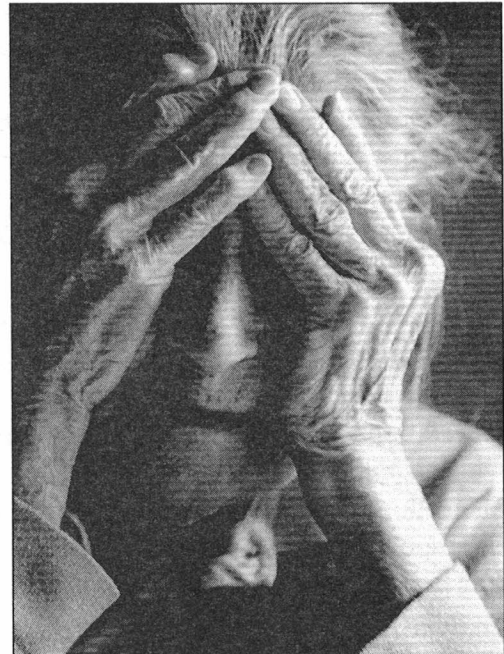
Warning signs that a resident is experiencing psychological abuse often parallel the possible effects of physical abuse. These signs include:

- Low self-esteem or loss of self determination
- Withdrawn/passive/fearful
- Social isolation
- Fear of being touched or approached by others
- Depressed/hopeless/not "normal"
- Unusual mood swings/anger
- Soiled linen/clothing

### When to Suspect Abuse

The presence of any one indicator is not conclusive proof of abuse. The majority of children and adults suffering from abuse will exhibit a combination of symptoms and give a variety of indicators that abuse is occurring. It is important to know what is "normal" for a particular resident and that this will vary by individual.

Knowing what is "normal" for a resident is especially important when there is a suspicion of abuse. For example, if Fred is usually a solitary individual that likes to stay in his room then his refusal to socially interact with other residents is not necessarily an indication of abuse. On the other hand, if Mary is a very social and talkative person and she begins to avoid other people and social events the possibility of abuse should be considered.



## ABUSE AND NEGLECT STATISTICS

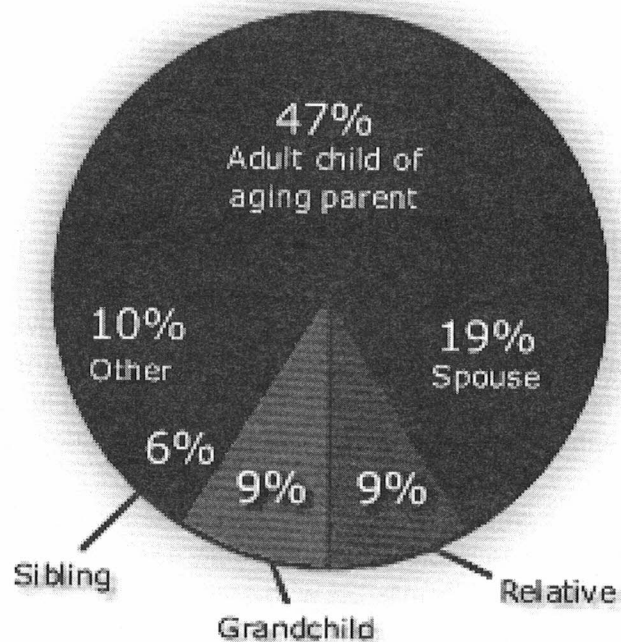
The statistics currently available are not completely accurate and likely understate the number of cases of abuse and neglect. Reports on the prevalence of abuse and neglect are often out-of-date, poorly conducted, and contradict each other. Children; developmentally disabled and mentally ill adults; and elderly individuals in long-term residential care settings remain vulnerable to abuse and neglect.

More than four million individuals live in long-term residential care facilities in the United States. Reported abuse for elders, adults, and children (both in and out of residential care facilities) is on the rise...but it is not known if abuse itself is on the rise or that the increase in abuse cases is a result of increased reporting.

As many as five million elderly Americans are injured, exploited, or mistreated every year by someone on whom they depend for care or protection according to the U.S. Senate Special Committee on Aging. For every one case of abuse reported to authorities, about five go unreported, according to the National Center of Elder Abuse.

