Every person—no matter how young or how old—deserves to be safe from harm by those who live with them, care for them, or come in day-to-day contact with them.

ELDER ABUSE & NEGLECT

IN SEARCH OF SOLUTIONS

American Psychological Association

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Older people today are more visible, more active, and more independent than ever before. They are living longer and are in better health. But as the population of older Americans grows, so does the hidden problem of elder abuse, exploitation, and neglect.

Every year an estimated 4 million older Americans are victims of physical, psychological, or other forms of abuse and neglect. Those statistics may not tell the whole story. For every case of elder abuse and neglect reported to authorities, experts estimate as many as 23 cases go undetected. The quality of life of older individuals who experience abuse is severely jeopardized, as they often experience worsened functional and financial status and progressive dependency, poor self-rated health, feelings of helplessness and loneliness, and increased psychological distress. Research also suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening disease.

Agnes, 78 years old, lost her husband last year. Because of some physical limitations as a result of arthritis and declining cognitive abilities, Agnes moved in with her 55-year-old daughter, Emily. The situation is difficult for all of them. Sometimes Emily feels as if she's at the end of her rope, caring for her mother, worrying about her college-age son and her husband, who is about to be forced into early retirement. Emily has caught herself calling her mother names and accusing her mother of ruining her life. Recently, she lost her temper and slapped her mother. In addition to feeling frightened and isolated, Agnes feels trapped and worthless.

Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it. Many people who hear "elder abuse and neglect" think about older people who live in nursing homes or older relatives who live all alone and never have visitors. But elder abuse is not just a problem of older people living on the margins of our everyday life. It is right in our midst:

- **Most incidents of elder abuse don't happen in nursing homes and other residential settings.** Occasionally, there are shocking reports of staff who abuse residents in their care or of a resident who physically or sexually abuses another resident. Although such abuse does occur, the vast majority of older people living in nursing homes and other residential settings have their physical and emotional needs met without experiencing abuse or neglect.

- **Most elder abuse and neglect takes place at home.** About 95% of older people live on their own or with their spouses, children, siblings, or other relatives—not in institutional settings. When elder abuse happens, family, other household members, or paid caregivers are usually the abusers. Although there are extreme cases of elder abuse, often the abuse is subtle, and the distinction between normal interpersonal stress and abuse is not always easy to discern.

- **There is no single pattern of elder abuse.** Sometimes elder abuse is a continuation of long-standing patterns of violence and physical, emotional, or financial abuse within the family. More commonly, elder abuse is related to changes in living situations and relationships brought about either by the older person's growing frailty and dependence on others for companionship and for meeting basic needs or by a family member's increased reliance on an older relative for shelter and financial support.

- **It isn't just older adults who have poor physical health or cognitive impairments who are vulnerable to abuse.** Older individuals who are frail, alone, or depressed as well as those with a physical disability or mental illness are vulnerable to abuse. Even those who do not have these obvious risk factors can find themselves in abusive situations and relationships. Elder abuse affects older men and women across all socioeconomic groups, cultures, races, and ethnicities.

Elder abuse, like other forms of violence, is never an acceptable response to any problem or situation, however stressful. Effective interventions can prevent or stop elder abuse. Increasing awareness among physicians, mental health professionals, home health care workers, and others who provide services to older adults and family members can help break patterns of abuse or neglect, and both the person experiencing the abuse and the abuser can receive needed help.

WHAT IS ELDER ABUSE?

Elder abuse is the infliction of physical, emotional/psychological, sexual, or financial harm on an older adult. Elder abuse can also take the form of intentional or unintentional neglect of an older adult by the caregiver.

Physical abuse can range from slapping or shoving to severe beatings and restraining with ropes or chains. When a caregiver or other person uses enough force to cause unnecessary pain or injury, even if the reason is to help the older person, the behavior can be regarded as abusive. Physical abuse can include hitting, beating, pushing, shoving, kicking, pinching, burning, or biting. It also includes the inappropriate use of medications and physical restraints and physical punishment of any kind.

