

Resource Provided by Altarum's Program to Improve Eldercare

Addressing Elder Abuse, Neglect, and Exploitation in Your Community

Neglect, abuse and exploitation of older adults is widespread, each year harming about one-tenth of all adults over age 65. Some is intentional, and some arises from overwhelmed or absent caregivers; some harms are physical, but many assault the person's sense of independence and value or decimate their savings. Victims of abuse die faster, lose their financial stability, or suffer alone in despair—during a time of life that should be dignified, respected, and enjoyable.

Safety and justice in elders' daily lives requires special supports and protections. Preventing abuse, neglect and exploitation must be viewed as a top priority for policymakers, providers and the public. Reducing the prevalence of abuse as the U.S. population of older adults surges will demand stronger support for basic services that older people must rely on (accessible housing, transportation, food and some in-home assistance). Building awareness and understanding of abuse in the public can be accomplished with ongoing public service campaigns and other forms of outreach. Tighter coordination between medical and social services and law enforcement agencies is essential, so that staff can rapidly identify when abuse may be occurring and work together to resolve abusive situations. Finally, facilitating healthy social ties for vulnerable seniors is an important component of effective protection.

Understanding the Scope of Elder Abuse and Neglect

1. Each year, about one-tenth of all persons aged 65 and older become a victim of financial, physical, sexual, or emotional abuse, or of neglect.^{1,2} At least one million of today's seniors have been abused or neglected in long-term care facilities.³
2. Persons who are frail and have significant disabilities, and persons aged 85 and older, are the most vulnerable to abuse and endure its gravest effects, because they have fewer resources to protect themselves or to seek help.⁴
3. Without training of care professionals, neglect and abuse affecting older adults may be harder to detect, more difficult to investigate, and more challenging to address than abuse affecting younger people.^{5,6,7}

1 Pillemer, K., Connolly, M.-T., Breckman, R., Spreng, N., & Lachs, M. S. (2015). Elder Mistreatment: Priorities for Consideration by the White House Conference on Aging. *The Gerontologist*, 55(2), 320–327. <https://doi.org/10.1093/geront/gnu180>, p. 321.

2 Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292–297. <https://doi.org/10.2105/AJPH.2009.163089>, table 1 and p. 294; p. 296.

3 Castle et al., 2015, p. 421

4 Choi, N. G., & Mayer, J. (2000). Elder Abuse, Neglect, and Exploitation: Risk Factors and Prevention Strategies. *Journal of Gerontological Social Work*, 33(2), 5–25. https://doi.org/10.1300/J083v33n02_02, p. 6

5 Acierno et al., 2010, p. 296.

6 Risk Factors and Health Outcomes. (2014). In *Elder Abuse and Its Prevention: Workshop Summary*. <https://doi.org/10.17226/18518>, table 3-1, p. 19

7 Pillemer et al., 2015.



4. Regular social activities and a social network have been found to protect elders against all forms of mistreatment. Conversely, isolation more than triples the risk of abuse and potential neglect for an elderly individual.⁸ When abuse occurs, isolation exacerbates emotional and mental health problems, such as post-traumatic stress and depression, while hastening death.^{9,10}
5. Worsened health trajectories increase all costs—for the victim, family, and publicly financed programs. Abuse doubles the likelihood of hospitalization and emergency-room trips,^{11,12} and it quintuples the risk of ending up in a skilled nursing facility.¹³
6. Formal complaints of abuse have been levied against one in three U.S. nursing homes.¹⁴ One in 10 nursing homes has had confirmed abuses of residents.¹⁵
7. Institutional characteristics—in addition to “bad apple” staffers—often correlate with elder abuse in residential care. Burnout, lack of training, underpay and understaffing all raise the likelihood of LTC facility abuse.¹⁶
8. Abuses are broadly overlooked and are generally underreported, masking their insidious harms.¹⁷ Clinicians and social workers are well positioned to identify abuse: a typical primary care physician is likely to encounter more than one elder abuse patient every day.¹⁸ Yet, these professional encounters with abuse seldom result in recognition, intervention and help for the victim.¹⁹ Fewer than 2 percent of reports of suspected elder abuse come from physicians.²⁰

Initiating Strategies to Address Elder Abuse and Neglect

Fund programs that offer elders neighborly support or both clinical and social services.

