Elder Abuse in Nursing Homes

**What We Know**

† Elder abuse is an intentional or negligent act that causes harm or increases risk of harm to an older adult (most commonly defined as an adult over age 65)\(^1\,^2\,^5\,^7\,^10\,^20\)

• Elder abuse, which usually is perpetrated by a caregiver, can occur in the home, in the community, and in healthcare settings, including nursing homes\(^2\,^20\)
  – In the United States the estimated annual rate of elder abuse in nursing homes is 20.7 incidents per 1,000 residents\(^5\)
  – Each year from 2000 to 2007 approximately 4% of nursing homes in the United States received at least one “neglect” citation from the Centers for Medicare and Medicaid Services; around 3% received at least one “abuse” citation\(^4\)
  – In a survey of 616 nursing staff members in 16 nursing homes in Norway, 91% of respondents reported having observed at least one act of elder abuse by fellow staff members and 87% reported having committed at least one act\(^13\)

† Residents of nursing homes may be at particularly high risk of abuse because they likely suffer from cognitive impairment, behavioral abnormalities, social isolation, caregiver dependency, or physical limitations, all of which are risk factors for elder abuse\(^4\,^5\,^7\,^10\,^19\,^20\,^24\)

• The only demographic risk factor that is consistently found to be associated with risk of elder abuse is older age. Some studies have shown that women are more vulnerable to elder abuse, whereas others have shown that men tend to be victimized at higher rates\(^19\,^20\)

• Reported risk factors for perpetration of elder abuse in nursing homes include staff stress, burnout, low job satisfaction, negative attitude toward clients, younger age, history of domestic violence or mental illness, and drug and/or alcohol dependence\(^2\,^10\,^19\,^24\)
  – Elder abuse is more common in facilities with larger numbers of clients, high staff-client ratio, high staff turnover, inadequate training, lack of supervision, and insufficient staff screening\(^1\,^2\,^9\)
  – Elder abuse can include physical abuse, sexual abuse, psychological abuse, neglect, abandonment, or financial exploitation; neglect, physical abuse, and psychological abuse are the most common types of abuse in nursing homes\(^1\,^5\,^10\,^13\,^19\,^20\,^24\)

• Neglect—the most commonly reported form of elder abuse in nursing homes—refers to the failure of staff members to meet clients’ basic needs. Neglect can be classified as physical (e.g., refusal or failure to provide water, food, personal hygiene, or medicine) or psychological (e.g., leaving the client alone for prolonged periods of time)\(^1\,^10\,^24\)
  – In a survey of 414 family members of nursing home residents in Michigan, 21% reported that their relative had experienced one or more acts of neglect within the past 12 months\(^24\)
  - Functional impairment in activities of daily living (ADLs) and previous resident-to-resident victimization were associated with increased risk of neglect; each additional ADL limitation was associated with a 30% increase in risk of being
neglected and clients who had been victims of resident-to-resident abuse within the past year were 4 times as likely as other clients to be neglected
– Neglectful acts need not involve malicious intent; often they raise difficult questions about whether the act of neglect was intentional (e.g., refusal to assist a resident who needs to use the restroom) or unintentional (e.g., failure to respond to a resident’s requests to be taken to the restroom because of heavy workload)

• Physical abuse is the use of physical force that causes injury or harm; it can include striking, shaking, pushing, pinching, slapping, burning, or restraining
– Researchers who surveyed 452 adult family members of nursing home residents in Michigan found that 24.3% reported that their family member had experienced at least one incident of physical abuse by nursing home staff

- Risk factors for physical abuse included limitations in ADLs, behavioral difficulties, and previous victimization by non-staff perpetrators

• Psychological abuse includes verbal acts such as berating, harassing, or threatening and nonverbal acts such as isolating an older adult from friends and family
– In a survey of 4,451 nurse aides in which researchers asked respondents about elder abuse over a 3-month period, 36% reported observing staff members engaging in argumentative behavior with clients, 28% reported witnessing staff members intimidating clients, and 10% heard staff threaten to cease caring for a client

• Sexual abuse—thought to be the most underreported form of elder abuse—is defined as unwanted sexual contact of any kind, and includes sexual harassment, rape, sodomy, fondling, and exhibitionism
– In the survey of nurse aides described above, 1% observed unwanted discussion of sexual activity

– Although most of the literature on sexual abuse of older adults has focused on female victims, it is important to consider that males may also be victims

• Financial exploitation includes stealing, misusing, or withholding funds or property and controlling decision-making about use of funds
– Ten percent of nurse aides in the study described above observed other staff members stealing items from residents

› Despite mandatory reporting laws, elder abuse often goes unreported by other staff members, the client, or family members

• Researchers who conducted a questionnaire study of employees at two nursing homes found that 53% of respondents reported suspecting abuse in their facility, 35% of whom did not report all cases they suspected

• Factors that may compromise reporting of elder abuse include mental and physical compromise of the abused client, fear of retaliation, lack of education of nursing home staff, difficulty on the part of staff members in determining if the situation warrants reporting, and feelings of staff members that some cases occur because staff is overworked
– Investigators who analyzed 2004 data from a United States federal database that contains nursing home abuse reports from all 50 states and the District of Columbia found substantial differences in report rates across states; elder abuse report rates were significantly lower in states that require the facility rather than the individual to report abuse

