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To Honor Our Elders: Exploration of Elder Abuse in Long-Term Settings

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Exploration of Elder Abuse in Long-Term Settings

By

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Abstract

Older adults living in long-term care settings seek support as they age. Due to their health concerns, they may be vulnerable to elder abuse and neglect. As older adults continue to live longer and the Baby Boomer generation reaches older adulthood, elder abuse will only continue to increase and adversely affect older adults living in both long-term care and home settings. This thesis explores the causes, instances, and interventions of elder abuse in long term settings.

Understanding elder abuse and neglect is paramount towards effectively addressing it and creating innovative interventions and preventative strategies. Those who experience elder abuse have many negative health- related outcomes. An examination of the types of abuse and neglect occurring in long term care settings in addition to the risk factors, training practices of employees, and suggested interventions provide a better understanding as well as a foundation for potential interventions supporting older adults as they age with health needs. This exploratory qualitative research study included interviews with five professionals working in settings that have equipped them with an understanding and expertise of elder abuse and neglect in these settings. Results suggest that agency efforts, workplace culture, and resident risk factors greatly affect the occurrence of elder abuse in long-term care settings. These findings revealed areas of improvement and potential pathways towards tackling elder abuse and neglect.

Introduction

After working in a for-profit, independent living facility for years, I realized that working with older adults was my passion and I began college with a major in Gerontology. Through my continued work and practicum experiences, I have since gained field experience in non- and for-profit facilities and have witnessed firsthand the different cultures and attitudes towards the treatment of older adults. As a member of an increasingly aging society and someone who has older adults in my life, I realize the importance of patient-centered care, ensuring the dignity and safety of every older resident. When the opportunity arose to choose a thesis topic, I knew that I wanted to explore in depth how older adults in long term care settings may be put at risk through abuse and neglect by others.

The purpose of this thesis is to contribute to the current conversations regarding elder abuse and neglect and to add to my own perspective on this important topic. The following research questions guided my thesis: a) What are the common types of elder abuse occurring in long-term care settings?; b) What are some of the risks for abuse and neglect in these settings?; and c) How are strategies in place to protect the dignity and safety of older adults in these settings? Through conducting interviews with professionals, I hope to gain a more holistic understanding of elder abuse and its adverse effects on older adults. Additionally, I plan to compile a list of best practices for long-term care employees that can be incorporated into training and information dissemination.

Literature Review

This literature review is designed to synthesize a series of research studies centered around the broader subject of elder abuse and neglect. I will attempt to summarize the research and provide more information about the root causes, risk factors, and proposed strategies to combat it.

Defining Elder Abuse and Neglect

According to the National Council on Aging, elder abuse "includes physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment" (NCOA, 2021, para. 1). The Centers for Disease Control defines elder abuse as "an intentional act or failure to act that causes or creates a risk of harm to an older adult" (CDC, 2021, p.1). The Department of Justice, Office of Victims of Crimes defines it as "any knowing, intentional, or negligent act that causes harm or creates a serious risk of harm to an older person by a family member, caregiver, or other person in a trust relationship" (Department of Justice, 2022, para. 1). Since my focus will be on elder abuse and neglect as it is seen in Oregon long-term care settings, the following outlines the definition of elder abuse and neglect in Oregon. Specifically, elder abuse is defined as one of more of the following: "(a) Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury. (b) Neglect. (c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person. (d) Willful infliction of physical pain or injury upon an elderly person. (e) Verbal abuse. (f)

Financial exploitation. (g) Sexual abuse. (h) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline the person. (i) A wrongful use of a physical or chemical restraint of an elderly person" (Oregon.gov, 2022). Just as there are various types of elder abuse, there are numerous ways that older adults can experience abuse and/or neglect.

According to The Administration on Aging National Center on Elder Abuse (NCEA, 2022), the different types of elder abuse are defined as following: (a) Physical abuse "may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse;" (b) Sexual abuse is described as "non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing;" (c) Emotional or psychological abuse is defined as "the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of emotional/psychological abuse;" (d) Neglect is detailed as "the refusal or

failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care;" (e) Elder abandonment is "the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder;" (f) Financial or material exploitation is defined as "the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney." For instance, Weissberger et al. (2020) examined the types of elder abuse reported to the National Center on Elder Abuse (NCEA) resource line. Of the 1,939 calls, 818 (42.2%) alleged abuse, with financial abuse being the most common reported (449 calls, 54.9%). (g) Finally, self-neglect is "the behavior of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/ herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. The definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of his/her

decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice" (NCEA, 2022).

Payne and Gainey (2005) focused on self-neglect as a type of elder mistreatment. The authors suggested that "self-neglect clients are more likely to live alone, refuse services, be able to meet most of their own needs, have psychiatric problems, and have problems with alcohol" (Payne & Gainey, 2005). Self-neglect is not commonly seen in institutional settings, but rather among older adults who live in the community, especially those who live alone. Payne and Gainey (2005) also explained that self-neglect patients' needs are similar to those of other elder abuse victims, yet they report less needs. This can result in self-neglect not receiving as much attention as other forms of elder abuse, thus allowing those who have self-neglecting tendencies to fall through the cracks.

Barboza et al. (2011) highlighted resident-to-resident abuse as a central type of abuse found in long-term settings. In particular, "provocative or disruptive behavior, such as hitting, pinching, kicking, scratching, grabbing, inappropriate touching, making verbal threats, pulling hair or throwing objects" (Barboza et al., 2011), has been associated with resident-to-resident abuse. Joyce (2020) found that on average, 20% of those living in a long-term care setting reported being targets of one or more instances of resident-initiated abusive behavior. In most of these scenarios, one or more residents had a cognitive impairment, and no serious harm came from the altercations.

