Elder Abuse

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Why is elder abuse rarely reported to authorities?

Fear

•Fear of retaliation by the abuser

•Fear of not being believed

•Fear of being institutionalized, or separated from family and familiar things

•Fear of the criminal justice system

•Fear of loneliness

Protect the abuser

•Adult children are often the abusers, and because of the guilt and shame in being abused by one's own children, the abuse is not reported.

Social isolation

•An isolated older victim may not know how or where to seek help. Older adults often live alone, or with family members and don't interact with others in the community.

Self-blame and/or denial

•Many victims do not seek help because they either blame themselves for the abuse, or they tolerate and accept the abuse.

Inability to report

•Mental impairments: dementia, or Alzheimer's disease, cause memory loss, and in the later stages of these illnesses people lose the ability to communicate effectively.

•Physical impairments: strokes can affect the ability to communicate and report abuse, and because of other physical impairments, victims cannot get to the phone or leave the home to get help.

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Possible causes of elder abuse

Elder abuse is an extremely complex problem. Below is a simple listing of some of the possible factors that cause elder abuse.

•Caregiver stress: Individuals who do not have the necessary skills or resources and who aren't prepared to be a caregiver may experience stress which may lead to elder abuse.

•Dependency or impairment of older adults: Individuals in poor health are more likely to be abused than those who are in relatively good health. Caregivers who are financially dependent on the older adult are also more likely to abuse.

•External stress: The same things that cause child abuse and spousal abuse can also cause elder abuse: financial problems, job stress, family problems, etc.

•Social isolation: Again, the same social isolation that produces child and spousal abuse can also cause elder abuse. Social isolation is both an indicator of potential abuse as well as a potential contributing cause.

•Intergenerational violence: When violence is learned as a form of acceptable behavior in childhood, that child now in the role of caregiver is simply returning the abuse they suffered.

•Personal problems of the abuser: Caregivers who have such problems as alcoholism, substance abuse or behavior health problems are more likely to become an abuser than those who don't have such problems.

How can you tell if an older adult needs help?

It may be difficult to tell whether abuse or neglect is occurring. In general, look for changes in the person's overall behavior or habits. Take into consideration how and what the person is communicating, what their economic conditions are, signs of their emotional health, their physical limitations, their personal appearance and the condition of their home and surroundings.

It may be even more difficult to get the victim of abuse or neglect to talk about it. Abuse may be hidden by isolation or disguised by what seems to be a normal home setting. It is important to remember that abuse can occur in any situation.

Types of elder abuse and the warning signs

Elder abuse is not just as simple (and horrible) as hitting an older person. It is carried out in many ways besides physical pain or injury. It is important to know that elder abuse is exhibited in many ways. Many elder abuse victims are subjected to multiple types of abuse.

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The following descriptions may not necessarily be proof of abuse, neglect, or exploitation, but may be clues that a problem exists and that a report needs to be made to law enforcement or Adult Protective Services.

Physical Abuse: the intentional infliction of physical pain or injury, injury caused by criminally negligent acts or omissions and/or unlawful imprisonment or use of physical restraints that result in physical pain or impairment

Warning signs:

•Unexplained bruises, welts, sores, cuts or abrasions in places they would normally not be expected

•Bruising and other injuries may be in different stages of healing

•Bruising or other markings reflect the shape of the objects used to inflict the injuries such as electrical cord or belt buckles

•Bruising on upper arms from shaking

•Fractures in different stages of healing

•Cigar and cigarette burns

•Rope burns on arms/wrists, legs/ankles from improperly tying or bandaging the elderly victim

•Injury that has not been cared for properly

•Injury that is inconsistent with explanation for its cause

•Pain from touching

•Dehydration or malnutrition without illness-related cause

•Poor coloration

•Sunken eyes or cheeks

•Inappropriate administration of medication

•Soiled clothing or bed

•A history of doctor or emergency room "shopping"

•Lack of personal effects, pleasant living environment, personal items

•Forced isolation

•Repeated time lags between the time of any "injury or fall" and medical treatment

