Abuse and neglect are serious problems in our communities and in our institutions. People are most at risk for abuse and neglect when they are unable to take care of themselves. Can you name the two groups of people that are least able to care for themselves? It’s children and the elderly.

What Exactly is Abuse?
Abuse is some action by a trusted individual that causes physical or emotional harm to the victim. There are a number of different kinds of abuse including:
- Physical abuse (including sexual abuse)
- Emotional abuse
- Financial abuse
You will learn more about each of these abuses during this inservice.

What Exactly is Neglect?
Neglect is when someone fails to do things that are necessary to meet the needs of a child or an elderly person. There are two types of neglect:
- Passive neglect is when people don’t mean to do harm. Usually, this is because of ignorance—they just don’t know any better.
- Active neglect is when people know better and still fail to do what is needed for the care of the child or elderly person.
You will learn more about neglect, including self-neglect, throughout this inservice.

Where Does Abuse and Neglect Happen?
- Abuse and neglect happens in every community around the United States. Every day, there are children and elderly people being abused in their own homes. The abuser is usually a family member, often someone with psychological problems.
- Abuse and neglect can also happen in an institutional setting, such as a day care center or a nursing home. The most common type of mistreatment in institutions is neglect. Often, these situations occur because the staff is overworked, stressed out or poorly trained.

It is important to learn about abuse and neglect so that you can:
- know the signs of abuse and neglect
- watch your patients for these signs
- know how to report suspected abuse or neglect
- protect yourself from being charged with abuse or neglect of a patient
Understanding Child Abuse

- Child abuse can happen in any type of family—small, large, rich, poor, white, black, etc. It can also happen to children of all ages.

- Infants and toddlers are more likely to be seriously injured or killed by child abuse than older children.

- Abuse to adolescents might go unrecognized, since teenagers might try to hide the problem.

- Over 3 million cases of child abuse are reported every year, and nearly half of them are confirmed by authorities.

- Over 1200 children die every year as a direct result of child abuse and neglect. Since 1985 the rate of deaths is up 39%.

- Most often, children are abused by their families or guardians, but there are cases of children being abused by day care workers or other caregivers.

- Studies have shown that about 20% of children will be sexually abused in some way before they become adults.

- Child abuse, along with domestic violence, costs the U.S. $150 billion every year.

- The U.S. spends $22.00 per child for protective services.

- seem frightened of parents or other adults.
- get scared when other children cry.
- be very quiet or very aggressive.
- sit and stare into space.
- be afraid to go home.
- seem much older than they are.
- try to get attention by being "naughty".
- try to run away from home.
- begin to get bad grades at school.
- attempt suicide.

How Do Abused Children Behave?
There are a number of different ways that an abused child may react to the abuse. Many abused children might:
- say they deserve to be punished.

How Do Neglected Children Behave?
Children who are neglected might:
- beg for or steal food.
- miss a lot of school.
- seem very tired all the time.
- show no emotion on their faces.
- talk in a whisper or whine.
- try to get attention by being "naughty".
- abuse alcohol or drugs.
- take on adult responsibilities.
- talk about being left alone or left "in charge" of younger siblings.

Who is at risk for child abuse?
Studies have shown that certain things put children more at risk for abuse. These factors include:
- living in a family where the parents are having marriage problems.
- living with a parent who has a drug or alcohol problem.
- living with parents who are unemployed or who have serious money troubles.
- living with a parent who was abused as a child.
- being a "special needs" child, with physical and/or mental disabilities.

(Above statistics are from the Child Abuse & Neglect Clearinghouse.)
Understanding Elder Abuse

- Elder abuse is defined as harm done to persons over the age of 65 by someone who is in a position of being trusted.
- We can only guess at the number of elderly who are abused every year. The best guess is that there are about 2.5 million cases per year, but authorities say that for every elder whose abuse is reported, there are 13 others whose abuse goes unreported.
- About 5 to 10% of elderly people are abused. The majority of these are female, although abuse of elderly men is becoming nearly as common.
- Elder abuse has increased over 100% since 1986.
- Adult children are the abusers in 35% of the cases.
- Spouses are the abusers in 13% of the cases.
- The average age of elder abuse victims is about 78 years.
- In 1996, 66.4% of elder abuse victims were white and 18.7% were black.
- Less than $3.00 is spent per elder person in the United States for protective services.

