WORLD ELDER ABUSE AWARENESS DAY



JUNE 15, 2020

Oregon Department of Human Services
District I I Equity and Inclusion Committee

WHY IS THERE WORLD ELDER ABUSE AWARENESS DAY?

- Historically, elder abuse has been and still is seen as taboo, underestimated, and even ignored. Many people viewed
 it as a private matter that was the responsibility of the family to deal with. World Elder Abuse Awareness Day
 aims to bring these private matters into public view to help prevent abuse and to teach how to identify it.
- 2006 The International Network for the Prevention of Elder Abuse (INPEA) initiates World Elder Abuse Awareness Day and designates it on June 15th.
- The United Nations recognizes World Elder Abuse Awareness Day in its resolution A/RES/66/127. "The resolution invites all Member States, organizations of the United Nations system and other international and regional organizations, as well as civil society, including non-governmental organizations and individuals to observe this day in an appropriate manner."

Source: https://www.un.org/en/observances/elder-abuse-awareness-day/background.

WHAT IS CONSIDERED ABUSE?

- Physical Abuse
- Verbal/Emotional Abuse
- Financial Exploitation
- Sexual Abuse
- Self-Neglect

- Abandonment
- Neglect
- Wrongful Restraint
- Involuntary Seclusion

PHYSICAL ABUSE



Physical abuse is any physical contact that results in bodily injury, pain, or impairment. It is a very common type of abuse. Physical abuse can involve slapping, hitting, or beating. Any interaction with malicious intent that causes pain or injury can be considered physical abuse.

- Cuts, lacerations, wounds
- Bruises, discoloration, grip marks, welts
- Injury without proper explanation/ explanations that don't make sense
- Injury that has not been cared for
- Burns caused by cigarettes, acids, or friction marks

VERBAL/EMOTIONAL ABUSE

Verbal or emotional abuse includes threatening significant physical harm or threatening or causing significant emotional harm to an adult through the use of: derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or harassment, coercion, threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments.



- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia (sucking, biting, rocking, etc.)
- They report they are/were verbally or emotionally mistreated.

FINANCIAL EXPLOITATION

- Wrongfully taking, by means including but not limited to deceit, trickery, subterfuge, coercion, harassment, duress, fraud, or undue influence, the assets, funds, property, or medications belonging to or intended for the use of an older adult.
- Threatening to wrongfully take or appropriate money or property in a way that will make them reasonably believe the threat will be carried out.
- Using any income or assets belonging to the older adult for other purposes than to benefit, support, and maintain them.

- Unusual activity on the older adult's banking accounts
- Large or repeated withdrawals from ATMs
- Unpaid bills, overdue rent, utility shut-off notices
- Caregivers spending the money on themselves
- Lack of spending to satisfy the care of the person
- Missing personal belongings (art, jewelry, silverware, etc.)
- Forged signatures on checks
- POA given or creation/edits to wills or trusts when the person is incapable of such decisions.

SEXUAL ABUSE

Sexual abuse is sexual conduct without consent from the adult, sexual harassment, or any sexual contact between the elder and another individual. It is also any physical force, threats, or coercion that facilitates non-consensual touching, fondling, intercourse or other sexual activities.

- Unexplained bleeding in genital area
- Torn, bloody or soiled undergarments
- Bruised breasts
- Venereal disease or vaginal infections
- Sudden changes in emotional or psychological state of a person
- Abrupt changes in responses or behavior around certain individuals
- Disclosure that individuals have been abused

SELF-NEGLECT

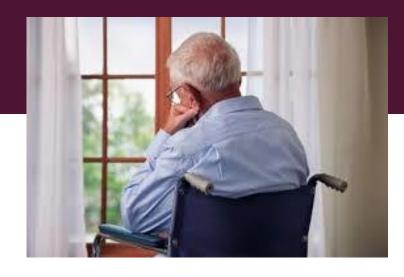
Self-neglect is the inability of a person to understand the consequences of their actions or inaction which can lead to self-harm or endangerment to others.

This can include failure to provide adequate food, clothing, and health-care for one's own needs.



