Elder Abuse: What Professionals Need to Know

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In May 2010, a downloadable copy of this guide will be available through the University of Pittsburgh School of Social Work website:


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# Table of Contents

- **Acknowledgements** .................................................................................. vi
- **Introduction** ......................................................................................... 1
- **Overview of Elder Abuse** ...................................................................... 2
- **Myths about Elder Abuse** ..................................................................... 5
- **Types and Signs of Elder Abuse** ........................................................... 6
- **Risk Factors** ....................................................................................... 9
- **Prevention** .......................................................................................... 10
- **What to do if Abuse is Suspected** ......................................................... 11
- **Reporting Suspected Abuse** ................................................................. 13
- **Documenting Suspected Abuse** ......................................................... 14
- **Pennsylvania Adult Protective Services Law** ....................................... 15
- **Mandatory Reporting** ......................................................................... 16
- **Working with Someone Who Has Been Abused or Neglected** ............. 17
- **Appendix A: Protective Services Offices for Southwest Pennsylvania** ..... 19
- **Appendix B: STARTS** .......................................................................... 20
- **Appendix C: Pullouts** .......................................................................... 23
- **References** ......................................................................................... 26
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Introduction

You have noticed that the normally outgoing Mr. Jones has seemed withdrawn lately. In response, you begin asking about different aspects of his life, including his daughter, Amy. Any time you mention Amy, Mr. Jones becomes noticeably nervous and uncomfortable. He fidgets and avoids eye contact. When you ask why talking about Amy makes him feel uneasy, he replies, “I don’t know. She can just be a little rough with me sometimes. She doesn’t mean to be so harsh—it’s just the way she is.” When you ask him to elaborate, he refuses, stating, “It’s not a big deal. I shouldn’t have said anything.”

As a helping professional, having suspicions of elder abuse can be overwhelming. The thought might occur, “Are my suspicions accurate? Am I overreacting?” The possibility of reporting a potential perpetrator for abuse may be frightening. It is reasonable to have many questions and concerns in the event that suspicion of abuse arises.

“Elder Abuse: What Professionals Need to Know” is designed to help professionals understand the issue of elder abuse. In this guide, current myths about elder abuse are identified. The types and signs of abuse are discussed, as well as ways in which to prevent abuse. There are several sections concerning the process of reporting suspected abuse. Finally, ways to help ease the emotional trauma of abuse are discussed.

In designing this guide, the intent was to raise awareness about the issue of elder abuse, as well as to reduce any anxiety one may have in making a report to Adult Protective Services when it is suspected. As many professionals are unlikely to carry a full guide with them, we offer a couple of pullout features. Appendix C (p. 23) contains a pullout version of the types and signs of abuse. To remember what to do when you observe abuse or neglect, we created an acronym, STARTS, which outlines the steps one would take should a situation of possible elder abuse arise. The steps are highlighted in the sections on What to Do (p. 11), Reporting (p. 13), and Working with Someone Who Has Been Abused (p. 17). Appendix B (p. 20) contains a pull out card with the STARTS acronym and steps on one side and the numbers for Southwest Pennsylvania Adult Protective Services Offices on the back.

If you are reading this guide in a PDF format, please note that links from one section to another have been embedded into the text for your convenience. This should help you move from topic to topic and get clarifying definitions, especially if you are unfamiliar with the topic area.
Overview of Elder Abuse

What is Elder Abuse?
As defined by the National Center on Elder Abuse (2009), “elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” It can come in the form of physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment.

Who is impacted?
According to the National Council on Aging (NCOA, 2004), “Elder abuse affects seniors across all socioeconomic groups, cultures, and races.” However, it is important to note that women and the elderly aged 80 and older are “more likely to be victimized (NCOA, 2004).”

