Elder and Vulnerable Adult Abuse Awareness Training
For
Parish Visitors to the Sick & Homebound

Definitions

Elderly Person: An individual 65 years of age and older

Vulnerable/Disabled Adult: An individual 18 – 64 years of age who is unable or has difficulty meeting his or her own personal and physical care needs.

Although the information provided focuses mainly on elder abuse, it is applicable to any adult who is disabled or may be considered vulnerable due to a serious physical, psychological, or emotional challenge.

What is elder abuse?

As elders become more physically frail, they’re less able to stand up to bullying and or fight back if attacked. They may not see or hear as well, or think as clearly as they used to, leaving openings for unscrupulous people to take advantage of them. Mental or physical ailments may make them more trying companions for the people who live with them.

Where does elder abuse take place?

Elder abuse tends to take place where the senior lives: most often in the home where abusers are apt to be adult children; other family members such as grandchildren; or spouses/partners of elders. Institutional settings especially long-term care facilities can also be sources of elder abuse. Please note abuse can also involve those hired or volunteering to assist the homebound, i.e. aides and poorly trained volunteers.

What are some of the risk factors for Elderly Abuse?

It's difficult to take care of a senior when he or she has many different needs, and it's difficult to be elderly when age brings with it infirmities and dependence. Both the demands of care giving and the needs of the elder can create situations in which abuse is more likely to occur.
Several factors concerning elders themselves, while they don’t excuse abuse, influence whether they are at greater risk for abuse:

- The intensity of an elderly person’s illness or dementia
- Social isolation; i.e., the elder and caregiver are alone together almost all the time
- The elder’s role, at an earlier time, as an abusive parent or spouse
- A history of domestic violence in the home
- The elder’s own tendency toward verbal or physical aggression

In many cases, elder abuse, though real, is unintentional. Caregivers pushed beyond their capabilities or psychological resources may not mean to yell at, strike, or ignore the needs of the elders in their care.

What are some of the risk factors among caregivers?

Many nonprofessional caregivers — spouses, adult children, other relatives and friends — find taking care of an elder to be satisfying and enriching. But the responsibilities and demands of elder care giving, which escalate as the elder’s condition deteriorates, can also be extremely stressful. The stress of elder care can lead to mental and physical health problems that make caregivers burned out, impatient, and unable to keep from lashing out against elders in their care.

Among caregivers, significant risk factors for elder abuse are:

- inability to cope with stress (lack of resilience)
- depression, which is common among caregivers
- lack of support from other potential caregivers
- the caregiver’s perception that taking care of the elder is burdensome and without psychological reward
- substance abuse

Even caregivers in institutional settings can experience stress at levels that lead to elder abuse. Nursing home staff may be prone to elder abuse if they lack training, have too many responsibilities, are unsuited to care giving, or work under poor conditions.

Types of Elderly Abuse

Abuse of elders takes many different forms, and may involve intimidation or threats against the elderly, neglect, or financial chicanery. The most common forms are defined below.

Physical abuse

Physical elder abuse is non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical
assaults such as hitting or shoving but the inappropriate use of drugs, restraints, or confinement.

**Emotional Abuse**

In emotional or psychological senior abuse, people speak to or treat elderly persons in ways that cause emotional pain or distress.

Verbal forms of emotional elder abuse include:

- intimidation through yelling or threats
- humiliation and ridicule
- habitual blaming or “scapegoating”

Nonverbal psychological elder abuse can take the form of:

- ignoring the elderly person
- isolating an elder from friends or activities
- terrorizing or menacing the elderly person

**Sexual Abuse**

Sexual elder abuse is sexual contact with an elderly person without the elder’s consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

**Neglect or Abandonment by Caregivers**

Elder neglect is willful failure to fulfill care-taking functions and responsibilities and constitutes more than half of all reported cases of elder abuse. This can include abandonment, deprivation of food, water, heat, cleanliness, eyeglasses, dentures, or health-related services. It can be active (intentional) or passive (unintentional, based on factors such as ignorance or denial that an elderly charge needs as much care as he or she does).

**Financial Exploitation**

This involves unauthorized use of an elderly person’s funds or property, either by a caregiver or an outside scam artist.

