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ELDER CARE

A Resource for Providers



Elder Abuse

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As the older adult population rapidly continues to grow, there has been a commensurate rise in the incidence of elder abuse and neglect. The National Academy of Sciences defines elder abuse as “either harm to a vulnerable elder that occurs because of an intentional act by a caregiver who has a trust relationship with the elder, or failure of a caregiver to satisfy an elder’s basic needs or protect the elder from harm.” Within these definitions, there are four basic types of elder abuse.

The first type is actual physical abuse of elders, which can include both physical injury or sexual assault. The second is psychological mistreatment, which occurs when a caregiver acts to cause emotional pain or injury through humiliation or intimidation, often in an attempt to exert control over the elder. Material exploitation is the third type of abuse, and involves misuse of an elderly person’s property or money for benefit of the caregiver or family member, rather than for care of the elder. The fourth is neglect, which is failure of a caregiver to meet the elder person’s needs, such as food, medicine, bathroom assistance, and other support.

Who is at Risk for Elder Abuse?

Risk factors for elder abuse are well

known. Those over age 75 are at risk, especially if they are physically frail or have dementia. Typically, women are at much higher risk of abuse compared with men, with only about 6% victims being male. People who live alone are at lower risk for physical or psychological abuse than those in shared living situations. Financial exploitation, however, occurs more commonly in isolated living environments. Poverty and caregiver unemployment further increase risk for financial exploitation. Finally, rates of abuse are higher when caregivers have histories of drug or alcohol problems, mental illness, or come from families with a history of domestic violence.

Screening for Elder Abuse

The US Preventive Services Task Force has studied the value of routine screening for elder abuse, and concluded that there is insufficient evidence to recommend for or against such screening.

Despite the absence of recommendations for routine screening, certain clinical indicators and physical signs should make clinicians consider the possibility of elder abuse. The most obvious signs relate to physical injury, but elder abuse should also be considered in other circumstances as outlined on the next page.

When abuse is suspected, the social service department should be notified immediately. Physical abuse, however, also requires notification of law enforcement. Health care providers must protect elders from abuse—and know how to proceed.

Types and Incidence of Abuse

Neglect	46%
Material Exploitation	22%
Psychological	22%
Physical	16%

Reported by the National Indian Council on Aging, 2004.

Classic Findings of Physical Elder Abuse

Unexplained injuries
 Burns with a stocking or glove distribution
 Burns or bruises with the shape of a specific object
 Bruises on the breast or genital areas
 Welts (such as from a belt)

ELDER ABUSE HOTLINES

Adult Protective Services (APS)
 Adult Abuse 24 Hour Hotline:

1-877-SOS- ADULT

(1-877-767-2385)

TDD: 1-877-815-8390

Inter Tribal Council of Arizona, Inc.

602-258-4822

TIPS FOR DETECTING ELDER ABUSE

- Know the risk factors for elder abuse
- Be alert for signs of physical abuse, such as unexplained trauma, traumatic alopecia, burn marks and bruises.
- Be alert for signs of non-physical abuse such as caregivers who exhibit controlling or belittling behavior or elderly people with unattended medical or hygiene needs.
- Be suspicious of sudden changes in an elder’s financial situation.
- Remember that it is required by law to report suspected elder abuse.

4 TYPES OF ELDER ABUSE

Physical The possibility of abuse should always be considered when an older individual has a current or past injury that is unexplained or for which the explanation is inconsistent with medical findings. Delay in seeking treatment for the injury should also raise the possibility of abuse. Abuse is suggested when injuries are in locations or patterns that could have been inflicted by others, and when there is an inadequate explanation as to the cause of the injury. While contusions and bruises may make a clinician consider abuse, other injuries such as burns or lacerations, should also raise suspicion.

Emotional When an older individual seems fearful of speaking openly about injuries or social problems, or when a caregiver or family member insists on speaking for patients who are otherwise capable of speaking for themselves, clinicians should suspect the possibility of abuse.

Financial When family members or caregivers are dependent on a patient for financial support, the risk of financial exploitation is increased. In this setting, a sudden change in an elder's financial situation should raise the possibility of abuse.

Neglect When suspicion of abuse exists because of the indicators previously mentioned, the following findings provide further evidence of abuse has occurred: poor hygiene, pressure ulcers, malnutrition, and dehydration not explained by an acute medical illness.

If Abuse is Suspected

Documentation When abuse is detected or suspected, clinicians should carefully document any physical injuries and medical problems such as dehydration, pressure ulcers, etc. It is appropriate to take photographs, and progress notes in the medical record should include the clinician's best assessment about whether abuse has occurred.

Reporting If both risk factors and indications of abuse are present, and/or if physical findings suggest the presence of abuse, health professionals have a legal duty to report their concerns to appropriate authorities. All states have laws that require reporting when abuse occurs.

Elder Abuse in the American Indian Population

Mistreatment of older adults seems almost unimaginable in American Indian Communities, as respect of elders has been the traditional cultural norm. Yet, elder abuse has become one of the most frequently cited concerns of older adults living on reservations across the United States. Precise data on the frequency of elder abuse among American Indians is lacking, but one study of an urban Native American population found that 17% of elders - 1 in 6 - had been victims of abuse. This far exceeds the 2-10% incidence in the general US population.

The high prevalence of elder abuse among Native Americans and Alaska Natives has been recognized by major internal groups, including the National Indian Council on Aging, the Indian Health Service, and the Administration on Aging. Concern about elder abuse has also been expressed by elders from tribal communities gathering at state and national meetings, and by community providers and caregivers. Prevention and intervention are high on their list of priorities.

While all forms of elder abuse occur, data reported by National Indian Council on Aging indicate that neglect is the most common type of abuse reported among Native American elders, accounting for nearly half of reported cases. Material exploitation and psychological abuse are the next most common types, occurring with about equal frequency.

Tribal laws vary in their reporting requirements regarding abuse that occurs on reservations. Some tribes report suspected abuse to state and county adult protective services agencies, and those agencies investigate reports of abuse. Other tribes have developed their own statutes and codes and their own investigative systems. Clinicians working with Native American populations should be aware of the rules and regulations in their geographic area.

References and Resources

1. Elder Abuse in Indian Country. National Indian Council on Aging for the National Center on Elder Abuse. Washington DC, 2004. http://www.nicoa.org/Elder_Abuse/elderabuselitreview.pdf
2. National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders that may lead to elder mistreatment http://elders.uaa.alaska.edu/Publications/yr1_4elder-abuse.pdf.
3. White HB. *Elder abuse in tribal communities*. Southwest Center for Law and Policy and Office on Violence Against Women, US Department of Justice. 2004.
4. Lachs MS, Pillemer K. Elder abuse. *The Lancet*. 2004;364-9441 National Center on Elder Abuse; www.elderabusecenter.org.



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