

Elder Physical Abuse



Lisa M. Young, MD, MBA

KEYWORDS

- Elder abuse • Physical abuse • Injury • Assault • Restraint
- Adult protective services • Ombudsman

KEY POINTS

- Physical abuse of the elderly is a significant public health concern. The true prevalence of all types, including trauma, restraints, and misuse of medications, is unknown, and under-reporting is known to be significant.
- The geriatric population is projected to increase dramatically over the next 10 years, and the number of abused individuals is projected to increase as well.
- It is critical that health care providers feel competent in addressing physical elder abuse.
- The cases presented illustrate the variety of presenting symptoms that may be attributed to physical elder abuse.
- Recognition of abuse by clinicians and reporting suspicion of abuse to the proper authorities will improve the care of older adults and prevent serious morbidity and mortality.

INTRODUCTION

Elder physical abuse consists of injury, assault, or restraint of an older person. Abuse is most often perpetrated by a family member who is acting as a caregiver. The true prevalence of elder abuse, including physical abuse, is unknown, because of under-reporting. However, over half a million older adults are estimated to be subject to abuse yearly in the United States. Clinician awareness and recognition of physical elder abuse are important to ensure the safety of patients. Signs, symptoms, and patterns of injuries may indicate that a patient is the victim of abuse. In many cases, these can be distinguished from normal signs of aging. Certain characteristics of the caregiver and care recipient are correlated with an increased risk of abuse. Once a health care provider has a suspicion of abuse, it should be reported to Adult Protective Services, or the ombudsman, if the victim lives in a facility. Many states require mandatory reporting of the suspicion of elder abuse to the appropriate authorities. In addition, law enforcement should be notified in most cases of physical abuse. The victim must be assured of his or her safety, as well as appropriate medical care.

Disclosures: None.

HealthCare Partners, 3330 West Lomita Boulevard, Torrance, CA 90505, USA

E-mail address: liyoung@healthcarepartners.com

Clin Geriatr Med 30 (2014) 761–768

<http://dx.doi.org/10.1016/j.cger.2014.08.005>

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DEFINITION AND PREVALENCE

Physical abuse of an elder is defined by the Centers for Disease Control and Prevention (CDC) as an injury, assault or threat with a weapon, or inappropriate restraint of a person aged 60 and older by a caregiver or other person in a position of trust.¹

A 2013 report by the CDC states that an estimated 500,000 older adults are subject to elder maltreatment yearly in the United States.² The extent of the problem is thought to be underestimated due to lack of reporting by abuse victims to authorities. The National Institute of Justice sponsored a study to determine the prevalence of elder maltreatment in community-dwelling older adults completed in 2009. The study was performed via telephone survey and consisted of over 5000 participants aged 60 years or older. The study found the prevalence of physical mistreatment among the surveyed population to be 1.6%. Of the survey participants alleging abuse, only 31% reported the abuse to law enforcement.³ A prevalence study of elder abuse in New York published in May 2011 found that the number of elders reporting physical abuse in the study was 20 times greater than the number of physical abuse cases reported to authorities.⁴

RISK FACTORS ASSOCIATED WITH ELDER ABUSE

Many studies have identified characteristics of the abusers and victims. A diagnosis of dementia and living with the abuser are the risk factors most strongly correlated with abuse of an elder.⁵ Problematic behaviors associated with dementia and psychiatric illness further increase the risk of physical abuse.⁶ Social isolation, an inadequate social support system, and history of conflicts with family members also increase the risk of an elder being abused.⁷ Disability of an elder person has not been found to be an independent risk factor for abuse, but may increase their vulnerability if other risk factors are present.⁵ For instance, impaired vision, gait, and balance place one at an increased risk of falls from force. Pavlik and colleagues⁸ found in a study of abuse cases reported in Texas that female gender and older age are correlated with risk of abuse. With each 10-year increase in age, the risk of an Adult Protective Services report being filed for abuse doubled.⁸

An epidemiologic study of elder abuse in Boston published in 2012 revealed that two-thirds of the abusers were spouses, and one-third were the adult children of the abuse victim.⁵ Substance abuse by the caregiver increases the risk of abuse, as does caregiver mental illness, such as depression.^{5,9} Caregivers who are dependent on the elder person for housing or financial assistance are at high risk for perpetrating abuse.⁵ Other factors increasing the risk of abuse include inadequate social support and insufficient caregiver training.³ Exposure to abuse in early life, a history of violence, and antisocial behavior increase risk for a family member or caregiver to become abusive.⁵

TYPES OF PHYSICAL ABUSE

Several types of physical abuse have been identified. The most common acts of abuse are hitting, slapping, or striking the elder with an object.⁵ Restraints may be considered a form of physical abuse.^{10,11} Restraints can be physical, using bindings, or chemical, using medications.¹⁰ Examples include overmedication with psychoactive medications administered to keep a patient sedated in bed. Undermedication may include withholding neurologic or psychoactive medications. For example, withholding dopamine agonist medication may cause increased muscle rigidity in a person with Parkinson disease, resulting in gait difficulty. Force-feeding is another form of abuse.¹⁰ A patient

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