### The Abuser

The National Elder Abuse Incidence Study, which examined elder abuse outside institutional settings, found that in 90% of the reported cases in which the abuser was known, the abuser was a family member.





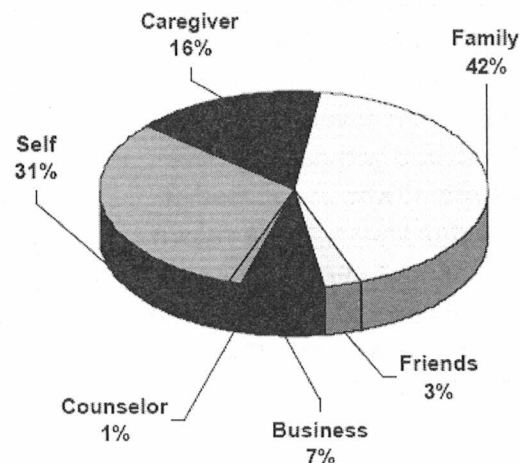
## Abuse in Residential Care

The following chart shows the most common abusers in settings in which care is provided to adults or elderly.

(From *A Day in the Life of APS California 2004*.

Retrieved April 13, 2007 from

[http://www.cwda.org/downloads/ditl\\_report.pdf](http://www.cwda.org/downloads/ditl_report.pdf))

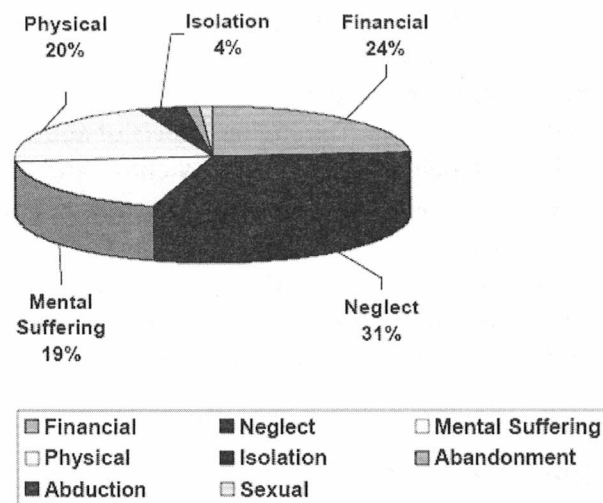


The chart below shows the most common types of abuse that occurs in settings in which care is provided to adults or elderly.

(From *A Day in the Life of APS California 2004*.

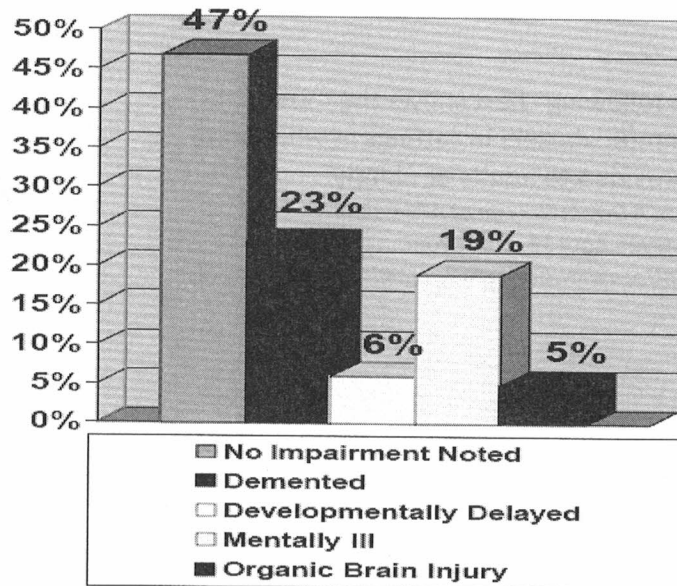
Retrieved April 13, 2007 from

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## Abuse and Cognitive Impairment

Cognitive impairment and abuse/neglect victimization are related. The following chart demonstrates the percentage of Adults/Elders (over the age of 18) with and without cognitive impairment who are abused in the United States. Those shown with cognitive impairment are all under the care of a provider but may not receive that care in a long-term care facility.



## Financial Cost of Abuse

It is estimated that the direct dollar cost of elder abuse is approximately \$311 (minimum) per person, per week to the government and local agencies. These costs include emergency intervention, investigation, securing of alternative living arrangements, medical care, and psychological care. The indirect costs of abuse, including incarceration of abusers, emotional instability, pain and suffering of victims, and loss of time and quality of life are difficult to quantify in dollars and cents. These costs are paid by victims and taxpayers and can never be recovered.

