

Defining Elder Abuse and the Resources Available within the Long-Term Care System

Albany County Long-Term Care Symposium Series

May 4, 2006

Part 1: Defining Elder Abuse and the Resources Available within the Long-Term Care System, Presented by Anne Malek, Esq. from the Legal Aide Society

V. Colonno, Commissioner of the Area Agency on Aging in Albany County welcomed the participants to the symposium, and introduced Anne Malek to the participants.

Notes From Anne Malek's Lecture:

- 2004 Survey of Adult Protective Sources: Abuse of Adults 60 Years of Age and Older:
 - For the 32 states reporting there were 8.3 reports of abuse for every 1,000 people over age 60. This equates to 380,000 cases in 2004.
 - There has been a 19.7% increase in total reports over the rate found in the 2000 survey, as well as a 15.6% increase in substantiated cases.
- Categories of Abuse
 - Physical Abuse, which accounts for 10.7% of reported cases in 2004
 - Sexual Abuse, which accounts for 1.0% of reported cases in 2004
 - Emotional Abuse, which accounts for 14.8% of reported cases in 2004
 - Financial Exploitation, which is 14.7% of reported cases in 2004
 - Caregiver Neglect, which accounts for 20.4% of reported cases in 2004
 - Self-Neglect, which accounts for 37.2% of reported cases in 2004
 - Other Abuse, which accounts for 1.2% of reported cases in 2004
- Physical Abuse
 - Non accidental use of force that results in bodily injury, pain or impairment, including but not limited to being:
 - Slapped
 - Burned
 - Cut
 - Bruised
 - Improperly physically restrained
 - Unwarranted administration of drugs
 - Force-feeding
 - Physical punishment of any kind
 - Indicators
 - Injuries to upper body
 - Bruises in the shape of objects
 - Unusual burns
 - Broken eyeglasses
 - Black eye, welts, and rope marks
 - Caregiver refuses to allow visitors to see senior alone
 - Previous injuries in stages of healing

- Location of bruise inconsistent with explanation
 - Repeated use of ER/”doctor-shopping”
 - Delay between incident and ER use
 - Change in demeanor
 - Refusal to communicate
- Sexual Abuse
 - Non-consensual sexual contact of any kind, including but not limited to:
 - Forcing sexual contact
 - Forcing sex with a third party
 - Indicators
 - Difficulty in walking
 - Bruising on inner thighs
 - Vaginal bleeding
 - Presence of semen
 - Unexplained infection or venereal disease
- Emotional Abuse
 - Willful infliction of mental or emotional anguish by:
 - Threat
 - Humiliation
 - Intimidation
 - Insults
 - Harassment
 - Treating elder like a child
 - Isolating elder from family/friends/regular activities
 - Giving the “silent treatment”
 - Indicators
 - Elder is upset or agitated
 - Elder does not communicate/respond
 - Signs of depression
 - Suicidal ideation
 - Sleep disturbances
 - Change in appetite
 - Loss of interest in social activities
 - Passivity
 - Anxiety
 - Evasiveness
 - Fear
 - Reluctance to leave residence
 - Failure to keep up with friends and family
- Financial Exploitation
 - Improper use of funds, property or resources by another individual, including but not limited to:
 - Fraud
 - False pretenses

- Embezzlement
- Conspiracy
- Forgery
- Falsifying records
- Coerced property transfers
- Denial of access to assets
- Misusing or stealing money or possessions
- Improper use of conservatorship, guardianship power of attorney
- Inability to pay bills
- Credit card bills for things unlikely to use
- Anxiety when talking about finances
- Unusual transfer of assets
- Flurry of debit card activity
- Imprudent activity
- Physical or cognitive impairment of the victim, especially recent or sudden decline
- Changes in senior's physical appearance, clothing or demeanor
- Onset of alcohol or drug abuse by the victim or his or her companion
- New acquaintances
- Exploiter's dependence on the victim
- Psychiatric issues related to the abuser
- Changes in legal papers, such as the appearance of a new power of attorney, or a new will
- Suspicious signatures on checks and documents
- Mail has been redirected to a new address
- Client has stopped appearing in person at the bank to conduct business
- Missing mail, such as monthly bank statements, or other financial documents, ATM cards, or passbooks
- Active Neglect
 - Willful failure by the caregiver to fulfill the care-taking function and responsibilities assumed by the caregiver, including but not limited to:
 - Abandonment
 - Willful deprivation
 - Food
 - Water
 - Heat
 - Clean clothing and bedding
 - Eyeglasses or dentures
 - Health related services
- Passive Neglect
 - Non-willful failure of a caregiver to fulfill care-taking functions and responsibilities assumed by the caregiver, including but not limited to:
 - Abandonment

