

Elder Abuse: Identifying Risk Factors and Best Practices in Long Term Care

By

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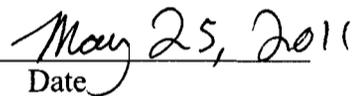
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### **Abstract**

This qualitative study attempts to discover the risk factors associated with Elder Abuse and the best practices for successful implementation in the Long Term Care Industry. The body of related literature highlights the 30 year history of major US policies that address Elder Abuse, and the theories that help give a better understanding on the causes that are associated with this issue. The researcher employed a non-experimental approach with the use of Hermeneutics and content analysis as the primary tools for conducting this study. The findings of this study proved current legislation against Elder Abuse as well as various prevention strategies conducted by state Adult Protection Services (APS) and other programs have not been effective in protecting Elders from Abuse. Recommendations include Employment of Uniform APS Reporting Laws, Development of Routine Elder Abuse Screening/Training Programs, and Further Research and Investigation in order to assist in developing more effective policies and practices for Elder Abuse in Long Term Care facilities.

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## CHAPTER I

### INTRODUCTION

#### *Background*

With the imminent surge of the number of older adults in our society comes the burden of providing adequate care to fit their needs. Generally, the caring for of “vulnerable” elders is complex because of their wide range of health goals and the interdependence of medical care and community supports needed to achieve those goals (Ganz, Fung, Constance, Sinsky, Wu 2008). Many older adults who require continuous nursing care will find solace in a Long Term Care facility commonly called a nursing home. These facilities generally provide health care to patients with chronic illness, as well as dietary, rehabilitation, and other services. Elder Abuse is one of the most heavily debated issues in the caring of elderly persons; a tremendous health care problem that can lead to legal and or social consequences. Elder Abuse has been defined as intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable older person by a caregiver or other person who stands in a trust relationship to the older person or failure by a caregiver to satisfy the older persons’ basic needs or to protect the older persons from harm. Various forms of Elder Abuse exist including physical, sexual, and psychological, as well as financial exploitation and neglect. (Cohen, Friedman, Levin, Halevy, Gaglin 2007).

According to the best available estimates, between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection. Moreover, the prevalence of elder abuse, as found in population-based surveys in the United States and Western countries, have been determined at between 1% and 10% (Cohen, Friedman, Levin, Halevy, Gaglin 2007). The major organization responsible for

combating against Elder Abuse is the Adult Protection Service (APS). All fifty states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands have enacted legislation authorizing the provision of APS in cases of elder abuse and each county within these states are responsible for reporting abuse cases to the appropriate law enforcement agency. There are three significant roles the APS takes in abuse cases before a conviction is made: “reporting” “investigation” and “substantiation” A report as defined by the APS is an allegation or suspicion of maltreatment received by a state’s adult protection service. An “investigation” involves actually going to a victim’s home to see whether abuse is taking place; and “substantiation” is the finding of offenses as defined by the state’s law (Lowenstein 2009).

### *Statement of the Problem*

In the past 30 years, slight progress has been made in increasing accountability and addressing the problem of Elder abuse, such as, improving tools for screening and assessment, and identifying and treating abused older people or those at risk. Yet wide agreement exists that many cases of abuse go unidentified (Cohen, Friedman, Levin, Halevy, Gaglin 2007). This has posed a dilemma for many experts and long term advocates like Dr. Karl Pillemer (Professor of gerontology at Cornell University and researcher of various Elder Abuse studies) who believe this factor alone is one of the single most complicated elements of fighting against this issue. Often described as the most hidden form of mistreatment, Elder Abuse is a health and human rights issue that is often very complex and multi-dimensional; many of the victims who relied on their caregivers feel trapped in this abusive relationship and consequently accept the abuse because of fear or loyalty. Often, most cases of this nature have to be addressed by multi-professional and inter-disciplinary approaches (Lowenstein 2009). Additionally, raising awareness in Long Term Care facilities has been a fundamental prevention strategy and an

important step in causing changes in attitudes and behaviors of caregivers. However, many cases of abuse are still occurring at unsettling rates. Therefore, how should these facilities operate to properly identify the risk factors involved that will assist in implementing legal and or social reform on this issue?

