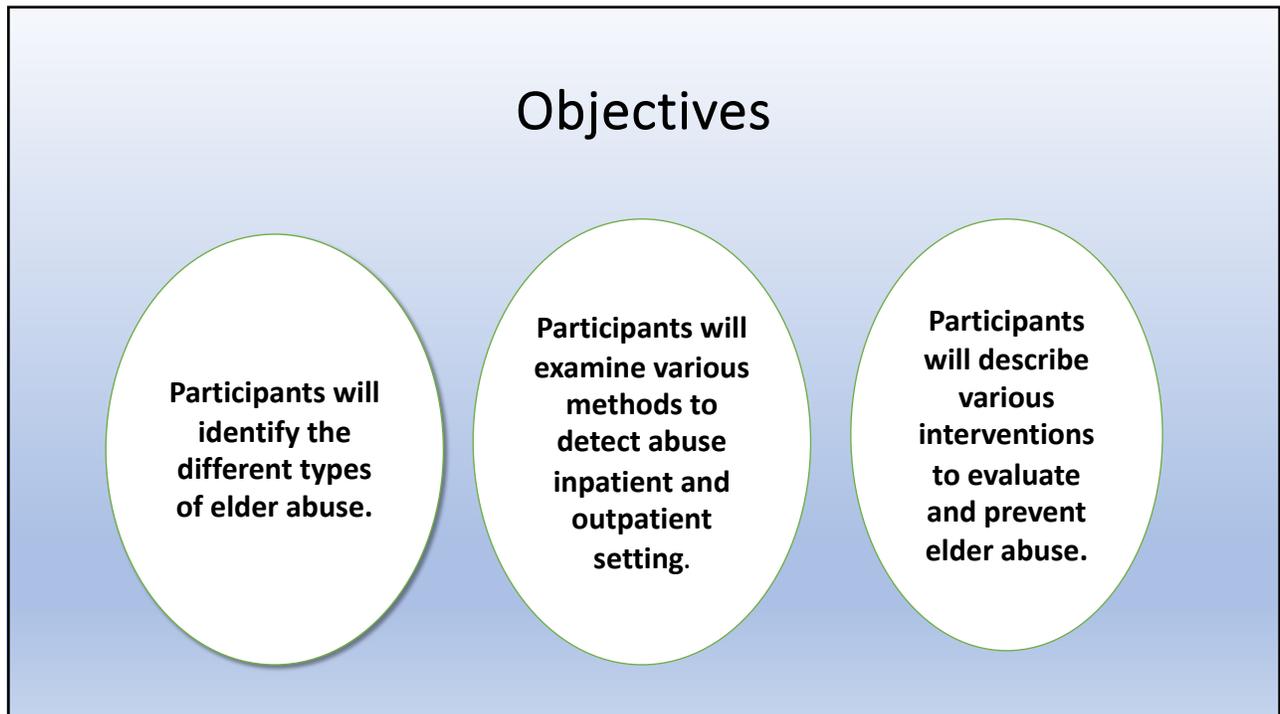
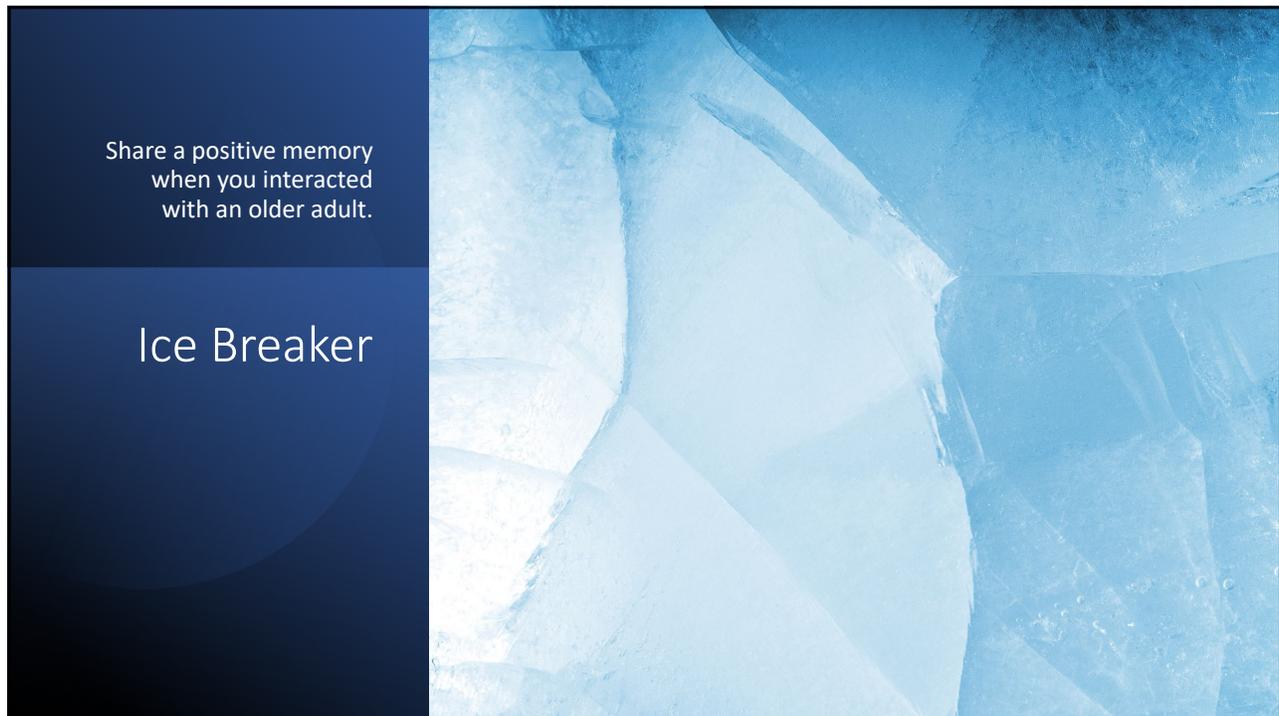




