Wilma L. West Library Resource Notes

Elder Abuse

April 2002

As I often do when creating a Resource Note, I stopped first at **MEDLINEplus**, and just entered "elder abuse" in the search box. The first item on the page was "Report: Elderly Are Abused, Ignored, Denied Rights," by Patricia Reaney, Reuters Health, Monday, April 8, 2002.
The United Nations is quoted as estimating that by 2050, there will be close to 2 billion persons over age 60 around the globe, but governments and international organizations are not making the needed plans to accommodate the needs of this group. Discussion of this impending crisis is on the agenda of the **Second World Assembly on Aging**, happening April 8 –12, 2002 in Madrid, Spain.

In 1998, the Administration on Aging published the final report of its "National Elder Abuse Incidence Study." "This first-ever National Elder Abuse Incidence Study brings a severely under-reported problem out of the shadows. This study estimates that at least one-half million older persons in domestic settings were abused and/or neglected, or experienced self neglect during 1996 and that for every reported incident of elder abuse, neglect or self neglect, approximately five go unreported."

Here is a list of the warning signs of elder abuse to assist in recognizing possible victims. It was copied on April 9, 2002 from the web site of the **Tennessee Bureau of Investigation**.

Warning Signs:

In many cases, an abused or neglected person is totally dependent on the abuser and is afraid to complain for fear of reprisal. It is especially important, therefore, that other people watch for these warning signs and call law enforcement if they appear:

Physical Abuse
- Frequent unexplained injuries or complaints of pain without obvious injury
- Burns or bruises suggesting the use of instruments, cigarettes, etc.
- Passive, withdrawn and emotionless behavior
- Lack or reaction to pain
- Injuries that appear after the person has not been seen for several days
- Reports of physical abuse

Sexual Abuse
- Sexually transmitted diseases
- Injury to the genital area
- Difficulty in sitting or walking
- Fear of being alone with caretakers

- Reports of sexual assault

Neglect

- Obvious malnutrition
- Lack of personal cleanliness
- Habitually dressed in torn or dirty clothes
- Obvious fatigue and listlessness
- Begs for food
- In need of medical or dental care
- Left unattended for long periods
- Reports neglect

All of us have vulnerable family members, friends, and neighbors who may need our help and our courage to follow through.

The American Association for Retired Persons, AARP, has a Fact Sheet directed at the elderly to help in preventing elder abuse. The information is clear and non-threatening. Download a copy to give to an elderly person in your life.

As in past Resource Notes, I am including a list of journal articles to assist you in gathering information on the topic. The first three were published in occupational therapy journals, and the remaining is a selection of recent articles from a search of MEDLINE/PubMed.

References:

1. Hasselkus, B.R. (1991). Ethical dilemmas in family caregiving for the elderly: implications for occupational therapy. American Journal of Occupational Therapy, 45(3), 206-12

ABSTRACT: An analysis of 60 ethnographic interviews with family caregivers for frail community-based elderly persons has suggested that ethical dilemmas are an important organizing framework for family caregiving. The present paper explores this conjecture as it relates to the practice of occupational therapy with older clients and their families. Major themes of ethical dilemmas in family caregiving, as derived from the ethnographic data, are described. Verbatim interview data are presented to illustrate the close ties between caregiving activity and the caregiver's ethical convictions. Occupational therapists are encouraged to seek understanding of their clients' ethical beliefs in order to maximize the potential for a therapeutic relationship built on mutual understanding and partnership.

2. Holland, L.R., Kasraian, K.R. & Leonardelli, C.A. (1987). Elder abuse: An analysis of the current problem and potential role of the rehabilitation professional. Physical & Occupational Therapy in Geriatrics, 5(3), 41-50.

ABSTRACT: The detection, treatment and prevention of elder abuse, although of concern to health care professionals, have not received over the past several years the attention it merits. While social service and health care dollars for elders decline or are redistributed, elder abuse may be on the upswing. As physical and occupational therapists move into home health care settings they are in opportune positions to detect instances of elder abuse and facilitate remedial or preventive services. This article reviews the current problem of elder abuse and describes some roles for the allied health professional in addressing the need.

