

# Resources on Elder Abuse

## Definitions

### **Physical Abuse**

Using physical force that results in physical pain or injury.

### **Sexual Abuse**

Nonconsensual sexual contact with an older person.

### **Emotional Abuse**

Verbal assaults, humiliation, threats, harassment, intimidation, or other abusive behavior.

### **Neglect**

Failure to make provisions for personal care (food, shelter, medical care, social contact), or forceful confinement or restraint of the older adult (either intentionally or unintentionally).

### **Financial Exploitation**

The misuse or withholding of an older adult's resources by another, to the older adult's disadvantage.

### **The Victim**

The typical victim of elder abuse is a widowed, white female in her mid-70s or older, and living on a limited income. The older person usually lives with the perpetrator, who is often a spouse or adult child. Elder victims often do not report being abused. Fearing retaliation by the abuser, being ashamed of the situation, or worrying about having to leave one's home are some of the reasons older adults do not report abuse.

### **The Abuser**

The typical abuser is most often the adult child or spouse of the victim, although older family members and nonrelatives may be perpetrators. The abuser may depend on the older person for housing, financial assistance, or emotional support. Research indicates that caregiver stress, alcohol or substance abuse, and emotional and/or financial problems are factors in many instances of abuse.

## Is This Elder Abuse?

Alice, 75, a widow, lived in a small apartment with her son, Frank, 54. Frank had been in and out of drug and alcohol treatment centers for years, but was doing well for the last six months since he moved back in with his mother. Alice knew her son had nowhere else to go so she took him in under two conditions: he had to find a job and he could not drink. Frank found a job and things seemed to be going well until he stopped coming home right after work. Alice knew he was stopping at the corner bar because she could smell the alcohol on his breath. The third time this happened, Alice confronted her son. Frank immediately became belligerent, verbally abusing her and forcing her to go to her room. The next night Alice confronted him again threatening to throw him out if he continued to drink. Frank became enraged and started running toward his mother with his fist raised over his head. Fearing for her life, Alice fled to the safety of her neighbor's house.

Carol, 24, divorced, lived on the second floor of an apartment with her two young children. Living below her on the first floor was Beatrice, 86, a nice old lady who didn't leave her apartment very often because of her arthritic knees and poor eyesight. Carol and her children visited Beatrice frequently and often helped with her laundry in exchange for occasional babysitting. Beatrice loved their company. Every Saturday, Carol offered to do the grocery shopping for Beatrice. Because she could not do it herself, Beatrice was happy to accept Carol's help. Carol thought it was okay to keep \$20 of the change each week because she was taking the time and trouble to help Beatrice; although, she was never offered any money. Carol thought Beatrice would never realize the money was missing because of her poor eyesight.

## **A Reality**

In both scenarios it is clear that elder abuse is a disturbing reality in today's society. The risk of being abused, neglected or exploited is real for many older people. Family members or other caregivers are most often the abusers. The problem crosses all geographic, socioeconomic, racial, and ethnic barriers.

According to the National Center on Elder Abuse (NCEA), "Elder abuse in domestic settings is a widespread problem, possibly affecting hundreds of thousands of elderly people across the country. However, because it is still largely hidden under the shroud of family secrecy, this type of abuse is grossly underreported." In fact, many experts agree that the reported numbers represent only the "tip of the iceberg." It is estimated that only 1 out of 14 domestic elder abuse cases is reported to the authorities. In Illinois, it is estimated that four to five percent of the older population (approximately 80,000 persons) is abused. Only 5,000 cases or so are reported each year. Currently, six out of ten reported cases are substantiated after investigation.

Types of elder abuse may include physical, sexual, or emotional abuse; neglect, or financial exploitation. It is possible that more than one type of abuse may be suspected in any given case. Financial exploitation and emotional abuse are the types most commonly reported.

## **Warning Signs of Elder Abuse and Neglect**

Just as there are many types of abuse, there are also numerous signs or symptoms that abuse may be taking place. The following signs do not always indicate an abusive situation, but can be important clues to possible abuse or neglect.

### **Symptoms of an Abused Older Person**

- Unusual or unexplained injuries (Bruises and discoloration on inner arm/thigh, thumb/finger prints, choke marks, presence of old and new bruises in the same place, different colored bruises, and suspicious shapes caused by coins, cords or belts used as restraints; Scratches, cuts, pinch marks, cigarette burns, rope burns, and fractures; Physical injury on head, scalp or face, e.g. black eye; Bruises around breast or genital areas, unexplained vaginal or anal bleeding, or torn, stained and bloody under clothing)

- Confinement against will (Physical restraint use not ordered by a doctor and used for the convenience of care provider, e.g., persons tied in bed, strapped into wheelchairs while slumping over or sitting out of alignment, etc.)
- Dehydration or malnutrition without a medical cause (Drowsiness, dry and cracked lips)
- Drooling
- Vacant stare from over- medication
- Confusion/Disorientation
- Fear/Anger/Anxiety/Agitation
- Denial/Depression/Withdrawal
- Non-responsiveness/Helplessness/Resignation
- Visits to many doctors or hospitals
- Strange and inconsistent explanations for injuries
- Hesitation to talk openly

### **Neglect Indicators**

- Poor hygiene, e.g., unkempt appearance, stained or torn clothes.
- Dirty or uncut finger or toenails.
- Inadequate dental hygiene.
- Signs of feces on resident or in bathroom and smell of urine.
- Person lying in urine or feces.
- Unexplained weight loss, malnutrition and dehydration.
- Persons left unattended on toilet.
- Bruising or fractures from rough handling or frequent falls due to lack of attention.
- Bedsores on buttocks, heels, elbows, shoulder blades, etc.
- Staffing problems in care facilities lead to neglect, e.g., limited number of staff on nights and weekends, staff inadequately trained or experienced for assignment, and high staff turnover.

### **Symptoms of an Abuser**

- Verbally assaulting, threatening or insulting the older person
- Concerned only with the older person's financial situation and not his or her health or well-being
- Problems with alcohol or drug abuse
- Not allowing the older person to speak for him/herself
- Blaming the older person
- Attitudes of indifference or anger toward the older person
- Socially isolating the older person from activities and others
- Care provider providing conflicting reports on condition of older person

## **Signs of Nursing Home Abuse**

There are certain warning signs that can indicate nursing home abuse has and/or still is occurring. Some residents are hesitant to disclose instances of nursing home abuse out of fear that the abuse will get worse or because they do not want to burden their families. Some residents may not even be able to communicate that nursing home abuse is occurring due to physical or mental limitations. If there are any signs or indicators that nursing home abuse is present, immediate action should be taken.

1. Unexplained bruises, cuts, burns, sprains, or fractures in various stages of healing
2. Bedsores or frozen joints
3. Unexplained venereal disease or genital infections; vaginal or anal bleeding; torn, stained, or bloody underclothing
4. Sudden changes in behavior
5. Staff refusing to allow visitors to see resident or delays in allowing visitors to see resident
6. Staff not allowing resident to be alone with visitor
7. Resident being kept in an over-medicated state
8. Loss of resident's possessions
9. Sudden large withdrawals from bank accounts or changes in banking practices
10. Abrupt changes in will or other financial documents

Please visit the EIM page of the diocesan website [www.austindiocese.org/elderly-or-adult-with-disability](http://www.austindiocese.org/elderly-or-adult-with-disability) for more information and resources regarding ministry to the vulnerable and elderly.