- Malnourishment or dehydration and sudden weight loss
- Poor skin condition/skin hygiene
- Living environment becomes unusually cluttered and messy and stays that way
- Untreated medical conditions
- Rashes, sores, lice on the person
- Dirt, fecal/urine smell or other health and safety hazards in their living environment

ABANDONMENT



 Abandonment is desertion or willfully leaving an adult alone by a caregiver that would place the adult in serious risk of harm. It is a specific form of neglect.

- Being deserted at a public place
- A person's own report of being abandoned

NEGLECT

Neglect is the failure of a responsible individual to meet the physical, emotional, or social needs of individuals who rely on others for their primary care.

- Leaving an individual in an unsafe or isolated place
- Rashes, sores, lice on individual
- Malnourishment or dehydration and sudden weight loss
- Untreated medical condition
- Soiled clothing or bed linens
- Poor skin condition/skin hygiene

INVOLUNTARY SECLUSION

 Involuntary seclusion is the confinement, isolation, or restriction of an adult to either their room or a specific area.



- Individuals kept away from where others go
- Not allowed to use the telephone
- Not allowed to receive or send mail
- An individual speaks out and reports they're not allowed to see or talk with people who they usually see or talk to.

WRONGFUL RESTRAINT



A wrongful use of a physical or chemical restraint includes situations where:

- A licensed health professional has not conducted a thorough assessment prior to implementing a licensed physician's prescription for restraint.
- Less restrictive alternatives have not been evaluated prior to the use of the restraint.
- The restraint is used for convenience or discipline.



- Being sedated
- Unusual bedtimes for the character of the older adult (going to bed too early)
- Bruises or remarks on both wrists, both ankles, or a strip-like mark or bruise across the chest
- They report they're being tied up or sedated or not allowed to move.

MANDATORY REPORTERS

A mandatory reporter is someone who is required by Oregon law to report suspected claims of abuse or neglect for older adults, adults with physical disabilities, and minors.

You are a mandatory reporter 24/7 for older adults if you are a:

- Physician, psychiatrist, naturopathic physician, osteopathic physician, chiropractor, podiatric physician, physician assistant, or surgeon including and intern or resident;
- Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide, or employee of an in-home health service;
- Employee of DHS or OHA, county health department, community mental health program, developmental disabilities program, or an Area Agency on Aging (AAA);
- Employee of a nursing facility or an individual who contracts to provide services to a nursing facility;
- Peace officer;
- Member of the clergy;

- Psychologist, regulated social worker, licensed marriage and family therapist;
- Physical therapist, speech therapist, occupational therapist, audiologist or speech language pathologist;
- Information and referral or outreach worker;
- Senior center employee;
- Firefighter or emergency medical services provider;
- Adult foster home licensee or an employee of the licensee;
- Member of the Oregon Legislature or their staff;
- Attorney;
- Dentist or Optometrist;
- Homecare Worker;
- Personal Support Worker;
- Legal counsel, guardians and family members are mandatory reporters for any resident in a nursing facility.

REPORTING ABUSE OF OLDER ADULTS AND PEOPLE WITH PHYSICAL DISABILITIES

- Call the hotline I-855-503-SAFE (7233)
- Call your local Aging and People with Disabilities office to speak with the Adult Protective Services Screener.
 - Klamath/Lake counties Mon-Fri 8AM-5PM
 - **541-883-5551**
- For emergencies, call 911



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STATISTICAL DATA

	Elder abuse in community settings (1)	Elder abuse in institutional settings (2)	
Type of Abuse	Reported by older adults	Reported by older adults and their proxies	Reported by staff
Overall Prevalence	15.7%	Not enough data	64.2% or 2 in 3 staff
Psychological Abuse	11.6%	33.4%	32.5%
Physical Abuse	2.6%	14.1%	9.3%
Financial Abuse	6.8%	13.8%	Not enough data
Neglect	4.2%	11.6%	12.0%
Sexual Abuse	0.9%	1.9%	0.7%

RESOURCES

- https://www.un.org/en/observances/elder-abuse-awareness-day
- https://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADULT-ABUSE/Pages/index.aspx
- https://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm
- https://www.nia.nih.gov/health/elder-abuse