1



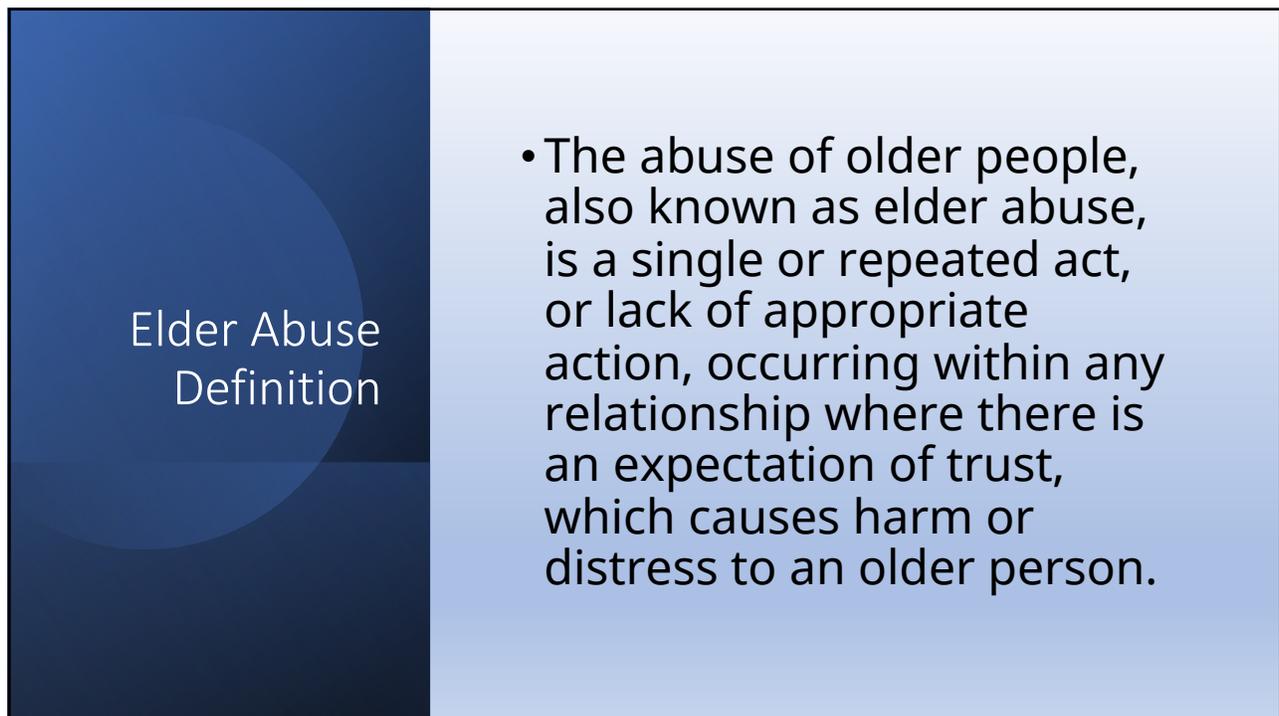
2



Share a positive memory when you interacted with an older adult.