Statistical and Demographic Information

- About 1 in 9 or 11% of Americans over the age of 60 have experienced some form of elder abuse in the past year; for every case of abuse, neglect, exploitation, or self-neglect that is reported to authorities, at least 5 go unreported (NCOA, 2004).
- For those elderly who have been mistreated, the risk of death is 300 times greater than for those who have not been (NCOA, 2004).
- In 2003, 2 out of every three (65.7%) elder abuse victims were women, and in 20 of the states, more than 2 in 5 victims (42.8%) were age 80 and older.
- In Pennsylvania during the 2007-2008 fiscal year, the most common substantiated reports of abuse to the Area Agencies on Aging (AAA) were, in descending order, self neglect, caregiver neglect, emotional abuse, and financial exploitation (Commonwealth of Pennsylvania Department of Aging, 2007-2008).
Self Neglect 27%
Caregiver Neglect 24%
Financial Exploitation 21%
Emotional/Psychological/Verbal 13%
Physical 12%
Sexual 1%
Other 2%

Investigated Reports of Elder Abuse (National)

Figure 1, Source, P.B. Teaster, 2004

Adult Children 40%
Other Family Members 26%
Unknown Relationships 20%
Spouses/Intimate Partners 14%

Perpetrators of Elder Abuse (National)

Figure 2, Source P.B. Teaster, 2004
It is important to note that, in all of the above counties, the number of reports substantiated never represented more than 39.1% of the reports investigated throughout Pennsylvania (Commonwealth of Pennsylvania, 2008).
# Myths about Elder Abuse

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most crimes against the elderly are violent crimes that result from being in the wrong place at the wrong time.</td>
<td>Most elderly victims are victimized in or near their homes and are victims of financial crimes, neglect, and white collar offenses.</td>
</tr>
<tr>
<td>Elder abuse only happens to women or older people who are isolated, frail, or have a disability.</td>
<td>Abuse can happen to anyone and can come in many forms other than physical harm, including financial and emotional.</td>
</tr>
<tr>
<td>Only a stranger would abuse an elderly person.</td>
<td>The abuser is <em>often a loved one</em> (Figure 2) who the elderly person trusts.</td>
</tr>
<tr>
<td>If things were really that bad then the victim would just leave.</td>
<td>Often times the victim feels trapped as the result of many factors including fear, isolation, social repercussions, emotional dependence, and low self-esteem.</td>
</tr>
<tr>
<td>Most victims of elder abuse are victims of physical abuse.</td>
<td>Though physical abuse is the easiest form of abuse to recognize due to the appearance of physical marks, other forms of abuse occur as well and can be recognized through behavioral changes.</td>
</tr>
<tr>
<td>Elder abuse is similar to child abuse.</td>
<td>Elder abuse is more similar to spousal abuse than child abuse in terms of the <em>types of abuse</em> (p. 6) perpetrated.</td>
</tr>
<tr>
<td>Caregivers abuse older adults as the result of stress.</td>
<td>Though caregiver stress may be one risk factor for abuse, it is not the only one. Elder abuse is caused by a <em>variety of factors</em> (p. 9).</td>
</tr>
</tbody>
</table>

*Adapted from*

Types and Signs of Elder Abuse

There are seven recognized forms of elder abuse and neglect, including physical, sexual, emotional, financial abuse/exploitation, neglect, abandonment, and self-neglect:

1. **Physical Abuse** of older adults is defined by the American Psychological Association as “use of physical force that may result in bodily injury, physical pain, or impairment” (American Psychological Association, 2010).

<table>
<thead>
<tr>
<th>Forms of Physical Abuse</th>
<th>Physical Signs of Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hitting</td>
<td>• Bruises or grip marks around the arms or neck</td>
</tr>
<tr>
<td>• Unnecessary restraint</td>
<td>• Rope marks or welts on the wrists and/or ankles</td>
</tr>
<tr>
<td>• Pushing</td>
<td>• Repeated unexplained injuries</td>
</tr>
<tr>
<td>• Intentionally causing pain</td>
<td>• Dismissive attitude or statements about injuries</td>
</tr>
<tr>
<td>• Causing injury</td>
<td>• Refusal to go to same emergency department for repeated injuries</td>
</tr>
<tr>
<td>• Intentional misuse of medication</td>
<td></td>
</tr>
</tbody>
</table>

2. **Sexual Abuse** is considered, “non-consensual sexual contact of any kind with an elderly person” (American Psychological Association, 2010).

