

## Older Adult Abuse

Often hidden, abuse inflicted on older people may not be evident in your community. Victims dependent on abusive caretakers may be too frightened or physically or mentally unable to report abuse. Financial abuse may occur without the victim's knowledge.

The National Crime Victimization Survey cannot accurately measure older adult abuse, as it is vastly unreported, and the impaired often cannot report victimization. What is certain, however, is that it is a growing problem. As the average lifespan increases in America, more older people are being subjected to physical, mental, and sexual abuse; neglect; and financial exploitation.

### Older Adult Abuse Defined

Older adult abuse refers to any knowing, intentional, or negligent act by a caregiver or other person that causes harm, serious risk, or death to an older person. The World Health Organization has adopted the following definition: "a single or repeated act, or lack of appropriate action, occurring within relationships where there is an expectation of trust which causes harm or distress to an older person."

Self-neglect is a form of abuse that often stems from diminished mental or physical ability or social isolation. Unwilling or unable to request help, many older people remain in a neglected situation. In fact, a competent older person may have the legal right to refuse assistance.

Passive neglect—a caregiver failing to provide proper nutrition, hygiene, living conditions, or medication—is common, leading to serious health problems or death.

### Abuse Facts

The National Center on Elder Abuse states that, for years, studies found that most abusers were adult children. However, current data shows spouses now to be the most common perpetrators.

A 2009 survey estimated 14.1% of adults age 60 and older experienced physical, psychological, or sexual abuse; neglect; or financial exploitation within the previous year. (Ron Acierno et al., "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study," *Am J Public Health*, 100:2, February 2010)

Research on caregiver and recipient pairs found that, when spouses were caregivers, they were more likely to display abusive behavior when the partner had greater need for care. (Beach, Stott R., et al., "Risk Factors for Potentially Harmful Informal Caregiver Behavior," *J Am Geriatrics Soc*, 53:2, 2005)

Research indicates that a history of potentially traumatic events, including physical or emotional mistreatment, is associated with poor physical health among adults age 60 and older. (Josh M. Cisler et al., "Elder Mistreatment and Physical Health among Older Adults: The South Carolina Elder Mistreatment Study," *J Trauma Stress*, August 2010)

In a study of adults age 57 to 85, 9% reported verbal mistreatment, 3.5% financial mistreatment, and 0.2% physical mistreatment by a family member. Odds of verbal mistreatment were higher for women and those with physical vulnerabilities and were

lower for Latinos than for whites. Odds of financial mistreatment were higher for African Americans and lower for Latinos than for whites and lower for those with a spouse or partner than for those without partners. (“Elder mistreatment in the United States: prevalence estimates from a nationally representative study,” *J Gerontol B Psychol Sci Soc Sci*, 63:4, Jul 2008)

### Older Adult Abuse and Death

A Virginia study reported that, from 1999 to 2007, of the state’s 583 homicide victims age 50 or older, one in four was killed as a result of domestic violence. (Lee, Nicole Lynn, PhD., Virginia Department of Health, *Intimate Partner Homicide: An Analysis of Homicide in Virginia Among Those 50 Years or Older, 1999-2007*)

In 2007, 5.7 of every 100,000 deaths in the United States of people age 65 and older were ruled homicides. (Centers for Disease Control, *National Vital Statistics Reports*, “Deaths: Preliminary Data for 2007,” June 2010)

In a 2009 study of community-dwelling older adults in Chicago, those who had been reported to social services agencies as abuse victims faced an increased risk of mortality compared to those who had not been reported. (XinQi Dong et al., “Elder Self-Neglect and Abuse and Mortality Risk in a Community-dwelling Population,” *J Am Med Assn*; vol. 302, no. 5, 2009)

The use of autopsy is decreasing in the United States. Autopsies are performed in only two percent of older adult deaths. (Centers for Disease Control, *Autopsy Patterns in 2003*, March 2007)

### Types of Caregiver Abuse

- ★ **Physical:** Threats of bodily harm, infliction of physical injury, or deprivation of basic needs.
- ★ **Emotional:** Verbal or nonverbal infliction of mental pain, anguish, or distress.
- ★ **Sexual:** Nonconsensual sexual contact.
- ★ **Exploitation:** Theft, misuse, or concealment of an older adult’s money, property, or assets.
- ★ **Neglect:** Failure to provide an older adult with adequate food, shelter, or health care.
- ★ **Abandonment:** The desertion of an older adult by a caretaker.
- ★ **Isolation:** Cutting off an older adult from friends, family, or activities.

### Know the Warning Signs

Caregivers, family members, social service and health care providers, and law enforcement should learn to recognize the following signs of older adult abuse and neglect.