Historical Context for Recognition of Elder Abuse in the United States

In 1935, the first shift toward protecting vulnerable older populations occurred with the development of protective services which was facilitated by the enactment of the Social Security Act of 1935. This act dramatically reduced the number of older Americans who were financially and/or residentially dependent upon their family. This meant that more older adults were living alone and living for longer as life expectancy was increasing. These conditions drew attention to the high number of older adults who were also living with some type of functional impairment when living alone (Jackson, 2015). As awareness of these issues increased, the government began to come up with new, innovative ideas to tackle the issue. In the 1950s, new government programs referred to as protective services units emerged to address elder abuse. Progress continued into the 1960s when the first protective services legislation contained in the Older American's Act of 1965 provided federal funding to states to support community planning, social services, as well as research and development projects for Americans 60 years and older. A year later in 1966, Congress evaluated the effectiveness of protective services units. They found that these units had a tendency toward intervention in the form of institutionalization, which resulted in higher nursing home placements and mortality rates. From these evaluations, it was clear that protective services units were ineffective at protecting older populations, which subsequently led to the downfall of protective services (Jackson, 2015).

In the 1970s, the “discovery” of elder abuse occurred within the context of the “discovery” of child abuse. With increasing public awareness of the issue, the protective services unit was revived as adult protective services. In 1975, Robert Butler wrote the first account of elder abuse in the United States in *Why Survive? Being Old in America* (Butler, 1975). In that same year, Congress amended the Social Security Act to include Title XX, which required states to enact Adult Protective Services for abused or neglected elders. In 1987, Congress amended the Older Americans Act (Title I) to address the protection of older adults from abuse, neglect, and exploitation. States began to follow suit and implemented laws of their own regarding elder abuse and mandatory reporting.

The 1990s marked a drastic change in how elder abuse was understood and approached. The passage of the Violence against Women Act of 1993, validated domestic violence as a social problem and influenced the understanding of elder abuse (Violence against Women Act, 1993.). During this same time, research began to shift from focusing on the victim's role in their abuse to the psychology of the abusers. This general shift from a social services issue to a criminal justice issue suggested that older adults who were victims of abuse were not “in need of assistance” but rather were entitled to justice (Jackson, 2015, p.5). In 2002, the U.S. Department of Justice became involved in elder abuse through the Department's Nursing Home Initiative (see---https://www.justice.gov/opa/pr/department-justice-launches-national-nursing-home-initiative). This initiative began funneling funds to the National Institute of Justice for elder abuse research. Since then, the conversation focusing on elder

abuse has been met with numerous new conceptualizations of elder abuse, each with different ideas as to how to address it. Researchers have diverse options as to whether elder abuse is a human rights issue, a gender issue, a public health issue, or something completely different (Jackson, 2015).

As researchers debated on how to best understand elder abuse, the issue continues to predominate American culture. Barboza et al. (2011) claimed that older populations are growing expeditiously and will soon make up 20% of the U.S. population. As many as 1:10 older adults experience one or more forms of elder mistreatment and it is estimated that only 1:24 cases of abuse are reported to authorities (Pillemer et al., 2021). According to Rodriguez (2021), if the rates of elder abuse in this country remain constant, there will be roughly 320 million victims by 2050. These high rates of elder abuse present an alarming reality for older adults as older adults who have been abused have a 300% higher risk of death when compared to their non-abused counterparts (Barboza et al. 2011). According to Rodriguez (2021), approximately 2:3 staff members in long-term care facilities report that within the past year, they have committed elder abuse. While abuse in long-term care settings is an immensely important topic and the focus of this thesis, elder abuse is not only confined to institutional settings. In fact, the issue might hit closer to home than most people realize. For instance, most perpetrators of elder abuse, approximately 60%, are from within the family (Rodriguez, 2021). Although it is not widely addressed, elder abuse and neglect is a reality for many older adults and there is still much to be done.

Incidence of Elder Abuse and Neglect

Exact statistics can be difficult to gather due to low levels of reporting and a general lack of understanding. Consistently high rates of elder abuse are projected to continue to escalate due to a growing older adult population. Elder abuse does not affect every older adult equally. It is reported that one high risk group includes adults with cognitive and physical disabilities (Barboza et al., 2011). The fact that our most vulnerable older adults are the ones who experience elder abuse most often might explain why it is often underreported. Older adults may feel powerless, unsure how to advocate for themselves, or simply are not aware that the abuse is taking place (Barboza et al., 2011). This poses an immediate threat to the wellbeing and safety of these older populations. Elder abuse has long-term, serious implications that greatly affect the lives of those who experience it.

Regarding perpetrators of abuse, offenders can be divided into two main groups: family members and caregivers. These groups may overlap as many family members are informal caregivers and there are other smaller groups of perpetrators. The research, however, on statistics of elder abuse mostly divides abusers into those two main groups, when more than half of perpetrators of reported elder abuse and neglect identified as a family member (Rodriguez, 2021). Most older adults are community dwellers rather than living in long-term care facilities, which supports the large percentage of abuse cases with family members as perpetrators. In long-term care settings, most abuse is committed by staff members (Rodriguez, 2021). In this case, abuse is broadly defined and can

include things that are not readily assumed to be abuse. For example, neglect is a very common type of abuse and can often occur due to inadequate staffing, and lack of trained applicants. It is important to understand that not all abuses are intentional, and these statistics do not exclusively reflect deliberate and malicious occurrences of abuses.