<table>
<thead>
<tr>
<th>Forms of Sexual Abuse</th>
<th>Physical Signs of Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inappropriate exposure</td>
<td>• Unexplained vaginal or anal bleeding</td>
</tr>
<tr>
<td>• Inappropriate sexual advances</td>
<td>• Bruised or injured genitalia</td>
</tr>
<tr>
<td>• Inappropriate sexual contact</td>
<td>• Torn or bloody underwear</td>
</tr>
<tr>
<td>• Sexual exploitation</td>
<td>• Bruised breasts</td>
</tr>
<tr>
<td>• Rape</td>
<td>• Sexually transmitted infections or vaginal infections</td>
</tr>
</tbody>
</table>

3. **Emotional Abuse** is the “infliction of anguish, pain, or distress through verbal or non-verbal acts” (American Psychological Association, 2010).

<table>
<thead>
<tr>
<th>Forms of Emotional Abuse</th>
<th>Signs of Emotional Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Humiliation</td>
<td>• Uncommunicative and unresponsive</td>
</tr>
<tr>
<td>• Threats of harm or abandonment</td>
<td>• Unreasonably fearful or suspicious</td>
</tr>
<tr>
<td>• Isolation</td>
<td>• Lack of interest in social contacts</td>
</tr>
<tr>
<td>• Non-communication</td>
<td>• Chronic physical or psychiatric health problems</td>
</tr>
<tr>
<td>• Intimidation</td>
<td>• Evasiveness</td>
</tr>
</tbody>
</table>
4. **Financial Abuse/Exploitation** is the “illegal or improper use of an elder’s funds, property, or assets” (American Psychological Association, 2010).

<table>
<thead>
<tr>
<th>Forms of Financial Abuse / Exploitation</th>
<th>Physical Signs of Financial Abuse / Exploitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Undue influence to change legal documents</td>
<td>• Life circumstances that don’t match with the size of the estate</td>
</tr>
<tr>
<td>• Misuse of property</td>
<td>• Large withdrawals from bank accounts, switching accounts, unusual ATM activity</td>
</tr>
<tr>
<td>• Theft or embezzlement</td>
<td>• Signatures on accounts that don’t match elder’s signatures</td>
</tr>
<tr>
<td>• Identity theft</td>
<td>• Running out of medications before the prescription is ready to be refilled, especially with medications that have a high street value (i.e. painkillers)</td>
</tr>
<tr>
<td>• Theft of medications</td>
<td></td>
</tr>
</tbody>
</table>

5. **Neglect** is defined as the “refusal, or failure, to fulfill any part of a person’s obligations or duties to an elderly person” (American Psychological Association, 2010).

<table>
<thead>
<tr>
<th>Forms of Neglect</th>
<th>Physical Signs of Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deprivation of basic needs</td>
<td>• Sunken eyes</td>
</tr>
<tr>
<td>o Water</td>
<td>• Loss of weight</td>
</tr>
<tr>
<td>o Food</td>
<td>• Extreme thirst</td>
</tr>
<tr>
<td>o Housing</td>
<td>• Bedsores</td>
</tr>
<tr>
<td>o Clothing</td>
<td>• Large amounts of time between primary care physician appointments</td>
</tr>
<tr>
<td>o Medical care</td>
<td>• The wearing of dirty/soiled clothing</td>
</tr>
</tbody>
</table>
6. **Self-neglect** includes “behaviors of an elderly person that threaten the elder’s health or safety” (American Psychological Association, 2010). Self-neglect occurs when older adults are unable or unwilling to care for themselves (Elder Abuse Forensic Center, n.d.).

<table>
<thead>
<tr>
<th>Forms of Self-neglect</th>
<th>Physical Signs of Self-neglect</th>
</tr>
</thead>
</table>
| - Failure to assure or provide for basic needs and safety  
  o Water  
  o Food  
  o Housing  
  o Clothing  
  o Medical care  
  o Finances | - Roach/rat infestations  
- Unclean living quarters  
- No food in the home  
- Wearing soiled clothing  
- No utilities in the home  
- Extended periods of time between PCP appointments  
- Not getting prescriptions refilled  
- Failure to pay bills  
- Loss of benefits and services |

7. **Abandonment** is the “desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder” (American Psychological Association, 2010). Unlike other forms of abuse, there is only one type of abandonment. Abandonment occurs when the person who has assumed responsibility for caring for an older adult deserts the individual for whom they are caring. With abandonment, the older adult’s needs are no longer being met, which can lead to many of the same ill effects as neglect. Similarly, the older adult may become completely isolated without the care and attention he or she is supposed to be receiving.

