House Aging and Older Adult Informational Hearing

Elder Abuse in Pennsylvania

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Provided by

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Good morning Representative Hennessey, Representative Samuelson and other distinguished members of the Committee. I am Crystal Lowe, the Executive Director of the PA Association of Area Agencies on Aging. I am pleased to be here today to share my perspective about the Older Adult Protective Services program, which is provided through the 52 Area Agencies on Aging in Pennsylvania. The mission of each Area Agencies on Aging is to enhance the quality of life of older Pennsylvanians by empowering diverse communities, the family and the individual. Collectively, we touch nearly one million lives each year through the support provided by our agencies. These services and supports make it possible for people to maximize their independence and live with dignity in their homes and communities. We are known for helping to attain accesses to benefits, services and supports, for providing nutrition, health and wellness programs, for our role as ombudsman for individuals receiving long-term care and, of course, for our intervention is cases of abuse, neglect, abandonment and exploitation of older adults.

Over the past several hearings, you have heard from the Department of Aging, Temples' Protective Services Institute, some of the AAA Directors, as well as other stakeholders regarding Elder Abuse. Some of what you have had to have been shocking. It's difficult to imagine that kind of abuse can take place in our communities. You will hear more about horrendous cases of financial exploitation in upcoming testimony. What I hope does not get lost in the discussion is that the majority of the work we do relates to "self neglect". About 40% of the more than 18,000 reports received during Fiscal Year 11-12 fell into this category and the percentage for self-neglect is consistently between 35-40% during previous years. The law states that neglect is "The failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health." It also states, " No older adult who does not consent to the provision of protective services shall be found to be neglected solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.

As you will note, Pennsylvania's Older Adult Protective Services Act, within the definition of neglect, incorporates self-neglect. Not all states have taken this approach, but as we have, we need to recognize that our approach cannot be investigation and enforcement only. We see many people who exhibit poor judgment, who live in situations that most would consider

uninhabitable. In the majority of the cases, our aim is to reduce the risk of harm, to stabilize the situation, and except as provided in section 307, individuals receive protective services voluntarily. "In no event may protective services be provided to any person who does not consent to such services or who, having consented, withdraws such consent, unless such services are ordered by a court, requested by a guardian of the older adult or provided under section 307."

I am sure that it will be no surprise to you that our target population has a fierce streak of independence. They don't want to rely on others and are often unwilling to recognize or admit the need for help or are unwilling to accept support and assistance. This presents a dilemma for anyone trying to help a self-neglecting adult. How do you balance the person's right to this independence and help make sure he or she is safe and well? According to Dr. Linda Woof [1] from Webster University, "Self-neglect falls into a number of categories including:

> **Long-Term Chronic Self-Neglect**: These individuals have engaged in self-neglecting behaviors periodically or consistently throughout adulthood. This pattern of self-neglect is not unique to old age. Often times, the individual may have an undiagnosed and/or untreated mental health problem. The presenting problems may increase when paired with physical impairment, social isolation, malnutrition, substance abuse, cognitive impairment, and/or limited financial recourses. Often times these older adults may be resistant to intervention as prior experiences with intervention (voluntary and/or involuntary) has not been positive and perhaps experienced as harmful. Therefore, interventions must begin small with a high degree of respect for the elder and their decisions. As trust increases, so can the amount of intervention or help provided.
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> **Dementia**: The vast majority of older adults are not suffering from any form of dementia. However, those who may be in the early stage of dementia (e.g. Alzheimer's Disease, Multi-Infarct Dementia) may be undiagnosed and susceptible to self-neglect. Clearly, the first step for intervention is diagnosis and appropriate medical treatment.
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> **Illness, Malnutrition, & Overmedication**: Many illnesses (e.g. low grade infections, endocrine imbalance) may result in dementia-like symptoms. If left untreated, these symptoms may interfere with the older adult's ability to care for themselves. For a variety of reasons, an older adult may be malnourished (poor nutrition, physiological changes). One of the symptoms of malnutrition, particularly in older adults, is dementia-like symptoms. In addition, overmedication (a common problem in old age due to over-prescription of medications and/or age-related changes in the older person's physiology) may also result in dementia-like symptoms and associated self-neglect. Again, diagnosis and appropriate medical treatment is imperative.
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> **Depression**: Depression can be an issue for older adults much as it can be for individuals of any age. Two symptoms are particularly relevant: difficulty maintaining self-care and dementia-like symptoms. Contrary to common myth, depression is highly treatable in old age. Rapid intervention and treatment is particularly essential as there is a high-risk

of suicide for older white males in the United States; it is estimated that the rate of suicide for older white males may by as much as 12 times higher than for any other demographic/age group.

Substance Abuse: Substance abuse can also be an issue for older adults. Some older adults suffer from long-term addictions and the concomitant disorders that accompany such additions (e.g. Korsakoff's Syndrome with accompanying dementia). In addition, some older adults develop substance abuse problems in old age, possibly in response to depression, stress, loss, or anxiety. They may also develop a substance abuse problem as a result of over-prescription of medicines (e.g. Valium, Oxycoten, Xanax) by their physician. Therefore, the substance abuse by itself, the underlying cause of the substance abuse, and/or the often accompanying dementia-like symptoms may result in self-neglecting behavior.

