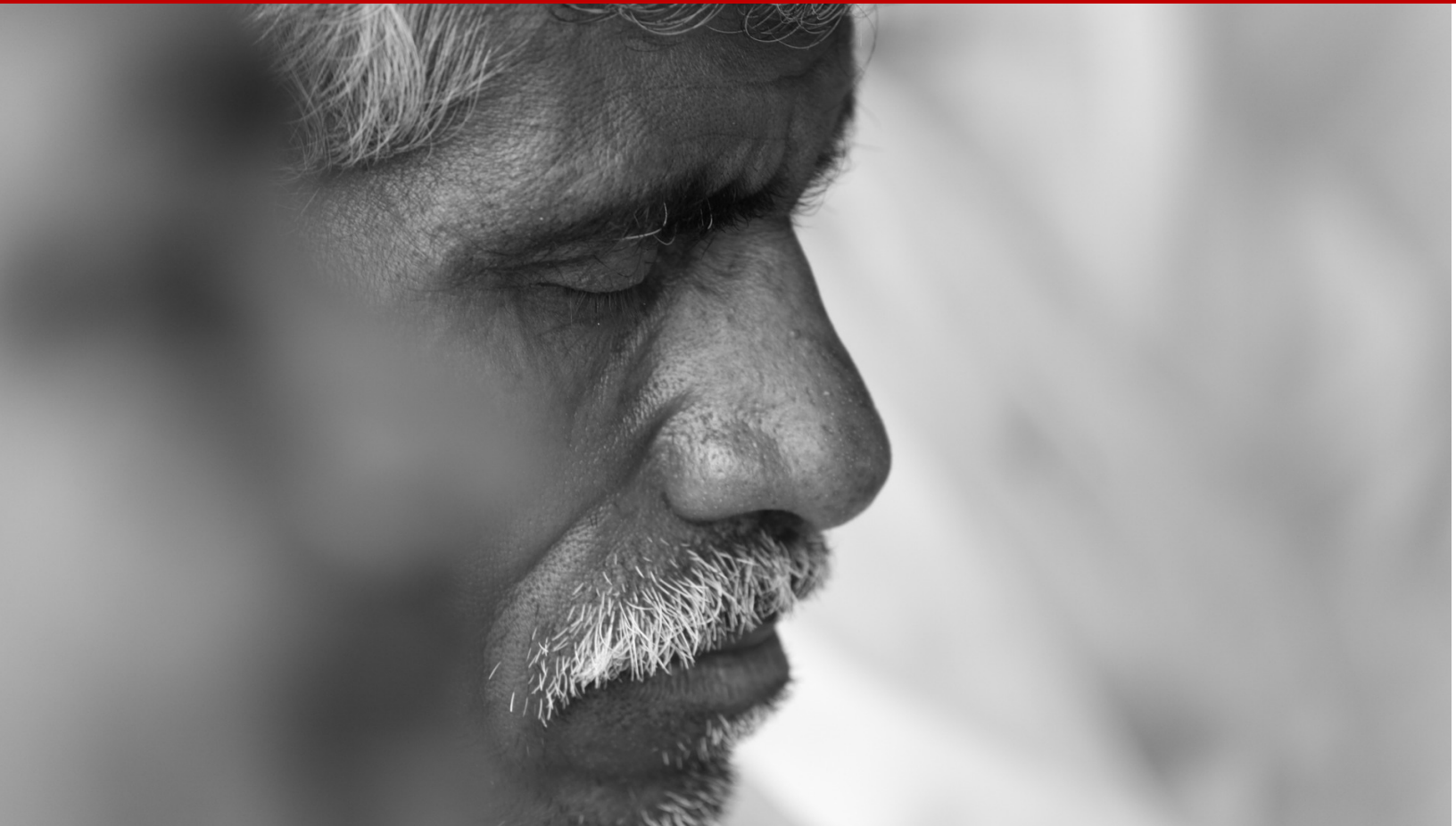




Elder Abuse and Neglect



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Introduction

Research presented by the Centers for Disease Control and Prevention (CDC) suggests that elder abuse is a common and serious problem affecting an alarming portion of the older adult population living in America. Research presented by the CDC also suggests that the prevalence of elder abuse may be on the rise due to the ever-growing older adult population. As a result, health care professionals should be familiar with elder abuse. This course reviews elder abuse, as well as recommendations to prevent elder abuse, to provide health care professionals with the necessary insight to best serve patients in need.

Section 1: Elder Abuse

Elder abuse possesses the potential to dramatically impact an older adult's health, overall well-being, and quality of life - therefore, it is essential that health care professionals possess insight into elder abuse, as well as effectively identify those patients that may be victims of elder abuse. Due to the importance of identifying patients that may be victims of elder abuse, this section of the course will provide insight into elder abuse and how it may affect older adult patients. The information found in this section was derived from materials provided by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) unless, otherwise, specified (Centers for Disease Control and Prevention, 2020; World Health Organization; 2020).

What is elder abuse?

- Elder abuse may refer to an intentional act or failure to act that causes or creates a risk of harm to an older adult (note: the term older adult may refer to an individual 65 years or older).
- Health care professionals should note that elder abuse may refer to a single act, a repeated act, and/or a lack of appropriate action. Health care professionals should also note that elder abuse typically occurs within relationships where there is an expectation of trust (e.g., a relationship between an older adult and a family member).

What are the major types of elder abuse?

The major types of elder abuse include: physical abuse, verbal/emotional abuse, psychological abuse, sexual abuse, financial exploitation/abuse, health care fraud/abuse,

confinement, neglect, and elder abandonment. Specific information on the aforementioned types of elder abuse may be found below. The information found below was derived from materials provided by the CDC, the WHO, and the National Institute on Aging (CDC, 2020; WHO, 2020; National Institute on Aging, 2020).

- **Physical abuse** - Physical abuse may refer to the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death. Health care professionals should note the following examples of the types of physical force/abuse that may be used against an older adult: hitting, punching, kicking, pushing, pinching, slapping, biting, and burning. Health care professionals should also note that physical abuse against older adults may include the inappropriate use of drugs, as well as physical punishment of any kind (e.g., pinching or slapping older adults because they dropped food or spilled a liquid).
- **Verbal/emotional abuse** - verbal/emotional abuse may refer to verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual. Examples of verbal/emotional abuse include the following: yelling, swearing, humiliating an individual, repeatedly threatening an individual, making insulting or disrespectful comments towards an individual, and habitual blaming and/or scapegoating (note: scapegoating may refer to the act of assigning responsibility to an individual for wrongdoing, who is not necessarily responsible for said wrongdoing, so the individual assumes fault and any related suffering). Health care professionals should note that verbal/emotional abuse may be intentionally used by an individual to control and/or manipulate an older adult.
- **Psychological abuse** - psychological abuse may refer to a type of coercive or threatening behavior that establishes a power differential between two or more individuals. Examples of psychological abuse may include treating an older adult like a child and preventing an older adult from interacting with family members and/or friends. Health care professionals should note that psychological abuse may also be intentionally used by an individual to control and/or manipulate an older adult.
- **Sexual abuse** - sexual abuse may refer to any forced or unwanted sexual interaction with an individual (i.e., a sexual interaction with an individual that occurs without the individual's consent). Examples of sexual abuse include: unwanted sexual contact (e.g., touching; fondling; grabbing), unwanted sexual intercourse, rape, coerced nudity (e.g., one individual persuades or threatens another individual to get nude in front of him or her), forcing an individual to look at pornographic materials, photographing an individual while he or she is nude and/or partially nude, and sexual

harassment (note: the term sexual harassment may refer to any act characterized by unwelcomed and/or inappropriate sexual remarks/behavior). Health care professionals should note that sexual abuse may be one of the most underreported types of elder abuse.

