

RHODE ISLAND ANNUAL REPORT ON ELDER ABUSE

for 2017

released June 15, 2018

Rhode Island Division of Elderly Affairs

Gina M. Raimondo, Governor

Charles J. Fogarty, Director



www.dea.ri.gov

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401-462-3000

Louis Pasteur Building #57

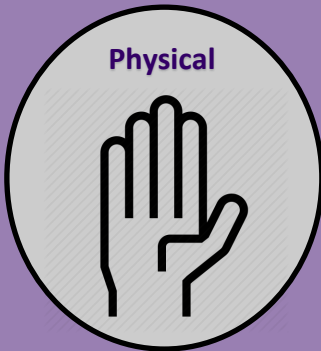
2nd Floor

25 Howard Avenue

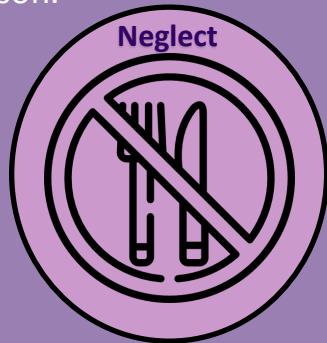
Cranston, RI 02920

What is elder abuse?

Physical abuse can range from slapping or shoving to severe beatings.



Neglect is intentionally failing to meet the physical, social or emotional needs of the older person.



When caregivers employ the “silent treatment” or intimidate the individual by threatening them, they are **psychologically abusing** older adult.



Financial abuse can range from misuse of funds to embezzlement.

The World Health Organization defines elder abuse as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person .

Self-Neglect

While not a form of elder abuse, self-neglect poses a significant risk to the elder.

The National Adult Protective Services Association defines self-neglect as: “an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care.” Life-style choices or living arrangements alone do not prove self-neglect.

- Poor personal hygiene/not bathing
- Poor medication management/refusing to take medication
- Dehydration and/or malnutrition
- Unsanitary or very unclean living quarters
- Signs of unpaid bills, bounced checks, or utility shut-offs
- Lack of adequate food in house and/or signs of weight loss

CALENDAR YEAR 2017

RI ABUSE AND SELF-NEGLECT STATISTICS

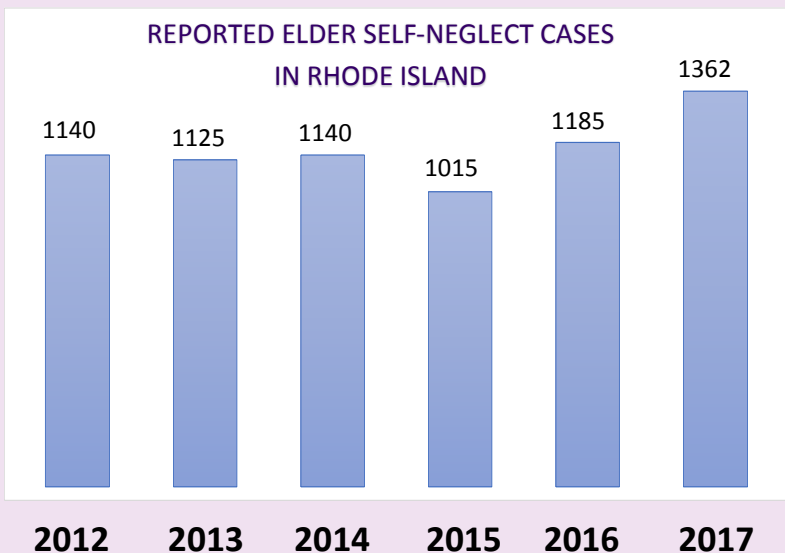
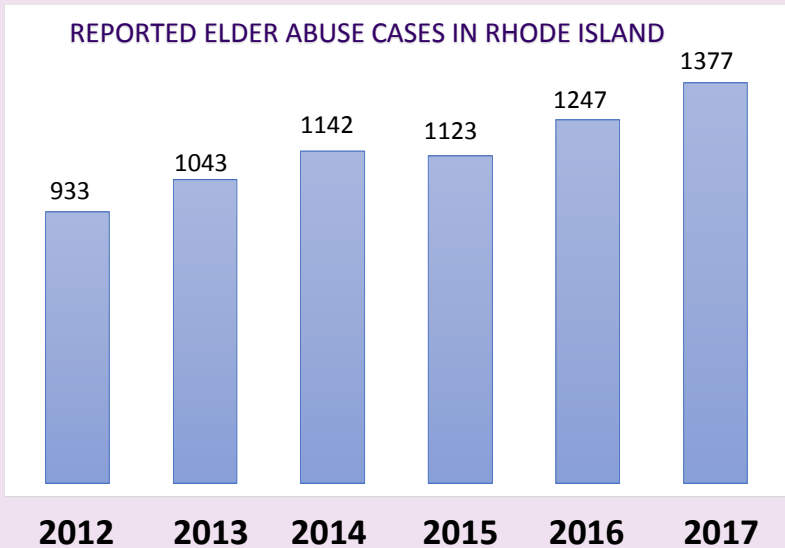


A study by the National Academy of Sciences estimated that only 1 in 14 cases of abuse are reported to authorities. If this is the case, incidences of abuse in Rhode Island could be as high as 19,279 or more.

