

## UNIT NO. 6

## MANAGEMENT OF ELDER ABUSE AND NEGLECT

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*Extracted and summarized from "Understanding Abuse and Neglect-Detecting and Helping", Second Edition, MCYS, 2004.*

**ABSTRACT**

**Caring for an older person can be especially stressful if the elderly person suffers from physical and mental impairment. When the burden of looking after them becomes intolerable, elder abuse may take place out of sheer frustration. Research has also shown that caregiver stress is one of the causes of elder abuse. Elderly abuse can thus be found not only in families but also in institutions like nursing homes. It is important for family doctors to have a high index of suspicion and call upon supporting resources to help the elderly abused patient. If necessary, the Police should also be involved besides the counsellors. Several help lines are available for both the elderly abuse patient as well as the doctors looking after such patients. The details are in the Integrated Management of Family Violence manual.**

**Key words:** elderly, abuse, caregiver, stress

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**INTRODUCTION**

By 2030, one in five residents in Singapore will be a senior citizen. Those aged 65 and above will leap from the current 300,000 to 900,000, increasing the potential pool of vulnerable adults.

As our population ages, it is anticipated that more cases of elder abuse and neglect will surface. Research shows that age-related disorders such as dementia will rise with the growing number of elderly. It is projected that there will be a threefold increase in the number of people with dementia by 2030. While we expect the majority of the elderly to be healthier and physically independent, they will also be living longer. The ambulatory status of the elderly aged between 65 to 74 years old is 93% and the percentage falls to 78% when the elderly reach 75 years old and above. This group of elderly is more likely to be frail, have disabilities, be socially isolated, and be financially, physically and emotionally dependent on their children – factors which gravely increase their vulnerability to abuse.

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**DEFINITION AND TYPES OF ELDER ABUSE AND NEGLECT****Definition**

Elder abuse and neglect has been defined as any action or inaction, perpetrated by a person in a position of trust, which jeopardizes the health or well being of an elderly person. This includes the infliction of physical, emotional, psychological and sexual harm to an elderly adult. It can also take the form of financial exploitation, abandonment, neglect and medication abuse by the caregiver. Both abuse and neglect can lead to death. (MCYS, Elderly Booklet)<sup>1</sup>.

**Types of elder abuse and neglect**

The five main types of elder mistreatment may be broadly classified as follows:

- **Physical** -- Infliction of physical pain and injury. This includes direct, aggressive behaviours such as bodily assault, torture, physical confinement and sexual abuse.
- **Psychological** -- Verbal aggression such as intimidation, humiliation, making unreasonable demands and deliberate ignoring. This includes actions that cause fear of violence, isolation or deprivation, feelings of shame, harassment, threat and insults.
- **Financial** -- Exploitation and/or misuse of funds or resources. It includes misappropriation of money, valuables or property.
- **Neglect** -- Deliberate refusal to meet basic needs, i.e. failure to provide food, shelter, clothing, medical care and financial support.
- **Sexual** -- May also be considered as part of physical abuse. It includes, but not limited to, unwanted touching and all types of sexual assault or battery.

**CAUSES, RISK FACTORS, CHARACTERISTICS, AND THEORIES OF ELDERLY ABUSE****Causes**

Elder abuse is usually a reflection of frustration felt by the abuser (as well as the abused) due to the reversal of dependency roles, stresses related to the burden placed on the caregiver and financial needs or dependency by the offenders or victim. Also

seen as a factor in elder abuse is the older person's weakening of power and influence in decision making within the family.

