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Safe and Sound-- An Interview With Terry Fulmer, Ph.D., R.N.

Protect yourself and your loved ones from being mistreated.

As life expectancies lengthen and our population of seniors expands, the need to protect vulnerable older people from abuse and crime is becoming a matter of urgency. What are the issues and what's being done? Terry Fulmer, Ph.D., R.N., Dean of New York University's College of Nursing, spoke to TIAA-CREF about "elder mistreatment," a new field in which she has taken a pioneering role.

TIAA-CREF: What is elder mistreatment, and how did you become involved in addressing this problem?

Fulmer: We define elder mistreatment as the psychological, physical or financial abuse or neglect or exploitation of an older person by someone responsible for their care. In the late 1970s, elder mistreatment wasn't something health care professionals thought about as such. Sometimes we would see older people coming into the hospital looking very disheveled or thin, as if they had been receiving poor care. We would note to ourselves that this didn't seem right.

Now, a national movement is underway, spurred by two developments. The first was the advent of mandatory reporting. In 1978, Connecticut passed the first law requiring health care professionals to report suspected abuse and neglect of the elderly. Massachusetts followed in 1979. At Boston's Beth Israel Hospital where I was practicing, the vice president of nursing asked me to formulate a response to the reporting laws so that the hospital could not only comply with the law but promote its goal — the well-being of older people. I was working at the Harvard Division on Aging, and I was able to form an interdisciplinary team of very bright people who helped in the development of an assessment instrument for screening and reporting elder mistreatment.

Today, 46 states have specific elder mistreatment reporting laws. The other states have Adult Protective Service laws, which require reporting abuse or neglect of anyone over age 18 — basically dependent developmentally disabled, mentally ill and elderly people.

Then when Dr. Louis Sullivan served as surgeon general (1989 – 1993), he declared that elder abuse is a health care problem, not just a law-and-order issue. This took us from a strictly apprehension and conviction mindset to one in which nurses, physicians and social workers help provide care-planning for older people and assist families to meet the care needs of their older relatives.

Elder mistreatment has been the focus of my research and writing for many years. When you see a frail, elderly, demented person coming into emergency room, and you know they've gotten poor care at the hands of caregivers, you can't look the other way. You have to respond.

TIAA-CREF: What are the dimensions of this problem?

Fulmer: Only two studies on prevalence and incidence have been done in the United States. The prevalence study, in 1988, showed that between 700,000 and 1.2 million older people are abused at any given time. In 1998, the incidence study estimated that half a million new people each year would be identified as cases of elder mistreatment. A national prevalence study is very likely not far off. Meanwhile, I believe those figures are probably sound.

TIAA-CREF: Who typically identifies victims of mistreatment?

Fulmer: Police departments, health care facilities and social service agencies are on the front lines. Once a case comes to the attention of the police or an emergency room physician, for example, they call the local office of Adult Protective Services, which is the nationwide system charged with investigating reported cases of elder mistreatment, to see if the concern is well-founded. Older adults can seem to be victims of mistreatment when they are not. Someone who is frail, not eating much and declining in health may seem neglected but may actually be ill and receiving adequate care.

Sometimes neighbors hear or witness disturbances and call the authorities. I think most people are aware of the need to report abuse of younger women and children, but now they are also starting to report mistreatment of older people.

TIAA-CREF: Last fall NYU's college of nursing was awarded a federal grant to train health care, legal and social work professionals in New York State to recognize signs of elder mistreatment. What are those signs, and how do you go about the training?

Fulmer: We ask them to think in categories and the signs and symptoms associated with each category. For example, with physical abuse you might see unusual black and blue marks, rope burns (which might be indicative of restraint use), burns or an unusual fracture or bilateral fractures that might show up on x-ray. In neglect, you might see someone who is disheveled, dehydrated and depressed. Sexual abuse shouldn't be ruled out just because of age. Verbally and physically mistreated spouses whose relationships were always abusive are also considered under the category of elder mistreatment.

You might suspect financial exploitation if a person who is known to have funds isn't taking their medication. They might tell you they don't have access to their money or don't know where it is. Or they might confide that they have a drug-abusing son who lives with them and takes all their money, but they can't do anything about it because they don't want him to get into trouble.

Self-neglect in the absence of cognitive impairment is a controversial category. People have the right not to take care of themselves.

TIAA-CREF: What do we know about the abusers?

Fulmer: The abuser is usually someone the older person knows, a paid or unpaid caregiver, a family member. Although mistreatment can occur within nursing homes, most older people are not in nursing homes.

TIAA-CREF: Are you better off with a hired caregiver or a family member?

Fulmer: Study results conflict, but we do know there is mistreatment at the hands of both groups. But either way, our most important message to older people is that you don't have to tolerate unkind verbal or physical behavior.

TIAA-CREF: Do older people themselves report abuse?

Fulmer: Older people are hesitant to complain about their care because they're afraid they'll be abandoned; that whatever care they're getting, even if it's poor, is better than nothing; that if they complain, they'll be put in a nursing home (and sometimes nursing home placement *is* the outcome in these cases). And older people are also reluctant to complain about a loved one.