National Research Council. (2003). *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*

2012-2017 STATISTICS

RHODE ISLAND STATISTICAL TRENDS



RHODE ISLAND DIVISION OF ELDERLY AFFAIRS

Adult Protective Services (APS) Unit



The Rhode Island Division of Elderly Affairs **Adult Protective Services Unit** is responsible for investigating complaints of abuse of Rhode Islanders 60 years of age and older by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation or abandonment. Self-neglect also is a problem among Rhode Islanders 60 years of age and older.

The Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce and/or eliminate harm in cases where there is a reported element of risk to an older adult.

The APS Intake Office received 9,627 calls, faxes and referrals in 2017.

Adult Protective Services (APS) Unit

APS is budgeted at 11 full-time equivalent positions in State Fiscal Year 2017.

- 1 Administrator
- 1 Casework Supervisor
- 2 Intake Workers
- 1 Self-Neglect Program Coordinator
- 1 Self-Neglect Program Assistant
- 5 Abuse Social Caseworkers



The APS Unit is charged with investigating cases of elder abuse and exploitation. Unlike DCYF caseworkers, **APS caseworkers cannot enter a home without permission, nor can they remove an adult from their home against their will.**

Adults have the right to make decisions for themselves until a court finds evidence to the contrary. The Division of Elderly Affairs and our APS caseworkers cannot force an adult to accept our services. If an older adult is in imminent danger, law enforcement authorities and/or emergency responders are engaged.

How to Report Elder Abuse

Abuse & self-neglect can be reported 24 hours a day, 365 days a year by calling **401-462-0555**. Reports can be filed anonymously.

Rhode Island law requires any person who has reasonable cause to believe that a senior has been abused, or is neglecting his or her basic needs, to report such a case to the Division of Elderly Affairs. Failure to report abuse of a person 60 or older can result in a fine of up to \$1,000.



Under Rhode Island law (R.I.G.L. 42-66-10), Division of Elderly Affairs records pertaining to a person reported to be abused, neglected, exploited, or abandoned are confidential and are not deemed public records.

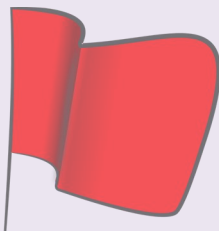
When an elder is in crisis, and/or the victim of violence, the first call should be to law enforcement authorities.

DIAL 9-1-1

APS is not an emergency response unit

RED FLAGS of ABUSE

Does someone you know— a senior or adult with a disability—display any warning signs of mistreatment?



>> Neglect

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)

>>Financial Abuse/Exploitation

- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship.
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction of what it means

>>Psychological/Emotional Abuse

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, other
- Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

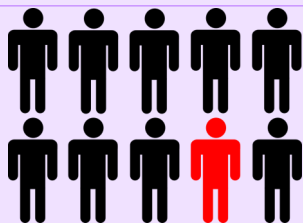
>>Physical/Sexual Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases

ELDER ABUSE AND ITS IMPACT

MORE THAN **41 MILLION**

AMERICANS ARE 65 OR OLDER, AND ELDERS COMPROMISE A GROWING PROPORTION OF THE U.S. POPULATION



1 in 10 AMERICANS AGE 60+ EXPERIENCED ABUSE OVER ONE YEAR, AND MANY EXPERIENCED IT IN MULTIPLE FORMS

NEARLY **1 in 2** PEOPLE WITH DEMENTIA EXPERIENCE SOME FORM OF ABUSE BY OTHERS

ELDER ABUSE IS *underreported.*

The New York State Elder Abuse Prevalence Study found that for every elder abuse case known to programs and agencies, **23.5** were unknown. In the same study, they examined different types of abuse and found for each case of financial exploitation that reached authorities, **44** cases went unreported. The National Elder Abuse Incidence Study estimated that only 1 in 14 cases of elder abuse ever comes to the attention of authorities.



ELDER ABUSE COSTS VICTIMS *billions of dollars*

EACH YEAR. The annual financial loss by victims of elder financial exploitation was estimated to be **\$2.9 billion** in 2009, a 12% increase from the prior year.

What you must know

Research from the National Center on Elder Justice

www.ncea.aoa.gov

ELDER ABUSE IS ASSOCIATED WITH *increased rates* OF HOSPITALIZATION IN THE COMMUNITY POPULATION.



Older adults who experienced abuse or neglect were **twice as likely** to be hospitalized than other seniors.

ELDERS WHO EXPERIENCE MISTREATMENT AND SELF-NEGLECT FACE A *greater risk* OF DYING SOONER



SURVIVORS OF ELDER MISTREATMENT SUFFER *significantly higher levels* OF PSYCHOLOGICAL DISTRESS THAN NON-VICTIMS.

In conclusion ...

More research is needed, but it is clear that elder abuse is a major public health problem with significant impact on millions of people. This information provides a common reference point for professionals and the public to use when discussing the problem of elder abuse.