- **Financial exploitation/abuse** - financial exploitation/abuse may refer to the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets. Examples of financial exploitation include: misuse of an individual's funds, denying an individual access to his or her own funds, taking money under false pretenses, using an individual's credit card for personal use without consent, embezzlement, fraud, identity theft, forgery, forced property transfers, as well as the improper use of a power of attorney (note: the term power of attorney may refer to any written, legally binding authorization and/or authority that grants powers to an individual to act on another individual's behalf). Health care professionals should note that financial exploitation/abuse may be inflicted on an older adult by a member of his or her family as well as friends, personal acquaintances, and outside sources such as telephone and internet scams.
- **Health care fraud/abuse** - health care fraud/abuse may refer to any unethical action towards an individual receiving health care by a health care professional (e.g., doctor; nurse; physical therapist). Examples of health care fraud/abuse include the following: charging for health care services that were not performed, overcharging for health care services, overmedicating a patient, under medicating a patient, denying a patient care for personal reasons, denying a patient vital and relevant health care information, and intentionally inflicting harm on a patient. Health care professionals should note the following: health care professionals can avoid health care fraud/abuse by adhering to the following four major ethic principles of health care: patient autonomy, beneficence, nonmaleficence, and justice. Specific information regarding the aforementioned ethic principles of health care may be found in Figure 1.

Figure 1: Information Regarding the Four Major Ethic Principles of Health Care

- **Patient autonomy** - patient autonomy may refer to a patient's right to make decisions regarding his or her own personal health care, without the direct influence of a health care professional. Essentially, patient autonomy grants patients the sole right to make decisions regarding their health, health care, and personal well-being. Health care professionals must respect patient autonomy when caring for patients. Violations of patient autonomy may occur if a health

care professional makes healthcare-related decisions for a patient, influences a patient's healthcare-related decisions, bullies a patient into making a healthcare-related decision, withholds health-care related information from a patient in order to steer a patient into making a specific decision, provides a patient with biased health care information and/or education, fails to provide vital healthcare-related information to a patient, and/or simply does not give a patient an opportunity to make his or her own decision regarding the administration of health care (e.g., carries out a health care procedure without consent from a patient). Health care professionals may uphold patient autonomy by allowing patients to remain independent when making decisions about their health care. Health care professionals should note that they are allowed to provide patients with unbiased information and education to help them make a decision regarding their own health care - however, a health care professional must not make the final healthcare-related decision for a patient. Health care professionals should also note that there may be health care situations where patient autonomy concepts may not necessarily apply, such as emergency situations where life-saving interventions are required.

- **Beneficence** - beneficence, as it relates to health care, may refer to the obligation of the health care professional to act in the best interest of the patient. Health care professionals must adhere to the principle of beneficence when caring for patients. Examples of potential violations of beneficence may include the following: a health care professional does not act in the best interest of a patient, a health care professional puts his or her own interest before a patient's best interest, a health care professional does not consider the risks and benefits of a health care intervention before it is administered to a patient, a health care professional does not consider a patient's pain, physical, and/or mental suffering when administering health care, a health care professional does not consider a patient's risk of disability, diminished health, and/or death when administering health care, and a health care professional does not promote a patient's health for personal reasons (e.g., a health care professional encourages a patient to follow a therapeutic regimen that will, ultimately, jeopardize his or her health, overall well-being, and quality of life). Health care professionals may uphold the ethic principle of beneficence by simply doing what is best for a patient's health.
- **Nonmaleficence** - nonmaleficence, as it relates to health care, refers to the obligation of the health care professional to act in a manner that does not cause harm to the individual patient; do no harm. Examples of potential violations of

nonmaleficence may include the following: a health care professional intentionally harms a patient, a health care professional gives a patient a medication knowing it will only harm the patient, a health care professional chooses health care interventions for a patient that will harm the patient, a health care professional does not follow safety precautions while administering care to a patient, and a health care professional does not follow organizational policies and procedures, which have been put in place to safeguard patients' health. Health care professionals may also uphold the ethical principle of nonmaleficence by simply acting in a manner that does not intentionally harm a patient. Health care professionals should note the following: although beneficence and nonmaleficence are related, they are two separate and distinct ethical principles of health care.

- **Justice** - justice, as it relates to health care, refers to the fair and equitable distribution of health care resources to patients. Essentially, the ethic principle of justice stipulates that patients in similar situations should have access to the same health care or the same level of health care. An example of a potential violation of justice, as it relates to health care, may include the following - a health care professional denies an individual health care due to the individual's socioeconomic status. Health care professionals can uphold the ethical principle of justice by administering health care in an unbiased manner.
- **Confinement** - confinement may refer to any action that restrains or confines an individual for reasons unrelated to health care. Examples of confinement may include the following: locking an individual in his or her home so he or she cannot get out, locking an individual in his or her bedroom, locking an individual in a closet, and preventing an individual from leaving his or her bed or a specific area of his or her house, such as the basement. Health care professionals should note that confinement may be used by individuals to prevent older adults from reporting incidents of elder abuse.
- **Neglect** - neglect may refer to a failure to meet an individual's basic needs. Examples of neglect include the following: a failure to provide an older adult with food and/or water, a failure to provide an older adult with shelter, a failure to provide an older adult with appropriate clothing, a failure to provide an older adult with the means to maintain adequate hygiene, and a failure to provide an older adult with required medications and/or health care services. Health care professionals should note the

following: older adults may suffer from self-neglect; self-neglect may refer to a failure to meet one's own basic needs (i.e., an individual is no longer able to carry out basic tasks such as feeding themselves and/or maintaining adequate hygiene); self-neglect may include: an inability to feed one's self, compulsive hoarding, self-harm, and substance abuse.

- **Elder abandonment** - elder abandonment may refer to the act of intentionally deserting an older adult that is dependent on others for care and/or incapable of self-care. Examples of elder abandonment include the following: a family member leaves an older adult at a health care facility without notifying the health care facility of the older adult's arrival or returning to pick up the older adult; a family member leaves an older adult with another individual without making arrangements for the older adult's care with the individual; someone caring for an older adult leaves his or her duties without notification or a follow-up. Health care professionals should note that elder abandonment can occur at any point in an older adult's care.

What are the signs of elder abuse?

The signs of elder abuse can depend on the type of elder abuse. Specific information regarding the potential signs of each type of elder abuse may be found below. The information found below was derived from materials provided by the CDC, the WHO, and the National Institute on Aging (CDC, 2020; WHO, 2020; National Institute on Aging, 2020).

- **Physical abuse** - the potential signs of physical abuse may include the following: bruises, hand marks, grip marks, sprains, dislocated joints, broken bones, burns, and missing teeth. Health care professionals should note that the physical injuries sustained from physical abuse may be self-treated by those victimized by physical abuse.
- **Verbal/emotional abuse** - the potential signs of verbal/emotional abuse may include the following: unexplained stress, unexplained fear, unexplained suspicions towards others or one specific individual, evasive behavior, nonresponsive behavior, memory gaps, and sleep disturbance. Health care professionals should note that the potential signs of verbal/emotional abuse may be similar to those of psychological abuse.
- **Psychological abuse** - the potential signs of psychological abuse may include the following: unexplained or uncharacteristic changes in behavior, a lack of interest in socializing with others, isolating behavior, and agitation. Health care professionals

should note that the potential signs of psychological abuse may be similar to those of verbal/emotional abuse.