Risk Factors

When trying to recognize elder abuse, it is important to note that there are several risk factors. While not all cases of abuse occur under these risk factors, knowing them can be helpful in both preventing and identifying cases of abuse. Some risk factors include:

- **An adult child being dependent upon the older adult.** Adult children living with an older adult can be a red flag, especially if the adult child is dependent upon the older adult for financial assistance and housing. In the event that an adult child is living with an older adult, the reason is often a personal issue, such as the adult child’s having substance abuse issues or a mental illness.

- **A history of domestic violence in the home.** In many situations, elder abuse occurs as spousal abuse. As the couple ages, the problems of domestic violence which were present at an earlier age often do not stop.

- **Living with others in isolation.** When someone or several people live with the older adult in an isolated environment, there are more opportunities for abuse to occur and fewer opportunities for the abuse to be recognized or reported. In some cases, the older adult is intentionally isolated as a means of both abuse and prevention of reporting.

- **Caregiver Stress:** There are some theories that the stress of being a caregiver can cause some caregivers to start neglecting or abusing the older adult. Research has found that abuse stemming from caregiver stress is rare. However, a correlation does exist between caregiver mental and physical health and care of the older adult.

- **The older adult having problems with mental illness or substance abuse:** Some have theorized that certain problems within the older adult can trigger problems with abuse or neglect. Illnesses such as dementia are thought to correlate with elder abuse and neglect and prevent the reporting of abuse.

Prevention

Whenever possible, the prevention of elder abuse and neglect is ideal. There are a few key ways to prevent abuse of the elderly, including:

**Raising Awareness:** Because there is a stigma surrounding elder abuse, it is important to let older adults know the types of abuse and the ways to report events of abuse. Similarly, it is important for caregivers, health care professionals, and those in the helping professions to know the signs of abuse, the obligations of being a **Mandated Reporter** (p. 16) and the methods of reporting.

**Ensure that the older adult is not completely isolated:** In many situations, isolation of the older adult can be psychologically detrimental and allow for the abuser to keep being abusive. Visiting or calling isolated older adults can not only ensure that abuse is reported, but also prevent abuse because the person who may perpetrate the abuse will know that there is someone concerned for the interests of the older adult. Do not be surprised if the potential perpetrator does not like your involvement.

**When conducting an assessment or making a home visit, talk to the older adult alone:** The older adult may not feel comfortable disclosing information about being abused in front of the perpetrator. While it may not be realistic to only speak to the individual throughout the entire conversation, ensure that you have at least a few minutes alone with him or her.

**Discuss the options of respite care and counseling with stressed caregivers:** To prevent abuse and neglect by overwhelmed caregivers, discuss with them the option of respite care. Respite care involves someone else’s caring for the older adult. Respite care can occur in nursing facilities or with friends or family. By choosing respite, caregivers are given time to themselves without worrying about the older adult for whom they are caring. Respite can give caregivers the opportunity to “de-stress.” Short term respite, such as adult day centers or companion services, can also provide caregivers the opportunity to reduce stress and complete tasks that enhance their well-being. Another way to manage caregiver stress is to start an exercise routine, pursue hobbies, attend caregiver support groups and seek the counsel of a professional or friend.
What to Do if Abuse is Suspected

STEP 1: Create a Safe Environment for Discussion

Remove any intimidating factors that may hinder the older adult from having an open discussion. This may mean moving to another room or asking to speak to the client and the caregiver separately. Recall that most abusers are well known to the victim and many live in the same home.

STEP 2: Use or Establish a Trusting Relationship

If you have not already done so, create a trusting relationship with the older adult. It is important to achieve mutual respect and develop a bond. This will allow the older adult to let down defenses and speak in confidence about fears, concerns, wants and desires that will assist you in developing a resolution to their situation. Recall that if you are a Mandated Reporter (p. 16) you should have informed the person of this in an early meeting or visit so the person can make informed choices about what he or she wishes to tell you.