Ice Breaker

3



Elder Abuse Definition

- The abuse of older people, also known as elder abuse, is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

4

Vulnerable Person

- A person whose ability to perform the normal activities of daily living or to provide for his or her own care or protection from abuse, neglect, exploitation or improper sexual contact is impaired due to mental, emotional, physical or developmental disability.

5

Types of Elder Abuse

Physical abuse is illness, injury, functional impairment, or death resulting from the intentional use of physical force. Examples include hitting, kicking, or pushing.

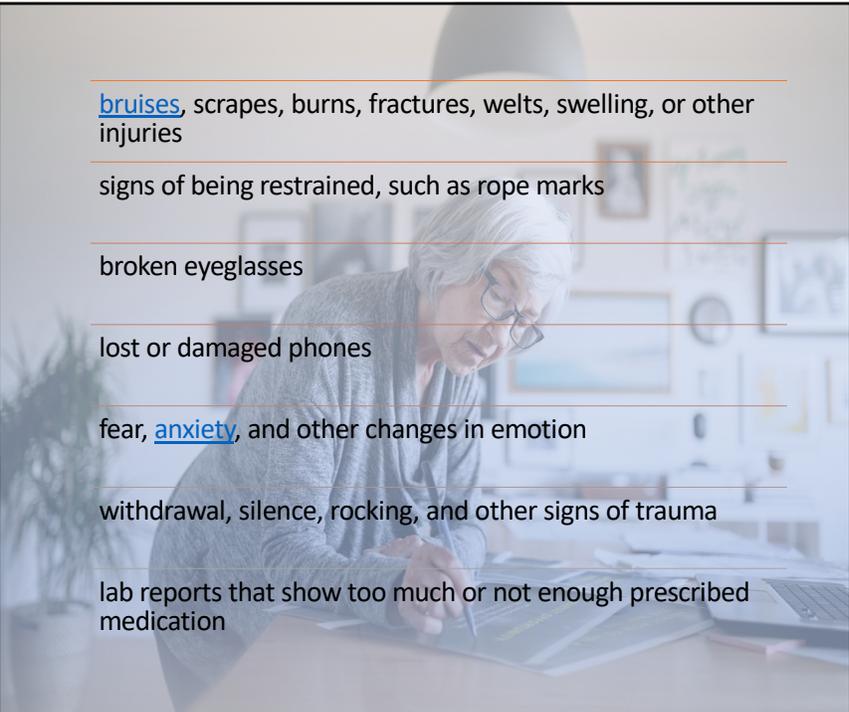
Sexual abuse is forced or unwanted sexual interaction. Examples include unwanted sexual contact or penetration or non-contact acts such as sexual harassment.

Emotional or psychological abuse refers to verbal or nonverbal behaviors that inflict anguish, fear, or distress. Examples include humiliation, threats, or harassment.

Neglect is the failure to meet an older adult's basic needs. These needs include food, water, shelter, clothing, hygiene, and essential medical care.

Financial abuse is the illegal, unauthorized, or improper use of money, benefits, property, or assets for the benefit of someone other than the older adult.

6



Physical abuse signs

- [bruises](#), scrapes, burns, fractures, welts, swelling, or other injuries
- signs of being restrained, such as rope marks
- broken eyeglasses
- lost or damaged phones
- fear, [anxiety](#), and other changes in emotion
- withdrawal, silence, rocking, and other signs of trauma
- lab reports that show too much or not enough prescribed medication

7



Sexual abuse

- Sustaining a pelvic injury
- Having problems walking or sitting
- Developing a sexually transmitted disease or STD
- Torn, bloody or stained underwear
- Bruises of the genitals or inner thigh
- Bleeding from the anus or genitals
- Irritation or pain of the anus or genitals
- Panic attacks
- Signs of Post-traumatic stress disorder (PTSD)

8



Emotional abuse

-  Yelling
-  swearing
-  threatening
-  making insulting or disrespectful comments or repeatedly ignoring the older adult.

9

Psychological

- Psychological abuse involves any type of coercive or threatening behavior that sets up a power differential between the older adult and his or her family member or caregiver. It can also include treating the older person like a child and isolating the person from family, friends, and regular activities.