Elder Abuse in Long Term Settings

Risk Factors

There are a number of different risk factors that contribute to the prevalence of elder abuse in long-term care settings across the country. When focusing on risk factors associated with older adults, researchers have identified these potential elements of risk. Barboza et al. (2011) highlighted cognitive impairments as a risk factor for older adults, concluding that abuse prevalence among those with a dementia diagnosis is significantly higher than incidents of abuse and neglect in the general population of older adults ages 65 and older. In addition to cognitive impairments, Barboza et al. (2011) also concluded that social connections and interactions with family and peers are related to the overall well-being of older adults as well as the likelihood of elder abuse. Bern-Klug and Sabri (2012) echo this assertion in their own work and stated that "resident risk factors (behaviors considered disruptive and cognitive symptoms), and relationship risk factors (such as lack of visitors)" adversely affect older adults in long-term care settings and can be risk factors for elder abuse (para. 10).

Within long-term care settings, the residents and their caregivers often function as a dyad. Because of their interconnected nature, it is important to look at risk factors associated with the caregivers. Insights into the caregiver characteristics suggested that the caregivers' unique personality traits coupled with their tolerance to handle patients' aggressive behaviors served as factors contributing to elder abuse. Factors which might contribute to lower levels of tolerance among caregivers include fatigue, financial stresses, and substance abuse. Barboza et al. (2011) found that higher burden and depression scores were noted among caregivers who admitted to physically abusive behavior toward cognitively impaired patients in their care. Additionally, caregivers appeared to fit two different categories: *Strivers*, who choose the profession because they genuinely care for their patients and job; and *Endurers*, who typically enter the nursing profession because they lack other career opportunities. Negative stereotypes of aging also adversely influence the delivery of care to older adults and increase patient vulnerability (Barboza et al., 2011).

Chang et al. (2022) explored negative stereotypes held by caregivers. Chang’s team conducted a study to address the implicit and explicit dehumanization of older adults and the role these biases play in elder abuse. Dehumanization is commonly defined as the process of depriving a person or a group of positive human qualities. The researchers found that “dehumanized perception as a psychological phenomenon can stem from one’s surrounding societal contexts to influence individuals’ behavior, including risky health behaviors” (Chang et al., 2022, p. 2). In the United States, people view older

adults as less physically and cognitively competent than their younger counterparts. This ageist ideal may elicit the dehumanizing process for some younger adults as a way to distance oneself from the older population. Specifically, they found that those who matched pictures of older adults with animals had higher levels of implicit dehumanization than those who did not. To test for explicit dehumanization of older adults, the researchers asked their participants to rate the extent to which they agreed with the association between older adults and animals and younger people with humans. Those who outright agreed with this association were found to have higher levels of explicit dehumanization.

The results of their study indicated that those who tested high in both implicit and explicit dehumanization of older adults had the highest proclivity to commit elder abuse. Both forms of dehumanization were shown to be common among family caregivers. Within the study, it was found that “31% of the caregivers explicitly and 51% implicitly dehumanized older persons” (Chang et al., 2022. p. 5).

A caregiver’s work environment influences their attitudes, perceptions, and behaviors. Shinan-Altman and Cohen (2009) assessed the attitudes of nursing aides toward the existence of abuse in long-term care settings as well as the possible causes of such instances. They underscored that the work of nursing aides is characterized by “low status, low salaries, inferior employment conditions, and lack of promotion opportunities” (p.675) as well as “a low level of autonomy and a low level of control and ability to exercise influence in their

interactions with residents” (Shinan-Altman & Cohen, 2009, p.675). This study found that nursing aides showcased high levels of burnout and that the more dissatisfaction expressed about work conditions and characteristics, the more nursing aides exhibited negative attitudes towards patients.

Pickering et al. (2017) focused on workplace bullying that was defined as repetitive negative and consistent acts against older adults over time (Pickering et al., 2017). Their findings demonstrated that workplace culture, where bullying behaviors are normalized and rationalized, directly influenced how workers deliver care, which affects patient safety and care quality. Toxic work environments may result in confusion over hierarchy and job roles, which can act as a barrier toward providing care and may even cause abuse tendencies in staff members (Pickering et al., 2017).

Shinan-Altman and Cohen (2009) used the Theory of Planned Behavior as the general scope for their assessment of workplace culture influencing caregivers' attitudes towards their residents. The Theory of Planned Behavior hypothesizes that people perform certain behaviors when they perceive it appropriate or when they perceive an organizational reality that forgives such behaviors. For instance, if a nursing aide is working in an environment where they perceive no backlash or punishment for abusive behaviors, they may be inclined to act in accordance with that environment’s culture and partake in abusive behaviors.

Adverse Effects of Elder Abuse

Victims of elder abuse can experience a wide range of effects and consequences dependent on their unique characteristics and risk factors. Yunus et al. (2019) found that risk of hospitalization, rate of annual visit to emergency departments, and consumption of behavioral health services were found to be higher among older adults who had reported being abused or neglected. Older men and women also have different health related outcomes when they experience abuse or neglect. For instance, Yunus et al. (2019) found that older men who experienced psychological abuse reported “more headaches, allergic symptoms, anxiety, and suicidal ideation… higher level of stress when physically abused and “incontinence and sleeping problems when physically and psychologically abused” (Yunus et al., 2019, p.4). Conversely, when compared to older men who reported abuse, older women were more likely to report “poorer general health, more digestive symptoms and higher level of stress when psychologically abused, and greater anxiety when physically abused” (Yunus et al., 2019, p. 4). Overall, the older men and women who experience abuse experience higher rates of mortality than those who have not experienced elder abuse. Reyes-Ortiz et al. (2018) also found that any experience of abuse among older adults increased risk of one or more falls over time.

