Position Statement on

Elder Abuse, Neglect, and Maltreatment

Introduction/Problem Statement

The intent of this position statement is to affirm the role and responsibilities of the registered professional nurse related to elder abuse, neglect, and maltreatment in healthcare settings. Nurses care for older adults in diverse settings and are in an ideal position to assess and recognize abuse.

Rationale and Supporting Information

Abuse, neglect, and maltreatment of the elderly by family and caregivers is a growing social problem. The frequency of elder mistreatment will likely increase over the next several decades as the population ages. It is crucial registered professional nurses who work with an increasing number of elderly patients be aware of the problem and the implications for nursing practice. This includes not only knowledge of the problem and the related assessment criteria and interventions but also knowledge of related laws (Brandl & Horan, 2002). A large proportion of registered professional nurses throughout healthcare settings are in contact with the older adult population and are in a unique position to identify abuse or the potential for abuse. Whether in the home, hospital, or various community and long-term care agencies, the older adult requires comprehensive care including promotion and maintenance of health, assessment, timely intervention, rehabilitation, ongoing education, and referral as necessary (American Nurses Association [ANA], 200a).

According to The National Elder Abuse Incidence Study (NEAIS) (1998), elder abuse in domestic settings is a widespread problem affecting hundreds of thousands of elders each year. However, it is largely concealed under the shroud of family secrecy. The study revealed that the number of unreported cases of elder abuse and neglect is estimated to be greater than five times the number reported to the state Adult Protective Service (APS). If this estimate is accurate, then domestic elder abuse cases reported to state APS or aging agencies represent only the tip of the iceberg (www.aoa.gov).

Elder abuse is a complex issue that includes many forms of abuse: physical or psychological maltreatment, neglect, and material or financial exploitation. Physical abuse is an act of violence that causes physical pain, impairment, or injury. Psychological abuse is defined as an act against the elder adult with the intention of causing emotional pain or injury; it often accompanies physical abuse. Neglect of the elderly refers to the refusal or failure of a caregiver to meet the needs of the dependent elderly person which may be intentional or unintentional. Many definitions of abuse include acts of material or financial exploitation (Brandl & Horan, 2002). Financial or material exploitation is the illegal or improper use of an elder's funds, property, or assets. Self-neglect is characterized as the behaviors of an elderly person that threaten his/her own health or safety. Other types of abuse that are sometimes listed separately are sexual abuse, abandonment, and violation of rights.

Experts in the field now define three major categories of elder abuse: domestic, institutional, and self-abuse/neglect (Elder Abuse Prevention, 2001). Domestic abuse can be referred to as intimate partner abuse (domestic violence grown old) or abuse by older caretakers (family or hired) in the elderly person's home. Elder intimate partner violence may be a new problem related to cognitive-behavioral changes of aging or it may be a continuation of decades of abuse. The familial or caregiver risk factors include substance abuse, unemployment by the caregiver, lack of knowledge of duties, resources, and/or services, stress, fatigue and/or dissatisfaction, history of violence, psychological or physical impairment, and poor impulse control (Allan, 2002). Abuse within institutions refers to facilities such as nursing homes and assisted living. Self-abuse/neglect often occurs in the home of the elderly where the person has become isolated and estranged from social contact. Elder abuse is a highly complex issue, and each category of abuse/mistreatment may have its own causes. It becomes even

more complex when one considers the issue of self-determination on the part of the elder who may choose to remain in an abusive situation.

Elder abuse is often difficult to assess because of the failure of the elder to report the mistreatment, healthcare providers' attitudes toward elders, and lack of knowledge of interventions available and of reporting requirements. Solid gerontological nursing assessment skills are needed to determine the significance of the findings. Nurses are often the first healthcare providers to see a victim and can play a major role in addressing elder abuse (Shugarman, Fries, Wolf, & Morris, 2003). The Elder Abuse Instrument (EAI) (1984) suggests that an elder be reported to social services if the following exists: 1) if there is any evidence of mistreatment without sufficient clinical explanation, 2) whenever there is a subjective complaint by the elder, or 3) whenever the clinician believes there is high risk or probable abuse, neglect, exploitation, and/or abandonment.

The Centers for Medicare & Medicaid Services' (CMS) requirements for Long Term Care Facilities, 483.13, state: "The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion." Federal and state surveyors of long term care facilities are directed to F-Tag 223 during investigations of the long term care facility. Reporting requirements for the long term care facility include "reporting both alleged violations and results of investigations to the State Survey Agency."