Poverty: Many older adults live on the edge financially.

Isolation: There is a clear cut correlation between social support and life satisfaction. As life satisfaction decreases, the risk for self-neglect increases. Isolation is a risk factor for all forms of elder abuse. Intervention entails the creation of trust, increased involvement of the older adult in the community, and the creation of social supports. This, of course, may be problematic for those individuals who have had little social support throughout their life-span."

There are no easy answers and each case must be treated individually. Help by family, friends, services providers, protective services, or health care interventions can be offered, but the person has to accept that help. Protective Services can't remove a person from his or her home against their will or force them to accept help, unless all other avenues have been exhausted, the person is found incompetent by the courts, and the court has appointed a legal guardian to make decisions on his or her behalf. Because of this, Older Adult Protective services staff and law enforcement are sometimes stopped from providing help to people who need it. A person who refuses help may eventually accept it. It is important for everyone to stay involved and support the vulnerable adult as much as he or she will allow.

I also wanted to remind us all that elder abuse is an extremely complex problem. Some contributory factors related include:

- **Caregiver stress**: Caring for a non-well older adult suffering from a mental or physical impairment is highly stressful. Individuals who do not have the requisite skills, information, resources, etc. and who are otherwise ill-prepared for the caregiving role may experience extreme stress and frustration. This may lead to elder abuse and/or neglect.
- **Dependency or impairment of the older person**: It has been argued that as an older adult's dependency increases, so does the resentment and stress of the caregiver. Studies have found that individuals in poor health are more likely to be abused than

individuals who are in relatively good health. In addition, caregivers who are dependent on the elder financially are also more likely to perpetrate abuse.

- **External Stress**: External stress such as financial problems, job stress, and additional family stressors have been shown to also increase the risk for abuse. This correlation has been clearly demonstrated in studies examining spousal or child abuse.
- **Social Isolation**: Abuse, whether spousal abuse, child abuse, or elder abuse occurs most often in families characterized by social isolation. Of course, this may be both an indicator of potential abuse, as well as a potential contributing cause of abuse.
- **Intergenerational transmission of violence**: Individuals who are abused as children are can become part of a cycle of violence. Violence is learned as a form of acceptable behavior in childhood, as a response to conflict, anger, or tension. When these feelings arise during caregiving, the caregiver is at risk for becoming a perpetrator of elder abuse or neglect. Some have also proffered "what goes around, comes around" theory of elder abuse. If the older person receiving the care previously abused their child, that child now in the role of caregiver simply is returning the abuse they suffered.
- **Intra-individual dynamics or personal problems of the abuser**: Some caregivers may be at risk for abusing elders as a function of their own difficulties. For example, a caregiver who suffers from such problems as alcoholism, drug addiction, and/or an emotional disorder (e.g. a personality disorder) is more likely to become an abuser than an individual who do not suffer from such problems.

There is also a difference between active and passive neglect. With active neglect, the caregiver intentionally fails to meet his/her obligations towards the older person. With passive neglect, the failure is unintentional; often the result of caregiver overload or lack of information concerning appropriate care giving strategies. I share this information not to give excuses, but as recognition that the crisis intervention done by Protective Services staff is difficult, complex. Our approach and strategies must reflect the diversity of the issues involved. Protective Services staff must be skilled in investigation, engagement, crisis intervention, negotiation, problem solving and mediation. They find themselves in unsanitary and dangerous situations every day. They must be familiar with the aging system, other human services and health systems as well as the criminal and civil justice systems.

Protective services staff must walk a tight rope between autonomy verses safety. You share that same struggle. As you consider the future of our Older Adult Protective Services legislation, it could be tempting to change the focus of the legislation, to "safety" over autonomy, to change our focus to one of criminalizing the problem. I ask you to remember that most the work we do does not involve cases where there is criminal activity. First and foremost the seniors need assistance to remove the "abuse, neglect, exploitation". The Older Adult Protective Services Act, in its statement of policy, currently notes: "It is not the purpose of this act to place restrictions upon the personal liberty of incapacitated older adults, but this act should be liberally construed to assure the availability of protective services to all older adults in need of them. Such services shall safeguard the rights of incapacitated older adults while protecting them from abuse, neglect, exploitation and abandonment."

Our law works to strike a balance between, if you will, the hammer versus the glove approach. We must investigate. Yes, we must strengthen and expand our legal interventions and civil interventions. Yes, we must build community coalitions to identify and confront abuse, But, we still need to be able to go about the work of protecting older adults, even from themselves. Our work is based on social casework and systems approaches: "providing elder abuse victims with a coordinated, interdisciplinary system of social and health services."

I greatly appreciate that the House Aging and Older Adult Committee has taken on this issue and, in an unprecedented manner, looked at the varying issues surrounding the problem in Pennsylvania. Our senior population is the fourth largest in the nation; we are graying at a rapid rate. We need to have legislation, regulations, policies, and funding in order to provide seniors the protections they deserve. It is also my assertion that we need to continue to struggle with each and every case, the balance between the individual's right to autonomy and their need for safety. Thank you again your interest in our programs and services. I will be happy to answer any additional questions you may have.

Submitted by,

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1 Reference - http://www2.webster.edu/~woolflm/abuse.html