HealthStream Regulatory Script

[Identifying and Assessing Victims of Elder Abuse and Neglect]

Version: [May 2005]

Lesson 1: Introduction
Lesson 2: Definitions and Consequences
Lesson 3: Identifying Victims
Lesson 4: Assessment and Referral
Lesson 5: Reporting Requirements
## Lesson 1: Introduction

### 1001

**Introduction**

Welcome to the introductory lesson on elder abuse and neglect.

Elder maltreatment is a serious problem in the United States:

- The U.S. Department of Justice estimates that more than half a million older Americans are abused each year.
- Not all cases of elder abuse or neglect are reported. This means that the actual number of maltreated elders may be closer to two million annually.

![Image: 1001.GIF](image-url)
Introduction: JCAHO Standard PC.3.10

| JCAHO recognizes that abuse and neglect are key public health concerns. |
| The 2004 JCAHO Comprehensive Accreditation Manual for Hospitals (CAMH) includes a standard for victims of abuse (Standard PC.3.10). |
| The rationale for this standard is summarized in the text box to the right. |

**Summary of Rationale for JCAHO Standard PC.3.10:**

- Victims of abuse come to the hospital for many different reasons, in many different ways.
- Victims may not disclose abuse, and signs of abuse may not be overt.
- Staff must be able to identify victims, using established hospital-wide criteria, to provide appropriate care.
- When a victim of abuse is assessed, the assessment should be performed in a way that preserves evidence of the abuse.
In this course, you will learn how to identify, assess, refer, and report victims of elder abuse and neglect.

This will help you:
- Improve public health and your facility’s quality of patient care.
- Maintain compliance with JCAHO Standard PC.3.10.

Note: For more information on JCAHO Standard PC.3.10, and an overview of all types of abuse and neglect, see the course: **Identifying and Assessing Victims of Abuse and Neglect.**
### Course Goals

After completing this course, you should be able to:

- Recognize forms of elder maltreatment.
- List consequences of elder abuse and neglect.
- Recall methods for identifying victims.
- List steps in the process of assessing a victim.
- Recall how state law affects your care of abused and neglected elders.
This introductory lesson gives the course rationale, goals, and outline.

Lesson 2 presents background information on elder abuse and neglect.

Lesson 3 provides information on identifying victims.

Lesson 4 discusses assessment and referral for victims.

Finally, lesson 5 describes issues related to reporting elder maltreatment.
Welcome to the lesson on definitions and consequences.
### Objectives

After completing this lesson, you should be able to:

- Cite features and examples of elder maltreatment.
- List potential consequences of elder abuse and neglect.
Forms of Elder Maltreatment

<table>
<thead>
<tr>
<th>Forms of elder abuse and neglect include:</th>
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<tbody>
<tr>
<td>- Physical abuse</td>
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<td>- Physical neglect</td>
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<td>- Self-neglect</td>
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<td>- Sexual abuse</td>
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<td>- Psychological abuse</td>
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<td>- Psychological neglect</td>
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<td>- Financial abuse</td>
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<td>- Financial neglect</td>
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</table>

Let's take a closer look at each.
Physical abuse is violence or force against an elder, for example:

- Providing care in a way that is more forceful than necessary
- Giving too much or too little medication
- Using physical restraint in an unsafe or inappropriate way
- Exposure to severe weather
- Force-feeding
- Incorrect positioning
- Slapping
- Shoving
- Hitting
- Beating
- Pushing
- Kicking
- Pinching
- Burning
- Biting

The elder may suffer pain, injury, impairment, or disease.
Elder Maltreatment: Physical Neglect

Physical neglect happens when a caregiver does not give an elder necessary items or services, such as:

- Food
- Water
- Clothing
- Medication
- Help with the activities of daily living
- Help with personal hygiene

The elder’s health and functioning suffer.
Self-neglect accounts for most reported cases of elder neglect.

Self-neglect includes:
- Hoarding food or other essential items
- Not taking necessary medications
- Refusing to see a doctor for a medical problem
- Poor personal hygiene
- Poor housekeeping
- Not dressing for the weather
- Not eating or drinking enough

These behaviors often are related to:
- Declining health
- Alzheimer's disease or other forms of dementia [glossary]
- Alcohol or other drug abuse

Self-neglect can lead to illness or injury.
Elder Maltreatment: Sexual Abuse

Sexual abuse of an elder includes any sexual activity the elder does not agree to.