- **Sexual abuse** - the potential signs of sexual abuse may include the following: unexplained bruising on the legs or thighs, unexplained bruising around the genitals, bite marks on the body and/or around the genitals, bleeding from the genitals and/or anus, ripped clothes and/or undergarments, vaginal infections, and the presence of what appear to be newly acquired sexually transmitted diseases (STDs). Health care professionals should note that victims of sexual abuse may be reluctant to report or talk about any kind of sexual abuse.
- **Financial exploitation/abuse** - the potential signs of financial exploitation/abuse may include the following: confusion regarding money, benefits, belongings, property, and/or assets; unexplained loss of money, benefits, belongings, property, and/or assets; unexplained withdrawals from bank accounts; and unexplained signatures on checks. Health care professionals should note that the potential signs of financial exploitation/abuse may also be consistent with those of identity theft (e.g., unexplained bills).
- **Health care fraud/abuse** - the potential signs of health care fraud/abuse may include the following: unexplained charges on health care bills, unexplained disappearance of medications, unexplained disappearance of health care supplies, unexplained harm when in the presence of a health care professional, and untreated conditions, diseases, and/or illnesses. Health care professionals should note that victims of health care fraud/abuse may ask specific, potentially odd, questions or make specific, potentially odd, statements about their health, health care therapy, and/or about a specific health care professional. Health care professionals should consider documenting and investigating any patient statements or claims that may indicate the presence of health care fraud/abuse.
- **Confinement** - the potential signs of confinement may include the following: a family member or friend reports that he or she has not seen or heard from the older adult in question, bruises that appear to be from restraints or confinements, and rope burns on the wrists and/or body. Health care professionals should note that it may be difficult to observe signs of confinement because the older adult in question may be out of sight and/or confined.
- **Neglect** - the potential signs of neglect may include the following: the older adult in question may appear to be malnourished, the older adult in question may appear to be dehydrated, the older adult in question may appear to be disheveled and/or

wearing dirty clothing, poor hygiene, a lack of required health care aids (e.g., eyeglasses; hearing aids; canes; walkers), and the presence of untreated wounds. Health care professionals should note that the potential signs of neglect may be related to self-neglect.

- **Elder abandonment** - the potential signs of elder abandonment may include the following: the older adult in question may be confused about where he or she is, the older adult in question may be confused about how he or she arrived at a health care facility, and the older adult in question may have been left alone in his or her house for an indeterminable amount of time. Health care professionals should note that a victim of elder abandonment may simply just appear at a health care facility alone and without any idea or clue as to why he or she is there.

How may older adults victimized by elder abuse present?

- Older adults victimized by elder abuse may present in a variety of different states. They may appear malnourished, dehydrated, stressed, confused, agitated, fearful, suspicious of others, nonresponsive, and/or evasive. Additionally, older adults potentially victimized by elder abuse may present with the physical signs of elder abuse such as bruises, hand marks, grip marks, sprains, dislocated joints, broken bones, missing teeth, rope burns, and/or untreated wounds. Also, as previously mentioned, a potential victim of elder abuse may simply just appear at a health care facility alone and without any idea or clue as to why he or she is there. Furthermore, older adults potentially victimized by elder abuse may display body language indicating they were abused (e.g., slouching; excessive flinching; unable to maintain eye contact).
- In addition to their appearance, older adults potentially victimized by elder abuse may use wording to describe or articulate their state. Examples of wording that may be used by older adults, potentially victimized by elder abuse, to describe or articulate their state may include the statements found below.
 - I was hit.
 - I was punched.
 - I was kicked.
 - I am being yelled at.
 - I am cursed at all the time.

- I live in fear.
 - I am being touched.
 - I was fondled.
 - I had relations with my caregiver.
 - My caregiver and I are having sex.
 - All of my money is gone.
 - I am not sure what happened to all of my money.
 - My caregiver is trying to get me to sign over my house.
 - My medications are gone.
 - I am not receiving my medications.
 - I was tied up.
 - I was locked in my bedroom for hours.
 - I am hungry all of the time.
 - I am not being fed or given drinks.
 - I have not washed up in days.
 - I am being left alone.
- Health care professionals should note the following: when attempting to distinguish specific wording regarding elder abuse, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language; additionally, health care professionals should focus their attention on any patient's verbiage which may indicate signs of elder abuse.

What issues or concerns should health care professionals pay particular attention to when attempting to identify older adults potentially victimized by elder abuse?

- Older adults potentially victimized by elder abuse may suffer from dementia. Dementia may refer to a cluster of symptoms centered around an inability to

remember, think clearly, and/or make decisions. Health care professionals should work to identify older adults suffering from dementia because older adults suffering from dementia are often victimized by elder abuse and may be more susceptible to elder abuse. Health care professionals should note the following symptoms of dementia, which include problems with memory, attention, communication, reasoning, judgment, and/or problem-solving. Health care professionals should also note the following signs of dementia: getting lost in a familiar area, forgetting the names of close family and friends, and not being able to complete tasks independently. Additionally, health care professionals should note that dementia is not a normal part of aging.

- Due to the complex effects of elder abuse, those victimized by elder abuse may experience suicidal ideation. Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Health care professionals should be very aware that older adults victimized by elder abuse may be suicidal or may have attempted suicide (suicide may refer to a death caused by self-directed injurious behavior with any intent to die as a result of the behavior; a suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior). Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide, when applicable.

What professional skills and tools should health care professionals employ while engaging with older adults potentially victimized by elder abuse?

- **Effective hand hygiene** - healthcare-associated infections are a patient safety issue affecting all types of health care organizations and patient populations. With that said, evidence suggests that older adult patients may be more susceptible to healthcare-associated infections when compared to other patient populations. Thus, health care professionals should work to prevent healthcare-associated infections when administering health care or engaging with older adult patients. One of the most important and effective ways to address healthcare-associated infections is by practicing effective hand hygiene. Hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections. Hand hygiene is most effective when dirt, soil, microorganisms, and other contaminants are removed from the hands. Health care professionals should complete effective hand hygiene when evaluating, assessing, and engaging with older adult patients. Specific information regarding effective hand hygiene may be found below.

- Health care professionals may use a variety of different products to carry out effective hand hygiene. The following products are typically available to health care professionals and may be used to carry out effective hand hygiene: detergents, plain soap, antimicrobial (medicated) soap, antiseptic agents, and alcohol-based hand rubs.
- The major indications for hand hygiene can be broken down into the following five key moments:
 1. Before patient contact
 2. Before an aseptic procedure or task
 3. After a body fluid exposure risk occurs
 4. After touching a patient
 5. After contact with a patient's surroundings
- Health care professionals should wash their hands with soap and water when they are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- Health care professionals should use an alcohol-based hand rub when their hands are not visibly soiled to reduce bacterial counts.
- **Personal protective equipment (PPE)** - another way health care professionals can help limit healthcare-associated infections is by donning personal protective equipment (PPE). PPE may refer to equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease. Essentially, donning PPE can prevent the spread of infectious materials and agents to patients. PPE can include a variety of different types of equipment such as gowns, masks, goggles, face shields, respirators, and gloves. Health care professionals should note the following: health care professionals should be familiar with each of the aforementioned types of PPE; health care professionals should don PPE when applicable (e.g., when cleaning an open wound).
- **Aseptic dressing techniques** - some older adult patients may require dressings for wounds sustained from elder abuse. Thus, health care professionals should be familiar with aseptic dressing techniques. Aseptic dressing techniques may refer to the practices and procedures designed to prevent and avoid introducing infectious agents

to a wound while applying and/or changing dressings. The key elements of aseptic dressing techniques include the following: preparation, appropriate dressings, effective hand hygiene, adequate and effective use of PPE, removing old dressings (when applicable), wound assessment, wound cleaning, wound dressing, appropriate disposal of waste, patient education, and health care documentation. Health care professionals should be familiar with each of the aforementioned elements of aseptic dressing techniques. Health care professionals should note the following: health care professionals should be aware of and adhere to their health care organizations' specific policies and procedures regarding aseptic dressing techniques.

