



ELDER JUSTICE

LUNCH & LEARN

AWARENESS, PREVENTION & INNOVATION IN THE AGE OF COVID-19

The logo for "ELDER JUSTICE LUNCH & LEARN" features a stylized sunburst of colorful lines above the text. The words "ELDER JUSTICE" are in a large, bold, black sans-serif font, and "LUNCH & LEARN" is in a smaller, black sans-serif font below it.

ELDER JUSTICE

LUNCH & LEARN



Nicole Howell (Facilitator)
Executive Director
Empowered Aging



YOUR TOOLBOX...



Type in your question or comment



Connect with speakers and other participants using the chat



CLOSED CAPTIONING IS AVAILABLE



Enable captions by selecting the icon on your toolbar



ASL available via Zoom video feed



The logo features a stylized sunburst or fan shape composed of several vertical lines of varying lengths and colors (orange, yellow, grey, teal) radiating from a central point.

ELDER JUSTICE

LUNCH & LEARN

Mark your calendars for the **third Thursday of every month** through July 2022!

Each session is scheduled from **12 to 1 PM** PST.





ELDER JUSTICE
LUNCH & LEARN

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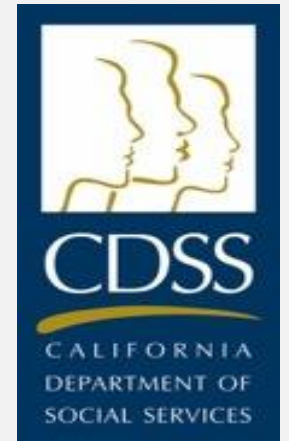


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Planning Partners





ELDER JUSTICE
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Dr. Laura Mosqueda

Former Dean
Keck School of Medicine, USC



Game Plan

- Physiology of aging
- Physical and laboratory markers of abuse
- Approach to suspected abuse or risk of abuse utilizing the Abuse Intervention/Prevention Model (AIM)
- Resources

Physiology of Aging

The Challenge in Recognizing Abuse

- Changes with aging
- Multiple co-morbidities
- Medication effects
- Cognitive impairment

Normal & Common Age-related Changes

Musculoskeletal

- Decrease in muscle mass
- Decreased bone density (fractures)

Cardiovascular

- Sudden blood pressure drops (falls)

Function

- Gait impairment (falls)

Neurologic

- Dementia

Normal & Common Age-related Changes

Decline in kidney function

- Metabolism of medication

Integument

- Thinner epidermis (skin tears, bruising)
- Capillary fragility (bruising)

Sensory System

- Presbycusis (hearing loss)
- Macular degeneration, cataracts (visual impairment)

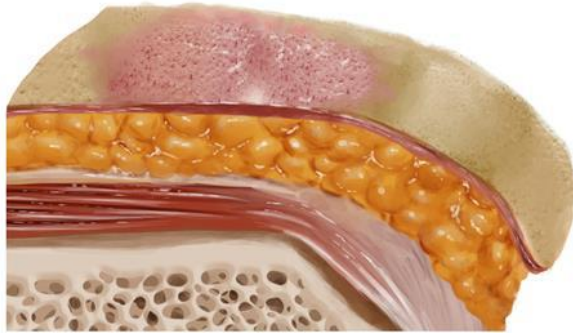
Forensic Markers

It's often hard to distinguish between an injury due to abuse and one due to an innocent cause.

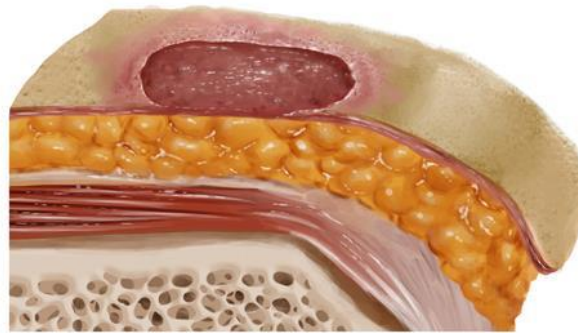
“Of course, they have a _____, they're old!”

