Elder Mistreatment
As An Emerging Public Health Concern:
Identifying Knowledge Gaps Among Caregivers and Social Services Agencies

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## Transitions in Elder Abuse Research

<table>
<thead>
<tr>
<th>20th Century</th>
<th>21st Century</th>
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<td>• Focused exclusively on abuse in the home</td>
<td>• Focus shifting to abuse by facilities and paid in-home caregivers</td>
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<td>• Assumed that most abuse was perpetrated by family</td>
<td>• Growing concerns about abuse by conservators and guardians</td>
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Transitions in Elder Abuse Research

Unfortunately, institutional abuse of the elderly (i.e. hospitals, convalescent homes, and board-and-care homes) is also becoming a major concern, particularly since more families are unable to provide appropriate care for the elderly at home.

American Psychological Association
Transitions in Elder Abuse Research

Data on the extent of the problem in institutions such as hospitals, nursing homes and other long-term care facilities are scarce. A survey of nursing-home staff in the United States of America, however, suggests rates may be high:

• 36% witnessed at least 1 incident of physical abuse of an elderly patient in the previous year;
• 10% committed at least 1 act of physical abuse towards an elderly patient;
• 40% admitted to psychologically abusing patients.
Transitions in Elder Abuse Research

**National Center on Elder Abuse (NCEA, 1998)**

- Data from 1996
- Surveyed DOMESTIC abuse (in the home)
- Relied primarily on APS reports
- In many states, APS does not respond to abuse in facilities

**Coalition for Elder & Dependent Adult Rights (CEDAR, 2015)**

- Data from NCEA Newsfeed Jan 2012 – Aug 2014
- Surveyed abuse in ALL settings
- Relied on reports by professional journalists
- Reflected current trends
Transitions in Elder Abuse Research

National Center on Elder Abuse (NCEA, 1998)
- Family perpetrated 90% of DOMESTIC abuse
- No data on long-term care facilities
- No data on private caregivers
- Findings often misapplied to abuse in ALL situations

Coalition for Elder & Dependent Adult Rights (CEDAR, 2015)
- Family perpetrated 24% of abuse in ALL situations
- Long-term care facilities perpetrated 27% of abuse
- Private caregivers perpetrated 11% of abuse
- Facilities + paid caregivers perpetrated 38% of abuse in ALL situations
Transitions in Elder Abuse Research

National Center on Elder Abuse (NCEA, 1998)

- Family: 90%
- Facilities: 10%
- Private Caregivers: 0%
- Total Non-Family: 10%

Coalition for Elder & Dependent Adult Rights (CEDAR, 2015)

- Family: 24%
- Facilities: 27%
- Private Caregivers: 11%
- Total Non-Family: 76%
In the only national study that attempted to define the scope of elder abuse, the vast majority of abusers were family members (approximately 90%), most often adult children, spouses, partners, and others.

NCEA Website (July 2015)
Hard as it is to believe, the great majority of abusers are family members, most often an adult child or spouse.

NCEA Website (July 2015)
Data Misinterpreted >>> Justice Denied
Systemic Failure to Protect Victims

Abuse by non-family may be disregarded

• Adult Protective Services
• Community Care Licensing
• Long-term Care Ombudsman
• Law Enforcement
• Civil Court
Mrs. H: Alzheimer’s Patient

Severe cognitive deficits in 2010:

- “Time traveling”
- Believed she was destitute
- Forgot close family members
Mrs. H: Elder Abuse Victim

June 2010 – September 2012:

- Kidnapped from her home
- Entire $1M estate taken
- False imprisonment and forced isolation in assisted living facility
  - Facility denied visitation for 15 months
  - Facility denied phone calls for 5 months
  - Indicators of sexual abuse for 16 months
  - Facility administered meds to “control agitation”
APS: Flawed Response

Adult Protective Services substantiated:

- Kidnappers seized estate
- Facility isolated Mrs. H from family

- APS investigator stated she closed the case because Mrs. H “was not cooperative.”
Licensing: Flawed Response

Community Care Licensing substantiated:

- Facility isolated Mrs. H from family
- Facility administered chemical restraint
- Mrs. H slept on a mattress on the floor

- Licensing issued citations but did not require corrections
Licensing: Flawed Response

Licensing Program Analyst stated that she saw her role as protecting facilities from families that file complaints.
Licensing: Flawed Response

Things haven’t worked the way they should.