### Elder-related Risk Factors

Elderly who exhibit these factors are at higher risk of abuse:

- **Progressive disabling illnesses** -- Those with chronic progressive disabling illnesses that impair function and create care needs that exceed or will exceed their caregiver's ability to meet them, such as dementia, Parkinson's disease, severe arthritis (osteopathic and rheumatoid), severe cardiac disease, severe chronic obstructive pulmonary disease (e.g. chronic bronchitis or emphysema), and recurrent strokes.
- **Lack of informal support** -- Those with progressive impairments who are without informal support from family or neighbours, or whose caregivers manifest signs of 'burnout'.
- **Psychiatric ill health** -- Those with a personal history of substance abuse or violent behaviour, or a family member with the same history.
- **Financial dependence on the elderly person** -- Those with family members who are financially dependent on them.
- **Caregiver with increased stressors** -- Those whose caregivers are under sudden increased stress due, for example, to loss of a job, health or beloved ones.

### Characteristics of Elder Abuse Victims

Many victims of elder abuse and neglect tend to minimise or deny the mistreatment they are suffering. Some do this out of fear of rejection and disruption of their lives; some out of pride, embarrassment or shame; some out of concern about their family's privacy and some out of concern that legal action might be taken against the alleged abuser. Others feel that they deserve the mistreatment and resign to it fatalistically. For the mentally infirm, they may not even be able to report abuse.

### Characterising Elder Abusers

Elder abusers can be anyone inside or outside the family and may involve multiple offenders. Most elderly victims are abused by caregivers or relatives, with adult children and spouse believed to be the most frequent abusers. Alleged abusers tend to rationalise and justify their actions and deny that they have inflicted harm on the aged victim. They often find excuses for their behaviour, blaming it mainly on the victim for provoking them or claiming that they have "lost control". Abusers of elders tend to have the following characteristics:

- Stress.
- Social isolation.
- History of family violence.
- Alcohol and / or drug addiction.
- Poor communication between parties.
- Mental illnesses / mental health problems.
- Financial dependency on the elderly victim.

### Social theories of elder abuse and neglect

Many explanations have been developed to account for the existence of elder abuse and neglect. The following are the key models (MCYS, 2009)<sup>2</sup>:

- **Pathology model** (Quinn and Tomita, 1997) – This theory posits that in situations where the perpetrators are having profound disabling conditions such as addiction to alcohol or drugs, suffer from serious psychiatric disturbances, mental retardation or chronic inability to make appropriate judgments for the care of the dependent, the risk of abuse to the elderly is increased.
- **Social learning theory** (Quinn and Tomita, 1997) – This theory posits that the abuser may have learnt and accepted abusive behaviours and thus replicate these behaviours in their relationship with their elderly parents. In families like this, using violence may be seen to be an acceptable way of "correcting" what they see as the "bad behaviour" of the elderly, such as being uncooperative or demanding.
- **Situational model** (O'Malley, Segel and Perez, and Hickey and Douglass cited in Quinn and Tomita, 1997) – This theory posits that the inability of an elderly person to carry out activities of daily living, such as personal grooming, dressing, and using the toilet makes him vulnerable and dependent on his caregivers.
- **Ecological theory** (Pillemer cited in Loseke, Gelles and Cavanaugh, 2005; Ian and Kosberg cited in Bennett, Kingston and Penhale, 1997) – This theory posits that caring for elderly person can be especially stressful if the elderly person suffers from physical and mental impairment. The elderly, who is frail and vulnerable, is sometimes unable to care for him/herself. This could be a much added stress for the caregiver and places the elderly in greater risk of being abused. The caregiver of the elderly may also themselves be elderly, and experiencing poor health and other disabilities; this may exacerbate their coping capacity, increasing risk of abuse towards the dependent elderly member.

### RECOGNITION OF SIGNS AND SYMPTOMS

The most common presentations of elder abuse and neglect usually involve combinations of symptoms and signs. Detecting elder mistreatment requires us to have a high index of suspicion.

### Indicators of physical abuse

The following are features that should alert the service providers:

- A long delay in reporting or not reporting the injury / illness and seeking medical attention; discrepancy between any injury and the history provided; conflicting stories or denial from the elder and caregiver; a story of an elder being 'accident prone'; unexplained abrasions, fractures, or sprains.