#### *Methods of the Study*

The methods and procedures used in this study were qualitative. There was an analysis of textual materials that was conducted, and the research relied on previous empirical and analytical studies conducted on the issue to identify what practices work in these facilities and those which do not. Information from various theoretical health care models, such as The Pathologic Abusers Theory as well as Pillemer's Theoretical Model will be gathered and addressed in my research to assist in strengthening my position. The research may provide a clearer understanding of what changes need to be implemented and best practices that may be employed when caring for the elderly population

#### *Importance of the Study*

According to the U.S. Census Bureau, by 2030, there will be more than 70 million people aged 65 and older, and as the number of people living into advanced old age increases, the risk of physical and emotional harm — in the community and in residential care settings will likely grow (Cohen, Friedman, Levin, Halevy, Gagin 2007). Therefore, the issue of Elder Abuse will increase with the aging of the present population. The prevalence of Elder Abuse in many long term facilities are crucial to policy responses and the development of appropriate programs and services that serves the need of protecting the older population from abuse. Moreover, the

research will show that there should be a more adequate system for addressing this issue.

## CHAPTER II

### LITERATURE REVIEW

This chapter will introduce a body of related literature highlighting the 30 year history of major US policies that address Elder Abuse. It will also introduce theoretical perspectives that will help give a better understanding on the causes that are associated with Elder Abuse as well as historical information pertaining to policies that support the prevention of Elder Abuse.

#### *Policies and Laws*

The Older Americans Act of 1965 laid the groundwork for most of the federal legislation that protects the rights of older adults in this country. This law was passed with the intent of advocating for the safety of Elders. The OAA which was passed under the presidency of Lyndon B. Johnson pulled for state and local governments to organize community services which focused on protecting the rights of Elders. Additionally the Act provided grants to states for research, and other developmental projects.

Elder Abuse was first described in professional Literature in the 1970's as an uncommon condition of neglect or physical harm to frail elderly persons being cared for by others in a home environment. A few years later on April 3, 1981 the first congressional hearing on Elder Abuse was held by the Select Committee on Aging, in the U.S. House of Representatives. The hearing included testimony on cases of abuse, neglect among elderly persons which ignited a growing concern over the protection of older adults in the United States (McCuan 2000). This event was the first recognition that Elder Abuse was both a social and public health problem and by 1985 every state had implemented some form of adult protection program.

### *Pillemer's Theoretical Model*

In 1988, Pillemer developed a conceptual model, which focused on clarifying the variables affecting risk of maltreatment among patients of long-term care. The interrelated concepts comprising the theoretical model are the work environment at the facility, patient traits and staff traits. The model suggested Elder Abuse to be a result of demographic characteristics, staff training features and patient traits affected by the organization's work environment (the facility) (Eisikovits & Natan 2010). Pillemer's model serves to predict that Elder Abuse is a direct cause of an individual's demographic characteristics that are exposed.

### *The Theory of Reasoned Action*

The Theory of Reasoned Action developed by Ajzen & Fishbein in 1980, aims to explain why people act the way in which they do in order to understand and predict individual behavior. Subjective norms are considered one's personal perception of positive or negative social pressures to perform or avoid a certain behavior. These norms can greatly affect an individual's perception of their environment and all other entities around it (Eisikovits & Natan 2010). The variables included in TRA are staff traits, patient traits, and features of the facility and all three can have causal effects attributing to abuse.

### *Pathologic Abusers Theory*

The Pathologic Abusers Theory is an appropriate model for analyzing signs that may lead to abuse cases. Caregivers (an individual who is generally responsible for an elderly person's activities of daily living) with the following qualities tend to be far more likely to be abusive:

- Drug and/or alcohol abuse/addiction
- Mental incapacitation or mental illness (Alberta 2011)

According to the PAT individuals who face these challenges usually, lack the decision-making

capacity to make correct judgments for elderly people. However, these individuals still take on this role, which often may lead to future Elder Abuse cases.