Verbal, emotional, or psychological abuse can range from name calling or giving the "silent treatment" to intimidating and threatening the individual. When a family member, a caregiver, or another person behaves in a way that causes fear, mental anguish, or emotional pain or distress, the behavior can be regarded as abusive. Verbal and emotional abuse can include yelling, swearing, and making insulting or disrespectful comments. Psychological abuse involves any type of coercive or threatening behavior that sets up a power differential between the older adult and his or her family member or caregiver. It can also include treating the older person like a child and isolating the person from family, friends, and regular activities—through force, threats, or manipulative behavior.

Sexual abuse can range from sexual exhibition to rape. Sexual abuse can include inappropriate touching, photographing the person in suggestive poses, forcing the person to look at pornography, forcing sexual contact with a third party, or any unwanted sexualized behavior. It also includes rape, sodomy, or coerced nudity. Sexual abuse is perhaps the most egregious but least reported type of elder abuse.

Financial abuse and exploitation can range from misuse of an older person's funds to embezzlement. Financial exploitation includes fraud, taking money under false pretenses, forgery, forced property transfers, purchasing expensive items with the older person's money without that person's knowledge or permission, or denying the older person access to his or her own funds or home. It includes the improper use of legal guardianship arrangements, powers of attorney, or conservatorships. It also includes a variety of Internet, telephone, and face-to-face scams perpetrated by sales people—or even by so-called friends—for health-related services, home repair services, mortgage companies, and financial services.

Caregiver neglect can range from caregiving strategies that withhold appropriate attention from the individual to intentionally failing to meet the physical, social, or emotional needs of the older person. Neglect can include failure to provide food, water, clothing, medications, and assistance with activities of daily living or help with personal hygiene. If the caregiver is responsible for paying bills for the older person, neglect can also include failure to pay the bills or to manage the older person's money responsibly. Family caregivers may inadvertently neglect their older relatives because of their own lack of knowledge, resources, or maturity, although this is a less frequent form of abuse.

Madeline is 70 and suffers from congestive heart failure. She lives alone, and home health nurses and nurses' aides come in daily to provide nursing care and personal assistance. She depends on the home health agency's personal assistant to help her with the routine tasks around the house and to provide interaction with someone from the outside world. At first, the assistant was sweet to Madeline, but lately, the assistant has started ignoring Madeline's requests, snapping at her, and bumping into her with the vacuum cleaner or dusting brush while cleaning. Madeline thinks the assistant is bumping her on purpose, but she does not know for sure, and she is afraid to confront her.

Sometimes older adults harm themselves through self-neglect (e.g., not eating, not going to the doctor for needed care), compulsive hoarding, or alcohol or drug abuse. In this pamphlet,

the focus is on elder abuse perpetrated by others. However, one of the most difficult problems family members face is achieving a balance between respecting an older adult's autonomy and intervening before self-neglect becomes dangerous.

Older adults who show signs of dementia may become abusive as part of the disease process. The object of the abuse may be another adult—for example, a family caregiver, professional caregivers, or other individuals with whom the person interacts. The abuse may take the form of hitting or gripping another person to the extent of causing bruises or creating hazards such as setting furniture on fire. Although abusive behavior by the older adult may be explained by changes in his or her cognitive abilities or triggered by an abusive response by a caregiver, it is still unacceptable.

Abuse comes in many guises, but the net effect is the same. Abuse creates potentially dangerous situations and feelings of worthlessness, and it isolates the older person from people who can help.

CUES THAT MAY SIGNAL ELDER ABUSE

Many of the symptoms listed here may be the result of disease conditions or medications. The appearance of these symptoms should prompt further investigations to determine and remedy the cause. Cues that cannot be explained medically may signal elder abuse.