•Fear

•Non-responsiveness, resignation, ambivalence

•Contradictory statements, implausible stories

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•Hesitation to talk openly

•Confusion or disorientation

Sexual Abuse: non-consensual sexual contact of any kind with an older adult

Warning signs:

•Unexplained genital infections or sexually transmitted diseases

•Torn or bloody underclothes

•Difficulty walking or sitting

•Victim is withdrawn, shameful, anxious and fears touching

Psychological/Emotional Abuse: infliction of mental pain, anguish, or distress through verbal or nonverbal acts such as name calling, insulting, ignoring, threatening, isolating, demeaning and controlling behavior

Warning signs:

•Fearful of speaking for oneself in the presence of caretaker

•Trembling, clinging, cowering, lack of eye contact

•Anxious to please

•Eating disorders

•Self medication with alcohol or prescription medications

•Depression

•Agitation

•Withdrawal

•Anger

•Low self-esteem

Financial Abuse/Exploitation: the illegal or improper use of an incapacitated or vulnerable adult or his/her resources for another's profit or advantage

Warning signs:

•Accompanied by a stranger to the bank who encourages them to withdraw large amounts of cash

•Accompanied by a family member or other person who seems to coerce them into making transactions

•Unusual banking activity such as large withdrawals during a short time period, switching from one bank to another, ATM activity by a homebound older adult

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•Older adult not allowed to speak for themselves or make decisions

•Implausible explanation about what they are doing with their money

•Concerned or confused about "missing" funds from their accounts

•Neglect of needs or receiving insufficient care to meet their needs

•Isolated from others, even family members

•Unable to remember financial transactions or signing paperwork

•Frequent expensive gifts from elder to caregiver

•Older adult's personal belongings, papers and credit cards are missing

•Numerous unpaid bills

•A recently written will when person seems incapable of writing will

•Bank and credit card statements no longer come to the older adult

•Caregiver's name added to bank account

•Older adult unaware of monthly income

•Older adult signs on loan

•Frequent checks made out to 'cash'

•Unusual activity in bank account

•Irregularities on tax return

•Older adult unaware of reason for appointment with banker or attorney

•Caregiver's refusal to spend money on older adult

•Signatures on checks or legal documents that do not resemble older adult's

Neglect: a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health

Warning signs:

•Bedsores (pressure sores)

•Unkempt, dirty, body odor, feces on body

•Clothing is insufficient or inappropriate for the weather

•Fleas & lice on individual

•Malnourished & dehydrated

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•Little or no food available

•Soiled or urine soaked bedding

•Unsanitary/unsafe living conditions

•Indications of unusual confinement

•Improper use of medication

•Victim appears detached, unresponsive, helpless

Characteristics of victims

•Majority are 75+ years of age, average age is 78

•Two-thirds are female

•Have one or more physical or mental impairments

•Often widowed or divorced and socially isolated

•Usually live with the abuser

•If victims live alone, they fear being institutionalized

•Inexperienced in handling financial matters

Warning signs of abuse by caregiver

•Prevents older adult from speaking to or seeing visitors

•Threatening remarks and/or behavior

•Anger, insults, indifference, aggressive behavior toward older adult

•History of substance abuse, mental illness, criminal behavior, or family violence

•Withholds attention and affection from older adult

•Flirtation or coyness as possible indicator of inappropriate sexual relationship

•Conflicting accounts of incidents

•Talks of older adult as a burden

•Unusual fatigue, depression

Characteristics of abusers

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•They are most often loved ones or persons in positions of trust. They are often the victim's sole or primary care provider

•90% of abusers are known to the victim, more than two-thirds are relatives of the victim

•May be socially isolated, possibly substance or alcohol abusers with poor employment records

•May be forced to provide care, and are unprepared for the responsibility and related stress

•May resent being responsible for the well being of the person or retaliating against the older relative for past mistreatment

•May lack basic feelings for the person for whom they are caring

•May be financially or emotionally dependent on the older adult

•May have a history of family abuse

•Abusers are evenly split between male (48%) and female (52%)

Self-Neglect

The Public Policy Institute of AARP estimates that self-neglect represents 40% to 50% of cases reported to Adult Protective Services. Other studies put the number as high as two thirds of neglect cases. In fact, self-neglect may be the most common form of neglect among older adults.