10

Neglect

Intentional or unintentional, and involves intentionally failing to meet the physical, social, or emotional needs of the older person.

Neglect can include failure to provide food, water, clothing, medications, and assistance with activities of daily living or help with personal hygiene.

11

Financial Abuse

- **Financial abuse and exploitation, which can range from misuse of an older person's funds to embezzlement. It can include forging checks, taking someone else's retirement or Social Security benefits, or using a person's credit cards and bank accounts without their permission. It also includes changing names on a will, bank account, life insurance policy, or title to a house without permission.**

12

Who are the abusers?

- Abusers are both women and men, and people of all ages. Family members were the perpetrators in nearly 47% of incidents. Medical (non-family) caregivers were perpetrators in almost 13% of cases, while only 6.7% of callers did not know their abuser.

13

What makes an older adult vulnerable to abuse?

Social isolation and mental impairment (such as dementia or Alzheimer's disease) are two factors. Recent studies show that nearly half of those with dementia experienced abuse or neglect. Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.

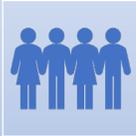
14

Risk Factors

-  Living Arrangement
-  Social Isolation
-  Dementia
-  Mental Illness

15

Protective Factors

-  Emotional Intelligence
-  Social support
-  Sense of community

16

Statistics

- Older adults age 65 or older comprise 14.9% of the total population in the USA. Projections anticipate the percentage of the population age 65 and older to continue to grow in the coming decades.

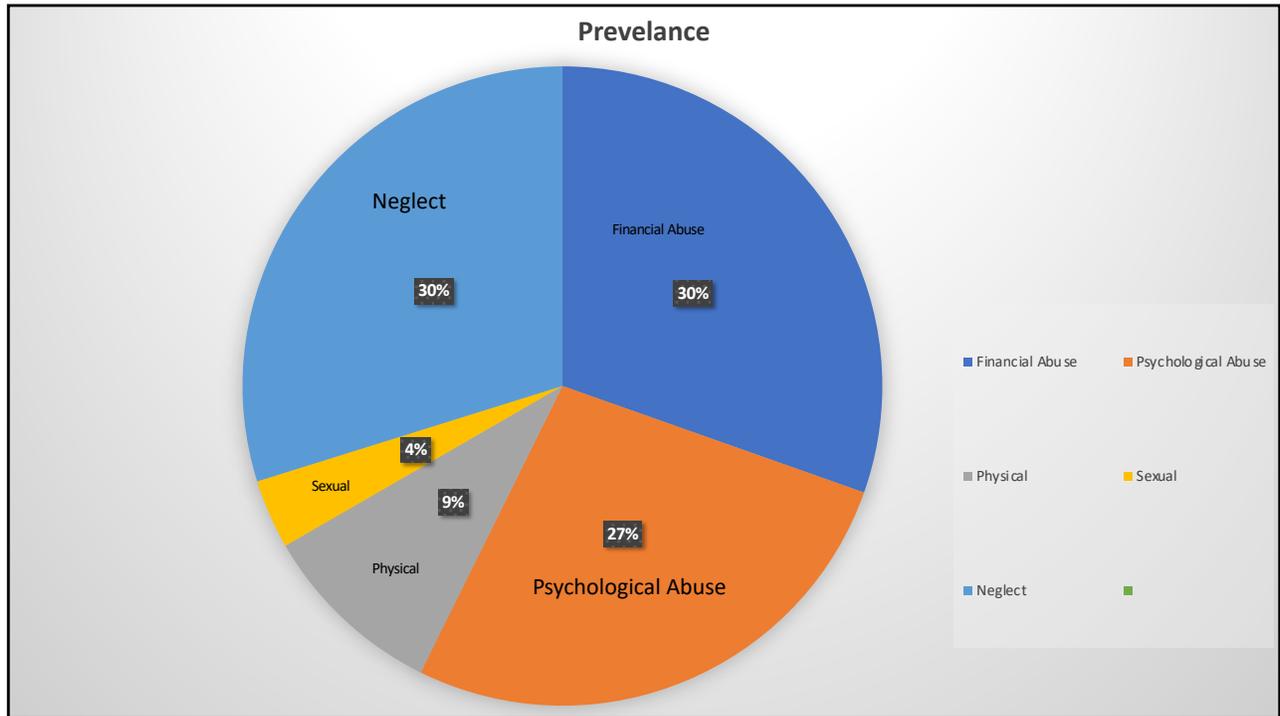


17

Prevalence

- Prevalence of Elder Abuse: At least 10% of adults aged 65 and older will experience some form of elder abuse in a given year, with some older adults simultaneously experiencing more than one type of abuse

18



19

What percentage of older adults experience elder abuse annually in the United States?