Examples include:
- Unwanted sexual exhibition [glossary]
- Unwanted sexual touching
- Photographing an elder in sexual poses without permission
- Forcing an older person to watch pornography
- Forcing sexual contact with a third party
- Forced nudity
- Rape
- Sodomy [glossary]
Elder Maltreatment: Psychological Abuse

Examples of psychological abuse include:

- Berating, harassing, or intimidating an older person
- Threatening to punish or deprive an older person
- Humiliating an older person
- Treating an elder like a child
- Isolating an older person from family, friends, or activities

The older person feels fear, mental distress, or emotional pain.
Psychological neglect happens when a caregiver does not provide for an elder’s social needs.

Acts of psychological neglect might include:
- Leaving an older person alone for long periods of time
- Ignoring an older person
- Not providing a dependent older person with company, changes in routine, news, information, etc.
Financial abuse happens when there is misuse of an elder’s money. Funds are misused to benefit a family member, caretaker, or other person.

Examples include:
- Tricking an elder into giving away money
- Stealing money or items from an older person
- Financial fraud, such as forging an elder’s signature on checks
- Using an elder’s money without the elder’s permission
- Denying an elder access to their own home or money
- Forcing an elder to sign contracts or other legal documents
- Abusing legal access to an elder’s money
Financial neglect happens when a caregiver does not use available money properly, for example:

- Not using available money to pay the older person’s bills
- Not managing an elder’s money responsibly

The elder’s health, wellbeing, or standard of living suffers.
On the previous screens, we have seen the effects of different types of mistreatment.

On this screen, let’s briefly summarize:

1. When elders are abused or neglect, they lose their basic right to respect and dignity. This can lead to feelings of:
   - Fear
   - Worthlessness
   - Isolation

2. Abuse and neglect put elders at risk of physical harm.

In addition, neglect and abuse may shorten lifespan. This can happen even if the abuse or neglect does not cause any specific life-threatening condition.
A caregiver does not help a dependent elder with personal hygiene. This is:

- a. Physical abuse
- b. Financial abuse
- c. Physical neglect
- d. Financial neglect

**MULTIPLE CHOICE INTERACTION**

Correct: C

Feedback for A: Incorrect. The correct answer is C. This is physical neglect.

Feedback for A: Incorrect. The correct answer is C. This is physical neglect.

Feedback for B: Incorrect. The correct answer is C. This is physical neglect.

Feedback for C: Correct.

Feedback for D: Incorrect. The correct answer is C. This is physical neglect.
<table>
<thead>
<tr>
<th>Psychological abuse causes an older person to feel:</th>
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<tbody>
<tr>
<td>a. Fear</td>
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<td>b. Mental distress</td>
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<td>c. Emotional pain</td>
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<td>d. Any of these</td>
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<td>e. None of these</td>
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</table>

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Not quite. The correct answer is D. Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.

Feedback for B: Not quite. The correct answer is D. Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.

Feedback for C: Not quite. The correct answer is D. Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.

Feedback for D: Correct. Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.

Feedback for E: Incorrect. The correct answer is D. Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.
You have completed the lesson on definitions and consequences.

Remember:

- Physical abuse is violence or force against an elder. This may result in pain, injury, impairment, or disease.
- Physical neglect happens when an elder does not receive necessary items or services.
- In self-neglect, the elder fails to take care of his or her own basic needs.
- Sexual abuse is sexual activity the elder does not agree to.
- Psychological abuse causes an older person to feel fear, mental distress, or emotional pain.
- Psychological neglect happens when a caregiver does not meet an elder's social needs.
- Financial abuse happens when there is misuse of an elder's income or resources. This misuse benefits a family member, caretaker, or other person.
- Financial neglect happens when a caregiver does not use available money to support an older person.
- Maltreatment has negative effects on elders, physically as well as psychologically.
Welcome to the lesson on identifying victims of elder abuse and neglect.
## Objectives

After completing this lesson, you should be able to:

- List risk factors for elder maltreatment.
- Recognize signs and symptoms of elder abuse and neglect.

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News headlines can shock the public with stories of abuse in nursing homes.

This can lead to the idea that elders in long-term care are at high risk for abuse and neglect.