- **Pain assessment tools** - due to physical injuries, older adults victimized by elder abuse may experience pain (note: pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage). Thus, health care professionals may have to evaluate/assess older adult patients' pain. Health care professionals may evaluate/assess an older adult patient's pain and related discomfort by using a variety of pain assessment tools which include: a simple numerical pain intensity scale, the Wong/Baker faces rating scale, the WILDA approach assessment guide, the Pain Assessment in Advanced Dementia (PAINAD) scale, and the Critical-Care Pain Observation Tool (CPOOT). Specific information regarding each of the aforementioned pain assessment tools may be found below.
 - **A simple numerical pain intensity scale** - in the context of this course, a simple numerical pain intensity scale, when applied to pain assessment, may refer to a numerically based method, which may be used by health care professionals to help patients rate their pain from 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain. A simple numerical pain intensity scale may be relatively uncomplicated and/or straightforward - however, it may be the most efficient way for health care professionals to obtain pain-related information from a patient. Health care professionals should note that simple numerical pain intensity scales may be incorporated into other pain assessment guides, scales, and tools.
 - **The Wong/Baker faces rating scale** - the Wong/Baker faces rating scale may refer to a pain assessment tool that may be utilized by health care professionals to determine patients' intensity or level of pain. The Wong/Baker faces rating scale is comprised of faces that typically possess different simplified facial expressions, which are correlated with a numerical pain intensity scale ranging from 0 - 10 (i.e., each face of the Wong/Baker faces rating scale is associated with a numerical

value and an expression of pain). To use the scale efficiently, a health care professional only has to show the scale to patients and ask them to select a face that best represents how their experience of pain is making them feel. By simply pointing to an easy to understand picture of a face in pain, patients can provide health care professionals with a pain rating from 0 - 10, as well as valuable insight into their individual experience of pain. Health care professionals should note that the Wong/Baker faces rating scale may be ideal for older adult patients, patients with language barriers, and patients that simply have trouble associating a numerical value with their experience of pain.

- **The WILDA approach assessment guide** - A WILDA approach assessment guide may refer to a pocket-sized template, which may be used by health care professionals as a guide to effectively assess patients' pain. The WILDA approach assessment guide outlines the following five key components to an effective patient assessment: Words to describe pain/a pain description, Intensity rating, Location identification/pain location, Duration, and Aggravate/alleviate (i.e., a patient indication of what factors aggravate or alleviate pain). Evidence suggests that effective patient assessments include all of the aforementioned key points. Thus, by following the WILDA approach assessment guide, health care professionals can ensure they cover the essential key points included in a pain assessment. Health care professionals should note the following: the WILDA approach assessment guide is a guide; every patient possesses the potential to be unique and different; thus, health care professionals may have to implement different strategies and techniques, along with the WILDA approach assessment guide, to effectively assess patients' pain.
- **The Pain Assessment in Advanced Dementia (PAINAD) scale** - the PAINAD scale may refer to a pain assessment tool that can be used by health care professionals to assess pain in patients/older adult patients with advanced dementia. The PAINAD scale is divided into the following five categories: breathing independent of vocalization, negative vocalization, facial expression, body language, and consolability. Each of the previous categories have specific criteria that are associated with numerical values. To use the scale effectively, health care professionals should observe patients and score the previous categories accordingly. Once each category has been scored, health care professionals may then tabulate the category scores to arrive at a total pain-associated value. Health care professionals should note that the PAINAD scale total pain-associated value

should be between 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain.

- **The Critical-Care Pain Observation Tool (CPOT)** - the CPOT may refer to a pain scale that relies on the observations of health care professionals to assess critically ill patients and/or older adult patients that may have difficulties communicating relevant pain information. The CPOT rates/scores pain on a scale from 0 - 8 and is broken down into the following four categories: facial expression, body movements, compliance with a ventilator for intubated patients or vocalization for extubated patients, and, finally, muscle tension. To use the scale effectively, health care professionals should observe patients and score the previous categories accordingly. After the completion of each category, category scores can then be added up to provide a patient's final pain rating/score. Health care professionals should note the following: when utilizing the CPOT, patient muscle tension should be evaluated by passive flexion and extension of upper extremities.
- **Fall precautions** - older adults may be susceptible to falls, especially if they experienced physical injuries prior to health care facility admission. Thus, health care professionals should consider fall precautions when evaluating older adults for possible elder abuse. Health care professionals should note that fall precautions constitute the basics of patient safety and should be applied in all health care facilities to all patients. Specific fall precautions may be found below.
 - Familiarize the patient with the environment
 - Have the patient demonstrate call light use
 - Maintain call light within reach
 - Keep the patient's personal possessions within safe reach of patient
 - Have sturdy handrails in patient bathrooms, room, and hallway
 - Place the patient's bed in a low position when a patient is resting in bed; raise the patient's bed to a comfortable height when the patient is transferring out of bed
 - Keep patient bed brakes locked
 - Keep wheelchair wheel locks in the locked position when stationary
 - Keep nonslip, comfortable, well-fitting footwear on the patient

- Use night lights or supplemental lighting
 - Keep floor surfaces clean and dry
 - Clean up all spills promptly
 - Keep patient care areas uncluttered
 - Follow safe patient handling practices
- **Observation/patient monitoring** - as previously alluded to, patient observation can be essential to identifying older adults potentially victimized by elder abuse. Health care professionals should observe patients' signs and symptoms, as well as patients' body language and overall appearance to help effectively identify an older adult potentially victimized by elder abuse.
 - **Health care documentation** - health care professionals should be sure to document any potential cases of elder abuse. Health care documentation may refer to a digital or an analog record detailing the administration of health care to patients. If completed effectively, health care documentation can be used in daily practice by health care professionals to communicate vital patient information to other health care professionals in order to facilitate positive health care outcomes and to decrease the potential for negative health care outcomes, such as adverse events and patient mortalities. Effective health care documentation may be used as a method to review patient cases and to ensure all aspects of an individual patient's health care are noted and evaluated to maximize therapeutic outcomes.

In order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration. There are many different forms of health care documentation - however, if health care professionals include specific characteristics in their documentation, they can ensure their documentation will be effective.

The first characteristics of effective documentation are objectivity and accuracy. Health care documentation should include objective information free of subjective judgment, bias, or opinion. Health care documentation should also be accurate - meaning it should include information that can be measured or verified by another individual.

Additional characteristics of effective health care documentation include clarity and completeness. Clarity, as it relates to health care documentation, may refer to a

quality which enables multiple health care professionals to obtain meaning from recorded data and/or information relating to health care. Completeness, as it relates to health care documentation, may refer to a state where all of the necessary components and/or parts are present. Only when clarity and completeness are achieved can health care documentation be considered effective.

Finally, the information found within health care documentation should be readily accessible and available to all those who require it. Thus, health care professionals must include accurate times and dates of health care administration when completing their health care documentation to further its effectiveness. Health care professionals should note that completing effective health care documentation can help health care professionals foster effective communication and ensure patients receive the care they require.

What are the complications typically associated with elder abuse?