- A. 3%
- B. 6%
- C. 10%
- D. 25%

20

Common and Deadly

- 10% of older adults experience elder abuse annually in the US
- Serious adverse health outcomes including:
 - 4x risk of placement in a nursing home
 - 3x risk of hospitalization
 - 2-3x increased mortality
 - Chronic pain, depression, sleep disturbances, suicide attempts
- Despite prevalence and consequences, <5% of cases are identified and reported

21

Key Facts

- **The pace of population ageing is much faster than in the past.**
- **In 2020, the number of people aged 60 years and older outnumbered children younger than 5 years.**
- **Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.**

22

Language matters

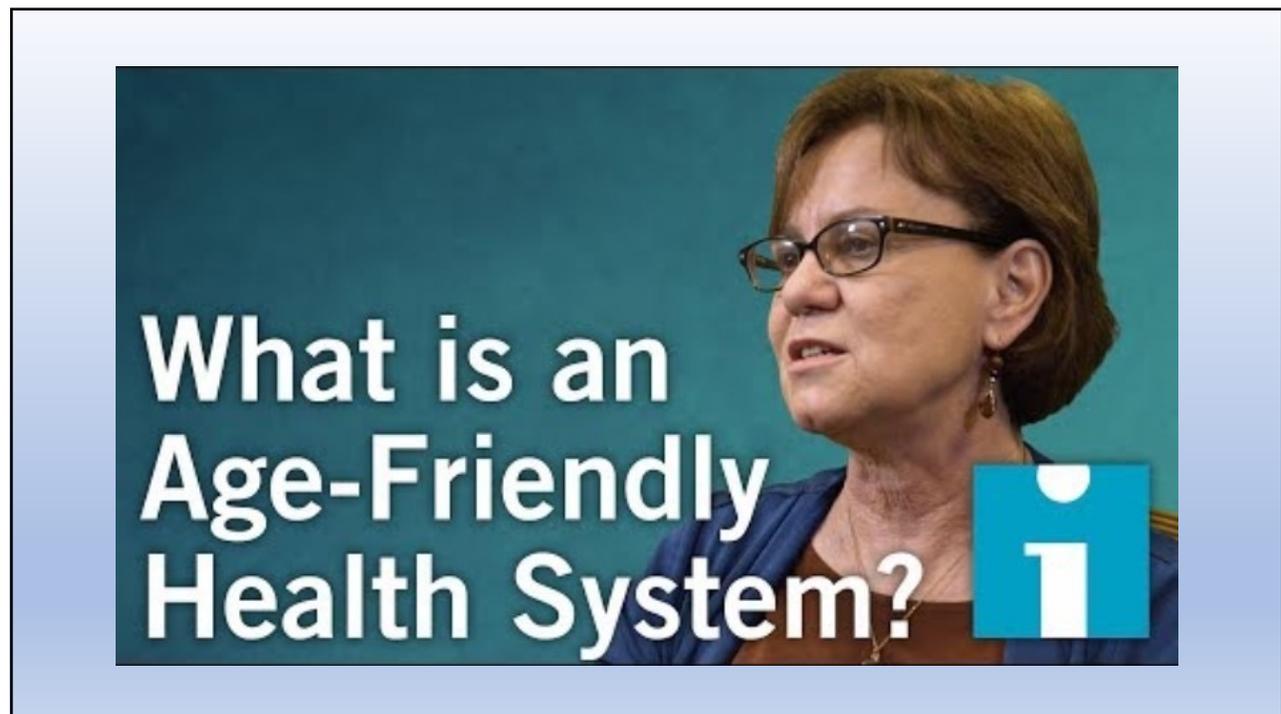
Instead of:

- “Seniors,” “elderly,” “aging dependents,” and similar “other-ing” terms that stoke stereotypes.
- “Struggle,” “battle,” “fight,” and similar conflict oriented words to describe aging experiences.
- “Tidal wave,” “tsunami,” and similarly catastrophic terms for the growing population of older people.
- Victim of elder abuse

Use:

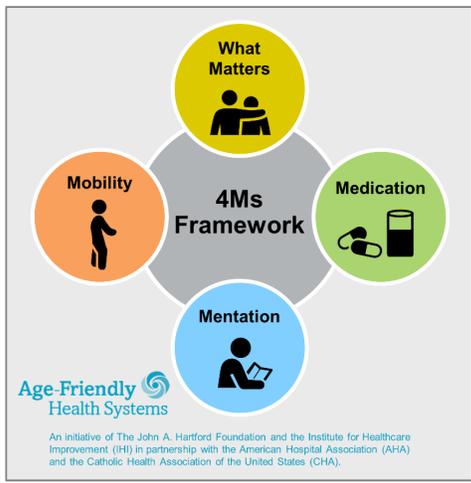
- Using more neutral (“older people/Americans”) and inclusive (“we” and “us”) terms.
- The Building Momentum metaphor: “Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities.”
- Talking affirmatively about changing demographics: “As Americans live longer and healthier lives . . .”
- Experienced elder abuse

23



24

Age Friendly Health System



What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

25

What Does It Mean to Be Age-Friendly?

• The 4Ms in an Age-Friendly Health System Hospital

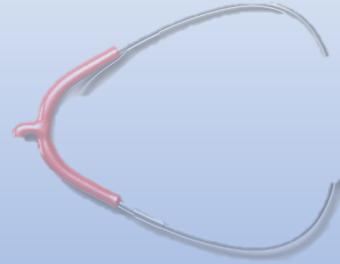
- **What Matters**
- Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care
- **Medication**
- If medication is necessary, use age friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care



26

What does it mean to be age friendly?

- **Mentation**
 - Prevent, identify, treat, and manage delirium across settings of care
- **Mobility**
 - Ensure that each older adult moves safely every day to maintain function
 - and do What Matters



27

Age Friendly system-Healthcare system



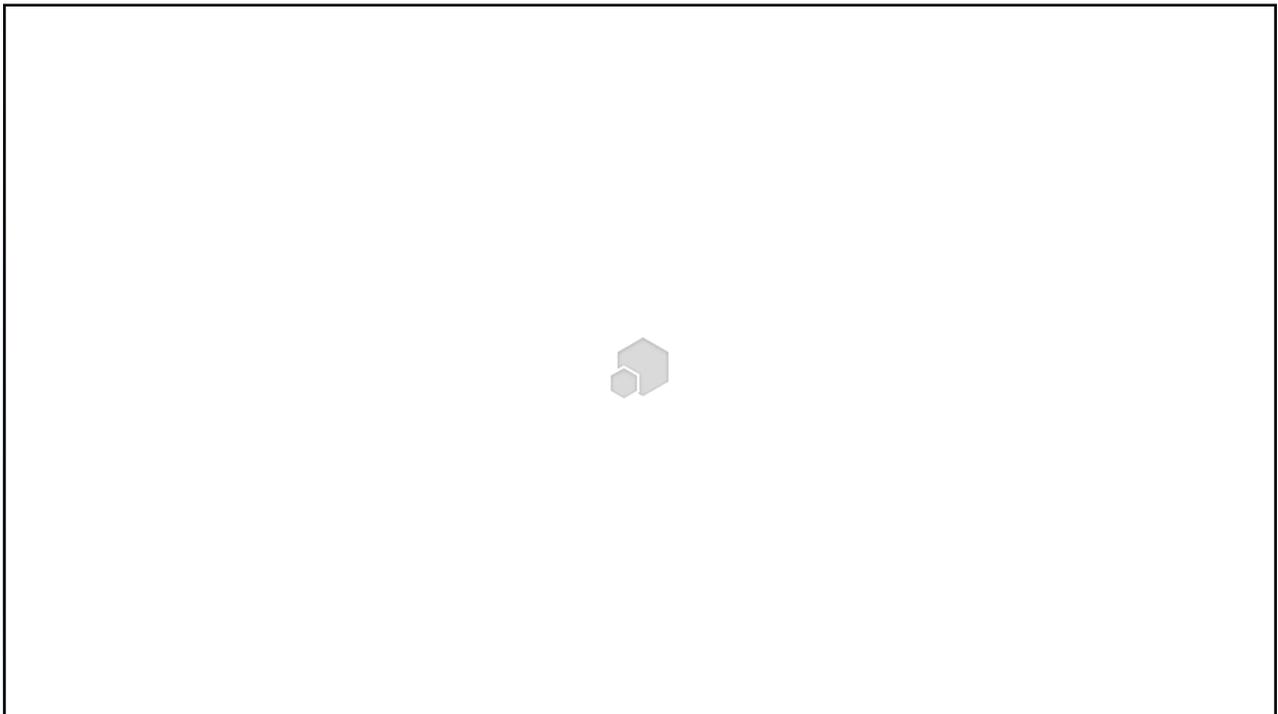
28



Screening Tools for elder abuse

- Although several instruments and protocols for elder abuse screening have been developed; currently, there is no gold standard for elder abuse screening. Most have been created for use in hospitals, clinics, or home care.

