Elder Abuse

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Speaking Outline

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- **S** Introduction
- Os Definition of elder abuse
- Prevalence of elder abuse
- C3 Types of elder abuse
- Preventing of elder abuse
- **3** Diagnosis
- Approaching



Introduction

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Elder abuse is a serious human rights violation that requires urgent action.

It is also a major public health problem that results in serious health consequences for the victims.



Definition

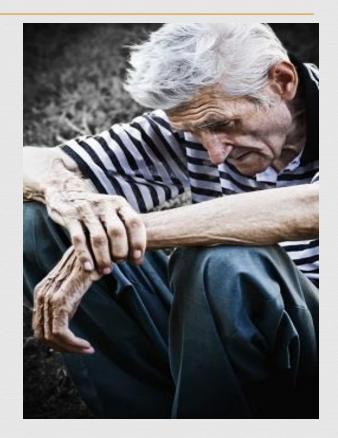


- The first studies of elder abuse were conducted in the 1970s.
- Elder abuse has been defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".
- Harms by people that older person knows and has a relationship with them, such as a spouse, partner, or family member; a friend or neighbor; or people that the older person relies on for services.

Definition



- a) within any relationship where there is an expectation of trust
- b) within an **intimate** partner and/or **familial** relationship
- c) According to WHO estimates, 1 in 6 people aged over 60 suffers from abuse.

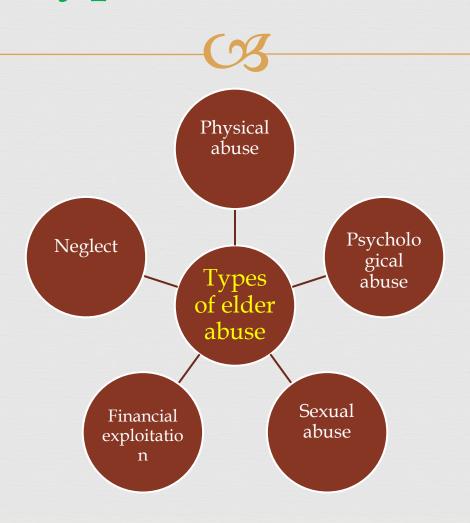


Common potential consequences for elder Abuse



- Rhysical harm

Five types of elder abuse



Prevalence of elder abuse

	Elder abuse in community settings	Elder abuse in institutional settings		
Type of abuse	adults	Reported by older adults and their proxies	Reported by staff	
Overall	15.7%	Not enough data	64.2% or 2 in 3 staff	
Prevalence				
Psychological	11.6%	33.4%	32.5%	
abuse				
Physical abuse	2.6%	14.1%	9.3%	
Financial abuse	6.8%	13.8%	Not enough data	
Neglect	4.2%	11.6%	12.0%	
Sexual abuse	0.9%	1.9%	0.7%	

Potential Risk Factors for Elder Abuse



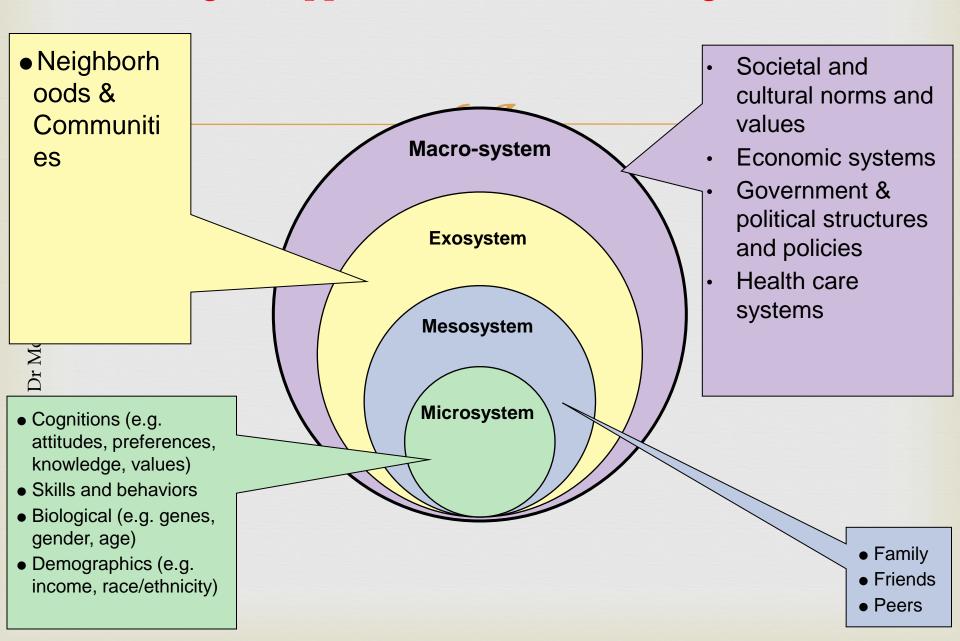
VICTIM

- Functional dependence or disability
- Roor physical health
- Roor mental health
- Social isolation/low social support
- Revious history of family violence
- Revious traumatic event exposure

PERPETRATOR

- Mental illness
- Substance abuse
- **Caregiver stress**
- Previous history of family violence

An Ecological Approaches to Understanding Elder Abuse



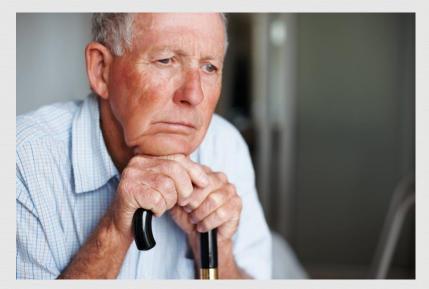
Elder abuse: Men vs. Women



- Several studies on elder abuse indicate that a large number of victims are women.
- Other studies report that men in later life are also significantly abused, especially when they show symptoms of disability and poor health, and require help for their daily activities as a result.



