Maltreatment of Older Adults

Description/Etiology

The World Health Organization defines maltreatment of older adults as “a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.” The risk of becoming an older adult victim of abuse is greater for women who are 85 years and older, for those who are physically dependent on others or require a high level of care, and for those who have a cognitive disorder (e.g., dementia).

Every U.S. state has enacted laws to address abuse of older adults (i.e., adults over age 65), but definitions of abuse and mistreatment vary from state to state. In general, the abuse or mistreatment of older adults can occur in the form of physical abuse, emotional abuse, sexual abuse, financial exploitation, neglect, and abandonment. Physical abuse is the use of force that results in injury to an older adult. Physical abuse can be restraining, hitting, throwing a hard object at, or giving too much medicine to control an older adult. Emotional abuse is the infliction of emotional distress or anguish through verbal or nonverbal acts such as berating, ignoring, threatening, isolating, humiliating, or infantilizing. Sexual abuse is nonconsensual sexual behavior (e.g., intercourse, fondling) of any kind with an older adult. Financial exploitation is the improper use of an older person’s money, other financial assets, and property, or the act of inducing an older person with diminished mental capacity to sign over legal authority over assets. Neglect is defined as the failure of a caregiver to provide a reasonable and sufficient level of care to an older adult. This may include not shopping for the older adult, not getting the older adult in or out of bed if necessary, not bathing the older adult, or not giving the older adult his or her prescribed medication. Abandonment is when a caregiver, such as a family member or paid care provider, deserts an older adult without making provisions for his or her care. It is not unusual for more than one type of abuse to occur at the same time.

State laws authorize the establishment of county-run agencies to receive, investigate, and respond to reports of abuse of older adults. Investigating social workers make in-person contact with the suspected victim and alleged perpetrator of abuse, assess risk and safety factors, and develop intervention plans to best meet the needs of the suspected victim. The most effective intervention is an integrative approach that coordinates the services of medical staff, law enforcement, community liaisons, domestic violence programs, witnesses, and the victim and the victim’s family.

Facts and Figures

The World Health Organization (WHO) estimates that 4-6% of elderly persons around the world were maltreated in the past month (WHO, 2014). Each year nearly 4 million older adults are abused and mistreated in the United States (APA, 2012). Abuse of older adults occurs most often at home and is committed by family members: 50% of abusers are adult children of victims and 20% are the intimate partners of victims (HealthinAging.org, 2014). In only a small percentage of cases have care workers been identified as perpetrators. Older adults who have been abused have a higher risk of death than those who have not been abused. The most commonly reported form of elder abuse is neglect, followed by financial exploitation, emotional abuse, and physical abuse. More than half of older adults who are abused are over age 80 and two thirds of these victims are women (HealthinAging.org, 2014).
Among older adults, barriers to self-reporting abuse identified by researchers include fear of retribution or isolation from the perpetrator. Older adults may not report abusive family members because they are dependent on family and fear being institutionalized (Ziminski et al., 2014).

**Risk Factors**

Several factors place older adults at a higher risk of abuse. Women with impaired cognitive abilities that render them dependent are more likely to be victims of older adult abuse. Older adults who are seen as having problem behaviors (e.g., being aggressive, demanding, complaining) can cause resentment or frustration in caregivers, who may respond with abusive acts. The risk of abuse increases when older adults and caregivers live together or have low levels of social support, or if the caregiver has a history of substance abuse or untreated mental illness. Older adults are at a significant risk of maltreatment from caregivers who experience high levels of stress (APA, 2012).

**Signs and Symptoms/Clinical Presentation**

Signs of physical abuse include bruises, injuries with demarcated lines/patterns (e.g., rope marks or hand/finger imprints), fractures or bruises in various stages of healing, black eyes, broken teeth, burns, or hair loss from pulling or cutting. Neglect may be indicated by listlessness, poor hygiene, and evidence of malnourishment (e.g., significant weight loss); sexual abuse may result in a sexually transmitted disease or reddened, swollen, bruised, or bleeding genitalia/breasts/anus.

Symptoms of physical, emotional, and sexual abuse may also be behavioral, in the form of anger, helplessness, or suicidal thoughts and/or attempts; victims of emotional abuse may have symptoms that manifest as fear, anxiety, and depression. Older adults who experience abuse may withdraw from contact or isolate themselves. Victims of older adult abuse may feel shame or be protective of the abuser out of fear of more abuse or of being placed in a care facility.