The creation, funding, and implementation of comprehensive abuse and neglect prevention programs is the most effective method of decreasing the number of abuse cases and subsequently reducing both the direct and indirect costs of abuse.

## Emotional Cost of Abuse

The emotional cost of abuse is impossible to measure. The emotional effects of abuse do not disappear when the sexual, physical, or emotional abuse is over. Adult survivors of abusive relationships often still suffer from consequences of abuse that occurred decades ago.

# TYPES OF ABUSE

The types of abuse include:

1. Physical abuse
2. Psychological (emotional or mental) abuse, which includes verbal abuse
3. Fiduciary (financial) abuse
4. Sexual abuse
5. Domestic abuse
6. Neglect
7. Involuntary seclusion
8. Abandonment

One other type of abuse is **hate crimes**. In the United States hate crimes are defined as crimes in which “the defendant’s conduct was motivated by hatred, bias, or prejudice, based on the actual or perceived race, color, religion, national origin, ethnicity, gender, sexual orientation or gender identity of another individual or group of individuals.”

We are not going to discuss hate crimes in this course, but the reader should be aware of its existence as a type of abuse.

## Elements of Abuse

In a residential community, the abuse may be:

- Resident to resident
- Staff to resident
- Resident to staff
- Visitor to resident
- Resident to visitor

We will be going into more depth to discuss each of the eight types of abuse. For clarity, we will be discussing the different types of abuse. However, more than one type frequently occurs at the same time. For example, physical abuse is also psychologically abusive. Involuntary seclusion may also be physically abusive, psychologically abusive, and socially abusive.

# PHYSICAL ABUSE

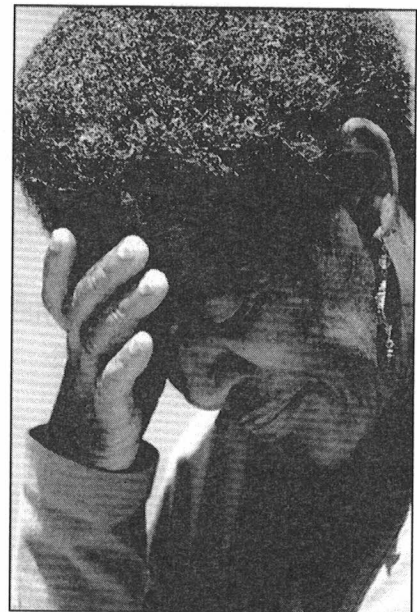
Physical abuse is the use of force that normally results in bodily injury, physical pain, or impairment. More than 16% of persons in residential care are thought to be physically abused.

Physical abuse can include, but is not limited to, hitting, slapping, pinching, and kicking of any resident, as well as controlling behavior through corporal punishment. This can occur as child abuse, adult abuse, or elderly abuse.

## Signs of Physical Abuse

These are some possible warning signs that a resident is experiencing physical abuse:

- Multiple and/or repeated injuries – including multiple bruises in various stages of healing
- Unexplained bruises, welts, fractures, skin tears, cuts, sprains, burns, abrasions, or lacerations – especially facial injuries – in all ages
- Low self-esteem or loss of self determination
- Depressed/hopeless; visible emotional distress
- Withdrawn/passive fearful or extreme aggression
- Soiled linen/clothing
- Social isolation



Some indicators that a person may be experiencing physical abuse include:

- May cringe or flinch when touched, especially unexpectedly
- Cannot recall how injuries occurred
- Offers inconsistent explanations of injuries
- Extremely compliant and/or eager to please
- Indiscriminately seeks affection



## **CHECK FOR UNDERSTANDING: PHYSICAL ABUSE**

### **Consider This...**

You have a 64 year old resident with Parkinson's disease who was placed in your Community for a short time while her husband, the caregiver, was out of town on business. The day before he was to come and pick her up to take her home, the resident became very distraught and said she was afraid to return home. She reported to the caregiver that her husband hits her, but she probably deserves it. She isn't a "permanent" resident of yours.

What should you do?