Who Is Most At Risk For Elder Abuse?
Abuse can happen to anyone. However, there are certain factors that seem to increase the risk of abuse. Elderly people are more likely to be abused if:
- they are physically and/or mentally impaired.
- their condition is getting worse.
- they are isolated from their family or community.
- they are dependent on others for all their needs.
- their caregivers are stressed out.
- their caregivers are not trained for the job of patient care.
- their caregiver is a family member with emotional problems or who is addicted to drugs or alcohol.

(Above statistics are from the National Center on Elder Abuse.)

Elders don't always report the abuse because:
- they are afraid that the abuser will find out and be angry.
- they are afraid that the authorities might take their family members away.
- they are ashamed that their adult child is abusing them and don't want anyone to find out.

What Are Some Signs of Elder Abuse?
It should send up a "red flag" if:
- The patient is not allowed to speak to you unless a family member is present.
- The patient is punished for being incontinent.
- You see family members abusing drugs or alcohol.
- You hear someone threaten the patient.
- You hear two different stories about how the patient got a bruise or other injury.
- A family member refuses to allow you to complete the patient's care.

Who Is Most At Risk For Elder Abuse?
Abuse can happen to anyone. However, there are certain factors that seem to increase the risk of abuse. Elderly people are more likely to be abused if:
- they are physically and/or mentally impaired.
- their condition is getting worse.
- they are isolated from their family or community.
- they are dependent on others for all their needs.
- their caregivers are stressed out.
- their caregivers are not trained for the job of patient care.
- their caregiver is a family member with emotional problems or who is addicted to drugs or alcohol.

(Above statistics are from the National Center on Elder Abuse.)
Physical Abuse

What Is Physical Abuse?
Physical abuse is the use of physical force that may cause injury, pain or impairment. Physical abuse includes such things as:

- striking, hitting, slapping or beating
- pushing or shoving
- shaking
- kicking
- pinching
- burning
- using physical restraints inappropriately
- taking away all food or water or forcing food
- putting someone out unprotected in severe weather
- using physical punishment
- making inappropriate sexual contact

What Are Some Signs of Physical Abuse?

- Burns, including cigarette burns
- Unexplained bruises, especially bruises in the shape of a belt or fingers
- Multiple bruises that are at different stages of healing (new bruises are red, then they turn blue, then black-purple, then dark green, then yellow)
- Frequent trips to the hospital emergency room
- Cuts or scrapes
- Black eyes
- Signs of sexual assault such as bruises in the genital area, unexplained vaginal bleeding, and bloody or torn underwear
- Spots where hair seems to have been pulled out
- Rope marks, especially on wrists or ankles
- Broken bones
- Broken eyeglasses

What Can You Do About Physical Abuse?

- Watch your patients for signs of physical abuse. Be sure to discuss any suspicions you have with your supervisor.
- Be sure you know how comfortable your patients are with physical contact. Some may welcome a hug and some may consider it an invasion of their private space. Be respectful of each patient's wishes.
- You want to do your work efficiently, but be careful not to rush through it. When you rush, it's easy to accidentally hurt someone. For example, both children and the elderly may have trouble chewing and swallowing food, and rushing through a feeding may make them choke. Or, trying to transfer a heavy patient without help may end up hurting your back and giving the patient a bruise or a skin tear. While you would never mean to harm your patients, rushing through your work may be seen by others as physical abuse.
- Reporting a situation when you're not sure if it's physical abuse may seem wrong, but it isn't. If it is abuse, you might save the patient's life and the abuser might get some psychological help. If it isn't abuse, no one will be permanently hurt by the report.
What Is Emotional Abuse?
Emotional abuse is when someone causes anguish, pain or distress to another person by what they say or do. Emotional abuse includes things like:
- insults
- threats
- intimidation
- humiliation
- harassment
- treating an elderly person like an infant
- keeping someone away from family, friends or community
- giving someone the "silent treatment"

People who commit physical abuse seem to abuse their victims just once in a while. People who commit emotional abuse tend to hurt their victims on a regular basis—even daily.