Risks Factors for Abuse in Long Term Care Settings

Barboza et al. (2011) used an ecological perspective when examining the risk factors associated with elder abuse. This perspective highlights how

individuals interact with their environments such as how older adults interact with their caregivers, their facility, and their families. This standpoint showcases the importance of developing ways to facilitate communication between older adults and their environment such as open and honest communication between caregivers and family members which may decrease social isolation and elder abuse (Barboza et al., 2011). Positive contact between members of different age groups also is conducive towards more favorable attitudes and relations between these age cohorts (Chang, 2022). When looking at contributing factors within long-term care facilities, Touza and Prado (2019) found that elder abuse was less common in settings where staff encouraged mutual learning, provided feedback when the workplace climate was not adequate, and effectively managed problems.

Effective training of employees also has implications for decreasing the experience of abuse and neglect in long term settings. Bern-Klug and Sabri (2012) examined the role of social services in training staff members about resident abuse and resident rights and found that increasing staff numbers and providing training programs for employees decreased the likelihood of abuse and neglect in these settings. Their findings highlight the general lack of regulated training present in nursing homes across the country. Dianati et al. (2019) conducted a similar study and found that educational programs significantly improved nurses' knowledge about diagnosing, documenting, and reporting elder abuse. With reporting rates generally being low, it is important to be able to recognize elder abuse for what it is and to report it to the correct authorities.

Potential Pathways to Decrease Abuse in LTC

In their work, Chang et al. (2022) suggested that a pathway to reduce the occurrence of elder abuse and neglect is to lower the dehumanization of older adults by focusing on intergenerational contact between older and younger persons. According to Chang et al. (2022), targeting ageist ideals is a proactive measure which will help to decrease both implicit and explicit dehumanization of older adults. Payne and Gainey (2005) echoed this call to action for increased social connections and underscored the importance of shifting efforts for preventing and responding to self-neglect cases from an agency-based approach to a community-based approach. They concluded that in order to support the cases that are not brought to the attention of agencies, it is important to have a community-based approach that offers support within the community itself (Payne & Gainey, 2005).

Other researchers opt for an approach that focuses on agencies and policies to tackle the issue of elder abuse. Moore and Browne (2017) discussed new interventions and best practices that have been introduced recently to prevent elder abuse across the nation. One of the recent interventions which they highlighted includes The Center of Excellence on Elder Abuse and Neglect at UC Irvine and their establishment of the Elder Abuse Training Institute. The Institute offers multidisciplinary training that addresses how to work effectively with other professions and agencies, how to conduct abuse assessments, and how to investigate complex cases of abuse. Another resource the National Adult Protective Services Association provides are webinars and webcasts specific to

professionals in APS settings. Moore and Browne (2017) also focused on proactive interventions and the use of risk assessment and mitigation tools that help to understand the risk, context, and needed action for each older adult experiencing abuse. The authors concluded that these interventions are the key to helping end elder abuse and neglect.

Focusing specifically on policies within long-term care settings, Pickering et al. (2017) underscored the importance of better training and more rigorous licensing requirements for administrators as well as combining interventions to improve communication and reduce role ambiguity and bullying. Workplace culture is affected by training requirements as well as the general quality of those hired to work within the facility. Touza and Prado (2019) highlighted this same need, stressing the importance of preventing elder abuse by improving the organizational climate and overall working conditions, stimulating cooperative teamwork, acknowledging the work of professionals, and developing person-centered care practices. They proposed interventions that focus on reducing burnout and dehumanization while encouraging staff to evaluate the personal history of their residents including their current and past interests, in order to establish good social connections.

Method

To supplement my learning of elder abuse and the current policies in place to combat this issue, I created an exploratory qualitative research study to better understand elder abuse and neglect in long term settings. I submitted an application including protocols to the Western Oregon University Institutional Review Board. Upon approval, I contacted key informants who work in agencies and who have experience and an understanding of this topic. These informants were contacted via email and were provided with the interview protocol in order to give them an understanding of my thesis as well as what would be expected in the interviews. Five individuals elected to participate in my study and signed consent forms for the interviews to be conducted and audio recorded. These interviews took place over Zoom and Microsoft Teams and lasted approximately 30 minutes. Participants were asked a number of questions regarding their personal experience and understanding of abuse, programs within their organizations aimed at combating the prevalence of abuse and neglect, and possible future training or interventions (see Appendix A and B). Upon completion, I transcribed the interviews verbatim.

Participants worked for agencies such as Adult Protect Services and the Aging and Peoples with Disabilities Program of the Oregon Department of Human Services as well as those who work in leadership positions in both for-profit and nonprofit retirement facilities. Of those employed in leadership positions, I interviewed a memory care director who works in a not-for-profit

continuing care community and a behavioral support specialist in a for-profit memory care facility.

Transcripts were made verbatim from the interviews and the audio recordings were destroyed. I personally analyzed the transcripts to identify seven overarching themes across the interviews. Later, I collapsed the themes into four broad areas with nine subcodes. I coded across all transcripts. Themes which were identified included: (a) the current understanding of elder abuse and neglect in long-term care settings; (b) risk factors for older adults in these settings; (c) facilitators and barriers to addressing abuse and neglect in long-term care settings; and (d) best practices and future approaches.

Results

The participants of this study provided first account insights into the occurrence of elder abuse and neglect and meaningful commentary on how to best ensure the safety and dignity of older adults in these situations. Interviews with participants revealed 4 overarching themes: a) the current understanding of elder abuse and neglect in long-term care settings; b) the risks for older adults in these settings; c) facilitators and barriers to addressing abuse and neglect in long-term care settings; and d) best practices and future approaches. These themes highlighted the unmet needs of older adults living in long-term care settings and provided an understanding of how to best protect this vulnerable population from elder abuse and neglect.

The Current Understanding of Elder Abuse and Neglect in Long-Term Care

Participants described their understanding of both the nature of elder abuse and neglect and its occurrence within long-term care settings. This understanding was communicated as being essential towards implementing and enforcing protective services to support vulnerable older adults. The current understanding of elder abuse and neglect in long-term care settings allows for a window of insight into how this understanding can be improved upon and refined. Participants focused their comments on the settings, types of abuse, and training of employees.