**In fact, most elder abuse and neglect occurs at home.**

In the home, risk factors for elder abuse and neglect include:
- Abuser-related factors
- Victim-related factors
- Situational factors

Let’s take a closer look at each.
Risk Factors: Abuser-Related

The most common perpetrators of elder abuse and neglect are:

- Spouses
- Adult children
- Other relatives or paid in-home caregivers

These groups of people are more likely to be abusive if they:

- Are under stress (especially stress related to providing care to the elder)
- Are mentally or emotionally ill
- Abuse alcohol or drugs
- Have a personal life crisis
- Are financially dependent on the elder
- Tend to use violence to solve problems
Risk Factors: Victim-Related

Elders are more likely to be victims if they are:
- Ill
- Disabled
- Mentally impaired
- Depressed
- Over the age of 80

Seventy-five percent of all reported victims of elder abuse and neglect are "frail." This means that they are unable to care for or protect themselves.
Elder abuse in the home may be part of a pattern of family violence.

For example:
- Domestic violence may continue as a couple grows older.
- A life-long victim of domestic violence may “turn the tables” on an abusive husband, as he grows old and frail.
- An adult victim of childhood abuse may “turn the tables” on a formerly abusive parent.

Alternatively, elder abuse may start when there is a change in a family situation.

For example:
- An aging parent may move in with an adult child. This can create a stressful situation that could lead to abuse.
- An older person’s frailty and dependence may burden household members. This also could lead to abuse.
Elder Abuse Screening

You now have a basic understanding of the risk factors for elder abuse and neglect.

Elders with these risk factors are more likely to be abused or neglected.

However, any elder could be abused or neglected. Risk factors do not have to be present.

Therefore, routine screening for elder abuse and neglect should be part of standard clinical practice.
Elder abuse screening should include:
- Questions to find out about the patient's family, household, and financial status
- Questions to find out about the patient’s overall wellbeing
- Direct questions about abuse and neglect
If a patient answers “yes” to a direct question about abuse or neglect, the screening protocol should include follow-up questions.

These questions should ask:
- How and when the maltreatment happened
- Who was involved
- How the patient feels about the situation
- How the patient copes with the situation
- How serious the danger to the patient might be
- What the elder sees as his or her options to stop the maltreatment
Elder abuse screening should use a standardized form.

Using a form makes it easy to:
- Assess the patient rapidly
- Document the assessment rapidly
- Analyze patterns and trends over time
Elders should be screened for abuse and neglect in private.

The following people should not be in the room:
- The elder's primary caregiver
- Any other possible abuser
Screening may not identify all victims. Some elders may not talk about abuse or neglect. They may be:
- Afraid
- Ashamed
- Unable to report abuse or neglect because of cognitive impairments [glossary]

Therefore, all clinicians who work with older adults must be alert for signs and symptoms.

On the following screens, let's look at common signs and symptoms of:
- Physical abuse
- Physical neglect
- Sexual abuse
- Psychological abuse or neglect
- Financial abuse or neglect
## Indicators: Physical Abuse (1)

Physical abuse can cause physical injuries. Be especially alert for:
- Injuries on both sides of the body
- Injuries in different stages of healing
- Unexplained injuries
- Injuries with unlikely explanations
- Injuries with contradictory explanations given by the patient and the caregiver
- Injuries the patient makes light of

Also pay attention to:
- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists or ankles
- Broken bones
- Cuts or puncture wounds
- Sprains or dislocations
- Scratches or scrapes
- Burns
- Internal injuries or bleeding
- Physical signs of punishment or restraint
### Indicators: Physical Abuse (2)

Other possible signs of physical abuse are:
- Lab tests showing that the elder is getting too much or too little medication
- Broken eyeglasses or frames
- A sudden change in patient behavior
- A caregiver who will not let others talk to the elder alone
Possible signs of physical neglect (including self-neglect) are:

- Dehydration
- Malnutrition
- Weight loss
- Sunken eyes
- Pressure sores
- Poor personal hygiene
- Untreated health problems
- Unsafe living conditions (no electricity, heat, running water)
- Unclean living conditions (dirt, fleas, soiled bedding)
Indicators: Sexual Abuse

Possible signs of sexual abuse are:
- Vaginal or anal bleeding
- Bruised breasts or genitals
- Torn, stained, or bloody underclothes
- STD’s or other vaginal infections

[IMAGE: 3016.GIF]
## Indicators: Psychological Abuse or Neglect

Possible signs of psychological abuse or neglect are:

- Withdrawal
- Depression or agitation
- Fear or suspicion
- Childish behavior usually associated with [dementia](glossary) (sucking, biting, rocking)
- Lack of interest in social activities

