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Elder Abuse: A Need for Awareness

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ELDER ABUSE:
A NEED FOR AWARENESS

Jill M. Hannagan

An Abstract Presented to the Faculty of the Graduate School of Lindenwood University in Partial Fulfillment of the Requirements for the Degree of Master of Gerontology

1999

Abstract

Abuse of the elderly continues to be amplified as the older population of the United States has increased. Lack of professional awareness within healthcare institutions has put seniors at risk for violence. One problem associated with the identification of elderly abuse has been assaults going unreported or unnoticed for lack of poor assessment and observation skills. Therefore it is incumbent for healthcare institutions to take all steps necessary to better define and identify this serious and growing problem.

ELDER ABUSE:
A NEED FOR AWARENESS

Jill M. Hannagan

A Culminating Project Presented to the Faculty of the Graduate School of Lindenwood University in Partial Fulfillment of the Requirements for the Degree of Master of Gerontology

1999

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Chapter 1

Introduction

Background of the Study

Elder abuse has been an escalating problem in the United States for many years. "Approximately one million older Americans are mistreated annually" (Brush, Capezuti & Lawson, 1997, 24). This violence has only been recognized as a major public health problem during the last two decades ("Recognition...", 1999, 1). Ten years ago, the subject of elder abuse "...had not yet received the same attention as other forms of domestic violence, namely child abuse and neglect, child sexual assault, woman battering, and rape" (Quinn & Tomita, 1997, 3). Now, a decade later, medical professionals are slowly becoming more aware of the problem of abuse, but lack of knowledge is continuing to put elders at risk (Quinn and Tomita, 1997).

Lynch (1997) states that the training of medical professionals about violence against the elderly is a part of the solution. "With education, health care providers may recognize abuse situation sooner, allowing intervention to be provided earlier" (Lynch, 1997, 32). By increasing the knowledge of elder abuse, healthcare professionals will be better prepared to protect and aid our aging society.

Statement of Problem

Abuse of the nation's elderly is an exploding problem. The need for educational programs on the symptoms and detection of elder abuse for medical professionals is evident. Lack of knowledge from these employees will continue to put elders at risk when abuse is not detected.

Definition of Terms

1. Domestic abuse - as described by the National Center on Elder Abuse (1998), is any form of maltreatment by someone who is a significant other. This person can be spouse, child, friend or caregiver. The abuser may live in the older person's own home.

2. Institutional abuse - refers to any form of maltreatment that occurs in residential care facilities including; nursing homes, group homes and other care facilities. The people that commit these crimes have a legal obligation to care for the elders because they are paid staff and caregivers (National Center on Elder Abuse, 1998).

3. Physical abuse - is the deliberate attempt to inflict pain, injure or restrain a person against their will (Albrecht and Swanson, 1993; National Center on Elder Abuse, 1998).

4. Physical neglect - as explained by the Advocacy Centre for the Elderly (1998) is the refusal or failure

to fulfill a person's implied or agreed-upon duties to the elderly (Advocacy Centre for the Elderly, 1998; Albrecht and Swanson, 1993).

5. Emotional abuse - is defined as the "infliction of anguish or pain through nonverbal or verbal acts" (Dunlap, 1998; National Center on Elder Abuse, 1998; Administration On Aging, 1998).

6. Emotional neglect - is the failure to give the emotional necessities and security that the elderly require. This can come from withholding visitors, prolonged isolation, or refusal to answer questions and communicate with the elder (Hogstel, 1994; National Center on Elder Abuse ,1998; The Oxford County Board of Health, 1998).

7. Self neglect - is a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice (Advocacy Centre for the Elderly, 1998; National Center on Elder Abuse, 1998; Wolf, 1997).

8. Financial or material exploitation - occurs when "family members , caregivers or 'friends' take control of the elder's resources...either through misrepresentation, coercion, or outright theft"

(Administration On Aging, 1998; Dunlap, 1998; National Center on Elder Abuse, 1998).

9. Fraud - The National Consumer's League states that seniors are often targets of fraudulent telemarketers and almost forty billion dollars a year is lost to these criminals (1998). The League explains that: Studies by the American Association of Retired Persons show that most elderly fraud victims do not make the connection between illegal telemarketing and criminal activity (National Consumers League, 1998).

