

DOMESTIC VIOLENCE AND ELDER ABUSE: DEFINING AND RECOGNIZING ABUSE IN A VULNERABLE POPULATION

Domestic violence and elder abuse are common and frightening social problems, which unfortunately seldom seem to attract the attention they need. The exact cases of domestic violence and elder abuse occurring every year remain obscure and go unrecognized and underreported. The victims very often do not report their abusers, and the cycle of violence and injury continues.

Learning Goals:

1. Identify three types of elder abuse.
2. Identify three signs of elder abuse.
3. Identify two reasons why elder abuse may go unreported.
4. Identify three signs of domestic violence.

Introduction

Certified nursing assistants are very often the health team members who have the most constant contact with members of society who are victims of elder abuse or domestic violence. Because a certified nursing assistant (CNA) will see patients frequently and for long periods of time, he/she is in a unique position to detect the signs and evidence of domestic violence and elder abuse. All healthcare workers function as patient advocates and need to be prepared to know the signs of domestic violence or elder abuse. They also need to know when it may be appropriate to inquire further. When concerns are based on *objective* information that can be observed, documented, and verified, healthcare workers have a duty to report domestic violence or elder abuse to the proper persons or authorities, if required by law or the healthcare agency.

Cycle Of Violence And Injury

Domestic violence and elder abuse are very common and frightening problems. Unfortunately, even though domestic violence and elder abuse are serious social issues that have terrible consequences, they seldom seem to attract the attention they need.

Although domestic violence and elder abuse are common, no one knows exactly how many cases of domestic violence and elder abuse occur every year. One of the unfortunate aspects of domestic violence and elder abuse is that the victims very often do not report their abusers, so the cycle of violence and injury continues and many cases go unreported.

Scope Of The Problem: Elder Abuse

The U.S., population is aging. People who are 65 years and older now account for approximately 15% of the population. Along with an increase in the aging of the population has come an increase in the incidence of elder abuse. No one knows exactly how many people in this age group are victims of physical and emotional violence. In recent years, the number of elderly people who have reported abuse has been increasing. This may be an actual increase in abuse or it may simply be that more cases are being reported.

The National Center on Elder Abuse, Bureau of Justice statistics from 2012 reported that in 2010 there were almost 6 million cases of elder abuse, and that 9.5% of the elderly population had been abused at one time. Most victims (67%) were women and the average age of the victims was 77 years. The majority of the cases (58%) involved neglect, 15% involved physical abuse, and 66% of the cases involved abuse by a family member or relative.

These figures are disturbing but it is even worse to know that there are many instances of elder abuse that go unreported - perhaps as many as 85% of all cases. Aside from the fact that elder abuse is a serious problem because of the pain and trauma that it causes, elderly people who are abused are three times as likely to die as those who are not.

What is Elder Abuse?

What is elder abuse? Most people answer this question simply by saying that elder abuse involves some sort of physical harm or violence but it is broader than that. The U.S., National Academy of Sciences defines elder abuse as follows: "*Intentional* actions that cause

harm or create a serious risk of harm (whether or not harm is intended), to a vulnerable elder by a caregiver or other person who stands in a trusted relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm." Said another way, elder abuse includes acts that *deliberately* endanger the physical or emotional health of an elderly person. In the case of caregivers or fiduciaries, elder abuse includes a failure by these persons to provide the goods or services that are necessary to maintain the health or safety of the older individual in their care.

Physical abuse is one aspect of the problem but elder abuse can take many forms. It may involve financial abuse, abandonment or neglect. It may also include physical, sexual or emotional abuse.

Sexual Abuse

Actual sexual contact does not have to happen for sexual abuse to occur. The victim may be forced to undress, watch pornography, listen to sexually explicit or suggestive language, or be subjected to unwanted sexual situations.

Neglect

Neglect is perhaps the most common form of elder abuse. In these cases, relatives or caretakers ignore the elderly person and deliberately neglect to provide for the basic emotional, comfort, safety, health care, or nutritional needs of the victim.

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Emotional Abuse

Emotional abuse involves behavior that causes psychological pain and trauma but does not involve physical injury. This can include threats, ridicule, insults, embarrassment, intimidating or manipulative behavior, non-verbal threats, deliberately withholding attention, or forced isolation.