- Denial of food or health related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.
- Self-Neglect
 - This does NOT include conscious and voluntary decisions made by a mentally competent elder who understands the consequences of his/her decision
 - Inability, due to physical and/or mental impairments to perform tasks essential to caring for oneself, including but not limited to:
 - Providing essential food, clothing, shelter and medical care
 - Obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety
 - Managing financial affairs
 - Indicators
 - Poor personal hygiene
 - No heat
 - No running water
 - Presence of vermin
 - Soiled bedding
 - Fecal/urine smell
 - Inadequate clothing
 - Hoarding
 - Health issues:
 - Unattended or untreated health problems
 - Dehydration
 - Malnutrition
 - Hypothermia or hyperthermia
 - Decubitus ulcers
 - Deterioration of health
 - Misuse of medications
 - Failure to provide necessary prosthetic devices
- Risk Factors For Abuse
 - Physical or cognitive impairment
 - Isolation of person
 - Dependence of person
 - Caregiver stranger providing financial management
 - Psychopathology or mental incapacity of abuser
 - Caregiver stress
 - Substance abuse by the senior or caregiver
 - Unemployment of the caregiver
 - Lack of knowledge of resources
 - Family history of violence
 - Senior's loss of spouse, independence or mobility
 - Lack of support network
 - Unreasonable expectations
- Characteristics of Perpetrator

- 52.7% are female, where as 43.3% is male
- 32.6% are adult children
- 21.5% are other family members (parents, grandchildren or sibling)
- 11.3% are spouses/partners
- Age of Perpetrators
 - 75.1% of perpetrators are under the age of 60
 - 4.3% of perpetrators are under 18 years of age
 - 10.6% of perpetrators are between the ages of 19 and 29
 - 25.6% of perpetrators are between the ages of 40 and 49
 - 18.5% of perpetrators are between the ages of 50 and 59
 - 11.2% of perpetrators are between the ages of 60 and 69
 - 7.9% of perpetrators are between the ages of 70 and 79
 - 5.8% of perpetrators are 80 years of age and above
- Characteristics of Victims
 - 65.7% are female, where as 34.3% is male
 - Age
 - 20.0% of victims are between the ages of 60 and 69
 - 36.5% of victims are between the ages of 70 and 79
 - 42.8% were 80 years of age and above
- Communication Issues
 - Confusion over terminology
 - Pretending to understand-nodding
 - Shock/strong emotion
 - Difficulty hearing/other physical or cognitive impairment
 - Cultural issues
 - Guilt/shame/love (especially when abuser is adult child/grandchild)
 - Fear that abuser will go to jail
 - Fear of losing caregiver
 - Isolation/lack of knowledge of resources
- Addressing the Issues
 - Listen-allow sufficient time/periods of silence
 - Do not force eye contact
 - Minimize background noise
 - Face the elder-visual cues
 - Try to gain trust-start with non-threatening questions
 - Interview elder alone
 - Assume elder's statements are true
 - Respect the elder's cultural background
 - Make it clear abuse is wrong/not the victim's fault
 - Ask how you can help
 - Discuss options
 - Use plain English (6th grade level)
 - Make sure questions = type of response
 - Short sentences
 - Yes or no questions
 - Concrete questions