- **Physical injuries** - one of the first complications that may come to mind when considering elder abuse is the possibility for physical injuries. As previously mentioned, the physical injuries that may result from elder abuse include bruises, hand marks, grip marks, sprains, dislocated joints, broken bones, burns, restraint burns, rope burns, and missing teeth. Health care professionals should note the following: health care professionals should treat and document any physical injuries that may have resulted from elder abuse.
- **Pain** - as previously mentioned, due to physical injuries, older adults victimized by elder abuse may experience pain. Pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage. Health care professionals should work to evaluate/assess and treat any physical pain that may have resulted from elder abuse. Health care professionals should note the following: health care professionals may evaluate/assess an older adult patient's pain and related discomfort by using a variety of pain assessment tools which include: a simple numerical pain intensity scale, the Wong/Baker faces rating scale, the WILDA approach assessment guide, the Pain Assessment in Advanced Dementia (PAINAD) scale, and the Critical-Care Pain Observation Tool (CPOT).
- **Pressure injuries** - an older adult victimized by elder abuse, specifically neglect, may experience a pressure injury. A pressure injury, also referred to as a pressure ulcer or bedsore, may refer to localized damage to the skin and/or underlying soft tissue, usually over a bony prominence. Pressure injuries typically result from intense and/or

prolonged pressure. A pressure injury can present as intact skin or an open ulcer. Pressure injuries can be painful to patients, and typically affect high-risk patient populations such as older adults and older adults victimized by elder abuse. When evaluating the presence of pressure injuries, health care professionals should attempt to identify the stage or type of pressure injury. Specific information regarding the different stages/types of pressure injuries may be found below. The information found below was derived from materials provided by the WHO and the Joint Commission (WHO, 2020; Joint Commission, 2020).

- **Stage 1 pressure injury** - Stage 1 pressure injuries are characterized by intact skin with a localized area of non-blanchable erythema (i.e., Stage 1 pressure injuries are characterized by a superficial reddening of the skin that, when pressed, does not turn white).
- **Stage 2 pressure injury** - Stage 2 pressure injuries are characterized by partial-thickness skin loss with exposed dermis; a Stage 2 pressure injury wound bed is typically viable, pink or red, moist, and may present as an intact or ruptured serum-filled blister; adipose (fat) is not visible and deeper tissues are not visible; granulation tissue, slough and eschar are not present. Slough may refer to a layer or mass of necrotic or dead tissue. Eschar may refer to dead tissue that sheds or falls from the skin.
- **Stage 3 pressure injury** - Stage 3 pressure injuries are characterized by full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (note: epibole may refer to rolled wound edges) are often present; slough and/or eschar may be visible; the depth of tissue damage varies by anatomical locations; undermining and tunneling may occur; fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.
- **Stage 4 pressure injury** - Stage 4 pressure injuries are characterized by full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer; slough and/or eschar may be visible; epibole, undermining and/or tunneling often occur; depth varies by anatomical location.
- **Unstageable pressure injury** - unstageable pressure injuries are characterized by full-thickness skin and tissue loss in which the extent of the tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar; if slough or eschar is removed, a Stage 3 or Stage 4 pressure injury may be revealed. Health

care professionals should note the following regarding an unstageable pressure injury: stable eschar on an ischemic limb or the heel(s) should not be removed; stable eschar may refer to eschar/dead tissue that is dry, adherent, and intact without erythema or fluctuance.

- **Deep tissue pressure injury** - deep tissue pressure injuries are characterized by intact or non-intact skin with localized area or persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister; pain and temperature changes often preceded skin color changes; discoloration may appear differently in darkly pigmented skin. Health care professionals should note the following regarding a deep tissue pressure injury: deep tissue pressure injuries typically result from intense and/or prolonged pressure and shear forces at the bone-muscle interface; the wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss; if necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle, or other underlying structures are visible, this indicates a full thickness pressure injury (unstageable, Stage 3 or Stage 4).
- **Medical device-related pressure injury** - medical device-related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. Health care professionals should note the following: a medical device-related pressure injury generally conforms to the pattern or shape of the device; the injury should be staged according to the aforementioned stages.
- **Mucosal membrane pressure injury** - a mucosal membrane pressure injury may be found on mucous membranes with a history of a medical device use at the location of the injury. Health care professionals should note the following: due to the anatomy of the tissue, typically, mucosal membrane pressure injuries cannot be staged.
- **Malnutrition and dehydration** - as previously mentioned older adults victimized by elder abuse may suffer from malnutrition and dehydration. Malnutrition may refer to a condition that occurs when the body doesn't get enough nutrients. Dehydration may refer to a state or condition that occurs when the body doesn't have enough water and other fluids to carry out its normal functions that maintain life. Health care professionals should note the following signs/symptoms of malnutrition: fatigue, dizziness, poor concentration, and weight loss. Health care professionals should also note the following signs/symptoms of dehydration: dizziness, dry skin, yellow and/or dark urine, and decreased urine production.

- **Depression and anxiety** - due to the effects of elder abuse, older adults victimized by elder abuse may experience depression and/or anxiety. A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life (note: anhedonia may refer to a loss of interest in previously enjoyable activities). An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. In regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation. Health care professionals should note the following symptoms of a depression disorder: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality. Health care professionals should also note the following symptoms of an anxiety disorder: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (i.e., mind going blank), irritability, and muscle tension.
- **Post-traumatic stress disorder (PTSD)** - research indicates that elder abuse may be associated with post-traumatic stress disorder (PTSD). PTSD may refer to a mental health disorder characterized by persistent mental and emotional stress/symptoms occurring as a result of an injury or severe psychological/terrifying event that creates distress or functional impairment. Health care professionals should note the following symptoms of PTSD: unwanted upsetting memories, nightmares, flashbacks, emotional distress after exposure to traumatic reminders, physical reactivity after exposure to traumatic reminders, negative affect, decreased interest in activities, feeling isolated, difficulty experiencing positive affect, irritability, aggression, risky or destructive behavior, hypervigilance, heightened startled reaction, difficulty concentrating, difficulty sleeping, depersonalization, and derealization (note: depersonalization may refer to an experience of being an outside observer of or detached from oneself; derealization may refer to an experience of distance or distortion).
- **Substance abuse** - As previously alluded to, older adults victimized by elder abuse may suffer from substance abuse. Substance abuse may refer to the harmful or hazardous use of a psychoactive substance such as alcohol and illicit drugs. Health care professionals should note the following signs of alcohol and illicit drug use:

slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks.

- **Sexually transmitted diseases (STDs)** - as previously eluded to, elder abuse, specifically sexual abuse, may lead to the transmission of STDs. The term sexually transmitted disease (STD) may refer to an infection transmitted through sexual contact that may be caused by bacteria, viruses, or parasites. Health care professionals should note the following STDs: gonorrhea, syphilis, chlamydia, human papillomavirus, genital herpes, human immunodeficiency virus (HIV), and trichomoniasis.
- **Financial hardship** - older adults victimized by elder abuse, specifically financial exploitation/abuse and health care fraud/abuse, may suffer financial hardship. Essentially, older adults victimized by elder abuse may be stripped of their money, benefits, belongings, property, and/or assets and, ultimately, left with nothing. Health care professionals should note that older adults victimized by elder abuse, specifically financial exploitation/abuse and health care fraud/abuse, may require social assistance and/or aid.
- **Death** - finally, health care professionals should note that the effects of elder abuse may lead to the untimely death of an older adult, especially if an older adult is victimized by physical abuse, neglect, and/or elder abandonment.

Section 1: Summary

Elder abuse may refer to an intentional act or failure to act that causes or creates a risk of harm to an older adult. The major types of elder abuse include: physical abuse, verbal/emotional abuse, psychological abuse, sexual abuse, financial exploitation/abuse, health care fraud/abuse, confinement, neglect, and elder abandonment (CDC, 2020; WHO, 2020; National Institute on Aging, 2020). The signs of elder abuse can depend on the type of elder abuse. Complications typically associated with elder abuse include: physical injuries, pain, pressure injuries, malnutrition and dehydration, depression and anxiety, PTSD, substance abuse, STDs, financial hardship, and death. Lastly, health care professionals should work to identify older adults potentially victimized by elder abuse to ensure they receive the care they need.