- Pressure sore
- Fracture
- Bruise
- Contracture

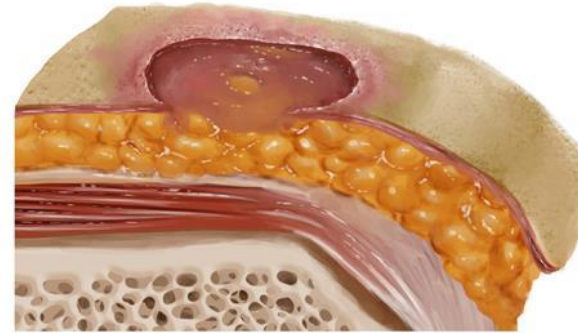
Pressure Ulcer



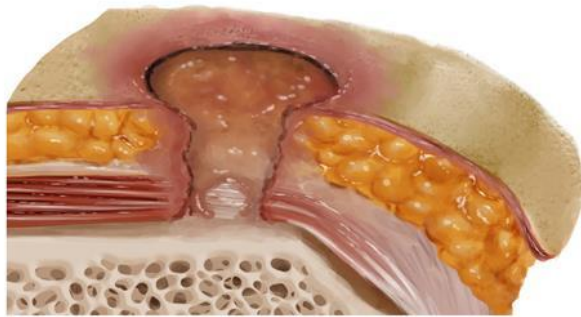
Stage 1



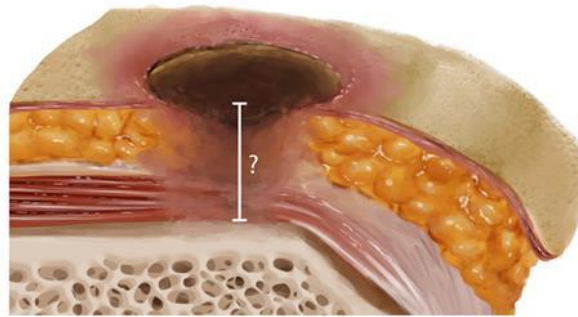
Stage 2



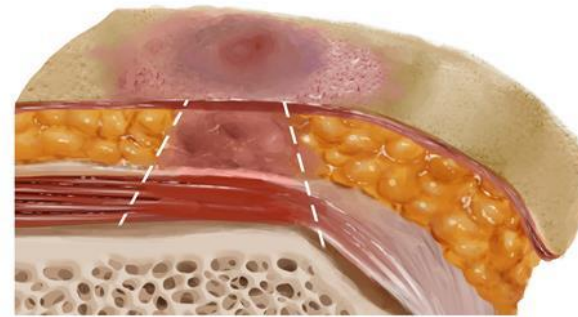
Stage 3



Stage 4

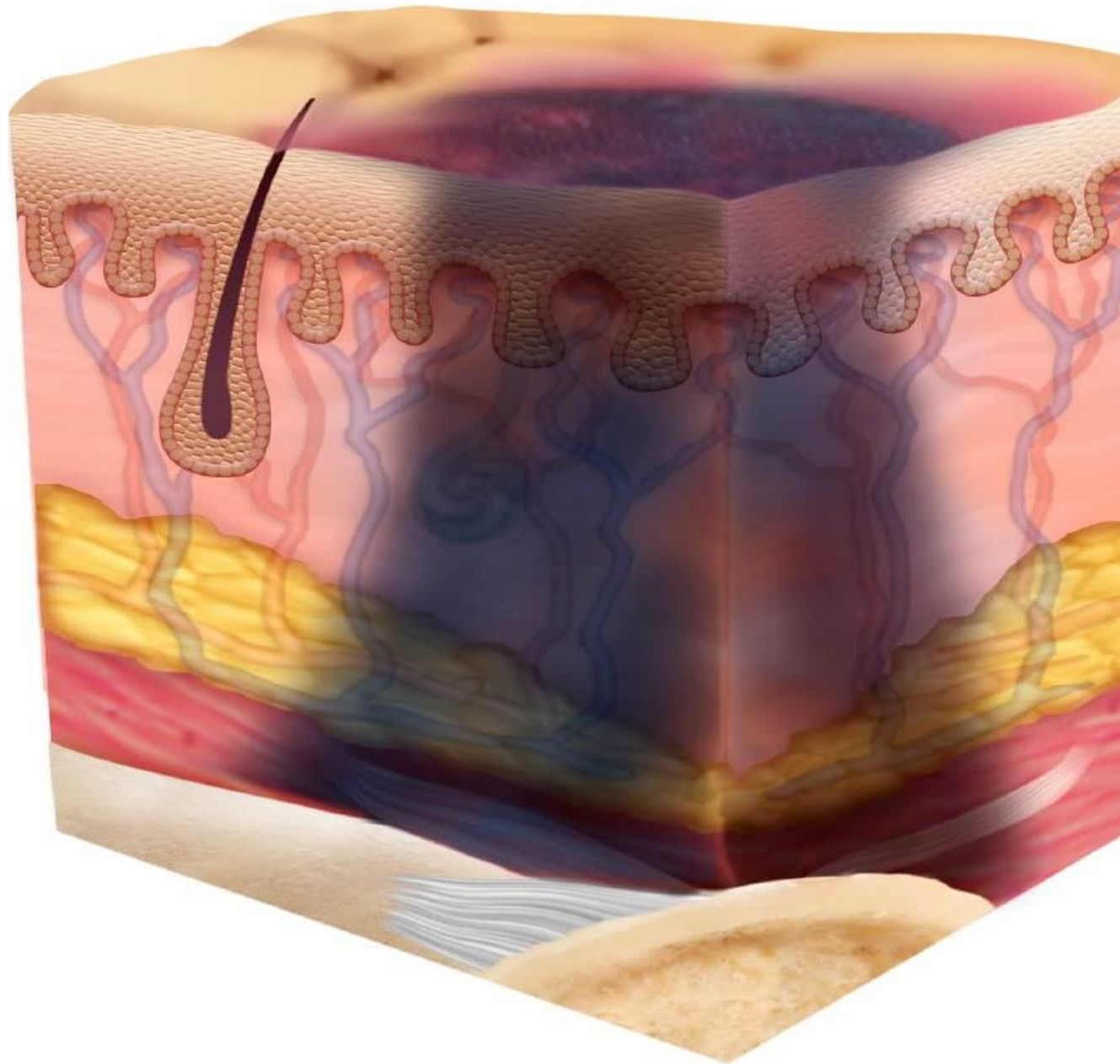


Unstagnable
pressure injury



Deep tissue
pressure injury

Deep tissue pressure injury



Evaluating Pressure Sores: The Importance of Context

- Functional status
- Regular skin checks
- Awareness of risk (e.g. Braden index)
- Actions (e.g. addressing nutrition, mattress, etc)
- Team-based approach
- Goals of care



Bruises in Older Adults

Bruises in Older Adults

Accidental (n = 101)

- 90% on extremities
- 10% mostly on trunk
- Not on neck, ears, soles, genitalia, buttocks
- 25% remembered cause
- If suspicious-looking, had reasonable explanation

Inflicted (n = 67)

- More likely on head, face neck, chest, abdomen, palms, soles, buttocks
- On multiple planes; patterns
- Larger (>5 cm); deeper; took longer to resolve
- 90% remembered cause of at least one bruise

Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. JAGS. 2005.

Wiglesworth A, Austin R, Corona M, et al. Bruising as a marker of physical elder abuse. JAGS. 2009.

