Dealing with elder abuse

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Remember

- Elder abuse is defined as the wilful or unintentional harm caused to older adults by other persons with whom they have a relationship implying trust. It is often perpetrated by spouses or adult children but also occurs with other family members or by paid or informal caregivers.
- Several types of abuse are common:
  - physical abuse (including sexual abuse, striking, shaking, use of restraints and improper feeding)
  - psychological abuse (ranging from threats and shouting, ignoring the person, infantilisation and encouraging the victim to become dependent on the abuser)
  - neglect (failing to provide the necessities of life, including withholding prescribed medications)
  - financial abuse (the exploitation of or inattention to a person's possessions or funds).
- Elder abuse is often difficult to detect because many of the signs are subtle, and the victim is often unwilling or unable to discuss the abuse. The victims hide the abuse because of shame and stigma, fear of retaliation by the abuser, a desire to protect the abuser who is a loved one, or fear of the consequences of revealing the abuse, such as loss of the carer and institutionalisation.
- Elder abuse is common, and although it is often under-reported it has been shown to be a medical, social and legal problem in Australia. The first reported concern by social services in Australia was in 1975. The exact prevalence is unknown; however, international figures suggest 3% of those aged 65 years or older are physically abused.
- Studies have shown that elderly people who are abused have a significantly higher mortality than do those who are not abused.

Assessment

- Signs of elder abuse are often subtle and are seen only if looked for, especially in elderly people who have cognitive impairment – where complaints of abuse are often dismissed as confusion, paranoia or dementia. Elder abuse should be suspected when there is a delay between illness or injury and seeking medical attention, there are vague, nonsatisfactory or contradictory explanations by the patient or the caregiver, or the caregiver is reluctant to accept home health care.
- Suspect elder abuse especially if there are a number of risk factors (Table).
- If one suspects elder abuse, a sensitive and nonjudgemental approach should be taken with interviewing the elder and the carer individually. If the victim does disclose abuse, the nature, frequency and severity of events should be clarified. One should also attempt to ascertain any precipitating circumstances (e.g. carer intoxicated). Confrontation with the carer should be avoided, and an interview with the carer should explore whether his or her role is burdensome and difficult and look for the risk factors mentioned in the Table. The discussion of abuse should be brought up in the context of an understanding and supportive environment.
- A thorough physical examination of the elder should be performed and documented, with any signs of possible physical abuse being recorded. The examination should include a full mental state examination, looking for depressive and psychotic symptoms, and cognitive assessment. This is extremely important for establishing the elder's capabilities in discussing these issues and making decisions about the intervention plan.

Management

- If the elderly patient is in immediate danger, the doctor, in consultation with the patient, should consider hospital admission, law enforcement intervention or transfer to a safe environment (i.e.

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respite accommodation).

- A management plan specific for each case of elder abuse should be devised and directed by the victim if he or she has sufficient decision-making capacity. Often the situation may change, and it requires continual assessment and follow up over time. A risk assessment should be performed at all meetings with the patient, because abuse often becomes more severe over time.
- Interventions often include:
  - medical assistance
  - education of the victim about what is abuse and about safety plans
  - psychological support
  - legal or law enforcement intervention (which may include arrest of the abuser for severe abuse)
  - an administration order and/or guardianship order for financial and personal safety if the elder has impaired capacity
  - provision of legal advice and protection orders for the victim.
- It is also often essential to increase the social supports (e.g. Meals on Wheels or Home Help), and decrease the care burden for the caregiver (through the use of day centres, in-house respite services or regular residential respite).
- It is important to educate the carer about the elder's illness and/or give the carer individual psychological support. Carers should often be directed to one of the many carer support groups available, such as Alzheimer's Australia (formerly the Alzheimer's Association), Carers Associations or ARAFMI (formerly the Association of Relatives and Friends of the Mentally Ill).
- If elder abuse is suspected and the patient or the carer will not allow full discussion or examination, referral to a tertiary elderly care service is required. Such services include the local ACAT (aged care assessment team), geriatric health service or old age psychiatry service, or, if criminal abuse is suspected, the police services. Most States have a public advocate service that will investigate suspected abuse in facilities.
- Elder abuse is often multifactorial in its precipitants. It therefore requires multifaceted management interventions and often the skills of a multidisciplinary team that has experience in dealing with these issues. Nursing skills, social work skills and at-home assessment are important in this field, and cases of elder abuse often require referral to a tertiary geriatric care agency. Agencies such as the local ACAT or geriatric department, old age psychiatry services and the Public Advocates Office are trained to deal with elder abuse. MT

Table. Risk factors for elder abuse*

Victim factors

Social isolation of the elderly victim

The abused person is likely to be kept isolated and the abuse is less likely to be detected; social isolation can exacerbate carer stress

Chronic disorder, especially with functional impairment

This decreases the victim's ability to escape, seek help or defend him or herself; it also increases the victim's dependence on the carer and increases carer stress

Shared living arrangement of abuser and victim

Elderly persons living alone are less likely to be abused, because living together often increases tension and carer burden

Presence of cognitive impairment

The presence of dementia increases the risk of abuse, especially if aggressively attacking the carer precipitates retaliation

Dependence of the victim on the carer

High dependence can increase carer burden, increasing the likelihood of elder abuse

Carer factors

Substance abuse

Alcohol or drug abuse by the carer increases the risk of elder abuse

Psychiatric disorder(s)

Carers with a past or current psychiatric disorder have increased risk of being abusers

History of violence

There is an increased incidence of elder abuse if there has been a history of abuse in the relationship or the carer has a history of other violent acts

Dependence of the abuser on the victim

Dependence on the elder for financial, housing or emotional support or for other needs can contribute to abuse

Stress or adverse life events of the carer

Stressful life events, such as chronic financial difficulties or death in the family, combined with the responsibilities of caregiving increase the risk of elder abuse

*Modified from Lachs and Pillemer.[1]

Reference

1. Lachs M, Pillemer K. Abuse and neglect of elderly persons. N Engl J Med 1995; 332: 437-443.