- Histories of previous injuries, untreated old injuries, and multiple injuries especially at various stages of healing.
- Insistence from the elder that an injury is severe when no injury exists (presumably as a way of getting professional help); repeat attendance of the elder to Accident & Emergency Departments or clinics.

### Indicators of psychological abuse

Indicators of possible psychological abuse: anxiety, aggression, agitation, ambivalence, confusion, cowering, depression, drug/alcohol abuse, headaches, chest pain, palpitation, sleep disorders, non-responsiveness, restlessness, social withdrawal or isolation, isolation of the elder from his family or relatives by the caregiver, saying that they do not care about him / her.

### Indicators of financial abuse

Indicators of possible financial abuse:

- Blocked access to property.
- A disparity between elder's assets and living conditions.
- Unexplained withdrawal of money from elder's account.
- Signing of documents without the elder person understanding what they mean.
- Unusual activities in bank account (e.g. bank statements no longer come to the elder's house).
- An unusual interest by family members in the elder's assets.
- An implausible explanation on the elder's finances by the caregiver, elder or both.
- Caregiver has no visible financial support.
- Caregiver refuses to spend money on the care of the elder.

### Neglect

Indicators of possible neglect:

- The caregiver has an attitude of indifference or anger towards the elder.
- The functionally impaired elder arrives without the main caregiver present.
- Indicators of possible neglect / inadequate care: Poor hygiene, overgrown nails, soiled / inappropriate clothing, unattended medical needs / physical problems.

### Indicators of sexual abuse

Indicators of sexual abuse:

- Physical indicators – bruises along the breasts or genital area, buttocks, lower abdomen or thighs.
- Behavioural indicators – self report of being sexually assaulted or raped, unexpected reluctance to cooperate with physical examination.

## INTERVIEWING THE ELDERLY

Time must be spent in order to gain the trust of the victim. We should not rush the elderly. One session may not be enough to

gain trust and we must allow time for the victim to overcome the guilt or shame of being abused by a relative.

The 5 'P's' are useful in the process of engaging the elderly abuse victim:

- Privacy is of utmost importance and one must respect their privacy and not allow disturbance in the interview or consultation. No discussion with others except when necessary.
- The pace of the consult is important for them to gather their thoughts and to allow for breaks to compose in case of break down or crying bouts.
- Planning should be done for several consultations and the goal set for each session.
- The pitch of voice used should be even and tone steady to instill confidence and trust.
- Punctuality is important and one must show professionalism to the elderly that they are deserving of the time and attention of the doctor or counsellor.

### Information Gathering

As far as possible only pertinent and appropriate information should be collected. Progress from general to specific questions and do not blame or confront the elderly and caregiver. The important areas of information include:

- cognitive, health, functional and emotional status of the elderly.
- stresses and support available to the elderly; and
- types, frequency and severity of abuse.

### Cognitive Status

Ascertain the elderly's mental status before asking questions. Mentally competent people can get irritated when having their memory assessed, but failure to assess memory can lead to great difficulties later. For instance, can the elderly understand the risks and consequences of his / her decisions.