Self-neglect occurs when older adults, by choice or by lack of awareness, live in ways that are harmful to themselves. They may be unwilling or unable to perform essential self-care tasks such as providing food and clothing, getting the right medical care, maintaining personal hygiene or managing financial affairs. There are a number of potential factors that lead to self-neglect:

•Dementia

•Illness, malnutrition, and overmedication

•Depression

•Substance abuse

•Poverty

•Isolation

How can you help?

Study the warning signs of the types of abuse and share this information with friends, relatives, and neighbors.

How do you talk to a person you think is abused or neglected?

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1. Establish trust/rapport

2. Get a general narrative of what happened

3. Get more specifics on what happened

4. Close with "friendly" conversation

The first step to an effective interview is to establish a trusting relationship with the victim. The victim is more apt to talk with you if they are comfortable with you and feel that you are being supportive. If this is your first meeting with the victim, start the conversation by talking about common interests or general topics to help make them more comfortable.

The next step is to gather information. Your initial questions should be broad and open-ended to encourage a free-flow narrative response. For example "I see you have a bruise, tell me what happened" or "Tell me more about your daughter and your checking account." It's best to limit your interruptions while the victim is talking to give the victim a chance to "open up." If the victim is reluctant to answer your broad questions, you can ask more direct questions that can be answered with short or one-word answers. You can also use direct questions to clarify the information given in the narrative. Do not move into interrogative questioning at this point. Don't challenge the victim's truthfulness or probe too intensively. Your role is simply to gather enough information to make a report. The police and/or APS will conduct a more detailed investigation of the abuse or neglect.

At some point, it may also be helpful for you to explain to the victim the benefits of cooperation (for example, they don't deserve this abuse, they deserve respect, they are not alone, there are services available to help them and the abuser).

As you conclude the conversation talk about issues not related to the abuse (such as their home, pets, décor etc.). This will close out the interview on a friendly note and help to reinforce the trusting relationship.

The following suggestions make it easier to talk about abuse with someone who may be experiencing abuse or neglect.

•Include yourself: "I am really concerned about you…"

•Show sensitivity to their feelings: "I know it is very hard to talk about such personal matters…"

•Be specific: "I haven't seen you in over a week and today I noticed a bruise on your face…"

•Be non-judgmental and non-threatening: "This is nothing you should be ashamed of or embarrassed about…"

•Respect the older adult's right to make their own decisions in their own time.

•Empower the older adult to take responsibility and action.

•Help the older adult find the professional help and social services he or she needs.

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Who should report elder abuse or neglect?

Abused seniors are silent victims. They are usually unable to report the abuse and can remain isolated for long periods of times. If you know or suspect that an older adult is being abused or severely neglected, you must take action.

Everyone who sees elder abuse or neglect should report it. Elder abuse is a crime and it should be reported and stopped. What happens in another's home is everybody's business when it involves elder abuse. No one should be reluctant to report evidence of elder abuse, no matter who is doing it!

Law mandates that certain professionals report abuse, neglect, or exploitation if they have a basis to believe it has occurred. Those professionals include: physicians, hospital interns or residents, surgeons, dentists, psychologists, social workers, peace officers, guardians, conservators or other individual who have responsibility for the care of an incapacitated or vulnerable adult.

An attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of an incapacitated or vulnerable adult or a person who has responsibility for any other action concerning the use or preservation of the incapacitated or vulnerable adult's property and who, in the course of fulfilling that responsibility, discovers a reasonable basis to believe that exploitation of the adult's property has occurred or that abuse or neglect of the adult has occurred also is mandated to report the abuse, neglect, or exploitation.

What if I am not sure there is elder abuse or neglect?

It is better to be safe than sorry. The first thing you can do is to reach out to that person and let them know you want to help them. You then need to report the abuse or neglect to the agencies and authorities that can help the victim.

The professional staff at Adult Protective Services (APS) can determine if what you suspect is elder abuse or neglect is in fact elder abuse and neglect. It is not about interfering in another person's life. It is about helping someone who may be in desperate need of help. That help is just a phone call away, twenty-four hours a day, seven days a week.

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