

# Elder Mistreatment

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## 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

## Ethical Dilemmas in Abuse

- Does a person have a right to remain in an abusive situation?
  - What if they are demented?
  - How demented do they need to be to take away this right?
- Do the motivations of a neglectful caregiver matter?
  - Money
  - Ignorance
  - Incapacity

## 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

## Prevalence: U.S.A.

- 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

When does bad care become neglect?

### The Medical View



**neglect**

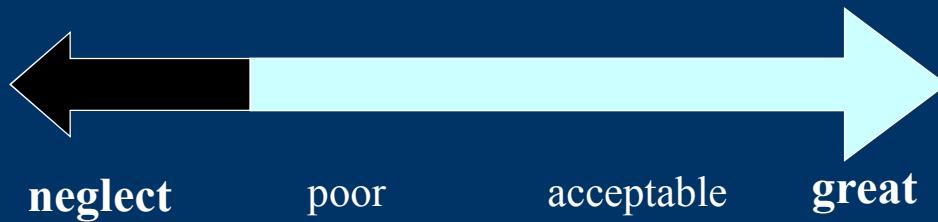
poor

acceptable

**great**

When does bad care become neglect?

### The Criminal Justice View



### The Challenge in Elders

- Normal changes of aging
  - Multiple co-morbidities
- Medication effects
  - Cognitive impairment

## Red Flags of Possible Mistreatment

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

## Clues on Physical Exam

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

## The Importance of Context

- All bruises are due to the same thing: a blood vessel ruptures and blood extravasates into the surrounding tissue
- All pressure sores are due to the same thing: there's inadequate blood supply to maintain perfusion of the tissues
- All fractures are due to the same thing: an external force greater than the strength of the bone was applied.

## Context (cont'd)

- We must try to figure out **why** these things happened
- Most of the time, understanding the context is key to making a determination

## Research efforts

### Completed studies

- Forensics of bruising associated with physical elder abuse
- Factors associated with abuse of elders with dementia by their caregivers
- Examination of California APS data

## Research efforts (cont.)

### Ongoing Studies

- Development of a survey for detecting perpetrated abuse
- Memory for emotional events in people with dementia
- Pressure sores: risk factors, development

## Research efforts (cont.)

### Recently awarded

- Coroner investigations of suspicious elder deaths
- Abuse in people with Multiple Sclerosis

## Caregiver Research 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%

## Care Recipient Characteristics

- Dependent
- Dementia
- Physically aggressive
- Verbally abusive

## Caregiver Characteristics

- Mental Illness
- Substance Abuse
- Perceived stress

## Psychological Abuse Predictors

- **Caregiver Characteristics**
  - Lower education
  - Lives with patient
  - Long duration of caregiving (>2 years)
  - Felt they had a poor emotional status and had role limitations in activities and/or work as a result
  - Reported feeling burdened by the patient's behaviors (total NPI)
  - Depressive symptoms
  - High anxiety
- **Patient Characteristics**
  - Lower income
  - Physical assault toward caregiver
  - Psychological aggression toward caregiver

