

A RESOURCE GUIDE FOR AMERICA'S CAREGIVERS

Elder abuse: Recognizing a shameful reality

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Introduction

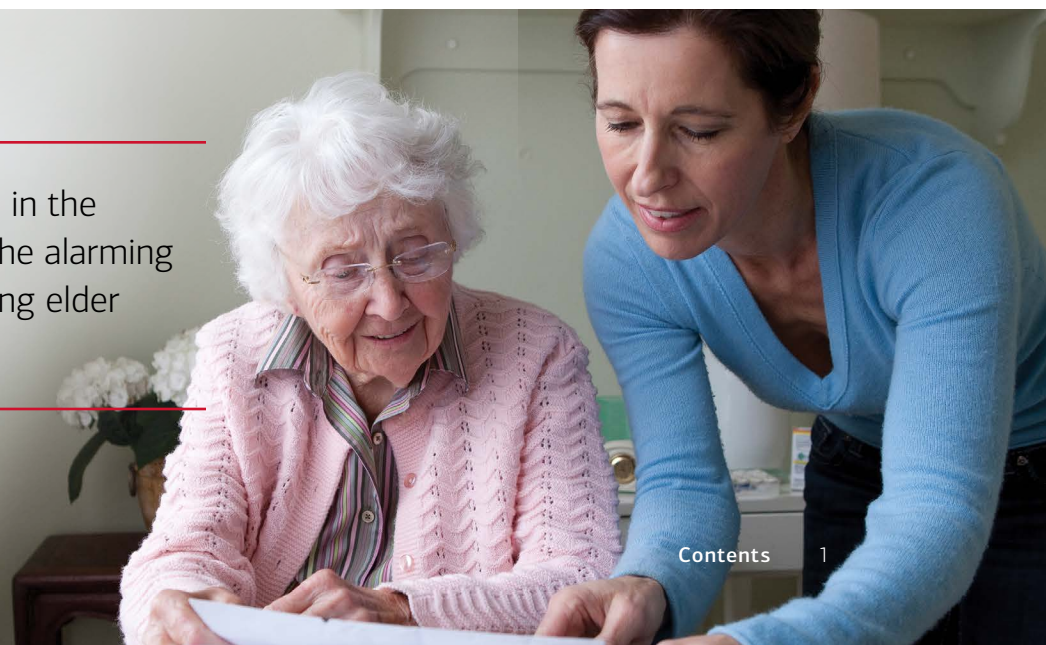
While the elderly population in the United States has grown steadily during the past century, the rate of growth of the number of people over the age of 65 has accelerated since 2011. This is the year when the oldest baby boomers first turned 65. Over the next 40 years, the number of older adults in the U.S. is expected to increase from 56 million in 2020 to 94.7 million in 2060.¹ The number of adults over the age of 85 is expected to almost triple, from 6.7 million to 19 million over that same time period.²

As the elderly population in the U.S. continues to grow, the alarming number of crimes involving elder abuse is also increasing. Elder abuse is a serious problem in the U.S. and, unfortunately, is quite common. The available statistics are believed to underestimate the problem, since the number of nonfatal injuries reported is limited to older adults who are treated in emergency rooms. The information doesn't include elders who may be treated by other providers (that is, primary care doctors or urgent care centers), nor does it include elders who don't need or seek treatment.³

We talked about one form of elder abuse in an earlier publication, *Senior financial exploitation: Addressing a hidden threat*. This brochure will concentrate on other types of elder abuse, including:

- Who's being abused: Statistics and demographics
- Warning signs that a senior may have fallen victim to abuse
- Consequences of elder abuse
- Advice for those who suspect that a loved one may have fallen victim to abuse
- A comprehensive list of helpful resources

As the elderly population in the U.S. continues to grow, the alarming number of crimes involving elder abuse is also increasing.



What is elder abuse?

Elder abuse, as defined by the Centers for Disease Control and Prevention, is an intentional act or failure to act that causes or creates a risk of harm to older adults (those age 60 or older).⁴ It includes physical, emotional or sexual harm; financial exploitation; or neglect of seniors' welfare by people who are directly responsible for their care.