29



30



Elder abuse can happen to anyone, at anytime.

- **Law Enforcement**
If you or someone you know is in immediate danger, call 911.
- **Adult Protective Services**
If the danger is not imminent, report abuse in the community to the local APS.(800-432
- **State Licensing Agency**
Report abuse in a nursing home, assisted living, or board and care facility to your state licensing agency.

31

Elder Abuse Prevention

Listen	Listen to older adults when they tell you about bad treatment.
Report	Report abuse when you suspect it.
Learn	Learn to recognize the signs of abuse or neglect.
Stay	Stay in touch with older adults in the care of others.
Educate	Educate yourself and others about how to recognize and report abuse.

32

Mandated Reporters

The Vulnerable Persons Act mandates that any person who knows or suspects that a vulnerable person has been or is being abused, neglected or exploited, shall immediately file a report. Mandated reporters include anyone who is a(n):

- Attorney, physician, or other medical/mental health professional responsible for the treatment or care of a vulnerable person.
- Social worker, family protection worker, family protection specialist or other professional adult care, residential or institutional staff.
- State, county or municipal criminal justice employee or law enforcement officer.
- Human rights advocacy committee or long-term care ombudsman council member.
- Accountant, stockbroker, financial advisor or consultant, insurance agent or consultant, investment advisor or consultant, financial planner, or any officer or employee of a bank, savings and loan, credit union or any other financial service provider.

33

What Happens After a Report is Made

- 1.An APS Regional Manager will review the report and decide if the report meets the criteria for an APS investigation.
- 2.If the report meets the criteria for investigation, an APS worker will be assigned to investigate the report.
 1. The investigation will be initiated within 48 hours if the vulnerable person is in immediate danger and within 72 hours if the vulnerable person is not in immediate danger.
- 3.Throughout the investigation process, APS staff members will seek to connect the vulnerable adult to services and supports needed to increase their safety and protection.
- 4.APS will report any findings of abuse, neglect, or exploitation of a vulnerable adult to the Office of the Attorney General, Vulnerable Adults Unit.
 1. If there is reasonable cause to believe a caretaker or other person has abused, neglected or exploited a vulnerable person, APS will file a report with the local district attorney's office and the Attorney General's Office.

34

When you make a report, you will be asked to provide as many details about the situation as possible to APS.

To the extent possible, a report should contain, but not be limited to:

The name, age, race, sex, physical address and location of the vulnerable person.

The name, address and telephone number of the alleged perpetrator.

The name, address and telephone number of the caregiver, if different from the alleged perpetrator.

Whether or not the vulnerable person is self-neglecting.

A description of the neglect, abuse and/or exploitation.

Description of the person's impairment (meaning, what the person can or cannot do) to perform the normal activities of daily living; care for themselves; and protect themselves from abuse, neglect, or exploitation.

The potential danger to Adult Protective Services staff who may visit the home (i.e., firearms, drugs).

35

DIRECT SERVICES:

- **Food assistance**
- **Utilities**
- **COVID Testing/vaccines/boosters**
- **Medications and medical supplies**
- **Transportation**
- **Adult Day Care**

Pest control when there is an infestation such as bed bugs and roaches

Direct Services are made available for the APS Program to assist vulnerable clients in need of immediate assistance during an APS Worker's investigation or if an individual meets the definition of a vulnerable person and is in need of services to prevent abuse, neglect, or exploitation. Referrals may also be made to other agencies for assistance.

36

Ombudsman

- An Ombudsman is an individual who advocates for the rights of residents living in long-term care facilities such as nursing homes or assisted living facilities. An ombudsman also strives to be the voice for residents while encouraging self-advocacy by providing education about residents' rights.