#### *Caregiver Abuse*

- ★ Bruises, pressure marks, broken bones, abrasions, burns, or untreated injuries in various stages of healing; signs of being restrained (e.g., rope marks on wrists).
- ★ Unexplained withdrawal from routine activities, a sudden shift in alertness, or unusual depression.
- ★ Bruises or bleeding around the breasts, genitals, or anus, or unexplained STDs.
- ★ Bedsores, unattended medical needs, poor hygiene, and abnormal weight loss.
- ★ Extreme hunger or thirst.
- ★ Drug overdose or failure to take a medication regularly (a prescription has more or fewer remaining than it should).
- ★ Behavior such as belittling, threats, and other uses of power and control by caretaker.
- ★ Strained or tense relationships, frequent arguments between a caregiver and an older person.

- ★ Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking).
- ★ Desertion of an older person in a medical facility, shopping center, or other location.
- ★ Broken eyeglasses or frames.

### ***Financial Abuse***

- ★ Sudden changes in financial situation, unexplained disappearance of funds or valuables, or unexplained transfer of assets to a family member or someone outside the family.
- ★ Suspicious changes to wills, power of attorney, titles, policies, or signature cards.
- ★ Overbilling for medical services or charges for medical services not rendered.
- ★ Unpaid or overdue bills when an older person has enough money to pay them.
- ★ Unusual bank account activity (e.g., ATM withdrawals when the account holder is bedridden, online transactions when the account holder does not use a computer).

### ***Self-Neglect***

Most cases reported to Adult Protective Services are due to self-neglect. Self-neglect is often coupled with health factors, lack of a social support group, Alzheimer’s disease or dementia, or drug/alcohol abuse. Signs of self-neglect often include:

- ★ Hoarding.
- ★ Failure to take medications.
- ★ Failure to seek medical treatment.
- ★ Poor personal hygiene.
- ★ Failure to take routine safety precautions (e.g., turn off a stove).
- ★ Inappropriate clothing (e.g., no coat in winter).
- ★ Bewilderment.
- ★ Poor housekeeping.
- ★ Dehydration or malnutrition.

### **Types of Offenders**

Generally, a combination of psychological, social, and economic factors, along with the mental and physical state of the victim and the abuser, contribute to elder maltreatment. Below are four typical abuser profiles:

- ★ **Well-intended, normally competent:** Overwhelmed, highly stressed, with limited resources.
- ★ **Well-intended, impaired:** May have chronic or cyclical impairments.
- ★ **Narcissistic:** Self-centered, exclusive interest in his or her own needs.
- ★ **Abusive:** Chronically angry, unhappy, critical, and feels justified in abuse.
- ★ **Sadistic:** Derives a sense of power from controlling and inflicting pain on others.

### **Preventing and Reporting Abuse**

Everyone, including friends, family members, health care providers, in-home service providers (e.g., meal delivery services), law enforcement, and other community members, plays a role in preventing and reporting older adult abuse.

Isolation is a risk factor for older adult abuse and neglect. Friends and family members can commit to regular visits or invite older relatives or neighbors to participate in outside activities

(e.g., sporting events, church socials). Individuals can also volunteer with organizations such as Triad to educate the community about older adult abuse.

Law enforcement agencies can help establish and become involved with Triad. Many agencies also offer call programs—regular phone calls or visits to check up on vulnerable older adults. Law enforcement officers and deputies should be trained to recognize and investigate the signs of potential abuse and neglect. The National Sheriffs' Association has published a guidebook, *First Response to Victims of Crime*, which provides tips for law enforcement personnel who deal with older crime victims.

Physicians, pharmacists, and other health care providers who serve older patients should be alert for physical signs of abuse, as well as for changes to patients' cognitive abilities. These providers should know how to refer and report suspected cases of abuse to the proper authorities.

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### Resources

#### **Clearinghouse on Abuse and Neglect of the Elderly**

cane-ud@udel.edu  
www.cane.udel.edu

#### **Elder Justice: Stronger Federal Leadership Could Enhance National Response to Elder Abuse**

U.S. Government Accountability Office  
<http://aging.senate.gov/events/hr230kb2.pdf>

#### **Eldercare Locator**

U.S. Administration on Aging  
(800) 677-1116  
www.eldercare.gov

#### **International Network for the Prevention of Elder Abuse**

2800 515 W Hasting Street  
Vancouver, Canada V6B 5K3  
(778) 782-5063  
www.inpea.net

#### **National Adult Protective Services Association**

920 S Spring Street, Suite 1200  
Springfield, IL 62704  
(217) 523-4431  
www.apsnetwork.org

#### **National Association of Triads, Inc.**

1450 Duke Street  
Alexandria, VA 22314  
(703) 836-7827  
nati@sheriffs.org  
www.nationaltriad.org

#### **National Center on Elder Abuse c/o Center for Community Research and Services**

University of Delaware  
297 Graham Hall  
Newark, DE 19716  
(302) 831-3525  
nea-info@aoa.hhs.gov  
www.ncea.aoa.gov

#### **National Committee for the Prevention of Elder Abuse**

1612 K Street, NW, Suite 400  
Washington, DC 20006  
(202) 682-4140  
info@preventelderabuse.org  
www.preventelderabuse.org

#### **National Domestic Violence Hotline**

(800) 799-7233 (SAFE)  
TTY: (800) 787-3224  
ADWAS@ndvh.org  
www.thehotline.org