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## PURPOSE

The purpose of this course is to educate and reinforce the knowledge of nurses; ARNP, CNS, RN, LPN, CNA, Therapists and other professionals who are working within the health care environment; as well as other individuals regarding Elder abuse, neglect and exploitation. This course will review the types of abuse frequently seen among the elderly population, a combination of individual, community, and societal factors which contribute to the risk of becoming a perpetrator of elder abuse, review some protective factors that reduce risk for perpetrating abuse and neglect and the importance and the methods of reporting abuse, neglect and exploitation.

## **Objectives**

At the conclusion of this course, the participants will be able to:

- 1. Define elder abuse, neglect and exploitation
- 2. Discuss the types of abuse frequently seen among the elderly population
- 3. Describe individual, community, and societal factors which contribute to the risk of becoming a perpetrator of elder abuse
- Discuss protective factors that reduce risk for perpetrating abuse, neglect and Exploitation.
- 5. Discuss the importance of reporting abuse, neglect and exploitation.
- 6. Describe the methods for reporting abuse, neglect and exploitation.



Elder abuse is defined as an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is an individual age 60 or older. The abuse occurs at the hands of a caregiver or a person the elder trusts (CDC 2017).

## Caregivers

Informal or unpaid caregivers, which includes friend or family members are the backbone of long-term care provided to the elderly person, within their homes.

Caregivers provide care to individuals who need some degree of ongoing care or assistance with everyday tasks on a regular basis. The recipients of care or the elderly person may live either in residential or institutional settings and have disabling conditions or chronic illnesses. According to reports from the CDC, as the number of older Americans increases, so will the number of caregivers needed to provide care. The number of people 65 years old and older is expected to double between 2000 and 2030. It is expected that there will be 71 million people aged 65 years old and older when all baby boomers are at least 65 years old in 2030 (CDC 2016).

# Forms of elder abuse

There are several types of abuse, such as:

- **o** Physical Abuse
- Neglect
- Psychological or Emotional Abuse
- Financial Abuse or Exploitation
- Sexual Abuse or Abusive Sexual Contact.



Physical abuse is defined as the intentional use of physical force that leads to or results in bodily injury, distress, functional impairment, physical pain, acute or chronic illness, and can also result in death (CDC 2017).

Physical abuse may include violent acts such as:

- Hitting
- o Biting
- o Shaking
- Pinching
- Pushing
- o Striking with a weapon/ object
- o Striking without a weapon/ object
- o Shoving
- o Scratching
- o Choking
- Beating
- o Slapping
- $\circ$  Suffocation
- o Kicking
- o Stomping
- Burning
- o Injuries that are not consistent with medical explanation or diagnosis
- Forcing the elderly person to remain in a room, sometimes locking them in the room.
- o Forcing the elderly person to remain in a chair or bed
- Improper use of medication or restraints

• Other physical abuse not listed here.

# Inappropriate Use of Medications

Inappropriate use of medications refers to the use of medications (not as prescribed) but in a way, that causes functional impairment, bodily injury, physical pain, extreme distress and/ or death.

Inappropriate use of medications may involve the use of non-prescribed medications (over-the-counter) as well as prescribed medications.



Some examples include but are not limited to:

Administration of medication for the correct reason /indication but at a higher dosage or at doses that are too high for the elderly person,

over-medicate the elderly person such as, over sedation of the individual,

Administration of medication for the correct reason /indication but at a dosage that is too low such as under medicating the elderly person, especially analgesia, therefore not effectively controlling or managing pain.

Administration of the wrong medication to the elderly person,

Administration of medication for a purpose for which it was not prescribed or intended.

## **Inappropriate Use of Physical Restraints**

Physical restraints include any device, material or equipment attached to or **near a person's body, which cannot be** controlled or easily removed by the person. Such restraints deliberately prevent or are deliberately intended to prevent **a person's free body movement to a position of choice and/or a person's normal access to their** body.

The inappropriate use of physical restraints refers to use of such devices, materials, or equipment in a way that causes bodily injury, physical pain, functional impairment, extreme distress, or death or for purpose of punishment. Does not include situations where restraint use has been medically authorized for a legitimate purpose (e.g., managing behavioral aggression associated with acute or chronic psychiatric conditions) and harm is caused by a person's own behaviors or status.





