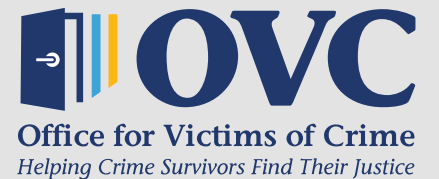


Recognizing Elder Abuse and Referring Survivors to Community Services

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Training Objectives

- Training participants will be able to:
 - Recognize three signs of elder abuse and neglect during the course of a medical conversation.
 - Employ two trauma-informed responses to elders who disclose abuse.
 - Use a "warm handoff" to resources within the hospital and community.

Elder Abuse Definitions

- VAWA defines Elder Abuse as:

34 USCS § 12291

(11) Elder abuse. The term “elder abuse” means any action against a person who is 50 years of age or older that constitutes the willful—

(A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or

(B) deprivation by a person, including a caregiver, of goods or services with intent to cause physical harm, mental anguish, or mental illness.

- Department of Justice defines Elder Abuse as:

- Elder abuse is an intentional or negligent act by any person that causes harm or a serious risk of harm to an older adult. It is a term used to describe five subtypes: Physical Abuse, Psychological Abuse, Financial Exploitation, Neglect and Abandonment, and Sexual Abuse.
- The Department of Justice defines an older adult as a person who is **at least 60 years old**.

California Elder Abuse Law

- In California, elders are defined as persons 60 years and older. Under California law, elder abuse can be both criminal and civil.
- **Criminal elder abuse** occurs when a person knows the victim is elderly, then willfully causes or permits that elder to suffer, or inflicts unjustifiable physical pain or mental suffering on the elder. It also covers situations where a person willfully causes or permits an elder to be placed in a situation in which their health is endangered. (Penal Code Section 368)
- **Civil law** defines elder abuse as physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment resulting in harm, pain or mental suffering to an elder. It also means the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. (Welfare & Institutions Code Section 15610.)

Types of Abuse

- **Physical:** e.g., Hitting, kicking, burning, dragging, over or under medicating
- **Sexual:** e.g., Unwanted sexual contact, sexual exploitation, forced viewing of pornography
- **Abandonment:** e.g., Desertion or willful forsaking by anyone having responsibility for care
- **Isolation:** e.g., Preventing the individual from receiving mail, telephone calls, visitors
- **Financial:** e.g., Theft, misuse of funds or property, extortion, duress, fraud
- **Neglect:** e.g., Failure to provide food, clothing, shelter, or health care for an individual under one's care when the means to do so are available.
- **Self-neglect:** e.g., Failure to provide food, clothing, shelter, or health care for oneself.
- **Mental suffering:** e.g., Verbal assaults, threats, causing fear.
- **Abduction:** e.g., Removal from this state and restraint from returning to this state of any elder or dependent adult.

Mandated Reporting of Elder Abuse in California

Who is a mandated reporter?

- Most people who work with elders or disabled adults are mandated reporters under state law. **Mandated reporters include health practitioners (physicians/surgeons, residents, interns, psychologists, etc.).**
- Mandated reporters include all staff in every:
 - Long-term health care facility;
 - Community care facility;
 - Residential facility for the elderly;
 - **Hospital**; and
 - Everyone who counsels, cares for, or handles finances for California's elderly and dependent adults.

Mandated Reporting of Elder Abuse in California

Who receives mandated reports of elder abuse in CA?

- **Adult Protective Services (APS)**
 - Each California County has an Adult Protective Services (APS) agency to help elder adults (60 years and older) and dependent adults (18-59 who are disabled), when these adults are unable to meet their own needs, or are victims of abuse, neglect or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults **who live in private homes, apartments, hotels or hospitals, or who are, or soon will be, experiencing homelessness.**
 - To report abuse, call **1-833-401-0832** and when prompted enter your 5-digit zip code to be connected to the Adult Protective Services in your county, 7 days a week, 24 hours a day.

Mandated Reporting of Elder Abuse in California

Who receives mandated reports of elder abuse in CA?

