THE NORTHERN HOSPITAL

ELDER ABUSE

"Old Man in Sorrow", oil on canvas, Vincent van Gogh, May 1890.

"It was as if he had no neighbours anymore, people avoided him whenever he went out, and he noticed. The misery of a child is of interest to a mother, the misery of a young man is of interest to a young girl, the misery of an old man is of interest to nobody. Of all forms of distress, this is the coldest".

Victor Hugo, Les Miserables, 1862.

ELDER ABUSE

Introduction

Elder Abuse, refers to various forms of maltreatment of an older dependent person, usually by someone who has a close relationship with him / her.

The abuser can be related to the older person ie spouse, sibling, child or be a friend or care giver in the person's own home or in an institution such as an Aged care facility.

It is a greatly underappreciated problem in society. Emergency Departments are uniquely placed, however to detect and initiate management for this problem.

Types of Abuse

Elder Abuse can be broadly categorized as

- Domestic (as in the older person's home or in the carer's home)
- Institutional (as in a Residential aged care facility such as a hostel or nursing home).

Like child abuse, elder abuse may also take a number of forms, including:

- **Physical**
- **Neglect, including abandonment**
- Financial / Material.

And less commonly:

- Psychological / Emotional
- Sexual, (rarely)

Risk Factors for Abuse of the Elderly [1]

1. Poor health with functional impairment:
    - Disability reduces the elderly person's ability to seek help and to defend him/herself.
2. Cognitive impairment in the elderly person:
    - Aggression toward the caregiver and disruptive behavior resulting from dementia may precipitate abuse. Higher rates of abuse have been found among patients with dementia
3. Substance abuse or mental illness on the part of the abuser:
    - Abusers are likely to abuse alcohol or drugs and to have serious mental illness, which in turn leads to abusive behavior.

4. Dependence of the abuser on the victim

   - Abusers are very likely to depend on the victim financially, for housing and in other areas. Abuse results from attempts by a relative to obtain resources from the elderly person.

5. Shared living arrangements:

   - Abuse is much less likely among elderly people living alone. A shared living situation provides greater opportunity for tension and conflict, which generally precede incidents of abuse.

6. External factors causing stress:

   - Stressful life events and continuing financial strain decrease the family's resistance and increase the likelihood of abuse.

7. Social isolation:

   - Elderly people with fewer social contacts are more likely to be victims. Isolation reduces the likelihood that abuse will be detected and stopped. In addition, social support can buffer the effects of stress.

8. History of violence:

   - Particularly among spouses, a history of violence in the relationship may predict abuse in later life.

Clinical Assessment

Important Points of History:

If abuse is thought to have occurred in a patient, a careful history, (if possible) will be very important.

Further history should be taken privately form the patient. The following questions are often helpful, but need to be tailored to the situation:

1. Do you feel safe where you live?

2. Who prepares your meals?

3. Who pays your bills? If you want money to buy something, how do you get it? Who does your banking?

4. How do you get on with your husband / wife / son / daughter?

5. Do you ever have disagreements? Tell me about what happens when you have a disagreement.

6. Does your husband / wife / son / daughter ever get angry or upset with you? What happens when they get angry? Are you ever frightened when your husband / wife / son / daughter gets angry? Do they ever hurt you?

Important points of Assessment/ Examination:

Physical abuse

Physical abuse is defined as the use of physical force or violent acts that result in bodily injury, pain or impairment.

Examples include striking, hitting, beating, pushing, shaking, slapping, kicking, pinching and burning. It also includes forced feeding and physical restraints.

Possible indicators include the following:

- Inappropriate delays between injuries and presentation for medical attention, (examples could include, lacerations healing by secondary intention or radiological evidence of healed fractures for which no medical attention was sought).
- Disparity in histories given by the patient and the suspected abuser.
- Implausible or vague explanations provided by either party, (eg fractures that are not explained by the purported mechanism of injury)
- Multiple physical injuries seen of variable ages.
- Multiple bruising, including black eyes, welts, lacerations and rope/belt marks.
- Skull fractures
- **Repeated** falls / injuries
- Wrist or ankle lesions, suggesting the use of restraints.