STEP 3: Engage in Discussion about the Suspected Abuse

Using soft, non confrontational and non judgmental words helps to set the person at ease. NEVER begin by saying, “Has someone been abusing, hitting, or threatening you?” This could cause the older adult to feel very uncomfortable by adding additional pressure to an existing stressful, degrading and embarrassing situation.

Use “I” statements and give examples and choices. You might say, “I’ve seen people with bruises on their arms; sometimes they come from people bumping in to things, falling down, or someone grabbing them or pushing them. Which one happened to you?” Another example could be stated as, “Sometimes people get angry when caring for someone; does this happen to you?” Remember every time you get a person to answer, “yes,” to a question it opens a door for further discussion.

Pay attention to verbal and nonverbal communication. Use observation statements such as, “I notice when I start talking about your daughter you become nervous or stop talking. Why is that?”

STEP 4: Determine Your Next Course of Action

Deciding what course of action to take next should be based on the severity of the situation. The degree of risk and the presence of imminent danger for the older adult will determine the next course of action. Please refer to the Reporting Section (p. 13) for additional guidance. It is also a good idea to consult with your supervisor and/or administrator before making a report or to get additional ideas about the appropriate way to proceed.
STEP 5: Educate the Client and Possibly the Caregiver about Elder Abuse and Next Steps

Depending upon the situation, this step may occur before step four. If you have determined that the person is not being abused but is at risk for abuse, then education and prevention efforts are very important. Please see the section on Prevention (p. 10) for more information on what you will discuss with the client.

If you suspect abuse, see if you can empower the client to report it him or herself. This is beneficial because it will encourage the older adult to regain a sense of dignity, increase self-esteem, autonomy and confidence. In the event the older adult does not wish to report it, you must then file the report (p. 13) with Adult Protective Services. You will find information on making a report in the next section.

As the older adult and/or caregiver may become angry, assess for and assure your own safety. For the sake of the helping relationship, it is often best to let the older adult know that you are the person making the report and that this is necessary to fulfill your duties as a Mandated Reporter (p. 16). This may minimize the sense of betrayal and possible mistrust in the relationship. If the older adult does not want to submit a report, inform the consumer you will continue to follow-up and leave your business card if they need to contact you.
Reporting Suspected Abuse

Before reporting, you must determine the degree of danger and risk the client faces. This determines how you will proceed.

**Imminent Danger:** If you are sure the consumer is being abused and the person’s life is in imminent danger, call 911 IMMEDIATELY. Then report directly to Protective Services by calling the Pennsylvania Statewide Elder Abuse Hotline 1-800-490-8505, your local Protective Services phone number, or go directly to the local office. Appendix A (p. 19) contains a list of Protective Services Offices and numbers for Southwest Pennsylvania. When you call Protective Services, you will need to provide certain information. See below.

**Possible Presence of Abuse or Neglect:** If you believe that the client is being abused or neglected without being in imminent danger and that the situation deserves further investigation, you will need to make a report. Document (p. 14) your assessment and efforts to remedy the issue in the client record, consult with your supervisor, and make the call.

**Information Necessary to Make a Report:** According to Pennsylvania Code 15.158, reports, at a minimum, must include “the facility, the administration, owner, operator or designer suspected of committing the violation and a description of the suspected violation (Commonwealth of Pennsylvania, 2002).” Additionally, you will probably be asked to provide the following information necessary to file a report:

- Age of the victim
- Address of the victim
- The victim’s level of physical and mental capacity
- The date of the incident
- Whether or not
  - There are weapons in the home
  - There is a history of drug/alcohol abuse in the home
  - The victim has a caregiver
  - The caregiver/anyone in the home has a history or violence
  - The victim is in imminent risk or danger
- How the alleged perpetrator may react to a worker coming to the home
- What a good time to visit the victim would be
- The perceived extent of need for Protective Services
- Your name

Adapted from OAPSA Intake Worker Training, Pennsylvania Department of Aging (2010)
Documenting Suspected Abuse

Documentation demonstrates how agencies provide ethical, appropriate, and quality services to clients. Since making a report of suspected abuse always creates a chance that the agency may be part of a case which goes to court, accurate records are extremely important. Therefore, document the following in the clinical or service record:

- What you observed or heard that caused you to suspect or inquire about abuse or neglect. When and how it came to your attention.
- Physical signs or injuries you witnessed, such as bruises, cuts, scratches, puncture wounds, swollen jaw, lumps on head, cigarette burns or patches of hair missing.
- Physical signs or injuries which the older adult reports to you.
- The older adult’s emotional state.
- The responses the client gives as you discuss how injuries occurred or concerns about exploitation or emotional abuse. This includes noting if the consumer is unresponsive or acts withdrawn.
- Consultation and supervisory involvement in the decision making process to make the report.
- Note all efforts at education and assistance prior to making the report.
- Note the date the case was referred to Adult Protective Services, who made the report and with whom you or that person spoke.
- Note whether you informed the client that you were making the report.
- Note any follow up.

Always take your agency’s policy for documentation into account. DO NOT document speculation about who may have caused the injuries or what you think caused the injuries. Leave that to investigation by Adult Protective Services.
Pennsylvania’s Older Adult Protective Services Act

Pennsylvania’s Older Adult Protective Services Act is responsible for the creation of many provisions concerning elder abuse definitions, reporting, and investigations. Within the law, the duties and responsibilities of all helping professionals encountering elder abuse are included. For example, the law states that anyone with reasonable cause to believe an older adult requires protective services may report this to their local protective services provider. Similarly, the law outlines several safeguards protecting those who make a report, including: protection from retaliation, immunity from liability, protection from intimidation or penalty, and notification of all protections and obligations.

Investigations of abuse are also discussed in the Older Adult Protective Services Act. Under the law, substantiated reports of abuse must be investigated within 72 hours. In the event that an older adult is deemed by the protective services unit to be at imminent risk of death or serious harm, the agency may petition the court for an emergency order to provide the necessary services. The agency is responsible for ensuring that the older adult has the opportunity for legal counsel at all stages of the proceedings.

When a case is deemed unsubstantiated, the report is closed and all identifying information about the person who made the report and the alleged perpetrator is immediately deleted from the case record. To substantiate a pattern of abuse, the name of the person reported to need protective services and the information from the unsubstantiated case may be kept for up to six months in a locked file accessible only to limited staff. After those six months, the records are destroyed.

The Older Adult Protective Services Act emphasizes the importance of confidentiality and limited disclosure of information. Another area of emphasis in the Older Adult Protective Services Act is that of strict qualifications and guidelines to become a protective services employee. For more information about the law and the county offices which administer its implementation, please follow this link: Protective Services for Older Adults (p. 19).
Mandatory Reporting

Mandatory reporting laws create a legal obligation that certain individuals who witness abuse or who have reasonable cause to believe someone is the victim of abuse to report their suspicions to the proper authorities, be that the police or the Area Agencies on Aging (Rape, Abuse, and Incest National Network (RAINN), 2009).

Who are mandatory reporters?

The state of Pennsylvania considers all those who work in the following locations to be mandatory reporters:

- Domiciliary care homes
- Home health care agencies
- Long-term care nursing facilities
- Older adult daily living centers
- Personal care homes

Oral reports are expected and required to be made immediately. For all oral reports, a written report must be made within the next 48 hours (RAINN, 2009).

Failure to report suspected abuse is a crime. According to Pennsylvania Code, a mandatory reporter who knowingly fails to report a case of suspected abuse, “commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation (Commonwealth of Pennsylvania, 2002).”

Mandated reporters should always inform clients of their status as a mandated reporter when services are first offered. This would involving educating clients about elder abuse, protective services law and confidentiality. When a report is made to Protective Services, the professional must reveal protected information and breech confidentiality for a very compelling reason. Clients should understand this from the outset.
Working with Someone Who Has Been Abused or Neglected

Abuse can be a traumatic experience for anyone. People who experience trauma of most kinds report experiencing guilt, hopelessness, confusion, and fear (Helpguide, 2001-2009). Often, trauma victims report feeling edgy and agitated, as well as experiencing insomnia or nightmares (Helpguide, 2001-2009). The same may be true in older adults who are the victims of abuse. In some cases, trauma may trigger mental health concerns which require additional treatment. Here are some ways you can help an older adult cope.

