

COVID-19

Preventing and Responding to Elder Abuse

Jewish long-term care facilities and hospitals are sought by elders and their families as trusted extensions of the Jewish community. These institutions aim to offer care in ways that uphold and honor Jewish culture, customs, and faith. They also have a duty to protect and safeguard their residents and patients from elder abuse.

Building Healthy
Jewish Communities



SACRED SPACES

מִפְּנֵי שִׁיבָה תִּקּוּם, וְהִדַּרְתָּ פָּנֵי זָקֵן

*“You shall rise before the aged
and show deference to the old...”*

(Leviticus 19:32)



COVID-19 has highlighted both the strengths and vulnerabilities of our communities and institutions. Quickly and collectively, we have changed our daily lives to protect each other from exposure to a potentially deadly virus, to provide basic necessities for those unable to access them, and to strive for connection amidst physical distancing. As we remain vigilant in that effort, we must also understand how acts of protection in one area of public health can lead to an increase of risk in another, specifically the abuse, neglect, and maltreatment of older adults.

It is estimated that each year, 1 in 10 older adults experience at least one form of abuse.⁴

64.2% of staff working in long-term care facilities report that they have committed abuse.⁵

Isolation and loneliness are the greatest risk factors for elder abuse⁶ and other health-related issues.⁷

INTERSECTION OF ELDER ABUSE & COVID-19

While abuse, neglect and exploitation can occur at any age, vulnerability factors such as social isolation, lack of community support, cognitive decline, and disability are more prevalent in adults over age 60, increasing the risk.¹ Harm experienced by this age group is commonly referred to as ‘elder abuse.’² It “includes physical, sexual or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an

older person is targeted based on age or disability.”³

Older adults are disproportionately impacted by COVID-19. They are more likely than the general population to contract the virus and have statistically more severe outcomes from infection. Given this reality, older adults have been strongly advised to isolate, remain indoors, and stop accepting visitors.

Elder abuse advocates report that abuse rates have increased as much as tenfold during the pandemic, in part due to social isolation.⁸ As family members and

caretakers seek ways to safeguard against abuse, it is imperative that elders are empowered to act with autonomy, self-determination, and self-efficacy.

Out of respect and concern for our elders, Sacred Spaces developed this resource. It outlines practical techniques to:

- Counter the risk of elder abuse caused by isolation; and
- Implement protocols to create safe, healthy, and respectful environments to minimize the opportunity for harm.



Long-term care facilities⁹ are obligated to protect their residents from elder abuse,¹⁰ but statistics show that this obligation is not always fulfilled.¹¹ The additional strain of the pandemic, leading to shortages of both staff¹² and equipment,¹³ can cause these places of refuge to become dangerous. In fact, long-term care residents and staff appear to account for about one-third of COVID-19 related-deaths in the U.S.,¹⁴ and Jewish facilities have not been spared.¹⁵

Long-term care facilities can help protect residents from experiencing elder abuse in their institutions by establishing clear abuse prevention and response policies, and making a commitment to uphold them. The following recommendations¹⁶ help institutions promote and prioritize the safety of elders.

MAKE COMMITMENT TO PREVENTION VISABLE

Disseminate information to residents, applicants, staff, volunteers, and family members that your institution takes elder abuse seriously and will report to adult protective services or law enforcement. For example, hang posters in hallways or publish articles in newsletters.

Post a [Bill of Rights](#)¹⁹ for residents and any accompanying resources

for legal assistance and advocacy to protect those rights.

Familiarize family members with your institution's elder abuse policies and protocols. Let them know whom to contact within your facility to report concerns and what response to expect. Circulate the complementary document for family members, which contains relevant tips and resources.



PREVENT ABUSE BY STAFF AND VOLUNTEERS

To meet the staffing demands created by COVID-19, a few standards have been lessened, such as lifting some of the credentialing requirements for direct-care workers.¹⁷ These moves can be a relief for institutions but can also introduce new risks for elder abuse. To maintain safeguards, institutions must screen all potential volunteers and employees before granting to residents. Check each applicant's references, confirm past employment, and conduct necessary background checks. Inquire as to whether there has been any prior issues with interpersonal boundaries or concerns about abusive or neglectful behavior.