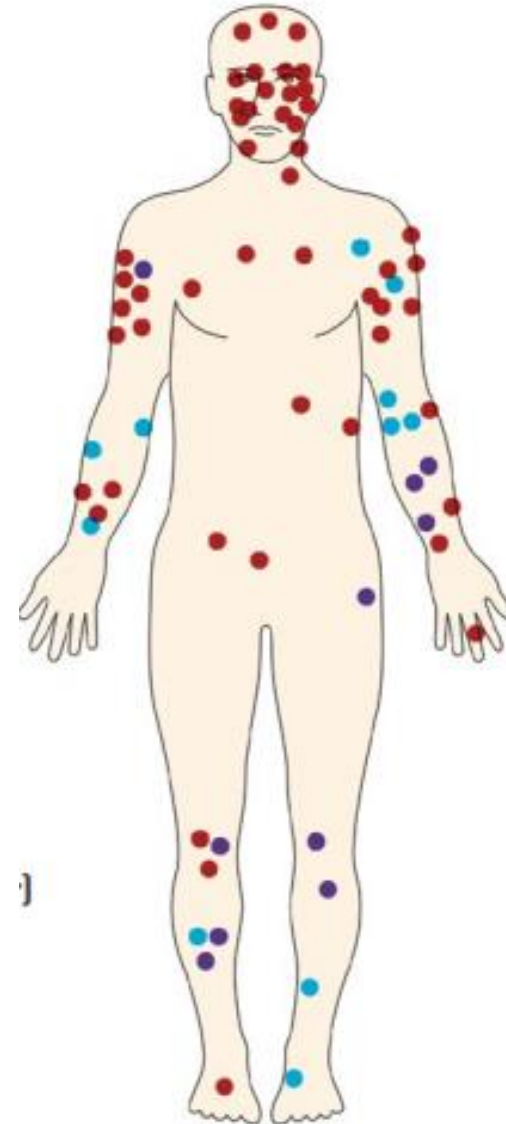
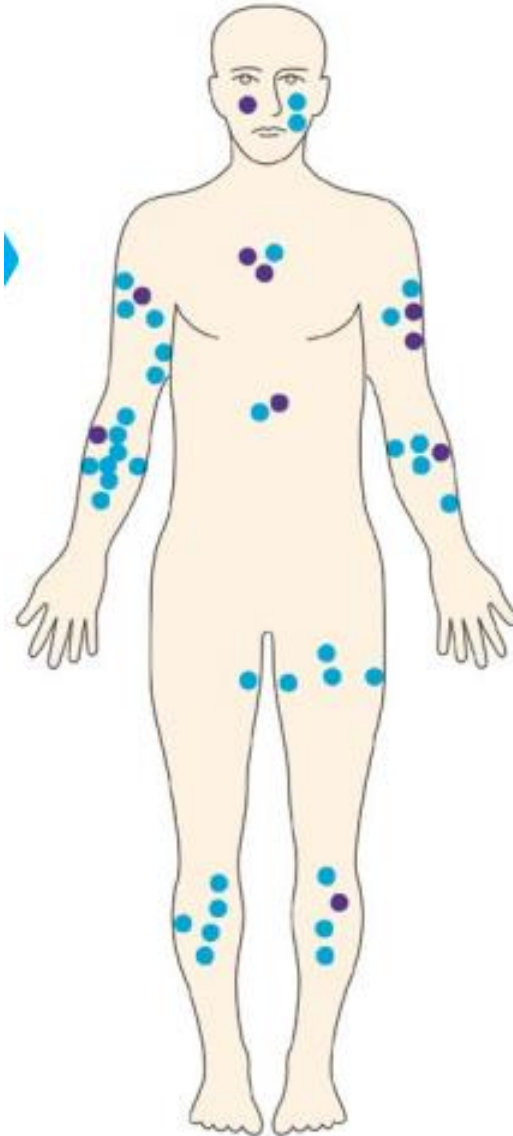
Accidental

Inflicted

Anterior

**ORIGIN OF BRUISE
(as reported by elder)**

- Unknown
- Accidental
- Inflicted



Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. JAGS. 2005.

Wiglesworth A, Austin R, Corona M, et al. Bruising as a marker of physical elder abuse. JAGS. 2009.