10. Sexual abuse - is the nonconsensual sexual contact, of any kind, with an elderly person. This can include rape, coerced nudity, sodomy, and sexually explicit photography (National Center on Elder Abuse, 1998).

11. Abandonment - is another form of abuse that is defined by the National Center on Elder Abuse as: "the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder" (1998).

Limitations of Study

This was a qualitative study of a select group of employees in a Missouri hospital. The survey was limited to 45 hospital employees who were all women

participants with varying ethnic backgrounds. Thirty seven registered nurses and eight nurses assistants. Select nursing units were involved in the study.

Purpose Statement

The purpose of this study is to assess the need for elderly abuse education in healthcare institutions for all employees who come in contact with patients and family members. This author hypothesizes that the programs offered at healthcare institutions do not give employees the working knowledge to enable them to properly distinguish and assist the abused elderly.

Chapter 2

Review of Literature

Family violence in the United States has come in the form of spouse abuse, child abuse, and a rapidly growing problem, elder abuse. Elder abuse has been, unfortunately, a phenomenon that cuts through all socioeconomic and ethnic classifications (Williams, 1991). Violence against the aging members of society has continued to increase as medical advances enable people to live longer lives (All, 1994). Abuse of the nation's elderly has been an exploding problem. According to Lynch (1997), to better protect and assist older adults, healthcare institutions will need to implement more training and educational programs for their employees on elder abuse.

Amazingly, 62 million people will have turned age 65 by the year 2030 (All, 1994). This means more than 5,000 people have reached age 65 each day (Bond & Ringsven, 1991). Moreover, it has been estimated that 1.5 to 2 million elders were victims of some type of maltreatment or abuse each year with only one out of five cases being reported (Frost & Willette, 1994; Ashley & Fulmer, 1998; Fulmer, 1989; Wolf, 1997). As the numbers of elderly have increased, so has the potential for abuse (Lourdes, 1991). Therefore in order to safeguard and aid elderly citizens, it has

become necessary for medical professionals to be able to recognize elder abuse.

In 1985, The American Medical Association defined abuse as:

> An act or omission by the one having the care, custody, or responsibility of an elderly person which results in harm or threatened harm to the person's health or welfare (qtd. in Albrecht and Swanson, 276).

With this definition in mind, there are several terms that will be key to understanding elder abuse including: (see definitions of terms) domestic abuse, institutional abuse, physical abuse, physical neglect, emotional abuse, emotional neglect, self neglect, financial and material exploitation, fraud, sexual abuse, and abandonment (Albrecht & Swanson, 1993; National Center on Elder Abuse, 1998). The above terms will be necessary for healthcare workers to understand and be aware of the signs and symptoms of elder abuse. The following explanation gives healthcare workers this basic understanding.

Definitions of Abuse

Domestic abuse, as described by the National Center on Elder Abuse (1998), is any form of

maltreatment by someone who is a significant other. This person can be spouse, child, friend or caregiver. The abuser may live in the older person's own home.

Institutional abuse is referred to as any form of maltreatment that has occurred in residential care facilities including: nursing homes, group homes and other care facilities. The people that commit these crimes had a legal obligation to care for the elders because they are paid staff and caregivers (National Center on Elder Abuse, 1998).

Albrecht and Swanson (1993) described physical abuse as the deliberate attempt to inflict pain, injure or restrain a person against their will. Examples of which are hitting, pushing, beating, shoving, shaking, kicking, slapping, improper use of drugs and restraints, and force-feeding (National Center on Elder Abuse, 1998).

Physical neglect, has been explained by the Advocacy Centre for the Elderly (1998) as the refusal or failure to fulfill a person's implied or agreed-upon duties to the elderly. For instance, withholding or failure to provide food, water, clothing, personal care, shelter, personal safety, or medical care has been considered physical neglect (Advocacy Centre for the Elderly, 1998; Albrecht & Swanson, 1993; Farrell, 1990).

