NCLEX RN · MENTAL HEALTH

Elder Abuse & *Neglect*

Recognition, assessment, mandatory reporting, and priority safety interventions for the older adult — aligned to the 2026 NCLEX Test Plan (Psychosocial Integrity / Safety & Infection Control).

TOPIC 14 · GEROPSYCH
2026 TEST PLAN
SAFETY · REPORTING · THERAPEUTIC COMM

1 Definition & Why It Matters

SECTION 01 · YELLOW

Elder abuse is an ***intentional act*** — or a ***failure to act*** — by a caregiver or trusted person that causes harm or creates a serious risk of harm to an adult aged **≥60 years**. It is a violation of safety, dignity, and autonomy.

- **High-yield NCLEX:** Nurses are **mandated reporters** in every U.S. state — suspicion is enough; ***proof is NOT required***.
- **Underreported:** Only **~1 in 24** cases ever reaches authorities. Most abuse occurs in the home by a family caregiver.
- **Self-neglect counts:** When an older adult cannot or will not meet their own basic needs, it is still reportable to ***Adult Protective Services (APS)***.

1 in 10
ADULTS 60+ EXPERIENCE ABUSE EACH YEAR

60%
OF ABUSERS ARE FAMILY MEMBERS (OFTEN ADULT CHILDREN OR SPOUSES)

1 in 24
CASES ACTUALLY REPORTED TO AUTHORITIES

≥60 yrs
AGE THRESHOLD FOR "ELDER" UNDER MOST STATE APS STATUTES

SECTION 02 · RED

2 Types of Abuse & Risk Factors

Physical	Emotional	Sexual	Financial	Neglect	Self-Neglect	Abandonment
Hitting, restraining, burning, force-feeding	Yelling, threats, humiliation, isolation	Any non-consensual contact	Stealing, forgery, scams, coerced wills	Failure to provide food, meds, hygiene	Older adult cannot meet own needs	Desertion by caregiver

VICTIM RISK FACTORS

- → Cognitive impairment / dementia
- → Functional dependence on caregiver
- → Social isolation (no visitors, no phone)
- → Female sex, advanced age (≥75)
- → Depression or poor mental health
- → Physical frailty / chronic illness
- → Shared living situation with abuser

CAREGIVER / ABUSER RISK FACTORS

- → Caregiver burnout & exhaustion
- → Substance use disorder
- → Mental illness (untreated)
- → Financial dependence on the older adult
- → History of being abused themselves
- → Lack of training / support / respite
- → Hostility or unrealistic expectations

SECTION 03 · ORANGE

3 Signs & Symptoms — What You'll See

PHYSICAL FINDINGS

- Unexplained bruises — **especially in various stages of healing**
- Bruises in **unusual locations:** inner thighs, back, neck, ears, soles
- Patterned injuries (belt, hand, cord, cigarette burns)
- Pressure injuries (stage 2–4), poor hygiene, foul odors
- Dehydration, malnutrition, unintentional weight loss
- Untreated injuries, healed fractures never reported
- Overmedicated → sedated, drowsy, confused
- Genital/anal injury, STIs, torn clothing

BEHAVIORAL & FINANCIAL CUES

- Withdrawn, fearful, depressed, hypervigilant
- Patient **avoids eye contact** with caregiver
- Caregiver **answers for the patient** & refuses to leave the room
- Inconsistent stories between patient and caregiver
- Delays in seeking medical care
- Missing valuables, unpaid bills despite resources
- Sudden changes to will, power of attorney, bank accounts
- Caregiver shows anger, indifference, or aggression

RED-FLAG FINDINGS — REPORT IMMEDIATELY

- Bruises in **various stages** of healing
- Pt. defers to caregiver before answering
- Wraparound bruises on wrists/ankles (restraints)
- Delay between injury and presentation
- Caregiver **won't leave** the room
- Bruising on **inner thighs, breasts, buttocks**
- Severe pressure injury + soiled clothing
- Story changes with each telling

SECTION 04 · GREEN

4 Priority Nursing Interventions

PRIORITY 1	**ENSURE SAFETY (ABCs):** address airway, bleeding, pain, & immediate threats. Treat life-threats first.
PRIORITY 2	**SEPARATE caregiver & patient.** Interview the older adult *alone*, in a private, safe space.
PRIORITY 3	**ASSESS** head-to-toe; note injury location, color, pattern, healing stage. Inspect skin, scalp, perineum.
PRIORITY 4	**USE** open-ended, non-judgmental questions: ***"Tell me what happened."*** Do not lead the patient.
PRIORITY 5	**DOCUMENT** objectively — exact patient quotes in "quotes," body-map drawings, photographs with consent, measurements.
PRIORITY 6	**REPORT** to ***Adult Protective Services (APS)*** — mandatory; suspicion is enough. Notify provider & chain of command.
PRIORITY 7	**DO NOT CONFRONT** the suspected abuser — escalates risk. Do not promise secrecy.
PRIORITY 8	**COORDINATE** referrals: social work, case management, safe placement, support groups.