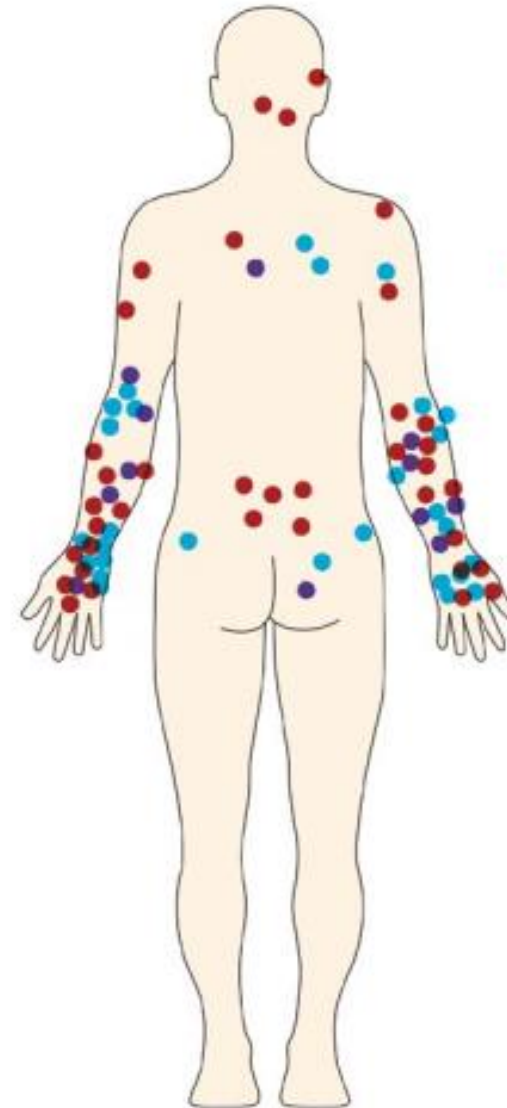
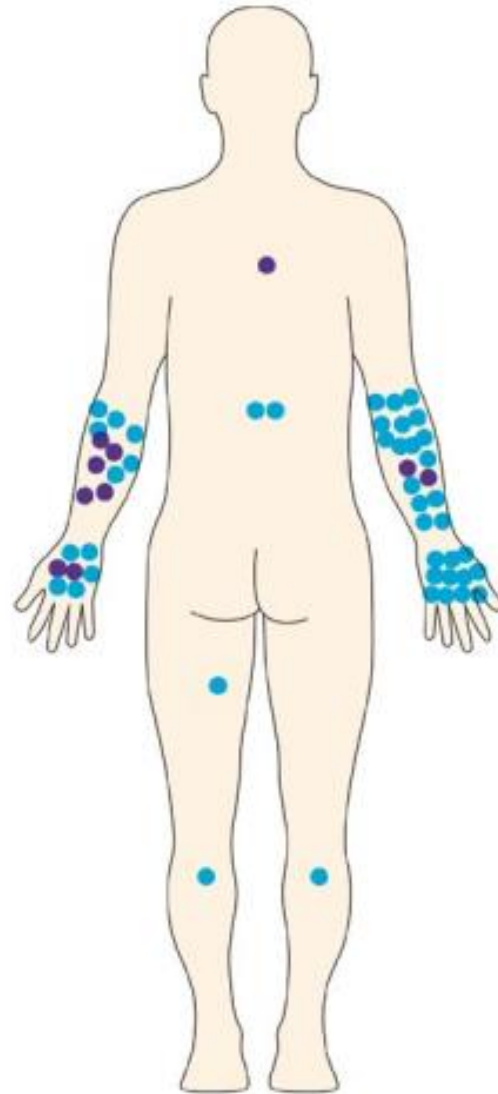
Accidental

Inflicted

Posterior

ORIGIN OF BRUISE (as reported by elder)

- Unknown
- Accidental
- Inflicted



Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. JAGS. 2005.

Wiglesworth A, Austin R, Corona M, et al. Bruising as a marker of physical elder abuse. JAGS. 2009.

Injury Pattern Study

Injury pattern comparison:

Injuries of physical abuse victims as proven in court

vs.

Injuries of people in ED for unintentional fall

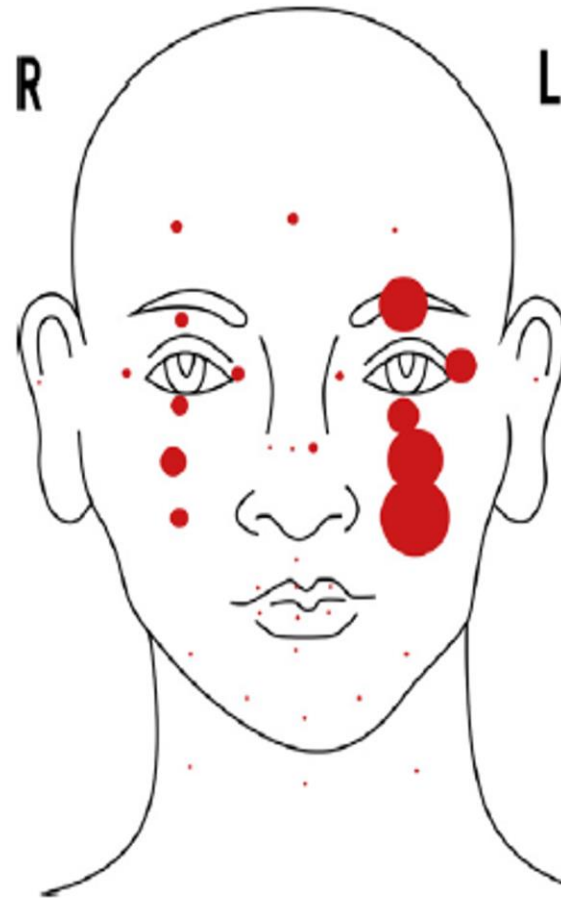
- 22% of people who were physically abused **did not** have any visible injuries but they had pain, most commonly in torso, face, neck areas and upper extremities

More injuries on left side of face (more assailants right-handed)

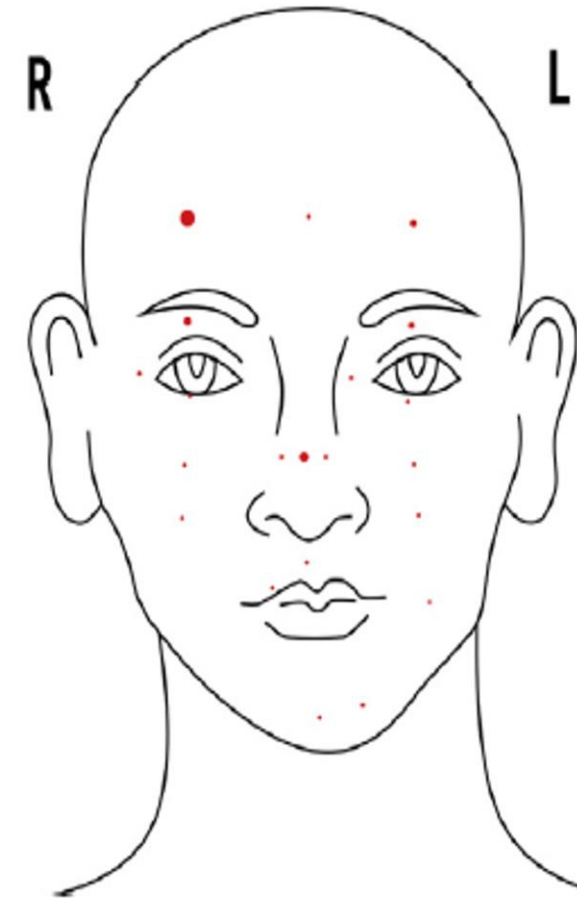
Neck injuries 6x more likely in assault (typically protected during a fall)