Neglect is defined as failure by the caregiver or the responsible person to protect the elderly person from harm, or failure to meet needs for essential medical care needs, activities of daily living, clothing, shelter, hydration, nutrition, or hygiene which leads to serious risk of compromising the health and safety of the elderly person.

### Some examples of neglect include:

Not providing adequate nutrition,

Not providing adequate hygiene,

Not providing adequate clothing,

Not providing adequate shelter,

Not providing adequate or access to health care that the elderly person needs

Failure to prevent exposure to unsafe environments,

Failure to prevent exposure to unsafe activities.

## **Emotional or Psychological Abuse**

According to the Centers For Disease Control and Prevention (CDC), Emotional or Psychological Abuse is defined as verbal or nonverbal behavior that results in mental pain, the infliction of anguish, distress or fear. Some examples of emotional or psychological abuse of an older adult include but not limited to:

- Behaviors that are intended to humiliate the elderly individual, for example calling names or insults.
- Behaviors that are intended to threaten the elderly person, such as expressing intent to place the person in a nursing home.
- Behaviors that are intended to isolate the individual for example keeping that elderly individual secluded from family and /or friends.
- Behaviors that are intended to control, for example, limiting or prohibiting the elder's ability to access to money, transportation, telephone and other resources.

According to the Centers For Disease Control and Prevention (CDC), Emotional or Psychological Abuse can be viewed in various categories such as:

## > Humiliation / Disrespect:

In which behaviors intended to be, or clearly perceived to be humiliating, degrading, insulting or devaluing the elderly person. Some examples include:

- o Verbal insults
- o Insulting the elderly person in public
- o Infantilizing comments
- Calling the elderly person foolish, stupid or worthless (CDC 2016).



## > Threats

Verbal or non-verbal gestures or suggestions of intended physical, sexual, or psychological mistreatment, neglect, abandonment or financial exploitation with the intent of changing or manipulating the behavior of the older person in response (CDC 2016).

Communication of plans to take a harmful action against the older adult if he or she will not perform desired activities or behaviors, including, for example, plans to leave and never return, claiming that one will stop provision of care (CDC 2016).

Plans of institutionalization or homelessness, threatening to harm other family members, friends or pets or to damage prized possessions (CDC 2016).

Plans to use force with or without a weapon (CDC 2016).



## Harassment

According to the Centers For Disease Control and Prevention (CDC), harassment involves behaviors that are repeated in a manner as to be intended or perceived as coercing, hostile or manipulating the elderly person to do or not do something against his /her will, for example: repeatedly watching, following or tracking the older adult and doing so in a manner that lets the individual know that this is happening; repeated unwanted telephone calls, letters, or other communications that are hostile or coercive, showing up uninvited at places frequented by the elderly person (CDC 2016).

## Isolation / Coercive Control

Physical or verbal behaviors that result in either geographic and/ or interpersonal isolation of the elderly person. Some examples include:

Giving the silent treatment to the elderly person,

Restricting phone use,

Restricting use of the car,

Intentional seclusion of the elderly person from family,

Intentional seclusion of the elderly person from friends,

Intentional seclusion of older person from other social outlets,

Relocating the elderly person to a remote location,

Withholding assistive devices like a wheel chair, walker or hearing aide, from the elderly person,

Locking the older person in a room.

These behaviors have the effect of disconnecting the elderly person from others. Behaviors can also involve ignoring the elder person's attempts and needs to interact (CDC 2016).

## Financial Abuse or Exploitation

Financial Abuse or Exploitation is defined as the unauthorized, illegal, or improper use of an elderly person's resources by the caregiver or other individual who is in a trusting relationship, for the benefit of someone else and not the elderly person.

Financial abuse or exploitation of the elderly person involves depriving him / her of rightful access to information about resources, personal benefits, assets or belonging as well as depriving the elderly person of access and use of resources, personal benefits, assets or belongings.

## Some examples of financial abuse or exploitation include:

Theft of money (taking money from the elderly person's account without authorization)

Theft of possession,

Forgery,

Misuse of money,

Misuse of possession,

Misuse of credit cards (unauthorized use)

Use of coercion or deception to surrender property or finances

Changing a will without the elderly person's knowledge or permission

Improper use of guardianship or power of attorney.