**Social Work Assessment**

- **Client History**
  - Conduct a biopsychosocial/spiritual history of the client, to include information on physical, mental, environmental, social, financial, and medical factors as they relate to the client’s care
  - Make every attempt to interview client privately; use open-ended questions
  - Assess for history of depression, anxiety, or substance abuse by client
  - Determine if client has a caregiver and obtain permission to interview caregiver
  - Explore the nature of the relationship between client and the client’s caregiver to determine if client has a history of abusive behaviors toward caregiver
  - Use screening and assessment tools when available

- **Relevant Diagnostic Assessments and Screening Tools**
  - Indicators of Abuse Screen, a 28-item instrument that screens for all forms of abuse by assessing caregiver and older adult
  - Elder Assessment Instrument (EAI), a 41-item instrument that screens older adult clients suspected of experiencing any type of mistreatment

- **Laboratory Tests of Interest to the Social Worker**
  - Laboratory tests are specific to the suspected injury and may reveal findings that are inconsistent with how the injury was reportedly sustained or reveal an overdose of a prescription drug

**Social Work Treatment Summary**

The Risk Model of Elder Mistreatment in Domestic Settings provides social workers an investigative structure that helps to identify the abuser and takes into account the sociocultural and socioeconomic factors related to the older adult’s victimization (Bonnie & Wallace, 2003). Interviews based on the risk model are focused on assessing risk and safety factors, assessing needs, and implementing intervention. A multidisciplinary team approach has become the hallmark of older adult abuse prevention programs, as no single agency has all the resources or expertise needed to address all forms of abuse (Nerenberg, 2003). Such teams often consist of the investigating social worker, a nurse (to facilitate any necessary medical care), a community liaison (to access resources within the community), legal support (to include district attorney and victim witness advocate), domestic violence advocates, and family members.

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the societies in which they practice.
Abuse of an older adult is suspected

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<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<td>Abuse of an older adult is suspected</td>
<td>Identify presence of abuse</td>
<td>Interview client in safe, private setting and develop rapport to establish trust; complete psychosocial history; observe living arrangement, condition of home, and nature of relationship between client and caregiver; utilize EAI or Indicators of Abuse Screen</td>
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Client has signs or symptoms of abuse

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<td>Client has signs or symptoms of abuse</td>
<td>Minimize risk and resolve high-risk safety issues</td>
<td>Use crisis intervention to develop safety plan; identify family members who can protect client and those who pose a risk to client’s safety</td>
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Client lacks resources or resources are inaccessible

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<td>Client lacks resources or resources are inaccessible</td>
<td>Provide access to resources</td>
<td>Multidisciplinary team approach should be used for the identification and coordination of available services, including legal authorities (if a crime has occurred), new placement, medical care, transportation, legal assistance, counseling services, in-home services, treatment programs, and respite care</td>
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Applicable Laws and Regulations

All 50 U.S. states have adopted older adult abuse laws; however in a few states individual reporting of suspected abuse is not mandatory: New York, North Dakota, and Wisconsin. (North Dakota is in the process of having mandated reporter laws for suspected elder abuse). Mandated reporters most commonly are health and social service professionals (i.e., physicians, nurses, mental health practitioners, and social workers). It is estimated that only 2% of older adult abuse cases in the United States are reported. Factors that reduce the likelihood of older adult abuse being reported by professionals include fear of court appearances, lack of confidence in ability to recognize abuse, doubt that information will remain confidential or that abuse will be investigated, and fear of reprisal or a negative relationship with suspected victim or suspected perpetrator.

The Elder Justice Act was enacted in 2010 to decrease the likelihood of abuse, neglect, and exploitation of older adults in the United States.

Each country has its own standards for cultural competency and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (National Association of Social Workers, British Association of Social Workers, etc.) and practice accordingly.

Available Services and Resources

- National Center on Elder Abuse, www.ncea.aoa.gov/
- State Elder Abuse Hotlines, www.nccafv.org/state_elder_abuse_hotlines.htm
Food for Thought

› Researchers have found that family members who provide care for older adults are 3 times more likely to physically abuse an older adult with dementia than an older adult with no cognitive impairment
› Adult protective services are voluntary; dependent adults can stop an investigation and refuse services at any time
› WHO predicts that the global older adult population will have more than doubled from 1995 to 2025, from 542 million persons to about 1.2 billion (WHO, 2014)
› When meeting with their older adult patients healthcare professionals should screen on a consistent basis for abuse.
Researchers have found that specific (e.g., Is your caregiver meeting your basic needs on a daily basis?) rather than broad questions (e.g., Do you feel safe at home?) elicit more information (Pickering & Rempusheski, 2014)

Red Flags

› Assessing a client’s mental capacity can be difficult since cognitive impairments can be influenced by time of day, diet, medication, and stress
› It is crucial to be respectful of the client and caregiver’s spiritual and cultural beliefs

References