

Practice Perspectives

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Elder Abuse & COVID-19

This publication is one of a four-part series on elder justice. Please visit www.socialworkers.org/Practice/Aging/Aging-Tools to read two accompanying Practice Perspectives: *Elder Justice & Racial Justice* and *Federal Funding for and Administration of Elder Justice Programs*. A forthcoming report, *Social Work Roles in Elder Abuse Prevention and Response*, will be posted to the same web page.

The novel coronavirus (COVID-19) pandemic has had a profound and disproportionate impact on older adults, including apparent increases in elder abuse. This publication explores these effects and highlights resources developed by social workers and other service providers to support practice with older adults.

Uncertainty Regarding Elder Abuse Prevalence

Determining the extent of elder abuse at any time, let alone during a pandemic, is extremely difficult because much elder abuse is not reported. For example, one pivotal study (Lifespan of Greater Rochester Inc. et al., 2011) found that for every reported situation of elder abuse or neglect, up to 23.5 additional instances were unreported. Moreover, even in optimal circumstances, elder abuse reporting data are open to interpretation: High and low reporting rates may be associated with actual

instances of suspected elder abuse, but they can also reflect other factors, such as shame, interdependence, fear of reporting, and trust (or lack thereof) in public services.

Given these preexisting challenges, evaluating the implications of pandemic-related changes in elder abuse reporting is not a straightforward task. For instance, a study funded by the Administration for Community Living (ACL) found that 81 percent of Adult Protective Services (APS) personnel related having received “fewer or many fewer” reports of adult maltreatment within the first six months of pandemic shutdown (Teaster et al., 2020). At the same time, most states implemented changes (of varying degrees) in their policies regarding face-to-face visits for APS personnel, and about half of respondents reported being unable to provide as many services to clients as they had before the pandemic. On the other hand, an Internet-based survey of nearly 900 older people sheltering in their homes during the spring of 2020 yielded reports by one in five participants of financial abuse (excluding frauds and scams by strangers), physical abuse, or verbal abuse—an estimate the researchers deemed “conservative” (Chang & Levy, 2021, Discussion section, para. 2). These data may provide insight into the assertions by several physicians of “significant” (Malik et al., 2020, para. 6) and “massive” (Duke Han & Mosqueda, 2020, para. 1) increases in elder abuse during the pandemic.

Elder abuse is more likely to be unreported or unnoticed when support networks are decreased or less accessible than when social supports are robust.

Increased Risk of Elder Abuse

Variations among these data (and the implications of the data) notwithstanding, what is clear is that COVID-19 has increased the risk of elder abuse (Makaroun et al., 2020). For many older adults, regardless of place of residence, the need for physical distancing has exacerbated social isolation (Span, 2020)—a significant public health risk before the pandemic (National Academies of Sciences, Engineering, and Medicine, 2020) and the primary risk factor for experiencing elder abuse and for negative outcomes following elder abuse (Acierno et al., 2010; Acierno et al., 2017). In home and community-based settings, many older adults have had fewer opportunities to interact in person with family, friends, neighbors, coworkers, peers in community programs (such as senior centers or volunteer programs), members of faith communities, and others. These changes in day-to-day socialization have, for many older adults, decreased the breadth and strength of support networks. Under such conditions, elder abuse is more likely to be unreported or unnoticed than when social supports are robust. Older adults, fearing contagion, may be more reluctant to seek help, and the people with whom they usually interact are less able to observe, discuss, and help resolve potential problems. (It is noteworthy, however, that a strong sense of community was the primary protective factor against elder abuse in the COVID-19 prevalence study cited previously. This finding not only is consistent with research conducted before the pandemic [Acierno et al., 2017], but also underscores that social supports can be nurtured and maintained in multiple ways, even amid physical distancing.)

Older people who have daily in-person contact with someone who uses abusive behavior have been at particular risk during the pandemic. In particularly severe situations of elder abuse, a shelter (which may be located in a nursing home) could provide a safe alternative. During the COVID-19 pandemic, especially before vaccines became widely available, these older adults have had to weigh the risk of seeking safety in a shelter, thus facing increased risk of contracting COVID-19, or remaining in an abusive environment. Some who have made the latter choice have subsequently died of COVID-19 (R. Breckman, personal communication, January 14, 2021).

In nursing homes and other congregate care settings, visitation from personal contacts and even from LTC ombudsmen has been restricted and, at times, prohibited throughout much of the pandemic. Furthermore, infection control measures in these settings have decreased interactions among residents and between residents and staff. Efforts to maintain and facilitate interpersonal connections between residents and people outside facilities, among residents themselves, and between residents and staff have varied widely, in part because of technology limitations and staffing shortages. Amid these circumstances, any form of elder abuse experienced by residents, as a result of mistreatment by any party (within or beyond the facility), is less likely to be noticed, reported, or addressed.