## Sexual Abuse or Abusive Sexual Contact

Sexual Abuse or Abusive Sexual Contact is defined as forced or unwanted sexual interactions, which include touching as well as non-touching acts, of any kind with the elderly person.

According to the Centers For Disease Control and Prevention (CDC), Sexual Abuse or Abusive Sexual Contact may include, but is not limited to, forced or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight (CDC 2017).

Sexual Abuse or Abusive Sexual Contact may also include:

- Unwanted or forced contact between the mouth and the penis, vulva, or anus.
- Unwanted or forced penetration of the anal or genital opening of another person by a hand, finger, or other object.
- Unwanted or forced intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks.
- These acts also qualify as sexual abuse if they are committed against an incapacitated person who is not competent to give informed approval (CDC 2017).

## FLORIDA STATUTES 2016 Chapter 825

#### The Florida Statutes chapter 825.102 states:

(1) "Abuse of an elderly person or disabled adult" means:

(a) Intentional infliction of physical or psychological injury upon an elderly person or disabled adult;

(b) An intentional act that could reasonably be expected to result in physical or psychological injury to an elderly person or disabled adult; or

(c) Active encouragement of any person to commit an act that results or could reasonably be expected to result in physical or psychological injury to an elderly person or disabled adult.

A person who knowingly or willfully abuses an elderly person or disabled adult without causing great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s.775.084.

(2) "Aggravated abuse of an elderly person or disabled adult" occurs when a person:

(a) Commits aggravated battery on an elderly person or disabled adult;

(b) Willfully tortures, maliciously punishes, or willfully and unlawfully cages, an elderly person or disabled adult; or

(c) Knowingly or willfully abuses an elderly person or disabled adult and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult.

A person who commits aggravated abuse of an elderly person or disabled adult commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

#### The Florida Statutes chapter 825.102 states that:

(3)(a) "Neglect of an elderly person or disabled adult" means:

1. A caregiver's failure or omission to provide an elderly person or disabled adult with the care, supervision, and services necessary to maintain the elderly person's or disabled adult's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the elderly person or disabled adult; or

2. A caregiver's failure to make a reasonable effort to protect an elderly person or disabled adult from abuse, neglect, or exploitation by another person.

Neglect of an elderly person or disabled adult may be based on repeated conduct or on a single incident or omission that results in, or could reasonably be expected to result in, serious physical or psychological injury, or a substantial risk of death, to an elderly person or disabled adult.

(b) A person who willfully or by culpable negligence neglects an elderly person or disabled adult and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the second degree, punishable as provided in s.775.082, s. 775.083, or s. 775.084.

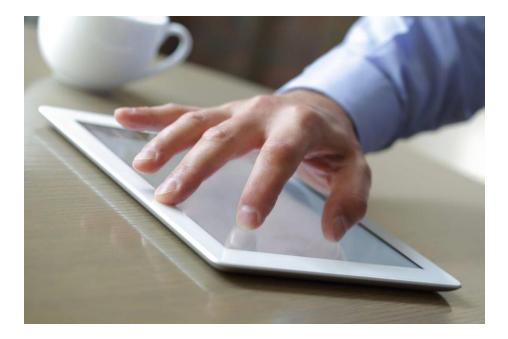
(c) A person who willfully or by culpable negligence neglects an elderly person or disabled adult without causing great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.



According to the CDC, elder abuse is a serious problem in the United States, and there is a lack of data. However, past research found that:

In 2008, one in 10 elders reported emotional, physical, or sexual abuse or potential neglect in the past year.

Many cases are not reported because elders are afraid or unable to tell police, friends, or family about the violence. Victims often have to decide whether to tell someone they are being hurt or continue being abused by someone they depend upon or care for deeply (CDC 2016).



## Physical And Emotional Effects On The ELDERLY PERSON

Elder abuse can have devastating effects on the older adult. Elder abuse often results in several emotional and physical effects on the elderly person. The elderly victims often suffer many physical injuries such as:

- o Scratches
- o Cuts
- Bruises on the body
- o Swelling or welts on the skin.

At other times the physical effects that results from elder abuse, may lead to more severe injuries that can cause lasting disabilities. Other physical injuries and effects may include:

- Head injuries
- Severe lacerations
- Fractures /broken bones or dislocation
- Experience of constant physical pain and / or soreness.