- Use official email accounts and phone numbers associated with the institution to communicate with residents and family members.
- Be alert to changes in a resident's financial situation or new and unnecessary power of attorney. Also make note of changes in a resident's mood (e.g. becoming more withdrawn or having panic attacks) or persistent health issues (like urinary tract infections, sexually transmitted diseases, or unexplained bleeding).
- If possible, have more staff working on each shift. A higher staff-to-resident ratio: increases time and quality interaction with each resident; decreases the opportunity for a staff member or volunteer to perpetuate abuse unseen; and provides more occasions to notice signs of abuse and allow for earlier intervention.
- Regularly check on residents who may be more vulnerable to abuse because of dementia or varying abilities. Guarantee that there are two staff members present when a vulnerable elder needs to be dressed or go to the bathroom.
- Ask residents how they are doing. Inquire about their interactions with the volunteers and staff members they see most frequently. Find out what the facility can do to make them feel empowered, safe, and respected. Standardize the practice of check-ins with residents and document the conversations to track for changes or to follow-up on any concerns.

INCREASE EXPERTISE IN STAFF & VOLUNTEERS



Mandatory Training

Offer mandatory training on identifying and reporting elder abuse. Utilize scenarios and role plays to make learning more interactive and relevant to current events. Build relationships with local Jewish organizations¹⁸ that have expertise in elder abuse and can assist in training.



Reporting System

Establish and maintain a reporting system for formally reporting suspicion of abuse. Identify who at the institution has a [legal duty](#) to report elder abuse and establish protocols for [reporting](#) both internally and to the [authorities](#).



Policies and Protocols

Require staff and volunteers to read and sign policies and protocols pertaining to elder abuse, acknowledging that they understand and will follow the policies.





COMMUNICATE

Reach out to families proactively with updates and suggest scheduling phone or video calls to connect residents with their family members and friends. Encourage and assist family members in maintaining daily communication with their loved ones, and expand hours that residents can receive calls

TECHNOLOGY

Train staff on technology and platform features to assist residents, and be on the guard for unusual or concerning online activity. Provide elders instruction and one-on-one support on how to use technology such as FaceTime, Zoom, or Skype, and coordinate access to that technology. Make the facility as “smart” as possible with WiFi available for free throughout the facility.



ACTIVITIES

Increase the number of activities offered, within safe distances, to elders isolated in their rooms. Consider having residents come to their doorways at certain times each day to greet each other. Hold hallway parades. Stream music, trivia games, and instructional exercise in common areas or through Bluetooth headphones. Take time to celebrate events in residents’ lives, like birthdays, anniversaries, and new additions to families. Arrange for elders to have access to online lectures, classes, and other programming. For example, reach out to synagogues to coordinate regular virtual learning.

CONNECTION

Be creative in helping family members “see” their loved ones. Use windows and outdoor spaces. Arrange drive-by parades or photo drop-offs . Encourage community members to write letters to residents. Reach out to local Jewish schools and community centers to initiate a pen-pal program. Offer more snacks or meals, which can increase daily contact between elders and staff. Encourage staff -- even those who don't ordinarily interact with residents -- to participate in games and activities. Consider adopting a resident pet or arranging for residents to have plants and flowers in their rooms.



SUPPORT STAFF

Staff members face the ordinary stresses of the pandemic compounded by risks to their own health, long working hours, and the pressure of serving as the primary source of communication between families and residents. They may also be isolated from their own friends, family and support systems. These conditions can increase the likelihood of staff and volunteers abusing or neglecting residents. To reduce this potential, long-term care facilities can undertake a variety of activities to support staff, such as:



Communicate

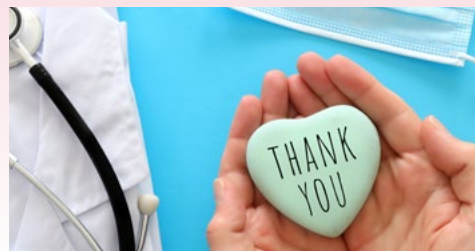
Ensuring frequent communication with staff in a variety of ways. For example, give daily updates, offer Q & A sessions, hold town hall meetings, and develop other methods for staff to receive and provide input on how to maintain a safe and respectful environment.

Be present and available. Supervisors and other administrative staff should be more visible and available to assist staff. This could mean working side by side, filling in for staff in any capacity, and being available to talk or debrief.



Show Appreciation

Demonstrating appreciation by sending thank you notes, displaying “kudos boards,” sharing positive messages and stories from families and residents, and bestowing small gifts. Create quiet spaces for short naps and meditation.



Offer Assistance

Reduce hunger and distractions. Serve extra meals for staff who are working overtime and may not have the opportunity to shop for necessities. Consider assisting with transportation or childcare costs. Given the economic impact of COVID-19, wages from the long-term care facilities may be the only source of income for an entire family.