The realities of the COVID-19 pandemic have raised difficult, but important, questions about resident rights and about how to balance the two primary emphases of the Nursing Home Reform Act of 1987: quality of care and quality of life. The disproportionately high rates of COVID-19 diagnosis, severe illness, and death among facility residents have stoked widespread fears about and distrust of nursing homes and other congregate care settings; these, in turn, exacerbate the disconnect between such facilities and other parts of the community. Likewise, widespread messaging regarding the disproportionate impact of the pandemic on older adults—across settings—has exacerbated ageism by pitting age groups against each other (zero-sum thinking) in regard to which groups of people need “protection” and deserve help (including access to health care) (Block & Mayer, 2020; D’Antonio & O’Neil, 2020; Kendall-Taylor et al., 2020). Such polarization reinforces the dangerous notion that older adults are expendable and helpless, thereby increasing the risk of elder abuse (Block & Mayer, 2020; Kendall-Taylor et al., 2020; Malik et al., 2020; Monahan et al., 2020).

Moreover, the pandemic has provided fertile ground for multiple types of fraud and scams, many of which affect older adults. Common schemes include (a) COVID-19 testing, treatment, and vaccine scams; (b) imposter scams, in which an individual pretends to represent a relative, charitable organization, government agency, or other trusted source to steal money or financial information; (c) Economic Impact Payment (stimulus check) scams; (d) home and mortgage

scams (to make improvements, prevent foreclosure, or modify loans; and (e) identity theft (ACL, 2020; Williamson, 2020). The financial strains many older adults experience during the pandemic can increase the risk of experiencing fraud and scams (Chang & Levy, 2021).

Social Work Responses

Daunting as these circumstances are, social workers and other service providers continue to work for elder justice, often finding creative ways to prevent, identify, and respond to elder abuse:

- In May 2020, NASW New Jersey Chapter member Alyssa Elman and her colleagues published a journal article describing the effects of the COVID-19 outbreak in NYC on elder mistreatment and response (Elman et al., 2020). The article included creative solutions developed by New York City-based service organizations, providing both timely information for other communities during the pandemic and guidance for future crises.
- NASW Social Work Pioneer® and Wisconsin Chapter member Colleen Galambos wrote an article (Galambos, 2020) and gave an interview (Luljak, 2020) on how to mitigate social isolation during the pandemic.¹
- The National Clearinghouse on Abuse in Later Life (NCALL), under the leadership of NASW Colorado Chapter member and former executive director Bonnie Brandl, provided tips (Block, 2020) and offered a Webinar (National Center on Protection Orders and Full Faith and Credit, 2020) on supporting older survivors during the pandemic. The organization also published a blog on ageism, racism, and abuse in later life during COVID-19 (Block & Mayer, 2020).
- NCALL collaborated with the Safe Havens Interfaith Partnership Against Domestic Violence and Elder Abuse (Safe Havens) and Futures Without Violence to create a resource to help faith communities and faith leaders support older adults during the COVID-19 pandemic (Safe Havens et al., 2020).

Many aging-focused national organizations and resource centers have developed COVID-19 Web pages and microsites, including those compiled in the following resource list.

Resources

Governmental and Other Federally Funded Resources

Administration for Community Living
<https://acl.gov/COVID-19>

Adult Protective Services Technical Assistance Resource Center

<https://apstarc.acl.gov/Information-Research/COVID-19.aspx>

National Center on Law and Elder Rights

<https://ncler.acl.gov/Resources/COVID-19-Resources.aspx>

National Resource Center on LGBT Aging

www.lgbtagingcenter.org/resources/resources.cfm?s=40

National Center on Elder Abuse

<https://ncea.acl.gov/Resources/COVID-19.aspx>

National Indigenous Elder Justice Initiative

www.nieji.org/covid-19

Rural Health Information Hub

www.ruralhealthinfo.org/topics/covid-19

NONPROFIT ORGANIZATIONS

Gerontological Society of America—Reframing Aging Initiative

(Includes free, on-demand Webinars to enhance communication about aging and reduce ageism during COVID-19)
www.reframingaging.org/Resources/Multimedia

National Asian Pacific Center on Aging

www.napca.org/resource/covid19/

National Caucus and Center on Black Aging

<https://ncba-aging.org/covid-19-vaccine-registration/>

National Hispanic Council on Aging

2021 Status of Hispanic Older Adults (SHOAR) COVID-19 – Latino Experiences, Perspectives and Realities (available in English, Spanish, and Portuguese)

<https://nhcoa.org/12179-2/> &

<https://nhcoa.org/12205-2/>

The realities of the COVID-19 pandemic have raised difficult, but important, questions about how to balance quality of care and quality of life.

¹Colleen Galambos served on the National Academies' Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. The committee drafted the 2020 consensus study report *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System* (<https://bit.ly/NASEM-isolation>).

Social workers and other service providers are finding creative ways to prevent, identify, and respond to elder abuse during the pandemic.

National Rural Health Association

www.ruralhealthweb.org/programs/nrha-covid-19-technical-assistance-center

SAGE—Advocacy and Services for LGBT Elders

www.sageusa.org/tag/covid-19/

NASW RESOURCES

COVID-19 microsite

www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus

Aging microsite

www.socialworkers.org/Practice/Aging

Other aging-related resources from NASW

https://bit.ly/nasw_aging_resources

Advocacy microsite

www.socialworkers.org/Advocacy

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