

Elder Abuse

Obj. 7.6: Identify the types of elder abuse and the risk and protective factors for elder abuse.



Prevalence of Elder Abuse

A recent ABC News headline proclaimed, *“Elderly Abused at 1 in 3 Nursing Homes.”*

1. Have you heard of elder abuse? If so, when or where? What do you already know about it?
2. Do you have any elderly grandparents or family members in nursing homes or cared for and supported by nursing aides or other family members? If so, how might they be vulnerable to elder abuse? (If you do not, imagine elders in this setting in order to answer this question).

DISCUSS

Incidence of Elder Abuse

The true incidence of elder abuse is difficult to determine. Findings from the National Elder Abuse Incidence Study (NEAIS)—a seminal study conducted in 1996—indicate that roughly 551,000 persons age 60 and older experienced elder abuse, neglect, or self-neglect in domestic settings (National Center on Elder Abuse 1998). Of these cases, only 21% (about 115,000) were reported to and substantiated by Adult Protective Service (APS) agencies; the remaining 79% were either not reported to APS or not substantiated. The best available estimate of prevalence suggests that between 1 and 2 million residents of the United States age 65 or older have been abused, neglected, or exploited by persons on whom they depended for care or protection (National Research Council 2003).

Source: CDC, Consequences of Elder Abuse, <http://www.cdc.gov/violenceprevention/elderabuse/consequences.html>

With a partner, discuss the following questions:

- Why is elder abuse so common? What specific factors make elders vulnerable to abuse?
- Why is elder abuse such an underreported problem? What specific factor prevent reporting?

NEW INFO

What is Elder Abuse?

Forms of elder abuse include:

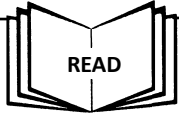
- **Physical Abuse** occurs when an elder is injured (e.g., scratched, bitten, slapped, pushed, hit, burned, etc.), assaulted or threatened with a weapon (e.g., knife, gun, or other object), or inappropriately restrained.
- **Sexual Abuse or Abusive Sexual Contact** is any sexual contact against an elder’s will. This includes acts in which the elder is unable to understand the act or is unable to communicate. Abusive sexual contact is defined as intentional touching (either directly or through the clothing), of the genitalia, anus, groin, breast, mouth, inner thigh, or buttocks.
- **Psychological or Emotional Abuse** occurs when an elder experiences trauma after exposure to threatening acts or coercive tactics. Examples include humiliation or embarrassment; controlling behavior (e.g., prohibiting or limiting access to transportation, telephone, money or other resources); social isolation; disregarding or trivializing needs; or damaging or destroying property.

- **Neglect** is the failure or refusal of a caregiver or other responsible person to provide for an elder's basic physical, emotional, or social needs, or failure to protect them from harm. Examples include not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.
- **Abandonment** is the willful desertion of an elderly person by caregiver or other responsible person.
- **Financial Abuse or Exploitation** is the unauthorized or improper use of the resources of an elder for monetary or personal benefit, profit, or gain. Examples include forgery, misuse or theft of money or possessions; use of coercion or deception to surrender finances or property; or improper use of guardianship or power of attorney.

Source: CDC, Elder Abuse Definitions (<http://www.cdc.gov/violenceprevention/elderabuse/definitions.html>)

Risk Factors for Perpetration of Elder Abuse	Protective Factors for Perpetration of Elder Abuse
Individual Level • Current diagnosis of mental illness • Current abuse of alcohol • High levels of hostility • Poor or inadequate preparation or training for care giving responsibilities • Assumption of caregiving responsibilities at an early age • Inadequate coping skills • Exposure to abuse as a child Relationship Level • High financial and emotional dependence upon a vulnerable elder • Past experience of disruptive behavior • Lack of social support • Lack of formal support Community Level • Formal services, such as respite care for those providing care to elders, are limited, inaccessible, or unavailable Societal Level A culture where: • there is high tolerance and acceptance of aggressive behavior; • health care personnel, guardians, and other agents are given greater freedom in routine care provision and decision making; • family members are expected to care for elders without seeking help from others; • persons are encouraged to endure suffering or remain silent regarding their pains; or • there are negative beliefs about aging and elders. Note: In addition to the above factors, there are also specific characteristics of institutional settings that may increase the risk for perpetration of vulnerable elders in these settings, including: unsympathetic or negative attitudes toward residents, chronic staffing problems, lack of administrative oversight, staff burnout, and stressful working conditions.	Relationship Level • Having numerous, strong relationships with people of varying social status Community Level • Coordination of resources and services among community agencies and organizations that serve the elderly population and their caregivers. • Higher levels of community cohesion and a strong sense of community or community identity • Higher levels of community functionality and greater collective efficacy Note #1: Protective factors reduce risk for perpetrating abuse and neglect. Protective factors have not been studied as extensively or rigorously as risk factors. However, identifying and understanding protective factors are equally as important as researching risk factors. Note #2: Factors within institutional settings that may be protective include: effective monitoring systems in place; solid institutional policies and procedures regarding patient care; regular training on elder abuse and neglect for employees; education about and clear guidance on how durable power of attorney is to be used; and regular visits by family members, volunteers, and social workers.

Source: CDC, Risk and Protective Factors for Elder Abuse (<http://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html>)



Understanding Elder Abuse

Read the ‘Understanding Elder Abuse Fact Sheet’ and answer the questions that follow as you read.

What types of elder abuse exist?	
Why is it a problem?	
How does it affect health?	
Who is at risk?	
How can we prevent it?	



Interventions for Reducing Elder Abuse

As a team, create a strategy to reduce elder abuse in your community by proposing an intervention. Recall the risk and protective factors for elder abuse, as well as the prevention strategies you just read about in the CDC Factsheet. Use the questions below to plan your solution:

1. What risk factor or protective factor will you target?
2. Describe your intervention? (Be sure to answer Who, What, When, Where, Why, and How)
3. What evidence will you collect to determine the success of your intervention?



Review

1. Name 3 forms of elder abuse:

2. Name 2 risk factors for the perpetration of elder abuse.

3. Name 2 protective factors against the perpetration of elder abuse.



Elder Abuse in the News

Unfortunately, elder abuse is all too common and often makes it into the news. Using your local paper or online news articles from any source in your state, nation, or world, find a story about a case of elder abuse and answer the questions in the table below.

News Story Source Citation (Title, Author, Date, News Source, URL)	
Description of the Case	
Type of Elder Abuse	
Risk Factor(s) present	
Protective Factor(s) missing	
Way(s) this incident of elder abuse could have been prevented	