

Care of the Victim



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KEYWORDS

• Elder abuse • Victim • Adult protective services

KEY POINTS

- Elder abuse cases are expected to rise as the population ages.
- Health care professionals need to be familiar with providing ongoing care to elder abuse victims.
- Health care professionals need to be familiar with the legal system as it pertains to elder abuse victims.
- Victims of elder abuse have significant medical consequences including increased mortality and morbidity.

INTRODUCTION

Elder abuse has long been an underrecognized topic; however, at present, there is a sense of urgency to identify and elevate elder abuse as a topic of utmost importance. For health care providers, much emphasis has been given to recognizing and reporting elder abuse. However, these essential steps are the beginning of a process of caring for patients who are survivors of elder abuse. The care of the victim must be recognized as an equally important topic for research and education.

Definition

...he was non ambulatory and incontinent of bowel and bladder; his skin was caked with dirt and his carpet was soaked of urine; he had open ulcers on his legs; feces was on the floor; and his room was filled with roaches... (excerpt from Adult Protection Service case report, May 2012)

This is elder abuse, a problem that was first described in the 1970s as granny battering, a problem that has grown over the decades, and a problem that is expected to continue growing as the older adult population increases from 35 million to 72 million by 2030.¹

Disclosures: None.

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Defined by the National Research Council as “intentional actions that cause harm or a serious risk of harm to an older adult by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elders’ basic needs or to protect the elder from harm,”² elder abuse depicts a horrifying national health problem that can further be differentiated into six types of abuse: (1) physical, (2) emotional, (3) sexual, (4) financial, (5) neglect, and (6) self-neglect.

An estimated 1 to 2 million older adults living in the United States are victims of elder mistreatment annually.³ More specifically, a study of cognitively intact older adults 60 years of age and older showed that 4.6% suffered from emotional abuse, 1.6% from physical abuse, 0.6% from sexual abuse, and 5.2% from financial abuse; in total, 11% reported being abused in the past year.⁴

Recent data show that elder mistreatment is not only detrimental to the individual being victimized but also to social, law, and health systems. Elder mistreatment has been associated with increased emergency room services; risk for nursing home placement; all-cause mortality⁴; and according to a recent prospective epidemiologic study, an increased rate of hospitalization.⁵ Economic costs of elder mistreatment are also significant, with an estimated contribution of more than 5.3 billion dollars to the annual health care expenditure in the United States.⁶

Victims of Elder Abuse

There are presently about 39 million individuals older than age 65 and the US Census Bureau projects that number to rise to more than 62 million by 2025.⁷ As of 2003, there were an estimated 1 to 2 million victims of elder abuse each year.² The oldest of the seniors, 80 years and older, are being abused and neglected at two to three times the proportion of all other senior citizens.⁸ Women (67%) are also far more likely than men (32%) to suffer from abuse.⁸ Such factors as longer life expectancy, increased dependency of elders on caregivers, fewer family members living in the same geographic regions, caregivers being elderly themselves, and an increased incidence of substance abuse and mental illness all predispose older adults to victimization.⁹ Most perpetrators (90%) have a relationship with their victims: 33% are adult children, 22% are other family members, 16% are strangers, and 11% are spouses and intimate partners.¹⁰ More than half of the alleged perpetrators of elder abuse were female (53%), as noted in the last National Center on Elder Abuse Study in 2004. Elder abuse transcends race, religion, and socioeconomic status and is encountered across all health care and community settings. As such, care of the victim falls not only to health care professionals but many different professionals, including agents from adult protective services (APS), law enforcement, and other community-based service programs.¹¹

Health Care Response: Reporting

Given the clear prevalence of elder mistreatment, a busy clinician who sees between 20 and 40 patients daily could encounter at least one victim of elder mistreatment¹² during that time. However, according to an APS survey, health care professionals submitted only 11.1% of elder abuse reports; more specifically, physicians accounted for only 1.0% of reported cases. This is irrespective of the fact that virtually all states mandate reporting of suspected elder abuse by health care professionals.^{4,13}

Aside from reporting issues, another major concern is that physicians and other health care providers who do not recognize elder abuse are ineffective at addressing the consequences of abuse in patient care. According to the American Medical Association, physicians may be the only person outside the family that an older adult sees regularly and as such, are in a key position to recognize and report elder

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