### *Adult Protection Services*

The Department of Health and Human Services (HHS) establishes the requirement for state and local governments to operate The Adult Protection Services. The agency is responsible for investigating and reporting allegations of abuse and forwards this information to the proper law enforcement agency. Each year, Adult Protective Services (APS) programs in all the states receive more than 500,000 reports of elder and vulnerable abuse, exploitation and/or neglect. However, federal funding to combat this issue only represents a very small percentage of that spent on other abused populations such as women and children. In 2011 HHS received a total of 5 million in grants towards Elder Abuse initiatives. This is compared to the \$192.36 million recently given to HHS in February of 2011 to administer programs for abused women. State laws related to elder abuse are extremely diverse, containing multiple sections regarding, for example, who is protected, who must report, definitions of reportable behavior, requirements for investigation of reports, penalties, and guardianship. The effectiveness of abuse reporting and investigation depends, in large part, on the ability of reporters and investigators to recognize mistreatment. However, the ambiguity of relevant protective statutes raises doubt that health care providers, other reporters, and state investigators can identify abuse or neglect, (Brinig 2003)

### *Elder Justice Act of 2007*

More than a quarter century has passed since the first congressional hearing on elder abuse declared it a national disgrace and throughout this period, congressional action has remained limited. However, few political leaders have been at the forefront of establishing more definitive abuse regulations. The Elder Justice Act S 33 was introduced on February 10, 2003 by

Senator John Breaux; a conservative Democrat of Louisiana. The main goal of EJA is the establishments of a system to collect, maintain, and disseminate national data relating to the abuse and neglect of elderly persons. Current statistics on abuse and neglect must be compiled from a variety of sources, which include state and local police as well as survey and inspections. Additionally, EJA contracts with an entity to establish and operate a National Training Institute for Federal and State surveyors to improve their ability to investigate allegations of resident abuse, neglect, and misappropriation of property. (Stoil 2003) As a result, the Elder Justice Act aims at establishing federal standards for defining abuse, which may lead to a more definitive comprehension of state APS programs and policies.

There is great concern that the ambiguity in the APS laws contributes to the low reporting and substantiation rates as well as the issue that investigators from the APS are not able to properly identify abuse cases because they do not have standards by which to assess abuse. Based on a series of studies from fiscal year 1999-2000 which measured the number of reports, investigations and substantiations for all the states and Washington, D.C., there were 190,000 reports, close to 250,000 investigations in the forty-seven states that collected that information, and 100,000 substantiations in the thirty-five states from which data could be obtained. Only seventeen states actually track reports and those states had higher investigation and substantiation rates than those which do not (Jorgest 2004).

In summary, Elder Abuse has been a revolving phenomenon for the past 30 years in which its definition has not been properly addressed. This at times may result in fewer substantiated cases. The review of this literature through historical legislations and theoretical perspectives suggests there has been an overall awareness of the issue. However, there still presumes to be a debate on what considerations should be put in place that will provide both

increasing knowledge and support more promising legislation on this issue. For the purpose of this study the researcher will examine ways to identify the risk factors involved on this issue as well as best practices for successful implementation

## CHAPTER III

### METHODS

The Literature Review represents the first step in the research study, which develops an understanding for implementing the Research Design. The questions that were posed earlier in the project were a) what are the definitive regulations that govern against Elder Abuse and how are they being implemented? b) What best practices should be implemented to prevent Elder Abuse? The research study focused on addressing these questions.

#### *Research Methods and Design*

A qualitative and non-experimental research design was used to conduct the study. Qualitative data analysis is considered a “framework approach” It is commonly used to explore the complexities of health care and patient experiences in particular (Firth & Smith 2011). The qualitative research used for this study seeks to determine the relationship between the factors that attribute to Elder Abuse, and the practices that may prevent its cause. Additionally, the research seeks to determine either the success or failure of such programs like the APS previously mentioned or other programs implemented to prevent Elder Abuse. The research method employed the use of Hermeneutics. Hermeneutics is the study of interpretational theory designed to process not only the issues involved in the text but everything in the interpretative process such as various forms of communication including verbal and nonverbal as well as pre-understandings and presumptions within the text ( Dagfinn 2010). The Hermeneutic process enabled the researcher to understand central concepts and language presented in the text for the purpose of developing a coherent explanation for them. The primary data analysis tool for this study was based on the use of content analysis. Content Analysis allows for the unfolding awareness and learning of the texts reader/interpreter to be considered in the process of

uncovering the meaning(s) of the text (Truex 1996). Included in the design was a Literature Review of scholarly articles retrieved from the California State University Bakersfield Academic Search Elite database, as well as previously conducted survey assessments via the World Wide Web.

The use of content analysis for the purpose of this study assisted in:

- Identifying effective means of preventing against Elder Abuse
- Describing the importance of knowing what constitutes this action; how knowledge was gained on elder abuse, confidence about recognizing elder abuse and desire to obtain further education on elder abuse.
- What policy initiatives should be put in place to properly address Elder Abuse?