## PSYCHOLOGICAL ABUSE

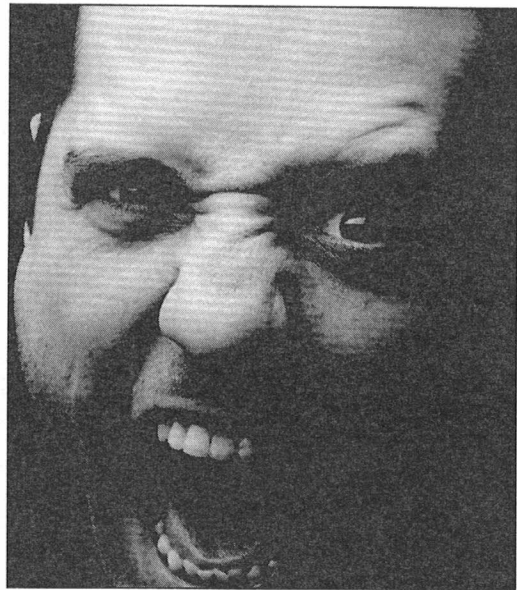
Psychological or emotional abuse is the infliction of fear, mental anguish, pain, or distress through verbal or non-verbal acts. Greater than 19% of persons in residential care are thought to be psychologically abused.

Psychological abuse is mistreatment that does not result in physical harm. Mental or psychological abuse can include humiliation, harassment, and threats of punishment, deprivation, or intimidation. Perpetrators may be family members, caregivers, or acquaintances.

The U.S. Department of Justice defines psychologically or emotionally abusive traits as including causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; forcing isolation from family, friends, or school or work. More subtle emotionally abusive tactics include insults, putdowns, arbitrary and unpredictable inconsistency. Psychological abuse can be verbal or nonverbal.

### Verbal Abuse

Verbal abuse is a type of psychological abuse that includes any oral or written language that includes disparaging or derogatory terms to any resident or within the resident's hearing distance, regardless of the resident's age, disability or ability to comprehend.



### Non-Verbal Abuse

Nonverbal abuse refers to NOT what is said, but the physical behavior that often accompanies words, such as body posture, facial expressions, gestures, etc.

Nonverbal abuse is intended to send a message to belittle or humiliate, such as: many different negative gestures, such as pointing, facial expressions, or other offensive gestures; throwing things; leaning over a person (using height); loud sighing; and staring with intent of intimidation.

## **Examples of Psychological Abuse**

- False accusations
- Put-downs or derogatory comments
- Verbal threats
- Playing “mind games”
- Ridiculing or blaming
- Silence, ignoring victim
- Using certain mannerisms or behavior as a means of control (e.g., snapping fingers, pointing)
- Withholding affection
- Lying
- Threatening to leave or commit suicide
- Treating victim as a child
- Denying or taking away victim’s responsibilities
- Not keeping commitments
- Isolation from family and friends
- Stalking or checking whereabouts
- Demanding an account of victim’s time/routine

## **Social Abuse**

Some experts consider “social abuse” as a separate category of abuse; however, many aspects are a type of psychological abuse. Social abuse examples include:

- Controlling what victim does, who victim sees, talks to, what victim reads and where victim goes
- Put downs or ignoring the victim in public
- Not allowing victim to see or limiting access to family and friends
- Being rude to victim’s friends or family
- Dictating victim’s dress and behavior
- Choosing victim’s friends
- Choosing friends, activities, or work rather than being with the victim
- Making a “scene” in public
- Making victim account for themselves
- Censoring victim’s mail
- Treating victim like a servant
- Not giving victim space or privacy



## CHECK FOR UNDERSTANDING: PSYCHOLOGICAL ABUSE

### Consider This...

Jennifer is an evening staff member at an assisted living community. One of the residents, Sophie, has frequent calls from her son and daughter-in-law. They want to set up a time to visit her. But, they have four young children who annoy Jennifer when they visit. So, Jennifer has been “forgetting” to give the messages to Sophie, and has discouraged the visits that Sophie loves so much.

Is this a form of abuse/neglect by a staff member?