Sometimes the physical injuries can cause existing health problems to become worse and may also lead to premature death of the elderly person.

Elder abuse can also result in emotional effects. The elderly victims are often very anxious and fearful. The elderly individual may experience and/ or have problems with trusting other people.

# **RISK FACTORS**

There are some factors that can increase the risk that someone will abuse/ hurt the elderly person. Some of the risk factors include:

When individuals use drugs or alcohol (especially heavy drinking),

Individuals with high stress levels,

Individuals with high stress and ineffective coping resources,

Individuals with lack of social support,

Individuals who were exposed to abuse as a child,

High emotional or financial dependence on the elderly person,

Individuals with lack of training in taking care of the older person,

Individuals who are experiencing depression,

A combination of individual, relational, community, and societal factors can also contribute to the risk of becoming a perpetrator of elder abuse.

Understanding the risk factors can help identify various opportunities for prevention.



## **Prevalence of Elder Abuse**

Abuse of the elderly person, including neglect and exploitation, is experienced by an estimated one out of every ten older adults ages 60 and older who lives at home. For every 1 case of elder abuse that is detected or reported, it is estimated that approximately 23 cases remain hidden (CDC 2017).

# Protective Factors for Elder Abuse

## **Protective Factors for Perpetration**

Further research is needed to determine whether protective factors can buffer the elderly population from abuse. However, some potential protective factors may include:

Having many, strong relationships with individuals of various social status

Active community involvement. Coordinating resources and services among community and Agencies/ organizations that serve the elderly persons and their families and/ caregivers.

Within the institutional settings protective factors may include:

- Frequent employee training and education regarding elder abuse, exploitation and neglect,
- Having strong institutional policies and procedures in progress, regarding patient care,
- Encourage regular visits by family members, friends, volunteers, and social services,
- o Developing and implementing effective monitoring systems,
- Teaching and guidance on guardianship and durable power of attorney.



## Abuse, neglect, or exploitation by a guardian

According to Florida Statutes 744.359:

- (1) A guardian may not abuse, neglect, or exploit a ward.
- (2) A guardian has committed exploitation when the guardian:
  - (a) Commits fraud in obtaining appointment as a guardian;
  - (b) Abuses his or her powers; or
  - (c) Wastes, embezzles, or intentionally mismanages the assets of the ward.

(3) A person who believes that a guardian is abusing, neglecting, or exploiting a ward <u>shall report the incident</u> to the central abuse hotline of the Department of Children and Families.

Click on link below:



## The rights of the ward



## **Rights of persons determined incapacitated**

### ANNUAL REVIEW OF THE GUARDIANSHIP REPORT AND PLAN

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (a) To have an annual review of the guardianship report and plan.

## CONTINUING REVIEW OF THE NEED FOR RESTRICTION OF HIS OR HER RIGHTS

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (b) To have continuing review of the need for restriction of his or her rights.

### **RESTORED TO CAPACITY**

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (c) To be restored to capacity at the earliest possible time.

### TREATED HUMANELY

According to Florida Statutes 744.3215,

(1) A person who has been determined to be incapacitated retains the right:

(d) To be treated humanely, with dignity and respect, and to be protected against abuse, neglect, and exploitation.

## **QUALIFIED GUARDIAN**

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (e) To have a qualified guardian.

### **INDEPENDENT AS POSSIBLE**

Florida Statutes 744.3215 states:

(1) A person who has been determined to be incapacitated retains the right:

(f) To remain as independent as possible, including having his or her preference as to place and standard of living honored, either as he or she expressed or demonstrated his or her preference prior to the determination of his or her incapacity or as he or she currently expresses his or her preference, insofar as such request is reasonable.

## **PROPERLY EDUCATED**

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (g) To be properly educated.

### MANAGEMENT FOR PROPERTY

Florida Statutes 744.3215 states:

(1) A person who has been determined to be incapacitated retains the right:

(h) To receive prudent financial management for his or her property and to be informed how his or her property is being managed, if he or she has lost the right to manage property.

## SERVICES AND REHABILITATION

According to Florida Statutes 744.3215:

- (1) A person who has been determined to be incapacitated retains the right:
- (i) To receive services and rehabilitation necessary to maximize the quality of life.