Settings

To help shine light on the high rates of elder abuse and neglect in these settings, key participants discussed the types, responses, and training practices. Participants provided insight into the current understanding of elder abuse and neglect as it occurs in long-term care settings. As one participant highlighted,

> About two-thirds of cases are reported in community settings and about a third in the long-term care settings, so there are about twice as many investigations that occur in non-long-term care settings, but…when you consider that only 5% of the population at any given time is living in a long-term care setting, it's pretty high.

Types of Elder Abuse

To understand elder abuse as it occurs in long-term care facilities, it is important to identify the most common types within these settings. One participant revealed that “What we find most of the time or most frequently in cases that are in long-term care is neglect.” They went on to explain:

> The finding is neglect because in long-term care settings, those agencies, organizations, caregivers are tasked with providing all of the basic care that a person needs. So anytime that care is not provided, the type of abuse that's found is generally neglect because they are neglecting a duty they have to provide all those sorts of care.

Another participant echoed this sentiment in their own statement, explaining that “There are a couple of types of abuse that almost never show up in facilities and that's self-neglect. You know, because really when somebody is

in a facility that responsibility for their care is shifted to that facility.” The participant went on to express their understanding of abuse and neglect within long-term care settings, stating:

> I come with the understanding that there are things that will happen and there are genuine mistakes that we will call abuse or neglect, but they are honest mistakes… I think it's the things that are provider convenience or without consideration of the resident as a decision-making adult that really alarm me the most.

Although participants from agencies agreed that neglect was the most common type found in long-term care settings, one participant employed in a long-term memory care facility shared a different experience, when they stated, “Typically, you know, the staff things don't happen very often. It's mainly the resident altercations.” Another participant offered their own understanding of resident- to-resident abuse, when they described that “The facility is there in place to keep everybody safe. If one resident is assaulting another resident, the residents aren't essentially the perps. It's the facility that's failing to prevent that from happening.” Different understandings of abuse and neglect as it occurs in long-term care settings were expressed by participants.

Responses When Abuse/Neglect Occurs

When elder abuse and neglect are suspected, there are several different responses to the situation. One participant shared that, “In facility cases, not running numbers, but just from my experience, it tends to be the facilities themselves and they do what they call a self-report.” A self-report is made when

a facility recognizes that they have committed elder abuse and neglect and they report themselves to authorities. Long-term care facilities are considered mandatory reporters, meaning that they are mandated by law to report any instance of elder abuse and neglect, including instances that happen in their own facilities. An employee working in a long-term care facility shed light on responses within facilities once a self-report is made, revealing that “It's a lot of documentation, a lot of work to kind of come up with different interventions that help prevent that in the future.” Another participant offered more clarity on common reporters of elder abuse. Based on their own experiences, they shared, “I can tell you who's probably least likely to report and that's a person with dementia and that's why people with dementia are at such risk for being abused.”

The agency response to elder abuse and neglect plays a huge role in the prevention and intervention of such cases. One participant working for APS shared that, “We do a whole investigation, but it's really trying to figure out essentially if what's alleged is occurring or not and then as part of that investigation, figure out what interventions to put in place to either stop the abuse or mitigate risk. You know, so it's really very much an intervention-based system.” Another participant also working in APS expanded on this explanation, clarifying that:

> When people call that, they get routed to a local APS screener and that screener is trained to figure out what things rise to the level of needing an investigation versus what things might be better passed on to say our Licensing Complaint Unit that goes in and investigates violations of

> Oregon Administrative Rules that don't quite rise to the level of abuse. Unfortunately, when we're acknowledging that abuse has taken place, it's already past tense.

Employee Training

Training was an important theme mentioned across all interviews as an important aspect of understanding elder abuse and neglect in long-term care settings. One participant working in a long-term care setting shared that

> We do training when everybody's first hired. Currently in our training process, we have these DVD's. Not the most impactful thing for you know, they're sitting watching TV. I mean obviously they get the training, but you're sitting there watching hours of training like "is it really sinking in?" Probably not. It's not really interactive.

Another participant working for a long-term care setting commented on their own training practices and revealed, "I think we have a good base and theory as far as on paper, but how often they actually read that or practice it… I think there's a disconnect there." A participant from APS interjected their own thoughts on the training requirements within long-term care facilities and suggested that "facilities and staff there would benefit from additional training, a lot of facilities have training programs. But again, I think it's just the amount of time." It is clear from the participants' responses that there is a push for more comprehensive and ongoing training in long-term care settings.

The Risks for Older Adults in These Settings

Identifying potential risks for older adults in long-term care settings was underscored by many participants. Knowing these risk factors is crucial for directing preventative efforts towards those who need them the most. Participants stressed the importance of recognizing these risk factors. The risk factors highlighted across the interviews included social isolation as well as cognitive and physical impairments.

Social Isolation

Participants working in long-term care settings identified social isolation as a risk factor for their residents. When asked if social isolation was a concern within their facility, one participant responded, “It's definitely a concern, I mean it always is a concern, but we do our best.” They further explained their concern, “I have a resident who doesn't have any family here and they don't really get any visitors. And then on the other side, like I said, I have someone who comes in every day and then you know that's anywhere in the middle.” Another participant revealed that “we have very, very few family involvement at all, which is sad.” Participants saw social isolation as a risk factor for abuse and neglect and highlighted the importance of providing opportunities for personal relationships and connections. Social interaction outside of the long-term care setting was noted as being crucial for recognition of elder abuse and neglect signs and symptoms. Those who did not receive visitors missed the opportunity for additional advocacy and support against possible abuse and neglect.