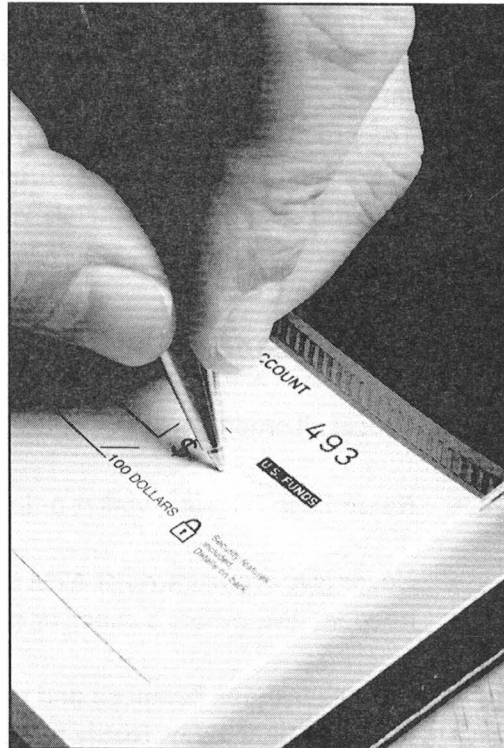


# FINANCIAL ABUSE

Financial or material abuse or exploitation is defined as the illegal and/or improper use of another's funds, property, and assets. More than 19% of seniors suffer from financial abuse from someone that is considered to be "close" to them such as a family member or residential staff member. This type of abuse happens most often in the elderly population, and the abusers are most often family and friends, making this type of abuse very difficult to discover and address. Anyone having access to a person's personal and financial information possess the capability to mismanage those assets.

Some examples of financial abuse include:

- Taking victim's money
- Withholding or not allowing victim money
- Limiting a monetary allowance to a victim
- Keeping family finances a secret
- Not letting victim have access to family income
- Pressuring victim to take full responsibility for finances
- Not paying fair share of bills
- Spending other's money irresponsibly, such as on addictions, gambling, sexual services



## Signs of Financial Abuse

The elderly are frequent victims of financial abuse. Some of the signs that an elder may be a victim of financial abuse include:

- Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- The inclusion of additional names on an elder's bank signature card
- Unauthorized withdrawal of the elder's funds using the elder's ATM card
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of funds or valuable possessions
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources

- Discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions
- Sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family
- The provision of services that are not necessary
- Bills are piling up when they are the responsibility of a caretaker
- An elder's report of financial exploitation

### **Tips to Fight Financial Abuse**

- Cancel all credit cards not in use.
- Never keep PINs in a wallet or in plain view.
- Never give credit cards or ATM cards to anyone for ANY REASON. If reimbursement is needed, give others a check or cash.
- Keep checkbook balanced and view all monthly statements for credit cards and bank accounts right away. Notify bank immediately of any suspicious activity.



## **CHECK FOR UNDERSTANDING: FINANCIAL ABUSE**

### **Consider This...**

You interview a potential new resident. The 70 year old woman explains that her son made her sell her out-of-state home and buy three homes with the money. One home was to be hers and the other two rental properties. The son had her put the rentals in his name and has now sold them. She wants to move into your Community, but fears she doesn't have enough equity in her one home to support her.

Since she is not a resident, what should you do?

## **SEXUAL ABUSE**

Sexual abuse is any non-consenting sexual act or contact of any kind. Sexual abuse is not age-discriminating and can happen to anyone of any age. This includes sexual assault and battery, unwanted touching or gestures or even words, sexually explicit photographing, and sexual contact with any person incapable of giving consent.

At least twice (and possibly 3-4 times) as many victims of sexual abuse are women. Approximately 3% of individuals in a long-term care setting are victims of sexual abuse, though exact figures are difficult to obtain. Children, in particular, have difficulty realizing they are being sexually abused and reporting the abuse.

### **Signs of Sexual Abuse**

The following behaviors may indicate that sexual abuse is occurring. Some of the behaviors are specific to children; others can occur at any age:

- Fear of certain people, or of being left alone.
- Nightmares, troubled sleep, or extreme fears with no obvious reason.
- Loss of appetite, or trouble eating or swallowing, or sudden changes in eating habits.
- Negative self image, i.e. thinks of self or body as repulsive, dirty, or bad.
- Playing, writing, drawings, or dreams may include sexual or frightening images.
- Spacing out at odd times, seems distracted or distant, "checked out."
- Leaves "clues" that seem likely to provoke a discussion about sexual issues.
- Stomach illness frequently with no identifiable reason.
- Functional regression to an earlier stage of development, such as a child regressing back to bed-wetting or thumb sucking
- Sudden mood swings, such as rage, fear, anger, insecurity, or withdrawal.
- Sexual acting out with toys or other children, such as simulating sex with dolls or asking others to behave sexually.
- Using new words for private body parts.
- Resistance to bathing, toileting, or removing clothes even in appropriate situations.
- Unexplainable having money, toys, or other gifts.
- Cutting, burning, or otherwise intentionally harming herself or himself.
- Engaging in self-destructive behaviors, i.e. drug use, alcohol abuse, sexual promiscuity, runny away from home.



