

Abuse in Adult Populations: Understanding, Recognizing, Reporting



Nurse Aide Education Program

Inservice/Continuing Education Credit Courses

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Each year in the United States thousands of older adults are abused, neglected, and exploited. Many are frail cannot help themselves. They depend on others to meet their most basic needs. Abusers of adults are both women and men, and may be family members, friends, or "trusted others". They include paid and voluntary caregivers. In general, adult abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Elder abuse is specifically related to adults over the age of sixty. Every state has passed some form of abuse prevention laws. As a home health aide you provide essential care to people who cannot care for themselves. This means you have taken on the responsibility of being a mandated reporter. In this course, you will learn what abuse is, how to recognize it, and how to report it.

Elder Abuse in Ohio

Elder abuse is a serious problem with devastating effects on older people. By law, elder abuse is any act that causes harm or creates a risk of harm to an older person by someone in a relationship of trust to that person. It also is the failure of a caregiver to provide for the basic needs of an older person or to protect the older person from harm.

There are many types of elder abuse, such as physical, psychological, sexual and financial abuse, neglect and exploitation. The end result can be very serious leading to injury, pain, mental distress, financial loss, violation of rights and even death. Research of elder abuse suggests that victims are more than three times more likely to die within three years than non-victims. Like many crimes that can involve isolation, embarrassment and protection of a family member, elder abuse is typically not reported to authorities, even in states with mandatory elder abuse reporting laws or when elder abuse can be classified as a crime. As a result, elder abuse is largely hidden.



Definitions

Each state defines elder abuse within the state's laws. Elder abuse is generally broken down into three main descriptions. As a home health worker, and therefore a mandated reporter, it is important for you to know and understand elder abuse definitions as written in your state's law. As an example, Ohio uses these definitions.

Abuse - the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental distress.

Exploitation - unlawful or improper act of a caretaker using an adult or an adult's resources for monetary or personal benefit, profit, or gain.

Neglect - the failure of a caretaker to provide the goods or services necessary to avoid physical harm, mental distress, or mental illness.

Signs of Abuse

Physical abuse can take many forms. As a caregiver, you have an opportunity to watch for signs of abuse in your daily interactions with your patient. You may be the only caregiver who spends extensive time with your patient in their home. This means you could be the only person to discover suspected problems. When providing care with your patient, look for the following signs of possible physical abuse:

- Unexplained bruises and marks on the skin
- Unexplained burns
- Traumatic baldness or hair loss
- Unexplained fractures, cuts, scrapes
- Defensive posturing
- Inappropriate use of medication
- Signs of sexual abuse



Neglect can be more difficult to detect and may require more careful attention to your patient's actions and body language:

- Unexplained weight loss
- Pressure ulcers (Bed sores)
- Memory problems or confusion
- Untreated health problems
- Unsafe or unhealthy living conditions
- Poor personal hygiene
- Lack of functional aids (walker, cane, etc.)
- Lack of food or drink
- Signs that patient has not been feed, given drinks, toileted in your absence

Exploitation is another area that can be hard to detect. While providing services to your patient, watch for subtle hints and statements that can indicate a larger issue such as:

- Lack of necessary aids, personal care items and medications.
- Changes in the amount of money and property the patient has
- Belongings that are missing, lost or loaned
- Unpaid or overdue bills
- Sudden appearance of previously uninvolved relatives claiming their rights to the patient's possessions.
- A report of financial exploitation



How do you look for clues?

Be observant. Use your senses as you work with your patient. Remember, it is not only important to see things, but to smell and hear things. After you have all the clues, report your findings to the authorities. You don't have to prove the abuse, neglect or exploitation. But, you are required to report any **suspected** abuse, neglect or exploitation.



Look at your patient from head to toe. Has anything changed since your last visit? Does their appearance fit appropriately into the time of your visit? For example, if you are visiting in the afternoon, and they have already received care, can you tell the aide, nurse, or voluntary caregiver has assisted with bathing and grooming? Does the patient's appearance fit appropriately with the documentation from the provider for the day? Pay

special attention to bruises, cuts, scrapes, burns, etc.; don't be afraid to ask questions about how the injury occurred. Do you see evidence of bugs, lice, rats, etc.? Are there safe exits to the home? Document what is right, and what is wrong with the picture in your daily notes. Remember to report the issue when you find something wrong.

Use your sense of **smell**. Does the patient have an odor? Does the home have an odor? Does the home smell like it is clean? While odor itself is not always a sign of abuse or neglect, it can often signal there is a problem. Remember to approach questions with courtesy, as your patient might be embarrassed of their situation.

Listen to your patient with good **listening** skills. If the patient has difficulty speaking or is hard to understand, be patient and don't rush them for answers. Who is the decision maker for the patient? Talk to your patient when the decision maker or voluntary caregiver is not present. Listen to neighborhood and household noises. Do you hear barking; growling or other noises that signal a large animal which could be a danger to you or your patient? Do you hear people arguing?

How do you report a suspicion of abuse?

If you suspect your patient is being abused, neglected or exploited, you need to call the Adult Protective Services agency in the county where your patient lives. If the care you provide is paid for by Medicaid or an insurance company it is likely that your patient has a case manager. Anything out of the ordinary with your patient should be reported to the case manager. You could also contact the patient's physician or other home health providers. If your patient is in immediate danger, or needs to be removed from the home immediately call emergency services (911).

Mandated reporting

Most states' Adult Protective Services law mandates certain professionals to report immediately to the county Adult Protective Services any suspected cases of elder abuse, neglect, or exploitation. These include but are not limited to:

- Physicians
- Psychologists
- Hospital Employee,
- Nurses
- Home Health Aides
- Social Workers
- Dentists
- Lawyers
- Chiropractors
- Therapists



REPORT ABUSE!

As a mandated reporter, you can be criminally charged for failure to report. For example, in Ohio, the law states, "the penalty for the failure of a person required to report any suspected case of adult abuse, neglect, or exploitation shall be guilty of a misdemeanor of the fourth degree,"

In addition to requiring caregivers to report suspected abuse, neglect or exploitation, in most states it is also a crime to not provide the needed care to those you are responsible for. Again, in Ohio, the law states, "no caretaker shall recklessly fail to provide a functionally impaired person under the caretaker's care with any treatment, care, goods, or service that is necessary to maintain the health or safety of the functionally impaired person when this failure results in serious physical harm to the functionally impaired person." Failing to provide for a functionally impaired person is a misdemeanor of the second degree. If the functionally impaired person under your care suffers serious physical harm as a result of the violation that violation is a felony of the fourth degree. This could apply to any age, from birth to death.

Team Effort

As a paid provider of home health services you are part of a team effort to maintain patient safety while assisting the patient to remain in the community setting. Your day to day interactions offer a great opportunity to evaluate the health and safety of your patient and watch for signs of abuse, neglect and exploitation. Remember, you are not alone. You are an essential part of the team. You and all members of the home health care team can make a difference in the lives your patients.