SECTION 05 · PURPLE

5 Pharmacology Considerations

Medications are **not** a treatment for abuse itself — but the older adult survivor may need pharmacotherapy for trauma sequelae. Apply *Beers Criteria* in geriatrics.

DRUG / CLASS	USE	NURSING CONSIDERATIONS
SSRIs sertraline · escitalopram	Depression, PTSD, anxiety post-abuse	↑ fall & hyponatremia risk in elderly; monitor Na^+; 4–6 wk onset
Trazodone	Sleep disturbance, nightmares	Orthostatic hypotension → ↑ fall risk; sit before standing
Prazosin	PTSD nightmares	1st-dose hypotension; give HS; monitor BP
Benzodiazepines lorazepam · diazepam	Acute anxiety (short-term ONLY)	❌ Beers List — ↑ falls, sedation, delirium, confusion; avoid long-term
Analgesics	Pain from injuries	Avoid NSAIDs (GI bleed, renal); cautious opioid dosing

BEERS CRITERIA reminder: in adults ≥65, ***avoid*** benzodiazepines, 1st-gen antihistamines (diphenhydramine), TCAs, and anticholinergics — all ↑ confusion, sedation, & falls.

SECTION 06 · BROWN

6 NCLEX Test Traps ⚠️ 🎯

~~Confront the abuser to "get the truth"~~	→ Report to APS; do NOT confront
~~"I promise I won't tell anyone."~~	→ Never promise confidentiality — mandatory reporter
~~Interview pt. WITH the caregiver present~~	→ Interview the patient ALONE first
~~Wait for proof before reporting~~	→ REASONABLE SUSPICION is the legal standard
~~Self-neglect is the patient's choice — no report~~	→ Self-neglect IS reportable to APS
~~"Why didn't you leave him/her?"~~	→ Use open-ended, non-blaming questions
~~Document "patient appears abused"~~	→ Document OBJECTIVE findings + exact quotes

SECTION 07 · TEAL

7 Patient & Family Education

For the Older Adult

- ✓ "You did nothing wrong — abuse is never your fault."
- ✓ Your safety comes first; help is available 24/7
- ✓ You have the right to refuse visitors
- ✓ Keep important documents in a safe place
- ✓ Know your rights under elder-abuse law

For the Family Caregiver

- ✓ Caregiver burnout is real & treatable
- ✓ Use respite care & adult day programs
- ✓ Join caregiver support groups
- ✓ Recognize signs of your own stress / depression
- ✓ Never use restraints, threats, or medications to "control"

Safety Planning

- ✓ Identify a safe person & safe location
- ✓ Keep a packed bag with meds, ID, phone
- ✓ Memorize emergency contacts
- ✓ Code word with trusted neighbor

Community Resources

- ✓ Adult Protective Services (APS)
- ✓ Long-Term Care Ombudsman
- ✓ Area Agency on Aging (AAA)
- ✓ Local law enforcement (911 if immediate danger)

NATIONAL HELPLINE · ELDERCARE LOCATOR

1-800-677-1116

Monday–Friday 9am–8pm ET · connects to APS & local resources in your area

SECTION 08 · GOLD

8 Memory Boosters & Mnemonics

BRUISED — signs of elder abuse

- **B** **Bruises** in various stages / unusual locations
- **R** **Reluctance** to speak (defers to caregiver)
- **U** **Untreated** injuries, old healed fractures
- **I** **Isolation** from friends, family, phone
- **S** **Soiled** clothing & poor hygiene
- **E** **Emotional** withdrawal, fear, depression
- **D** **Dehydration** & malnutrition

SAFE-PEN — the 7 types of elder abuse

- **S** **Sexual** abuse — non-consensual contact
- **A** **Abandonment** by caregiver
- **F** **Financial** exploitation
- **E** Self-neglect (older adult cannot care for self)
- **P** **Physical** abuse
- **E** **Emotional** / psychological abuse
- **N** **Neglect** by caregiver

Nurse's 4-step play: A·S·D·R

- **A** **Assess** — separate patient, head-to-toe exam, open-ended questions
- **S** **Safety** — ABCs, treat injuries, prevent further harm
- **D** **Document** — objective findings, exact quotes, body map, photos
- **R** **Report** — APS / law enforcement (mandatory)

Pattern recognition · "always / never"

- ✓ **Always** interview the older adult *alone* first
- ✓ **Always** report on suspicion — proof is not required
- ✓ **Always** document in objective terms with quotes
- ✗ **Never** confront the suspected abuser
- ✗ **Never** promise confidentiality or secrecy
- ✗ **Never** chart a conclusion ("looks abused") — chart findings