37

Ombudsman

- **THE OMBUDSMAN CAN HELP WITH:**
 - Residents' rights
 - Environmental concerns
 - Discharge and eviction
 - Personal care concerns
 - Quality of life issues
- **Long-Term Ombudsman Help Line: 1.888.844.0041**

38

Mississippi Department of Health

- Responsible for investigations in long term care facilities.
 - Nursing Homes
 - Assisted living facilities

Make a report on-line or by phone 800-227-7308 weekdays between 8 a.m. and 5 p.m.

39



Prevention is the key

40

Resources

- [Elder Abuse | National Institute on Aging \(nih.gov\)](#)
- [Elder Justice Initiative \(EJI\) | Resources to Help Older Survivors](#)
- [NCEA | Home \(acl.gov\)](#)
- [Adult Protective Services - Mississippi Department of Human Services \(ms.gov\)](#)
- [Home | mdrs](#)

41

Resources

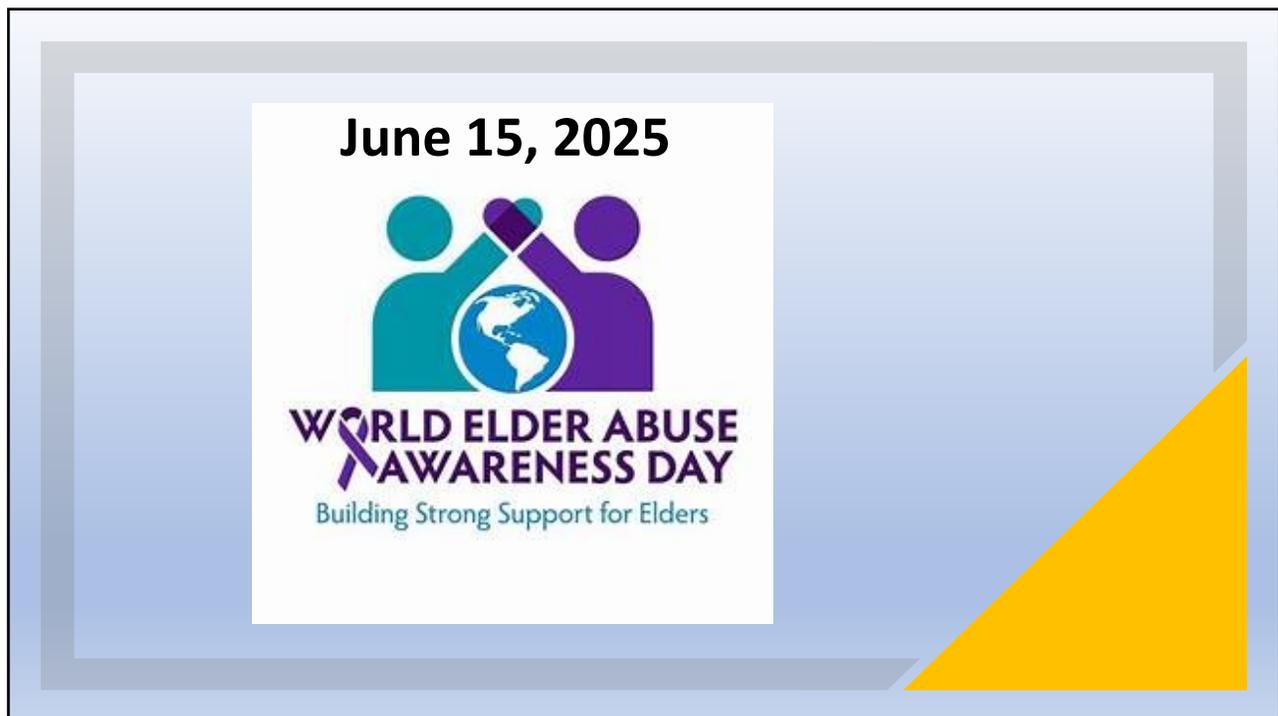
- **Consumer Financial Protection Bureau**
Office for Older Americans
855-411-2372
olderamericans@cfpb.gov
www.consumerfinance.gov/practitioner-resources/resources-for-older-adults
- **Eldercare Locator**
800-677-1116
eldercarelocator@USAging.org
<https://eldercare.acl.gov>

42

Resources

- **National Center on Elder Abuse**
855-500-3537
ncea-info@aoa.hhs.gov
<https://ncea.acl.gov>
- **National Elder Fraud Hotline**
833-FRAUD-11 for 833-372-8311
<https://ovc.ojp.gov/program/stop-elder-fraud/providing-help-restoring-hope>

43



44



45



46