- Elderly men are more subjected to major neglect and financial abuse.
- Older men are more likely to be the victims of abandonment.
- Oldest age group (80 and over), men are at higher risk of victimization than women



Why Are Older Men So Vulnerable to be abused?





Individual



- **R** Less flexible
- **©** Disease
- Dominant scripts of masculinity
 - Self-sufficiency: Talking with others about your issues and concerns is weak
 - Men should figure out their personal problems without asking for help.

Relationship



- Relationship (close relationships/interactions)
- Rigid gender roles: Men don't do household tasks
- Men should be the financial providers for their family
- Older men are more likely to rely on their partners for caregiver support than are older women
- Social exchange theory: Dependency
- Social learning theory: Learnt abusive behaviour

Community



- Community (workplaces or other settings in which social relationships occur)
- **Caregiver strain**

Societal



- Stereotypical images of abuse victims tend to be of children and women.
- Men are usually seen in the role of perpetrator rather than as victim and may therefore fear that no one will believe them if they do disclose about an abusive situation.
- The typical victim has been stereotyped as an older female

Prevalence (%) of abuse during the past 12 months by country and gender

Country	n	Both	Female	Male
Germany	648	30.4	30.6	30.2
Greece	643	15.7	18.3	12.6
Italy	628	12.7	9.3	18.8
Lithuania	630	26.2	26.4	25.9
Portugal	656	27.6	29.6	24.6
Spain	636	14.5	15.9	12.5
Sweden	626	30.8	25.8	36.9
Total	4467	22.1	20.6	22.8

World Elder Abuse Awareness Day (WEAAD)

World Elder Abuse Awareness Day (WEAAD) was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations.



The physician's role in detecting and reporting elder abuse

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™ Until recently, physicians appeared to play a very minor role in detection and reporting of cases of elder abuse, in contrast with child abuse, where pediatricians had and continue to have a major role in detection, intervention, research, reporting, and development of creative model programs for combating the problem.

Comprehensive geriatric evaluation was identified as the most appropriate intervention.



Because older adults do not usually self-report instances of elder abuse, the responsibility for identification, reporting, and intervention rests largely with healthcare professionals, social service agencies, and police departments.

Elder Abuse Suspicion Index (EASI)

- The EASI is designed to be used for patients 65 years and older with a Mini-Mental State Examination of at least 24 and may be a useful screening tool. The purpose of EASI is to help physicians identify patients who require additional inquiry to rule out mistreatment.
- Comprised of six questions, EASI can be rapidly administered as part of a routine clinic visit. All six questions are in a closedended YES/NO format that should be answered in succession.

ELDER ABUSE SUSPICION INDEX © (EASI)							
EASI Questions Q.1-Q.5 asked of patient; Q.6 answered by doctor Within the last 12 months:							
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer				
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer				
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer				
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer				
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer				
6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure				

The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

Elder Abuse Workup



- Evaluate for evidence of infection, dehydration, electrolyte abnormalities, malnutrition, improper medication administration, and substance abuse in patients who have been abused.
 - CBC CBC
 - **Q** Urinalysis

 - Serum levels of relevant medications
 - **™** Urine drug screen
 - **Ethanol** level

Elder Abuse Workup



- X-rays of relevant body parts can be used to detect fractures (unusual or pathologic).
- CT scan can be used to detect intracranial bleeding as a result of abuse or to detect a possible explanation for injuries

Elder Abuse Workup



R Procedures

Pelvic examination with forensic evidence collection in cases of sexual assault.

Treatment



- Immediate care in the emergency department focuses on treating the physical manifestations of abuse and assuring the safety of the patient. This may include the following:
 - Admitting the patient to the hospital
 - Real Placing the patient in a safe home

Elder Abuse Medication



No specific medication is used to treat elder abuse. Avoid anxiolytics and hypnotics because they make patients less able to defend themselves against acts of abuse.





Representation of the Physical Abuse

- (3) Has anyone tried to harm you? Have you been hit, slapped, pushed, grabbed, strangled, or kicked?
- 2) Are there guns or other weapons in your home? Does anyone close to you have access to guns or other weapons?

SEXUAL ABUSE

(3) Has anyone touched you in ways you did not want to be touched?



- 4) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
- If yes, have you had someone who helps you with this?
- If yes, how often do you receive help? Is this help enough?
- Have they done a good job? Are they reliable?
- What happens if no one is available to help?
- 5) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, medical care, or anything else you need to stay healthy?



Representation of the Psychological Abuse

- 6) Has anyone close to you called you names, put you down, or yelled at you?
- (37) Has anyone close to you ever threatened to punish you or put you in an institution?
- (38) Have you felt sad or lonely at home?
- 9) Have you felt afraid of anyone close to you?
- (3 10) Do you distrust anyone close to you?
- (31) Does anyone close to you drink or use drugs?



G FINANCIAL EXPLOITATION

- (3) Has anyone tried to force you to sign papers against your will, or that you did not understand?
- Has anyone pressured you to give them money or property?
- (3) Has anyone taken money or things that belong to you without asking?
- (3 14) Does anyone close to you rely on you for housing and/or financial support?