Section 1: Key Concepts

- Elder abuse may refer to a single act, a repeated act, and/or a lack of appropriate action; elder abuse typically occurs within relationships where there is an expectation of trust.
- The major types of elder abuse include: physical abuse, verbal/emotional abuse, psychological abuse, sexual abuse, financial exploitation/abuse, health care fraud/abuse, confinement, neglect, and elder abandonment (CDC, 2020; WHO, 2020; National Institute on Aging, 2020).
- The signs of elder abuse can depend on the type of elder abuse.
- Older adults potentially victimized by elder abuse may present in a variety of different states.
- Older adults potentially victimized by elder abuse may suffer from dementia; health care professionals should work to identify older adults suffering from dementia because older adults suffering from dementia are often victimized by elder abuse and may be more susceptible to elder abuse.
- Due to the effects of elder abuse, those victimized by elder abuse may experience suicidal ideation; health care professionals should make every effort to identify the potential for suicide and prevent patient suicide, when applicable.
- Health care professionals may be required to employ the following professional skills/tools when engaging with older adults potentially victimized by elder abuse: effective hand hygiene, the effective use of PPE, aseptic dressing techniques, the effective application of fall precautions, observation/patient monitoring, and health care documentation.
- Complications typically associated with elder abuse include physical injuries, pain, pressure injuries, malnutrition and dehydration, depression and anxiety, PTSD, substance abuse, STDs, financial hardship, and death.

Section 1: Key Terms

Elder abuse - an intentional act or failure to act that causes or creates a risk of harm to an older adult

Older adult - an individual 65 years or older

Physical abuse - the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Verbal/emotional abuse - verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Scapegoating - the act of assigning responsibility to an individual for wrongdoing, who is not necessarily responsible for said wrongdoing, so the individual assumes fault and any related suffering (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Psychological abuse - a type of coercive or threatening behavior that establishes a power differential between two or more individuals (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Sexual abuse - any forced or unwanted sexual interaction with an individual (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Sexual harassment - any act characterized by unwelcomed and/or inappropriate sexual remarks/behavior (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Financial exploitation/abuse - the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Health care fraud/abuse - any unethical action towards an individual receiving health care by a health care professional (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Confinement - any action that restrains or confines an individual for reasons unrelated to health care (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Neglect - a failure to meet an individual's basic needs (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Self-neglect - a failure to meet one's basic needs (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Elder abandonment - the act of intentionally deserting an older adult that is dependent on others for care and/or incapable of self-care (CDC, 2020; WHO, 2020; National Institute on Aging, 2020)

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide - a death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Suicide attempt - a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Personal protective equipment (PPE) - equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease

Aseptic dressing techniques - the practices and procedures designed to prevent and avoid introducing infectious agents to a wound while applying and/or changing dressings

Pain - an unpleasant sensory and emotional experience arising from actual or potential tissue damage

Simple numerical pain intensity scale (when applied to pain assessment) - a numerically based method, which may be used by health care professionals to help patients rate their pain from 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain

Wong/Baker faces rating scale - a pain assessment tool that may be utilized by health care professionals to determine patients' intensity or level of pain

WILDA approach assessment guide - a pocket-sized template, which may be used by health care professionals as a guide to effectively assess patients' pain

The Pain Assessment in Advanced Dementia (PAINAD) scale - a pain assessment tool that can be used by health care professionals to assess pain in patients/older adult patients with advanced dementia

The Critical-Care Pain Observation Tool (CPOT) - a pain scale that relies on the observations of health care professionals to assess critically ill patients and/or older adult patients that may have difficulties communicating relevant pain information

Health care documentation - a digital or an analog record detailing the administration of health care to patients

Clarity (as it relates to health care documentation) - a quality which enables multiple health care professionals to obtain meaning from recorded data and/or information relating to health care

Completeness (as it relates to health care documentation) - a state where all of the necessary components and/or parts are present

Pressure injury (also referred to as a pressure ulcer or bedsore) - localized damage to the skin and/or underlying soft tissue, usually over a bony prominence (WHO, 2020; Joint Commission, 2020)

Slough - a layer or mass of necrotic or dead tissue (WHO, 2020; Joint Commission, 2020)

Eschar - dead tissue that sheds or falls from the skin (WHO, 2020; Joint Commission, 2020)

Epibole - rolled wound edges (WHO, 2020; Joint Commission, 2020)

Stable eschar - eschar/dead tissue that is dry, adherent, and intact without erythema or fluctuance (WHO, 2020; Joint Commission, 2020)

Malnutrition - a condition that occurs when the body doesn't get enough nutrients

Dehydration - a state or condition that occurs when the body doesn't have enough water and other fluids to carry out its normal functions that maintain life

Depressive disorder - a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Anhedonia - a loss of interest in previously enjoyable activities

Anxiety disorder - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry (in the context of an anxiety disorder) - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation

Post-traumatic stress disorder (PTSD) - a mental health disorder characterized by persistent mental and emotional stress/symptoms occurring as a result of an injury or severe psychological/terrifying event that creates distress or functional impairment

Depersonalization - an experience of being an outside observer of or detached from oneself

Derealization - an experience of distance or distortion

Substance abuse - the harmful or hazardous use of a psychoactive substance such as alcohol and illicit drugs

Sexually transmitted disease (STD) - an infection transmitted through sexual contact that may be caused by bacteria, viruses, or parasites

Section 1: Personal Reflection Question

How can health care professionals effectively identify individuals potentially victimized by elder abuse?

Section 2: Elder Abuse Prevention

Elder abuse can negatively impact an older adult's health, overall well-being, and quality of life. Therefore, health care professionals should work to prevent elder abuse. Health care professionals can work to prevent elder abuse by following elder abuse prevention recommendations. With that in mind, this section of the course will review specific elder abuse prevention recommendations. The information found in this section of the course was derived from materials provided by the CDC, the WHO, and the National Institute on Aging unless, otherwise, specified (CDC, 2020; WHO, 2020; National Institute on Aging, 2020).

Elder Abuse Prevention Recommendations

- **Pursue education regarding elder abuse** - first and foremost, health care professionals should pursue education regarding elder abuse so they may possess the necessary insight to discuss, identify, and, ultimately, effectively work to prevent elder abuse. Health care professionals should note the following: health care information is always being updated; health care professionals should pursue opportunities to further their education; remaining up to date on relevant health care topics can help

health care professionals in their daily practice and can further their understanding of how to provide safe and effective health care to patients in need.