Financial Abuse

An elderly person may find that people close to them are exploiting them financially. The abuser may be stealing money or valuables, forging signatures, or improperly accessing personal financial records.

Physical Abuse

The elderly person might be struck, shoved, or restrained. A caregiver may also force an elderly person to take extra doses of his/her medication or take illicit drugs or alcohol. The elderly person may be deprived of medications or medical care, or chronic health problems may be ignored or neglected.

Abandonment

Deserting an elderly person by someone who has the responsibility of providing for the physical care of that person is abandonment.

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Recognizing Elder Abuse

Some cases of elder abuse can be easily detected but in many cases elder abuse may be subtle. Some of the signs and symptoms of elder abuse can only be noticed by someone who knows the victim very well

or who has regular contact with the victim. Because of this, an abusive situation may continue for many years before someone notices.

There are many reasons why a large number of elder abuse cases go unreported. As mentioned above, some of the signs and symptoms of elder abuse can be subtle. In addition, many elderly people who are abused are, for various reasons, completely dependent on the people who are abusing them. Along with that dependence comes fear - fear that if the abuse is reported that much worse will happen and that the abuse will continue. Elderly people who are abused may also feel shame that the abuse is happening to them. They may be unaware of their rights or be made to somehow feel that they "deserve" such treatment.

The abused elder person may be forcibly prevented from contacting anyone who could help. It is also possible that there are cultural and language barriers that prevent the abuse from being recognized and/or reported. Finally, in these difficult economic times, social service agencies that could help may simply not have the money or personnel to devote to potential cases of elder abuse in their communities.

Signs of Elder Abuse

As a CNA, it is important to understand how to recognize when an elderly person is being abused.

Unexplained Injuries

If the person cared for has burns, bruises, scars, or welts that cannot be explained, or has injuries that are obviously very old but are just being recently reported, that should raise a concern that abuse is happening. Other questions to ask are: Do they have an injury and

explanation for its cause, as given by the victim, the caretaker, or a family member, that just does not make sense? Does the explanation for an injury given by the victim contradict the explanation given by the person who cares for them? Finally, if an elderly person with an injury does not want to talk about how the injury happened or seems evasive when questioned then that can be an indication abuse is happening.

Sexual Injuries

Elderly persons should be evaluated for signs of a sexually transmitted disease. Older adults can certainly be sexually active, but if this person has no partner or has been living alone the presence of a sexually transmitted disease would be a strong indication of sexual abuse. Other signs of sexual abuse would be injuries to the genital areas or torn or bloodstained underclothing.

Emotional Trauma

If the elderly person is fearful or withdrawn, this should be a sign of trauma. Other signs include depression or avoidance of eye contact. Other signs of trauma include whether they had been cheerful and outgoing and changed to not seem as friendly or talkative. These could all be signs of emotional abuse. This could be especially true if these emotional issues are new for that person.

There are many reasons why someone could be depressed or withdrawn. These emotions in an elderly person do not necessarily mean that he/she is being abused. But if these changes happen to an elderly person who is dependent on someone else *and* it is noticed that the elderly adult seems frightened or subdued when the caretaker or

relative is present, the health worker should suspect the possibility of abuse.

Physical Neglect

Elderly people may have multiple medical problems that affect their health and ability to care for themselves. There is no reason why they should not be healthy, clean, well-groomed, well-dressed, adequately dressed, and well-nourished. This is true even if they are dependent on someone for their basic needs. If a dependent, elderly person is dehydrated, dirty, poorly or inadequately dressed, living in unclean or unsafe conditions, or is obviously malnourished, they may be victims of elder abuse. The elderly person who is being physically abused may also show evidence that they are being overmedicated or not receiving the medications needed. Questions to be raised are: Was a prescription for this person recently filled but the bottle is empty? Was the prescription filled a long time ago but there is a lot of medication left?

Financial Abuse or Exploitation

It would be difficult for someone who is not legally responsible for the financial affairs of an elderly person to know if this type of abuse is taking place. Evidence that this is occurring would be drastic and sudden changes in someone's financial status, an unexpected and unexplained inability to pay bills or buy the necessities of life, valuable items that go missing, or purchases of items the elderly person would be unlikely to buy, want, or need. If the elderly person is not well-nourished or has not been taking medications *and* reports that buying food and medications is simply too expensive, it is prudent to consider the possibility of elder abuse.