3. Stancliff, B.L. (1997). Recognizing Elder Abuse. OT Practice, 2(10), 22

4. Ayres, M.M. & Woodtli, A. (2001). Concept analysis: abuse of aging caregivers by elderly care recipients. Journal of Advanced Nursing, 35(3), 326-34.
ABSTRACT: PURPOSE: The purpose of this article is to clarify the concept of abuse within the context of aging women who are at risk for or experiencing physical or emotional injury inflicted by elderly family members for whom they provide care. BACKGROUND: The study of abuse of aging individuals in family caregiving situations has traditionally focused on abuse of the dependent care receiver. However, evidence supports the health risks related to abuse of aging caregivers as well. Women, usually spouses, daughters, or daughters-in-law, most frequently assume the caregiver role. METHODS: A modification of the strategies for concept analysis proposed by Walker and Avant (1995) is used to clarify the concept of caregiver abuse. Searches of the professional literature reveal that caregiver abuse is rarely addressed; therefore, the broader concept of elder abuse is reviewed and then placed within the general context of family caregiving. Audiotapes of the first session of a community based intervention research study entitled Intervention for the Abuse of Ageing Caregivers (Phillips et al., NIH Grant
No. R01 DA-AG11155-01, 1996), in which ageing women caregivers described abusive caregiving situations, were analyzed qualitatively using the principles of concept analysis. The audiotapes serve as a second source of data for the concept analysis process. FINDINGS: Antecedents, defining characteristics, and consequences of abuse of ageing caregivers were identified through the process of concept analysis. Model, contrary, and borderline cases are presented to illustrate the findings. CONCLUSIONS: Findings supported the need for awareness that ageing caregivers can be placed at risk by verbally and physically abusive behaviors of the elders for whom they provide care. Use of the term 'abuse' by health care professionals has potentially negative consequences for identification and intervention in cases of potential or actual caregiver abuse.

5. Harrell, R., Toronjo, C.H., McLaughlin, J., Pavlik, V.N., Hyman, D.J. & Dyer, C.B. (2002). How geriatricians identify elder abuse and neglect. American Journal of Medical Science, 323(1), 34-8.

ABSTRACT: BACKGROUND: Up to 2 million elderly persons are abused or neglected in the United States each year. Although elderly patients see their physicians an average of five times per year, physicians make only a small percentage of reports to Adult Protective Services (APS) agencies. The purpose of this study was to learn how practicing geriatricians define, diagnose, and address abuse and neglect to provide some guidance to the busy general internist regarding this complex issue. METHODS: Ten local geriatricians were interviewed with a standardized set of open-ended questions. A team analyzed the verbatim transcriptions using both quantitative and qualitative methods. RESULTS: The average number of cases diagnosed per year was 8.7 (range, 2-20). The geriatricians were fairly consistent in their definitions of elder abuse and neglect and how they diagnosed it through the history and physical exam. The most common findings in the history were rapport between the patient and caregiver, medical noncompliance, activities of daily living and instrumental activities of daily living assessments, and loss of social activities. The most common findings on the physical exam were bruising/trauma, general appearance/hygiene, malnutrition, and dehydration. CONCLUSIONS: The geriatricians emphasized keeping the diagnosis of abuse and neglect in mind for every patient. A variety of interventions were employed by physicians and ranged from automatically calling APS on each case to addressing cases through work with an interdisciplinary geriatrics team.

6. Jogerst, G.J., Dawson, J.D., Hartz, A.J., Ely, J.W. & Schweitzer, L.A. (2000). Community characteristics associated with elder abuse. Journal of the American Geriatrics Society, 48(5), 513-8.

ABSTRACT: OBJECTIVES: To help define the relationship between elder abuse rates and counties' demographics, healthcare resources, and social service characteristics. DESIGN: County-level data from Iowa were analyzed to test the association between county characteristics and rates of elder abuse between 1984 and 1993 using univariate correlation analysis and stagewise linear regression. SETTING: Ninety-nine counties in Iowa. PARTICIPANTS: Iowa residents aged 65 years and older. MEASUREMENTS: County-level population-adjusted numbers of abused elderly, abused children, children in poverty, high school dropouts, physicians and other healthcare providers, hospital beds, social workers and caseworkers in the Department of Human Services (DHS). RESULTS: Community characteristics that had a positive association with rates of reported or substantiated elder abuse at the $P < .001$ level were population density, children in poverty, and reported child abuse. Lower substantiated elder abuse rates were associated at $P < .05$ with higher community rates of high school dropouts, number of chiropractors, and number of nurse practitioners. After adjusting for number of DHS caseworkers and reported child abuse rates (a surrogate for workload) a district effect persists for substantiated elder abuse cases ($P = .002$). CONCLUSION: County demographics are risk factors for reported and substantiated elder abuse. The strongest risk factor for reported elder abuse was reported child abuse. The difference in districts may reflect differences in resources and/or differing characteristics of caseworkers who substantiate elder abuse. The risk factors may reflect conditions that influence the amount of elder abuse or the detection of existing elder abuse.