- **Provide counseling and education to older adults about elder abuse and how to report elder abuse** - to build on the previous recommendation, health care professionals should provide counseling and education to older adults about elder abuse and how to report elder abuse. The reason being is, so they may be able to effectively acknowledge and identify elder abuse and adequately report it to family members, friends, health care professionals, and organizations such as the National Adult Protective Services Association. Health care professionals should note that the National Adult Protective Services Association is an organization that works to provide services (e.g., protection against financial exploitation/abuse) to older adults that have been victimized by elder abuse.
- **Provide counseling and education to caregivers about elder abuse** - in addition to providing counseling and education to older adults about elder abuse, health care professionals should also provide counseling and education to caregivers about elder abuse so they may be able to effectively acknowledge and identify elder abuse. Health care professionals should note the following: in the context of this course, the term caregiver may refer to any individual responsible for the day-to-day well-being of an older adult.
- **Provide counseling and education to older adults, caregivers, and other relevant individuals about caregiver training** - caregivers should be adequately educated and trained on how to effectively care for older adults, especially if they are professional caregivers. Thus, when working to prevent elder abuse, health care professionals should consider discussing caregiver education and training. Health care professionals should note the following: health care professionals may determine if a caregiver is adequately trained to care for an older adult by asking the caregiver direct questions about his or her methods of care, when applicable, and by observing the caregiver's interactions with older adults.
- **Provide counseling and education to caregivers on how they can reduce and/or avoid stress and burnout, which is often associated with caring for older adults** - stress and burnout is often indicated as a possible contributor to elder abuse. Thus, health care professionals should counsel and educate caregivers on how they can reduce and/or avoid stress and burnout, which is often associated with caring for older adults. Health care professionals should note the following methods to reduce stress: exercise, yoga, and meditation. Health care professionals should also note the

following methods to avoid burnout: share care-giving responsibilities with other individuals; develop schedules that allow for caregivers to have extended periods of time off from caregiving; develop schedules that allow caregivers to care for older adults in varying shifts.

- **Provide counseling and education, centered around anger management, to caregivers, when applicable** - to build on the previous recommendation, when working to prevent elder abuse, health care professionals should consider providing counseling and education, centered around anger management, to caregivers, when applicable (note: the term anger management may refer to any efforts made to reduce both the emotional feelings and the physiological arousal caused by the feeling of anger). Due to the potential stress of caring for an older adult, a caregiver may become angry at the very older adult for whom he or she is caring. In such cases where a caregiver appears to be angry at the very older adult he or she is caring for, it may be beneficial, to both the caregiver and the older adult, for the caregiver to participate in anger management activities. Health care professionals should note the following: when confronted by a caregiver who may require anger management, health care professionals can refer such caregivers to an individual who may be considered to be an anger management specialist or recommend techniques to reduce anger, such as breathing exercises.
- **Identify and/or assist caregivers that may be dealing with substance abuse** - due to the stress and burnout often associated with caring for older adults, caregivers may engage in substance abuse. Health care professionals should note that caregiver-related substance abuse may act as a catalyst for elder abuse or further elder abuse. Health care professionals should note the following: substance abuse may refer to the harmful or hazardous use of a psychoactive substance such as alcohol and illicit drugs; the signs of alcohol and illicit drug use may include the following: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks.
- **Encourage family members and friends to routinely call or visit older adults under the care of other individuals such as caregivers** - when working to prevent elder abuse and/or the further elder abuse of an older adult, health care professionals should encourage family members and friends to routinely call or visit older adults

under the care of others. Routine calls or visits can help family and friends personally identify potential elder abuse. Routine calls or visits can also provide an opportunity for an older adult to report any potential elder abuse. Health care professionals should note the following: health care professionals should only encourage family members and friends to routinely call or visit older adults under the care or others if the older adult patient in question is comfortable with said family members and friends; health care professionals should not encourage family members and friends to routinely call or visit older adults if they believe those individuals may be involved in the elder abuse of the older adult patient in question; such recommendations should be made by health care professionals on a case-by-case basis.

- **Encourage family members, friends, and other relevant individuals to routinely monitor an older adult's bank accounts, credit card statements, and overall finances** - to help prevent financial exploitation/abuse, health care professionals may want to consider encouraging family members and friends to routinely monitor an older adult's bank accounts, credit card statements, and overall finances. Such routine monitoring can help identify any financial exploitation/abuse early and before it dramatically affects an older adult. Health care professionals should note the following methods to monitor an older adult's bank accounts, credit card statements, and overall finances: observe older adults' bank accounts for any odd or suspect withdrawals, observe monthly credit card statements, and avoid leaving cash around an older adult's home.
- **Encourage older adults, caregivers, and other relevant individuals to participate in support groups** - when working to prevent elder abuse, health care professionals may want to consider encouraging older adults, caregivers, and other relevant individuals to participate in support groups. Support groups can help older adults, caregivers, and other relevant individuals avoid isolation and make connections with other individuals who may help them avoid elder abuse. Health care professionals should note that various types of support groups exist; an individual may participate in one or more support groups at a time.
- **Observe/monitor patients for signs of elder abuse** - when working to prevent elder abuse and/or the further elder abuse of an older adult, health care professionals should observe/monitor patients for signs of elder abuse to help identify the possible presence or potential for elder abuse. Health care professionals should note that the signs of elder abuse can depend on the type of elder abuse. For example, the potential signs of physical abuse may include the following: bruises, hand marks, grip

marks, sprains, dislocated joints, broken bones, burns, and missing teeth, while the potential signs of verbal/emotional abuse may include the following: unexplained stress, unexplained fear, unexplained suspicions towards others or one specific individual, evasive behavior, unresponsive behavior, memory gaps, and sleep disturbance.

- **Observe/monitor patients for the complications typically associated with elder abuse** - when working to prevent elder abuse and/or the further elder abuse of an older adult, health care professionals should observe/monitor patients for the complications typically associated with elder abuse. Essentially, by observing/monitoring older adult patients for the complications typically associated with elder abuse health care professionals may be able to better identify possible elder abuse. For example, if an older adult patient presents to a health care facility with an unexplained STD, then it may be a red flag or indication of possible elder abuse. Health care professionals should note the following: if a health care professional suspects the presence of elder abuse, he or she should be sure to document and report any information regarding the possible presence of elder abuse. Health care professionals should also note the following complications typically associated with elder abuse: physical injuries, pain, pressure injuries, malnutrition and dehydration, depression and anxiety, PTSD, substance abuse, STDs, financial hardship, and death.
- **Observe caregivers for any threatening behavior directed towards an older adult** - any form or type of threatening behavior directed towards an older adult, by a caregiver, may be an indication of potential elder abuse. Thus, when working to prevent elder abuse, health care professionals should be sure to observe caregivers for any threatening behavior directed towards an older adult. Health care professionals should note the following examples of what might be considered to be threatening behavior: physically looming over an individual, verbal warnings of possible punishments for specific behaviors, and demonstrative looks or facial expressions directed at an individual.
- **Ask older adults questions regarding medication use** - when working to prevent elder abuse, health care professionals should consider asking older adults questions regarding their medication usage. Such questions can help health care professionals identify any potential elder abuse related to overmedication, under medication, and medication diversion. Examples of the types of questions health care professionals may ask older adults when inquiring about medications include the following: "are you taking your medications as directed;" "how do you take your medication;" "do

you take your medications every day;" "do you often miss doses of medications;"
"how do you feel after you take your medications?"

- **Conduct medication reconciliations** - in addition to asking older adult patients questions regarding medication usage, health care professionals should consider conducting medication reconciliations to help identify any potential elder abuse related to over medication, under medication, and medication diversion. The term medication reconciliation may refer to the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications (Joint Commission, 2020). To optimize the results of medication reconciliations, health care professionals should note and consider the specific medication reconciliation recommendations found below. The information found below was derived from materials provided by the Joint Commission (Joint Commission, 2020).
 - Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information should be documented in a list or other format that is useful to those who manage medications (note: current medications include those taken at scheduled times and those taken on an as-needed basis).
 - Define the types of medication information to be collected in non-24-hour settings and different patient circumstances; examples of non-24-hour settings include: the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings; examples of medication information that may be collected include: name, dose, route, frequency, and purpose.
 - Compare the medication information the patient brought to the hospital or other health care facility with the medications ordered for the patient by the hospital or other health care facility in order to identify and resolve discrepancies (note: discrepancies include omissions, duplications, contraindications, unclear information, and changes; a qualified individual should do the comparison).
 - Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital/health care facility or at the end of an outpatient encounter (e.g., name, dose, route, frequency, purpose); when the only additional medications prescribed are for a short duration, the medication information the hospital/health care facility provides may include only those medications.