Elders who need daily living assistance, either from home health care or assisted living services, are generally vulnerable and often isolated—making them particularly easy targets for abuse. Assisted living facilities and home healthcare agencies are not currently regulated by the Centers for Medicare & Medicaid Services (CMS). As a result, each state has differing suspected elder abuse, neglect, or exploitation reporting requirements. Reporting requirements may have a time frame (e.g., 24 or 48 hours) and may have various agencies the registered professional nurse must contact (e.g., Adult Protective Services, Bureau of Elder Services, or law enforcement agency) specified.

Acute hospitals that are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are required to screen all patients (not just elders) for abuse and make a plan of care if actual or suspected abuse is detected. Suspected abuse of dependent or incapacitated adults reporting requirements vary from state to state. The registered professional nurse should be familiar with a state's mandatory and/or optional reporting requirements for licensed healthcare professionals. States vary in acute hospital licensing regulations that require screening for and reporting elder abuse.

Definitions

Physical abuse: Non-accidental use of force that results in bodily injury, pain, or impairment. This includes, but is not limited to, being slapped, burned, cut, bruised, or improperly physically restrained.
Sexual abuse: Non-consensual sexual contact of any kind. This includes, but is not limited to, forcing sexual contact with self or forcing sexual contact with a third person.
Emotional abuse: Willful infliction of anguish, pain, or distress through verbal or non-verbal acts. This includes, but is not limited to, isolating or frightening an adult.
Financial exploitation: Improper use of an adult's funds, property, or resources by another individual. This includes, but is not limited to, fraud, embezzlement, forgery, falsifying records, coerced property transfers, or denial of access to assets.
Intentional Neglect: Failure to meet the needs of the dependent elderly person by, for example, willfully withholding food or medications or refusing to take the elder to seek medical care.
Unintentional Neglect: Neglect that involves ignorance or from genuine inability to provide care.
Self-neglect: This is the adult's inability, because of physical and/or mental impairments, to perform tasks essential to caring for self.
Abandonment: Desertion of a vulnerable elder by anyone who has assumed care or custody of that person.

Note: The use of the term "patient" anywhere in this document is intended to be generic and reflects that of both patient and client.

NGNA's Position and/or Recommendation

It is the position of the National Gerontological Nursing Association (NGNA) that the registered professional nurse is required by law and standards of practice to safeguard elders from abuse, neglect, and maltreatment. This responsibility is set forth in the American Nurses Association's (ANA) *Scope and Standards of Practice* (2004), *Scope and Standards for Gerontological Nursing Practice* (2001), the *Code of Ethics for Nurses with Interpretative Statements* (2001), and the Joint Commission on Accreditation of Healthcare Organizations 42 CRF § 482.13 Resident Rights Condition of Participation for Hospitals and Home Health and 42 CRF § 483.13 Resident Rights for Skilled Nursing Facilities.

In order to safeguard this population from abuse, neglect, and maltreatment, a registered professional nurse must:

- Promote, advocate, and strive to protect the health, safety, and rights of patients (ANA, 2004).
- Maintain a therapeutic and professional patient-nurse relationship with appropriate professional role boundaries (ANA, 2001b).
- Owe the same duties to self as to others as well as the responsibility to protect integrity and safety, to maintain competence, and to pursue personal and professional growth (ANA, 2001b).
- Recognize ethical dilemmas occurring within the practice environment and seek available resources to formulate ethical decisions (ANA, 2001a).
- Contribute to the establishment, maintenance, and improvement of healthcare environments and conditions of employment conducive to the provision of quality care (ANA, 2001b).
- Report abuse of elders' rights, incompetence, and unethical and unlawful practice (ANA, 2001a).
- Be knowledgeable regarding the laws and regulations that govern nursing practice within the nurse's state of employment.

The National Gerontological Nursing Association (NGNA) recommends that the registered professional nurse:

- Routinely assess patients for signs and symptoms of abuse.
- Initiate appropriate actions if patient abuse, neglect, or maltreatment (including financial exploitation) is suspected or observed by reporting to the appropriate individual, agency, or regulatory body.
- Advocate for mandatory reporting of elder abuse in all settings.
- Advocate for individuals who anticipate or experience reprisals for reporting abuse, neglect, or maltreatment of patients.
- Promote the establishment of community-level continuing education programs that are focused on preparing the public and registered professional nurses to better identify and treat elders who are victims of abuse, neglect, and maltreatment.
- Support efforts by schools of nursing to include education on all aspects of elder abuse, neglect, and maltreatment.
- Advocate for programs of advanced study and research in gerontological nursing practice.
- Support elder abuse prevention programs and systems which may include, but are not limited to, background checks and institutional and community education programs.
- Be politically active to promote the availability of services to older adults and their caregiver(s).

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Suggested Readings

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