Neglect / Abandonment

Neglect is defined as the failure or refusal to fulfil any part of the person's obligations or duties of care to the elder.

Neglect means the failure to provide an elderly person with such life necessities as food, water, clothing, shelter, heating, personal hygiene, medicine, comfort, safety,

The term institutional neglect is used when an aged care facility fails to provide adequate supervision and safety necessary for the well being of the elder.

Abandonment is defined as the desertion of an elder person for any length of time deemed to be unsafe and inappropriate.

Possible indicators include the following:

- Dehydration

- Malnutrition.
- Untreated injuries.
- Severe and untreated pressure sores.
- Poor personal hygiene.
- Frequent visits to the ED for exacerbation of chronic disease despite a plan for medical care and adequate resources.
- Presentation of a functionally impaired patient without his/her designated caregiver, (eg a patient with significant dementia who presents to the ED alone)
- Lack of medication or inappropriate use of medication, this may include lab evidence showing findings that are inconsistent with the history provided, (eg subtherapeutic drug levels despite compliance reported by care giver, or toxicologic evidence of psychotropic agents that have not been prescribed.
- Unkempt appearance, eg (dirt, fleas, lice, soiled bedding, fecal, /urine smell, long uncut nails)
- Inappropriate delays between onset of illness and the seeking of medical help.
- Repeated Falls / Injuries
- Prolonged periods of no visitation, (without credible reason)
- Unexplained banking withdrawals or unexplained loss of elder person's money, (financial abuse)
- Abrupt changes in will or banking details
- Lack of adequate heating, running water, or electricity

Financial / Material Abuse

This includes actions that are a misuse of a person's property or financial resources. This would involve misuse, misappropriation of money, valuables or property, denial of right of access to or control of personal funds and interference in financial decisions.

Possible indicators include the following:

Allegations / complaints from client / family members / others that:

- The patient does not have appropriate access to their funds.
- The patient does not have access to spending money for personal items such as toiletries and clothing.
- An Enduring Power of Attorney is not being executed appropriately and in the patient's best interests.

- Funds or assets are being misappropriated.

Psychological / Emotional Abuse

Psychological / Emotional Abuse is defined as the infliction of pain, distress and anxiety through verbal and non- verbal acts.

Possible indicators include the following:

- Agitation and distress in the presence of Carer
- Extremely withdrawn, Non communicative, Non responsive
- Scared, takes foetal position avoids eye contact.
- Helplessness
- Hesitation to talk openly

Sexual Abuse

Sexual abuse is defined as the non-consensual sexual contact with the older person. It also includes sexual contact with an older person incapable of giving consent. Examples include any form of unwanted touching, explicit photographing, nudity, and acts of sexual contact such as rape and abuse.

Possible indicators include the following:

- Bruises around the breasts or genital area.
- Venereal disease or other genital infections.
- Unexplained vaginal or anal bleeding

Management

In general terms:

Document any concerns carefully in the medical History

- Careful documentation in the notes of why there are concerns that abuse may be occurring.
- The Emergency notes should be detailed and accurate particularly with respect to any physical injuries. Sketches are also very helpful in this regard and should be included.

Issues of **competence** are also **very important**, as this will significantly influence the further management of these cases.

Note that unlike child abuse, there is no current legal requirement for mandatory reporting of Elder Abuse.

Disposition

Many cases will involve issues of either home or institutional neglect / abandonment and will be able to be addressed on an outpatient basis.

If there is a genuine concern for the safety of a patient and it is considered that there is a high risk should they return home, then the patient should be admitted to hospital.

Elder Abuse Hotline

The **Victorian Government** has established a "hotline" that operates "in hours"

It is available to:

- Elderly who may be suffering abuse and need advice
- Relatives or friends who believe an elderly person is suffering from abuse.
- Medical staff who would like further advice on any issue pertaining to elder abuse.

The number is: **1300 368 821**

References:

1. Lachs MS et al, Abuse and Neglect of Elderly Persons, NEJM: vol 332, no. 7, February 16 1995, p.437 - 443

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