Sudden Changes in Health

A sudden change in health is not uncommon in an elderly person but if this change is accompanied by emotional distress, injuries, or the change is unexpected for that person, then elder abuse may be happening.

Change in Relationships

Tension between an elderly person and his/her relatives is important to note. Do the relatives or close friends of an elderly person refuse to allow exposure to health service personnel? Is the elderly person fearful or withdrawn when a relative or caretaker is present, but seems more comfortable when that person is absent? These are signs that elder abuse may be happening.

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Investigating Elder Abuse

There are situations in which elder abuse has clearly happened or in which there are obvious warning signs that it might be happening. In these cases, healthcare workers have an obligation to ask that person if abuse is happening. Even if there is a slight suspicion that abuse is occurring, how should the elderly person be approached and asked?

Elder abuse is very common, under-reported, and may not be obvious. There are no easy answers on how to approach the subject of abuse with an elderly individual. The American Medical Association (AMA) recommends that all physicians routinely ask elderly patients about abuse, even if there are no obvious signs that abuse might be occurring. However, there is no universal agreement in the health

community about the best way to screen for abuse in the elderly population.

The most sensible approach to screen for elder abuse would be to follow the guidelines that have been developed by a health organization or employer. If health employees are required to ask about abuse, they should do so in a way that is non-confrontational, non-judgmental, and supportive. Each situation should be assessed individually and the healthcare worker should determine the best way to approach such a sensitive subject.

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An elderly person may be suffering abuse, but it is most often from a relative or some other person with whom the elderly person has emotional or social ties, so admitting to a stranger that abuse is happening is not easy. A direct question such as "*Is your son abusing you?*" or "*Are you afraid of anyone who is taking care of you?*" could be too abrupt and intrusive for many people. In most cases it would be better to simply say "*How is everything going at home?*" or "*How are you getting along with everybody? Any problems?*" Then the health worker should patiently listen and observe how that person responds.

Health workers can let their conscience be their guide yet, at the same time, realize that their responsibility is to keep patients safe and not to provide a solution to a problem. When abuse is suspected, directly questioning the possible victim may not be necessary, and, even without obvious signs of abuse, concerns can be brought forward by healthcare workers to a supervisor, social worker, or elder advocate.

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Helping Abused Elderly Persons

It is important to remember that the types of abuse that were outlined above are not only cruel and immoral, they are illegal. Each state has its own laws about who is required to report elder abuse, but in general all healthcare workers *must* report known or strongly suspected elder abuse. In some states, private citizens with no health training may not be required to report elder abuse but all healthcare workers are legally obligated to report such situations.

Recommendations to report elder abuse are listed below.

- If someone is in immediate danger or a crime has just been committed, call 911 or the local police.
- If there is suspicion that some form of elder abuse is occurring, but the danger is not immediate, call or notify an immediate supervisor.
- Every state has a toll-free elder abuse hotline. In most states the Adult Protective Services are responsible for handling cases of elder abuse. The Adult Protective Services office is available through the National Adult Protective Services Association (NAPSA) website: <http://www.napsa-now.org/>. The NAPSA can also be reached at 217-523-4431.
- If a supervisor is not easily reached or it is not known who to call in a given jurisdiction, The Eldercare Locator at 1-800-677-1116 can be called. This service is sponsored by the U.S. Administration on Aging. It is available Monday through Friday, 9 am to 8 pm, Eastern Time. They can help to locate the appropriate agency in an area that is involved in managing cases of elder abuse. Also, the National Center on Elder Abuse (NCEA) has a website that is an excellent source of information. The website has state by state

listings of the names and telephone numbers of the appropriate agencies that can help prevent, treat, and report elder abuse. The website address is: www.ncea.aoa.gov, and the telephone number is 1-855-500-3537. Another source of information is the blue pages of the local telephone directory.