Physical Abuse

- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and/or ankles
- Repeated unexplained injuries
- Dismissive attitude or statements about injuries
- Refusal to go to same emergency department for repeated injuries

Verbal/Emotional/Psychological Abuse

- Uncommunicative and unresponsive
- Unreasonably fearful or suspicious
- Lack of interest in social contacts
- Evasive or isolated
- Unexplained or uncharacteristic changes in behavior

Sexual Abuse

- Unexplained vaginal or anal bleeding
- Torn or bloody underwear
- Bruised breasts or buttocks
- Venereal diseases or vaginal infections

Financial Abuse or Exploitation

- Life circumstances don't match what is known about the individual's financial assets
- Large withdrawals from bank accounts, accounts that have been switched; unusual ATM activity
- Signatures on checks don't match the older person's signature

Caregiver Neglect

- Lack of basic hygiene, adequate food and water, or clean and appropriate clothing
- Sunken eyes or loss of weight
- Person with dementia left unsupervised
- Untreated pressure bedsores
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)

WHY DOES ELDER ABUSE OCCUR?

There is no one explanation for elder abuse and neglect. Elder abuse is a complex problem that can stem from multiple causes, such as family stressors, caregiving stress, and societal and cultural issues.

Family Stressors and Elder Abuse

Family stressors that may contribute to elder abuse include discord created by a pattern or history of violent interactions within the family, lifestyle adjustments and accommodations to living in a multigenerational household, and social isolation.

Intergenerational and marital violence can persist into old age and become factors in elder abuse. In some instances, elder abuse is simply a continuation of abuse that has been occurring in the family over many years. If a woman has been abused during a 50-year marriage, she is not likely to report abuse when she is very old and in poor health.

Sometimes, a woman who has been abused for years may turn her rage on her husband when his health fails. If there has been a history of violence in the family, an adult child may take the opportunity to "turn the tables" on the abusing parent by withholding nourishment or overmedicating the parent. But that doesn't have to be the case—many adult children who were badly treated by their parents become attentive helpers and caregivers.

When an older parent who is frail or who has physical or cognitive limitations moves into a family member's home, the lifestyle adjustments and accommodations can be staggering, and the associated stress can lead to elder abuse.

In some instances, the financial burdens of multigenerational households or living in overcrowded quarters can lead to stress that can trigger elder abuse. Such a situation can be especially difficult when the adult child has no financial resources other than those of the aging parent.

Sometimes there may be marital stress between an older couple when they must share a home with their adult children. Or, the new living arrangements could cause tension between an

adult child and his or her spouse. When problems and stress mount, the potential for abuse or neglect increases.

Social isolation can provide a clue that a family may be in trouble, and it can also be a risk factor for abuse. Social isolation can be a strategy for keeping abuse secret, or it can be a result of the stresses of caring for a dependent older family member. Isolation is dangerous because it cuts off family members from outside help and support they need to cope with the stresses of caregiving. Isolation also makes it harder for outsiders to see and intervene in a volatile or abusive situation to protect the older person and to offer help to the abuser.

When an older adult's care needs increase or go beyond the types of help family members typically provide, their relatives may find themselves in an unfamiliar situation and not know how to offer proper care and support. Family members may unintentionally fail to ensure that the older adult has adequate and appropriate food, clothing, medical care, supervision, or social stimulation. A caregiver's nonwillful failure to provide care and support because of his or her lack of understanding or lack of skills is abusive behavior that can threaten the safety and well-being of the older adult.

Caregiving Stress and Elder Abuse

Although the overwhelming majority of family caregivers provide appropriate care and a supportive environment for their older relatives, caregiving creates stresses that affect both caregivers and care recipients, and these stresses may trigger potentially harmful caregiver behaviors that place dependent elders at risk for abuse.

A caregiver's personal problems—for example, caregiver stress, mental or emotional illness, addiction to alcohol or other drugs, job loss or

other personal crises, financial dependency on the older person, and a tendency to use violence to solve problems—can lead to the abuse of a frail older person. Sometimes the older person in need of care may be physically abusive to the caregiver, especially when the older person has Alzheimer's disease or another form of dementia.

