

Suspected Elder Abuse Reporting

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Abstracted from the UCLA guidelines on elder abuse.

WHAT CONSTITUTES ELDER ABUSE?

“Abuse of an elder or dependent adult” means any of the following:

1. **“Physical abuse”** includes sexual abuse and the use of psychotropic medication or restraint devices beyond the time limit ordered by the physician or for purposes other than those ordered by the physician. This last point is important in nursing homes.
2. **“Neglect”** means failing to provide care that a reasonable person would provide—includes food, shelter, personal hygiene, medical care, and protection from hazards.
3. **“Financial abuse”** is self-explanatory.
4. **“Abandonment”** means deserting someone.
5. **“Isolation”** means intentionally limiting contact between the elder and others.
6. **“Abduction”** –self-explanatory
7. **“Other treatment with resulting physical harm or pain or mental suffering”** Mental suffering means emotional distress brought about by threats, harassment or other forms of intimidating behavior
8. **“The deprivation by a care custodian of goods and services that are necessary to avoid physical harm or mental suffering”** includes transportation to get these items.

“Elder” means any person residing in California, 64 years of age or older.

SIGNS OF ABUSE

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation.

Physical Indicators	
<ul style="list-style-type: none">● Bruises, welts, discoloration, swelling● Cuts, lacerations, puncture wounds● Pale appearance● Sunken eyes, hollow cheeks● Pain or tenderness on touching● Detached retina● Soiled clothing or bed● Absence of hair/bleeding scalp● Dehydration/malnutrition without illness related cause	<ul style="list-style-type: none">● Evidence of inadequate care (e.g. untended bed sores, poor skin hygiene)● Evidence of inadequate or inappropriate administration of medication● Burns: May be caused by cigarettes, flames, acids, or friction from ropes● Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)● Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room, and/or hospital or health care "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect.

Behavioral Indicators From the Victim	Indicators From the Family/Caregiver
<ul style="list-style-type: none"> ● Fear ● Withdrawal ● Depression ● Helplessness ● Resignation ● Anger ● Denial ● Ambivalence/contradictory statements not due to mental dysfunction ● Conflicting accounts of incidents by the family, supporters, victim 	<ul style="list-style-type: none"> ● Implausible stories ● Confusion or disorientation ● Nonresponsiveness ● Agitation, anxiety ● Hesitation to talk openly ● Shame ● Elder or dependent adult not given the opportunity to speak for him or herself or to see others without the presence of the caregiver (suspected abuser) ● Absence of assistance, indifference or anger toward the dependent person ● Family member or caregiver "blames" the elder or dependent adult (e.g., accusation that the incontinence is a deliberate act) ● Aggression (threats, insult, harassment) ● Previous history of abuse to others ● Problems with alcohol or drugs ● Social isolation of family or isolation or restriction of activity of the elder or dependent adult within the family unit ● Reluctance to cooperate with service providers in planning for care

Indicators of Possible Financial Abuse	
<ul style="list-style-type: none"> ● Unusual interest in the amount of money being expended for the care of the person ● Refusal to spend money on the care of the person ● Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills ● Missing clothing, jewelry, or other items ● Recent will when the person is clearly incapable of making a will ● Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney 	<ul style="list-style-type: none"> ● Activity in bank accounts that is inappropriate to the person, e.g. withdrawals from automated banking machines when the person cannot walk or get to the bank ● Recent change of title of house in favor of a "friend" when the person is incapable of understanding the nature of the transaction ● Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such needs ● Checks and other documents signed when the person cannot write

Indicators of Possible Self Neglect	
<ul style="list-style-type: none"> ● Inability to manage personal finance (e.g. hoarding, squandering, giving money away or failure to pay bills) ● Inability to manage activities of daily living, including personal care, shopping, meal preparation, housework, etc. ● Suicidal acts, wanderings, refusing medical attention, isolation, substance abuse 	<ul style="list-style-type: none"> ● Lack of toilet facilities, utilities or animal infested living quarters (dangerous conditions) ● Rashes, sores, fecal/urine smell, inadequate clothing, malnourished, dehydration, etc. ● Change in intellectual functioning (e.g. confusion, inappropriate or no response, disorientation to time and place, memory failure, incoherence) ● Not keeping medical appointments for serious illness

WHAT DO YOU NEED TO DO ABOUT SUSPECTED ABUSE?

You, as a physician, are required, **BY CALIFORNIA LAW**, to report elder abuse or suspected elder abuse.

What to report: Actual or suspected physical abuse, abandonment, isolation, financial abuse, or neglect.

Required versus voluntary reporting:

There is a difference. You are **REQUIRED** to make a report in the following instances:

1. The victim reports the incident to you.
2. You observe the incident.
3. The resulting injury or condition reasonably leads one to suspect that an injury has occurred.

Exceptions: You do not have to make a report if all of the following are true:

1. The patient complains of abuse.
2. There is no corroborating evidence of abuse.
3. The patient is cognitively impaired, has a mental illness, or has a conservator.
4. You judge that no abuse has occurred.

Making a report: At UCLA Medical Center, contact the Clinical Social Worker. You can also contact Adult Protective Services or the local law enforcement agency. If the patient is in an institution, contact either the ombudsman or a law enforcement agency. If you make an initial verbal report, a written report must follow within 48 hours.

Liability: There is NO criminal liability for reporting suspected abuse. There is no civil liability for reporting suspected abuse unless the person making the report knows that the report is false. The identity of the person who files the report is confidential.