- Not talking or responding
- Not answering questions directly
- Chronic health problems
Indicators: Financial Abuse or Neglect

Possible signs of financial abuse or neglect are:
- Poor care or conditions
- Confusion or ignorance about finances
- Sudden changes in bank accounts or banking practices (withdrawing large sums of money, adding names to a bank account, frequent ATM withdrawals, switching bank accounts)
- Sudden transfer of money to a family member or other caregiver
- Disappearance of money or valuable possessions
- Sudden changes to a will or other financial document
- Forged signatures on checks
<table>
<thead>
<tr>
<th>Most elder abuse/neglect occurs:</th>
<th>MULTIPLE CHOICE INTERACTION</th>
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</thead>
<tbody>
<tr>
<td>a. At home</td>
<td>Correct answer: A</td>
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<tr>
<td>b. At senior citizen centers</td>
<td>Correct.</td>
</tr>
<tr>
<td>c. At adult daycare centers</td>
<td>Incorrect. The correct answer is A. Most elder abuse/neglect occurs at home.</td>
</tr>
<tr>
<td>d. In nursing homes and other long-term care facilities</td>
<td>Incorrect. The correct answer is A. Most elder abuse/neglect occurs at home.</td>
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<td></td>
<td>Incorrect. The correct answer is A. Most elder abuse/neglect occurs at home.</td>
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<tr>
<td></td>
<td>Incorrect. The correct answer is A. Most elder abuse/neglect occurs at home.</td>
</tr>
</tbody>
</table>
Regarding elder abuse screening:
   a. All older patients should be screened.
   b. Only older patients with known risk factors should be screened.
   c. Only older patients with physical signs of maltreatment should be screened.
   d. Only older patients with behavioral signs of maltreatment should be screened.

**MULTIPLE CHOICE INTERACTION**

Correct: A

Feedback for A: Correct.

Feedback for B: Incorrect. The correct answer is A. All older patients should be screened for abuse/neglect.

Feedback for C: Incorrect. The correct answer is A. All older patients should be screened for abuse/neglect.

Feedback for D: Incorrect. The correct answer is A. All older patients should be screened for abuse/neglect.
You have completed the lesson on identifying victims.

Remember:
- Certain factors increase an elder’s risk of being abused or neglected. Know these risk factors to help identify victims.
- Any elder could be abused or neglected. Therefore, all elders should be screened. All hospital staff who have contact with older patients should know the screening protocol.
- Elder abuse screening should start with general questions about the patient’s household, financial status, and overall wellbeing. The patient should then be asked direct questions about abuse and neglect.
- Older patients do not always report abuse or neglect. Know the signs and symptoms of elder maltreatment to identify silent victims.
Welcome to the lesson on assessing victims and making referrals.

FLASH ANIMATION: 4001.SWF/FLA
### Objectives

After completing this lesson, you should be able to:

- Identify the parts of an elder abuse assessment.
- Recognize how to collect and document evidence of elder abuse and neglect.
<table>
<thead>
<tr>
<th>Components of the Assessment</th>
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<tbody>
<tr>
<td>An elder abuse assessment should be performed if:</td>
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<tr>
<td>• An older patient reports abuse or neglect.</td>
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<tr>
<td>• A healthcare worker suspects that an older patient has been abused or neglected.</td>
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<tr>
<td>In either case, the following should be assessed:</td>
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<tr>
<td>• Safety</td>
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<td>• Access to medical care</td>
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<td>• Mental status</td>
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<td>• Emotional status</td>
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<tr>
<td>• Health and functional status</td>
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<tr>
<td>• Social and financial resources</td>
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</tbody>
</table>

Let's take a closer look at each.
The first part of the assessment is about the patient’s safety.

Find out whether the patient is in immediate danger. If so, talk about:

- Admitting the patient to the hospital
- Getting a court order to protect the patient from the abuser

If the patient does not seem to be in immediate danger, discuss more general safety issues.

For example, talk about:

- Whether the abuse is becoming more frequent or severe
- Possible steps the patient could take to increase safety
- Other choices the patient could make
- The risks and possible consequences of these choices
- Possible motives for the abuse
- Whether addressing any of these motives might end the abuse
The next part of the assessment is about the patient's access to medical care.

Talk to the patient about follow-up care.

Identify anything that might stand in the way of care.