What Are Some Signs of Emotional Abuse?
Be on the watch for patients who:
- Seem to be afraid of certain caregivers or family members.
- Are yelled at by family members or caregivers.
- Are made fun of by family members or caregivers.
- Are suddenly very agitated.
- Are suddenly confused or who are more confused than usual.
- Talk about being worthless or who are very depressed.
- Have trouble sleeping.
- Seem to never get enough sleep.
- Have a sudden change in appetite.
- Have big changes in their weight (either up or down).
- Seem very quiet or just stop talking suddenly.
- Cry all the time.
- Talk about being helpless.
- Seem scared to talk to you about their lives or their health.
- Are angry all the time.

What Can You Do About Emotional Abuse?
- Watch your patients for signs of emotional abuse. Don't be afraid to discuss a situation that you think might be emotional abuse with your supervisor—even if it involves a coworker.
- Avoid making jokes about your patients. It may seem like a harmless way to lighten the stress from your day, but what if the patient or a family member hears you? It might be taken as emotional abuse.
- Report rude, disrespectful behavior toward your patients, even if it comes from a family member.
- Treat all your patients with kindness and respect. Think of how you would want your loved ones to be treated if they were patients.
What Is Financial Abuse?
Financial abuse includes the theft or misuse of someone's money by a trusted individual. This includes the following activities:
- committing fraud.
- getting money by lying about why it is needed.
- forging checks.
- cashing someone else's check without permission.
- using someone's ATM card without permission.
- forcing someone to change his or her will.
- forcing someone to transfer property.
- keeping someone away from his or her own home or money.
- providing healthcare services to a patient that are not really needed.

What Are Some Signs of Financial Abuse?
There are some common signs that someone is being financially abused. Keep an eye out for your patients who:
- can't pay their bills for housing, food, basic clothing or medications even though they seem like they have enough money to do so.
- get credit card bills for stores they have never been to.
- seem anxious about--or don't know--where their money is going.
- talk about having to give money to others.
- have a family member who complains constantly about how much the patient's care is costing.
- have family members who appear suddenly and claim they have a right to the patient's money.

What Can You Do About Financial Abuse?
- Watch your patients carefully for signs of financial abuse. Report any suspicions to your supervisor.
- Never take money from a patient--even if it's offered as a gift. It may be seen by others as financial abuse.
- Avoid buying food and other necessities for your patients. It's easy to grow close to your patients and come to think of them as your family. You might see that they need help buying groceries and you want to help them. Please remember that the best way you can help them is to tell your supervisor about the patient's financial problems. There may be community services that can help the patient on a permanent basis. Otherwise, what happens to the patient when you're not there to help anymore?
Neglect

What Is Neglect?
Neglect is when someone refuses or fails to take care of someone for whom they are responsible. Examples of neglect include:
- A parent who fails to take a baby for regular checkups and vaccinations.
- A babysitter who runs out for a pack of cigarettes, leaving two toddlers in the home alone.
- A daughter who leaves her elderly mother in the same clothes for a month.
- A caregiver who refuses to help an elderly person to the bathroom.
- A responsible person who deserts a child or a helpless elderly person, such as a son who drops his elderly father off at a shopping mall and never comes back.

Neglect is the most common type of child and elder mistreatment. The number of children and elderly persons being neglected has increased considerably in the last ten years.

What Are Some Signs of Neglect?
If you wonder whether a patient is being neglected, keep an eye out for the patients who:
- Stay in an environment that is dirty, smells of urine or feces.
- Stay in an environment that has health or safety hazards such as no heat or no running water.
- Have rashes, sores or lice.
- Don't have enough clothes to stay comfortable and/or warm.
- Seem poorly fed or dehydrated.
- Have a medical condition that is going untreated.
- Don't have the medications they need.
- Have a dirty appearance.
- Have ripped clothing.
- Are lying in soiled bed linens when you arrive.
- Complain of not getting enough sleep.
- Never seem to have to urinate. (They may be dehydrated.)
- Beg for food constantly.
- Have muscles that are contracted.
- Have bed sores, especially if the sores don't seem to be getting treated.

What Can You Do About Neglect?
- Watch your patients closely for signs of neglect. Report any suspicions of neglect to your supervisor.
- Encourage your patients to be as independent as possible but never refuse to help if they ask for your assistance.
- Follow your patients' careplans carefully. Check with your supervisor if you don't understand something on the careplan. If you don't know how to perform a task, ask for help.
- Take time to listen to your patients when they tell you what they need. Many of your patients depend on you for their most basic needs--food, water, comfort, and use of the bathroom. You have a lot of control over the quality of their lives, and your professional behavior will help them live happier, more comfortable lives.
Self-Neglect and Suicide

What Is Self-Neglect?
"Self-neglect" is the term used for people who can't care for themselves because of physical or mental impairments. Their behavior is a threat to their health and well-being. For example, people who don't have the ability to get food, shelter, clothing or medical care for themselves may suffer from self-neglect. There are about 150,000 new cases of self-neglect reported every year. Many of these victims suffer from depression.

