

Prevention and Early Identification of Elder Abuse



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KEYWORDS

• Elder abuse • Screening • Ageism • Adult protective services • Mistreatment

KEY POINTS

- Early identification and prevention of elder abuse requires challenging ageist perceptions.
- Increasing public awareness and health professional training is needed to differentiate abuse in older adults from “normal” aging.
- More research is needed to identify characteristics that increase the risk of elder abuse and subsequent studies to inform best practices for reducing harmful outcomes.
- Concise assessments can be used effectively during brief clinical visits with older adults to identify risk factors and indicators of abuse.

INTRODUCTION

The United States is undergoing an aging boom. Every day, 8000 Baby Boomers reach the retirement age of 65. Currently, adults 65 years and older represent 14% of the US population; by 2050, this number is expected to reach 25%.¹ This upsurge in societal aging will most likely be accompanied by a sharp increase in callous acts of abuse for many older adults, causing horrific suffering regardless of social class, gender, or ethnic and cultural background. Elder abuse escalates the burden on limited public health resources.² We need both effective prevention strategies to protect an aging population at risk for elder abuse as well as early detection of warning signs and symptoms.

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DEFINITION

Over the past 30 years, elder abuse has received greater and greater attention from health and social service professions and law enforcement agencies. The US Centers for Disease Control and Prevention,³ the US Administration on Aging (now known as the US Administration on Community-Living),⁴ and the World Health Organization have made it a priority.⁵ Although there is no universally accepted definition of elder abuse, existing ones are consonant with the (1985) Elder Abuse Prevention, Identification and Treatment Act, which defines abuse as “the willful infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm or pain or mental anguish or the willful deprivation by a caretaker of goods or services which are necessary to avoid physical harm, mental anguish or mental illness.”⁶ The World Health Organization further describes elder abuse as an act of violence and a human rights violation.⁷ Given the latitude of interpretations under this definition, it is not surprising that public officials and inter-professional researchers broaden their understanding of the scope of elder abuse. Identifying and addressing the causes and consequences of elder abuse, broadly understood, speaks to many comorbidities and environmental hazards associated with late-life vulnerabilities.

TYPES OF ELDER ABUSE

The US National Center on Elder Abuse identifies 7 unique types of elder abuse and provides definitions for each: Physical abuse, sexual abuse, financial exploitation, caregiver neglect, psychological and emotional abuse, abandonment, and self-neglect.⁸ **Table 1** lists definitions for each type of abuse along with their most recent US population-based prevalence estimates.^{8,9} These estimates represent self-reported abuse by cognitively intact community-dwelling older adults.

Table 1 Abuse types, definitions and 1-year US population-based incidence estimates for community-dwelling cognitively intact adults 65 years of age and older		
Type	Definition	Prevalence (%)
Physical abuse	Bodily injury, physical pain or impairment owing to use of physical force	1.6
Sexual abuse	Any kind of non-consensual sexual contact	0.6
Psychological/emotional abuse	Verbal or non-verbal acts that cause emotional and/or psychological anguish, pain, or distress	3.2
Financial exploitation	Improper or illegal use of an older adult's money, property or assets	5.2
Caregiver neglect ^a	Failure or refusal to fulfill one's caregiver obligation or duties to an older adult	5.1
Self-neglect ^a	Older adult self-behaviors that threatens the individual's own health and safety	5.1
Abandonment	Desertion of an older adult by a person who assumed responsibility for their care	—

Note: The incidence estimates represent the findings of the most recent US population-based study of elder abuse in cognitively intact community-dwelling older adults. These rates are estimated to be higher among the cognitively impaired.

^a Self-Neglect and caregiver neglect were combined in this study for a prevalence of 5.1%.

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