

Abuse, Neglect and Exploitation

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HOSPICE
& COMMUNITY CARE

Aging Communities

The Administration on Aging expects that by 2030, the U.S. population over age 65 will have doubled from 2000, with older adults representing 19% of the population.

One in 10 adults over the age of 60 are victims of elder abuse, according to the National Institute of Justice.

Elder Abuse Underreported

For every case of elder abuse that comes to the attention of a responsible entity, **another 24 cases never come to light.***

* *New York State Elder Abuse Prevalence Study Final Report*, Lifespan, Weill Cornell Medical Center, New York City Department for the Aging. (2011).

Our Commitment

Hospice & Community Care is committed to providing a safe environment for care and supportive services to terminally ill people, their family and caregivers.

This includes a proactive response to protect children, disabled adults, and older adults in situations of possible abuse or neglect.

Hospice & Community Care employees are mandated reporters for suspected abuse for all ages and make reports of suspected abuse in accordance with relevant law and statute.

Elder 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.

(Administration on Aging, U.S. Department of Health and Human Services, 2016)

Elder Abuse is:

- Physical, sexual or psychological abuse, as well as neglect, abandonment and financial exploitation of an older person by another person or entity
- Self-neglect is also considered elder abuse by the Administration on Aging
- That occurs in any setting (e.g., home, community or facility)
- Either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.

(National Center on Elder Abuse, The Elder Justice Roadmap,)

Physical Abuse is:

- Inflicting physical pain or injury on a senior
- Hitting, slapping, pushing, shaking, kicking, bruising or restraining by physical or chemical means
- Inappropriate use of drugs or restraints
- Force feeding
- Strangulation or suffocation

Indicators of physical abuse include: bruises, pressure marks, broken bones, abrasions, burns, other injuries.

Sexual Abuse is:

Nonconsensual sexual contact of any kind, meaning

- Any unwanted sexual contact, or
- Sexual contact with a person who is unable to give consent

Indicators of sexual abuse include: bruises or injuries on or around breasts or genital area; unexplained withdrawal from normal activities; changes in behavior such as increased fearfulness or depression.

Emotional Abuse is:

- Inflicting mental pain, anguish or distress through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.

Indicators of emotional abuse include: unexplained withdrawal from normal activities; sudden changes in alertness; unusual depression; strained or tense relationships between elder and caregiver or spouse; use of threats or belittling language on behalf of caregiver or spouse.

Neglect is:

- The failure of those responsible to provide food, shelter, health care, or protection for a vulnerable elder.

Indicators of neglect include: bedsores, unattended medical needs, poor hygiene, unusual weight loss, the refusal or failure to fulfill any part of a person's obligations or duties to an elder

Including fiduciary responsibilities

- A “fiduciary” is a person with a legal duty of trust to another; typically a duty to act in another's best interest as to the management of that person's finances.

Intimidation is:

- An act or omission by any person or entity toward another person which is intended to, or with knowledge that the act or omission will, obstruct, impede, impair, prevent or interfere with the administration of this act or any law intended to protect older adults from mistreatment.

Exploitation is:

- The illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else's benefit.
- Sudden changes in financial situations may be a result of exploitation
- Strained or tense relationships, frequent arguments between the caregiver and elderly person are also signs.

Abandonment is:

- Desertion of a vulnerable elder by anyone who has assumed responsibility for care or custody of that elder.

Indicators of abandonment include: bedsores, unattended medical needs, poor hygiene, unusual weight loss, deteriorating condition of residence due to unpaid maintenance or utility bills, sudden withdrawal from normal activities including social and spiritual interactions.

Financial Exploitation is:

The illegal or improper use of an elder's funds, property or assets including

- Theft or fraud, and/or
- Fiduciary misconduct or wrongdoing (such as the misuse of a Power of Attorney document; or inappropriate action by a Conservator)

Indicators of financial exploitation include: sudden changes in financial situation or financial behavior (unpaid bills, large quantities of cash on hand, unusual banking behavior, withdrawal from activities due to expense, changes in health status or appearance due to availability of resources).