- Explain the importance of managing medication information to the patient when he or she is discharged from the hospital/health care facility or at the end of an outpatient encounter (note: examples include: instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications [including over-the-counter products] are added; carry medication information at all times in the event of emergency situations).
- **Work to identify older adults suffering from dementia** - as previously mentioned, dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions. Health care professionals should work to identify older adults suffering from dementia because older adults suffering from dementia are often victimized by elder abuse and may be more susceptible to elder abuse. Health care professionals should note the following symptoms of dementia, which include problems with memory, attention, communication, reasoning, judgment, and/or problem-solving. Health care professionals should also note the following signs of dementia: getting lost in a familiar area, forgetting the names of close family and friends, and not being able to complete tasks independently. Additionally, health care professionals should note that dementia is not a normal part of aging.
- **Work to identify older adult patients that may have special needs and/or requirements** - in addition to identifying older adults suffering from dementia, health care professionals should work to identify older adult patients that may have special needs and/or requirements. Some older adult patients may have special needs and/or requirements due to various health conditions and diseases such as cardiovascular disease, hypertension, and diabetes. Health care professionals should work to identify such patients to ensure their needs and requirements (e.g., a specific diet) are being met. Health care professionals should note that a failure to do so can leave an older adult patient susceptible to the potential for elder abuse.
- **Effectively document the presence of any potential elder abuse** - when working to prevent elder abuse and/or the further elder abuse of an older adult patient, health care professionals should be sure to effectively document the presence of any potential elder abuse. Effective health care documentation can provide a record of any potential elder abuse along with the observed signs of the potential elder abuse and any related complications. Such information may be used to review and determine the presence of elder abuse. Additionally, effective health care

documentation, regarding elder abuse, may be used to alert other health care professionals of the possible presence of elder abuse. Health care professionals should note the following: in order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration.

- **Foster effective communication when engaging with older adult patients** - effective communication occurs when information and messages are adequately transmitted, received, and understood. Working to foster effective communication when engaging with older adult patients can help health care professionals obtain relevant information that may be used to effectively identify and, ultimately, prevent elder abuse. Health care professionals can foster effective communication when engaging with older adult patients by speaking clearly, actively listening to older adults when they speak, maintaining eye contact with older adults when speaking to them, asking questions, maintaining emotional stability, and by limiting interruptions and distractions. Health care professionals should note the following: when engaging with older adults, health care professionals should work to avoid miscommunication; when miscommunication occurs between individuals, intended meaning may be lost; health care professionals can work to avoid miscommunication by removing physical barriers when communicating with other individuals, remaining professional, clarifying points of confusion, and by allowing for a free flow of information between individuals.
- **Uphold the ethical principles of health care** - health care professionals should ensure that they uphold the four major ethic principles of health care, which include: patient autonomy, beneficence, nonmaleficence, and justice. Working within the ethic parameters of health care can help health care professionals identify and prevent elder abuse, as well as ensure the safe and effective administration of health care to patients. Health care professionals should note that upholding the four major ethic principles of health care can help health care professionals avoid any actions that may be viewed as health care fraud/abuse.
- **Adhere to their related scopes of practice** - to build on the previous recommendation, health care professionals should adhere to their related scopes of practice to avoid any actions that may be viewed as elder abuse, specifically health care fraud/abuse. The term scope of practice may refer to a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license. In other words, a scope of practice is a legal guide that highlights a health care professional's responsibilities and

limitations. It is essential that health care professionals adhere to their related scope of practice in all aspects of health care administration. Health care professionals should note the following: specific scopes of practice may vary by state; a health care professional should be familiar with his or her particular state(s) of licensure's scope of practice.

- **Be aware of internal channels, within their health care organizations, for reporting elder abuse** - health care facilities may have specific internal channels for reporting elder abuse. Health care professionals should be aware of such channels to effectively report potential elder abuse. If no such channels exist, health care professionals should consider developing internal channels, within their health care organizations, for reporting elder abuse. Health care professionals should note that they may find any information regarding elder abuse and the reporting of elder abuse within their specific health care organizations' policies and procedures.
- **Report potential elder abuse** - finally, and perhaps most importantly, health care professionals should report any potential elder abuse. Reporting potential elder abuse can prevent elder abuse, and ultimately, stop it from occurring. Health care professionals should note that they may report elder abuse, internally, within their health care organizations or to outside organizations, such as the National Adult Protective Services Association.

Section 2: Summary

Health care professionals can work to prevent elder abuse by following related recommendations. Specific elder abuse prevention recommendations include the following: pursue education regarding elder abuse, provide counseling and education to older adults about elder abuse and how to report elder abuse, provide counseling and education to caregivers about elder abuse, provide counseling and education to older adults, caregivers, and other relevant individuals about caregiver training, provide counseling and education to caregivers on how they can reduce and/or avoid stress and burnout, which is often associated with caring for older adults, provide counseling and education, centered around anger management, to caregivers (when applicable), identify and/or assist caregivers that may be dealing with substance abuse, encourage family members and friends to routinely call or visit older adults under the care or other individuals such as caregivers, encourage family members, friends, and other relevant individuals to routinely monitor an older adult's bank accounts, credit card statements, and overall finances, encourage older adults, caregivers, and other relevant individuals to participate in support groups, observe/monitor patients for signs of elder abuse,

observe/monitor patients for the complications typically associated with elder abuse, observe caregivers for any threatening behavior directed towards an older adult, ask older adult questions regarding medication use, conduct medication reconciliations, health care professionals should work to identify older adults suffering from dementia, health care professionals should work to identify older adult patients that may have special needs and/or requirements, health care professionals should effectively document the presence of any potential elder abuse, health care professionals should foster effective communication when engaging with older adult patients, health care professionals should uphold the ethic principles of health care, health care professionals should adhere to their related scopes of practice, health care professionals should be aware of internal channels, within their health care organizations, for reporting elder abuse, and report potential elder abuse.

Section 2: Key Concepts

- Health care professionals can work to prevent elder abuse by following elder abuse prevention recommendations.

Section 2: Key Terms

Caregiver (within the context of this course) - any individual responsible for the day-to-day well-being of an older adult

Anger management - any efforts made to reduce both the emotional feelings and the physiological arousal caused by the feeling of anger

Medication reconciliation - the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications (Joint Commission, 2020)

Scope of practice - a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license

Section 2: Personal Reflection Question

How can health care professionals use the above recommendations to help prevent elder abuse?

Conclusion

Elder abuse may refer to an intentional act or failure to act that causes or creates a risk of harm to an older adult (CDC, 2020; WHO, 2020). The major types of elder abuse include: physical abuse, verbal/emotional abuse, psychological abuse, sexual abuse, financial exploitation/abuse, health care fraud/abuse, confinement, neglect, and elder abandonment (CDC, 2020; WHO, 2020; National Institute on Aging, 2020). The signs of elder abuse can depend on the type of elder abuse. Complications typically associated with elder abuse include: physical injuries, pain, pressure injuries, malnutrition and dehydration, depression and anxiety, PTSD, substance abuse, STDs, financial hardship, and death (CDC, 2020; WHO, 2020). Due to the aforementioned complications of elder abuse, health care professionals should work to prevent elder abuse. Health care professionals can work to prevent elder abuse by following elder abuse prevention recommendations. Finally, health care professionals should work to identify those older adults who may be victims of elder abuse to ensure they receive the necessary care.

References

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