

2011

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Recommended Citation

Richards, Elizabeth, "Stop the Silence of Elder Abuse" (2011). *School of Nursing Faculty Publications*. Paper 10.
<http://docs.lib.purdue.edu/nursingpubs/10>

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Stop the silence of elder abuse
Elizabeth A. Richards, MSN, RN, CHES

Every year hundreds of thousands of adults over the age of 65 are neglected, abused, and/or exploited by family members and others. The Centers for Disease Control and Prevention (CDC) recognizes elder abuse as an epidemic and a major public health issue because of associated pain, suffering, and diminished quality of life. The personal costs of elder abuse are catastrophic and include loss of independence, health, security, and dignity. Unfortunately, the problem of elder abuse is likely to get worse as the percentage of older adults increases.

As many as 5 million older adults are abused in the United States annually and approximately 85% of these cases are never reported. Most elder abuse victims are female and about 40% are over the age of 80. Although the vast majority of elder abuse occurs in the home, it also takes place in extended care facilities and assisted living facilities.

What is elder abuse?

Elder abuse is an umbrella term that refers to any “intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult”. Several different types of abuse fall under this heading: physical abuse, sexual abuse, emotional or psychological abuse, financial exploitation, neglect, and self-neglect.

Physical abuse is the use of physical force that results in bodily injury, pain, or impairment. This could include striking, beating, pushing, shaking, slapping, or burning an elder. The

inappropriate use of drugs, physical restraints, force-feeding, or physical punishment is also considered physical abuse.

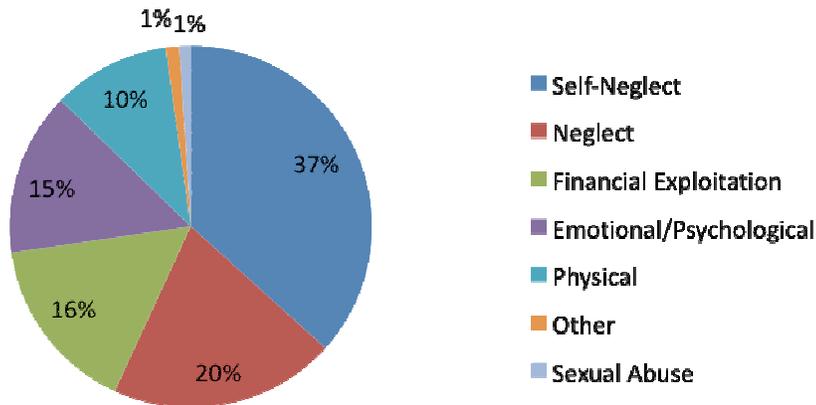
Sexual abuse is any nonconsensual sexual contact and could include unwanted touching and all types of sexual assault or battery.

Emotional or psychological abuse is the infliction of distress through verbal or nonverbal acts. Examples of this include verbal assaults, insults, intimidation, humiliation, harassment, social isolation, and treating an older adult like an infant.

Financial exploitation is the misuse of older adult's resources and assets. This could include taking Social Security checks, abusing a joint checking account or taking property and other resources for personal financial gain.

Neglect is defined as "the refusal or failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder". *Self-neglect* is "characterized as the behavior of an elderly person that threatens his/her own health or safety". Self-neglect is the most reported of all elder abuse cases. Below is the breakdown of the types of elder abuse.

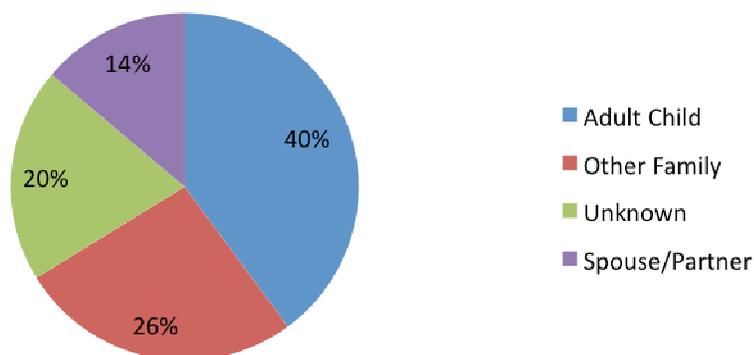
Types of Elder Abuse



From National Center on Elder Abuse, 2006.

Often the perpetrators of elder abuse are under the age of 60. According to 2004 APS reports adult children were responsible for the abuse 34% of the time and other family members 22% of the time. The perpetrators are often financially dependent on the elder's and may have issues related to drugs and alcohol. Below is the breakdown of perpetrators of elder abuse.

