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Thank you to our Sponsor:

AARP Charlotte
Speakers:

Laurie Abounader, MA, CDP, Regional Ombudsman, Centralina Area Agency on Aging

& Kara K. Lemon, MSW, LCSW, CDP Licensed Clinician, NC Geriatric Adult Mental Health Specialty Team
Session Goals

At the close of this session, participants will...

• Understand the different types and indicators of abuse.

• Be able to identify risk factors of abuse.

• Possess an increased awareness of abuse as a global epidemic

• Know how to report suspected elder abuse

• Understand effects of COVID-19 on elder abuse
THE PROBLEM

For every one case of elder abuse that comes to the attention of a responsible entity... another twenty three cases never come to light.
DEFINING ELDER ABUSE
Elder Abuse Defined

Elder abuse is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."

- International Network Prevention Elder Abuse (INPEA)
“Elder Abuse” is an umbrella term for several types of elder abuse/mistreatment:

- Abuse
- Neglect
- Exploitation
Multiple forms of abuse can (and often do) occur at once.

https://ncea.acl.gov/NCEA/media/docs/NOVA-COVID19-presentation_NCEA.pdf
ABUSE
TYPES OF PHYSICAL ABUSE

- Hitting
- Slapping
- Pinching
- Using too hot/cold water
- Improper use of medication
- Scratching
- Biting
- Burning
- Tripping
- Improper isolation or restraint
INDICATORS OF PHYSICAL ABUSE

- Cuts
- Bruises
- Burns
- Grip marks
- Fearfulness
- Depression
- Anxiety
- Unusual pattern or location of injury
- Withdrawal from regular activities and social contact

<table>
<thead>
<tr>
<th>TYPES OF PSYCHOLOGICAL ABUSE</th>
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<tbody>
<tr>
<td><strong>VERBAL ABUSE</strong></td>
</tr>
<tr>
<td>❖ Making threats of harm</td>
</tr>
<tr>
<td>❖ Yelling at the individual</td>
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<tr>
<td>❖ Insulting or laughing at the individual</td>
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<tr>
<td>❖ Frightening the individual</td>
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<tr>
<td>Leveraging power over a dependent individual, such as “If _____, then ____” consequence statements.</td>
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<tr>
<td><strong>MENTAL ABUSE</strong></td>
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<td>❖ Making a fist as a gesture of future harm.</td>
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<tr>
<td>❖ Isolation or restraint</td>
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<tr>
<td>❖ Threatening to withhold food, water, heat, medications, housing, utilities…</td>
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<tr>
<td>❖ Talking to elder as if she were a child</td>
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<tr>
<td>❖ Giving elder the “silent treatment”</td>
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<tr>
<td>❖ Not allowing individual to make choices</td>
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<tr>
<td>❖ Ignoring questions or requests for help</td>
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Recent or sudden change in behavior

Seemingly unjustified fear, worry, tears

Unwarranted suspicion

Unwillingness to talk, withdrawal

Denial of situation

New or explained depression
SEXUAL ABUSE

• Involves any sexual behavior directed toward an adult without that adult’s knowledge or consent.

• Does happen to the elderly.

• Involves one person exerting control of another
INDICATORS OF SEXUAL ABUSE

• Pain, itching or bruises around breasts or genital area

• Torn, stained or bloody underclothing

• Sexually transmitted diseases

• Vaginal or anal bleeding
  • Depression, withdrawal from regular activities, fear, anxiety

Self-Neglect occurs when the disabled adult is not able to provide necessary services to maintain mental and physical health.

- Basic needs are unmet.
Caregiver Neglect is the failure of the caretaker (paid or unpaid) to provide needed services to avoid physical harm or mental anguish and to maintain mental and physical health of the disabled adult.

- Basic needs are unmet.
Indicators of Neglect
Self-Neglect vs. Caregiver Neglect

Self-Neglect
• Wandering in yard or neighborhood.
• Forgetfulness in turning off stove, gas, lights.
• Inability to cook, eat, medicate, bathe, toilet, dress, etc.
• Living in unsafe home or environment

Caregiver Neglect
– Failure to provide food, shelter, clothes, care, supervision
– Failure to provide a safe living situation
– Failure to provide or arrange medical care
– Failure to manage resources
EXPLOITATION
Exploitation includes the illegal or improper use of the elder adult’s resources (cash, vehicles, medicine, property, etc.) for profit or advantage.

- Annual financial loss by victims of financial exploitation was estimated at $2.9 billion in 2009.

INDICATORS OF EXPLOITATION

• Older adult becomes overly worried about finances.

• Older adult is routinely upset after a visit from a certain friend/relative.

• Unexplained withdrawals from bank account.