Provide bonuses, increase hourly wages, and offer other financial assistance as feasible.²⁰

¹ Lachs, Mark S. & Pillemer, Karl A. [Elder Abuse](#), *New England Journal of Medicine* 373:1947-1956 (Nov. 12, 2015).

² We recognize that this terminology does not accurately reflect the vitality of many, nor does a single number define the age when a person becomes “elderly.”

³ See, U.S. Department of Justice, [Elder Justice Roadmap](#) (2014) and Centers for Disease Control and Prevention, [Fact Sheet](#) (2016) (for definitions and signs of different forms of elder abuse).

⁴ See, National Clearinghouse on Abuse in Later Life [An Overview of Elder Abuse: A Growing Problem](#) and National Center on Elder Abuse, [Prevalence](#).

⁵ Researchers published findings in 2017 after looking at rates of abuse for one calendar year. See, World Health Organization, [Elder Abuse, Fact Sheet](#) (June 8, 2018).

⁶ [Elder abuse concerns heightened amid COVID-19 isolation](#), LocalSYR.com (April 7, 2020) and Aten, Jamie D., [How to Help Older Adults Fight Loneliness During COVID-19](#), *Psychology Today* (April 2, 2020).

⁷ See, Newman, Michelle G. & Zainal, Nur Hani, [The value of maintaining social connections for mental health in older people](#), *The Lancet Public Health* Vol. 5:1 (Jan. 2020); and Armitage, Richard & Nellums, Laura B., [COVID-19 and the consequences of isolating the elderly](#), *The Lancet*, (March 19, 2020).

⁸ Levy, Sue-Ann, [Pandemic creates ‘breeding ground’ for elder abuse](#),

Toronto Sun (April 25, 2020); Ghermezian, Shiryn, [Homebound seniors in Israel battle ‘isolation and loneliness’ during pandemic](#), *Cleveland Jewish News* (March 23, 2020); and Rosenfeld, Arno, [Social distancing makes seniors vulnerable to abuse, Jewish groups say](#), *Washington Jewish Week* (May 6, 2020).

⁹ “Long-term care” is used in this resource to collectively encompass assisted living residences, nursing homes, and hospice.

¹⁰ 42 U.S. Code § 1395i-3. [Requirements for, and assuring quality of care in, skilled nursing facilities](#).

¹¹ United Nations, [World Population Prospects 2019](#).

¹² McKnight’s Long-Term Care News Flash Survey showed that nearly half of respondents (48%) said they had workers “calling in sick due to or exhibiting signs of COVID-19.” Berklan, James M., [McKnight’s COVID survey reveals vast PPE, staffing shortages](#), McKnight’s Long-Term Care News (March 30, 2020).

¹³ See, Ziri, Danielle, N.Y.C. Jewish Nursing Homes Call Out for Help as City Launches Coronavirus Plan, *Haaertz.com* (May 21, 2020). The Jewish Federations of North America have mobilized to meet the shortage of personal protective equipment, like gloves and masks, faced by Jewish long-term care facilities through the Pledge to Protect Campaign.

¹⁴ Yourish, Karen, et al., [One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers](#), *NY Times* (May 11, 2020) and

Roberts, Jane, [Nursing homes brace for new levels of scrutiny in the wake of pandemic](#), *Daily Memphian* (May 14, 2020).

¹⁵ See, Jean, Celia, [Jewish nursing home has highest coronavirus death toll in Massachusetts](#) (May 29, 2020).

¹⁶ Some of these recommendations come directly from long-term care facilities as learned through a survey of 500 nursing homes on what they are doing to promote emotional well-being of staff and residents. Berklan, James M., COVID-19 survey: [Nursing homes’ top strategies for ‘keeping spirits up’](#), McKnight’s Long-Term Care News (April 2, 2020).

¹⁷ Brown, Danielle, [CMS waives nurse-aide training, certification requirements](#), McKnight’s Long-Term Care News (April 2, 2020).

¹⁸ For example, [Jewish Association for Services for the Aged](#) provides workshops throughout the year in collaboration with leading community and government agencies.

¹⁹ See, National Consumer Rights, an example from the Ombudsman Program, New York.

²⁰ See, supra note 16, McKnight’s survey respondents indicated they were paying about \$1.50 extra per hour or \$20 per shift. One long-term care facility said it paid an extra hour for every 4 hours of completed work. Another pays 1.5 times the normal hourly rate for picking up vacant shifts. Staff indicates that extra overtime opportunities are morale boosters as is flex time.

Sacred Spaces builds healthy Jewish communities by partnering with Jewish institutions to prevent and respond to sexual abuse and other abuses of power.

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