Emotional abuse has been defined as the "infliction of anguish or pain through nonverbal or verbal acts" (Dunlap, 1998, 2). This involves infliction of verbal assaults, threats, intimidation, and harassment. Signs and symptoms of this type of abuse are being extremely withdrawn and noncommunicative, and an elder's report of being emotionally and verbally abused (National Center on Elder Abuse, 1998; Administration On Aging, 1998).

The Oxford County Board of Health (1998) has explained that emotional neglect can be the failure to give the emotional necessities and security that the elderly require. This can come from withholding visitors, prolonged isolation, or refusal to answer questions and communicate with the elder (Hogstel 1994; National Center on Elder Abuse, 1998).

Self neglect has been distinguished by the behavior of an elder that endangers their own safety or health. It is defined as a:

> Situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice (National Center on Elder, 4).

Some indications of self neglect have included dehydration, malnutrition, poor hygiene, unsafe and unsanitary living conditions and untreated medical conditions (Advocacy Centre for the Elderly, 1998; National Center on Elder Abuse, 1998; Wolf, 1997).

Financial or material exploitation of the elderly, though not as explicit as other forms of abuse, has been just as harmful. "It occurs when family members , caregivers or 'friends' take control of the elder's resources...either through misrepresentation, coercion, or outright theft" (Dunlap, 1998, 2). Possible signs of this crime would be unexplained disappearance of funds or valuables, sudden changes in bank accounts, and abrupt changes in a legal will (National Center on Elder Abuse, 1998; Administration On Aging, 1998).

Another type of financial exploitation has been fraud. The National Consumer's League stated that seniors are often targets of fraudulent telemarketers and almost forty billion dollars a year is lost to these criminals (1998). The League explained that:

> Studies by the American Association of Retired Persons show that most elderly fraud victims don't make the connection between illegal telemarketing and criminal activity...they don't associate the voice on the phone with someone who could be

trying to steal their money (National Consumers League, 1).

Fraudulent telemarketers have been criminals that will steal a senior's life savings. In the article "Fighting Fraud Against the Elderly", the National Consumers League stated that the criminals are so skillful at fraud that they can convince elder's to "mortgage their homes in order to claim their sweepstakes winnings or make investments...but too often they are just lies" (1998, 1).

Senior Citizens have been frequent targets of this type of abuse because it has been difficult to tell if the caller was legitimate; it was hard for the elder to hang up; they have a tendency to trust the caller; and they want to believe what they are hearing (National Consumers League, 1998). The warning signs that an older person may have been a target of fraud are receiving junk mail for contests; getting frequent calls from strangers offering prizes; making large payments to out-of-state companies; and being offered by organizations to recover money lost to telemarketers for a price (National Consumer League, 1998).

The National Center on Elder Abuse (1998) described sexual abuse as the nonconsensual sexual contact, of any kind, with an elderly person. This have included rape, coerced nudity, sodomy, and

sexually explicit photography (National Center on Elder Abuse, 1998). Signs of sexual abuse has been "bruises around the breasts or genital area, unexplained genital infections, unexplained vaginal or anal bleeding, and torn or bloody underclothing" (Dunlap, 1998).

Abandonment is another form of abuse that has been defined by the National Center on Elder Abuse (1998) as:

> The desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder (3).

Signs of abandonment have been desertion of an elder in a nursing home, hospital, or any type of public location (National Center on Elder Abuse, 1998).

Signs and Symptoms of Abuse

It has become also important for healthcare workers to assess for the warning signs of elder abuse and neglect. Janz (1990) wrote that the assessment was the basis for discovering and identifying abuse. The assessment should be both objective and nonjudgmental (Janz, 1990). It should include a physical and a psychological evaluation as well as assessing the care-giver and environment of these individuals (All,

1994; Hogstel, 1994; Janz, 1990). Healthcare workers will need to be alert for symptoms beyond the disease processes and those of normal aging otherwise an abused elder may go unrecognized and go unreported (Hogstel, 1994).

