

# Elder Abuse

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## Why Does Abuse Occur?

- Unlike domestic violence, where there is a widely accepted theory of “power and control”, there is no such theory in elder mistreatment.
- It is likely that the characteristics of the caregiver are more important than the characteristics of the care recipient, although both play a role along with contextual factors.

## Vulnerability

- **Emotional**: fear of losing independence, more susceptible to threats
- **Physical**: more difficult to defend oneself
- **Cognitive**
- More **assistance** is required
  - Change in dynamics of relationships
  - More people involved in intimate aspects
- Difficult to **distinguish** when an injury is innocent and when related to abuse

## Child & Elder Differences

- **Death**
  - Unusual/unexpected in kids
  - Common/expected in older adults
- **Autonomy**
  - Not recognized in children
  - Assumed in older adults
- **Social networks**
  - Almost all children are in schools and in some contact with people other than their parents
  - An elder may easily remain isolated

## Child & Elder Differences

- Training
  - Most police officers, health care providers, social workers have received specific training in child abuse
  - Most police officers, health care providers, social workers have received NO training in elder abuse
- Vulnerability
  - Will likely decrease over time for children
  - Will likely increase over time for elders

## Elder Abuse - National Incidence

- 236,000 reports of seniors abused at home
- 50,000 reports of abuse in nursing homes

National Elder Abuse Incidence Study, 1998  
Government Accounting Office, 1998

## Elder Abuse Incidence

**FOR EVERY REPORT OF ABUSE....**

**5 GO UNREPORTED**

National Elder Abuse Incidence Study, 1998

## Prevalence

- 1996: 551,000 cases reported (1.6% of U.S. > 65, non-institutionalized)
- 1988: Boston 'phone survey of > 2,000 elderly; 3.2% reported experiencing abuse
- 1992: Canadian random dial of 2,000 elderly; 4.2 % reported experiencing abuse

## General Categories of Abuse

- Physical Abuse
- Sexual Abuse
- Financial Abuse
- Neglect
- Psychological/Emotional

## Physical Abuse

- Assault, battery, or force likely to produce injury
- Punitive or inappropriate use of physical or chemical restraints
- Deprivation of food or water leading to malnutrition and secondary medical problems

## Examples of Physical Abuse

- Pulling a person's hair
- Slapping/hitting/punching
- Throwing food or water on a person
- Tightening a restraint to cause pain

## Neglect

- Failure of the caregiver to provide appropriate care
  - Food, clothing, and shelter
  - Medical care
  - Personal hygiene
  - Health and safety hazards

## Examples of Neglect

- Person is lying in urine and feces for extended periods of time
- Person develops malnutrition and/or dehydration and/or pressure sores due to lack of appropriate care
- Person is dirty, has elongated nails, is living in filthy environment

Aging is accompanied by changes that make us susceptible to physical and emotional injury.

## Usual and Common Changes

- Integument
  - Thinner epidermis
  - Capillary fragility
- Renal: Decrease in creatinine clearance
- Sensory
  - Presbycusis
  - Macular degeneration, cataracts

## Usual & Common Changes

- Cardiovascular system
  - Higher blood pressure
  - Orthostatic hypotension
- Musculoskeletal system
  - Arthritis
  - Decrease in bone density
- Neurologic
  - Reaction time
  - Memory



## Consequences of These Changes

- Greater susceptibility to illness
- More difficulty in recovering from illness
- Sensitivity to side effects of medication
- Vulnerability to abuse
- More difficult to diagnose abuse

## Red Flags of Possible Mistreatment

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries
- Inconsistent stories
- Sudden change in behavior

## Ask

- Has anyone hurt you?
- Are you afraid of anybody?
- Is anybody threatening you?

## Observations

- Interaction of the alleged victim and perpetrator
- Behavioral indicators of state of mind
  - Withdrawal
  - Fear
  - Confusion

## Interviewing: Special Issues

- Endurance
- Vision
- Hearing
- Cognition

## Clues on Physical Exam

- Sores, bruises, other wounds
- Unkempt appearance
- Poor hygiene
- Malnutrition
- Dehydration

## Brief Mental Status Exams

- DO Test
  - Short term memory
  - Language
  - Concentration
- Do NOT Test
  - Judgment
  - Reasoning
  - Comprehension
  - Capacity to consent unless really good or really bad

Context

## Laboratory Findings (direct and indirect indicators)

- Chemistry panel
  - Malnutrition, Dehydration
  - Electrolyte imbalances
  - Impaired renal (kidney) function
- CBC (complete blood count) with differential
  - Malnutrition
  - Anemia
- Medication levels

## Medications and Abuse

- Overuse
  - Purposefully over-medicating a person
  - Examples: sedation, delirium
- Underuse
  - Purposefully withholding medication
  - Examples: punishment, intimidation/coercion
- Misuse
  - Purposefully using a prescribed medication for an unintended purpose
  - Example: sedation

## Bruising I: Summary of Results

Nearly 90% of the bruises were on extremities.

No bruises on the neck, ears, genitalia, buttocks, or soles of the feet.

Subjects were more likely to know the cause of the bruise if the bruise was on the trunk.

16 bruises were predominately yellow within the first 24 hours of onset.

People on medications that impact coagulation pathways and those with compromised function were more likely to have multiple bruises.

## High Risk Caregiving Situations

- People with inadequately treated mental health and/or substance abuse problems are more likely to be abusive
- People who feel stressed/burdened are more likely to be abusive
- Providing care for an older adult who is physically combative and/or verbally abusive

## What Do Other Data Show?

- In private homes, family members are the most likely perpetrators
- Skilled Nursing Facilities
  - CNAs admit to abusing residents
  - CNAs have witnessed others abusing residents

## Abuse of People with Dementia is...

- a **real** problem
- more common than we may think
- often ongoing for years before being recognized as such
- preventable

## Dementia and Abuse

- May be unable to recognize abuse
- May be unable to report abuse
- May be the perpetrator of abuse
- May not be believed

**ASK THE CAREGIVER**

## Caregiver Study

- Can we predict who is at risk?
- Interviewed 140 dyads at home
- Incidence of abuse by caregiver
  - Psychological 42%
  - Physical 9%
  - Neglect 17%
  - Any 47%



## Medications and Abuse

- Over
  - Using too much medication
  - E.g. opiates
- Under
  - Using inadequate dose or withholding Rx
  - Purposes: threat, convenience
  - E.g. withholding sinemet
- Mis
  - Use a medication for unintended purpose
  - E.g. antipsychotic Rx used to keep someone in a stupor

## The Problem with the Problem

- When does it cross the line?
- Age-related changes
- Family dynamics
- Impaired Capacity
- Mandated roles of multiple agencies
- Lack of coordinated, comprehensive system

## Lessons for Elder Abuse

- What may we learn from others in the family violence community?
- What do we need to be careful about?
- What might we utilize and adapt to serve elders?
- How might we enhance partnerships with Family Justice Centers?

## What Can We Do?

- At home
  - Be willing to admit it's possible
  - Serve on an interdisciplinary team
  - Participate in research and teaching
- Advocacy
  - Elder PEACE
  - Elder Justice Act

# Center of Excellence on Elder Abuse and Neglect

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