IMPORTANT: Remember that adults have the freedom to choose how they want to live. People are not considered to be self-neglectful if they are mentally competent persons who understand what will happen if they do things that threaten their health--and still choose to do them.

- For example, let's say that an adult diabetic has been taught about his disease and knows what will happen if he doesn't take his insulin. Yet, he chooses not to take his insulin. As a competent adult, he has that right--as long as he is only hurting himself and not anyone else. According to most state and federal laws, he would not be considered self-neglectful.

What Are Some Signs of Self-Neglect?
The signs that someone is suffering from self-neglect include:

- being dehydrated
- being without food
- freezing in winter
- getting overheated in summer
- having bedsores
- being in general poor health that is getting worse
- being very dirty or bad-smelling

What About Suicide?

- Someone commits suicide in this country every 17 minutes.
- The number of elderly people committing suicide is increasing, especially among older men.
- About 13% of our population is over 65 years of age, but about 20% of the suicides each year are elderly people.
- The suicide rate among teenagers remains high.

What Can You Do About Self-Neglect & Suicide?

- Watch your patients carefully for signs of self-neglect. Keep in mind that many victims of self-neglect suffer from depression. For some of them, if their depression is treated, they will stop the self-neglect.
- Keep your patients' rights in mind. Ask yourself if the patient is choosing to live in a self-destructive way or if he or she can't help it. If it is by choice, then it would not be considered self-neglect.
- Be sure to let your supervisor know immediately if your patient:
  ...talks about wanting to commit suicide.
  ...says things like, "I have no reason to keep on living."
  ...tells you about a plan to commit suicide, such as using a gun or taking too many pills.
In the Know's Inservice Club presents
A Patient Safety Module:
Understanding Abuse & Neglect

HOW TO PROTECT YOURSELF FROM BEING CHARGED WITH ABUSE OR NEGLECT

DO:
- Follow your patients careplans carefully, making sure you see to all of their basic needs.
- Report any signs of abuse or neglect immediately. If you don't, you may be considered guilty of neglect yourself.
- Remember that patient from different cultures may communicate their needs in different ways. Listen to your patients with both your eyes and your ears.
- Know your own limits. If you feel overstressed, talk it over with your supervisor.
- Remember that ANGER is just one letter short of DANGER! Breathe deeply and count to ten if you feel yourself losing your temper during patient care.
- Tell your supervisor if you find yourself unable to handle or work with a specific patient. It may be that more training will help. (For example, an inservice on Alzheimer's Disease may help you understand and deal with Alzheimer's patients better.)
- Tell your supervisor if a patient is refusing to eat or drink. If you forget, you could be charged with neglect.
- Be a model of professional behavior for your coworkers.
- Remember how important your work is. Your patients need you!

DON'T:
- Ignore your patients requests for food, water or bathroom needs—unless what they are asking for is against physician or nursing orders. (For example, you would have to say no to a diabetic patient begging you for some chocolate cake or a patient on fluid restriction asking for a third glass of water.)
- Keep quiet if the abuser is a coworker. While it may seem like you are "squealing" on a coworker, if you stay quiet, you could be guilty of neglect. You will be helping both the patient and the coworker if you speak up.
- Take your personal problems out on the patients. Leave your problems at home.
- Let "difficult" patients get the better of you. Think of how you would feel if you had to trade places with them. Treat them with kindness and lots of patience!
- Threaten or make fun of a patient. Don't stand quietly by while a coworker does it either.
- Document that "the patient is eating fine" if it's not true.
- "Freak out" if a patient or family member accuses you of abuse when you know you didn't do anything wrong. Discuss the situation with your supervisor, telling him or her all the facts.

Copyright 1999 In the Know, Inc.
In the Know's Inservice Club presents  
A Patient Safety Module:  
Understanding Abuse & Neglect

REPORTING ABUSE AND NEGLECT

Studies have shown that 93% of nursing assistants have seen or heard of a patient being mistreated by a family member or a coworker. You and your coworkers have to work together to prevent abuse and neglect. All 50 states have laws about reporting abuse and neglect, but the laws are different in each state. Check with your supervisor to learn about the abuse and neglect laws where your work.