- Acknowledge the abuse or neglect and listen if the person wishes to talk about the experience of being neglected or abused. Reactions will vary from person to person and may depend upon the circumstances in a particular situation.
- Realize that if the person was abused or neglected by a family member, someone who he or she trusted, it may be harder for you or other workers who provide care to be trusted. The client may need patience as you try to establish or maintain a trusting relationship. The person may test you and others who seek to provide assistance.
- If the person who abused or neglected the person was a professional caregiver, the client may be very hesitant to accept services. You will have to overcome the natural mistrust which grows out of this situation. Family members may become more suspicious and cautious about professional care. They too may need support to overcome mistrust.
- Do what you can to assure safety and provide reassurance. Make sure clients know that you will continue to work to ensure that they live as safely as possible.
- Since reporting abuse may lead to changes in caregiving arrangements or even living environment, the person may be in the midst of a significant transition. Even desired transitions can be hard. Changes brought on by trauma will cause stress. For a frail elder, that stress could be very challenging as the stress impacts the person physically, mentally, emotionally and spiritually. The person may need additional physical and emotional support to recover. For example, a new worker may be coming into the home, meaning that the older adult must teach another person how he or she prefers care and must decide whether to trust another person. It may take weeks for the client to feel confident with the new worker. The person may need you to check on the situation more often during that transition.
- If victims of abuse or neglect have symptoms of anxiety, depression, post traumatic stress disorder, or another mental health concern, refer them to their local mental health agency.
- Finding an agency that offers in-home counseling may be particularly useful for an elderly victim.
- There are a number of abuse hotlines that can allow victims a degree of anonymity as they talk about the experience of abuse which an in-person consultation does not afford.
  - Abuse Victim Hotline: 1-877-4-IT-TO-STOP (1-877-448-8678).
- For computer savvy older adults, internet communities may also provide an outlet for support.
Appendix A

Protective Services Offices for Southwest Pennsylvania
(** = to Report Abuse)

<table>
<thead>
<tr>
<th>County</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegheny County</td>
<td>441 Smithfield Street</td>
<td>412-350-4234 or 1-800-344-4319 ** 412-350-4234 or 1-800-344-4319</td>
</tr>
<tr>
<td>Armstrong County</td>
<td>326 South Water Street, Suite 1</td>
<td>724-548-3290 or 1-800-368-1066 ** 724-775-1786 or 1-800-272-0567</td>
</tr>
<tr>
<td>Beaver County</td>
<td>1020 Eighth Avenue</td>
<td>724-847-2262 ** 1-800-272-0567</td>
</tr>
<tr>
<td>Butler County</td>
<td>111 Sunnyview Circle</td>
<td>724-283-6955 or 1-888-367-2434 ** 1-888-367-2434</td>
</tr>
<tr>
<td>Cambria County</td>
<td>110 Franklin Street, Suite 400</td>
<td>814-539-5595 or 1-800-992-4464 ** 814-535-8531 or 1-877-268-9463</td>
</tr>
<tr>
<td>Fayette County</td>
<td>305 Chamber Plaza</td>
<td>724-489-8080 x 4430 or 1-888-300-2704 ** 1-800-537-2424</td>
</tr>
<tr>
<td>Greene County</td>
<td>305 Chamber Plaza</td>
<td>724-489-8080 x 4430 or 1-888-300-2704 ** 1-800-537-2424</td>
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<tr>
<td>Indiana County</td>
<td>1055 Oak Street, P.O. Box 519</td>
<td>724-349-4500 ** 911</td>
</tr>
<tr>
<td>Lawrence County</td>
<td>Shenley Square – 2706 Mercer Road</td>
<td>724-658-3729 ** 724-658-3729</td>
</tr>
<tr>
<td>Somerset County</td>
<td>1338 S. Edgewood Avenue</td>
<td>814-443-2681 or 1-800-452-0825 ** 1-800-452-0218</td>
</tr>
<tr>
<td>Washington County</td>
<td>305 Chamber Plaza</td>
<td>724-489-8080 x 4430 or 1-888-300-2704 ** 1-800-537-2424</td>
</tr>
<tr>
<td>Westmoreland County</td>
<td>301 11th Street</td>
<td>724-830-4444 or 1-800-442-8000 ** 911</td>
</tr>
</tbody>
</table>

Source: PA Association of Area Agencies on Aging. From www.p4a.org/agencies.htm retrieved 03/27/10 and personal communication with each agency in March 2010.
Appendix B

STARTS Acronym

When thinking about what steps to take in order to help an older adult who you think may have been abused, think about where the process STARTS.