## **CHECK FOR UNDERSTANDING: SEXUAL ABUSE**

### **Consider This...**

A 52 year old woman living in a residential care facility is developmentally disabled. She told a caregiver that one of the maintenance men came in her room and touched her where he should not have. The maintenance man says he wasn't in her room and the woman is making it up.

What should you do?

## DOMESTIC ABUSE

Domestic abuse occurs when one person in an intimate relationship or marriage tries to dominate and control the other person. In an abusive relationship, the abuser may use a number of tactics in order to maintain power and control over his or her partner, such as: physical and sexual violence; emotional and verbal abuse; isolation; threats and intimidation; and economic deprivation.

### Signs of Domestic Abuse

Common signs of domestic abuse include:

- Fear of the partner or spouse
- Not given the opportunity to speak for himself/herself
- Activity and outside contacts are restricted
- Not allowed to be alone with anyone
- Restricted access to money, a car, telephone, etc.
- Feelings of self-loathing, helplessness, and desperation due to belittling, guilt, ridicule or other psychologically destructive behaviors.



Domestic abuse may have occurred prior to admission into a Community, and may continue while a couple is residing in the Community. More than 50% of abuse is inflicted by family members. Domestic abuse is often unrecognized and considered to be a "family secret," and as a result, this type of abuse is often hidden and grossly under-reported. Although the true prevalence of abuse is not known, this serious problem is estimated to affect hundreds of thousands of people across the country.



## **CHECK FOR UNDERSTANDING: DOMESTIC ABUSE**

### **Consider This...**

An 81 year old man lives with his wife in your assisted living Community. Over the past year he has become more frail. The resident's wife is unrealistic in her expectations of what he can do. She constantly belittles him when he is unable to do things beyond his capacity. As he declines, the caregivers have noticed the situation is becoming worse.

What should you do?

# NEGLECT

As opposed to abuse, neglect involves failure to use available funds and resources necessary to sustain or restore the health and well-being of an individual (e.g., person is suffering from substandard care at home despite adequate resources, withholding information about personal resources, and pressure to transfer assets to a family member).

Neglect includes the refusal or failure by a caregiver to provide any part of the obligations or duties as required to meet a person's needs. This includes (but is not limited to) the failure to provide: food, shelter, medical assistance, personal hygiene products, heating or air conditioning.

Residents in care settings suffer neglect more often than emotional and physical abuse combined. More than 43% of those residing in long-term care facilities experience neglect at some point in time.

## Signs of Neglect

Possible warning signs of neglect include:

- Dehydration/malnourishment
- Climate inappropriate and/or soiled clothing
- Over/under medicated
- Odorous
- Social isolation
- Deserted, abandoned, or unattended
- Lack of medical necessities or assistive devices
- Lack of food, personal supplies, and other amenities
- Unclean environment

## Elder Neglect

Elder neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care.

Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.



Signs and symptoms of elder neglect include but are not limited to:

- Dehydration, malnutrition, untreated bed sores, and poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living conditions/arrangements (e.g., improper wiring, no heat, or no running water)
- Unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)
- An elder's report of being mistreated



## CHECK FOR UNDERSTANDING: NEGLECT

### Consider This...

One of your 83 year old residents goes to her daughter's house about one weekend a month to stay with her. You send your resident's medications with her for the home visit, but often 6 or 7 pain medications pills are missing when she returns. When the daughter is asked, she says that her mother dropped them, so she threw it out and she had to use another one. Further, the resident returns in extreme pain and doesn't remember taking her medications while gone.

What should you do?

# SELF-NEGLECT

Self-neglect is a form of neglect. This is a controversial subject describing a vulnerable adult or elderly person living in a way that puts his/her health, safety, or well-being at risk. This happens because the person is either unwilling or unable to care for him/herself.