If necessary, talk about options for improving access to care. For example, the patient might be able to get help from:

- A trusted family member or friend
- Adult Protective Services
- A local support group for victims of elder abuse
### Mental Status

Next, look at the patient’s mental status.

Determine whether the patient has any form of:
- [Dementia](glossary)
- [Delirium](glossary)

If so, is it possible to correct this problem? For example, is it possible to change a problematic medication?

If the patient has untreatable dementia, think about how this might affect his or her ability to report or confirm suspected maltreatment.
### Emotional Status

Now consider the patient’s emotional status. Look for signs of:
- Depression
- Shame
- Guilt
- Anxiety
- Fear
- Anger

If you find any of these, ask about the underlying causes. Are any of these emotions related to abuse or neglect?

Talk about any denial that may be going on:
- Is the patient in denial of family tension, conflict, or abuse?
- If so, why?
- How does denial affect the patient’s ability to recognize mistreatment if and when it happens?
Next, look at the patient’s medical status.

First, think about the patient’s presenting medical problem. Could this be the cause of abuse or neglect?

Talk about the activities of daily living. Ask the patient who provides any necessary help. Talk about whether this person has the ability to care for an elder. Talk about the caregiver’s:

- Emotional ability
- Mental ability
- Financial ability

Identify any physical problems that might limit the patient with regard to self-protection.
Finally, find out about the patient’s social support network.

Find out whether the patient has friends or family members who:
- Nurture.
- Listen.
- Help with care.

If not, ask why.

Talk about the patient’s financial situation:
- Does he or she have enough income or savings?
- If so, are his or her needs being met?
- If there is enough money, and needs are not being met, why not?
Plan for Intervention

At the end of the assessment, it may be possible to confirm abuse or neglect. If so, make a plan for intervention.

This plan should:
- Fulfill any reporting requirements (see next lesson).
- Keep the patient as independent as possible.
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<td>Intervention may include referring the patient to outside agencies for help and support.</td>
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**IMAGE: 4011.GIF**

For a list of agencies and resources on elder abuse and neglect, organized by state, see:

When assessing suspected victims of elder abuse and neglect, careful documentation is critical.

Documentation can provide evidence for:
- Legal action to protect the elder
- Legal action to prosecute the abuser

In some cases, the medical record provides the only concrete evidence of abuse.
Written Record

The following should be recorded in the suspected victim’s chart:

- Chief medical complaint
- Complete medical history and relevant social history
- Results of laboratory, imaging, or other diagnostic procedures
  - Description of the abusive event(s) or neglectful situation(s), in the patient’s own words (if given)
- If the police were called, the name of the responding officer and any actions taken
- Detailed description of any injuries (see text image to the right)
Photographs do not replace a detailed written description of injuries. However, they can provide added evidence.

When taking photographs of injuries:
- Photograph before providing medical care, if possible.
- Use color film and a color standard.
- Photograph bite marks in black-and-white, as well as color, if possible.
- Hold up a coin, ruler, or other object to show the size of the injury.
- Include the victim’s face in at least one picture.
- Take at least two pictures of every major injury.
- Carefully label all photographs.
You are conducting an elder abuse assessment. The patient is afraid she may be in immediate danger. You could:

a. Admit the patient to the hospital.

b. Seek a restraining order against the abuser.

c. Either A or B

d. None of the above

MULTIPLE CHOICE INTERACTION

Correct answer: C

Feedback for A: Not quite. The correct answer is C. If a victim of elder abuse is in immediate danger, consider hospital admission and/or a protective court order.

Feedback for B: Not quite. The correct answer is C. If a victim of elder abuse is in immediate danger, consider hospital admission and/or a protective court order.

Feedback for C: Correct. If a victim of elder abuse is in immediate danger, consider hospital admission and/or a protective court order.

Feedback for D: Incorrect. The correct answer is C. If a victim of elder abuse is in immediate danger, consider hospital admission and/or a protective court order.
You are documenting evidence of suspected elder abuse. Color photographs are an acceptable substitute for a detailed written description of injuries.

<table>
<thead>
<tr>
<th>TRUE / FALSE INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct answer: B</td>
</tr>
<tr>
<td>Feedback for A: Incorrect. Photographs can provide added evidence. However, they should not replace a detailed written description of injuries.</td>
</tr>
<tr>
<td>Feedback for B: Correct. Photographs can provide added evidence. However, they should not replace a detailed written description of injuries.</td>
</tr>
</tbody>
</table>
Summary

You have completed the lesson on assessment and referral.

