

# **Elder Justice: Preventing and Intervening in Elder Mistreatment**

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## **Introduction**

In the United States, as many as 1 in 10 older adults and 47% of persons with dementia living at home experience some form of mistreatment (IOM, 2013). Elder mistreatment results in diminished well-being and quality of life, and violates the rights of older adults to be safe and free from violence. Elder mistreatment can occur anywhere--in the home, in care and residential facilities and in the community. It can also be malignantly contagious within settings and families and across the lifespan (Dong, 2012). With the rapid growth of the US population of older adults, now estimated to reach 84 million by the year 2050 (Ortman, Velkoff, & Hogan, 2014), the issue of elder mistreatment is a major national health concern.

Health care professionals in regular contact with vulnerable older adults-- including the nation's 3 million nurses-- are in an ideal position to identify and report suspected cases of mistreatment; they are, however, among the least likely to do so (Schmeidel, Daly, Rosenbaum, Schmuch, & Jogerst, 2012). This policy brief summarizes some of the most relevant information in the field of elder mistreatment and recommends partnered action by health professions organizations and others to promote elder justice and improve overall health and well-being of this vulnerable group.

## **Background**

The successful legislation of the Elder Justice Act in 2010 as a part of the Patient Protection and Affordable Care Act (United States. Congress. Senate. Committee on Finance, 2006) has done much to accelerate nationally the deserved attention that elder mistreatment in all of its forms demands. Unfortunately, to date, no funds have been appropriated by Congress to carry out the important provisions of this Act or its earlier iteration ("Older American's Act Amendments of 2006," October 17, 2006) related to direct services, education or policy and resource development for elder justice.

There is currently no overarching theory or conceptual framework for elder mistreatment, although several borrowed from other fields (Ecological Model, Sociocultural Model, Cycle of Violence Theory, Life Course Perspective as examples ) have been used (IOM, 2013). And, while there is no universally accepted definition, the Elder Justice Roadmap Project (Connolly, Brandl, & Brekman, 2014) has defined it broadly as physical, sexual, or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability (Appendix A). Elder justice recognizes an older person's rights and his or her ability to be free of abuse, neglect, and exploitation. The Elder Justice Act defines elder justice activities as "efforts to prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation and to protect elders with diminished capacity while maximizing their autonomy"(United States. Congress. Senate. Committee on, 2006).

A number of risk factors for elder mistreatment and its subsequent health outcomes create opportunities for prevention or intervention. These include: increased physical dependency of frail elders on caregivers; fewer family members living in the same geographic region or caregivers being elderly or impaired themselves; substance abuse, cognitive impairment and mental illness among caregivers and/or the mistreated as well as poverty, age, race, functional disability, frailty, loneliness and low education (Fulmer, 2013). For the elder, the experience of mistreatment itself, in any of its forms, often also results in behavioral health symptoms including depression, risk of suicide, anxiety, cognitive dysfunction and sleep difficulty; self-treatment with drugs and alcohol; injuries and morbidities resulting in higher use of emergency department, hospital and nursing home services, and greater mortality (Dong, 2014). Thus, elder mistreatment is not only harmful to individuals but is also detrimental to social, legal and health systems (Vognar & Gibbs, 2014). There is growing interest in and commitment to the prevention and treatment of elder mistreatment among national agencies and institutes whose collaboration could achieve greater impact. The recent release of the Elder Justice Roadmap (Connolly et al., 2014), developed with support from the Department of Justice (DOJ) and the Department of Health and Human Services (HHS), provides impetus and guidance for advancing strategic policy, practice, education and research initiatives that can help move forward components of the recently enacted Elder Justice Act and the IOM's 2013 Forum on Global Violence workshop (2014). Further, the 2015 White House Conference on Aging (WHCoA) has identified four themes, of which Elder Justice is one. Nurses and other health professions groups must capitalize on this opportunity to contribute to the national conversation and provide input and feedback to help shape the aging policy landscape through a variety of mechanisms, including listening sessions, regional forums, social media, the conference website and sharing this policy brief with key stakeholders.

