DOMESTIC VIOLENCE AND ELDER ABUSE: WHAT THEY ARE AND HOW TO RECOGNIZE THEM

INTRODUCTION

Domestic violence and elder abuse are frightening problems and they are very common. Unfortunately, even though domestic violence and elder abuse are serious social issues that have terrible consequences, they seldom seem to attract widespread attention or be in the public consciousness unless there is a case that is particularly terrible or gruesome. And although they are actually very 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.

Certified nursing assistants (CNAs) are very often the health care professionals who have the most constant contact with the most vulnerable members of our society, and these are the people who are most at risk for being victims of elder abuse or domestic violence. And because CNAs see their clients and patients so often and for so many hours, they are in a unique position to be able to detect the signs and evidence of domestic violence and elder abuse. As a medical professional and a patient advocate, it is one of your duties to know how to recognize, help prevent, and report domestic violence and elder abuse.

OBJECTIVES

When the student has finished this module, he/she will be able to:

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.

ELDER ABUSE

The Scope of the Problem

Our population is aging: people who are 65 years and older now account for approximately 15% of the population. Unfortunately, along with an increase in the aging of the population has come an increase in the incidence of elder abuse. In recent years the number of elderly people who have been abused has been increasing. This may be an actual increase in abuse or it may simply be that more cases are being reported. But whatever the cause, there are more cases of elder abuse occurring every year.

No one knows exactly how many people in this age group are victims of physical and emotional violence. 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, many instances of elder abuse that go unreported - perhaps as many as 85% of all cases. And aside from the fact that elder abuse is a serious problem because of the pain and trauma that is caused, 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? That may seem like a question with a simple answer, and most people would say that elder abuse involves some sort of physical harm and/or violence. Physical abuse can certainly occur and it is one of the aspects of the problem but elder abuse can take many different forms.

- 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: This 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.

- Emotional abuse: Emotional abuse involves behavior that causes psychological pain and trauma but doesn’t 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: Physical contact and injuries. 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.

The US 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.” This module will use the following as a definition of elder abuse.

_Elder abuse can be defined as deliberately endangering the physical or emotional health of an elderly person._

How Can You Recognize Elder Abuse?

Some cases of elder abuse can be easily detected, but in many cases elder abuse can be subtle. Some of the signs and symptoms of elder abuse are easy to see. But others can only be noticed by someone who knows the victim very well and because of that an abusive situation may continue for many years before someone notices.

Unfortunately, as mentioned earlier, a large number of these cases go unreported. There are many reasons why this happens. 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. And 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.

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

- **Unexplained injuries:** Does the person you are caring for have burns, bruises, scars, or welts that can’t be explained? Do they have injuries that are obviously very old but are just being recently reported? Do they have an injury and the explanation for its cause - the explanation given to you by the victim, the caretaker, or a family member - just does not make sense? Does the explanation for an injury given to you by the victim contradict the explanation given to you 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 you question him or her that can be an indication that abuse is happening.

- **Sexual injuries:** Does the elderly person have 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:** Is the elderly person fearful or withdrawn? Is the person depressed, do they avoid eye contact? Have they been cheerful and outgoing and
now they don’t seem to be 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.

**Learning Break:** There are many reasons why someone could be depressed or withdrawn; these emotions in an older person don’t necessarily mean that she/he is being abused. But if these changes happen to an elderly person who is dependent on someone else and you notice that the elderly adult seems frightened or subdued when the caretaker/relative is present, you should start to suspect the possibility of abuse.

- **Physical neglect:** Elderly people may have multiple medical problems that affect their health and their ability to care for themselves. However, even if they are dependent on someone for their basic needs there is no reason why, if they are given proper care and attention, they should not be healthy, clean, well groomed, well dressed, adequately dressed, and well nourished. 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 she/he needs. 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/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 his/her medications and she/he says that buying food and medications is simply too expensive, it might be wise 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:** Do you notice tension between an elderly person and her/his relatives? Do the relatives or close friends of an elderly person refuse to allow you to be alone with that person? 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.

**Should You Ask an Elderly Person if She/He is Being Abused?**
There are situations in which elder abuse has clearly happened or situations in which there are obvious warning signs that it might be happening. In that case, as a healthcare professional you have an obligation to ask that person if she/he has been abused.

But what if you merely have a slight suspicion that abuse is occurring? Should you ask that person and if so, how do you ask? And given that that elder abuse is very common, very under reported, and may not be obvious, doesn’t it make sense to at least open the subject with every elderly patient?

There are no easy answers to these questions. The American Medical Association 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 care community about the best way to screen for abuse in the elderly population.

The most sensible approach would be to follow the guidelines that have been developed by your workplace, and if you are required to ask about abuse do so in a way that is non-confrontational, non-judgmental, and supportive. You should also assess each situation and determine the best way to open the subject. Remember, this is a very sensitive issue. 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?” and then listen and watch closely as to how that person responds.

You can also “let your conscience be your guide” and realize that your responsibility is to keep your patients safe, not to provide a solution to a problem: you are only trying to determine if abuse is or could be happening, not correct the situation. That means that you may not need to directly ask someone if abuse is occurring and directly intervene, but if you feel there is a possibility - even if there are no obvious signs of abuse - you can bring your concerns to a supervisor, social worker, or elder advocate.

**Elder Abuse: What Should You Do? How Can You Help?**

Elder abuse is a serious problem. 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 it is almost certain that no matter where you are working a CNA must report elder abuse if you know or strongly suspect it is happening. In some states private citizens with no medical training may not be required to report elder abuse. But as a medical professional you are legally obligated to report such situations. How is this done?