- **If the abuse occurred in a long-term care facility:**
 - Local **law enforcement** agency
 - **Long-Term Care Ombudsman Program:** 1-800-231-4024 (Statewide CRISISline)
 - The appropriate licensing agency for the facility
 - For skilled nursing facilities: **CA Department of Public Health, Licensing and Certification:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>
 - For community care facilities: **Community Care Licensing, Department of Social Services:**
cclid.ca.gov

Spotting the Signs of Elder Abuse

Spotting the Signs of Elder Abuse

Each year, hundreds of thousands of adults over the age of 60 are abused, neglected, or financially exploited.

Here are signs that an older adult in your life may be experiencing abuse:



Physical

Unexplained injuries or physical signs of punishment or restraint, such as bruises, scars, or burns

Emotional

Depression, anxiety, or changes in behavior

Neglect

Preventable health problems such as bedsores or unclean living conditions

Abandonment

Leaving an older adult who needs help alone without planning for their care

Sexual

Changes in mood, becoming withdrawn, or other physical signs

Financial

Changes in banking or spending patterns

If you suspect an older adult is being abused, talk with them and report what you see to an authority.

Learn more at www.nia.nih.gov/elder-abuse.



Spotting the Signs of Elder Abuse

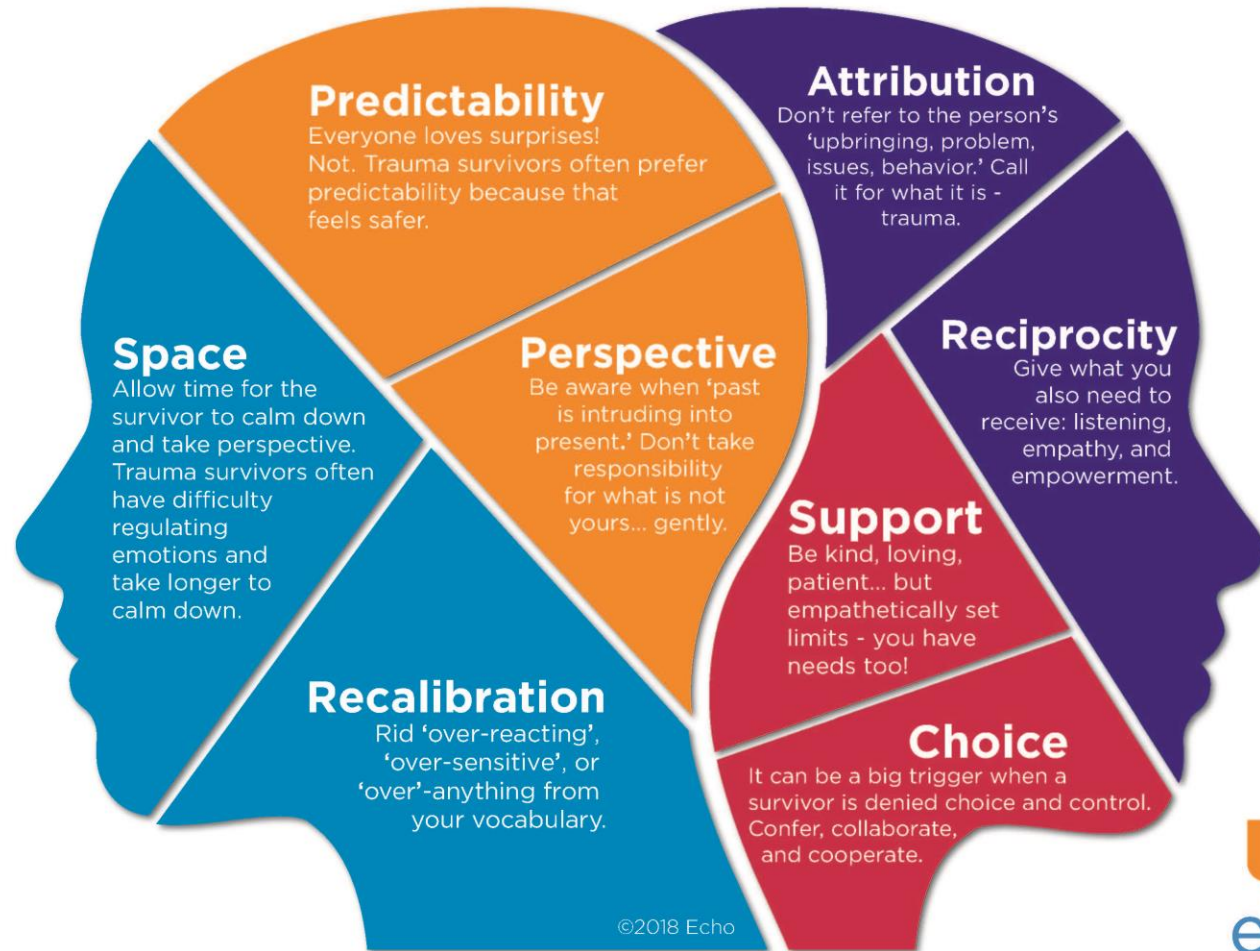
- Explanation for an injury is inconsistent with its possible cause
- Recent changes in the elder or dependent adult's thinking; seems confused or disoriented
- The caregiver is angry, indifferent, or aggressive toward the elder or dependent adult
- Personal belongings, papers, or credit cards are missing
- The elder appears hesitant to talk openly
- Lack of necessities, such as food, water, utilities, medications and medical care
- The caregiver has a history of substance abuse, mental illness, criminal behavior or family violence
- Another person's name added to the client's bank account or important documents, or frequent checks made out to cash