Ear injuries in assaults, but not in falls

Physical Abuse



Unintentional Fall



Additional Markers of Abuse/Neglect

Medication Misuse

- Overdosing or under dosing of prescription medication
 - Withholding pain medication
 - Overdosing to induce sedation
- Failing to follow health care instructions for monitoring drug level or dosing adjustments
 - Blood thinners
 - Insulin

Indicators of Possible Neglect

- Malnourished
- Dehydrated
- Coated with fecal matter/ urine stained
- Inadequately clothed
- Untrimmed toenails, matted hair
- Bed sores (pressure sores)

Approach to situations of
suspected abuse or risk of abuse

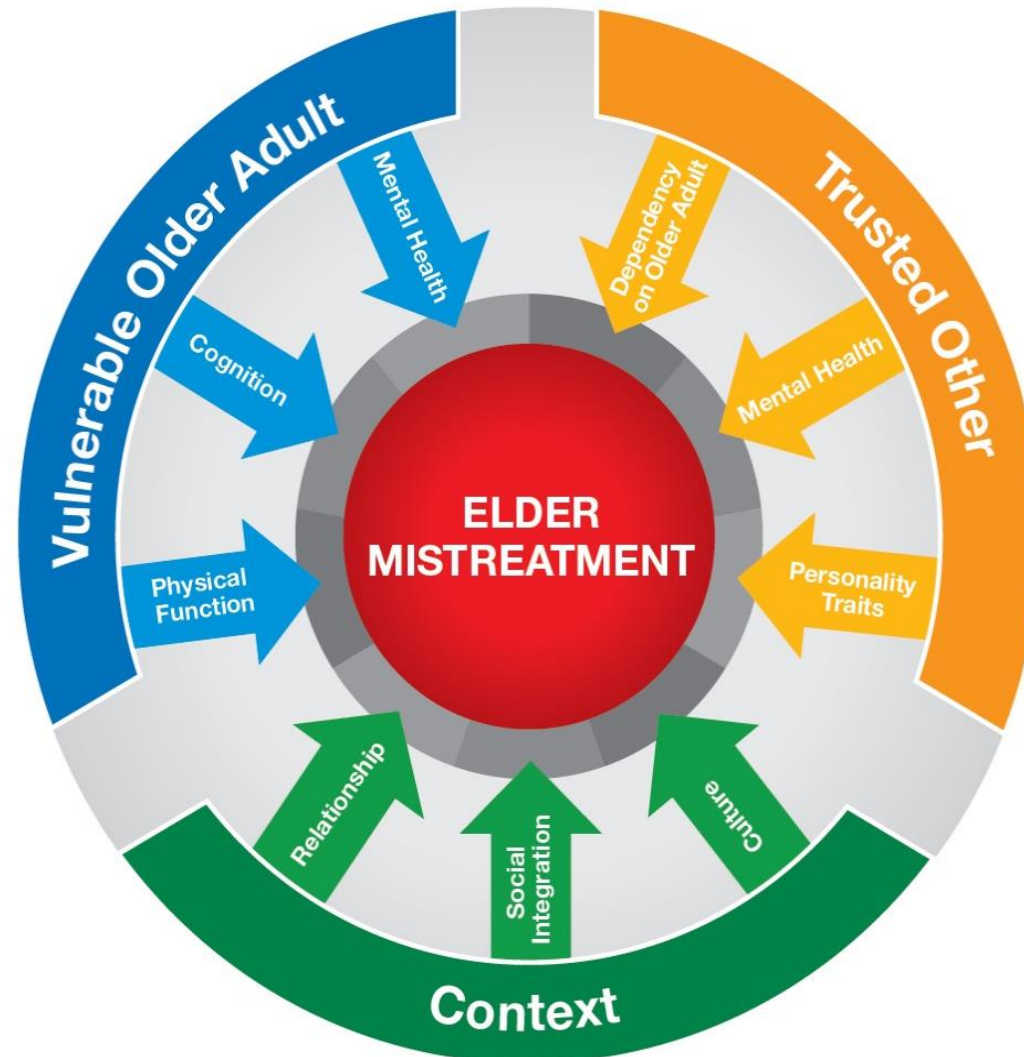
What I Consider...

- Older adult's vulnerabilities
- Older adult's functional status (ADLs & IADLs)
- Implausible explanations
- Do the history, functional status, and injury make sense as a unit?
- Injuries to head/neck are of particular concern
- Delay in seeking care
- Sudden change in behavior

Abuse Intervention-Prevention Model (AIM)

- Practical framework
- Includes 3 broad domains
 - Vulnerable older adult
 - Trusted other
 - Context
- Factors known or thought to be related to risk of abuse

Abuse Intervention-Prevention Model (AIM)



Mosqueda L, Burnight K, Gironde MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc.* 2016.

Mr. and Mrs. S

- Mrs. S brings her 86-year-old husband with AD to PCP
- Mr. S. has moderately advanced AD
- Limitations in ADLs (bathing, toileting and dressing)
- Resistant to allowing others to help
- Last visit was 6 months ago and his pcp notes a significant cognitive decline
- Unclean clothes and he smells of urine

Mr. and Mrs. S (cont'd)

- PCP refers to a social worker due to concerns about wife's ability to provide care
- Mrs. S. is the patient's primary caregiver
- Mrs. S. has OA that limits her ability with IADLs and to assist her husband with his ADLs.
- She finds it stressful to assist due to her physical limitations and his resistance to care.
- Feels nervous all the time, can't sleep well.