If elder abuse is occurring, it may be a healthcare worker's duty and legal obligation to report it. It is very important, however, that there be a reasonable suspicion that abuse is happening. Deciding that an elderly person is being abused on the basis of feelings or intuition should be avoided. Suspicions of abuse should be based on *objective* information that can be observed, documented, and verified.

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Hard evidence is not needed in order to report confirmed or suspected elder abuse. Abuse does not need to be witnessed and the abuse does not have to be dramatic. If there are signs that elder abuse may be occurring, then the appropriate agency should be notified and an investigation can be done. As mentioned, healthcare workers should be specific when reporting a potential case of elder abuse.

General observations should not be made. For example, it is not enough to say, "*Mr. Jones doesn't look healthy and he doesn't seem to take care of himself.*" Instead, objective data should be used, such as: "*Mr. Jones is always dressed in the same clothes, he doesn't appear to have bathed in a long time, and he is limping and seems to be in pain all the time. He seems fearful and withdrawn, especially around his relatives, and when I ask him about his personal hygiene, the limp, and his emotional state, he either will not answer or provides answers that are evasive in nature.*"

Domestic Violence: Scope Of The Problem

Domestic violence is a serious problem. Like elder abuse, it is often ignored and under-reported. It has been estimated that the police in the United States spend approximately 33 percent of their working hours responding to calls involving domestic violence, and approximately 25% of the population has been affected by domestic violence.

Millions of women and a surprisingly large number of men are subjected to physical violence, sexual assaults, and psychological and emotional abuse from their partners. But only a small fraction of all cases of domestic violence are reported or prosecuted. The abuse just keeps on, and it has serious consequences. Victims of domestic violence often suffer from depression, substance use and addiction, chronic mental illness, and poor overall health. These victims can also suffer serious injuries or even death from abuse.

Physical violence as a form of domestic violence is very common. No one knows exactly how many people are struck or injured by a partner each year but recent surveys suggest that in any given year over 5 million women and 3 million men are physically abused by their intimate partner.

Domestic violence has traditionally been thought of as men abusing women; however, there is strong evidence that a large number of men are abused by their female partners. No one knows for sure how common this is, but there are many experts who feel that the

incidence of females abusing their male partners may be almost equal to that of men abusing women.

Many people believe that domestic violence is a problem that affects certain socio-economic groups to a greater degree than others. A full understanding of any trend here is limited by under-reporting and reporting biases so this may or may not be true. For these reasons, it is difficult to know who is more likely to be a victim of domestic violence. Regardless of any trends that may be seen with domestic violence, it is clear that domestic violence can happen to anyone, anywhere, regardless of age, ethnic background, gender, income, or location. It should not be assumed that someone cannot be a victim of domestic violence because of his/her background.

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What is Domestic Violence?

Domestic violence has traditionally been thought of as a physical assault, such as someone being struck, injured, or killed. Physical force is certainly one type of domestic violence but there are many other ways that someone in an intimate relationship may be abused. Domestic violence is defined here as: *Domestic violence is physical, sexual and/or psychological abuse committed by someone who is intimately related to the victim.*

Physical Abuse

The physical abuse that characterizes domestic violence can involve seemingly minor types of harm such as pushing, pinching, rough touching, *etc.*, or it may involve dangerous and injurious behavior such

as slapping, choking, punching, kicking, or physical contact that causes injury or death. Physical abuse can also include forcing a victim to engage in dangerous behavior such as excessive use of alcohol or the use of dangerous and illegal drugs.

Sexual Abuse

Domestic violence that involves sexual abuse can take many forms. It may involve the threat of unwanted or forced sexual contact or intercourse; it may involve sexual contact or intercourse that is humiliating, painful or dangerous, such as unprotected intercourse with someone who has a sexually transmitted disease. In its most severe form, it involves physical harm that occurs during sexual contact or rape.

Emotional or Psychological Abuse

Emotional and psychological abuse always accompanies the other forms of domestic violence; it is impossible to suffer physical or sexual abuse without being injured both emotionally and psychologically. But there are millions of cases of domestic violence in which the victim does not suffer physical or sexual harm. An abusive partner may constantly subject the victim to bullying, harassment, or criticism.