Spotting the Signs of Elder Abuse

- Scenario 1
 - During a routine medical appointment, 70-year-old patient Joy presents with a black eye. When questioned about it, she becomes fidgety and claims that she “fell onto [her] coffee table.”
- Scenario 2
 - 80-year-old patient Richard visits urgent care with his caregiver Amy. John seems nervous/hesitant to speak to medical staff about his symptoms/medical history, and he defers to Amy when asked questions. When Richard does speak, Amy often interrupts him.
- Scenario 3
 - 75-year-old patient Carole seems overwhelmed and distracted during her appointment, during which she fumbles through her purse trying to find a card or other method of payment with which to pay her copay. She remarks that she does not know where her money is going.

Responding to a Patient's Disclosure of Elder Abuse

How to Support Someone Who Has Experienced Trauma



Responding to a Patient's Disclosure of Elder Abuse

- Scenario 1, continued
 - After Joy claims that she fell onto her coffee table, you are wary of her story and ask how things are going at home. After a long pause, Joy discloses that her adult son, who is presently staying in her spare room, sometimes drinks/takes drugs and “gets rough with” her. She asks you not to “get him in trouble.”

Responding to a Patient's Disclosure of Elder Abuse

- Scenario 1, continued
 - Trauma-informed response:
 - **Convey compassion but don't push** – e.g., “*I am so sorry that you are dealing with this, Joy.*” To the extent you have time, give Joy space to speak about the situation further, if she wants. Follow her lead when discussing the abuse, while conveying your willingness to help. “*Would you like to talk about it? Is there any way I can help?*”
 - **Gently offer the appropriate local resources** to Joy – if she is hesitant to accept them, you may suggest that she can contact your office if she becomes interested in these resources, and your office can discretely connect Joy to these resources via “warm handoff.”

****NOTE: While this situation necessitates filing a mandated report, *you do not have to disclose to Joy that you are going to make a report, and your identity as the reporting party is kept confidential by law.* ****

Responding to a Patient's Disclosure of Elder Abuse

- Scenario 2, continued
 - Richard's caregiver Amy steps out of the room to take a phone call. You ask Richard how things are going with Amy. He informs you that Amy often yells at/insults him, and he is afraid of her. He discloses that Amy frequently takes his phone and debit/credit cards, claiming that Richard cannot handle anything without her help. He states that Amy has intercepted his mail, and he has not seen his debit/credit card statements for the past two months.

Responding to a Patient's Disclosure of Elder Abuse

- Scenario 2, continued
 - Trauma-informed response:
 - **Convey compassion but don't push** – e.g., *“Thank you for sharing that with me, Richard. That sounds incredibly stressful and overwhelming. Is there anything I can do to help improve the situation for you?”*
 - **Gently offer the appropriate local resources** – bearing in mind that your time may be limited before Amy returns to the room, you may encourage Richard to contact your office to be connected to local resources (via “warm handoff”) when it is safe for him to do so.
- **NOTE: While this situation necessitates filing a mandated report, *you do not have to disclose to Richard that you are going to make a report, and your identity as the reporting party is kept confidential by law.*****

Responding to a Patient's Disclosure of Elder Abuse

- Scenario 3, continued
 - You gently ask Carole if she would like to talk about her financial situation, or if she would be interested in being connected with a resource that could assist her with this. Carole's eyes fill with tears, and she discloses that she has been sending funds (via cryptocurrency ATM deposits) to a man she met online. She further states that she provided the man all her personal information (SSN, DOB, online banking login information, etc.) because she was under the impression they are going to get married –her accounts are now overdrawn, and her credit score has dropped.