There have been several observations to assess, while completing an evaluation, that were warning signs of physical abuse. Some of these have included multiple bruises, abrasions and burns healing at different stages; burns caused by cigarettes and other hot objects; injuries caused by punching, poking or cutting; cuts, lacerations, puncture wounds, or human bite marks. (Albrecht & Swanson, 1993; Burke & Walsh, 1992; Wolf, 1997). Hogstel also wrote additional indicators which are; unexplained injuries, missed appointments, delays of treatment, frequent visits to the emergency room, repeated changing of physicians, inconsistent explanations for injuries, and past history and abuse (514).

Psychological indications of abuse have not always been clearly recognized. For example, symptoms have been easily frightened or fearful elders, implausible stories, withdrawal, depression, helplessness, anger, denial, agitation, and anxiety (Albrecht & Swanson, 1993; Wolf,1997). The elderly may have appeared wary of strangers, paranoid, enraged, guarded or even

clinging behavior to the abuser (Hogstel, 1994). These signs have been most likely seen together with the physical symptoms.

Indicators of neglect, as described by Dunlap, are neglected bedsores; untreated injuries; poor hygiene; malnutrition, hunger and dehydration (1998). She continued to explain that the elder may lack necessary hearing aids, dentures or eyeglasses; have an inadequate food supply; a deficient heating/cooling system; and unsafe living conditions (Dunlap, 1998; Wolf, 1997).

Caregivers have also given signs of abusing an elder. They may have shown verbal scolding, harassment and intimidation to the senior (Dunlap, 1998). The abusers may have isolated an elder from friends and family; leave the victim alone for long periods of time; give threats of punishment or denying essential needs (Wolf, 1997). Suspicious explanations of physical and financial abuse have been "the injury was an accident...she bruises easily...she gave me money as a gift...I was going to give it back" (Dunlap, 1998, 2; Wolf, 1997, 133).

Nurses will be able to intervene in different ways to try and alleviate the abuse. Dunlap stated that:

> Healthcare providers are in a unique position to recognize potentially abusive

situations within families and to identify
and protect the abused elder adult (2).

She suggested some type of family counseling that assists caregivers in stress management and which teaches alternative actions to help prevent violence against the elderly.

Families may have been taught how to better care for their loved ones if they have known what type of changes to expect from the aging and the disease process (Janz, 1990). If the family knows what to expect, they may be able to more readily adapt to changing circumstances in a healthier manner.

Etiologies of Violence

After understanding the definitions and warning signs of elderly abuse, it will be necessary to know some of the etiologies of this violence. The National Victim Center (1998) explained that with any type of violence, the reasoning for committing the act has been very complex. There was generally a:

> Combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and the perpetrator, that contribute to the occurrence of abuse (National Center on Elder Abuse, 5).

Dunlap (1998) stated that risk factors for elder abuse may be a history of mental illness, isolation, shared living arrangements, poor health, cognitive impairment and substance abuse. Other factors have been retaliation, caregiver stress, impairment of dependent elder, increased life expectancy, lack of financial resources, cycles of violence, dependence on the victim, and lack of professional help in communities (Advocacy Centre for the Elderly, 1998; Burke & Walsh, 1992; Frost & Willette, 1994; National Center on Elder Abuse, 1998).

As medical professionals have become increasingly aware of the possible causes of violence and why elder abuse occurs, they will be better prepared to address frustrations that caregivers are facing (Janz, 1990). A healthcare worker will be able to intervene before the pressures and confusion overwhelm the caregiver and the abuse begins.

Caregivers

It has been estimated that approximately 25 million people in the United States give daily care to the chronically ill and/or to the frail elderly ("Long-Term Care/Geriatrics...", 1997). Informal caregivers have been an important factor in caring for

the elderly. These people have been often overlooked and have many special needs of there own.

Suzanne Mintz of the National Family Caregivers Association in Washington, DC explained that:

> Few people...realize the extent of caregiving in America...Without the support of informal caregivers, the formal healthcare system in the country would crumble, and the risk of caregiver burnout is high because caregivers report much higher rates of depression and illness than the general population (qtd in "Long-Term Care/Geriatrics...", 30).

Health care professionals will help prevent caregiver burnout by using support tools along with information and education regarding the care of the elderly family member.