The victim may be subjected to daily threats or intimidation. The abuser may be overly controlling and prevent the victim from enjoying normal freedom of movement and normal social relationships, and will do so by the use of threats, screaming, or abusive language. The abuser may stalk the victim or make uninvited visits to someone's home or workplace. The person who is being terrorized may, in the end, find that he/she has become totally dependent on the abuser, which of course is often the abuser's intent.

The emotional and psychological abuse that each victim experiences are unique to his/her situation. But regardless of how someone is being abused, whether it is physically, sexually, or psychologically, *fear* is one common feeling that is evident in all abusive situations. Fear is the environment in which the victim lives on a daily basis because domestic violence occurs over and over; it is a continuing phenomenon. If someone is being abused, it is rarely an isolated incident.

The victim of domestic violence lives in a constant state of fear. *What is that fear like?* One way to know is to look at what women who are being victimized say about their relationships. The Women's Experience with Battering Scale is an assessment tool that is used to determine if a woman is involved in an abusive relationship. The victim is given a sheet with these statements and asked whether she characterizes her relationship in the following manners:

- He makes me feel unsafe even in my own home.
- I feel ashamed of the things he does to me.
- I try not to rock the boat because I am afraid of what he might do.
- I feel like I am programmed to react in a certain way to him.
- I feel like he keeps me prisoner.
- He makes me feel like I have no control over my life, no power, no protection.
- I hide the truth from others because I am afraid not to.
- I feel owned and controlled by him.
- He can scare me without laying a hand on me.
- He has a look that goes straight through me and terrifies me.

It is easy to see that if someone is intimately involved with a partner who through words, actions or both makes him/her feel this way, life would be very frightening. Also, it is well known that people in abusive relationships are more likely to suffer from poor health, chronic health problems, chronic psychiatric problems (depression, low self-esteem, *etc.*) and are more likely to commit suicide. The level of violence in an abusive relationship often escalates dramatically if a victim reports the abuse, and the risk of being murdered is the highest when a victim attempts to break off the relationship.

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Investigating Domestic Violence

In some healthcare facilities, it is required to ask someone if there is a problem of domestic violence. Many times this is not done directly. The questions may be very general in nature, such as "*Do you feel safe at home?*" or "*Are there any relationship issues you would like to talk about?*" Some emergency rooms simply give each patient a pamphlet or information sheet that briefly discusses domestic violence and has contact numbers. It may also be useful to ask if there are any problems with alcohol or substance use in the home, as excessive use of alcohol and/or drugs is associated with an increased risk for domestic violence. Certainly, the subject should be brought up if there are very strong indications that domestic violence is occurring.

The best approach is to follow the guidelines that have been developed in the workplace and, if required to ask about abuse, the healthcare worker should do so in a way that is non-confrontational, non-judgmental, and supportive. Each situation should be assessed individually for the best way to open a very sensitive subject.

Concerned healthcare workers are essentially a stranger asking someone to share intimate information about being a victim of abuse, and, the victim will likely view their relationship with members of the health team as temporary, at best. Victims should be encouraged to talk but not coerced in a forceful or intrusive way. Again, if abuse is occurring or suspected to occur, even if there are no obvious signs of abuse, concerns can be brought forward to a supervisor or a social worker.

Recognizing Domestic Violence

Recognizing domestic violence can be difficult. If the violence is psychological, emotional or sexual in nature, there may not be visual signs of violence. Even the effects of physical violence can be difficult to identify because injuries can be hidden or explained away. And the problem of recognizing domestic violence is made worse by the fact that only a small percentage of those who are being abused by their partner will report the abuse. Many victims of domestic violence are ashamed or embarrassed about their situation.

The victims are often manipulated by the abuser and are made to feel as if the abuse is “their fault.” Many are frightened that if they report the abuse, the law will not protect them and the abuse will get worse. Some medical and mental health professionals can detect domestic violence, but many physicians and healthcare workers are inadequately trained to understand the problem or have not been taught how to look for the signs and symptoms of domestic violence.

Although recognizing domestic violence is often not easy, there are definitely some signs that indicate that physical, sexual, or psychological abuse is going on in an intimate relationship.

Signs of Domestic Violence

Physical Injuries

Some of the signs of domestic violence are obvious; lacerations or bruises around the throat or on the face, scratches that suggest fingernail marks, bruises that suggest slapping or punching, or bite marks. What is even more suggestive are injuries that occur time and again.