## RECOMMENDATIONS

Health professionals, and especially nurses, play an extraordinarily important role in the advancement of our understanding of and response to the complex phenomenon of elder mistreatment. As the largest professional healthcare workforce, nurses serve at the frontline in the prevention, assessment and management of elder mistreatment. Partnered organizational support of efforts related to prevention, recognition and treatment, education and training and research would help make important inroads in solving this critical problem.

### **PREVENTION: Support elder mistreatment prevention by aligning with existing efforts to shore up community- based networks and resources for older adults and their families.**

Programs currently gaining momentum include Age Friendly Communities and the Village Movement, both aimed at enhancing safe and healthy aging-in-place.

#### ***We further recommend:***

- Encouragement of all health professionals, including nurses, to use opportunities like social media, online resources, and public service messaging to combat ageism and raise the public's awareness of elder mistreatment and its severity, identifying high risk situations and the need to intervene before mistreatment arises or escalates.

**RECOGNITION & TREATMENT: Advocate broader use of efforts to recognize and intervene in elder mistreatment.** These include integrated care models (IOM, 2012), routine screening, and use of related evidence-based intervention models.

***We further recommend:***

- A campaign to encourage nurses and others in primary care settings to ask privately --of every client age 65 and older -- the screening question, ‘Do you feel safe at home?’
- Expansion of Medicare/ Medicaid reimbursement to better cover screening and basic first level mental health services by primary care provider staff. This will enhance inclusion of routine screening for mistreatment, substance use and mental health problems as part of the annual Medicare health promotion visit.
- Recognition by the National Quality Forum of elder mistreatment assessment as a quality indicator across healthcare settings, thus, enhancing adoption of the practice.
- Advocacy for scaling up use in primary care settings of depression and substance use intervention models that work, such as IMPACT or PRISM-E.

**EDUCATION & TRAINING: The Health Resources and Services Administration should convene a group to determine key training models and materials that would address attention to mistreatment in clinical practice and make recommendations for health sciences curricula and continuing education.**

***We further recommend:***

- Interprofessional training to address ageism, mistreatment and behavioral health at pre- and post-professional levels.
- Mandatory continuing education for nurses on elder abuse, similar to the recent the National Council of State Boards of Nursing requirement for child abuse education; this model could also be used by other health professions.
- A requirement by the National Academies of Practice that all distinguished practitioners have an awareness of and plan for addressing all forms of family violence, including elder mistreatment.
- Better preparation of older adults and adult children who will take care of their aging parents through public awareness and caregiver education and training.

**RESEARCH: The National Institute for Nursing Research, in partnership with the National Institute on Aging, the Substance Abuse and Mental Health Services Administration and the Department of Justice together with its Elder Justice Steering Committee and non-governmental funding agencies, should establish guidelines for setting priorities and securing funding and advance a RESEARCH AND PROGRAM EVALUATION AGENDA that addresses recommendations from the Elder Justice Roadmap.**

***We further recommend:***

- Research priority emphasis on elder mistreatment in all its forms, as this emphasis is crucial to fostering quality of life for older adults and a just and healthier society.
- Strategic promotion of prevention research priorities and evaluation strategies identified in the Elder Justice Roadmap, as well as Adult Protective Services intervention studies, and recruitment to the elder justice field of researchers with expertise in studying prevention.
- Assurance that critical research foci include epidemiology of this multidimensional and complex problem, especially psychological abuse.
- Demonstration of effectiveness of preventive, early recognition, surveillance, intervention (including legal) and rehabilitative programs in diverse individuals, including those with cognitive impairment, across settings.
- Inclusion of projects that result in recommendations for promoting and protecting resilience, mental health and coping and that empower older people, their families, and their communities.

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