### DISCRIMINATION

According to Florida Statutes 744.3215,

- (1) A person who has been determined to be incapacitated retains the right:
- (j)To be free from discrimination because of his or her incapacity.

## **ACCESS TO COURT, COUNSEL, VISITORS**

According to Florida Statutes 744.3215:

- (1) A person who has been determined to be incapacitated retains the right:
- (k) To have access to the courts.
- (I) To counsel.
- (m) To receive visitors and communicate with others.

## NOTICE OF ALL PROCEEDINGS

According to Florida Statutes 744.3215,

(1) A person who has been determined to be incapacitated retains the right:

(n) To notice of all proceedings related to determination of capacity and guardianship, unless the court finds the incapacitated person lacks the ability to comprehend the notice.

## PRIVACY

According to Florida Statutes 744.3215:

- (1) A person who has been determined to be incapacitated retains the right:
- (o) To privacy.

Florida Statutes 744.3215 states:

(2) Rights that may be removed from a person by an order determining incapacity *but not delegated to a guardian* include the right:

(a) To marry. If the right to enter into a contract has been removed, the right to marry is subject to court approval.

- (b) To vote.
- (c) To personally apply for government benefits.
- (d) To have a driver license.
- (e) To travel.
- (f) To seek or retain employment.

(3) Rights that may be removed from a person by an order determining incapacity and which may be delegated to the guardian include the right:

- (a) To contract.
- (b) To sue and defend lawsuits.
- (c) To apply for government benefits.
- (d) To manage property or to make any gift or disposition of property.
- (e) To determine his or her residence.
- (f) To consent to medical and mental health treatment.

(g) To make decisions about his or her social environment or other social aspects of his or her life.

(4) Without first obtaining specific authority from the court, as described in

s. 744.3725, a guardian may not:

(a) Commit the ward to a facility, institution, or licensed service provider without formal placement proceeding, pursuant to chapter 393, chapter 394, or chapter 397.

(b) Consent on behalf of the ward to the performance on the ward of any experimental biomedical or behavioral procedure or to the participation by the ward in any biomedical or behavioral experiment.

The court may permit such performance or participation only if:

1. It is of direct benefit to, and is intended to preserve the life of or prevent serious impairment to the mental or physical health of the ward; or

2. It is intended to assist the ward to develop or regain his or her abilities.

(c) Initiate a petition for dissolution of marriage for the ward.

(d) Consent on behalf of the ward to termination of the ward's parental rights.

(e) Consent on behalf of the ward to the performance of a sterilization or abortion procedure on the ward.

## PREVENTING ABUSE

The CDC states that the goal is to stop elder abuse before it starts. There are several important things that can be done to prevent the abuse, such as:

Provide the opportunity for the elderly person as well as their caregivers to communicate with you and provide attentive listening; understand their challenges and provide the support that they need.

Learn about the normal aging process, so that you will be able to recognize the difference between elder abuse and the normal aging process.

Learn about how to recognize and report elder abuse.

Learn about the signs of elder abuse

Check on the elderly individuals who may not have many friends and/or family members.

Provide caregivers with emotional as well as instrumental supports, for example help from family, friends, adult day care programs or local relief care groups, counseling, assistance from Guardians and other support that will promote emotional well being.

Assist the older adults or caregivers to get assistance from the appropriate personnel, who are experiencing difficulties with substance use/ abuse.

Always report abuse, as well as, suspected abuse to Adult Protective Services.

Click on link below to review the CDC fact sheet...



## **CENTER FOR DISEASE CONTROL & PREVENTION 4-step approach**

The Centers For Disease Control and Prevention (CDC) uses a 4-step approach to address public health problems like elder abuse.

Step 1: Define the problem Before we can prevent elder abuse, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers send resources where they are needed most.

Step 2: Identify risk and protective factors It is not enough to know that elder abuse is affecting a certain group in a certain area. We also need to know why abuse occurs. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

Step 3: Develop and test prevention strategies Using information gathered in research, CDC develops and evaluates strategies to prevent violence.

Step 4: Ensure widespread adoption In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies (CDC 2016).

## **CDC Data Sources**

Click on the links below for more information.