If a woman or a man is being injured in the same way in the same area of the body and this has happened several times, this strongly indicates the presence of domestic violence. Also, if someone has one of these injuries, but the person's explanation just does not make sense or they don't want to talk about how the injury occurred then domestic violence should be suspected.

Sexual Injuries

Sexual injuries can be hard to detect. Many of the signs and symptoms of sexual abuse cannot be seen initially. Healthcare workers should suspect sexual abuse if someone has injuries to the genital area, rectum, or breasts.

Emotional or Psychological Abuse

People who are abused by an intimate partner are often fearful, withdrawn, or hesitant when the abuser is present. They may seem overly anxious to please this person. They may not speak unless they have "permission" from the partner, and may report that the partner

frequently yells, threatens, or humiliates them. Their movements are severely restricted and they cannot go anywhere without first checking with the partner.

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There are several screening tests that can be used to detect domestic violence. Using these tests requires training and experience but they are provided here to illustrate how other healthcare professionals screen for domestic violence. The first test is the HITS screen; the second is the Women Abuse Screening Tool (WAST).

The HITS screen is a series of four questions that asks how often does a partner:

- Physically **H**urt you
- **I**nsult or talk down to you
- **T**hreaten you with harm
- **S**cream or curse at you

The WAST screening tool is a bit more complex and a bit longer.

- In general, how would you describe your relationship?
- Do you and your partner work out arguments with great difficulty, some difficulty, or no difficulty?
- Do arguments ever result in you feeling put down or bad about yourself?
- Do arguments ever result in hitting, kicking, or pushing?
- Do you ever feel frightened by what your partner says or does?
- Has your partner ever abused you physically?
- Has your partner ever abused you emotionally?
- Has your partner ever abused you sexually?

These screening tools assume that domestic violence is being done by a man to a woman, but they can easily be used to screen for women-to-men domestic violence.

The Abused Victim In Domestic Violence

Intervening in a situation of domestic violence can be very complicated and potentially very frightening. There are medical, legal, and safety issues, and the healthcare worker's job is not to try and solve these. Rather, healthcare workers should try and recognize domestic violence, and to report it so that people with the experience can start a coordinated plan to stop the violence and make sure the victim is safe. Healthcare workers have a legal obligation to report physical, sexual, and/or emotional or psychological abuse.

Some healthcare workers feel hesitant to report domestic violence, however, there are many resources available to them to support proper reporting. Even if there were no legal obligation to do so, reporting abuse should be done because there is no excuse for domestic violence; nobody deserves to be abused, and the abuse is not the fault of the victim.

- If someone is in immediate danger or a crime has just been committed, call 911 or the local police.
- If there is no immediate danger, call or notify a supervisor immediately.
- As previously mentioned, there are a lot of resources available to help the victims of domestic violence. The National Violence Domestic Hotline is **1-800-799-7233**. This is a 24 hour, seven days a week service that can provide advice and assistance for people who are suffering from domestic violence.

As with elder abuse, it is very important that if a healthcare worker has a *reasonable* suspicion that domestic violence is actually happening they should report the concern. Reporting that someone is being abused should not occur on the basis of feelings or intuition. Suspicions that domestic violence is occurring should be based on *objective* information that can be observed, documented, and verified.

Summary

Elder abuse and domestic violence are serious problems. With elder abuse, physical abuse is one aspect of the problem but elder abuse can take many forms. It may involve financial abuse, abandonment or neglect. It may also include physical, sexual or emotional abuse. This is also true for domestic violence; it may include physical, sexual or emotional abuse.

Signs of elder abuse or domestic violence may be observed. The most sensible approach would be to follow the guidelines that have been developed by an employer or in the workplace. If required to ask a client about abuse, it should be done in a way that is non-confrontational, non-judgmental, and supportive.

Healthcare workers should not decide that someone is being abused on the basis of feelings or intuition. Suspicions should be based on *objective* information that can be observed, documented, and verified. When there is a *reasonable* suspicion that elder abuse or domestic violence is happening, healthcare workers are obliged to report the abuse to the proper authority.