Caregiver stress is a significant risk factor for abuse and neglect. When the demands of daily care for an older person are thrust onto caregivers who have not been given training or information about how to balance the needs of the older person with their own needs, they frequently experience intense frustration and anger that can lead to a range of abusive behaviors.

The risk of elder abuse becomes even greater when the caregiver is responsible for an older person who is sick or physically or mentally impaired. Caregivers in such stressful situations often feel trapped and hopeless and are unaware of available resources and assistance. If they have no skills for managing difficult behaviors, caregivers can find themselves using physical force. Particularly when there is a lack of resources, neglectful situations can arise.

Sometimes the caregiver's own self-image as a "dutiful child" may compound the problem by causing the caregiver to feel that the older person deserves and wants only his or her care and that considering respite or residential care is a betrayal of the older person's trust.

Dependency is a contributing factor in elder abuse. When the caregiver is dependent financially on an impaired older person, there may be financial exploitation or abuse. When the reverse is true and the impaired older person is completely dependent on the caregiver, the caregiver may experience resentment that leads to abusive behavior.

James is a financially secure 85-year-old man who has been healthy and active until the last year. He has finally agreed to allow his oldest son, Tom, to help him manage his daily affairs. Tom now believes his father "owes him" more of his money than his brother and two sisters are entitled to. He talks his father into giving him power of attorney for his bank accounts "as a convenience" and then writes himself large checks that he tells himself are for "expenses." Soon Tom has come up with excuses to transfer a significant portion of his father's investment holdings into his name. James has no energy to oversee his finances and is totally trusting that his son has his best interests at heart.

The emotional and psychological problems of caregivers can put them at risk for abusing an older person in their care. Drug and alcohol abuse is strongly associated with elder abuse. Thus, a caregiver who is addicted to drugs or alcohol is more likely to become an abuser than one who does not have these problems. Indeed, caregiving can lead to greater use of alcohol as a way of managing stress. Also, a caregiver with an emotional or personality disorder may be unable to control his or her impulses when feeling angry or resentful of the older person.

Societal and Cultural Issues and Elder Abuse

Certain societal attitudes may contribute to violence against older people and make it easier for abuse to continue without detection or interven-

tion. These factors include the devaluation of and lack of respect for older adults and society's belief that what goes on in the home is a private, "family matter."

When older people are regarded as insignificant, society fails to recognize the importance of assuring dignified, supportive, and nonabusive life circumstances for every older person. The idea that what happens at home is private can be a major factor in keeping an older person locked in an abusive or neglectful situation. Those outside the family who observe or suspect abuse or neglect may fail to intervene because they believe "it's a family problem and none of my business" or because they are afraid they are misinterpreting a private quarrel. Shame and embarrassment often make it difficult for older persons to reveal abuse. They don't want others to know that such events occur in their families.

Certain cultural values, beliefs, and traditions influence family dynamics, intergenerational relationships, and ways in which families define their roles and responsibilities and respond to daily challenges. These differences make some situations difficult to distinguish from abuse or neglect. Older individuals who are ethnic minorities, particularly recent immigrants, may face language barriers and financial or emotional dependence that influence their ability or willingness to report abuse.

Although definitions of abuse may vary across diverse cultural, ethnic, and religious communities, it is important not to ignore signs of abuse by attributing the behaviors to cultural differences. For example, some cultures do not honor the basic rights of women, and older women in these cultures may not realize they are being abused. They probably would not call for help outside the family and may not even know that help is available.

Persons working with older people in potentially abusive situations need to be sensitive to

cultural differences and intervene accordingly. Formulating culturally sensitive prevention and intervention efforts requires an understanding of roles and responsibilities within the family and help-seeking behaviors.

HOW CAN WE PREVENT ELDER ABUSE?