- <u>National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP)</u> NEISS-AIP provides nationally representative data about all types and causes of nonfatal injuries treated in hospital emergency departments throughout the United States. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries. See also <u>NEISS Coding Manual and data highlights</u>.
- <u>National Hospital Ambulatory Medical Care Survey</u> The National Hospital Ambulatory Medical Care Survey collects data on the use and provision of ambulatory care services in hospital emergency and outpatient departments.
- <u>National Violent Death Reporting System</u>

The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by CDC. CDC currently funds 32 states to gather, share, and link state-level data on violent deaths through the NVDRS. These data inform the development, implementation, and evaluation of violence prevention strategies, which can ultimately save lives.

<u>WISQARS</u>

WISQARS (Web-based Injury Statistics Query and Reporting System, pronounced "whiskers") is an interactive database that provides national injury-related morbidity and mortality data used for research and for making informed public health decisions.

 <u>Administration on Aging/National Center for Elder Abuse—The Availability and Utility</u> of Interdisciplinary Data on Elder Abuse: A White Paper for the National Center on <u>Elder Abuse</u>

While the National Center on Elder Abuse (NCEA) has collected and analyzed state adult protective services data, the number of additional data elements that might be available through health care, long term care, criminal justice, fiduciary, and legal services networks has remained largely unexplored. Therefore, the NCEA sought the development of a white paper examining such data elements, their scope and limitations, and outlining their potential use by the United States Administration on Aging (AoA), other federal agencies, and elder abuse professionals and advocates. In response, the American Bar Association Commission on Law and Aging (ABA Commission) conducted exploratory research on a wide range of possible data sources. This white paper presents and evaluates the results.

### <u>National Crime Victimization Survey</u>

The National Crime Victimization Survey (NCVS) provides information on criminal victimization in the United States. Each year, data are obtained from a nationally representative sample of 77,200 households comprising nearly 134,000 persons on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey enables the Bureau of Justice Statistics to estimate the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft. This information is provided for the population as a whole as well as for segments of the population such as women, the elderly, members of various racial groups, city dwellers, or other groups. The NCVS provides the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

#### National Incident-Based Reporting System

The National Incident-Based Reporting System (NIBRS) is an incident-based reporting system in which agencies collect data on each single crime occurrence. NIBRS data come from local, state, and federal automated records' systems. The NIBRS collects data on each single incident and arrest within 22 offense categories made up of 46 specific crimes called Group A offenses. For each of the offenses coming to the attention of law enforcement, specified types of facts about each crime are reported. In addition to the Group A offenses, there are 11 Group B offense categories for which only arrest data are reported. The NIBRS furnishes information on nearly every major criminal justice issue facing law enforcement today, including terrorism, white collar crime, weapons offenses, missing children where criminality is involved, drug/narcotics offenses, drug involvement in all offenses, hate crimes, spousal abuse, abuse of the elderly, child abuse, domestic violence, juvenile crime/gangs, parental abduction, organized crime, pornography/child pornography, driving under the influence, and alcohol-related offenses.

#### Crimes against the Elderly from 2003 - 2013

According to the Bureau of Justice Statistics Presents estimates on property and fatal and nonfatal violent victimization against persons age 65 or older from 2003 to 2013. The report examines patterns of victimization over time and the distribution of violent victimization by the victim-offender relationship, victim's disability status, victim and incident characteristics, reporting to police, injuries sustained during the victimization, and identity theft victimization against the elderly. Nonfatal violent and property victimization data are from the National Crime Victimization Survey and homicide data are from mortality data based on death certificates in the National Vital Statistics System of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention's (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS).

Highlights:

- The rates of nonfatal violent crime (3.6 per 1,000 persons) and property crime (72.3 per 1,000) against elderly persons were lower than those of younger persons.
- The ratio of the estimates of property crime to violent crime was higher for the elderly (13 to 1) than for younger persons ages 25 to 49 (3 to 1) and persons ages 50 to 64 (5 to 1).
- Elderly homicide rates declined 44%, from 3.7 homicides per 100,000 persons in 1993 to 2.1 per 100,000 in 2011.
- More than half (56 percent) of elderly violent crime victims reported the victimization to police, compared to more than a third (38 percent) for persons ages 12 to 24.
- Among elderly violent crime victims, about 59% reported being victimized at or near their home (Bjs.gov 2014).