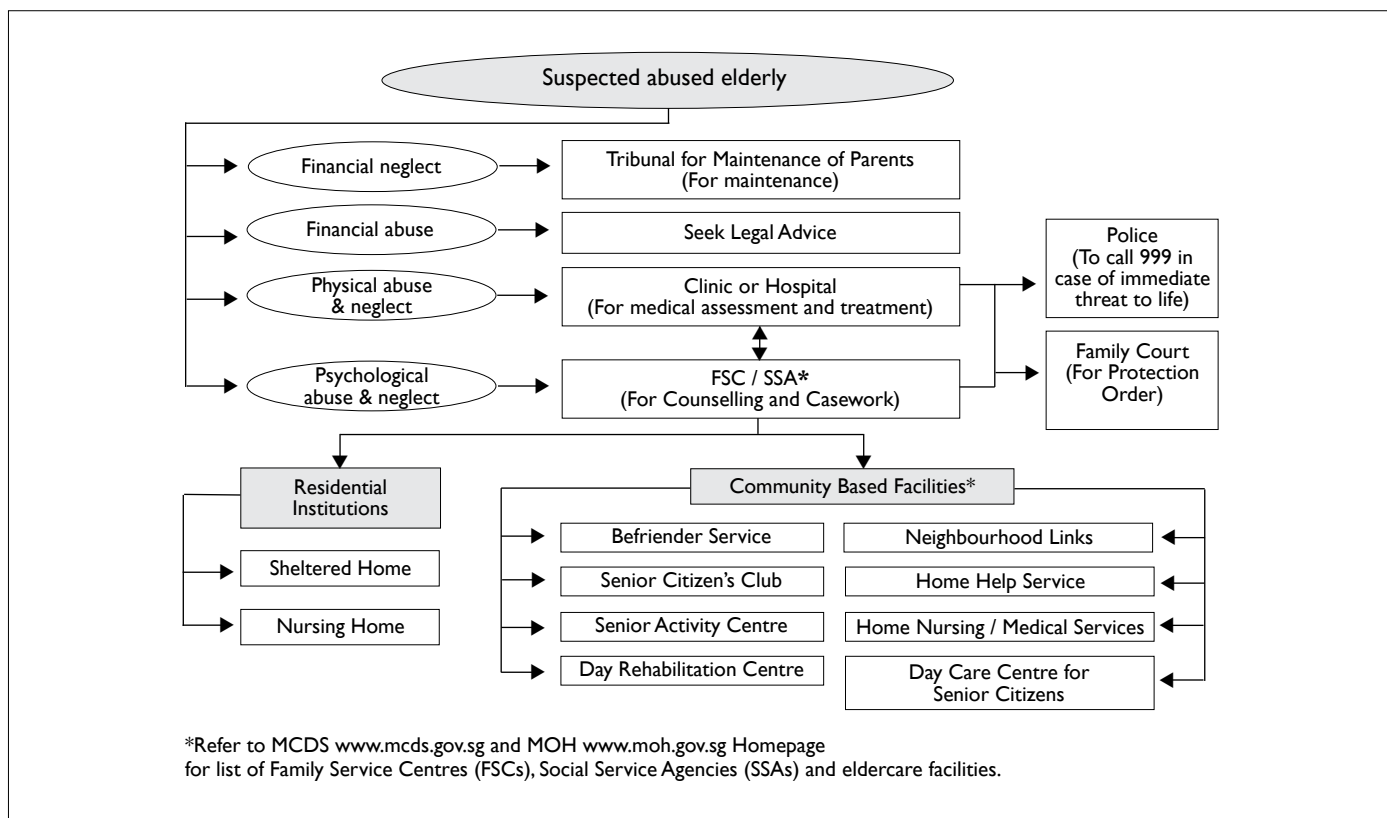
### Health Status

Ask if the elderly has any medical problems which would limit their self-care. Is the explanation for any suspicious conditions or injuries consistent with medical findings? Explore the elderly's expectations about care, getting information on alcohol problems, drug use / abuse, illnesses and behaviour problems within the household or family members.

### Functional Status

Enquire about a typical day, which naturally leads into a verbal assessment of the ability of the elderly to perform daily living activities. This may need to be very detailed, giving both the elderly and caregiver an opportunity to describe their perceived and actual difficulties.

Figure 1. Flow chart on helping and referring a suspected abused elderly



**Emotional Status**

Some effects of victimization may include depression, fear, withdrawal, confusion, anxiety, low self-esteem, helplessness, shame and guilt. Observe the elderly’s nonverbal behaviour (e.g. no eye contact, expressionless) and ask whether they are happy at home, and whether they have experienced any changes in mood, sleep or eating patterns.