#### *Data Collection & Analysis, Sample Size & Frame*

In general, Content analysis allows the researcher to draw inferences from the text. Intention and meaning are discoverable in the frequency in which words, phrases, idioms or ideas occur in a text and the meaning is commonly captured in a set of predefined content variables (Truex 1996).

In all fifteen articles were downloaded and reviewed by the researcher. Of these five were used for the process of developing the research design. Content Analysis was utilized for collecting the existing data and verifying if the ideas were relevant for the purpose of this study. The sample frame included all articles downloaded and reviewed by the researcher that were significant in achieving any result applicable to the study. This process was necessary in achieving accurate inferences from the population being studied.

*Limitations*

There are limitations to this study. The main limitations are the sample size being used for the purpose of the study. The sampling of these various articles on Long-Term facilities and hospitals is limited and would not represent the total population of Long-Term facilities/hospitals in the United States. Additionally a few of the articles were based on self-reporting by staff members. This can affect the reliability of measurements as staff may have presented themselves in a more positive manner. A third limitation is the reliability of the abused as a respondent. Some abused victims are not always willing to disclose information for fear of the abuser or from the belief that the situation will go away.

*Protection of Human Subjects*

The Protocol for Not Human Subjects Research was submitted to the Institutional Review Board for Human Subjects Research and approved. (see Appendix A). Therefore, the study will not involve human subjects and protection of humans is not a concern.

## Chapter IV

### FINDINGS

The Abuse and Neglect of older persons is an important community and social policy issue. Although significant research and intervention strategies have been undertaken to draw conclusions on effective prevention strategies much less has been done on identifying key risk factors that may lead to early detection. Drawing on qualitative survey assessments and studies previously conducted on the phenomena of Elder Abuse. The researcher discovered findings for this cause which were related to social-level risks and preventive factors that may affect the prevalence of Elder Abuse and Neglect. The findings discovered all have implications for new policy and best practices for current and future stakeholders of Long Term Care. Some of the factors identified include:

- Lack of Education and Perception of Elder Abuse among staff/elders
- High Levels of Stress
- Development of appropriate screening procedures that will assist in identifying possible Abuse victims.
- The need for more identifiable and effective policies that govern against Elder Abuse.

#### *Lack of Education a Barrier*

One of the greatest concerns on Elder Abuse is that staff who are witnessing this abuse are unsure about what constitutes the action. A study conducted by Joan Daly, and Alice Coffey (2010) surveyed 66 nurses and 48 care assistants in three long-term care settings in southern

Ireland. The aim of the study was to ascertain perception of Elder Abuse and whether staff had been educated on this issue. A quantitative description co-relation design was developed and a researcher-developed questionnaire was used to record levels of education, how knowledge was gained on elder abuse, confidence about recognizing elder abuse and desire to obtain further education on elder abuse (Daly 2010). It is helpful to note that of the 66 nurse respondents, the majority 54 (82 per cent) were educated only at a general certificate level. Six (9 per cent) had a bachelor's degree and six (9 per cent) had a postgraduate diploma in nursing while seventeen (35 per cent) of the 48 care assistants had a recognized national certificate qualification for their role. (Daly 2010)

#### *Knowledge Gained on Elder Abuse*

The study showed that forty (60 per cent) nurses stated that they had attended at least one training session on elder abuse compared with eight (17 per cent) care assistants. Thirty nine (59 per cent) nurses were confident about recognizing elder abuse, while 20 (30 per cent) said they were not confident, and seven (11 per cent) were uncertain. (Daly 2010)

#### *Confidence about Recognizing Abuse*

Thirty nine (59 per cent) nurses and 25 (52 per cent) care assistants were confident about recognizing elder abuse. While 20 (30 per cent) said they were not confident, and seven (11 per cent) were uncertain. Twenty five (52 per cent) care assistants said that they were confident about recognizing abuse, 17 (35 per cent) stated they were not confident, while six (13 per cent) were uncertain

*Desire to obtain Further Education on Abuse*

Of the 66 nurses Fifty two (79 per cent) and 36 (75 per cent) care assistants expressed a strong interest in receiving formal training on elder abuse.