### For More Information About Elder Abuse & Where to Get Help

Eldercare Locator 1-800-677-1116 (toll-free) www.eldercare.gov

#### **National Center on Elder Abuse**

1-855-500-3537 (toll-free) ncea-info@aoa.hhs.gov (email) https://ncea.acl.gov

National Adult Protective Services Association 1-217-523-4431 www.napsa-now.org

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#### **National Domestic Violence Hotline**

1-800-799-7233 (toll-free, 24/7) 1-800-787-3224 (TTY/toll-free) www.thehotline.org/get-help

#### National Library of Medicine MedlinePlus: Elder Abuse

www.medlineplus.gov/elderabuse.html

U.S. Department of Justice 1-202-514-2000 1-800-877-8339 (TTY/toll-free) <u>elder.justice@usdoj.gov(email)</u> www.justice.gov/elderjustice/victims-families-caregivers For information on health and aging, including resources on caregiving and Alzheimer's disease, contact:

#### National Institute on Aging Information Center

P.O. Box 8057 Gaithersburg, MD 20898-8057 1-800-222-2225 (toll-free) 1-800-222-4225 (TTY/toll-free) <u>niaic@nia.nih.gov</u>(email) <u>www.nia.nih.gov</u> Sign up for <u>regular email alerts</u> about new publications and other <u>information from the NIA</u>.

National Institute on Aging National Institutes of Health U.S. Department of Health and Human Services

# **GEORGIA Helpful Services**

 Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD),

Georgia Crisis & Access Line: 1-800-715-4225 (24/7 mental health, substance abuse & emergency services). Or visit <u>www.mygcal.com</u>. For non-emergency mental health, developmental disabilities and addictive disease services, call 1-888-785-6954.

 The Governor's Office of Consumer Protection or OCP, (404) 651-8600 or outside Metro Atlanta 1-800-869-1123 enforces the Fair Business Practices Act and other consumer protection laws.

OCP also mediates consumer complaints, investigates and addresses consumer problems and takes necessary civil action against offending businesses. OCP works to prosecute crimes related

to telemarketing, home construction and home repair fraud, identity theft and Internet fraud.

- Elderly Legal Assistance Program (ELAP), (404) 657-5319, outside Metro Atlanta 1-866-552-4464 to find local resources. ELAP provides legal assistance for civil matters for people 60 years of age and older.
- Senior Legal Hotline, (404) 657-9915, outside Metro Atlanta 1-888-257-9519, provides legal assistance over the telephone for Georgians 60 years of age and older.
- GeorgiaCares, 1-866-552-4464, provides free health insurance counseling for Medicare and Medicaid beneficiaries. GeorgiaCares also reports suspected fraud in Medicare and Medicaid. Call if you have questions about your health insurance or suspect fraud.

#### **Mandatory Reporters**

Many people are required by Georgia law to report when they suspect abuse, neglect or exploitation.

Mandated reporters must make a report when they have a reasonable cause to believe that 1) an at-risk adult has had an injury or injuries inflicted upon them by a caretaker or 2) has been neglected or exploited by a caretaker. Mandated reporters who do not fulfill their obligation to report elder or disabled adult abuse may be charged with a misdemeanor. Georgia law lists mandated reporters at Code Section 30-5-8 for alleged victims who are disabled adults or elder persons who live in the community; and at Code Section 31-8-80 for alleged victims who are long-term care facility residents. All other parties are encouraged to make reports if they believe that a disabled adult or elder person is in need of protective services or has been the victim of abuse, neglect, or exploitation (Georgia.gov 2017).

Anyone who makes a report of fraud, testifies in any judicial proceeding, assists protective services, or participates in a required investigation is immune from any civil or criminal liability as a result of such report, testimony, or participation, unless such person acted in bad faith or with a malicious purpose, or was a party to such crime or fraud (Georgia.gov 2017).

#### What you can do

If you suspect abuse, you can do something about it. First, recognize the signs. Then, report the situation so it can be investigated. The problem can't be solved until it is reported (Georgia.gov 2017).

#### Any setting

Call local law enforcement if abuse, neglect or exploitation is suspected (911).