WHAT IS THE LONG-TERM CARE OMBUDSMAN PROGRAM?

Under the federal Older Americans Act (OAA) every state is required to have an Ombudsman Program that addresses complaints & advocates for improvements in the long-term care system. The Ombudsman advocates for residents of nursing homes, assisted living facilities and other similar adult care facilities. State Ombudsman work to resolve problems individual residents face and effect change at the local, state and national levels to improve quality of care.

The Office of the Rhode Island Long Term Care Ombudsman
released the following program statistics for Federal Fiscal Year 2017

Ombudsmen always attempt to verify complaints, but they work to resolve a complaint to the residents satisfaction, whether it is verified or not.

Location Type	Complaints Received	Verified by Ombudsman
Nursing Facility	416	200
Assisted Living	78	41
Other Setting	9	3

The Administration for Community Living defines verified as, "it is determined after work (interviews, records inspection, observation, etc.) that the circumstances described in the complaint are generally accurate.

Through a grant from the RIDEA, the Long-Term Care Ombudsman Program is housed at the **Alliance for Better Long Term Care**, 422 Post Road, Warwick, RI, 02888.

Phone: (401) 785-3340; Toll-free: 1-888-351-0808;
www.alliancebltc.com

Quality, Individualized Care

Quality care promotes resident dignity, choice, and self-determination in all aspects of life and care.

SIGNS OF QUALITY CARE

Facility is clean, clutter free, smells fresh, and not too hot or cold.

Calls for assistance are responded to quickly and kindly.

Residents appear well groomed, clean, comfortable, alert, happy, and are without visible restraints.

Food looks and smells appetizing.

Staff encourage resident involvement in their care and daily life.

Residents are involved in meaningful activities.

Community is warm and engaging.

WARNING SIGNS

Facility appears understaffed.

Residents' rights are not respected.

Quality of food declines,

High staff turnover, staff not familiar with residents.

Residents appear bored, inactive, disengaged.

Residents/family members say concerns have not been resolved.

Facility uncomfortable.

Medication errors.

RED FLAGS

Significant, sudden change in behavior.

Dramatic physical changes

Unexplained injuries

Residents physically restrained and/or overmedicated.

Severe lack of staff

Residents appear unclean, have body odors.

Staff disregard residents and their rights. Complaints ignored.

Missing personal items or funds.

Rhode Island Volunteer Guardianship Program

Since 2001, the Rhode Island Volunteer Guardianship Program (VGP) has provided Volunteer Guardians to low income, elderly Rhode Islanders who are dementia afflicted and in need of a substitute decision maker for healthcare related purposes.

The RIDEA APS Administrator and Senior Legal Counsel oversee the recruitment and training of volunteer guardians who help Rhode Island's frail elderly make important healthcare decisions. They are also responsible for coordinating the services of pro bono attorneys who will assist in establishing legal guardianships for at-risk elders in the program.



The program has served hundreds of Rhode Island's elders since its inception sixteen years ago. To be eligible for VGP services, a participant must be a Rhode Island resident of at least 60 years of age and without family or friends willing to make health care and related decisions on his or her behalf. The elder must be medically determined to be cognitively impaired and, therefore, in need of a surrogate decision maker. Annual income must meet certain financial guidelines.

For more information about the Volunteer Guardianship Program, or to volunteer, call (401) 462-3293.

Saint Elizabeth Haven for Elder Justice

The Haven For Elder Justice is a program administered by Saint Elizabeth Community. The shelter was initiated in 2009 and is the state's only dedicated safe shelter for frail elders who are mistreated or abused. Working with an array of social services, state agencies, law enforcement agencies, the Haven also provides services in the community to abused elders or those at risk of abuse.

The Haven For Elder Justice Program

- provides a shelter program for elders in need of a safe place to stay while working on a plan with an elder Justice Advocate to return safely to the community or enter a long term care facility;
- provides community-based case management, intervention and advocacy services for abused elders who do not wish to enter the shelter but are in need of significant specialized case management and safety services;
- provides education and training programs about elder abuse and safety planning to a cross section of professionals, elders and their families, volunteers and students.

For more information about the Haven for Elder Justice, please call 739-2844.

To make a referral to the Haven, please call the Division of Elderly Affairs at 462-0555 or call the Saint Elizabeth Haven 24-hour line at 1-877-613-7010.

Additional Resources

The POINT Network

brings together information, referral, and long-term care options counseling, as well as the most effective health care service and service delivery under one roof.

401-462-4444

www.dea.ri.gov

The Rhode Island Office of Attorney General, Elder Abuse Prosecution Unit

investigates and prosecutes crimes committed against persons 60 and older.

401-274-4400, x2383

www.riag.state.ri.us

The Commission for the Safety & Care of the Elderly

works with fire & police advocates in each community.

401-462-3000

www.dea.ri.gov

The Rhode Island Coalition Against Domestic Violence

works to eliminate domestic violence in RI.

24/7 Helpline 1-800-494-8100

www.ricadv.org

The Rhode Island Division of Elderly Affairs
is the state unit on aging, charged with preserving the independence, dignity, and capacity for choice for seniors, adults with disabilities, families and caregivers.