7. Marshall, C.E., Benton, D. & Brazier, J.M. (2000). Elder abuse. Using clinical tools to identify clues of mistreatment. Geriatrics, 55(2), 42-4, 47-50, 53.

ABSTRACT: Elder abuse occurs most commonly in residential rather than institutional settings, and the most likely perpetrators are known by the victim. Although a defined set of risk factors has not been developed, careful questioning and assessment can help determine whether a patient is at increased risk. The common types of elder maltreatment include caregiver and self-neglect, emotional and psychological abuse, fiduciary exploitation, and physical abuse. Assessment consists of comprehensive physical examination, including scrutiny of the musculoskeletal and genitourinary systems, neurological and cognitive testing and detailed social and sexual histories. Clues that cannot be explained medically may signal elder abuse. To properly intervene, clinicians should be familiar with state laws governing reporting procedures and patient privacy.

8. Ortmann, C., Fechner. G., Bajanowski, T. & Brinkmann, B. (2001). Fatal neglect of the elderly. International Journal of Legal Medicine, 114(3), 191-3.

ABSTRACT: Maltreatment of the elderly is a common problem that affects more than 3% of the elderly. We report on two cases of fatal neglect. Risk factors of victims and caregivers were analyzed in the context of the social history. In both cases, the victims had a dominant personality and the abusers (the sons) had been strictly controlled and formed by the parent. The victims showed typical risk factors such as living together with the abuser, isolation, dependence on care, income and money administration. Initially, the victims declined help from outside and self-neglect occurred. The unemployed perpetrators lived in social isolation and depended financially and mentally on the victims. In both cases no mental illness was present

but there was a decrease of social competence. Legal medicine is predominantly involved in fatal cases in connection with external post-mortem examinations and autopsies. Also in the living, the medico-legal expert can assist in the identification of findings in elderly persons in cases of suspected abuse.

9. Reay, A.M. & Browne, K.D. (2001). Risk factor characteristics in carers who physically abuse or neglect their elderly dependants. Aging & Mental Health, 5(1), 56-62.

ABSTRACT: This study investigates the prevalence of, and differences in, risk factor characteristics in a sample of two select populations of carers, one of which physically abused their elderly dependants and one of which neglected them. Nineteen carers (nine who had physically abused and 10 who had neglected their elderly relatives), who were referred to clinical psychology by either their general practitioner or their psychiatrist, were invited to take part in this study. A detailed history of risk factors was obtained, including history of alcohol dependency, type and history of mental ill health, history of maltreatment earlier in life, who they were caring for, how long they had been a
carer and whether they felt isolated as a carer. Subjects were then given five assessments to determine whether there were any differences between the two groups. These were the Conflict Tactic Scale, Strain Scale, Beck Depression Inventory, Beck Anxiety Inventory and Cost of Care Index. An
examination of the risk factors suggests that heavy alcohol consumption and past childhood abuse by fathers were likely to lead to physical abuse. Significantly higher conflict and depression scores were also present in the physical abuse group, while the neglect group had significantly higher anxiety scores. It is suggested that these findings should be incorporated into an assessment of future risk of abuse or neglect by the carer.

10. Schiamberg, L.B. & Gans, D.M. (2000). Elder abuse by adult children: an applied ecological framework for understanding contextual risk factors and the intergenerational character of quality of life. International Journal of Aging & Human Development, 50(4), 329-59.

ABSTRACT: Elder abuse in family settings has increased in recent years for a variety of reasons, including the increasing proportion of older adults in the total population, the related increase in chronic disabling diseases, and the increasing involvement of families in caregiving relationships with elders. Future trends indicate not only continued growth of the older population but suggest, as well, an increased demand for family caregiving which may, in turn, be accompanied by increasing rates of elder abuse. It is important to consider issues associated with such caregiving and elder abuse in families from an ecological perspective as a basis both for framing conceptually relevant and effective prevention strategies as well as for understanding the specific character of the broader issue of the intergenerational nature of the quality of life in an aging society. Using an applied ecological model, the article focuses on the contextual
risk factors of elder abuse. Specifically, five levels of environment--microsystem, mesosystem, exosystem, macrosystem, and chronosystem--will be utilized to organize and interpret existing research on the risk factors associated with elder abuse (Bronfenbrenner, 1979, 1986, 1997). The configuration of the risk factors provides a useful framework for understanding the intergenerational character of the quality of life for older adults, for developing recommendations for empirically-based action research, and for the development of community-based prevention and intervention strategies. The application of a contextual perspective to the development of intervention and prevention programs will be addressed, the latter in relation to primary, secondary, and tertiary prevention.

Compiled by Mary Binderman, MLS
Director of Information Resources
The American Occupational Therapy Foundation
Bethesda, MD.

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