Predictors statistically significant at  $p < .05$

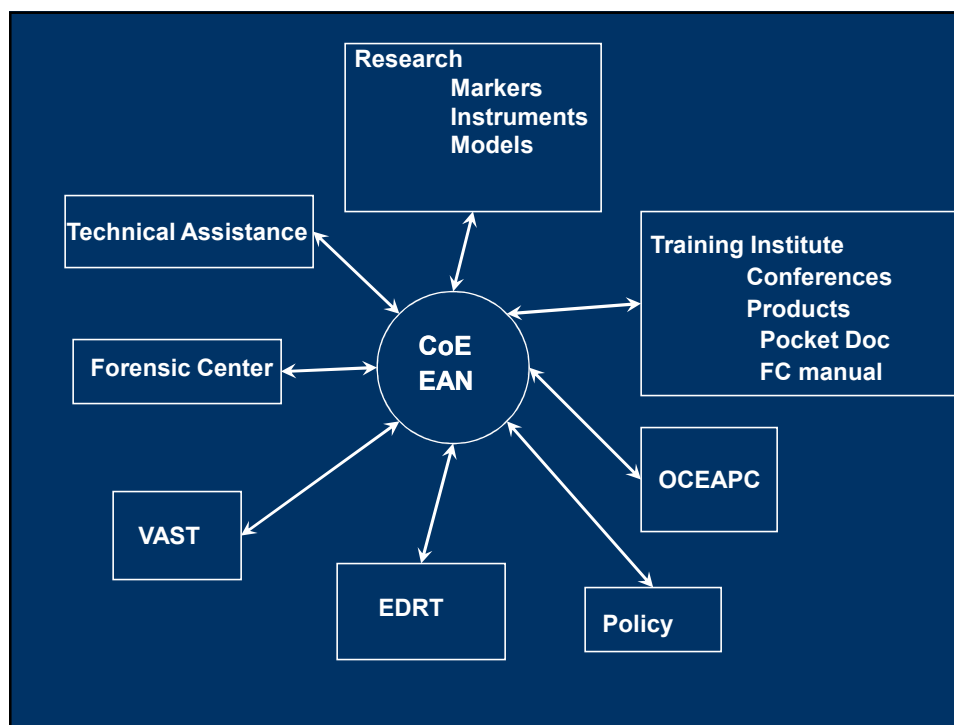
## Neglect Predictors

- **Caregiver Characteristics:**
  - Fewer social contacts
- **Patient Characteristics:**
  - Fewer social contacts
  - Lower education
  - Psychological aggression toward caregiver

Predictors statistically significant at  $p < .05$

## 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



## 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

## Forensic Center

- Adult Protective Services
- Office of the District Attorney
- Sheriff's Department
- U.C.I. Program in Geriatrics (VAST)
- Public Administrator/Public Guardian
- Community Service Programs
- Long-Term Care Ombudsman
- Older Adult Services (mental health)
- Human Options (d.v.)

## The Operation

- Informal Interaction
- Multi-Agency Care Review Meetings
- In-Home Medical and Mental Assessment Evaluations

## Forensic Center Services

- Team Case Review
  - Formal case reviews occur biweekly
  - Informal consultations occur daily
- In-home evaluations
- Record review
- Consultation/guidance in other counties

## Outgrowths

- Elder Death Review Team (EDRT)
- O.C. Elder Abuse Prevention Coalition
- Research
- Training/Education
  - POST
  - Primary care residents
- Changes in the system

## Children: Treatment for Victims

- Emergent/urgent medical treatment
- Strategies to deal with parent
- Shelters/foster homes
- Mental health counseling/specialized programs

## Children: Treatment for Offenders

- Relaxation techniques
- Problem-solving methods
- Stress management
- Anger management
- Child-rearing skills

## Children: Prevention Programs

- Supporting parents prior to or as close to birth as possible
- Services need to be tied to the child's specific developmental level
- Modeling interactions/discipline methods is important
- Changing attitudes and strengthening parenting skills takes time (more than 6 months)

## Children: A Belief

Reporting should be guided by an ethical and moral responsibility to serve children rather than personal bias, state mandates, lack of confidence in agencies, or fear of court or legal actions.

## Lessons for Elder Abuse

- What may we borrow from others in the family violence community?
- What do we need to be careful about?
- What might we utilize and adapt to serve elders?

## These are tough issues and we need to be cautious

- Don't want to accuse unfairly
- Don't want to miss an abusive situation and fail to protect a vulnerable person
- We need to ask the right questions and listen with a critical ear to explanations

## What Can We Do?

- At home
  - Be willing to admit it's possible
  - Serve on an interdisciplinary team
  - Participate in practice, research and teaching
- Advocacy
  - Elder PEACE
  - Elder Justice Act
- Don't give up!

Center of Excellence on  
Elder Abuse and Neglect

[www.centeronelderabuse.org](http://www.centeronelderabuse.org)