Eli's Hospice Insider

Elder Abuse: Thwart 3 Reporting Myths to Help Prevent Elder Abuse

You don't need proof beyond a reasonable doubt to make an abuse report.

Hospice staff are in a unique position to help prevent elder abuse, but some common misconceptions can stand in the way. Make sure you know when to report and how to go about it.

"From a reporting standpoint, the hospice team can help minimize situations that can lead to abuse such as caregiver stress," says **Sheila Flynn,** CEO of Weatherbee Resources in Hyannis, Mass.

Know these Elder Abuse Basics

While the particulars of reporting elder abuse are based on state law, some aspects remain the same.

All hospice staff should:

1. Know the different kinds of abuse.

2. Recognize the signs and symptoms of abuse.

3. Know how to report abuse.

When to report abuse varies from state to state, but the common thread is to report when you have a "reasonable suspicion" that abuse is occurring, says **Solomon Liao, MD, FAAHPM,** director of palliative care services and associate clinical professor with the University of California, Irvine.

The processes for reporting elder abuse also vary from state to state, Flynn says. Usually abuse should be reported to an ombudsman when the patient resides in a nursing home and to Adult Protective Services (APS) when the patient lives at home.

Myth #1: I can't report abuse if don't have proof.

Hospice providers often think they need proof before they can report suspected abuse. This isn't so, says Liao.

You don't need proof beyond a reasonable doubt or a preponderance of evidence in order to report suspected abuse, Liao says. You don't need to be able to prove abuse before you report it.

You can report abuse based on:

1. A credible report. If you believe your patient is telling the truth when he says he has experienced abuse, you can make a report, Liao says.

2. Inconsistencies or a stand-alone finding. An inconsistency might be if your patient has two black eyes and she tells you she fell face-first on concrete, but her nose wasn't also injured. A stand-alone finding might be a bruise on the face.

The threshold for reporting abuse may be lower than you think. A study which Liao co-authored presented five hypothetical scenarios to both APS staff and hospice staff. Given with the same example scenarios, APS staff was more likely to accept the cases for investigation than the hospice staff was likely to report them.

Tip: When in doubt, call APS and run the situation you are considering reporting by them. Ask them if it's something they would tale, suggests Liao.

Bottom line: Hospice staff should err on the side of reporting. If staff feels like there is a credible chance that abuse happened, they should report it. "It's not your job to find the proof or evidence. You need to focus on the therapeutic relationship with the family," Liao says.

Myth #2: I'm going to tick off the family if I report abuse.

Fear of angering the family is another reason often given for not reporting suspected abuse. Hospice staff needs to be careful to remain neutral in these situations and let APS do the work, Liao says.

While calls to APS are confidential, the family is likely to figure out that hospice staff made the call, Liao warns. So he suggests taking a proactive approach and letting the family know you're making a report. Framing the report positively and in a non-accusatory manor is best. Try something along the lines of "It looks like you're overwhelmed. I'm going to see what the county social workers can do to help you find some additional resources to help out."

Key: Remain non-judgmental and non-accusatory. You don't know for certain who is doing the abuse.

Bonus: Abuse studies show that even just telling the family that a report is being made can prevent future abuse.

Myth #3: APS won't take action on my report.

APS and hospice care work on different timelines, Liao says. The medical setting is more fast-paced and used to results in 24 hours. But abuse problems are long-term and chronic. Their resolution isn't as speedy.

This conflict between the fast pace clinicians are used to and the slow pace abuse investigations must take can lead to frustration, Liao says. Add to this the differing expectations between the two fields and the disconnect widens. A clinician may be looking for immediate action on a report of financial abuse, but from an APS point of view, a financial abuse case requires a growing body of evidence, so you may not see action on your first report. Keep making reports and don't get frustrated, Liao advises.

Difference: Clinicians are used to instant feedback, but APS is legally prevented from giving feedback, Liao says. Plus you may not see what they are doing. APS may put things into place that prevent future abuse without the clinician even knowing.

If APS does its job well, clinicians may not see anything else, Liao explains. APS may not take legal action on past events, but instead focus their efforts on preventing future abuse.