• Using deceit or coercion to obtain money or assets

• Convincing an elder to sign legal documents against their will or without their knowledge
INDICATORS OF EXPLOITATION

- Unexplained isolation.
- Elder becomes victim of a professional scam.
- Missing medication indicates drug diversion.
- Mismanagement of funds, including failure to pay for essential services.
- Guardian/Power of Attorney makes excuses about, or is unable to explain, a change in the older adult’s finances.
WHO ARE THE ABUSED?
INDIVIDUALS WHO ARE ABUSED

67% of victims are female

Average age 78

50% of people with dementia are victims of some kind of abuse

Risk increases with **age** - more than half of victims are older than 80.

Risk increases as level of **dependence** increases.

Risk is greater for **females** – an estimated 66% of victims are women.

Risk increases for those who are **physically or verbally aggressive** toward others.

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*American Geriatrics Society’s Foundation for Health in Aging*
INDIVIDUALS WHO ARE ABUSED

- 60% of victims show signs of dementia or confusion.
  - It is estimated that 50% of individuals with dementia have been mistreated by caregivers.

- Risk increases for those who have a history of domestic violence and substance abuse.

- More than 40% show signs of depression.

**Risk statistics often vary according to type of abuse.**

--- American Geriatrics Society’s Foundation for Health in Aging
WHO ARE THE ABUSERS?
INDIVIDUALS WHO ABUSE

❖ 90% of abusers are family members; of these
  ❖ 50% percent are adult children
  ❖ 20% are intimate partners (domestic abuse “ages” into elder abuse)

❖ Other abusers (10%) include friends, neighbors, and service providers.

❖ Men (52%) and women (48%) abuse older adults almost equally.

❖ One-third of abusers are seniors.

---American Geriatrics Society’s Foundation for Health in Aging
INDIVIDUALS WHO ABUSE

- Often have inadequately treated mental health and/or substance abuse problems are more likely to be abusive.

- Often dependent on the older person for housing, finances, or other needs.

- May be well-meaning caregivers who feel stressed/burdened are more likely to be abusive.
  - Especially caregivers of a physically combative and/or verbally abusive individual.
REPORTING ABUSE DURING COVID-19
REPORTING ABUSE: IT’S THE LAW

NC (and most other states) has a law that applies to disabled adults who might be abused, neglected, or exploited and may need protection.

- NC General Statute 108A-100

If you have reason to believe that an older or disabled adult has been abused, neglected, or exploited – you must contact the county Department of Social Services.
COVID-19 & ABUSE: CONSIDERATIONS
ELDER ABUSE AND COVID

PANDEMIC

EPIDEMIC
COVID-19 Impact on Older Adults
More anecdotal than statistical!

• Increased mortality from virus
• May receive lower priority in medical treatment
• Severely affected by isolation orders and loneliness
• Isolation reduces our ability to check on elders (less likely to identify abuse)
• Isolation increases risk of depression and other mental health concerns
• Caregivers receive less support services.

https://www.covid19taskforcedv.org/elder-abuse
Isolation and Loneliness

Loneliness:

• Increases the risk of developing dementia by as much as 20%

• Has a similar influence as diabetes, hypertension, inactivity, and hearing loss

• Loneliness can affect brain health and mental sharpness

• Older adults who feel lonely tend to perform worse on tests of thinking ability and ability to process information rapidly

COVID-19 Impact on Older Adults

“Elder abuse appears to be climbing during the pandemic, experts say.” --PBS News Hour 6.23.20

➢ ...statistics don’t yet exist in the United States. Duke Han, who researches elder abuse at the University of Southern California, noted a “massive increase in reports of elder abuse during the pandemic,” based on anecdotal reports of surges.

➢ Canada has reported a tenfold increase in elder abuse

➢ HelpAge cited a rise worldwide in places like Nepal, the Democratic Republic of Congo, Jordan, and Kyrgyzstan.

➢ Elder abuse advocacy groups are hearing from colleagues at domestic violence organizations — who’ve far and wide reported rises in pandemic violence — is to expect any dips in calls not to last.
COVID-19 Impact on Older Adults (cont.)

➢ Increased Dependence- greater dependency of older adults on others, which might be exploited by abusers,” Han says.

➢ Increased Isolation – significant barriers to support and limited outside contact.
  • home and community services
  • individuals not going to face-to-face physician appointments
  • ombudsman

APS Study on the Impact of COVID-19

Key Findings from Staff Surveys and Interviews – September 2020

• Most states (81%) reported receiving either fewer or many fewer reports of adult maltreatment.

• Most state APS programs did not see changes in the types of abuse reports that they were investigating. However,
  o a third of states (32%) reported an increase in self-neglect cases
  o Thirty-two percent (32%) of states saw an increase of financial exploitation cases, while 25% saw a decrease.

• Over half of state respondents (57%) indicated that they were investigating much less or less than preCOVID-19

• About half (54%) were providing many fewer or fewer services to clients.