The first and most important step toward preventing elder abuse is to recognize that no one—of whatever age—should be subjected to violent, abusive, humiliating, or neglectful behavior. In addition to promoting this social attitude, we can take positive steps such as educating people about elder abuse, increasing the availability of respite care, promoting increased social contact and support for families with dependent older adults, and encouraging counseling and treatment to cope with personal and family problems that contribute to abuse. Violence, abuse, and neglect toward older individuals are signs that the people involved need help immediately.

Education is the cornerstone of preventing elder abuse. Media coverage of abuse in nursing homes has made the public knowledgeable about—and outraged by—abusive treatment in those settings. Because most abuse occurs in the home by family members or caregivers, there needs to be a concerted effort to educate the public about the special needs and problems of older adults and the risk factors for abuse.

Respite care—having someone else care for the elder, even for a few hours each week—is essential to reducing caregiver stress, a major contributing factor in elder abuse. Every caregiver needs time alone, free from the worry and responsibility of looking after someone else's needs. Respite care is especially important for caregivers of people suffering from Alzheimer's disease or other forms of dementia or of older people who are severely disabled. Area Agencies

on Aging are a local resource for services that might help family caregivers find respite and in-home help with difficult care tasks, such as bathing, dressing, and cooking (see Where to Go for Help section on p. 17).

Social contact and support can be a boon to older persons and to family members and caregivers as well. When other people are part of the social circle, tensions are less likely to reach unmanageable levels. Having other people to talk to is an important part of relieving tensions. Many times, families in similar circumstances can band together to share solutions and provide informal respite for each other. In addition, when there is a larger social circle, abuse is less likely to go unnoticed. Isolation of elders increases the probability of abuse, and it may even be a sign that abuse is occurring. Sometimes abusers will threaten to keep people away from the older person.

Counseling for behavioral or personal problems in the family or for the individual with mental health and/or substance abuse problems can play a significant role in helping people change lifelong patterns of behavior or find solutions to problems emerging from current stresses. If there is a substance abuse problem in the family, treatment is the first step in preventing violence against the older family member. In some instances, it may be in the best interest of the older person to move him or her to a different, safer setting. In some cases, a nursing home may be a more appropriate living environment than living with adult children who are not equipped emotionally or physically to handle the responsibility. Even in situations in which it is difficult to tell whether abuse has really occurred, counseling can be helpful in alleviating stress.

WHAT YOU CAN DO ABOUT ELDER ABUSE

If you suspect that an older person is being abused or neglected:

- Don't let your fear of meddling in someone else's business stop you from reporting your suspicions. You could be saving someone's life. The reporting agencies in each state are different, but every state has a service designated to receive and investigate allegations of elder abuse and neglect. Even if these agencies determine that there is only potential for abuse, they will make referrals for counseling (call the **Eldercare Locator** at **1-800-677-1116**).
- Do not put the older person in a more vulnerable position by confronting the abuser yourself unless you have the victim's permission and are in a position to help the victim immediately by moving him or her to a safe place.
- Remember that many professionals, including psychologists and other mental health specialists who work closely with older individuals, are "mandatory reporters" according to state statute, which varies from state to state.

If you feel you are being abused or neglected:

- Your personal safety is most important. If you can safely talk to someone about the abuse (such as your doctor, a trusted friend, or a member of the clergy) who can remove you from the situation or find help for the abuser, do so at once. If your abuser is threatening you with greater abuse if you tell anyone, and if the abuser refuses to leave you alone in a room with others who could help, you are probably afraid to let anyone know what is happening to you. A good strategy is to let your physician know about the abuse. **The physician has a legal obligation to report the abuser and help you find safety.**

- You can also contact **Adult Protective Services (APS)**, and they will help you find safety and will also find help for the person who is abusing you (see the Where to Go for Help section for a link to APS), or you can call the **Eldercare Locator** at **1-800-677-1116** (**www.eldercare.gov**).