Schmall explained that there have been seven key areas of information that can be provided to caregivers to decrease stress and perhaps lessen the possibility of abuse. These areas have been: coping skills; family disruption; anger and other relationship issues; guilt; and long-term planning (1995). "Education through videocassettes, audiocassettes, printed material, workshops and one-on-one sessions can be a

powerful influence on the caregiver's self-efficacy and confidence" (Schmall, 1995, 156).

Mintz also remarked that further steps in giving caregivers support has been convincing them that they can not give care to others without taking care of themselves first. The National Caregivers Society developed the "Principles of Caregiver Self-Advocacy" stating:

> Choose to take charge of your life; love, honor, and value yourself; seek, accept, and at times demand help; stand up and be counted for ("Long-Term Care/ Geriatrics..." 30).

Other methods proposed have been dropping notes in the mail, setting up caregiver networks, providing respite care, and facilitating discussions between siblings and the primary caregiver. Schmall also indicated that the caregiver should: keep in contact with friends and remain involved in outside activities; focus on what they have done well and forgive themselves (1995).

Major businesses and corporations have realized the growing needs of the aging population. They have started to provide alternative healthcare support to employees and families. Cohen and Cesta stated that for these companies to "maintain some control of

long-range economic and social implications," they are beginning to develop and offer other services (1993, 51). Such services have given caregivers, who have been employed, other options for the family and in turn decrease the stress of caring for an elder.

These businesses have offered resources and referral services to "employees who have caretaking responsibilities for elderly and dependent family members" (qtd. in Cohen & Cesta, 1993, 51). The programs that have been offered were called edlercare. This has provided a:

> Range of services including counseling, family leave plans, positions reinstatement, flexible work schedules and office arrangements, subsidized care benefits, and reimbursement for adult day care (Cohen & Cesta, 51).

These benefits have helped to improve the quality of life for the older adult and for the families. With these suggestions, the struggle against caregiver burnout and potential abuse has possibly be decreased.

Reporting Abuse

If abuse has been suspected, it will be necessary to report the case to the proper authorities and seek some type of assistance for the individual. Powell

stated that elder abuse has required reporting stipulations and "if done in good faith and with reasonable cause, the person reporting has state immunity against libel and slander claims" (1996, 164). Wolf explained that:

> State reports of abuse and neglect cases have shown a steady rise since first summarized in 1987, from an estimated 117,000 nationwide to 270,000 in 1991...this increase is due in great part to heightened awareness of elder abuse by the public and professionals and more highly developed systems of reporting (131).

As of 1990, forty-two states had mandatory laws for health care providers, service providers, and almost all government agents who came in contact with the elderly to report abuse (Albrecht & Swanson, 1993; Nation Victim Center, 1998). "Situations that appear to be abuse may not, in fact, be defined as such by law" (Janz, 1990, 221). Nurse and other healthcare workers need to be knowledgeable of how abuse categories are defined in the state in which they practice.

Fortunately, community resources have expanded as our elderly population has continued to grow (See appendix A). Wolf (1997) stated that:

> All of the 50 states have some form of legislation (e.g. elder abuse, adult protective services), domestic violence laws, mental health commitment laws that authorizes that state to protect and provide services to vulnerable, incapacitated, or disabled adults (131).

There has been respite and supportive services, home care, and adult day care available for the elderly and their families (Janz, 1990). Unfortunately, Janz also reported that there is an increasing need for housing and shelters for the abused, and support and counseling groups for the families.

In seventy five percent of the states, as described by the National Center on Elder Abuse (1998), the Adult Protective Services agency has been the principal agency responsible for investigating reported cases of abuse and for providing families and victims with treatment and protective services (Wolf, 1997). The Administration On Aging (1998) stated that:

> Once the immediate situation has been addressed, the APS continues to monitor the victim's situation and works with other community agencies, serving the elderly, to provide ongoing case management and service delivery (1).

