

Front-Line Risk Managers in Senior Service

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Individuals who regularly visit older individuals and who witness family situations, living conditions, and physical and mental changes obtain a valuable opportunity to detect serious consequences of aging before serious consequences can result.

One of the most serious consequences of aging has little to do with the physical and psychological effects of the aging process. Elder abuse comes not from the ravages of time but from the caregivers and loved ones of the elder population. The 2004 Survey of State Adult Protective Services, sponsored by the Administration on Aging, reports a 20 percent increase in reports of elder and vulnerable adult abuse and neglect and a 16 percent increase in substantiated cases from 2000 to 2004. The actual number of incidents may far exceed this figure, because many seniors choose not to report their abuse.

Contrary to common belief, elder abuse often occurs outside the institutional setting; many seniors endure abuse in their own homes. Older individuals are typically abused by their adult children, spouses/intimate partners, or other family members. Domestic elder abuse—the mistreatment of older persons residing in their own homes or the home of a caregiver—constitutes a significant threat to our senior population.

Elder abuse can be broken down into four general categories. The definitions for each type of abuse may vary from state to state. The following offers broad descriptions of each of the four types of mistreatment.

- **Physical abuse** is inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- **Sexual abuse** is the infliction of non-consensual sexual contact of any kind.
- **Emotional or psychological abuse** is the infliction of mental or emotional anguish or distress on an elder person through verbal or nonverbal acts.
- **Financial or material exploitation** is the illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect** is the refusal or failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- **Self-neglect** is characterized as the behavior of an elderly person that threatens his/her own health or safety.
- **Abandonment** is the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Risk management for elder abuse seems simple and straightforward. It appears obvious that the best way to control abuse is to report the suspected perpetrator to the authorities and to remove the victim from the control and care of the abuser. In reality, the management of abuse is neither simple nor obvious. Signs of abuse are often difficult to detect. Symptoms often resemble the characteristics of illnesses and other conditions that naturally affect seniors. Even when abuse is detected, the senior often denies being victimized. Other elderly admit their plight but resist reporting the crime, choosing to endure the abuse to avoid embarrassment and the loss of family and home. Even after abuse is reported, seniors retain the right to remain in the abusive environment. Thus, individuals who encounter abuse face weighty ethical and moral decisions that often pit a senior's health against his or her right to self-determination.

Those who serve seniors can help change the ways in which older individuals care for themselves, nourish themselves, and interact with society. By reporting problems, monitoring conditions, and alleviating health hazards, staff and the organizations they serve can actually prevent harm.

Consequently, individuals who serve seniors become more than companions, food deliverers, drivers, readers or interpreters. They become front-line risk managers. The risk management responsibilities that they assume require training, support and supervision. To control hazards, paid and volunteer staff must learn to recognize the signs and symptoms of potential problems, to distinguish these problems from normal conditions, and to know where and when to seek additional help or guidance.

Adapted from [A Golden Opportunity: Managing the Risks of Service to Seniors](#), Chapter 4, "Health-Related Issues for Seniors," pages 35-37.

The Nonprofit Risk Management Center welcomes questions and comments at 703.777.3504.