If you feel you have been abusive or are in danger of abusing an older person in your care:

- There is help available if you have been abusive to an older person or if you feel you want to hurt someone for whom you're caring. The solution may be to find ways of giving yourself a break and relieving the tension of having total responsibility for an older person who is completely dependent on you. There are many local respite or adult day care programs to help you.
- If you recognize that abuse, neglect, or violence is a way you often solve problems, you will need expert help to break old patterns. There is help and hope for you, but you must take the first step as soon as possible. You can learn new ways of relating that are not abusive. You *can* change. Talk with someone who can help—a trusted friend or family member, a counselor, or your pastor, priest, or rabbi. If alcohol or drugs are a problem, consider contacting Alcoholics Anonymous or some other self-help group.
- Contact a helping professional, such as a counselor, psychologist, or therapist who specializes in helping people change destructive behaviors. To find a competent therapist, ask your physician or your health plan representative for a recommendation. The American Psychological Association can help you find a local psychologist through its **Psychologist Locator (http://locator.apa.org)**. If you cannot afford private therapy, call your city or state mental health services department to find out what your options are.

- The most important thing for you is to be honest—with yourself and with those who want to help you—about your history of violent behavior and your abusive relationship with the older person. Someone's life—and your own—may depend on it.

WHERE TO GO FOR HELP

National Center on Elder Abuse(NCEA)

The NCEA is a resource for public and private agencies, professionals, service providers, and individuals interested in elder abuse prevention information, training, technical assistance, and research.
1-855-500-3537
www.ncea.aoa.gov

Adult Protective Services

Adult Protective Services (APS), present in all 50 states, is designated to receive and investigate allegations of elder abuse and neglect. Each state has a primary agency that houses APS. It may be the Area Agency on Aging, the Division of Aging, the Department of Aging, or the Department of Social Services.
www.napsa-now.org

Area Agencies on Aging

Area Agencies on Aging (AAAs) provide support for older adults, their families, and caregivers through advocacy, information, and services. Programs and services offered for vulnerable older adults vary by locality but often include a long-term care ombudsman and an elder abuse prevention specialist. Check your local telephone directory or go to **www.n4a.org**.

Eldercare Locator

The Eldercare Locator is a nationwide service sponsored by the U.S. Administration on Aging that connects older Americans and their caregivers with information on senior services. If you know the address and zip code of an older person being abused, the Eldercare Locator can refer you to the appropriate agency in the area to report the suspected abuse.
1-800-677-1116
www.eldercare.gov

Medicaid Fraud Control Units (MFCU)

Each state attorney general's office is required by federal law to have an MFCU that investigates and prosecutes Medicaid provider fraud and patient abuse and neglect in health care programs and home health services that participate in Medicaid. Contact information for individual state MFCUs:
www.namfcu.net/states

National Domestic Violence Hotline

This toll-free, anonymous hotline provides support counseling for victims of domestic violence and links to more than 4,000 local support services for abused women across the U.S. The hotline operates 24 hours a day, every day of the year.
1-800-799-7233
TDD 1-800-787-3224

Psychologist Locator

The APA's Psychologist Locator makes it easy for you to find practicing psychologists in your local area.
http://locator.apa.org

RESOURCES

Abuse, Neglect, and Exploitation Resources (National Clearinghouse on Abuse in Later Life)
www.ncall.us

Planning Tips: Preventing Elder Financial Abuse for Family Caregivers (MetLife)
www.metlife.com/assets/cao/mmi/publications/studies/2011/Tips/mmi-preventing-elder-financial-abuse-family-caregivers.pdf

Resources on Intimate Partner Violence and Rural Older Women (Center for Gerontology at Virginia Tech)
www.gerontology.vt.edu/resources.html

State Directory of Helplines, Hotlines, and Elder Abuse Prevention Resources
www.ncea.aoa.gov

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www.apa.org/pi/aging

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