Some signs or indicators of self-neglect are similar to neglect. The difference is that a person is neglecting himself/herself rather than from a person who has an obligation or duty to meet a person's needs (such as a parent, a caregiver, a legally responsible party, etc.)

Persons who self-neglect may often be recognized by:

- Not eating to the point of malnutrition
- Wearing clothes that are filthy, torn, and not suited for the weather
- Living in hazardous and unsanitary conditions
- Not seeking needed medical attention and care

A person who suffers from self-neglect is most likely to:

- Live alone
- Be frail and/or elderly
- Be a woman
- Be depressed and/or increasingly confused
- Have alcohol/drug issues
- Have a history of poor hygiene and/or living conditions

## Tips for Preventing Self-Neglect

Assist those you suspect of self-neglect by:

- Encouraging the person to stay in touch with others, and become involved in senior center activities, church functions, or other community groups
- Support the person in getting to know neighbors
- Enlist others to assist in regularly monitoring the person's health and living conditions while respecting the person's right to privacy and confidentiality.
- Assist in scheduling and accompany the person to regular medical and dental appointments
- Alert appropriate social services agencies, if necessary



## **CHECK FOR UNDERSTANDING: SELF-NEGLECT**

### **Consider This...**

You have noticed that one of your 65 year old residents with early onset dementia is beginning to become more forgetful. Twice she has been found somewhat lost within the Community. She is still driving. She hasn't had any accidents yet.

What should you do?

## **INVOLUNTARY SECLUSION**

Involuntary seclusion is defined as the separation of a resident from others against the resident's will or the will of the resident's legal representative.

Let's look at an example of involuntary seclusion. Jane Doe is an elderly resident with dementia. She does not know how to operate the door knob to her room, nor does she know how to open the sliding door on the patio. When staff get frustrated with Jane, they simply put her in her room and shut the door, or put her out on the patio.

Restraint or involuntary seclusion shall never be used for punishment or for the convenience of staff.



## **CHECK FOR UNDERSTANDING: INVOLUNTARY SECLUSION**

### **Consider This...**

A 70 year old woman with mild dementia just returned from a 3 day visit with her daughter. She told the caregiver that her daughter restricts her use of the phone, refrigerator, and bathroom due to family conflicts and other issues. The daughter has a new boyfriend who she heard yelling at her daughter about bringing her stupid mother in their home. She is afraid of the boyfriend, even though he has never yelled at her. During the visit, the resident just stays in her room.

What should you do?

## **ABANDONMENT**

Abandonment is defined as the desertion of a person by an individual who has or has assumed responsibility for providing care for that person, or by a person with physical custody. Examples included a parent, a spouse, a legal guardian, etc. Persons can be abandoned at a shopping center, a school, a hospital, a nursing facility, or other public locations.

## IF SOMEONE IS BEING ABUSED

Remind the victim:

- He/she is not alone and not to blame
- He/she has a right to be free from abuse and to control his/her own life

Address the situation by:

- Filing a report of abuse with all of the proper agencies.
- Create and retain detailed records of all incidents of abuse and suspected abuse (these may often be used as evidence in legal proceedings.)
- Develop and implement a safety plan and assist the person to memorize emergency telephone numbers.

Keep in mind...

Most abusers are not easily recognized; they do not readily identify themselves. Those abused are often dependent on their abusers and not eager to report the abuse or neglect suffered. They may have an awareness that they have been harmed, but they may think that they deserved that harm, think that some degree of harm is acceptable or reasonable, or just inevitable.

Millions of people around the world struggle to maintain dignity, safety and self-worth in the fact of ongoing abuse. Millions more people struggle to recover from wounds they have sustained during past abuse. Help is available for victims of abuse, although it is not always easy to access.



## **MANDATED REPORTERS OF ABUSE**

In 42 states, long-term care providers are designated as mandated reporters of abuse. This means they are required by law to report suspected cases of abuse or neglect. No supervisor or administrator may impede or prohibit reporting. The identities of those reporting abuse are confidential. Anyone may report any type of suspected abuse, even if not mandated to do so by law.

Those required to report abuse will not be criminally liable for reporting suspected abuse unless the report is intentionally false. Although the duty to report is individual, when two or more persons are required to report a case, many states allow the persons to reach an agreement to have one of them make the report on behalf of all. Other states require each person to file a report. Failure to report suspected abuse is not only illegal for mandated reporters, but it is also considered unprofessional and unethical conduct and may have legal and employment-related ramifications.

