

In 1996, the number of adults age 60 and over reportedly abused or neglected (excluding self-neglect) in a domestic setting was 450,000 (National Center on Elder Abuse, 2005). Elder abuse is any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult (National Center on Elder Abuse, 2005). The harm or risk of harm can be physical, emotional, sexual or exploitive. Abuse may also take the form of neglect or abandonment.

Past research has mainly focused on domestic abuse, with little attention given to sexual abuse of the elderly. Sexual abuse includes any type of non-consensual sexual contact. The incidence of sexual abuse against the elderly in long-term care has not been sampled (Forensic Nurse, 2003). Official national statistics on the abuse of elderly have not yet been researched; this is due to varying definitions of elder abuse, differences among reporting of state statistics, and the lack of comprehensive national data. (National Center on Elder Abuse, 2005)

### **Types of Elder Abuse**

- Physical abuse
- Emotional abuse (mental, psychological or verbal)
- Neglect or abandonment by caregivers
- Self-neglect by elders
- Sexual abuse
- Financial exploitation
- Healthcare fraud or healthcare abuse (Helpguide, 2004)

Physical abuse is “physical force that results in injury, impairment, or physical pain, or the threat of such physical force” (Helpguide, 2004). Emotional abuse is any “verbal or nonverbal act that inflicts emotional pain, anguish, or distress on the elder” (Helpguide, 2004). Physical neglect of the elderly is committed by confinement, isolation, or denial of essential services. Emotional neglect of the elderly is committed through a lack of basic emotional support, respect, and love (Helpguide, 2004).

The following are the most common characteristics of abused elderly:

- Usually female
  - 75 years old or older
  - Widowed/divorced
  - Lives alone or with abuser
  - Dependent on the abuser
  - Physically or mentally impaired
  - Frail or chronically ill
  - Isolated
- (University of Tennessee, 2005)

### **Perpetrators of Elder Abuse**

Both men and women can be perpetrators of elder abuse. However, the typical abuser is a male between thirty-six to fifty years old. Abuse may take place in long-term-care facilities, but according to the American Psychological Association (APA, 2005), these instances of abuse are not common. Only 4 percent of the older adult population lives in an institutional setting (APA, 2005). In nursing homes, the

potential abusers include employees, outside visitors, and intruders. Anyone associated with an elderly person (such as friends, lawyers, clergy, caregivers etc.) may abuse him or her (Helpguide, 2004). A majority of older adults live at home with a family member, and elder abuse is most commonly perpetrated in the elder's home and by someone in the family. The most common perpetrators are either the elder's spouse or child (Helpguide, 2004; APA, 2005). In a 1998 study on elder abuse by the Administration on Aging, nearly 90 percent of abuse and neglect incidents occurred with a known perpetrator. Two-thirds of the perpetrators were adult children or spouses (Nation Center on Elder Abuse, 2005).

### Causes of Elder Abuse

Elder abuse is a complex issue. Not one specific factor causes abuse. Abuse may occur due to caregiver stress, family issues, cultural issues, or for any combination of reasons.

Abuse occurring in nursing homes was attributed by the American Psychological Association (2005) to insufficient staffing, lack of training, stressful working conditions, and/or staff burnout. The incidence of depression is very high among caregivers. Caregivers usually lack exercise, time outdoors, proper nutrition, and adequate sleep. Caregivers have a high level of anxiety. The amount of stress that the caregiver experiences depends upon the needs of the elder, whether the caregiver perceives caregiving as a burden, the elder's view of the caregiver, support the caregiver receives, how the caregiver copes with stress, and whether the elder is violent or aggressive. Caregiver depression and living with the care recipient are predictors of caregiver elder abuse. Violence from a care recipient toward the caregiver is strongly related to subsequent caregiver violence. (APA, 2005; Helpguide, 2004). Emotional problems, psychological problems, and drug or alcohol problems may also lead caregivers to abuse and older person (APA, 2005).

Family issues leading to abuse are also complex. There may be marital stresses, a previous history of domestic violence, or financial stresses. Adult children are more likely to abuse their parents if they are dependent on them for money or housing. The potential for abuse or neglect rises as problems and stresses rise. (APA, 2005)

Certain societal attitudes and certain religious or ethnic belief systems lead to continued abuse of the elderly, especially women. Also, witnesses of abuse may not intervene due to the belief that what happens at home is a private family matter. (APA 2005)

### Best Practices

Programs focused on preventing or intervening in potential elder abuse may provide some or all of the following:

- assistance with money management
- temporary housing
- case management services
- guardianship services - legal protection for those who lack the mental capacity to make decisions and are at risk of abuse, neglect, or exploitation
- advocating for protection of elderly
- research and outcome studies
- counseling services

(National Center on Elder Abuse, 2005)

Several communities have emergency shelters that specifically focus on providing emergency care for elderly who have been physically abused or severely neglected, the closest being in Austin. These programs vary in their implementation but do have some similarities. The funding levels for these elderly emergency shelters range from \$2,030 to \$62,560 per month. The source of funds for emergency shelters include the Department of Public Safety, state general revenues, United Way, religious groups, Municipal funds, AARP, Administration on Aging, Access Center for Elder (ACE), Adult Protective Services, Elder Abuse Coalition, Attorney General's Office, research grants, and private donations. Elder

emergency programs may have one or two multi-bedroom apartment units. The average program has space to house four to ten elderly persons. (National Center on Elder Abuse, 2005). Additionally, many of these shelters include medical care, as these cases differ from other domestic abuse cases in that it involves someone who is, typically, medically frail and reliant on medications.

For a program to be implemented in a community, a coordinated response to elder abuse is needed in order to deal with all aspects of the problem and provide older adults with the care they need. Collaboration should include representatives from: domestic violence and sexual assault programs; aging and adult protective services; health care; law enforcement; the justice system; the faith community; mental health and substance abuse programs. Members of the community who come in contact with elders on a regular basis, the elder community and other stakeholders in the community should also be included. Educating the community about elder abuse and creating services for older victims is the best way to help older victims live free from abuse. (National Clearinghouse on Abuse Later in Life, 2003).

In caring for abused persons, typical emergency shelters are not able to accommodate elders. Specific needs of the elderly which need to be addressed in shelters are:

- Staff trained and experienced in elder care
  - Medical care
  - Low stress environment
  - Quiet times
  - Early dinner/early bedtime
- (Kronkosky Charitable Foundation, notes from meeting with Older Battered Woman's Task Force May 12, 2005).

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