In the other twenty five percent of the states, the State Units on Aging has the primary responsibility

Resources

There have been several other national organizations to aid the elderly. These have included: (1) the National Center on Elder Abuse, (2) the American Public Welfare Association, (3) the Administration on Aging, (4) the National Association of State Units On Aging, (5) the National Committee for Prevention of Elder Abuse, (6) the Clearinghouse on Abuse and Neglect of the Elderly, (7) the National Council on Aging, (8) the Commission on Legal Problems of the Elderly, and (9) the American Association of Retired Persons (National Center on Elder Abuse, 1998; Administration on Aging, 1998) (See appendix B).

The National Consumer League (1998), located in Washington, D.C., has a National Fraud Information Center. This center has offered an 800 phone number hotline which the elderly and other consumers will call to obtain advice and guidance on how to detect fraud and how to report the crime. Consumers have also received videos and reports about strategies and helpful advice to combat fraud (National Consumers League, 1998).

Along with national services to aid the elderly, there have been many local services in the St. Louis, Missouri area. Some of these agencies have included: (1) the states of Missouri and Illinois Department of Aging, (2) Life Crisis Services, (3) Victim Services, (4) United Way, (5) Family Support Services, and (6)the Elder Abuse Hotline (United Way of Greater St. Louis, 1996). Some states have operated hotlines 24 hours a day, seven day a week.

Besides community resources, Hogstel (1994) reported that there needed to be more focus on education, on legislation, and on changes in attitudes of citizens about the elderly. She suggested educational seminars, public service announcements, and the use of the media to aid in making the necessary changes in society for a more positive outlook.

Hogstel's (1994) view of an elders final years of life was summarized by stating:

> The last years in a person's life should be the joys and heartaches of a life time. For an older person to be constantly fearful of becoming a victim of abuse, neglect, or exploitation in these last years is appalling (515).

Furthermore, according to Hogstel, it was the responsibility of everyone who has been involved with

the elderly to help improve their lives and stamp out violence (1994).

The nation's population of elderly has continued expand. Unfortunately, with these increases comes a greater possibility for abuse of our older Americans. The need for awareness of this problem can not be overlooked. According to Lynch (1997), healthcare institutions will need to implement educational and training programs for their employees. Through providing this education and recognizing the signs and symptoms of abuse, healthcare professionals will be better prepared to protect and aid our aging society (Lynch, 1997).

Chapter 3

Procedures of Study

The need for educational programs on the symptoms and detection of elder abuse for hospital employees has become very evident. If was hypothesized by this author that the programs offered at healthcare institutions do not give employees the working knowledge to enable them to properly distinguish and assist the abused elderly.

To assess the.need for elderly abuse education, a qualitative study was conducted, by this author, at a local hospital in Missouri. The survey was limited to 45 hospital employees who were all women participants with varying ethnic backgrounds (See appendix B). Thirty seven registered nurses and eight nurses assistants responded. These employees worked in the departments of nursing education, progressive care unit (telemetry), emergency room, intensive care unit, and case management.

An additional brief survey was given to the nursing educators at this hospital (See appendix B). Five nurses responded to the study. The educators, who were responsible for teaching staff members about important topics, were given a survey to assess the educational needs and programs that were available to the employees.

Chapter 4

Findings of the Study

The results of these surveys support this author's hypothesis. The lack of education on elder abuse given to employees is obvious. The first part of question one (table 1) asked the nurses and nurses assistants if they were provided with education on understanding and recognizing elderly abuse. Sixty seven percent of staff members responded yes, with 33% saying no, they did not receive any information.

The second part of question one asked what materials were given to employees on elder abuse. The results were 67% of nurses received handouts with 0% of nurse assistants receiving any material. The information gathered from this two part question showed that only nurses were provided with information on abuse. Nurse assistants received no materials on elder abuse. Only 19% of nurses did not receive any form of education.

The employees were then asked, in the second question (table 2), if they felt that sufficient educational programs/materials were provided by the hospital. The results of this question were clear, with 93% of employees responding no and only 0.06% responding yes. These employees felt that they were

not provided with adequate education on elderly abuse.

Question three (table 3) inquired about the need for specific types of programs needed on abuse of the elderly. Both suggestions of assessment/detection and intervention/reporting ranked equally important. Eighty percent of the staff members chose assessment/ detection and 80% chose intervention/reporting. No staff suggested that there were no programs needed. These results showed the significance of both assessment/detection and intervention/reporting.