As mentioned earlier, elder abuse is alarmingly common in the U.S., with about 1 in 10 older adults who live at home experiencing some form of elder abuse. From 2002 to 2016, over 643,000 seniors were treated in the emergency room for nonfatal assaults, and more than 19,000 homicides occurred over that same time period.⁵ More than half a million reports of elder abuse occur each year in the U.S., but it's estimated that millions more cases go unreported.⁶

Types of elder abuse

There are seven categories of elder abuse: physical abuse, social abuse, psychological and emotional abuse, neglect, abandonment, sexual abuse, and financial abuse.

Physical abuse

Physical abuse is categorized as the nonaccidental infliction of bodily harm by hitting, pushing, slapping, burning or intentionally causing injury (using physical force) on vulnerable older persons. It can range from pushing or shoving to an outright assault. It can also include the misuse of medications or drugs to control older adults. Physically restraining elderly victims or restricting their movements are also examples of physical abuse. These abuses may be isolated incidents or an ongoing pattern. Many times, perpetrators will claim that the abuse was an accident.

As people age, they can incur injuries more easily and take longer to recover and heal from them. Sometimes older people will try to explain away

injuries and bruises. They may claim that they fell, burned themselves while cooking, or had some other type of accident in their home. Often, they're fearful of talking about the abuse because they believe the degree of abuse may intensify if they speak about it.

Warning signs of physical abuse may include:⁷

- Unexplained signs of injury, such as bruises, welts or scars, especially if they appear symmetrically on two sides of the body
- Broken bones, sprains or dislocations
- A report of a drug overdose or an apparent failure to take medication regularly (a prescription has more remaining than it should)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- A caregiver's refusal to allow you to see the older person alone

Social abuse

As people age, their social circles and connections will typically begin to decrease. This can occur because, among other reasons, they (or their social connections) have begun to lose mental or physical capacity, are no longer able to drive, or no longer have access to public transportation. As a result, social connectivity may be difficult to maintain.

Often in these situations, a family member or caregiver might begin to limit an older person's connections, thereby isolating the person from family, friends or community. The aim of this behavior is to limit the degree of contact the older adult has with anyone other than the perpetrator. The social abuse may begin slowly and increase over time. As a result, older adults may become anxious or distressed as their social connectivity becomes more and more limited. This can lead to both mental and physical illness.

The Senior's Rights Alliance identifies several ways in which perpetrators can be socially abusive to vulnerable adults:⁸ These include:

- Stopping contact with other family members or friends
- Withholding mail
- Not allowing the older person to answer the phone
- Removing communication devices such as personal alarms or mobile phones
- Stopping religious or cultural practices
- Living in and taking control of the older person's home

Psychological and emotional abuse

Psychological and emotional abuse occurs when older adults are subjected to insults, yelling or verbal harassment that results in emotional harm, pain and suffering. This is the most common type of elder abuse. It's also the most difficult to track since it often goes unreported.⁹

Because emotional abuse doesn't leave any physical evidence, an older person's loved ones may have no idea that it's occurring unless they witness it firsthand. There are, however, physiological effects that may manifest in victims. These include anxiety, fear, depression, withdrawal, frustration, agitation, the inability to make decisions, and personality and behavioral changes.¹⁰

Emotional abuse may lead to serious health issues, including dementia and other mental disorders; malnutrition and weight loss; insomnia; refusal of food, drink and medication; low energy levels; and a lack of responsiveness.¹¹

There are two forms of emotional abuse: verbal and nonverbal. Examples of **verbal emotional abuse** include:¹²

- Yelling and screaming
- Threatening or pretending to harm older people
- Insulting, name calling and ridiculing
- Intimidating
- Talking to seniors as if they were children
- Embarrassing older people in front of others
- Causing guilt and upsetting feelings
- Being mean and callous
- Blaming and scapegoating

Examples of **nonverbal emotional abuse** include:¹³

- Terrorizing
- Pretending to cause physical harm
- Giving the silent treatment
- Isolating older people from others
- Ignoring
- Limiting access to water, food or the bathroom
- Treating seniors as if they were children
- Hiding or taking away personal belongings

Neglect

Neglect occurs when a vulnerable older adult's basic needs aren't met. Basic needs include adequate and nutritious food, medications, accommodations, and hygiene. There are two categories: intentional neglect and passive neglect.