Mr. and Mrs. S (cont'd)

- They are married 30 years, no children
- Mr. S has 3 kids from prior marriage (strained relationship with Mrs. S)
- Financially secure but **Mr.** S. used to manage finances and Mrs. S. is not comfortable taking over
- She is concerned the kids will be critical of decisions she made regarding his care needs
- She has discontinued many of her own activities over the past several months to provide care for her husband and feels isolated.

Mr. and Mrs. S

Vulnerable Older Adult: Mr. S

Trusted Other: Mrs. S

Context

Mr. and Mrs. S

Vulnerable Older Adult: Mr. S

- Impaired Physical Function: Dementia limiting ADLS
- Impaired Cognition: Dementia causing resistance to care

Trusted Other: Mrs. S

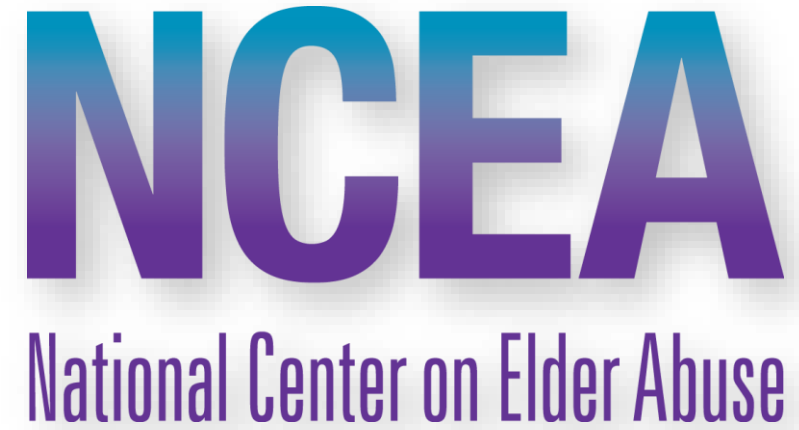
- Mental Illness: depression and anxiety
- Impaired Physical Function: Osteoarthritis limiting caregiving

Context

- Low-Quality Relationship: Strained family relationship
- Social Isolation: Limited social contact
- Cultural Norms: Wife does not manage finances

Mr. and Mrs. S





The National Center on Elder Abuse strives to improve the national response to elder abuse, neglect, and exploitation.

We provide education, share the latest in research and national policy, and promote best practices in the field and in our communities.



Reporting Abuse

Report suspected abuse in the community to the local **Adult Protective Services** agency, and report suspected abuse in a nursing home or long-term care facility to the local **Long-Term Care Ombudsman Program**. For serious and immediate emergencies, call 9-1-1.

Report suspicions of abuse as soon as possible.



Adult Protective Services

<https://www.napsa-now.org/>



Local Law Enforcement



Long-Term Care Ombudsman

<https://ltcombudsman.org/about>

To connect to a local or state reporting number, contact the [Eldercare Locator](https://eldercare.acl.gov) at eldercare.acl.gov or at 1-800-677-1116 M-F 9AM – 8PM ET.

Customizable & ready-to-use outreach tools




National Center on Elder Abuse (NCEA)

Fact sheets and brochure

Preventing Elder Abuse in Our Community

Elder Abuse is **preventable** – and everyone has a role to play.

Here are 5 things EVERYONE can do to prevent elder abuse:


-  **1) Listen** to older people and caregivers to understand their challenges and provide support
-  **2) Educate** one another about the signs of abuse and how to get help
-  **3) Report** suspected abuse or neglect as soon as possible
-  **4) Build** a community that fosters social connections and supports
-  **5) Reach out** to professional services for support where available

[Click here to insert logo]

[Area to Insert Agency Name]

[Area to Insert Contact Information]

Building Community Supports to Prevent Elder Abuse




[Area to Insert Agency Name]

[Area to Insert Contact Information]

[Click here to insert logo]

This brochure was created in conjunction with:

 **National Association of Area Agencies on Aging**
www.n4a.org


 **National Center on Elder Abuse**
855-500-3537
ncea.acl.gov

This material was completed for the National Center on Elder Abuse situated at Keck School of Medicine at the University of Southern California, in partnership with the National Association of Area Agencies on Aging, and is supported in part by a grant (No. 90ABRC000101-02) from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy.

Keck School of Medicine of USC

Presentation template & evaluation form

STEAP Initiative Outreach Calendar 2019



Generate awareness and foster action to end elder abuse!

There are many opportunities throughout the year to bring your community together and build awareness on elder abuse. Below is an outreach calendar with commemorations related to elder abuse, neglect, and exploitation prevention and programming.

Tip: Sync this STEAP Initiative Outreach Calendar to your calendar! [Click here.](#)

January
RECOGNITION DAYS
■ Wednesday, January 9: Law Enforcement Appreciation Day (LEAD)

February
MONTH-LONG OBSERVANCES
■ Black History Month
RECOGNITION DAYS
■ Wednesday, February 20: World Day of Social Justice

March
MONTH-LONG OBSERVANCES
■ National Nutrition Month
■ Social Work Month
■ Women's History Month
RECOGNITION DAYS
■ Friday, March 8: International Women's Day

April
MONTH-LONG OBSERVANCES
■ Community Service Month
■ Financial Literacy Month
■ Sexual Assault Awareness Month
■ Social Security Month
WEEK-LONG OBSERVANCES
■ Monday, April 1 – Sunday, April 7: National Public Health Week
■ Sunday, April 7 – Saturday, April 13: National Crime Victims' Rights Week
■ Sunday, April 7 – Saturday, April 13: National Volunteer Week
RECOGNITION DAYS
■ Tuesday, April 2: Sexual Assault Awareness Day of Action
■ Sunday, April 7: World Health Day