**Stresses**

External factors such as unemployment, financial difficulties, marriage / divorce, household addition, death and arrest may create tension which may lead to mistreatment. Ask what causes tension at home and how conflicts are resolved. Get information on recent major events in the family.

**Social Support**

Victims are often socially isolated as abusers may attempt to limit or monitor their contacts with others. Enquire about the availability of social resources where the elderly and his / her family can tap on for support such as neighbours, relatives and friends.

**Abuse & Neglect Status**

The concern is with the frequency, severity and intent of the abuse. Let the elderly know that such questions are routine because there are families that experience this problem but do not know where to go for help. Some examples of direct questions that may be asked are:

- Are you afraid of anyone? Has anyone ever hurt you?
- Has anyone ever threatened you?
- Has anyone confined you at home against your will?
- Has anyone ever forced you to do things you did not want to?
- Has anyone ever refused to provide you with food or medication?
- Has anyone ever taken anything from you without your permission?"

**REFERRAL AND SUPPORT**

If there are concerns about the well-being of the elderly or family violence has occurred, the following options are considered:

- Refer the elderly and caregiver to community-based services (see Figure 1) to address caregiving issues such as day care centres.
- Refer the elderly to a social worker at the Family Service Centre (FSC) for counseling and practical assistance (casework).
- Refer or accompany the elderly to make a Protection Order at the Family Court.
- Refer the elderly person to Community Development Councils for financial aid.
- Refer or accompany an elderly person who has no other means of support to the Tribunal of the Maintenance of Parents to secure maintenance from his children for food, clothing and shelter.

- Call 999 if there is an immediate threat to the elderly person OR lodge a police report at any Neighbourhood Police Centre or Neighbourhood Police Post.
- Continue to provide support for the elderly person and monitor the situation. Do not be too zealous in labeling elder abuse as this may shut the elderly and his / her family off from any constructive relationship with the service provider. If you are unsure about what to do, call the FSC in your area for advice. Figure 1 shows a flow chart on the referral of a suspected abused elderly.

### LAWS PROTECTING THE ELDERLY

Service providers can help abused elderly persons to understand the legal options available. As a last resort, the elderly can seek recourse against abuse through legislation.

The Women's Charter (Chapter 353) protects the elderly (whether male or female) against family violence. They can apply for a Protection Order from the Family Court to restrain the abuser from using violence.

The Maintenance of Parents Act allows the elderly to seek maintenance from their children if they are unable to provide for themselves.

The Penal Code can be applied where the injury is serious such as through the use of a weapon, or where there is financial abuse.

### CONCLUSIONS

Elder Abuse will continue to occur and the sufferers often suffer in silence. It is important for family doctors to have a high index of suspicion and call upon supporting resources to help the elderly abused patient. If necessary, the Police should also be involved besides the counsellors. Several help lines are available for both the elderly abuse patient as well as the doctors looking after such patients. The details are in the Integrated Management of Family Violence manual.

### ACKNOWLEDGEMENTS

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### REFERENCES AND FURTHER READING

1. Understanding Elder Abuse and Neglect Booklet – Detecting and Helping [URL: [http://app1.mcys.gov.sg/portals/0/Summary/publication/Resource\\_Materials\\_ElderAbuseBooklet.pdf](http://app1.mcys.gov.sg/portals/0/Summary/publication/Resource_Materials_ElderAbuseBooklet.pdf) -- accessed 2010 Dec 1]
2. MCYS: Integrated Management of Family Violence Manual, (IMFVM), Singapore:MCYS. October 2009.

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### LEARNING POINTS

- **Elder abuse is present and may need one to have a high index of suspicion to pick it up.**
  - **Many resources are available from MCYS to help in the management.**
  - **The Police and the Courts may be needed to help an elderly abuse patient.**
  - **We must give time to the patient and earn the trust before being able to explore and probe further to fully assess the situation.**
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