STARTS is an acronym created to guide you through the steps toward ensuring your older adult’s well-being. It is meant to be used as a reminder of the “what to do” (p. 11) process and should be used as a supplement to that section. It stands for:

S: Safe environment
T: Trusting relationship
A: Approach the older adult about the abuse
R: Review the information to determine the next course of action
T: Talk to the older adult about what will happen
S: Support the older adult on an ongoing basis

The next 2 pages of this appendix provide you with the front and back of a printable card you can carry at all times. Using heavy cardstock might help to make this more durable. Each page yields two identical cards.
Safe environment

Trust

Approach the older adult about the abuse

Review information to determine next course of action

Talk to the older adult about what will happen

Support the older adult on an ongoing basis
<table>
<thead>
<tr>
<th>County</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegheny County</td>
<td>412-350-4234 or 1-800-344-4319</td>
</tr>
<tr>
<td>Armstrong County</td>
<td>1-800-732-6618</td>
</tr>
<tr>
<td>Beaver County</td>
<td>724-775-1786 or 1-800-272-0567</td>
</tr>
<tr>
<td>Butler County</td>
<td>1-888-367-2434</td>
</tr>
<tr>
<td>Cambria County</td>
<td>814-535-8531 or 1-877-268-9463</td>
</tr>
<tr>
<td>Fayette County</td>
<td>1-800-537-2424</td>
</tr>
<tr>
<td>Greene County</td>
<td>1-800-537-2424</td>
</tr>
<tr>
<td>Indiana County</td>
<td>911</td>
</tr>
<tr>
<td>Lawrence County</td>
<td>**724-658-3729</td>
</tr>
<tr>
<td>Somerset County</td>
<td>1-800-452-0218</td>
</tr>
<tr>
<td>Washington County</td>
<td>1-800-537-2424</td>
</tr>
<tr>
<td>Westmoreland County</td>
<td>911</td>
</tr>
</tbody>
</table>
Appendix C

Types and Signs of Abuse Card

Knowing the signs of abuse is a key element in protecting an older adult. The Types and Signs of Abuse section in this guide may be a useful tool to have at hand when interacting with an older adult; however, carrying the entire guide may prove too cumbersome. To this end, simply print the next two pages as a front side and back side of a card for a condensed, carry-along checklist version. Each template will print out two cards. Card stock or laminating the page will make it more durable. To make the card flip / read appropriately, note the copying instructions on the card template.
Signs of Abuse

Signs of Physical Abuse
- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and/or ankles
- Repeated unexplained injuries
- Dismissive attitude or statements about injuries
- Refusal to go to same emergency department for repeated injuries

Signs of Sexual Abuse
- Unexplained vaginal or anal bleeding
- Bruised or injured genitalia
- Torn or bloody underwear
- Bruised breasts
- Sexually transmitted infections or vaginal infections

Signs of Financial Abuse/Exploitation
- Life circumstances that don’t match with the size of the estate
- Large withdrawals from bank accounts, switching accounts, unusual ATM activity
- Signatures on accounts that don’t match elder’s signatures
- Running out of medications before the prescription is ready to be refilled, especially with medications that have a high street value (i.e. painkillers)
Signs of Emotional Abuse

- Uncommunicative and unresponsive
- Unreasonably fearful or suspicious
- Lack of interest in social contacts
- Chronic physical or psychiatric health problems
- Evasiveness

Signs of Neglect

- Sunken eyes
- Loss of weight
- Extreme thirst
- Bedsores
- Large numbers of time between PCP appointments
- No food in the home
- Wearing soiled clothing
- Unclean living quarters
- Roach/Rat infestations

Signs of Self-Neglect

- The wearing of dirty/soiled clothing
- Large numbers of time between PCP appointments
- Bedsores
- Extreme thirst
- Loss of weight
- Sunken eyes

Signs of Emotional Abuse

- Uncommunicative and unresponsive
- Chronic physical or psychiatric health problems
- Lack of interest in social contacts
- Unusually alert or suspicious
- Uncommunicative and unresponsive
References