Staffs are believed to be able to identify situations of abuse in order to achieve common ground of this revolving issue. With that being said education is provided as a key factor for addressing the issue. The more staff educated on what constitutes abuse then the more confidence they will have for recognizing all forms of abuse

*Pillemeir & Moore, Pillemeir & Hudson Study*

One of the first studies on Elder Abuse in Long-Term care, Pillemer and Moore (1989) found that more than one third of 577 nursing home staff members in the United States have witnessed elder abuse, and 10% admitted that they themselves have abused a resident. Nurses and nurse assistants were surveyed about incidents over a 12-month period and in this random sample findings suggested high levels of stress were associated with the abuse with psychological abuse cited as the most prevalent type (Richard 2003).

In 2003, a similar study Pillemer and Hudson surveyed 221 nursing home staff members over incidents during the preceding one-month period. The study showed that more than half of the staff witnessed some form of elder abuse where again stress was represented as one of the main factors contributing the abuse (Richard 2003). Consequently, Pillemer and Hudson suggested that a primary means of preventing abuse would be the adoption of an effective stress reduction program. With the implementation of a stress program, the researcher found both studies are said to reduce conflict between resident and staff. Based on the table below there has been a significant increase in the amounts of abuse reporting over time. (28%) Which indicates

either there has been an increased awareness on the issue or there has been an increase in the number of abuse cases related to stress?

**TABLE 4-1** Results of Surveys of CNAs about Committing or Witnessing Abuse and Neglect of Residents

| Rates of Self-Reported Behaviors                   |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| Abusive Behaviors                                  | Pillemer and Moore<br>(percentage) | Pillemer and Hudson<br>(percentage) |
| Yelled at a resident in anger                      | 23                                 | 51                                  |
| Insulted or swore at a resident                    | 10                                 | 23                                  |
| Threatened to hit or throw something at a resident | 2                                  | 8                                   |
| Pushed, grabbed, or shoved                         | 3                                  | 17                                  |
| Slapped or hit a resident                          | 3                                  | 2                                   |
| Thrown something at a resident                     | 1                                  | 1                                   |
| Excessive use of physical restraints               | 4                                  | Not reported                        |
| Rates of Behaviors Witnessed by CNAs Not Asked     |                                    |                                     |
| Yelling at a resident                              | 70                                 |                                     |
| Insulting or swearing at a resident                | 50                                 |                                     |
| Excessive use of physical restraints               | 21                                 |                                     |
| Pushing, grabbing, shoving, or pinching            | 17                                 |                                     |
| Slapping or hitting a resident                     | 13                                 |                                     |
| Throwing something at a resident                   | 3                                  |                                     |
| Kicking or hitting a resident                      | 2                                  |                                     |

(Richard 2003)

#### *Development of Appropriate Screening Procedures*

Development of proper screening techniques for Elder Abuse has long been an issue for most experts and clinicians. A reason for this is that there has been no study drawn where screening for those identified as possible victims improves clinical outcomes. Mark S. Lachs MD

and professor at the Division of Geriatric Medicine and Gerontology at Weill Medical College suggested a clinical approach for defining Elder Abuse. The study aimed at assisting physicians with clinical findings about elder abuse, and assesses the quality, relevance, and feasibility for health-care providers in nursing homes. A detailed outline of issues including definition, and frequency of elder abuse as well as summary of major known risk factors are given in his research. Additionally, the following components were outlined to perpetuate abuse where both clinical and legal statutes recognize: (a) physical abuse, which includes acts done with the intention of causing physical pain or injury; (b) psychological abuse, defined as acts done with the intention of causing emotional pain or injury; (c) sexual assault; (d) material exploitation, involving them is appropriation of the old person's money or property; and (e) neglect, or the failure of a designated caregiver to meet the needs of a dependent old person (Lachs 2004). The study emphasizes that clinicians must be able to recognize these 5 types of abuse and create treatment plans for victims.