Cognitive and Physical Impairments

Cognitive and physical impairments were discussed by participants as identifiable risk factors within older adults living in long-term care settings. One participant drew from her expertise to make the claim that “people with dementia are a lot more frequently the victims of abuse than we would know about.” Memory issues were pinpointed as a major risk factor across the interviews. A participant working in a memory care setting recalled their experiences and stated, “Regarding abuse and neglect, I do work a lot with APS and different things in memory care. There's a lot of records of altercations. Just because of memory issues.” It is apparent from the interviews with the key participants that cognitive impairments play a significant role in predicting the likelihood of abuse and neglect in long-term care settings.

Physical impairments were another thing that was highlighted by participants as a risk factor for older adults. A participant claimed that “if there's a pattern of falls with injury and the facility’s failing to put anything in place to prevent that, we consider that a form of neglect and so we see that quite a bit.” A history of falls and other physical ailments lends itself as a risk factor for potential abuse and neglect. One participant backs this claim in their own words, having suggested that “If they’re not physically able to take care of themselves, it creates a window of opportunity for someone else to take advantage of that.”

Facilitators and Barriers to Addressing Abuse and Neglect in Long-Term Care Settings

When asked to speak on facilitators and barriers to addressing abuse and neglect, participants provided a wide range of answers. Across the interviews, agency efforts, staffing concerns, and workplace culture were commonly identified by participants. These themes were seen to either inhibit or prohibit the participants' ability to address abuse and neglect in long-term care settings.

Agency Efforts

Participants discussed their agency's abilities to either be a facilitator or a barrier to addressing abuse and neglect in long-term care settings. One participant highlighted,

> I think our programs for Adult Protective Services are very effective at responding to allegations of abuse. I think where it's not as effective is preventing it in the first place, right? So, you know, our whole program, all of these statutes, all these laws are just based on 'how do we respond to it?' And there hasn't been a ton of research, even federally, in terms of what do you do in the first place, to just make sure it doesn't happen.

Another participant made the same observation when they explained that "There's not a huge prevention component within Adult Protective Services." This lack of preventative interventions was seen as a barrier toward properly addressing elder abuse and neglect. Despite not having many preventative aspects, Adult Protective Services was still generally considered by participants to be an effective advocacy program. One participant added, "you know, I think

we need more advocates. I don't know how to make that happen though, because, you know, people in long-term care settings are in long-term care settings because they need assistance.” Another participant seemed to answer this plea when describing the aim of their agency’s work, saying “I think that if anything, you know, we want to make sure that either residents or those that love and support them are aware of where their advocacy lies and where they're able to get help should they have concerns.” Overall, participants generally agreed that agencies such as Adult Protective Services are effective advocates for elder abuse victims but lack preventative interventions, acting as both a facilitator and a barrier to addressing elder abuse.

Staffing Concerns

Staffing was recognized as crucial in addressing elder abuse and neglect within long-term settings. One participant suggested, “The reason that there's neglect is because these businesses make more money by not having as much staff, by not investing as much money in staff training, by not having enough oversight to make sure that there are enough people.” This lack of retention and adequate staffing levels might be explained by one participant's observation that “in these kinds of facilities, people either get burned out or it's not what they think it's gonna be.” These staffing issues were seen as barriers in addressing elder abuse and neglect. Without the proper amount and quality of staff, other issues were seen to arise as a result. One participant claimed, “I think a lot of residents in facilities are also fearful of retaliation.” This fear was seen as a consequence

of the facility's inability to hire employees who could convey a safe, nurturing environment.

Despite these issues, participants from long-term care facilities highlighted a number of resources and interventions they have in place to foster long-lasting positive changes for their staff. One participant shared,

> We have a really wonderful Wellness Center, that they're more than welcome to go… and we actually offer the ability to sign up to work with a trainer as well. We have a personal trainer that our staff can kind of connect with and they can work on making them physically and mentally well, in that regard. And we also have an onsite chaplain who's always available to have a conversation and counsel our staff to help with those scenarios.

These resources for staff were seen as needed to help increase retention of high-quality employees, reduce burn out, and eradicate negative attitudes towards residents.

Workplace Culture

Participants identified workplace culture as an important variable when addressing elder abuse and neglect. One participant recalled their own personal experiences, and shared, “every facility is gonna have reports that come whether they're substantiated or not… the facilities that I didn't go to as often were actually nonprofit facilities.” The participant went on to clarify that, “Their overall model wasn't about the profit, it was about, you know, caring for the residents…If your mission and values are all about care, you know, that's what you're gonna

focus on.” Another participant shared a similar viewpoint, having expressed that “the unique culture of a facility really has an impact on how issues surrounding abuse and neglect are dealt with and understood.” Clearly, workplace culture was viewed as having the ability to either be a facilitator or barrier towards addressing elder abuse and neglect.

Best Practices and Future Approaches

Across all five interviews, best practices and future approaches were highlighted by participants. All participants saw opportunities for growth and were eager to share their thoughts and ideas for how to best approach this growth. One participant highlighted a need for staffing support and explained:

> I think having adequate staff to be able to meet all of the scheduled and unscheduled needs of residents is needed…I think it means making an investment in training staff. I think it means right now, especially making an investment in paying staff enough that they're making a living wage. I think COVID has taken a broken system and highlighted and made it very clear what the challenges are and made all of the challenges worse.

To sum up her plea for support, she added “I think, you know, best practices would be adequate training, adequate staffing, adequate wage, and adequate oversight.” This suggestion for more training was echoed by another participant who commented, “I think we need to just educate more and more often.” Staffing and training needs were seen as high priority amongst participants and as areas that needed improving in the future.