Question four (table 4) asked if there were any suggestions on improving delivery of education on elderly abuse. Sixty seven percent of employees stated they would like to receive more articles on elderly abuse. Forty percent suggested guest speakers on the topic. Thirty eight percent wanted a one hour inservice once a year and video presentations. Fifteen percent desired one hour inservices twice a year and only 0.02% wanted inservices more than twice yearly. These results strongly suggested that the employees would like articles in combination with a one hour inservice, guest speakers and video presentations.

The five surveys that were received from the nursing educators indicate that they did not feel there was sufficient education provided to staff members. Only one educator stated their unit covered the topic

of elder abuse thoroughly. They stated that age specific articles were given out to employees that contained a post test. They all felt that there was a need for more education on elder abuse. Suggestions made to improve the educational opportunities were guest speakers, clinical conferences, videos, and more articles concerning elder abuse.

Table 1

Question number 1:

Have you been provided with education on the topic of understanding and recognizing elderly abuse?

	Registered Nurse			Nurses Assistant			Totals	
	#	%		#	%		#	%
yes	30	81		0	0		30	67
no	7	19		8	100		15	33

If yes, check all that apply.

	Registered Nurse			Nurses Assistant			Totals	
	#	%		#	%		#	%
handouts	30	67		0	0		30	67
inservice	0	0		0	0		0	0
other	0	0		0	0		0	0

Table 2

Question number 2:

Do you feel that sufficient educational programs/material about elderly abuse are provided to the hospital?

	Registered Nurse			Nurses Assistant			Totals	
	#	%		#	%		#	%
yes	3	0.08		0	0		3	0.06
no	34	92		8	100		42	93

Table 3

Question number 3:

Do you feel there is a need for more educational programs
and recognizing elderly abuse?

	Registered Nurse			Nurses Assistant			Totals	
	#	%		#	%		#	%
assessment/detection	29	78		7	86		36	80
intervention/reporting	29	78		7	86		36	80
no programs needed	0	0		0	0		0	0

Table 4

Question number 4:

Do you have any suggestions on improving the delivery of education about elderly abuse?

	Registered Nurse			Nurses Assistant			Totals	
	#	%		#	%		#	%
more articles needed	27	73		3	38		30	67
1 hr inservice once a yr	12	32		6	75		18	38
1hr inserv. 2 times a yr	5	14		2	0		7	15
more than twice a year	1	0.03		0	0		1	0.02
guest speakers	19	51		1	12		20	40
video presentations	16	43		2	25		18	38
no improvements	0	0		0	0		0	0

Chapter 5

Summary

The results of these surveys support this authors' hypothesis. It is evident that the employees in this healthcare institution are not receiving adequate education and materials on the problem of elderly abuse. This author has several recommendations to help improve the knowledge of employees.

Educational materials on elder abuse must be given to all employees who come in contact with these patients. This must include the nurse assistants were have frequent contact with elders. These materials should contain information on assessment/detection and intervention/reporting. Articles should also be made available to all staff to read at their leisure.

Inservices should be made a mandatory requirement for employees to attend at least once a year. These meetings should include written materials as well as guest speakers that are knowledgeable on elderly abuse. Other video presentations can be offered to employees during these meetings and made available for them to watch at their convenience. There should be ample time for questions after the inservices, with nursing educators available to answer questions throughout the year.

Through providing sufficient education, staff

members can learn and continue to increase their understanding of elder abuse. With accurate working knowledge, the staff can provide appropriate care to these victims. Employees will be better able to assist elders in receiving the high quality care they deserve.

Appendix A

Elder Abuse/Crime/Protection/Victim Assistance Programs

- Elderly Abuse Hotline 1-800-392-0210
- Mid-East Area Agency on Aging

962-0808 1-800-243-6060

- Division of Aging 1-800-235-5503
- St. Louis Area Agency on Aging 658-1168
- St. Louis County Dept. of Human Services 889-3516
- Elder Abuse Victim Support (EAVS) 725-5862

A program of the Older Women's League provides trained volunteers to serve as peer support for abused women age 55 and older. Will help with referral and follow-up for community resources.