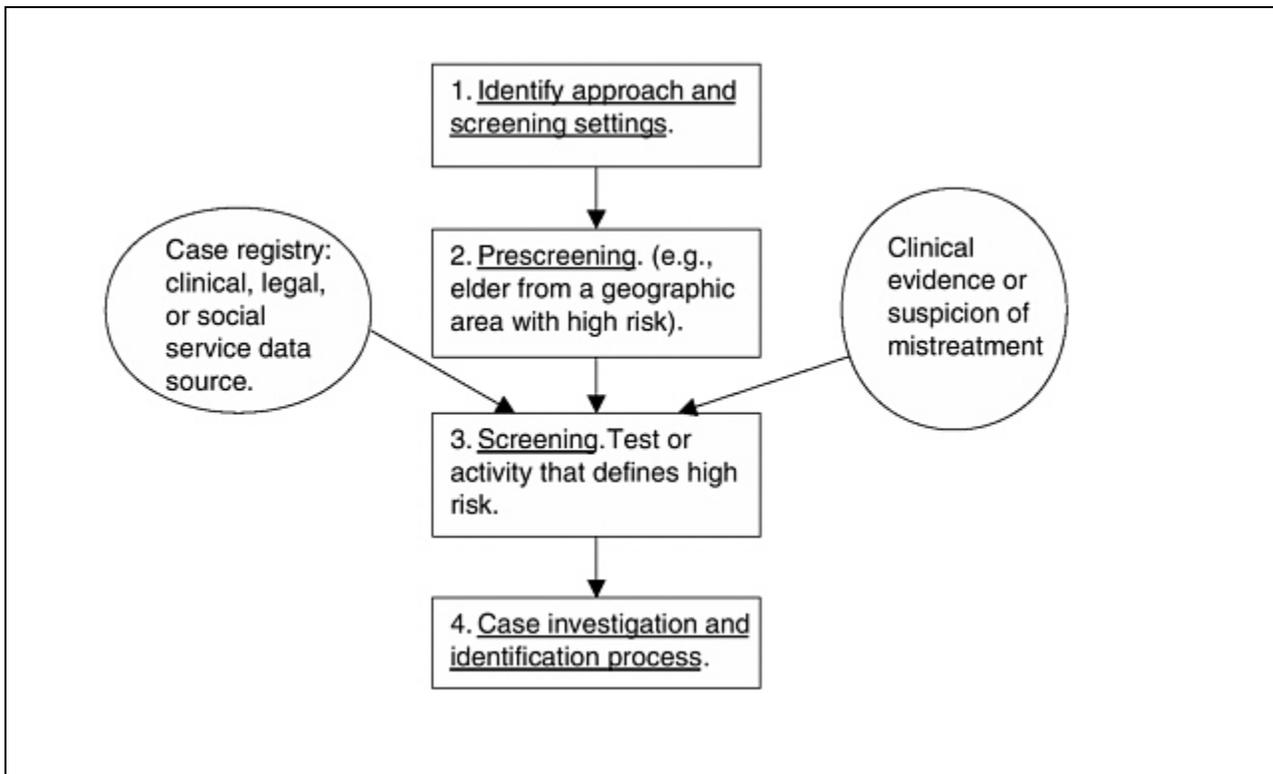
Three pathophysiological risk factors are reviewed as major indicators of Elder Abuse based on previous longitude design and case control studies conducted. Studies that involve a comparison group design, and in which information was obtained directly from victims or perpetrators (rather than review of medical or service agency records) are used (Lachs 2004). a) Based on both empirical studies and clinical accounts Lachs asserts that a shared living situation is a major risk factor for elder abuse and that people living alone are at lowest risk. The basis of this assertion is due to the fact that in a shared living situation there are more opportunities for contact which may cause conflict. It is important to note here that residents can be abusers themselves, there have been many cases where victim's perpetrators have been their roommates. b) The study also reported higher rates of abuse in patients with dementia then in people without

this disorder. A likely reason for this conclusion is that patients who have dementia are often more aggressive in nature which may cause distress for the caregiver and provoke them to react.

c) Also discussed were the pathological characteristics in abusers such as mental illness or substance abuse which may contribute to Elder Abuse. Various studies and theoretical models such as the Pathological Abuser Theory mentioned in Chapter 2 have shown there are higher rates of people with mental illness who have been abusers than the general population.

Clinical studies have attributed other factors to Elder Abuse; however, the information has either been unreliable or not predictable at present. It is noted that abuse can take place without these possible risk factors; however, the data given can help clinicians understand which patients may be at greater risk and proper candidates for screening. (Lachs 2004) Based on the research proposed the findings suggests that the utilization of an interdisciplinary team in long term care facility can lead to a successful screening approach for identifying possible abuse victims.