When asked about best practices, one participant noted:

> I would just caution providers to recognize that whether they have 5 residents in their home or 100 in their facility, those are all unique individuals with life experiences and different ideas of what quality of life means. So, I think that yes, you wanna know them clinically. What does their doctor say? What are their prescribed orders? What specific treatments do they need? But also know them as well as you can, kind of more holistically and know how to communicate to them and how to make what is probably a scary time, as comfortable and engaging for them as you can. And definitely don't intercede your own opinions.

Person-centered care was seen as a universal best practice throughout the interviews. One participant provided insight into how this person-centered care approach is seen in practice. They explained, “We don't just look at the person that experienced the abuse. We look at everyone else in the setting and every aspect to see how we can help to prevent future occurrences.” Using an intersectionality lens was expressed to be a best practice by multiple participants. This framework integrates unique experiences, influences, and identities to help explain the context in which behaviors occur. This leads to a deeper, more robust understanding of an individual and helps in identifying more targeted and effective interventions that better reflect the realities of those affected by elder abuse and neglect.

Discussion

The purpose of this study was to explore the occurrence of elder abuse in long-term care settings, identify contributing factors to abuse, and propose future pathways to preventing elder abuse and neglect. Numerous themes emerged from the study. Workplace culture and general practices were underscored as indicators of the prevalence of elder abuse and neglect. Agency efforts were seen to aid in the aftermath of incidences of elder abuse and neglect yet lacked a necessary proactive approach. Specified risk factors influenced outcomes of resident health as well as the current and proposed responses to the issue.

The themes that were identified by the participants echoed the literature reviewed in this work. As seen in Barboza et al. (2011), cognitive impairments, especially dementia diagnoses, are recognized as risk factors for older adults living in long-term care settings. Physical impairments also were identified as risk factors for elder abuse and neglect and residents with a history of falls should be closely screened for signs of abuse (Reyes-Ortiz et al., 2018).

A clear connection between social interactions and the likelihood of elder abuse and neglect has been reported (Barboza et al. 2011), supporting the participant narratives that social interaction directly influences the overall well-being of older adults in their settings. Resident and relationship risk factors are closely tied to the occurrence and prevalence of elder abuse and neglect in long-term care settings (Bern-Klug & Sabri, 2012). Older adults who have cognitive or physical ailments or are socially isolated are at risk for experiencing elder abuse

and would benefit from personalized strategies to protect them from elder mistreatment.

Payne and Gainey (2005) as well as Rodriguez (2021) highlighted neglect as a common type of elder abuse. Interviews with participants revealed that neglect is considered the most common type of elder abuse across the board. This failure to fulfill a caretaking obligation, whether intentional or unintentional, can occur due to a variety of factors. The prevalence of neglect in long-term care settings can be understood as a result of inadequate preventative actions by the facility itself.

Training, or lack thereof of employees in long-term care settings emerged throughout the review of literature and interviews. There is a general lack of comprehensive, engaging, and continuous training in long-term care settings (Bern-Klug & Sabri, 2012). Higher quality and quantity of training requirements in these settings is likely to elicit positive health related outcomes for older adults and improve rates of reporting amongst caregivers (Dianati et al., 2019). It is important to have resources in place to support caregivers as they face high rates of burnout and dissatisfaction with their roles and responsibilities (Shinan-Altman & Cohen, 2009). These negative outcomes can affect the quality of the care they provide to their residents and can even result in abusive behaviors (Barboza et al., 2011).

The setting in which both the older adult and their caregivers function plays a significant role in the occurrence of elder abuse and neglect. Workplace culture largely influences how caregivers view their jobs and their overall

satisfaction levels (Pickering et al., 2017). If an organization is not actively fighting to recognize and eradicate elder abuse and neglect within their community, it opens the door for abusive behaviors to be overlooked or accepted. People will generally act in accordance with the accepted behaviors and standards within their organization (Shinan-Altman & Cohen, 2009). Change within an organization starts at the top and trickles down, so it is immensely important that the culture of the organization be built on a foundation that actively advocates against elder mistreatment.

Implications: Creating Better Outcomes for Older Adults

When looking at possible future (best practices) approaches to address elder abuse and neglect, the upstream parable comes to mind. The parable goes like this:

> A man and his wife are fishing on the riverbank when they notice a child struggling in the current. They drop their fishing poles and jump into the water to save the child. Not soon long after they rescue the child and resume their fishing, another child comes down the river. Again, they jump into the water to save the child. This continues all afternoon, child after child coming down the stream. About to give up from exhaustion, the husband starts walking upstream. His wife calls him and asks, “what do you think you’re doing, we need to keep rescuing these children from the water” The husband turns to her and says, “I’m gonna go upstream and figure out who the heck is throwing all these kids in the water!”

I find that the message present in the story relates to how elder abuse and neglect should be addressed. Instead of waiting for the problem to get downstream when the abuse has already happened and dealing with the aftermath, it is more proactive and effective to move upstream and fix the problem before it even begins.

Proactive interventions are crucial towards ending elder abuse and neglect (Moore & Browne 2017). While many current interventions either tackle the issue downstream when the abuse has already occurred or midstream with approaches that handle issues such as identifying risk factors or support for

caregivers, an upstream approach would target these issues before they begin. Chang et al. (2022), as well as the participants in this study suggested that this core issue is ageism. If you trace the issue back far enough through all of the root causes, you will find that ageism is as far upstream as you can get. Although considerable research has focused on elder mistreatment risk factors at the individual level, there is a rising demand for the field to go beyond immediate causes and consider structural variables that influence elder abuse and neglect.

After reviewing relevant literature and conducting this exploratory qualitative research study, I have compiled the following list of best practices for those working in long-term care settings that can be incorporated into training and information dissemination.

