Elder Mistreatment
Challenges in Identification
and Assessment

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Definition of Elder Abuse *
Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

* There’s lots of room for interpretation

Target Population
+ Older Adults: Aged 65 and Older
+ Dependent Adult:
  + Age 18 - 64
  + Physical or Mental Impairments that Restrict Ability to Carry out Normal Activities or to Protect Own Rights.
Epidemiology

- More than 2 million US older adults per year
- The actual extent is unknown
  - Underreporting
  - Poor definitions
- Prevalence about 5% of all older adults

Identification

Types of Elder Mistreatment

- Physical Abuse – Least common
- Physical Neglect – Most common
- Psychological Abuse
- Financial Exploitation
- Violation of Rights
Physical Abuse

- Act resulting in pain, injury, impairment, or illness
- Examples:
  - Pulling a patient’s hair
  - Slapping, hitting, and punching
  - Throwing food or water on a patient
  - Tightening a restraint to cause pain
Physical Neglect

- Failure of caregiver to provide goods or services needed for optimal function or to avoid harm
Neglect

- Failure of Caregiver or Patient to Exercise a Reasonable Degree of Care
- Failure to:
  - Provide Food, Clothing, Shelter, Personal Hygiene
  - Obtain Needed Medical Care
  - Protect from Health and Safety Hazards
  - Prevent Malnutrition and Dehydration

Clues of Neglect

- Recurrent ER Visits or Hospital Admissions for Same Condition
- Inappropriate Delay in Seeking Care
- Malnutrition and Dehydration
- Non-Compliance with Medication Regimen
- Missed Medical Appointments
- Poor Hygiene and Disheveled Appearance
- Pressure Ulcers

Psychological Abuse

- Conduct that causes mental anguish
- Examples:
  - Terrorizing and/or threatening a patient with a word or gesture
  - Inappropriate isolation of a patient
  - Yelling at a patient in anger
  - Denying food or privileges
Financial Exploitation

- Misrepresentation of an older adult's assets for benefit of another person
- Examples: Taking, Hiding, or Misappropriating Money or Property for Personal Use or Gain in Violation of the Older Adult's Wishes or Trust.

Violation of Rights

- Deprivation of any inalienable rights
  - Personal Liberty
  - Personal Property
  - Assembly
  - Speech
  - Privacy
  - Voting

Reasons for Poor Identification/Underreporting by Providers

- Lack of training in identifying mistreatment
- Ageism
- Disbelief
- Isolation of victims
- Subtle presentation
- Reluctance to confront offenders
- Reluctance to report suspected abuse
- Unsure about reporting procedures
- Fear of jeopardizing relationships with hospitals or nursing facilities
Patient Risk Factors for Elder Mistreatment

- Older Age
- Lack of access to resources
- Low income
- Social Isolation
- Minority status
- Low level education

Caregiver Risk Factors for Elder Mistreatment

- Substance abuse by caregiver and/or older adult
- Psychological disorder and/or character pathology
- Previous history of family violence
- Caregiver burnout and/or frustration
- Cognitive impairment

Assessment
Physical Abuse

- Assault, Battery, or Force Likely to Produce Injury
- Sexual Assault
- Prolonged or Continual Deprivation of Food and Water
- Punitive or Inappropriate Physical or Chemical Restraint

Signs of Physical Abuse

- Pattern Injuries
- Bruises and Bleeds
- Burns
- Fractures
- Lacerations and Abrasions
- Hemorrhage

Injury Assessment

<table>
<thead>
<tr>
<th>Types of Injuries</th>
<th>What to look for</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Bruises</td>
<td>+ Location</td>
</tr>
<tr>
<td>+ Pressure ulcers</td>
<td>+ Whether history is consistent with exam</td>
</tr>
<tr>
<td>+ Fractures</td>
<td>+ Old injuries</td>
</tr>
<tr>
<td>+ Burns</td>
<td>+ Delay in seeking care</td>
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</tbody>
</table>
Pattern Injuries - Caveat

- Before Judging too Quickly...
  - Findings May Have Innocent Etiologies

Pattern Injuries

- Whip Marks Left by Looped Telephone Cord

Pattern Injuries
Pattern Injury

Suspicious Bruises in Older Adults

- Suspicious Bruises
  - Face, Mouth
  - Torso, Back
  - Buttocks
  - Inner Aspect of Thighs or Arms
  - Genitalia
- Multiple Bruises - Various Stages
- Inaccuracy of Dating Bruises

Physical Abuse - Bruising
Burns

- Cigar or Cigarette
- Immersion
  - Sock or Glove
- Patterns
  - Rope, Iron, Burner
Fractures
- Skull or Face
- Multiple Locations
- Multiple Stages of Healing
- Misalignment
- Spiral Fractures
- Occult Fractures

Lacerations and Abrasions

Neglect – Poor Hygiene
78 Year Old Woman With Mild Alzheimer Disease, Painful Walking, and Recurrent Falls. Lives with 50 Year-Old Son.
Don’t Forget the Mouth!
Potential Clues to Abuse & Neglect

+ 34 Year Old Schizophrenic Male Living in Residential Care Facility

+ 66 Year Old Former Attorney 6 Years after Cerebrovascular Accident

Financial Abuse

+ Assess Mental Status
+ Assess Vulnerability
  - Depression and Anxiety
  - Bereavement
  - Personality
+ Neuropsychiatric Testing

Documentation
Documentation *

- Photos
- Lab Work
- Legible Writing

* May be used as evidence in a criminal trial!

How to Document

- Legible (Handwriting/EHR) and No Alterations
- Pertinent Positive and Negative Findings
- Report Facts Objectively
- Use Patient’s Own Words
- Document Each Source of Information
- Dates, Names and Times
- Note Interactions between Patient and Caregiver

Forensic Documentation – Body Map

- Detailed Descriptions, Sketches, and/or Photographs of Injuries
- Note Size, Color, Shape, Location of Injuries and Bruises
- Document Size, Depth, Stage, and Presence/Color of Exudate for Pressure Ulcers
- Photo documentation
Elder Mistreatment Report

- Concise Statement Regarding the History and Injury
- Concluding Statement Summarizing Likelihood of Abuse
  - Definite Abuse
  - Accident
  - Indeterminate

Management

- Patient involved with resolution
- Determine decisional capacity
- May need competency determination
- Social work resources
- Multi-disciplinary teams – Primary care physician/geriatrician, social worker, case management, RN, representatives from legal, finance, and adult protective services

Reporting
Reporting Elder Mistreatment

+ All health care providers and administrators are mandated by law to report suspected elder mistreatment!
+ Laws differ from state to state
+ You are immune from civil liability if you act in good faith and without malice.

### Reporting Elder Mistreatment

+ If you fail to report you risk fines, jail, or loss of license.
+ Report to state or county division of adult protective services, or child and family services.
+ Area Agency on Aging are usually a great resource
+ National Domestic Violence Hot Line: (800) 799-SAFE
+ Older Women’s League: (800) 825-3695

Elder Mistreatment

Conclusion

+ Prevalent – About 5% of all older adults
+ Physical Abuse most common and Physical Neglect least common
+ Poorly Identified and Reported
+ Patient Risk factors – Cognitive and Physical Impairment, Isolation, Substance Abuse, Low Income and Education
+ Caregiver Risk Factors – Substance Abuse, Psychological/Character Pathology, Caregiver Burnout, Cognitive Impairment