- ▲ Because regular social interactions protect against elder abuse, policymakers should redouble efforts to scale up programs that link elders with social opportunities at senior centers, adult day centers and in their own homes.²¹ The Administration for Community Living’s **Community Care Corps** program, which is being launched in 2020, will enlist volunteers to do minor household

8 Acierno et al., 2010, p. 295

9 Risk Factors and Health Outcomes, 2014, p. 19, 21-22

10 Dong, X. Q., Simon, M. A., Beck, T. T., Farran, C., McCann, J. J., Mendes de Leon, C. F., ... Evans, D. A. (2011). Elder Abuse and Mortality: The Role of Psychological and Social Wellbeing. *Gerontology*, 57(6), 549–558. <https://doi.org/10.1159/000321881>

11 Dong, X., & Simon, M. A. (2013). Elder Abuse as a Risk Factor for Hospitalization in Older Persons. *JAMA Internal Medicine*, 173(10), 911–917. <https://doi.org/10.1001/jamainternmed.2013.238>

12 Dong, X., & Simon, M. A. (2013). Association between elder abuse and use of ED: Findings from the Chicago Health and Aging Project. *The American Journal of Emergency Medicine*, 31(4), 693–698. <https://doi.org/10.1016/j.ajem.2012.12.028>

13 Dong, X., & Simon, M. A. (2013). Association between Reported Elder Abuse and Rates of Admission to Skilled Nursing Facilities: Findings from a Longitudinal Population-Based Cohort Study. *Gerontology*, 59(5), 464–472. <https://doi.org/10.1159/000351338>

14 Castle et al., 2015, p. 429

15 Minority Staff Special Investigations Division, 2001. Qtd in Castle et al., 2015, p. 419.

16 Payne and Fletcher, 2006, p. 120

17 Bloemen, E. M., Rosen, T., Clark, S., Nash, D., & Mielenz, T. J. (2015). Trends in Reporting of Abuse and Neglect to Long Term Care Ombudsmen: Data from the National Ombudsman Reporting System from 2006 to 2013. *Geriatric Nursing*, 36(4), 281–283. <https://doi.org/10.1016/j.gerinurse.2015.03.002>, p. 282.

18 Pillemer et al., 2015, p. 321

19 Kathy, G. (2018, August 23). How Should We Address Elder Abuse? One State’s Efforts. Retrieved October 14, 2019, from Health Affairs Blog website: <https://www.healthaffairs.org/doi/10.1377/hblog20180821.470098/full/>

20 Hoover, R. M. (2014). Detecting Elder Abuse and Neglect: Assessment and Intervention. *American Family Physician*, 89(6), 8.

21 Acierno et al., 2010, p. 295.



tasks and visit with frail adults. This program should be funded for the full five years Congress intended to develop it. Another valuable program—the **Program for All-Inclusive Care for the Elderly (PACE)**—is well-positioned to provide frail elders with excellent community-based clinical care and supportive services, along with social interaction at the PACE Center, transportation from the home and back, activities, and nutrition. With some simple legislative fixes, PACE can be widely available to Medicare beneficiaries.

Improve residential facility conditions and train and support caregivers

- ▲ The LTC direct care and nursing workforce is treated as an afterthought in the health care industry. Wages are very low, benefits are typically scanty or not available at all, and career ladders and advanced educational opportunities are uncommon. Staffing levels are often well below those recommended by the federal government and by LTC experts, and turnover rates are extremely high. The results of chronic understaffing and poor supervision manifests in poor care, neglect, and costly abuses.²² An increased presence of investors has exacerbated these longstanding trends in recent years, fueling a rash of staff layoffs, bankruptcies and poor care in groups of nursing homes and chains across many states.

Bolster accountability measures.

- ▲ To prevent elder abuse by individuals with histories of violence and abuse, the federal government must provide states with infrastructure funding for pre-employment, comprehensive background checks for all long-term care staff serving disabled elders by continuing the National Background Check Program administered by CMS. By 2024, federal law should require all LTC providers reimbursed by Medicare and Medicaid to conduct comprehensive background checks that cover all relevant state registries (e.g., those for sex offenders, certified nurse aides who are reported for abuse); a state-level criminal history check, and a national-level criminal history check of FBI records.
- ▲ So that every state's Adult Protective Services can respond to current caseloads, and can prepare for those to grow, Congress should dedicate formula grants to states that fund more staff and system infrastructure. Reporting systems will atrophy without funding levels like those the Elder Justice Act describes. Federal standards that require basic processes be met, including reporting and investigative methods, will ensure that states prioritize elder justice issues that are too often ignored.
- ▲ Adequately fund the Long-Term Care Ombudsman (LTCO) program under the Elder Justice Act and Older Americans Act.

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22 Castle et al., 2015, p. 428



Coordinate agencies and professional groups to identify and resolve mistreatment.

- ▲ Physicians and social workers who deal with the elderly are among the first professionals who could detect signs of elder maltreatment.²³ While professional societies recommend screening for and reporting elder abuse, mandatory reporting laws vary state-by-state, and were last surveyed by the American Bar Association in 2006. The Elder Justice Coordinating Council should create and disseminate tools, for professionals to screen and resolve potential elder abuse cases. Their use should be mandated with guidance from stakeholders to achieve universal uptake.²⁴

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23 Pillemer et al., 2015, subsection header Expand Training Opportunities for Professionals

24 <https://www.socialworkers.org/LinkClick.aspx?fileticket=dmdWqW41lyQ%3d&portalid=0> page 2

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