- Gate Keeper Program - (city)241-4646

  (county)462-0808

Missouri Division of Aging programs provides neighbors a card listing signs that an older person may need help from community services. A phone call to the gatekeeper phone number will alert a social service agency to check up on the older person's circumstances.

- Safestreet Home Security Crime Prevention - 622-3444

Serves city older adults by providing basic home security items like deadbolts, window keepers, and peepholes.

• Security Assistance for the Elderly 889-3425 (Operation SAFE)

• BREM Catholic Social Ministry 383-4666

• Aid for Victims of Crime, Inc.

OK-BE-MAD 652-3623 24 hours - Crime intervention for crime victims through hotline. Also assist crime victims with legal advocacy.

• Victims of Crime Assistance/Prosecuting Attorney City-622-4373 County-949-7370

Legal Resources

• Bar Association of Metro St. Louis 421-4134 Lawyers referral and information service. $20.00 for the first 30 minutes.

• Legal Services of Eastern Missouri, Inc. 1-800-444-0514

• Gateway Older Adult Legal Services (GOALS) 993-6017 A division of American Jewish Congress, provides free legal services to low-income elderly by appointment only.

Legal Services of Eastern Missouri, Inc. 1-800-444-0514 Provides legal services on a contribution basis to persons age 60= by appointment. Funded by the St. Louis Area Agency on Aging and Mid-East Area Agency on Aging. Other services funded by Legal Service Corporation.

- Mark Twain Legal Services 573-288-5643

Consumer Protection:

- Attorney General's Office

340-6816

- Consumer Fraud Hotline

1-800-392-8222

- Better Business Bureau

645-3300

- Consumer Product Safety Commission

469-3772 or 1-800-638-2772

- Federal Information Center

1-800-688-9889

Other Resources:

Long-Term Care Ombudsman Program (314)298-9222

Division of Family Services of Missouri

(314)789-3322

Medicare Hotline (800)638-6833

Eldercare Locator (800)677-1116

The United Way (314)421-4636

Social Security (800) 722-1213

Modern Maturity Magazine

OATS Transportation Services (314)894-1701

The Division of Aging (314)751-3082

Senior Citizens Handbook (314)367-1700

Meals On Wheels (314)268-1523

Medicare and Social Service Information (800)772-1213

Missouri Division of Family Services - St. Charles (314)946-7200.

Abuse Hotline (800)392-0210

St. Louis Area Agency on Aging (314)658-1168

Elderly Abuse Hotline (800)392-0210

County Older Residents Programs Corp (314)889-3516

OASIS (314)539-4555

Appendix B

Elderly Abuse Questionnaire for Hospital Staff

By: Jill Hannagan, RN, BSN

Please check all the appropriate boxes: RN_____ NA_____

Telemetry_____ ER_____

Case Management_____ ICU_____

1. Have you been provided with education on the topic of understanding and recognizing elderly abuse within the past year? If yes, check all that apply-

YES_____ NO_____ Handouts_____

Inservice_____ Other_____

2. Do you feel that sufficient educational programs/materials about elderly abuse are provided within the hospital?

YES_____ NO_____

3. Do you feel there is a need for more educational programs or inservices in following areas of elderly abuse?

Assessment/Detection_____ No programs needed_____

Interventions/Reporting _____

4. Do you have any suggestions on improving the delivery of education about elderly abuse? Would you like more articles on elderly abuse_____

Guest speakers_____ A one hour inservice - Once a year_____

Video presentations_____A one hour inservice - Twice a year_____

Inservices more than twice a year_____ No improvements needed_____

Any other suggestions?

Nursing Educator Questionnaire: Education on Elderly Abuse

By: Jill Hannagan, RN, BSN

1. Do you feel that sufficient educational programs/materials about elderly abuse are provided within the hospital?

2. If so, what programs/materials are available?

3. What methods of teaching/education are used.

4. Do you feel there is a need for more educational programs or inservices?

5. Do you have any suggestions on improving the education about elderly abuse? If so, what methods of teaching would you recommend?

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