**Table 4.2** Represents a multi-stage framework for screening and possible identification of Abuse



(Lachs 2004)

**Table 4.3:** Identifies Potential members of an interdisciplinary team for Elder Abuse and their Roles.

| Roles(s)   |
|--|
| <p><b>Physician</b> - In a position to screen and diagnose elder abuse during customary care. Undertakes medical component of multidisciplinary assessment, including physical examination, cognition, and mood. Makes referrals to other team members on the basis of these findings. Could be called on to testify in guardianship and other legal proceedings. Once care plan is started, follows course, aware of the tendency for all forms of family violence to rise and fall like other chronic diseases. Is a crucial team member in that he or she may be the only individual in contact with the old person other than the abuser.</p> <p><b>Nurse</b>- Also in a position to raise possibility of abuse given the more extensive nature and duration of contact (ie, during customary skin or continence care). Especially true in the home-care setting where the nurse might be the only external observer of abuser-victim interaction. Can also make referrals to other team members, including physicians. When the abuser is the carer, nurse is in unique position to provide support and tactfully show the carer that behaviors are aberrant, which can stop abuse in some situations.</p> <p><b>Social worker</b>- Critical team member for marshaling and coordinating the medical and community response to abuse. Assists with situation-specific interventions (eg, adult day care, respite services). Identifies family and new resources with which to offer plan of care.</p> <p><b>Elder care attorneys/lawyers</b>-Can assist in guardianship proceedings, advanced care planning, and identification of surrogate decision makers. Can assist in identification of resources to provide care and share the carer's burden.</p> <p><b>Adult protection</b> -Reporting to official agencies is required in certain jurisdictions, but involvement of government agencies and employees should not (or equivalent) be viewed as simply an administrative activity. Rather, they are well positioned to identify resources that can be integrated into a comprehensive plan of care.</p> <p><b>Law enforcement personnel/Police</b>- Rarely do cases of elder abuse become a matter of criminal law since most abused victims do not pursue charges. However, in personnel/police such cases (most of which are extreme), law enforcement personnel (eg, district attorneys, local police) play an important part in</p> |

(Lachs 2004)

*2004 Elder Abuse Study*

Researchers in a 2004 study *Elder Abuse and the Law: New Science, New Tools* give a critique on APS legislation in US states. As noted APS is the major organization responsible for investigating, reporting, and substantiating Elder Abuse cases in the United States. Statistics in 1996 showed that over one-half million individuals were abused and neglected according to a surveillance study. But only one in five of the half-million elders abused were actually reported and substantiated by the APS (Arias, Brady, Dyer, Jorgerst 2004) The purpose of the study was to evaluate state APS laws to see how different laws were associated with variations in rates of reported, investigated, and substantiated.

A comparison was drawn between Texas Elder Abuse and Mistreatment Institute and the State of Texas APS agency. TEAM was noted to succeed in substantiating abuse cases by collaborating with medical teams, APS and other qualified entities. The core partners of TEAM are the Texas Department of Family Protective Services and the Baylor College of Medicine's Geriatric Program at the Harris County Hospital District. It is also comprised of community members and receives substantial community support (Arias, Brady, Dyer, Jorgerst 2004) TEAM operates on the principle that addressing the complexities of Elder Abuse requires effective assessment and intervention strategies and multidisciplinary alliances or collaborations. TEAMS's methods prove to be an effective tool as 71 percent of abuse cases were resolved in their first year where APS alone could not resolve the case (Arias, Brady, Dyer, Jorgerst 2004).

The findings of the study proved that abuse definition in regulation may lead to much higher substantiation rates. Therefore, in order to successfully address Elder Abuse there must be accurate data put in place for more suitable legislation. The responsibility relied greatly on the state government. If there is not enough state data and accurate definitions for the APS to

properly substantiate abuse cases there may be a need for more effective policies governed against Elder Abuse.

## CHAPTER V

### SUMMARY and RECOMMENDATIONS

#### *Summary*

This study was conducted in order to assess the various risk factors attributed to Elder Abuse in Long Term Care facilities as well as best practices for successful implementation for safeguarding against this issue. Based on the findings of this study presented through the use of content analysis of textual materials, the researcher has discovered that current legislation as well as prevention strategies have not been effective in protecting Elders from abuse. In the past 30 years, progress has been made in increasing awareness of the problem of elder abuse, improving tools for screening and assessment, and identifying and treating abused older people or those at risk, however wide agreement exists that many cases of abuse go unidentified (Cohen, Friedman, Levin, Halevy, Gagin 2007). In order for the United States to combat this problem, the need for more effective policies and preventative measures is needed.