#### **Community setting**

If the suspected abuse, neglect or exploitation occurs in a person's home or other community setting then contact the **Division of Aging Services' Adult Protective Services** Central Intake in Metropolitan Atlanta 404-657-5250 or outside of Atlanta at 1-866-552-4464. Your report is confidential and the law protects anyone from a lawsuit who reports abuse (Georgia.gov 2017).

#### **Report Online:**

Protective Services Report

• Long-Term Care Facility or Residence including:

Nursing Facility, Personal Care Home (including assisted living), and Community Living Arrangement.

Georgia Department of Community Health, **Healthcare Facility Regulation (HFR)** is responsible for investigating reports in these facilities. Call (404) 657-5728 or (404) 657-5276 or the toll-free number 800-878-6442.

#### http://dch.georgia.gov/healthcare-facility-regulation-0

To file a complaint about a licensed health care facility or service provider, call 1-800-878-6442. Leave your contact information for a return call from our staff. You may also fax your complaint to 404-657-5731.

#### Facility Locator: <a href="http://www.gamap2care.info/">http://www.gamap2care.info/</a>

#### Long-Term Care Ombudsman

If you or someone you know needs an advocate in any of the long-term care facilities, contact the local Long-Term Care Ombudsman who is authorized to advocate for residents in any licensed long-term care setting. To find your local long-term care ombudsman, call 1-866-552-4464 or call the Office of State Long-term Care Ombudsman at (404) 463-8383 or 1-888-454-5826.

#### Long-Term Care Ombudsman Locator: http://www.georgiaombudsman.org/location.asp



# The availability of local resources to aid the ward

#### **RESOURCES:**

**DOEA Programs and Services:** 

#### Home and Community-Based Programs and Services

(click on links)

- o Adult Care Food Program
- o Alzheimer's Disease Initiative
- Community Care For the Elderly (CCE)
- <u>Comprehensive Assessment & Review for Long-Term Care Services (CARES)</u>
- <u>Congregate Meal and Nutrition Sites</u>
- <u>Elder Farmers Market Nutrition Program</u>
- <u>Emergency Home Energy Assistance Program (EHEAP)</u>

- Health & Wellness
- Home Care for the Elderly (HCE)
- <u>Medicaid Long-Term Care Services</u>
- <u>Memory Disorder Clinics</u>
- <u>National Family Caregiver Support Program</u>
- Nutritional Education for Older Adults
- Nutrition Programs
- Nutrition Services Incentive Program
- o Older Americans Act (OAA)
- Program of All-Inclusive Care for the Elderly (PACE)
- o Respite for Elders Living in Everyday Families (RELIEF)
- Senior Companion Program
- Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC)
- o Supplemental Nutrition Assistance Program

#### **Other Services**

- o Adult Protective Services
- o Communities For a Lifetime
- o Comprehensive Assessment & Review for Long-Term Care Services (CARES)
- o Disaster Preparedness
- o Elder Abuse Prevention Program
- o Elder Helpline
- Hospice and End-of-Life Care
- o Insurance, Medicare, and Medicaid
- o Intergenerational Connections
- o <u>Housing</u>
- o Long-Term Care Ombudsman Program
- o Nursing Home Services (Agency for Health Care Administration Website)
- o Public Guardianship
- o Senior Community Service Employment Program (SCSEP)
- o Senior Legal Services & Senior Legal Helpline
- o Serving Health Insurance Needs of Elders (SHINE)
- Silver Alert and ListServ
- o <u>Transportation</u>

#### **DEPARTMENT OF ELDER AFFAIRS:**

OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS (OPPG)

PROGRAMS & HOW TO APPLY FOR SERVICES

**OPPG FACT SHEET** 

FOR MORE INFORMATION

**REVIEW THE** 

**FLORIDA STATUTES 744** 

CONTACT:

#### Florida Department of Elder Affairs

4040 Esplanade Way Tallahassee, FL 32399-7000 Phone: 850-414-2000

Fax: 850-414-2004 TDD: 850-414-2001 Email: <u>information@elderaffairs.org</u>

#### **Questions about Programs and How to Apply for Services**

Call the Elder Helpline at **1-800-96-ELDER (1-800-963-5337)** to find out information regarding eligibility to receive benefits and services from one or more programs.



## TAKE EXAM

#### **BIBLIOGRAPHY**

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