- Who, what, when, where
 - Avoid why
- Use words for body parts that the client uses
- Avoid preconceived expectations
- Avoid infantilizing
- Forms of expression may be non verbal
- Some options
 - What does the senior want to do?
 - Report to police
 - Report to Adult Protective Services
 - Help identify other caregiving resources
 - Help identify community resources
 - Consider lawsuit for return of property/damages
 - Check credit report/file complaint
 - Remove names from bank account or open new account with new PIN number, if appropriate
 - Request alert/restriction on bank account/credit report
 - Demand accounting from fiduciary
 - Replace fiduciary if necessary
 - Consider revocation/replacement of documents
 - Request Do-Not-Call status

Part 2: Panel Discussion of Two Cases

Facilitator: Christine Cary, Case Manager, Town of Colonie

Panel members: Anne Malek Esq., Legal Aid Society; Patty Smith-Willsey, Case Supervisor, Albany County Department of Social Services, Adult Protective Services; Edie Sennet, American Red Cross; Jean Kokernberger, Senior Community Volunteer Program at Samaritans Hospital; Patty Lockheart, Victims Specialist, Colonie Police Department

Christine Cary, presented panel.

Case Study: The first case involves a 50 year-old male, called “M” who has been labeled as bipolar. He currently abuses drugs and alcohol. “M” receives a \$1,000 a month in aid, in which his mother uses to pay his bills. She is in a wheelchair, and can no longer deal with the strain her son has placed upon her. “M” harasses his mother for money, as time progressed the harassment went from verbal cues to acts of violence (i.e. kicking in a door), the police have been involved and a restraining order has now been placed on “M”.

A. Malek said the substance abuse needs to be addressed. His actions have been escalating in time has passed. The mother needs a safety plan. Calling the police is just one step; she needs to find a way to avoid the harassment. Domestic violence treatment could be appropriate.

J. Korkenberger noted that there is no cure all. Elder abuse is like domestic violence in which it takes seven occurrences to take the senior out of the situation. Bipolar patients

are manipulative and very controlling. His substance abuse could kill him or someone else. Mother has feelings of guilt, and only feeds the situation.

C. Cary noted that in this type of case it is hard as a worker to gain the trust of both clients. It is a challenge as a provider.

P. Lockheart noted how all different agencies are working separately. There is no interagency communication. In the middle of the night the only worker that is able to respond is a police officer. The next day they should contact other services and have a meeting to create one formal strategy. She identifies the mother as a victim and she is an enabler. Since "M" now has to answer to a judge due to the court order things change.

C. Cary notes that to discuss a case a release of information form must be signed, which is very difficult in cases like this.

P. Lockheart notes that the mother will hesitate to call the police if "M" disregards the order of protection. It will place him in jail.

J. Korkenberg notes that the TRIAD approach helps to find all the referrals and services the client receives.

Case Study: In June of 1998 a call was placed to Adult Protective Services about a 75 year old woman who resided in Colonie. A man had moved into her home and was providing care for her needs. He would work for the neighbors as a handyman. This woman stopped talking to her friends and neighbors and became a recluse with no warning. The Town Nurse who has visited since 1987 was refused entry into the home on multiple occasions. The man received power of attorney and gained access to all of the woman's assets. When the Town Nurse was eventually granted permission to enter the home she found the client with a small sore and discussed treatment options with this male caretaker. After a few weeks of more denied entry, the Town Nurse was once again allowed to enter the home. She found her client wrapped in sheets literally rotting away. She was taken to the hospital and was treated for dehydration, but unfortunately died two weeks after being hospitalized. The male caregiver denied water and food to the woman to make her appear confused, so when visitors came she would appear to have dementia.

A. Malek notes that the male caregivers neglect cause the death of this client.

Community workers such as postal workers and garbage men should be educated for signs and symptoms.

P. Lockheart noted that back in 1998 laws were different. Fortunately, today the law suggests that if the person is receiving any compensation (i.e. Room and board, gas compensation etc), they are therefore responsible for the welfare of the individual.

P. Smith-Willsey notes the three times access order, in which if a worker is denied access 3 times the police can be called and entry can not be denied.

P. Lockheart states that the Crime Victims Center is a great resource.