**DO:**
- Keep your suspicions about possible abuse and neglect confidential. Document and report the situation according to your workplace policy but don't talk about it to anyone who doesn't need to know.
- Let your supervisor know if your patient's family members seem stressed out. (Abuse is more likely to happen when people are stressed. Your supervisor may have some suggestions for community resources to help the family members.)
- Tell your supervisor if you are a victim of abuse by a patient or family member.
- Remember that keeping quiet about abuse and neglect of your patients is against the law in all but 8 states. For example, in California, if you fail to report what you know, you could be punished with 6 months in jail and a $1,000 fine.
- Remember that the authorities work very hard to keep families together. Their goal is not to tear families apart.
- Remember that you are not expected to prove that a patient is being abused or neglected. That's up to the authorities. You are expected to report things that you have actually seen or heard that seem suspicious.
- Be sure to report just the facts about a situation. For example, instead of saying, "Mrs. Smith's daughter was drunk and she was mean to the patient. ", it's better say, "Mrs. Smith's daughter smelled like alcohol and her speech was slurred. I heard her tell the patient, 'I wish you were dead.'"
- Remember that for a report, you will probably be asked for the victims' name, age, address and present location, along with the situation you have observed. Some states require that you give your name and address and some don't.
- Make sure you are clear about your responsibilities when it comes to reporting abuse and neglect.

**DON'T:**
- Jump to conclusions. Stick to the facts when reporting any patient situation.
- Try to solve abuse and neglect situations on your own.
- Stay quiet about signs of abuse and neglect because you don't want to get involved.
- Report your suspicions without telling your supervisor first. Your supervisor is responsible for the patient too.
- Wait for proof of abuse or neglect before you report it. This could be deadly for your patient!
- Forget that you will not get in trouble for reporting suspected abuse—even if the authorities don't find any abuse or the patient refuses help from the authorities.
Are You "In the Know" About Abuse & Neglect?
Circle the best choice and then check your answers!

1. TRUE or FALSE
   Children and the elderly are at risk for abuse because they usually have to wear diapers.

2. Most elderly abuse victims:
   A. report the abuse.
   B. live by themselves.
   C. are abused by strangers.
   D. are physically or mentally impaired.

3. You suspect Mr. Jones is a victim of physical abuse because he:
   A. doesn't talk much.
   B. has rope marks on his wrists.
   C. has a bruise on his leg.
   D. tells you his back hurts.

4. TRUE or FALSE
   A patient who tells you she's worried that her money is being stolen is probably a victim of emotional abuse.

5. Many abused children are:
   A. abused by strangers.
   B. not seriously hurt.
   C. abused by someone they know.
   D. deserve to be punished.

6. TRUE or FALSE
   Victims of self-neglect aren't able to meet their own basic needs.

7. The most common way that children and elderly people are mistreated is:
   A. neglect.
   B. physical abuse.
   C. financial abuse.
   D. emotional abuse.

Ask your supervisor for the correct answers!

EMPLOYEE NAME __________________________________________ DATE ____________
I understand the information presented in this inservice. I have completed this inservice
and answered at least six of the test questions correctly.

Employee Signature __________________________________________ Inservice Credit: 60 minutes
Supervisor Signature __________________________________________ Self Study ________
File completed test in employee's personnel file.
                      Classroom ________
In the Know's Inservice Club
presents
A Patient Safety Module:
Understanding Abuse & Neglect

Play the Match Game!

Read each description in the left column. Then, decide if it matches A) child abuse, B) elder abuse or C) both. Put the correct letter (A, B, or C) in the blank space.

_____ 1. Often happens to people who cannot take care of themselves

_____ 2. The majority of victims are female

_____ 3. Causes over 1200 deaths per year

_____ 4. The abuser is often a family member

_____ 5. Includes self-neglect

_____ 6. Only 1 in 14 cases get reported

_____ 7. Can happen in any family

_____ 8. Less than $3.00 is spent per person for protective services

_____ 9. Over 3 million reported cases every year

_____ 10. Can go unrecognized

_____ 11. About $22.00 is spent per person for protective services

A. Child Abuse
B. Elder Abuse
C. Both Child and Elder Abuse