Reporting Abuse

Report suspected abuse in the community to the local Adult Protective Services agency, and

Signs of Elder Abuse

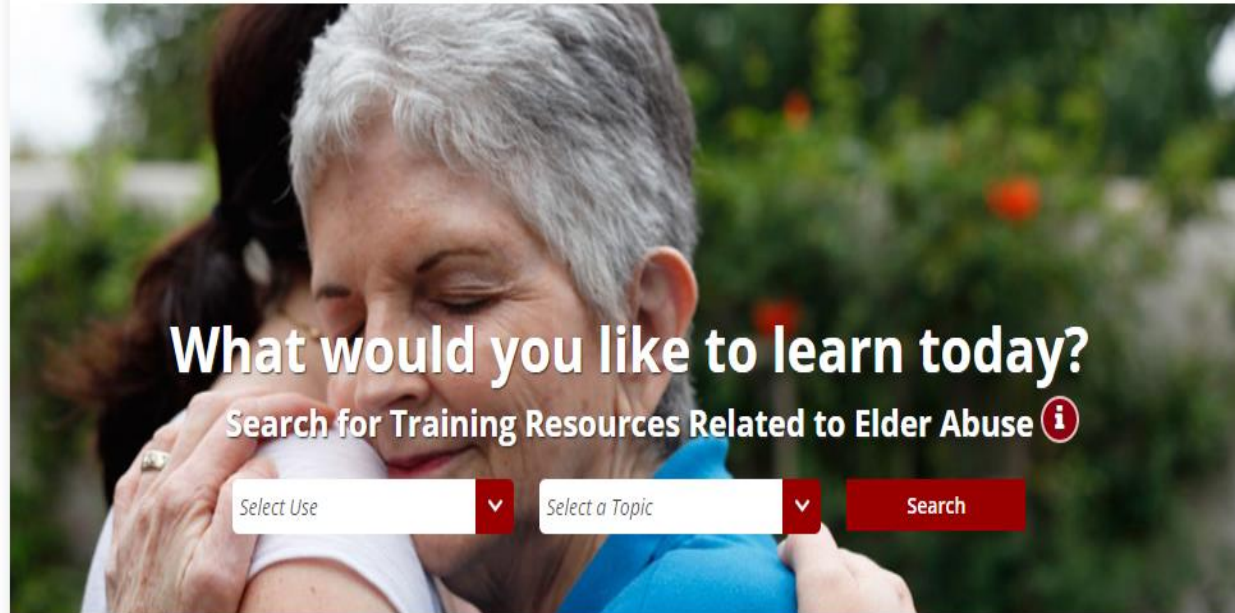
-  **Emotional & Behavioral Signs**
- Unusual changes in behavior or sleep
 - Fear or anxiety
 - Isolation from friends or family
 - Withdrawal from normal activities
 - Sadness
-  **Financial Signs**
- Unusual changes in bank account or money management
 - Unusual or sudden changes in a will or other financial documents
 - Fraudulent signatures on financial documents
 - Unpaid bills

Outreach calendar for year-round elder abuse prevention programming

TRAINING RESOURCES ON ELDER ABUSE (TREA)

Training Resources on Elder Abuse

[About Us](#) [Resources](#) [Support](#) [Submit Material](#) [Contact Us](#)



Training Resources on Elder Abuse

NCEA Resources: Available in 8 Languages

NATIONAL CENTER ON ELDER ABUSE
Signs of Elder Abuse

Elder abuse can include neglect, physical, emotional, financial or sexual abuse. It is up to all of us to prevent and report suspected abuse. **Here are some signs of elder abuse that everyone should know.**

Emotional & Behavioral Signs

- > Unusual changes in behavior or sleep
- > Fear or anxiety
- > Isolated or not responsive
- > Sadness

Physical Signs

- > Broken bones, bruises, and welts
- > Cuts, sores or burns
- > Torn, stained or bloody underclothing
- > Sexually transmitted diseases without clear explanation
- > Dirtiness, poor nutrition or dehydration
- > Poor living conditions
- > Missing daily living aids [glasses, walker, and medications]

Financial Signs

- > Unusual changes in bank account or money management
- > Unusual or quick changes in a will or other financial documents
- > Fake signatures on financial documents
- > Unpaid bills

REPORTING ABUSE

Programs such as Adult Protective Services (APS) and the Long-Term Care Ombudsmen are here to help. For reporting numbers, contact Eldercare Locator at 1-800-677-1116 (www.eldercare.acl.gov).

In cases of urgent danger, call 911 or the local police or sheriff.



This material was completed for the National Center on Elder Abuse situated at Keck School of Medicine at the University of Southern California and is supported in part by a grant [No. 90ABRC00101-02] from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy. LAST DOCUMENT REVISION: DECEMBER 2018

Keck School of
Medicine of USC

NCEA
National Center on Elder Abuse

NATIONAL CENTER ON ELDER ABUSE
Red Flags of Abuse

Our communities are like structures that support people's safety and wellbeing. One of the most important ways we can all contribute to this ongoing construction project is by looking out for warning signs of maltreatment. Does someone you know display any of these signs of abuse? If so, **TAKE ACTION IMMEDIATELY**. Everyone, at every age, deserves justice. **Report suspected abuse as soon as possible.**



Emotional & Behavioral Signs

- > Unusual changes in behavior or sleep
- > Fear or anxiety
- > Isolated or not responsive
- > Depression

Physical Signs


- > Broken bones, bruises, and welts
- > Cuts, sores or burns
- > Untreated bed sores
- > Torn, stained or bloody underclothing
- > Unexplained sexually transmitted diseases
- > Dirtiness, poor nutrition or dehydration
- > Poor living conditions
- > Lack of medical aids [glasses, walker, teeth, hearing aid, medications]

Financial Signs

- > Unusual changes in bank account or money management
- > Unusual or sudden changes in a will or other financial documents
- > Fraudulent signatures on financial documents
- > Unpaid bills

WHAT IS ELDER ABUSE?