- If someone is in immediate danger or a crime has just been committed, call 911 or the local police.

- If you suspect some form of elder abuse is occurring, but the danger is not immediate, call or notify your 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. You can find the Adult Protective Services office in your area through the National Adult Protective Services Association (NAPSA) website: [http://www.napsa-now.org/](http://www.napsa-now.org/). The NAPSA can also be reached at 217-523-4431.

- If a supervisor is not easily reached or you do not know who to call in your area, you can call The Eldercare Locator at 1-800-677-1116. 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 you locate the appropriate agency in your 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](http://www.ncea.aoa.gov), and the telephone number is 1-855-500-3537. Another source of information is the blue pages of your local telephone directory.

  If elder abuse is occurring, it is your duty and your legal obligation to report it. It is very important, however, that you have a reasonable suspicion that abuse is actually happening. Don’t decide that an elderly person is being abused on the basis of your feelings or intuition. Make sure that your suspicions are based on objective information that can be observed, documented, and verified.

  You don’t need hard evidence in order to report elder abuse or suspected elder abuse. That is, you don’t need to witness the abuse and the abuse does not have to be dramatic. But if there are signs that elder abuse may be occurring, then the appropriate agency should be notified and an investigation can be done. Again, be specific when you report a potential case of elder abuse. It’s not enough to say, “Mr. Jones doesn’t look healthy and he doesn’t seem to take care of himself.” Instead, use objective data: “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**

**The Scope of the Problem**

Domestic violence is similar to elder abuse: it is a huge social problem, but it very often seems to be ignored. It is also very similar to elder abuse because it is a huge social problem that goes unreported. 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 of the 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 abuse, chronic mental illness, and poor overall health. These victims can also suffer serious injuries or even be killed.

**Learning Break:** Physical violence as a form of domestic violence is very common. No one knows exactly 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 very 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. This may or may not be true and because of reporting biases it is difficult to know who is more likely to be a victim of domestic violence. However, although there are trends in domestic violence that can be detected it is clear that domestic violence can happen to anyone, anywhere, regardless of age, ethnic background, gender, income, or location. Do not assume that someone cannot be a victim of domestic violence because of his/her background.

**What is Domestic Violence?**

Domestic violence has traditionally been thought of as physical: someone is struck, injured, or killed. This is certainly one type of domestic violence, but there are many other ways that someone in an intimate relationship can be abused. Domestic violence will be defined in this module as the following:

*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 may involve physical harm that occurs during sexual contact or rape.

- Emotional/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 she/he 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 her or his situation. But regardless of how someone is being abused, whether it is physically, sexually, or psychologically, there is one feeling that is common to all abusive situations: fear. The victim of domestic violence lives in a constant state of fear. 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.

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 or not they characterize her relationship.

- 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 or her feel this way, life would be very, 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. Unfortunately, the level of violence in an abusive relationship often escalates dramatically if a woman or other victim reports the abuse, and the risk of being murdered is the highest when a victim attempts to break off the relationship.

**Should You Ask Someone if She/He is Being Abused?**

In some health care 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 abuse in the home, as excessive use of alcohol and/or drugs is associated with an increased risk for domestic violence.

Certainly, you should at least open the subject if there are very strong indications that domestic violence is occurring. The best approach is to follow the guidelines that have been developed by your workplace, and if you are required to ask about abuse do so in a way that is non-confrontational, non-judgmental, and supportive. You should also assess each situation and determine the best way to open the subject. Remember, this is a very sensitive issue. Remember too that you are essentially a stranger asking someone to share intimate information and your relationship with someone who is being abused is temporary, at best. Encourage someone to talk but do not be forceful or intrusive. You may not need to directly ask someone if abuse is occurring and directly intervene, but if you feel there is a possibility that abuse is occurring, even if there are no obvious signs of abuse, you can bring your concerns to a supervisor or a social worker.

**How Can You Recognize Domestic Violence?**

Recognizing domestic violence can be difficult. If the violence is psychological/emotional or sexual in nature, there will not be any visual signs of violence. Even the effects of physical violence can be difficult to spot 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 health care workers are inadequately trained to understand the problem or have not been taught how to look for the signs and symptoms of domestic violence.

However, 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.
• 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 you should suspect domestic violence.

• Sexual injuries: Obviously this can hard to detect. Many of the signs and symptoms of sexual abuse cannot be seen unless you have very intimate contact with the victim. But you should suspect sexual abuse if someone has injuries to the genital area, rectum, or breasts.

• Emotional/psychological abuse: People who are abused by an intimate partner are often fearful, withdrawn, or hesitant when the abuser is present. They may seem overanxious to please this person. They may not speak unless they have “permission” from the partner. They 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.

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 health care professional screen for domestic violence. The first test is the HITS test; the second is the Women Abuse Screening Tool (WAST).

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

- Physically **Hurt** you
- **I**n insult 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.


Intervening in a situation of domestic violence can be very complicated and potentially very frightening. There are medical, legal, and safety issues, and your job is not to try and solve these. Your job is to 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. You need to know that as a medical professional, you have a legal obligation to report physical, sexual, and/or emotional/psychological abuse. If you feel hesitant to do so, that is understandable. But remember: there are many resources available and 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 your 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 day a week service that can provide advice and assistance for people who are suffering from domestic violence.

It is very important, however, that you have a *reasonable* suspicion that domestic violence is actually happening. Don’t decide that someone is being abused on the basis of feelings or intuition. Make sure that your suspicions are based on *objective* information that can be observed, documented, and verified.