California Department of Social Services
Director Will Lightbourne, 2014
Ombudsman: Flawed Response

Long-term Care Ombudsman substantiated:
• Facility isolated Mrs. H from family

• Ombudsman closed the case without taking action
  – County Counsel instructed ombudsman not to investigate abuse
Ombudsman: Flawed Response

At this time, your ongoing concerns regarding your mother’s care would be better addressed through the ... court.

Supervisor for Ombudsman
Director, Aging and Adult Services
November 2011:

- Family filed litigation against kidnappers and abusive facility
- Court ruled that family did not have standing while Mrs. H survived
  - Dismissed litigation due to lack of standing
  - Instructed family to document abuse and re-file litigation after Mrs. H died
Law Enforcement: Flawed Response

Sheriff substantiated:

• Kidnappers seized estate
• Facility isolated Mrs. H from family

No crime was committed.

Investigating Deputy
(School Resource Officer)
Law Enforcement: Flawed Response

In each instance [deputy] found her in a safe and well cared for state.

Captain
Law Enforcement: Flawed Response

There is nothing out of the ordinary.

Deputy District Attorney
Mrs. H: Elder Abuse Victim

September 2011:

• Family obtained restraining order against continued isolation abuse
• Required 16 court hearings over 15 months
• Cost to family: $70K
Mrs. H: Elder Abuse Victim

May 2010 - September 2012:
- Mrs. H was terrified of a male caregiver who worked alone at night in Memory Care

_They say we have to get married._
_I will not marry that man!_
Mrs. H: Elder Abuse Victim

May 2010 - September 2012:
• Facility administered Ativan, Seroquel, and Haldol to “control agitation”

Help me. Help me. Help me!!!
Mrs. H: Elder Abuse Victim

August 2012:

• Mrs. H was treated in ER for vaginal bleeding, genital trauma, and severe agitation
  – Facility concealed incidents from family
  – Facility terminated male caregiver
  – Facility “lost” work records for male caregiver
  – Facility transferred Mrs. H to another location
Mrs. H: Elder Abuse Victim

November 2014:

• Attorney questioned male caregiver about sexual assaults

• Male caregiver exercised 5th Amendment privilege against self-incrimination
  – Refused to answer questions about sexual assaults
Law Enforcement: Flawed Response

Family sent evidence to Sheriff’s Department

This is to advise that the Sheriff’s Department will not be responding to [family’s] inquiries...

County Counsel
Law Enforcement: Flawed Response

Family sent evidence to District Attorney

There is no evidence of a crime.

Deputy District Attorney
Civil Court: Costly & Slow

Mrs. H died August 2013

• Abused last 39 months of life
  – Denied routine medical care
  – Denied treatment by a neurologist
  – Denied treatment by a rheumatologist
  – Indicators of long-term sexual abuse

• Family gained standing to file litigation
Civil Court: Costly & Slow

July 2015:

• Five years after kidnapping and theft of estate
  – Trial may be set for 2016
  – Kidnapper retains residue of Mrs. H’s estate
  – Possible sexual predator remains free to abuse

• Cost to family: Exceeds $1M in legal fees
Data Misapplied >>>> Justice Denied

No Remedy for Victims of Elder Abuse
In Memory of Carol Jean Hahn
December 12, 1935 – August 17, 2013
Elder Abuse Victim: June 5, 2010 – August 17, 2013