Remember:

- The elder abuse assessment has six basic components: 1) safety, 2) access to medical care, 3) mental status, 4) emotional status, 5) health/functional status, and 6) social/financial resources.
- If an assessment confirms that an elder has been abused or neglected, plan for intervention. This may include referring the patient to outside agencies for help and support.
- When assessing suspected victims of elder maltreatment, carefully document all evidence. Documentation should include a written record and photographs of any injuries.
Welcome to the lesson on reporting requirements.
<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
<tr>
<td>• Recall the importance of learning the reporting requirements in your state.</td>
</tr>
<tr>
<td>• Identify the ethical conflict with mandatory reporting.</td>
</tr>
<tr>
<td>State Laws</td>
</tr>
<tr>
<td>------------</td>
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<tr>
<td>Most states require healthcare providers to report known or suspected elder abuse and neglect.</td>
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</table>

To ensure compliance with state laws, learn the mandatory reporting requirements in your state.
Mandatory Reporting vs. Patient Confidentiality

Reporting requirements can present an ethical conflict for healthcare providers.

The patient may not want the provider to make a report. The patient may expect the provider to protect his or her confidentiality.

The provider, on the other hand, must report.

In this case:
- Explain that the law requires you to report.
- Work to keep a positive relationship with the patient. Bear in mind that the goal is to improve the patient’s situation, not to punish the patient or his or her family.
Most states require healthcare providers to report known or suspected elder abuse and neglect.

a. True
b. False
You have completed the lesson on reporting requirements.

**Remember:**

- Most states require healthcare providers to report known or suspected elder abuse or neglect. Learn the reporting requirements in your state.
- If you must report, explain this requirement to your patient. Work to keep a positive relationship with the patient, even if he or she does not want you to report.
# Course Glossary

<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td></td>
<td><strong>JCAHO</strong></td>
<td>Joint Commission on the Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td></td>
<td><strong>dementia</strong></td>
<td>loss of mental capacity</td>
</tr>
<tr>
<td></td>
<td><strong>sexual exhibition</strong></td>
<td>display of genitalia</td>
</tr>
<tr>
<td></td>
<td><strong>sodomy</strong></td>
<td>anal intercourse</td>
</tr>
<tr>
<td></td>
<td><strong>perpetrator</strong></td>
<td>one who commits an act</td>
</tr>
<tr>
<td></td>
<td><strong>cognitive impairment</strong></td>
<td>loss of mental capacity</td>
</tr>
<tr>
<td></td>
<td><strong>delirium</strong></td>
<td>state of mental agitation</td>
</tr>
</tbody>
</table>
[Identifying and Assessing Victims of Elder Abuse and Neglect]

Pre-Assessment

1. The most common form of elder neglect is:
   a. Self-neglect
   b. Physical neglect
   c. Financial neglect
   d. Psychological neglect

Correct Answer: A
Rationale: Self-neglect accounts for most cases of elder neglect reported.

2. An example of psychological neglect of an elder is:
   a. Berating an elder
   b. Threatening an elder
   c. Not providing a dependent elder with adequate companionship
   d. Intentionally isolating an elder from friends by intimidating the elder and her friends

Correct Answer: C
Rationale: Psychological neglect relates to not providing an elder with enough social stimulation. The other examples given are psychologically abusive.

3. Victims of elder abuse or neglect are “frail” in ________% of all reported cases.
   a. 10
   b. 45
   c. 60
   d. 75

Correct Answer: D
Rationale: Seventy-five percent of reported victims of elder abuse or neglect are “frail.” This means that they are not able to care for or protect themselves.

4. You are screening an older patient for abuse and neglect. True or False: You should avoid direct questions about maltreatment. Instead, it is best to use an indirect approach. For example, “What would you do if you knew that a good friend was a victim of abuse?”
   a. True
b. False

Correct Answer: B
Rationale: The elder abuse screening protocol should include direct questions about abuse and neglect.

5. Under state law, you must report known or suspected cases of elder abuse or neglect. You identify a victim of elder abuse. The victim does not want you to make a report. She asks you to protect her confidentiality. Ethically and legally, the best thing to do is:
   a. Make a report, after explaining your legal duty.
   b. Respect the patient’s confidentiality, and agree not to report.
   c. Either course of action is acceptable, depending on your personal code of ethics.