Self-neglect is:

Characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his or her health or safety.

It is important to be alert. The suffering is often in silence.

If you notice changes in a senior's personality or behavior, you should start to question what is going on.

Characteristics of Abusers:

Abusers are often individuals that older victims know and trust or hope to trust:

- Family members
- Spouses or partners
- Caregivers
- Persons in positions of authority (including substitute decision makers, fiduciaries, or clergy members)
- Some abusers are strangers to victims
- Abusers may take advantage of a relationship of trust to gain power and control over a victim. Some abusers directly target older adults based on their perceived or real frailties.

Risk factors to consider:

- Low social support has been found to significantly increase the risk of virtually all forms of mistreatment
- Dementia – a 2009 study revealed that close to 50% of people with dementia experience some kind of abuse.
- Functional impairment and poor physical health
- Women appear to be more likely to be abused than men.
- Living with a large number of household members other than a spouse is associated with increased risk of abuse, especially financial abuse.
- Lower income or poverty with low economic resources can be a situational stressor contributing to elder abuse.

What can you be doing?

- Listening to older adults or others discussing the experience or suspicion of abuse
- Not discounting an individual's claim simply because of a cognitive impairment or forgetfulness
- Watching for indicators of abuse and behavior changes; and
- Asking questions!

Consider asking:

- Do you feel safe? Is anyone hurting you or scaring you?
- Is anyone asking you to do things that you do not understand or that make you feel uncomfortable?
- Has anyone taken things that belong to you without asking, or without your approval?
- Do you rely on anyone else for help? What kind of help? Does that person ever fail to help you?

Ask privately in an area where you will not be overheard.

Consider asking:

- Do you regularly see friends and family? When is the last time you saw them?
- Do friends and family visit you?
- Are you being disrespected? In what way?
- Are you concerned about your finances?
- Are you afraid of anyone in your life?

Remember...

Trust takes time. You may need to be patient (or persistent) to start and maintain a conversation.

Common Types of Healthcare Fraud

Medical Identity Theft - involves the misuse of a person's medical identity to wrongfully obtain health care goods, services, or funds.

Billing for Unnecessary Services or Items - Providers are responsible for ensuring that authorized services meet the definition of medical necessity.

Billing for Services or Items Not Furnished - Providers should only bill for the medically necessary or otherwise authorized services or items actually furnished to beneficiaries, and should ensure that proper documentation is in place.

Common Types of Healthcare Fraud

- **Upcoding** - billing for services at a level of complexity that is higher than the service actually provided
- **Unbundling** - Unbundling occurs when multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code
- **Kickbacks** - offering, soliciting, paying, or receiving remuneration (in kind or in cash) to induce, or in return for referral of patients or the generation of business involving any item or service for which payment may be made under Federal health care programs.

Child Abuse (HCC Policy)

The term “child abuse” can mean any of the following:

- Any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child under 18 years of age
- Any recent act or failure to act by a perpetrator which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age
- Any recent act or failure to act by a perpetrator which creates and imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under the age of 18; or
- Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide essentials of life, including adequate medical care, which endangers a child’s life or development impairs the child’s functioning.

What should you do?

- Any volunteer who suspects that a patient is being abused, shall immediately contact the Director of Volunteer Services to review concerns.
- The Director of Volunteer Services collaborates with appropriate team members to develop a plan for patient safety

References:

- Administration on Aging (AoA)
https://aoa.acl.gov/AoA_Programs/Elder_Rights/EA_Prevention/whatIsEA.aspx
- Common Types of Healthcare Fraud <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-factsheet.pdf>
- Hospice & Community Care 2017 Clinical Procedure Manual 13.11 Suspected cases of Abuse
- National Center on Elder Abuse
<https://ncea.acl.gov/whatwedo/research/statistics.html#defined>