In America, we have a strong culture of privacy. When we see something wrong, we hesitate to interfere in other people's business. Often the abused elderly are referred to as "hidden victims," because it's all behind closed doors.

New York State requires health care professionals to receive training in child abuse, but not elder abuse. I think that if you have child abuse, you should look at the other family members too. There might be a cycle of family violence, in which someone whose parent beat them when they were young is now an adult responsible for that parent's care and isn't inclined to be kind. Or family caregivers may simply be burned out, overwhelmed by the burden of care giving. We need to think of elder abuse as a family issue.

TIAA-CREF: What will it take to develop a new mindset toward elder mistreatment?

Fulmer: With the aging of the baby boomers, there'll be a social movement related to what we expect for our care as we age. We'll pass new laws.

TIAA-CREF: Where are our next steps as a society?

Fulmer: Next steps for society include addressing the serious issue of "ageism," a term coined by Dr. Robert Butler in the mid-seventies. We must come to grips with our inherent bias against the elderly and ensure systems are in place that provide the same level of care and service as we afford children and younger adults. Further, we need to focus on privacy, patient rights and the excruciating balance between helping older adults versus infantilizing them. Finally, we need to develop sound policy around screening, assessing and conducting research with older adults who have cognitive impairment. Currently, it's nearly impossible to do this. However, we know that these are the very individuals who are most at risk for elder mistreatment. In some states, older people have the right to

refuse services, and in others, they don't. In some states, self-neglect is recognized, and in others it isn't. We have work to do.

TIAA-CREF: Where do you see the field of elder mistreatment moving in the near future and beyond?

Fulmer: We're heading toward national-level research and policy-making. Last year, the National Institute on Aging commissioned a panel on elder mistreatment, in which I took part. Also, the National Research Council commissioned the book, *Elder Mistreatment – Abuse, Neglect and Exploitation in an Aging America* (see Resources), which was published in 2003. It's the best book on the subject and calls for basic research and analysis.

We should be aiming for quality of life in our older years. Elder mistreatment is the antithesis.

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What Can You Do?

If you are being mistreated, tell someone you trust. Call the police in an emergency. You can reduce the likelihood of being mistreated by naming a health care proxy and by not sharing financial information with people you don't know well.

If you think someone else is being abused, neglected or exploited, in an emergency call your local police precinct or 911. Otherwise, call your county Department of Social Services or area Office on Aging to contact Adult Protective Services, which investigates reports of elder abuse. Adult Protective Services can assume case management responsibilities if the older person is physically or mentally disabled. Go to www.elderabusecenter.org for a list of elder abuse hotlines in each state nationwide.

Maintain close ties with older impaired friends and relatives. Stay informed about local resources for seniors. Consider volunteering with your area's Long-Term Care Ombudsman Program; contact your area Office on Aging for information about this service.

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Common Crimes Against Older People

The Manhattan District Attorney's office reports that the elder abuse it investigates falls into two categories: domestic violence and financial exploitation. Domestic violence cases often involve a younger addicted relative who demands money and threatens or carries out violence if refused. This type of case rarely goes to trial; the victims are reluctant to press charges because of shame, embarrassment and fear of retribution and a worsening of their living situation. Fortunately, intervention by law enforcement is often sufficient to frighten perpetrators and stop the criminal behavior.

Theft by relatives and hired caregivers is the most common form of financial exploitation. Relatives rationalize that stealing from an elderly relative isn't a crime because the money is willed to them. Hired caregivers receive low wages, and some of them can't withstand the temptation to take money that's easily accessible. The district attorney's office advises seniors not to leave financial documents, ATM cards, credit cards and check books where caregivers can get them, no matter how long the caregiver has been with you or how trustworthy they seem to be.

Resources

AARP – At www.aarp.org, enter the search command “elder abuse” for articles on state and local efforts. Use the search command “how to protect yourself” to access articles on avoiding identity theft, fraud, Internet scams and the like.

Elder Abuse and Neglect: In Search of Solutions, a pamphlet published by the American Psychological Association. Contact their Public Interest Directorate, 750 First Street, NE, Washington, DC 20002-4242 or go to www.apa.org and enter the search command “elder abuse” to read the full text online.

Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America, by Richard J. Bonnie and Robert B. Wallace, Editors. New York: The National Academies Press, 2003.

National Committee for the Prevention of Elder Abuse (NCPEA), an Association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security and dignity of our most vulnerable senior citizens. Publishes online newsletter. www.preventelderabuse.org

Older Americans' Act – For a clear explanation of the law's purpose and provisions, including those of Title VII on Vulnerable Elder Rights Protection, go to this site sponsored by the state of South Dakota. Read about the federally funded Long-Term Care Ombudsman Program. www.state.sd.us/social/ASA/Funding/older.htm

U.S. Administration on Aging's Elder Abuse Resource Page offers general information about the scope of the problem and organizations that address it. www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp

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