Correct Answer: A
Rationale: In states with mandatory reporting requirements, the legal duty to report overrides patient-provider privilege.

6. Sexual abuse of an elder is most likely if you find:
   a. Fractured skull
   b. Poor personal hygiene
   c. Sudden or unusual weight loss
   d. Torn, stained, or bloody underclothing

Correct Answer: D
Rationale: Torn, stained, or bloody underclothing can be a sign of sexual abuse.

7. Intentionally overmedicating an elder is physical abuse.
   a. True
   b. False

Correct answer: A
Rationale: This statement is true.

8. Elder abuse is more likely if the caregiver is financially independent of the elder.
   a. True
   b. False

Correct answer: B
Rationale: Elder abuse is more likely if the caregiver is financially dependent on the elder.

9. An elder comes to the emergency room with multiple injuries. You examine the injuries and stabilize the patient. You then interview both the patient and the caregiver, apart from each other. In the end, you strongly suspect abuse because:
a. The elder has several recent injuries. She also has several injuries in later stages of healing.
b. Throughout your examination, the elder insists that the injuries are really not that important. She repeatedly apologizes for the trouble and fuss.
c. The elder explains that she lost her balance and fell down a short flight of steps. The caregiver gives a contradictory explanation for the injuries.
d. All of these would cause you to suspect abuse.
e. None of these would cause you to suspect abuse.

Correct answer: D
Rationale: Physical injuries are suspicious if 1) they are in various stages of healing, 2) the elder and the caregiver give contradictory explanations, or 3) the elder makes light of the injuries. Injuries are also suspicious if they are 4) bilateral, 5) unexplained, or 6) explained in an unlikely way.

10. Symptoms of psychological abuse in an elder can be similar to symptoms of dementia.
   a. True
   b. False

Correct answer: A
Feedback: This statement is true. Before making a diagnosis of dementia, consider psychological abuse.

11. You are assessing a suspected victim of elder abuse. The patient explains that she may not be able to come for follow-up visits. She cannot drive, and her husband usually refuses to take her anywhere except to church. An appropriate response might be:
   a. Are you willing to accept help from Adult Protective Services?
   b. Is there a family member or friend that you trust, who could help you with transportation?
   c. Would you like me to contact the local Elder Abuse Advocacy and Outreach Program, to see how they might be able to help you?
   d. Any of these is appropriate.
   e. None of these is appropriate.

Correct answer: D
Rationale: Abused elders may be blocked from accessing medical care. If so, it may be possible for the elder to get help from a trusted family member or friend, state Adult Protective Services, or local elder abuse advocacy programs.

12. You are screening an elder for abuse and neglect. The patient reports that he has been abused. He describes several abusive incidents in detail. This includes the incident responsible for his current injuries. You document this information in the patient’s medical record. When documenting, you should:
   a. Use the patient’s own words to record what that he told you.
   b. Record only your professional opinion and a summary of the patient’s statements.
   c. Leave out names, dates, and locations, to protect the confidentiality of the patient and his family.
   d. Not include an opinion about whether the patient’s explanation of his current injuries seems likely.

Correct answer: A
Rationale: When documenting abuse in the medical record, use the patient's own words whenever possible. Include any names, dates, or locations the patient gives. In general, it is best not to assess or summarize the patient's statements. However, it is okay to give a professional opinion about whether explanations for injuries seem likely.

Final Exam
Question Title: Question 1

Question: An example of physical abuse of an elder is:

Answer 1: Providing care in a way that is more forceful than it needs to be
Answer 2: Giving an elder too much medication
Answer 3: Restraining an elder with ropes or chains
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: All of these answers
Answer Rationale: All of these are physically abusive.

Question Title: Question 2

Question: Forcing an older person to watch pornography is:

Answer 1: Sexual abuse
Answer 2: Physical abuse
Answer 3: Financial abuse
Answer 4: Psychological abuse

Correct Answer: Sexual abuse
Answer Rationale: Sexual abuse is any sexual activity the elder does not agree to.