Fraud Alert: COVID-19 Scams

Scammers use public health emergencies as opportunities for new fraud schemes.

Older adults are targeted for scams as they often have savings/assets.

Scams prey upon fear, loneliness, and isolation.

Scammers rapidly alter their tactics and adapt their schemes to the changing landscape.

Expect vaccine scams!

-Excerpted from www.smpresource.org Handouts at: SMP COVID-19 Fraud Page
SILVER LININGS OF COVID-19

A survey of Australians aged over 60:

❖ 51% believe there have already been positive outcomes from the coronavirus outbreak

❖ A fifth (19%) believe social cohesion and wellbeing are likely positive outcomes

❖ 80% were able to provide examples of support they had received from others

❖ Just over a fifth (21%) have used a new technology for the first time

❖ Almost three in 10 (29%) have increased their social media use to stay connected.

SILVER LININGS OF COVID-19

“Perhaps a silver lining, when it comes to the pandemic, is that our nation will:

• improve the number of home- and community-based care options for our older adults

• improve the working conditions of long-term services

• professionalize and compensate our caregiving workforce.”

“People are more important than whatever our business is. Increasingly, I hear people in business settings inquire about each other’s health. Are you well? Is your family healthy? The business we conduct, whatever it is, isn’t insignificant. But perhaps it is paling in significance compared to the people we associate with.

The most vulnerable in our society matter…we now heavily depend on people who make less than a living wage and whose income we are unwilling to increase to, say $15 an hour. It is true that it is the grocery store workers, the nurses, the restaurant workers, those who deliver packages, have become vitally important.

Another type of vulnerable person is the one most susceptible to the virus. Those are the elderly and those with preexisting health conditions. We worry about them. We want them to be protected. In a sense, all of what we are doing — the temporary shutdown of the economy, job losses and sheltering in place — are for them. We are protecting those who are most vulnerable so they are not harmed by this virus. It is the mark of a civilized, compassionate society that it is willing to go to such great lengths for the most vulnerable among us.”

Sources & Resources

✓ National Center on Elder Abuse (NCEA) [www.ncea.acl.gov](http://www.ncea.acl.gov)
✓ National Clearinghouse on Abuse in Later Life (NCALL)
✓ USC Center on Elder Mistreatment (USC CEM): [https://eldermistreatment.usc.edu/](https://eldermistreatment.usc.edu/)
✓ Training Resources on Elder Abuse (TREA): [https://trea.usc.edu/](https://trea.usc.edu/)
✓ Wisconsin Coalition Against Domestic Violence (WCADV)
✓ American Bar Association, Commission on Domestic & Sexual Violence (ABA CDSV)
✓ Considerations for elder abuse victims during the COVID-19 pandemic.
✓ [https://ncea.acl.gov/NCEA/media/docs/NOVA-COVID19-presentation_NCEA.pdf](https://ncea.acl.gov/NCEA/media/docs/NOVA-COVID19-presentation_NCEA.pdf)
✓ Senior Medicare Patrol, call 1-877-808-2468 or visit [www.smpresource.org](http://www.smpresource.org)
✓ Consumer Financial Protection Bureau (CFPB) - (855)411-2372
✓ National Elder Fraud Hotline - (833) 732-8311
Mental Health & Sanity During this Dilemma

NC Geriatric Adult Mental Health Specialty Team (GAST)

Therapeutic Alternatives, Inc
Cardinal Innovations Healthcare
Session Goals

- What has anxiety got to do with it?
- What has trauma got to do with it?
- What has the grief cycle got to do with it?
- Strategies to manage our current situation
Impact of COVID on Family Caregivers

- 52.9% often felt uneasy
- 31% overwhelming fears sometimes or always
- 10.7 often/always felt helpless
- 9.6 often/always felt hopeless

- Minority caregivers more likely to report worse physical/mental health of care recipient, food insecurity, negative financial impacts
Anxiousness during this time is normal.
What is anxiety?

- Can be a reaction to on-going stress/tension
- Can cause distress
- Can become a disorder
The Stages of Grief

- Denial
- Anger
- Depression
- Bargaining
- Acceptance
This time of uncertainty can also be a trigger for some folks....
During this Dilemma

Self Care Strategies
For starters, practice basic self care!

• Eat healthy
• Exercise
• Sleep
Then think about these things...

- How do you start your day?
- Information gathering
- Check your self talk
- HALT
- Check your breathing
Lastly, add one or more of these...

- Music
- Spirituality
- Meditation
- Use gratitude
- Video 2
- Time with friends/family
Sources

https://www.psychcongress.com/article/navigating-emotions-pandemic

https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w

QUESTIONS?
THANK YOU!

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Living Independently Longer in Your Home & Your Community

February 4, 2021
10:00 AM – 11:00 AM

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