#### *Recommendations*

##### Recommendation One: Employment of Uniform APS Reporting Laws

The lack of consensus about a clear definition of elder abuse has been posited as a reason why elder abuse has remained under-reported (McGarry 2009). Moreover, defining Elder Abuse is often difficult due to the varying theories on the causes that contribute to it. Differences in APS State Laws impact the way Elder Abuse cases are reported and may be a factor to why its definitions are so varied at present. The implementation of a uniform reporting law may help to solve the issue of underreporting. Utilization of nationwide reporting laws may help to identify and effectively substantiate more Elder abuse cases over time.

### Recommendation Two: Development of Routine Elder Abuse Screening/Training Program

Development of specific training for nurses, physicians and other health care professionals could be of benefit for staff in identifying cases of abuse when it exists, and the risk factors that are attributed to its cause. This program will be undertaken due to the need for understanding the preventive measures are associated with elder abuse and its victims. Additionally, routine screening in Long-term care facilities are recommended to improve detection and prevention. Such provisions should be considered by more LTC's to ensure that there are fewer cases of abuse and a more multi-disciplinary approach for protecting older adults.

Recommendation Three: Further Research and Investigation: Continued research especially of a qualitative nature would be a necessary focus for those in the field of Long Term Care. The qualitative study will allow researchers to discover any significant patterns upon observation and provide thoughtful analysis on Elder Abuse and its prevention measures. Additional Government funds should be allocated in order to support this research effort, as well as a consensus for nationwide research participation.

### *Conclusion*

The conclusion of this study is that the research and its recommendations may assist in developing effective policies and practices that will combat against Elder Abuse. Older Adults make up a significant majority of our population, and their protection is an essential right. The study serves to provide an increased awareness on this issue and an encouragement for continuous research and intervention.

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## APPENDIX A

## Institutional Review Board for Human Subjects Research

**Anne Duran, Ph.D.**Department of Psychology  
Scientific Concerns**Roseanna McCleary, Ph.D.**Masters of Social Work  
Scientific Concerns**Thomas Blommers, Ph.D.**Department of Modern Languages  
Nonscientific/Humanistic Concerns**Lily Alvarez, B.A.**Kern County Mental Health  
Community Issues/Concerns**Grant Herndon**Schools Legal Service  
Community Issues/Concerns**Tommy W. Tunson, J.D.**Criminal Justice  
Community Issues/Concerns**Kathleen Gilchrist, Ph.D.**Department of Nursing  
Scientific Concerns**Paul Newberry, Ph.D.**Department of Philosophy/  
Religious Studies  
Nonscientific/Humanistic Concerns  
IRB/HSR Chair**Yeunjoo Lee, Ph.D.**Department of Special Education  
Nonscientific/Humanistic Concerns**Steve Suter, Ph.D.**Department of Psychology  
Research Ethics Review Coordinator  
and IRB/HSR Secretary**Date:** 14 March 2011**To:** Uzodimma Mbamalu, PPA Student**cc:** Paul Newberry, IRB Chair  
B. J. Moore, Public Policy & Administration Department**From:** Steve Suter, Research Ethics Review Coordinator**Subject: Protocol 11-44: Not Human Subjects Research**

Thank you for bringing your protocol, "**Elder Abuse: Identifying Risk Factors and Best Practices for Legal/Social Reform**" to the attention of the IRB/HSR. On the form "*Is My Project Human Subjects Research?*" you indicated the following:

I want to interview, survey, systematically observe, or collect other data from human subjects, for example, students in the educational setting. **NO**

I want to access data about specific persons that have already been collected by others [such as test scores or demographic information]. Those data can be linked to specific persons [regardless of whether I will link data and persons in my research or reveal anyone's identities]. **NO**

Given this, your proposed project will not constitute human subjects research. Therefore, it does not fall within the purview of the CSUB IRB/HSR. Good luck with your project.

If you have any questions, or there are any changes that might bring these activities within the purview of the IRB/HSR, please notify me immediately at 654-2373. Thank you.



Steve Suter, University Research Ethics Review Coordinator