
Elder Abuse - Recognition and Reporting

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Introduction

- While often thought of as uncommon, elder abuse may occur in 10% or more of older adults (OAs), meaning that a busy clinician caring for OAs will frequently encounter a victim of abuse (Lachs MS and Pillemer KA, *N Engl J Med* 2015;373:1947-56).
- Despite this, the U.S. Preventive Services Task Force doesn't recommend regular screening for elder abuse, and therefore, it's assessed on an as needed basis.

Identifying Elder Abuse

- Elder abuse can manifest in various forms, including physical, emotional, and sexual abuse; financial exploitation; and neglect. Recognizing the signs of abuse is critical in initiating timely interventions. Here are some key steps to consider:
- **Initial Assessment:**
 - Begin with evaluating the essentials, such as access to food, water, medications, and adequate shelter.
 - Assess the patient's overall hygiene, nutritional status, and any unmet medical needs.
- **In-depth Inquiry:** Move on to more specific questions regarding the patient's social environment.
 - Ask open-ended questions about their daily life, relationships with caregivers, and any recent changes in their social or financial situation.
 - Focus on relationships with adult children or spouses, as they are most likely to be the perpetrators.
 - Ask patients with dementia about finances, as they're more likely to experience financial exploitation.
 - If you're suspecting abuse, it's crucial to interview the OA alone and separately so that they can share concerns without fear of retaliation.
- **Use of Assessment Tools:** A structured tool like the Elder Abuse Suspicion Scale (Yaffe MJ et al, *J Elder Abuse Negl* 2008;20(3):276–300) can help you systematically evaluate and document potential abuse. If you're not able to administer the scale, some questions you can ask are:
 - Do you feel safe at home?
 - Has anyone stopped you from getting things you need, like food, clothes, medications, or medical care? How about from seeing friends or family?
 - Has someone not helped you when you needed help?
 - Does anyone ever yell or curse at you?
 - Has anyone tried to force you to sign papers or use your money when you didn't want to?
 - Has anyone touched you inappropriately or physically hurt you?
- **Non-Verbal Cues:**
 - Pay attention to non-verbal indicators such as poor eye contact, withdrawal, anxiety, or hesitation to speak openly by deferring to the caregiver or potential abuser.
 - Body language and emotional state can offer clues to underlying abuse.
 - In patients with limited ability to communicate either due to dementia or other medical conditions, nonverbal cues and physical signs may be your only sign that the patient is being abused.
- **Physical Signs:** Look for injuries or health conditions that may indicate abuse:
 - Unexplained injuries or fractures, particularly in atypical locations.

- Jaw and cheekbone fractures are more likely to be sustained from a punch to the face than in a fall, which usually result in fractures to orbital and nasal bones.
- Multiple injuries in various stages of healing should raise the suspicion of abuse.
- Signs of traumatic alopecia, potentially indicate physical abuse.
- Evidence of malnourishment or dehydration, suggest neglect.
- Poor hygiene or unsuitable clothing, e.g., not wearing a coat on a cold winter's day.
- Evidence of inadequate or delayed medical care.
- Unexplained sexually transmitted diseases or genital injuries.

Managing Elder Abuse

Upon identifying signs of elder abuse, the following steps are crucial for management:

- **Immediate Safety:** If the OA is in immediate danger, prioritize their safety. This may involve hospitalization or arranging alternative accommodations to remove them from the abusive environment.
- **Reporting:** In most states, healthcare professionals are mandated reporters of elder abuse. Familiarize yourself with local laws and procedures for reporting to Adult Protective Services (APS) or law enforcement. When a report is made, an APS worker will visit the home and conduct an investigation with the goal of either verifying or refuting the concern.
- **Suggested Strategies Based on Type of Abuse** (Lachs MS and Pillemer KA, *N Engl J Med* 2015;373:1947-56):
 - **Neglect:** Optimize assistance at home including finding other caregivers; educate caregiver that care being provided is inadequate; arrange for social work assistance to help with nursing home placement, adult day care, and or other respite programs.
 - **Verbal Abuse:** Refer the victim for social work assistance, educate caregiver that care being provided is unsatisfactory.
 - **Financial Exploitation:** Stop the loss of resources as soon as possible, consider guardianship, alert banks and financial institutions to victim's vulnerability, consider referral to local law enforcement.
 - **Physical or Sexual Abuse:** Refer case to local law enforcement/district attorney; consider filing an order of protection with assistance of law enforcement; remove from the abusive environment; develop a safety plan.
- **Follow-Up Care:** Ensure ongoing medical and psychological support for the OA. Abuse can have long-lasting effects on mental health including increased rates of depression and anxiety, necessitating psychotherapy and on-going mental health care. Regular follow-ups are essential to monitor the OAs recovery and prevent recurrence of abuse.