

Elder Abuse: What, Why, Who?

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Why is this important?

- “Old people just bruise easily.”
- “Old people are dirty.”
- “It’s a shame, but lots of old people die with bedsores and in pretty filthy condition.”
- “You can’t believe anything she says. She has Alzheimer’s Disease.”

(This slide will be followed by 3 disturbing images)

National Elder Mistreatment Study

Acierno R, et al.

American Journal of Public Health 2010

- Used telephone to randomly call older adults in the community
- Asked about emotional, physical, sexual, and potential neglect
- Asked about financial abuse perpetrated by family members

National Elder Mistreatment Study Results

- 11% of older adults reported at least one form of mistreatment in the past year (excluding financial abuse).

National Elder Mistreatment Study Results: Past Year Prevalence

- emotional mistreatment: 4.6%
- physical mistreatment: 1.6%
- sexual mistreatment: 0.6%
- current potential neglect: 5.1%
- current financial exploitation by family: 5.2%

(And, by the way, lifetime financial exploitation by a stranger was 6.5%!)

National Elder Mistreatment Study

Inclusion Criteria

- People had to be cognitively intact
- People had to be between the ages of 60 and 85
- People had to be living at home

National Elder Mistreatment Study Inclusion Criteria

- People had to be cognitively intact; **Did not include people with dementia**
- People had to be between the ages of 60 and 85; **Did not include people over the age of 85**
- People had to be living at home; **Did not include people living in facilities**

We will miss abuse unless we

- Know it exists
- Look for it
- Recognize it when we see it

Aging is accompanied by changes that make us susceptible to physical and emotional injury.

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

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

Sherrie's Mom

Usual and Common Changes

- Integument
 - Thinner epidermis
 - Capillary fragility
- Renal: Decrease in creatinine clearance
- Sensory
 - Presbycusis
 - Macular degeneration, cataracts

Usual & Common Changes

- Cardiovascular system
 - Higher blood pressure
 - Orthostatic hypotension
- Musculoskeletal system
 - Arthritis
 - Decrease in bone density
- Neurologic
 - Reaction time
 - Memory

Consequences of These Changes

- Greater susceptibility to illness
- More difficulty in recovering from illness
- Sensitivity to side effects of medication
- Vulnerability to abuse
- More difficult to diagnose abuse

The Challenge in Diagnosing Abuse

- Changes with aging
 - Multiple co-morbidities
- Medication effects
 - Cognitive impairment

Red flags.... Something isn't right!

History

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries - past or present
- Interaction between patient and caregiver

Interviewing Issues

- Cognitive level
- Pay attention to body language
- Reliability of history
- Deciding upon when to take it seriously

Physical Abuse and Neglect: Clues on Physical Exam

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

Injury Assessment

Types of Injuries

- Bruises
- Pressure sores
- Fractures
- Burns

What to look for

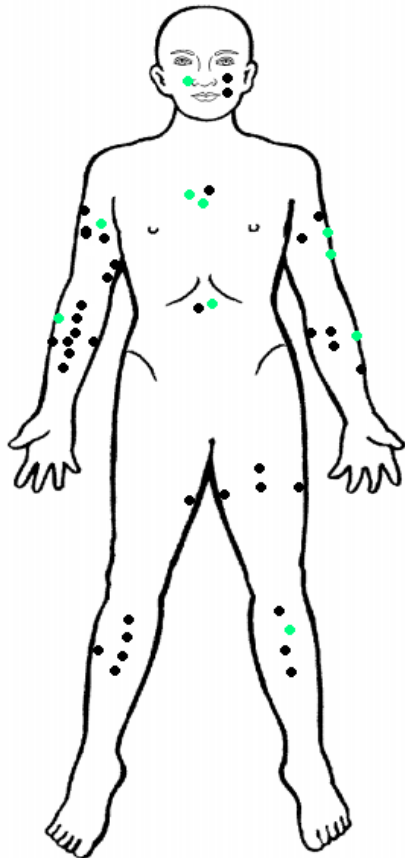
- Location
- Old injuries
- Delay in seeking care
- History & exam consistent?

Bruising

- Age-related changes
- Medications
- Distinguishing the age of a bruise by its color (not!)
- History consistent with injury?
- Location