Elder abuse is the mistreatment or harming of an older person. It can include physical, emotional, or sexual abuse, along with neglect and financial exploitation. Many social factors—for example, a lack of support services and community resources—can make conditions ripe for elder abuse. Ageism [biases against or stereotypes about older people that keep them from being fully a part of their community] also play a role in enabling elder abuse. By changing these contributing factors, we can prevent elder abuse and make sure everyone has the opportunity to thrive as we age.



<https://ncea.acl.gov/Resources/Publications.aspx>



Support & Tools for EA Prevention

<https://ncea.acl.gov/Resources/STEAP.aspx>

- Engage and educate your community
 - Fact sheets
 - Brochures
 - Outreach ideas/activities
 - Presentation materials
- Toolkit that is practical and customizable
- Make it your own
 - Logo
 - Contact info
 - Local reporting numbers

Resources specific to nursing homes

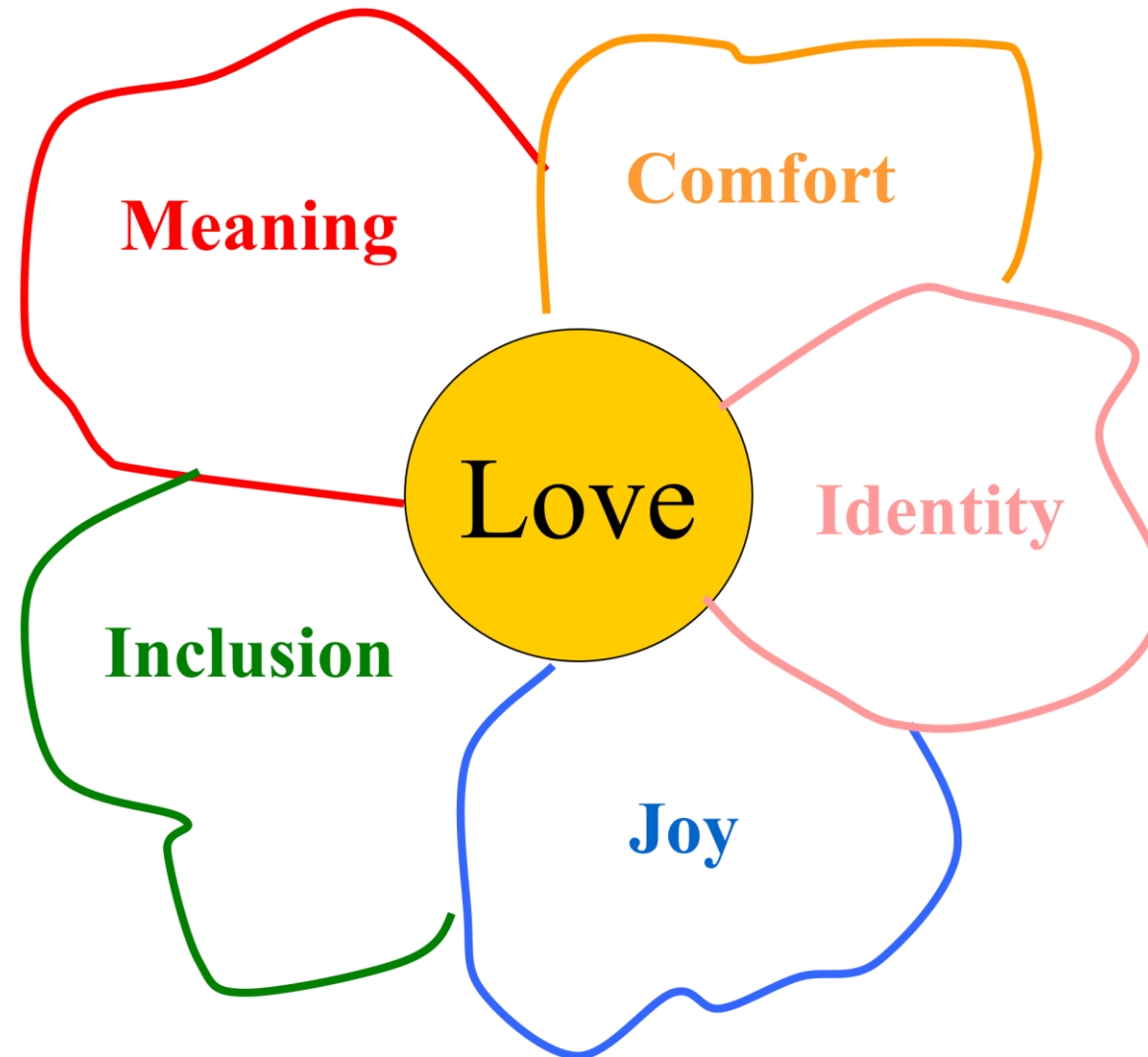
https://ncea.acl.gov/Resources/Publications.aspx#nursing_ltc

Topics addressed

- For residents (Taking Care of You during COVID)
- For families (Should I Take My Loved One Home During COVID?)
- What is the Long-Term Care Ombudsman Program?
 - FAQs
 - Resident Rights
- Advocacy tips



You make a difference



Contact Information



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Q&A DISCUSSION



Type in your question or comment



Connect with speakers and other participants using the chat



REGISTRATION NOW OPEN!

JOIN US for Session #18 – Feb 17, 2021

Online Scams, Prevention, and Resolution



Shirley Krohn
Elder Abuse Expert



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LUNCH & LEARN

THANK YOU!