Responding to a Patient's Disclosure of Elder Abuse

- Scenario 3, continued
 - Trauma-informed response:
 - **Convey compassion but don't push** – e.g., *“I'm glad you felt comfortable sharing that with me, Carole. I can only imagine how incredibly difficult this situation is. How can I help?”*
 - Because the patient is disclosing what sounds like a romance scam, be cautious in how you broach the subject of this potentially being a scam/fraud, if you do so.
 - **Gently offer the appropriate resources** – as Carole is reporting an internet-facilitated crime, in addition to local resources, federal resources are prudent. You can provide her a list of resources or offer to reach out to resources for her (via “warm handoff,” as appropriate), following her lead on how she wants to proceed.
- **NOTE: While this situation necessitates filing a mandated report, *you do not have to disclose to Carole that you are going to make a report, and your identity as the reporting party is kept confidential by law.*****

Warm handoffs to resources

- What is a “warm handoff”?
 - Considered “best practice” in social/victim services, a warm handoff is a process in which the **service provider directly connects the client with another provider or resource** rather than only providing the client the contact information for the resource.
 - Example: the provider initiates a call to the resource with the client present on speakerphone.
 - Warm handoffs are prudent when working with trauma/abuse survivors – especially if those survivors may also be struggling with health issues, as many older adults do.

Warm handoffs to resources

- **Common resources for elder abuse survivors**

- **Adult Protective Services:** 1-833-401-0832
- **Long-Term Care Ombudsman Program** (if they reside in a long-term care facility): 1-800-231-4024 (Statewide CRISISline)
- **Eldercare Locator** (to determine patient's local Area Agency on Aging/other local resources): <https://eldercare.acl.gov/> or 1-800-677-1116
- **National Elder Fraud Hotline:** 1-833-372-8311
- **Identity Theft Resource Center:** 1-888-400-5530 or <https://www.idtheftcenter.org/>

Questions?



Thank you!



- 1-833-372-8311 or 1-833-FRAUD-11
- 10:00 a.m.–6:00 p.m. ET, Monday through Friday
- English, Spanish, Mandarin, and other languages available
- <https://www.justice.gov/stopelderfraud>
- Presenter contact information:
- Helen Supanich: helen.supanich@icf.com

Sources Cited

- <https://www.justice.gov/elderjustice/about-elder-abuse>
- <https://www.cdss.ca.gov/inforesources/adult-protective-services#:~:text=APS%20services%20are%20available%20to,of%20income%20at%20no%20cost.>
- <https://oag.ca.gov/dmfea/mandated-reporter>
- <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC341.pdf?ver=2024-03-01-130211-950>
- <https://www.nia.nih.gov/health/elder-abuse/spotting-signs-elder-abuse>
- <https://canhr.org/recognizing-and-reporting-elder-abuse/>
- <https://www.cdss.ca.gov/inforesources/cdss-programs/adult-protective-services/information-for-mandated-reporters>
- <https://www.cdss.ca.gov/inforesources/adult-protective-services>
- <https://www.echotraining.org/support-trauma-survivor-infographic/>

Further Reading

- CANHR's factsheet on recognizing and reporting elder abuse:
https://canhr.org/wp-content/uploads/FS_ABUSE_Recognizing_Elder_Abuse.pdf
- California mandated reporter training:
<https://cdss.ca.gov/MandatedReporting/story.html>
- California's mandated reporting form for written elder abuse reports (which includes more detailed information on mandated reporting law in CA):
<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC341.pdf?ver=2024-03-01-130211-950>
- Warm handoff guide for healthcare providers:
<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-qsg-brochure.pdf>

Evaluation QR Code

https://www.surveymonkey.com/r/SS_EisenhowerHealth_Jan2025_RecEA