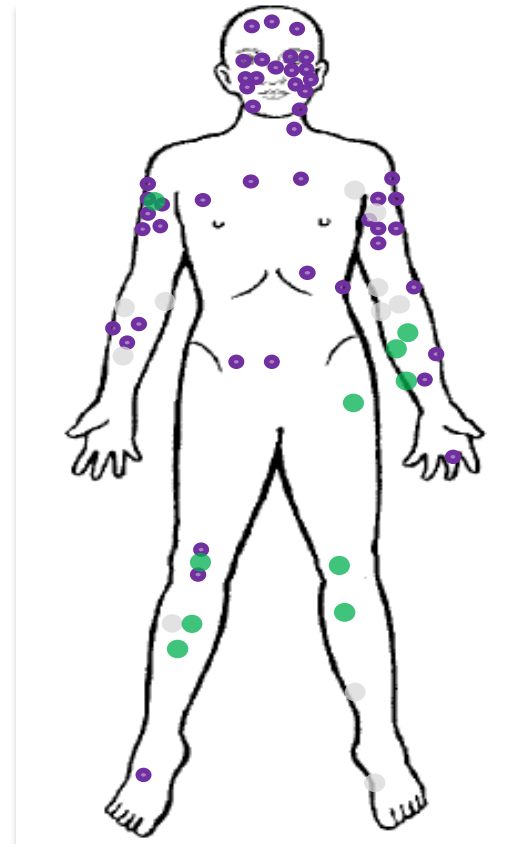
Anterior Comparison

Part I: Accidental



- Unknown
- Accidental

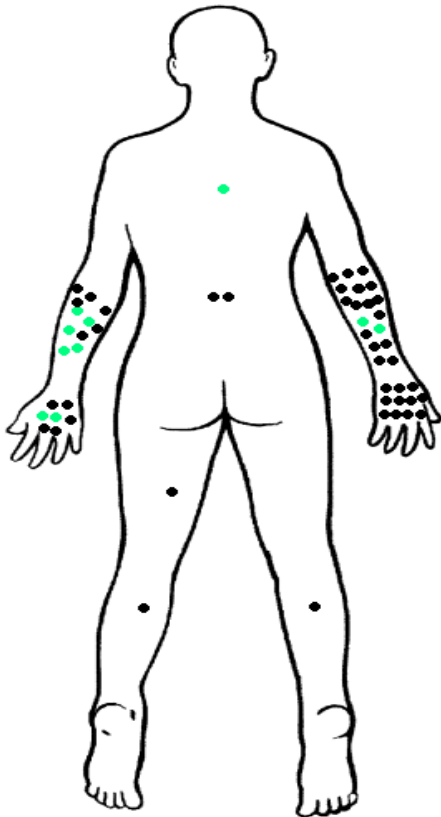
Part II: Physical Abuse



- Unknown
- Accidental
- Inflicted

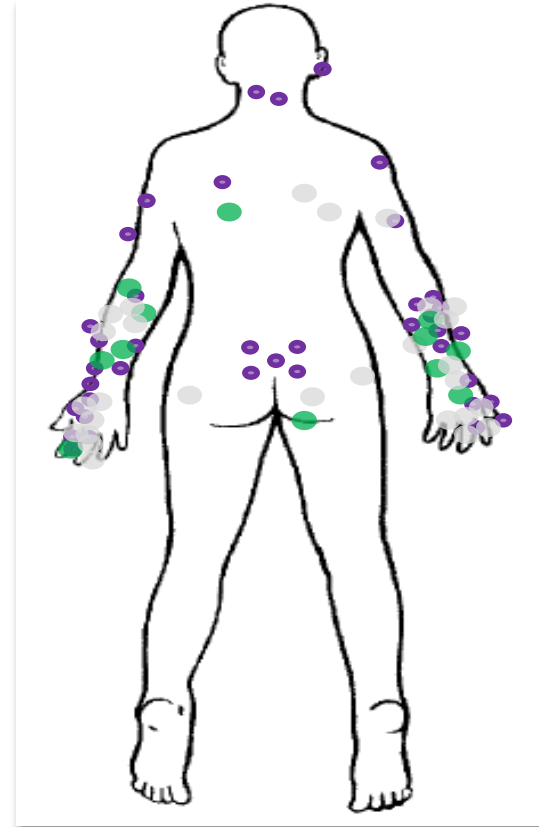
Posterior Comparison

Part I: Accidental



- Unknown
- Accidental

Part II: Physical Abuse



- Unknown
- Accidental
- Inflicted

Laboratory Findings in Abuse (direct and indirect)

- Chemistry panel
 - Malnutrition, Dehydration
 - Electrolyte imbalances
 - Impaired renal (kidney) function
- CBC (complete blood count)
 - Malnutrition
 - Anemia
- Medication levels
- Toxicology screen

Figuring out neglect

- What are the caregiver's capabilities and limitations?
 - Physical
 - Emotional
 - Social
 - Financial
- This is where we tend to excuse behavior that is actually unacceptable

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

“It’s so complicated”!

- There are lots of theories, models, ideas about why elder abuse happens
- What can we do so that we move toward
 - Prevention
 - Early detection
 - Amelioration
 - Care

Abuse Intervention Model

- Case of Mr. and Mrs. S
- Cases of Lila Perkins

What Can We Do?

- On the home front
 - Be willing to consult and help each other
 - Serve on an interdisciplinary team
 - Be available when needed
 - Educate others about the aging process
- Advocacy
 - Ageless Alliance United Against Elder Abuse
 - Federal and state legislation

We Must Work toward Prevention and Early Detection

- Identify high-risk situations
 - Elder: demented, aggressive, dependent
 - Caregiver: untreated mental health problem, drug/alcohol dependency, overwhelmed, burdened/stressed
- Ask and listen
- Intervene and help
- Follow up
- Reassure

What Else Can We Do?

- On the home front
 - Be willing to consult and help each other
 - Serve on an interdisciplinary team
 - Be available when needed
- Educate
 - Colleagues in your own and other disciplines
 - Lay public
 - Policy makers

Prevention and Early Detection

- The possibility needs to be on our radar
 - Recognize high risk situations
 - Ask
 - Listen
 - Observe
-
- It can happen to anyone

Ageless Alliance: United Against Elder Abuse

A national grass roots movement for people of all ages to take action locally against elder abuse

www.agelessalliance.org

Key Objectives

Build Awareness

Provide Support

Promote Community Involvement & Action



For Additional Information on Elder Abuse

American Bar Association, Commission on Law and Aging:

http://www.americanbar.org/groups/law_aging.html | 800.285.2221

National Clearinghouse on Abuse in Later Life:

www.ncall.us | 608.255.0539

National Eldercare Locator:

<http://www.eldercare.gov/> | 800.677.1116

New York City Elder Abuse Center:

<http://nyceac.com/>

The National Center on Elder Abuse

The NCEA is the place to turn to for up-to-date information regarding research, training, best practices, news and resources on elder abuse, neglect and exploitation. The Center provides information to policy makers, professionals in the elder justice field and the public.

Please visit the **National Center on Elder Abuse (NCEA)** www.ncea.aoa.gov