An unscrupulous caregiver might:

- misuse an elder’s personal checks, credit cards, or accounts
- steal cash, income checks, or household goods
- forge the elder’s signature
• engage in identity theft
• falsify records
• coerce property transfers

Typical rackets that target elders include:

• Announcements of a “prize” that the elderly person has won but must pay money to claim
• Phony charities
• Investment fraud

Healthcare Fraud and Abuse

This involves services carried out by unethical doctors, nurses, hospital personnel, and other professional care providers. Examples of healthcare fraud and abuse regarding elders include:

• Not providing healthcare, but charging for it, i.e. Aides in the home that show up but do not work.
• Overcharging or double-billing for medical care or services
• Getting kickbacks for referrals to other providers or for prescribing certain drugs
• Over-medicating or under-medicating
• Recommending fraudulent remedies for illnesses or other medical conditions
• Medicaid fraud

Signs and Symptoms of Elder Abuse

At first, you might not recognize or take seriously signs of elder abuse. They may appear to be symptoms of dementia or signs of the elderly person’s frailty — or caregivers may explain them to you that way. In fact, many of the signs and symptoms of elder abuse do overlap with symptoms of mental deterioration, but that doesn’t mean you should dismiss them on the caregiver’s say-so.

General Signs of Abuse

The following are warning signs of some kind of elder abuse:

• Frequent arguments or tension between the caregiver and the elderly person
• Changes in personality or behavior in the elder

If you suspect elderly abuse, but aren't sure, look for clusters of the following physical and behavioral signs.
Physical Abuse

- Unexplained signs of injury such as bruises, burns, welts, or scars, especially if they appear symmetrically on two sides of the body
- Broken bones, sprains, or dislocations
- Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver’s refusal to allow you to see the elder alone

Psychological Abuse

In addition to the general signs above, indications of emotional elder abuse include:

- Threatening, belittling, or controlling caregiver behavior that you witness
- Behavior from the elder that mimics dementia, such as rocking, sucking, or muttering to oneself

Sexual Abuse — Disclosure not Investigation

- Bruises around breasts or genitals
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing

Neglect by Self or Others

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

Financial Exploitation

- Significant withdrawals from the elder’s accounts
- Sudden changes in the elder’s financial condition
- Items or cash missing from the senior’s household
- Suspicious changes in wills, power of attorney, titles, and policies
- Addition of names to the senior’s signature card
- Unpaid bills or lack of medical care, although the elder has enough money to pay for them

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Financial activity the senior couldn’t have done, such as an ATM withdrawal when the account holder is bedridden
Unnecessary services, goods, or subscriptions

Health Care Fraud and Abuse

Duplicate billings for the same medical service or device
Evidence of over-medication or under-medication
Evidence of inadequate care when bills are paid in full
Problems with the care facility:
  - Poorly trained, poorly paid, or insufficient staff
  - Crowding
  - Inadequate responses to questions about care
Patient complaints about length of response to patient requests, i.e. failing to assist patients to toilet in a timely fashion. (especially in rehab facilities)

REPORTING SUSPECTED ELDERLY OR VULNERABLE ADULT ABUSE

Anyone volunteering for the Church has a moral responsibility to alert their supervisor or pastor of any suspected abuse or neglect and contact the Adult Protective Services listed in your County. If an adult is in danger and needs immediate assistance you should contact local law enforcement. Abuse reports may also be made to the local law enforcement agency. To obtain specific telephone numbers, call, 24 hrs, 1-800-342-3009 (Press Option 6) or contact the local county Department of Social Services Adult Protective Services. http://www.ocfs.state.ny.us/main/localdss.asp

NYS Office of Children and family services-
Online:
www.ocfs.state.ny.us/main/psa/
http://www.ocfs.state.ny.us/main/psa/faq.asp

Adult Protective Services (APS)

Each county has an APS agency to help any person 18 years or older, when these adults are unable to meet their own needs, or are victims of abuse, neglect or exploitation.

County APS agencies investigate reports of abuse of elders and dependent adults who live in the community. County APS staff evaluates abuse cases and arranges for services such as advocacy, counseling, money management, out-of-home placement, or guardianship. APS also provides information and referral to other agencies and educates the public about reporting requirements and responsibilities under the Elder and Dependent Adult Abuse Reporting laws.

The Licensing & Certification program of the New York State Department of Health handles cases of abuse by a member of a hospital or health clinic.
Reports of abuse that occur in a Nursing Home, Adult Care Facility, or at a long term care facility are the responsibility of the Ombudsman’s Office which is administered by the New York State Department of the Aging.

http://www.aging.ny.gov/

http://www.aging.ny.gov/NYSOFA/LocalOffices.cfm
Roman Catholic Diocese of Albany

Elder and Vulnerable Adult Abuse Awareness Training for
Parish Visitors to the Sick and Homebound.

I have read and understand the Diocese of Albany Elder and Vulnerable Adult Abuse Awareness Training for Parish Visitors to the Sick and Homebound.

Signature: ___________________________ Print Name: _______________________

Parish: ___________________________ Location: ___________________________

Date: __________________________