- Addressing Ageism: Assess personal biases and any ageist attitudes. Seek out support or counseling if needed.
- Training and Continuing Education: Seek out training and education opportunities whenever possible. Stay informed on potential risk factors and warning signs.
- Person-Centered Approaches: Get to know your residents on a deeper level. Consider using an intersectionality lens to understand how the multiple facets of their identity interact. This will also help to identify risk factors unique to your residents.
- Advocacy: Actively advocate against elder abuse and neglect. Recognize the signs and even if you are unsure if what you see constitutes elder

abuse and neglect, report it to Adult Protective Services or Oregon Department of Human Services.

- Self-Care: Take care of your own needs and well-being. You can only provide the best care for others if you also care for yourself.
- Social Engagement Promotion: Promote social interaction and connections. A socially isolated older adult is at great risk for elder abuse and neglect. Intergenerational connections are especially suggested.

Limitations and Conclusion

This study was limited by the number of participants. Because only five participants were interviewed, the data did not reach saturation. The study would have benefitted from additional participants . Participants from different agencies and types of long-term care settings would have offered more insight into the occurrence of elder abuse and neglect as understood in these various settings. Additionally, research could have been expanded through the interviewing process of those directly affected by elder abuse: elder abuse victims.

This research is necessary for the purpose of understanding elder abuse and neglect as well as how to potentially combat it. Through the review of literature and interviews, common themes and understandings reveal unmet needs of older adults and pathways to overcome barriers. This study highlights a need for new interventions, and especially calls for addressing neglect in long-term care settings related to staffing, employee training, and attitudes regarding aging and older adulthood. The absence of new and substantial research on this issue reflects the general lack of attention elder abuse and neglect is given by society.

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Appendix A

Protocol for Professionals Working in Agencies that Address Elder Abuse and Neglect

Name of Interviewee: Noelle Haury **Date: _____**

Project Title: To Honor Our Elders: Exploration of Elder Abuse in Long-Term Settings
Principal Investigator: Noelle Haury, Honors Student, Gerontology: Aging and Older Adulthood, Western Oregon University
Faculty Advisor: Margaret Manoogian, Professor, Gerontology: Aging and Older Adulthood

I want to thank you for agreeing to be interviewed. I am interested in hearing your experiences with your work with or on the behalf of older adults who are vulnerable to abuse and neglect. I want to remind you that this interview is voluntary. You do not have to answer every question and at any time, you may stop this interview. All information that you share will be kept confidential. Let's begin. [Start recording]

I am curious to learn more about your role within your organization and your particular experiences with or on the behalf of older adults who are vulnerable to abuse and neglect. My goal with my project is to better understand how elder abuse and neglect are addressed from community policy and long-term care perspectives.

Part 1

1. Can you describe your position within your organization?
2. How long have you been in this position?
3. Please describe the work that you do that addresses elder abuse and neglect.
4. From your perspective, what types of abuse and neglect do you see the most often?
5. Who is most likely to report an incident of abuse? (the victims, a loved one, or a facility?)
6. When abuse/neglect is suspected and/or reported, what is the response?

7. What current programs/policies are in place to address those older adults who are vulnerable to abuse and neglect?
8. How would you evaluate the effectiveness of these programs? [probe: ask for best practices or strong program examples]

Part 2

I have a particular interest in long-term care communities and have worked in them in a variety of roles. In the following questions, I am interested in learning more about abuse/neglect in these settings.

9. Can you share with me your overall sense of incidents of abuse and neglect in long-term care settings? [probe: types of recent examples?]
10. What is your assessment of the abuse and neglect occurrences in these settings? (probe type, responses, prevalence, etc.)
11. What would you say are the best practices for long-term care settings and caregivers to help protect older adults who are vulnerable to abuse and neglect?
12. What programs would you like to see implemented for training and education of administrators, staff, residents, their family members? Please describe.
13. Do you have anything you want to share that I have not asked?
14. Do you have any questions for me?
15. Are there any agencies you feel that I should be contacting?

Appendix B

Protocol for Long-Term Care Employee

Name of Interviewee: Noelle Haury **Date: _____**

Project Title: To Honor Our Elders: Exploration of Elder Abuse in Long-Term Settings
Principal Investigator: Noelle Haury, Honors Student, Gerontology: Aging and Older Adulthood, Western Oregon University
Faculty Advisor: Margaret Manoogian, Professor, Gerontology: Aging and Older Adulthood

I want to thank you for agreeing to be interviewed. The goal of my project is to explore the high rates of elder abuse within the United States as well as what can be done to protect this vulnerable population. I am particularly interested in learning more about how long-term care settings protect the safety of their most vulnerable older adult residents. I want to remind you that this interview is voluntary. You do not have to answer every question and at any time, you may stop this interview. All information that you give me will be kept confidential. Let's begin. [Start recording]

1. Please tell me your title and responsibilities at your long term care community? Years in place?
2. How would you describe your community (probe: for-profit or not-for-profit; management structure, # of residents, different departments)
3. How many nurses/caregivers do you have on staff?
4. How many hours/days do they work on average?
5. I am curious about how employees in long-term care settings handle the stress of their job, especially during this time of COVID, as well as the strategies used to increase retention. What are some strategies you have in place to support your staff?
6. One thing I want to understand for my project is how employees are trained regarding residents rights as well as how they can provide a safe

and nurturing environment for the residents. What do you see as best practices to ensure that your residents get the best possible care?

7. Do you require training on best practices for employees regarding elder abuse and neglect?

    - If yes, can you describe what kind of training they receive and how often

    - If no, is this something you plan to offer in the future?

8. In your experience, how involved are family members once their loved one moves into a residential community? Are there concerns about social isolation for residents? Covid?
9. Do you have educational programs/written materials in place for your residents and their family members regarding residents' rights? If so, what are they?
10. Do you have ways that you help residents to understand these rights? If yes, can you describe?
11. Do you have anything else to offer that I haven't asked?
12. Do you have any questions for me?