Michigan Elder Justice Initiative

Excellence in Caring

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Following Up on Physical Abuse

Marlene is an 87 year-old woman with osteoarthritis. Her condition makes it difficult for her to get in and out of bed on her own. Each morning, a nurse aide helps Marlene transfer to her walker. This morning it is Hannah's turn. But when Hannah tries to help Marlene up, she yells out at Hannah "Let go of me!" and scratches Hannah's arm. Fed up, Hannah responds "Fine!" and lets go of Marlene. Marlene hits her head on the bed before landing on the ground.

Everyone knows that hitting, pinching, and shoving others is wrong. But physical abuse of residents can be less obvious. In the example above, when Hannah let go of Marlene and let her fall, she committed a form of physical abuse. The following are some examples of physical abuse that may be overlooked:

- Treating residents roughly during dressing, grooming, and transferring activities
- Forcing residents to eat or use the bathroom when they do not need to
- Using physical and/or chemical (medication) restraints when they are not necessary

These subtle forms of abuse, sometimes called mistreatment, occur too often. According to a Michigan study, 62% of family members of a nursing home resident reported their relative had experienced mistreatment.[1] In another study, 48% of residents reported they themselves had been treated roughly.[2] "They throw me like a sack of feed," said one resident.

Less common but alarmingly frequent are more obvious forms of abuse. An estimated 21% of CNAs have seen a resident pushed, grabbed, shoved or pinched in anger, 12 % saw a resident slapped, and 7% witnessed a resident kicked or hit with a fist.[3] Physical injuries are a likely outcome of physical abuse and mistreatment. Victims may suffer bruises and cuts, fractures, and joint dislocations. These injuries may be more severe than expected because residents are often physically frail to begin with. Residents who experience physical abuse may also suffer mental consequences, such as depression and confusion.

Residents who are at greatest risk of physical mistreatment are those who are combative and aggressive. These residents may be more likely to trigger "reactive" forms of abuse, as seen in the example with Hannah and Marlene. Stressful working conditions and burnout also contribute to risk. These conditions make it difficult to respond in a caring way to difficult resident behaviors.

Knowing when physical abuse is occurring is the first step to stopping it. Residents suffering from physical abuse sometimes complain about physical pain, but not always. Be on the lookout for changes in personality and behavior. Sometimes residents wear more clothing than seems comfortable for the weather to cover injuries. Incon-

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sistent stories about how injuries appeared can also be a warning sign, especially if the injury does not match the story.

Caregiver Tip: **You do not need to prove that physical abuse is occurring to report it.** Recognizing possible signs is enough to make a report. From there, the appropriate agency can come investigate to see if a resident is actually being physical abused.

For More Information

Adult Protective Services: 1-855-444-3911

Long Term Care Ombudsman: 1-517-394-3027

Tri-County Office on Aging: 1-800-405-9141

To Report Elder Abuse

Of a Nursing Home Resident by a staff member:
State of Michigan (LARA): 1-800-882-6006

Of an older adult living at home, in assisted living, adult foster care, home for the aged, or a Nursing Home Resident being abused by a visitor:
DHHS/Adult Protective Services: 1-855-444-3911

If you think a crime has occurred:
Your local police/sheriff department (and LARA)

If the danger is immediate: 911

[1] Schiamberg, L. B., Oehmke, J., Zhang, Z., Barboza, G. E., Griffore, R. J., Von Heydrich, L., ... & Mastin, T. (2012). Physical abuse of older adults in nursing homes: a random sample survey of adults with an elderly family member in a nursing home. *Journal of elder abuse & neglect, 24(1), 65-83.*

[2] Atlanta Long Term Care Ombudsman Program (2000), cited in Hawes, C. (2003) Elder abuse in residential long-term care settings: what is known and what information is needed? In R.J. Bonnie & R.B. Wallace (Eds), *Elder mistreatment: Abuse, neglect, and exploitation in an aging America* (pp.446-500). Washington DC: National Academies Press

[3] Pillemer & Moore (1989), cited in Hawes (2003)

Research Corner: Bruising

Bumping a table, stumbling over a shoelace, catching your finger while closing a drawer—bruises happen all the time, but they CAN be signs of something more serious. A few years ago, some researchers decided to find out what bruises looked like when they were the result of physical abuse rather than everyday clumsiness. They found out that bruises caused by abuse were different than accidental bruising. Unlike accidental bruises, these bruises were larger and were more likely to appear on the face, inside of the arm, and back. AND older adults were more likely to remember the cause of these bruises.

While older adults are more likely to bruise than younger people, this does not mean that you should ignore bruises. They may be a sign of abuse, especially if they appear the places described above. **If you notice bruises like this on a resident, keep a close eye and be ready to report your suspicions**.

To learn more about this study, check out the fascinating study available on the National Center on Elder Abuse website:

http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_ResearchTranslation_bruising_508.pdf

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