Question Title: Question 3

Question: An example of financial abuse is:

Answer 1: Forging an elder’s signature on checks
Answer 2: Not using an elder’s money to pay the elder’s bills
Answer 3: Both of these answers
Answer 4: None of these answers

Correct Answer: Forging an elder’s signature on checks
Answer Rationale: Forgery and financial fraud are financial abuse. Not using available money to pay bills is financial neglect.
Question Title: Question 4

Question: A person at high risk for committing elder abuse is:

Answer 1: An emotionally stable husband caring for his aging wife
Answer 2: A caregiver niece who is financially dependent on her aging aunt
Answer 3: An adult child who copes well with the day-to-day stress of caring for her aging mother
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: A caregiver niece who is financially dependent on her aging aunt
Answer Rationale: Financially dependent caregivers are at increased risk for being abusive.

Question Title: Question 5

Question: Elder abuse is often part of a pattern of family violence.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: Elder abuse is often part of a pattern of family violence. For example, elder abuse often occurs in families with a history of domestic violence or child abuse.

Question Title: Question 6

Question: Using a standardized form to screen for elder abuse and neglect makes it possible to:

Answer 1: Screen a patient rapidly.
Answer 2: Analyze patterns over time.
Answer 3: Document screening results rapidly.
Answer 4: All of these answers are correct.
Answer 5: None of these answers is correct.

Correct Answer: All of these answers are correct.
Answer Rationale: Using a standardized form is recommended for all of these reasons.

Question Title: Question 7
Question: Screen elders for abuse and neglect _______ their caregivers.

Answer 1: Apart from
Answer 2: After interviewing
Answer 3: In the presence of
Answer 4: With the consent of

Correct Answer: Apart from
Answer Rationale: Screen elders for abuse and neglect in private.

Question Title: Question 8

Question: Suspect abuse if physical injuries are:

Answer 1: On both sides of the body
Answer 2: Unexplained
Answer 3: In various stages of healing
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: All of these answers
Answer Rationale: Physical injuries are often signs of abuse if they are bilateral, unexplained, or in various stages of healing. Injuries also are suspicious if the explanation for the injury is unlikely; the patient and the caregiver give contradictory explanations for the injury; or the patient makes light of the injury.

Question Title: Question 9

Question: Untreated pressure sores can be a sign of:

Answer 1: Physical abuse
Answer 2: Physical neglect
Answer 3: Psychological abuse
Answer 4: Psychological neglect
Answer 5:

Correct Answer: Physical neglect
Answer Rationale: Untreated pressure sores may be a sign of physical neglect.
Question Title: Question 10

Question: Childish behavior (sucking, biting, rocking) in an elder can be a sign of:

Answer 1: Dementia
Answer 2: Psychological abuse
Answer 3: Either of these answers
Answer 4: Neither of these answers

Correct Answer: Either of these answers
Answer Rationale: Childish behaviors often occur with dementia. However, they can also be signs of psychological abuse.

Question Title: Question 11

Question: An older patient makes a sudden, unexplained change to his will. This patient may be a victim of:

Answer 1: Sexual abuse
Answer 2: Physical abuse
Answer 3: Financial abuse
Answer 4: Psychological abuse

Correct Answer: Financial abuse
Answer Rationale: A sudden change to a will or other financial document can be a sign of financial abuse.

Question Title: Question 12

Question: An older patient is in denial about family conflict and tension. True or False: This denial may keep the elder from recognizing abuse if and when it happens.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: Patients in denial may not recognize that they are being abused or neglected.
Question Title: Question 13

Question: During the elder abuse assessment, talk to the patient about activities of daily living. Ask the patient who provides help. Talk about whether this person has the ________ ability to care for an elder.

Answer 1: Financial
Answer 2: Emotional
Answer 3: Mental
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: All of these answers
Answer Rationale: Caregivers must have adequate financial, emotional, and mental abilities. Discuss this with your older patients.

Question Title: Question 14

Question: You are performing an elder abuse assessment. You are asking the patient about her social and financial resources. A question you might ask during this part of the assessment is:

Answer 1: *Do you have friends who nurture and listen to you?*
Answer 2: *Is your access to medical care limited in any way?*
Answer 3: *Why are you reluctant to discuss the possibility of abuse?*
Answer 4: *Do you believe you are in immediate danger of serious harm?*

Correct Answer: Do you have friends who nurture and listen to you?
Answer Rationale: The social/financial resources part of the elder abuse assessment looks at the patient's social support network and financial resources.

Question Title: Question 15

Question: You are documenting a reported incident of elder abuse in the medical record. True or False: It is best to paraphrase what the victim tells you. The medical record should focus on a professional opinion and summary of what probably took place.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: When documenting abuse in the medical record, use the patient's own words.