### **Why Report Abuse?**

One should report abuse because it may prevent future abuse. Reporting abuse gives the child, elder, or dependent adult options to keep him/her safe from harm. It links the resident and family members with appropriate community resources and alerts unaware family and friends who can step in and help. It allows appropriate social workers (such as Adult Protective Services) to assist victims and their families in developing individualized care plans. By reporting abuse, it relieves the reporter since he/she knows that a professional is assessing the situation. As a caregiver, you have a legal obligation to report.

*The following is adapted from Revised Fundamentals of Caregiving Learner's Guide, Second Edition. Washington State Department of Social & Health Services. 2005.*

It is critical that caregivers take their role as mandatory reporters seriously. For every case of abuse reported, national statistics point to as many as four cases that go unreported. This means the majority of vulnerable adults being harmed continue to suffer - often without any way of getting help.

**You can't let anything stop you from reporting.** If you do, you are breaking the law and could be risking someone's life or continued suffering if he/ she is being harmed.

### **Calling in a Report**

- You do not need anyone else's permission to report (including the resident and/or your supervisor).
- You do not need proof to make a report.
- If you report in good faith and it turns out there was no abuse, you cannot be blamed or get in trouble.
- Your name will be kept confidential (unless there is a legal proceeding, you give permission to release your name, or where the law requires the release of your name to law enforcement or a licensing agency).
- Your name will not be given out to the resident.

### **Who to Call?**

**Two divisions within DSHS** are responsible for taking reports of suspected abuse of vulnerable adults, Adult Protective Services (APS) and the Complaint Resolution Unit (CRU).

#### **Call Adult Protective Services (APS) if:**

you have reason to believe a vulnerable adult **living in his/her own home** is being abused.

#### **Call the Complaint Resolution Unit (CRU) if:**

you have reason to believe the vulnerable adult **living in an adult family home, boarding home (including assisted living), or nursing home** is being abused.

## **MINIMIZING OR PREVENTING ABUSE**

Administrators have a responsibility to minimize or prevent abuse in a Community or residential care setting. Four steps that can be taken are:

- Perform background checks upon hire
- Provide comprehensive staff training
- Maintain adequate staffing
- Have policy and procedures in place for reporting and analyzing abuse and neglect.

### **Background Checks**

As of June, 2007 forty-one states require a criminal background check of some variety, mostly at the state level. Although the Violent Crime Control and Law Enforcement Act of 1994 permits states to conduct national criminal backgrounds checks, there is no Federal requirement to conduct these checks of current or prospective employees of federally assisted long-term-care facilities.

Background checks have no “standard,” and some are minimal, while other are extensive and comprehensive, including FBI records. Many states have specified certain crimes that will automatically disqualify a prospective employee from obtaining employment in a group home, residential care, or assisted living community in that state.

There is little argument that criminal background checks offer communities an important safeguard against hiring persons who abused or neglected children, other adults, or elderly persons or who have been convicted of other serious crimes. The effectiveness of these checks is, of course, only as good as the criminal data in the state and FBI systems—which are sometimes incomplete.

### **Staff Training**

Staff need adequate training to help them recognize such concerns and verbal abuse, subtle clues and exploitation, and neglect.

For example, what if a resident consistently returns back from visits with family filthy and soiled? What if the family consistently “forgets” to get mom’s medications refilled as per their responsibility? What if suspicious activity occurs or the resident’s behavior changes every time the nephew comes for a visit?

Training also helps staff be more aware of their own responsibilities to the care of residents. Be sure to comply with the abuse and neglect training required in your state.

### **Adequate Staffing**

Having enough staff to properly care for residents seems relatively obvious. However, many states do not regulate staffing numbers; thus, it is up to the administration to determine “adequate staffing.” During difficult economic times, it may be tempting to minimize staffing. Be careful. At what point is your staff so busy that they are neglecting the emotional needs of residents? Taking short cuts that increase the risks of falls or injuries? Becoming short-tempered and rushing residents?

### **Written Policies and Procedures**

Most long-term care facilities have also developed and implemented policies and procedures to minimize and/or prevent abuse and neglect. It is important to periodically examine and document these practices for effectiveness.