› Resident-to-resident violence is a common yet underreported occurrence in nursing homes

• Cognitive impairment, which may lead to problematic behaviors, is common among residents of nursing homes. Aggressive behaviors, including hypersexual behaviors, may be directed at staff members or at other clients

• In a national survey of sexual abuse of older adults in nursing homes, the abuser was more likely to be a resident than a nursing home employee

• Researchers who studied police contact with older adults in nursing homes found that resident-to-resident assault was the reason for 89% of cases of police involvement

› The potential consequences of elder abuse include depression, pressure ulcers, dehydration, malnutrition, fractures, loss of joint movement, genital injury, sexually transmitted diseases, permanent disability, and death

• In research studies, nursing home residents who are victims of elder abuse have been found to be 3 times more likely than non-victims to die during the study follow-up period

› Social workers working in a nursing-home setting or other settings in which they interact with nursing home-residents need to be prepared to assess these clients for abuse. This may involve asking the following questions without nursing-home staff present:

› Are you afraid of any of your caregivers?
Have you been touched without consent or forced to do things against your will?

Have you signed documents that you did not understand?

Has anyone taken your belongings or money without permission?

The United States Code of Federal Regulations states that nursing home residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary isolation. Facilities that violate these regulations may be fined or, in extreme cases, forced to cease operation.\(^{(2)}\)

• The Nursing Home Reform Act of 1987 and Elder Justice Act of 2010 were enacted by the U.S. Congress to actively monitor and enforce quality of care standards for nursing facilities and to protect older adults from neglect, abuse, and exploitation.\(^{(23)}\)

The Elder Justice Act adds to existing enforcement and surveillance activities in nursing homes to stop elder abuse by increasing the funding for ombudsman programs, establishing stricter mandatory reporting laws when elder abuse is suspected, and imposing high, civil monetary fines.\(^{(23)}\)

• The Patient Protection and Affordable Care Act of 2010 (commonly called Obamacare) requires that nursing home staff training include training in dementia care and prevention of abuse.\(^{(2)}\)

• All nursing homes in the United States with more than 120 beds are required to employ at least one full-time social worker. According to the National Association of Social Workers, social workers in nursing homes should demonstrate a recognition of basic human rights; the director of social work is responsible for ensuring that all social work staff members have a clear understanding of resident rights.\(^{(2,16)}\)

– Researchers who conducted a survey of 1,071 nursing home social services directors found that 80% of nursing home social services departments provided training on resident rights and 60–70% included training on resident abuse. Nursing home social services departments run by directors who had graduated since 2000, those located in states in the Northeast, and those in chain nursing homes were more likely than others to provide training on resident abuse.\(^{(2)}\)

Beginning in March 2015 all new care workers in the United Kingdom are required to complete a two-week basic training in specific care standards (e.g., working in a person-centered way, communication, duty of care, working with persons with dementia) and obtain a Care Certificate in order to work unsupervised in care/nursing homes, hospitals, and domiciliary care homes.\(^{(12)}\)

• Visits by older adults to hospital emergency departments are an opportunity to identify elder abuse occurring in nursing homes. Many cases of elder abuse in nursing homes fail to be recognized in emergency departments but two suggested systemic changes may improve recognition of abuse. These are: Establishment of a surveillance system to collect data on patient complaints along with their place of residence in order to detect patterns.\(^{(17)}\)

• The development of an emergency-department-specific screening tool for elder abuse that could be used regardless of the individual’s cognitive status.\(^{(12)}\)

The Centers for Medicare and Medicaid Services (CMS) compiles ratings of nursing home quality for consumers. Changes for 2015 to this system, the Five-Star Quality Rating System for Nursing Homes, include: Revising the way nursing homes are scored by giving more weight to ratings from sources independent from the nursing homes themselves (e.g., consumers, case managers who help with placement) Increasing the number and type of quality measures beyond self-reported data by the nursing home Improved reporting on staffing, including ratios, turnover, and retention

**What We Can Do**

• Learn about elder abuse in nursing homes so that you can accurately assess your clients’ individual medical and psychosocial needs. Share this information with your colleagues.

• Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client.\(^{(1,8,15)}\)

• Carefully assess new nursing-home residents to determine their needs and ensure that they are met.\(^{(16,24)}\)

• Screen your clients for signs of elder abuse; follow facility protocols in reporting all cases of suspected elder abuse.

• Ask clients specific questions, such as “Has anyone hurt you?”; “Are you afraid of anyone?”; “Has anyone forced you to do something you did not want to do?”\(^{(10)}\)
• Maintain a list of agencies that can provide assessment, treatment, and care of suspected victims of elder abuse

• Promote detection, reporting, and prevention of elder abuse; be familiar with all local, state, and federal laws pertaining to nursing home residents’ rights

• Assist other nursing-home staff members in behavioral interventions with clients

• Support and encourage staffing of individuals who are well-trained, compassionate, valued, and adequately supervised


References


6. Eldsen, L. (2014). Care homes: But where’s the care?. Nursing and Residential Care, 16(6), 305-306. (G)


12. Leaner, S. (2014). A new Care Certificate: A bid to drive up standards. Nursing and Residential Care, 16(6), 308. (G)


Coding Matrix

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<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<td>C</td>
<td>Case histories, case studies</td>
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<td>G</td>
<td>Published guidelines</td>
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