Perpetrators of Abuse



From National Center on Elder Abuse, 2006.

Who is at risk?

You should be aware of the risk factors listed below during your interactions with, and assessments of, the elderly. These risk factors can't explain all types of elder abuse.

Elder Risk Factors	Perpetrator Risk Factors
Decreased physical mobility	Caregiver stress
Decreased physical health	Substance abuse
Declining mental status	History of violence
High care needs	Poor impulse control
Social isolation	Lack of experience as a caregiver
	Mental illness

How can elder abuse be detected?

The trust and respect that patients often have for their nurses place us in a position to identify elder abuse. Unfortunately, unless there are obvious signs of injury, elder abuse may be difficult to detect. In addition, elders often don't report abuse because of factors such as:

- Fear of retaliation from the abuser
- Fear of losing contact with family members
- Fear of admittance to a nursing home
- Shame over the abuse
- Guilt over naming a family member or friend as an abuser

Below are some signs of elder abuse.

Type of abuse	Signs
Physical	Unexplained injuries, bruises, history of injuries, delay between onset of injury and seeking care, pattern injuries such as bruises, lacerations, or discolorations that match the object used to inflict the injury.
Sexual	Genital or anal trauma, difficulty walking or sitting, STDs
Emotional/Psychological	Weight loss or gain, stress-related conditions such as high blood pressure, anxiety, depression, withdrawal
Financial	Unpaid bills, unusual bank withdrawals, belongings are missing, suspicious signatures on checks and other documents, elder unaware of monthly income and expenses
Neglect	Physical signs of poor care, lack of resources, untreated medical conditions, bed sores, malnourishment, unsanitary conditions of the home, bedsores
Self-Neglect	In addition to signs of neglect: confusion, memory impairment, non-compliance or inability to take prescribed medications, wandering or getting lost, inappropriate clothing

From: National Committee on the Prevention of Elder Abuse, 2007.

When abuse is suspected, it's important to be nonjudgmental and allow plenty of time to interact with the elder. Interview and assess the victim in a private setting to make the elder more comfortable with discussing his or her situation. Consider using a screening tool such as the Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) (see below). According to the authors of this tool, "a response of "no" to items 1, 6, 12, and 14; a response of "someone else" to item 4; and a response of "yes" to all others is scored in the "abused" direction".

HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life—like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you're sick when you know you're not?
10. Has anyone forced you to do things you didn't want to do?
11. Has anyone taken things that belong to you without your O.K.?
12. Do you trust most of the people in your family?
13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home?
15. Has anyone close to you tried to hurt you or harm you recently?

From Neale AV, Hwalek MA, Scott RO, Stahl C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *J Applied Gerontol.* 1991;10(4):406-15.

What should you do if you believe there is elder abuse?

Nurses are obligated to report suspected abuse of any kind. Report immediately to a supervisor and to Adult Protective Services (APS). Currently, there is no federal law regarding elder abuse in the United States, but individual states do have laws for reporting, investigating, and prosecuting abuse. All reporting is confidential. It is important to remember that all adults have the right to refuse services offered by APS.

Documentation is crucial in cases of abuse. Here are some recommendations from the National Institute of Justice:

- Take photographs of injuries known or suspected to have resulted from abuse.
- Make a written statement that includes what you observed, when you observed the incident, who was present, and any other information that may be useful.
- Describe the victim's injuries in detail, including type, location, size, color, and age. Body charts are helpful in accurate documentation.
- Set off the patient's own words in quotation marks or use such phrases as "patient states" or "patient reports" to indicate that the information recorded reflects the patient's words.

An opportunity and an obligation

Nurses have the opportunity and obligation to detect and report elder abuse. As a nurse, you can make a tremendous impact to prevent and identify abuse.

Several resources are available to assist you. *Support programs* can help caregivers connect with others who are in similar positions and provide mechanisms for coping with the stress of being a caregiver. These programs can be found through resources such as The Alzheimer's

Association (www.alz.org), Family Caregiver Alliance (www.caregiver.org), and the National Family Caregivers Association (<http://www.nfcacares.org>). *Elder abuse helplines and hotlines* can be found on the National Center on Elder Abuse website (<http://www.ncea.aoa.gov>).

As nurses, we must protect the rights, safety, and health of the elderly. Consider sharing this information with your colleagues to help increase the awareness of elder abuse.

Elizabeth Richards is a clinical associate professor at Purdue University School of Nursing in West Lafayette, Indiana.

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