Intentional neglect is the deliberate and purposeful withholding of the basic necessities of life. It's usually perpetrated by a family member or other person who the vulnerable adult depends on for care. Deprived adults may be reluctant to report that their needs aren't being met, especially if they're dependent on the perpetrator. These circumstances may be accompanied by shame, fear or love for the abusive family member, resulting in the older person's silence or failure to report the situation to authorities.

Passive neglect is the failure of a caregiver to provide the necessities of life (for example, food, clothing, shelter, medical care), but this unintentional failure is a result of the lack of understanding of the older person's needs, a lack of awareness of services that may be available to meet the older person's needs, or a lack of capacity to provide care to the older person.

Neglect includes acts that:¹⁴

- Leave an older person in an unsafe place or state
- Stop access to medical treatment
- Abandon the older person
- Don't provide adequate clothing or sufficient food and liquids
- Don't provide treatment for illnesses
- Over- or underuse medication
- Expose the older person to unhealthy or unsanitary conditions

Abandonment

Elder abandonment refers to the desertion of an older adult by the person who's assumed responsibility for the care of the adult. It also refers to the desertion of an older adult by someone who has responsibility for the physical custody of that vulnerable adult.

There's a distinction between elder neglect and elder abandonment. In elder neglect, those charged with the care of an older adult are failing to meet the basic needs of the vulnerable person, or they're

Elder abuse includes physical, emotional or sexual harm; financial exploitation; or neglect of seniors' welfare by people who are directly responsible for their care.



intentionally withholding or depriving the care recipient of the essential necessities and services needed to live. Elder abandonment is a different form of abuse in that abusers are attempting to rid themselves of the responsibility for older adults by deserting them.

There are various reasons a caregiver may choose to abandon an older adult. The main reasons are that the caregiver feels extremely overburdened by the care, or the caregiver lacks the financial resources to continue to provide care. Other reasons that caregivers may abandon their care recipient include:

- Excessive caregiver stress resulting in chronic fatigue
- Caregiver substance abuse (including drug and alcohol addiction)
- The caregiver experiencing a psychological disorder (including depression and bipolar disorder)
- Caregiver stress caused by limited financial resources that are a result of the caregiving responsibility¹⁵

Ways in which elders may be abandoned include:¹⁶

- A family member gives an incorrect address to a hospital upon admission of the older adult. This makes it virtually impossible for the hospital to contact the family or caregiver to discuss the elder's medical treatments or health issues.
- A caregiver completely deserts a vulnerable adult at a hospital, nursing home or other institution (called "granny dumping").
- A caregiver deserts an elder at a shopping center, park or other public place.
- Elders report abandonment themselves.

Sexual abuse

Elder sexual abuse is defined as an action against elders that's unwanted and sexual in origin. It usually involves those who are over the age of 60.¹⁷ Sexual abuse of the elderly is the least common type of elder abuse. However, it's important to note that this type of violent abuse against the elderly is believed to be underreported and underidentified. As is true with younger victims of sexual abuse, elderly victims may also sustain physical and emotional injuries. Sexual assault can result in the decline of victims' psychological and physical functioning as well as their overall well-being.

Most survivors of these sexual assaults have a personal relationship with the perpetrator.¹⁸ Common perpetrators include family members, live-in nursing aids, nursing home assistants, friends and other care providers who are alone with the victim.¹⁹ Women are six times more likely than men to be the victim of sexual assault in later life.²⁰ Those who perpetrate these crimes against the elderly often prey on the vulnerability of their victims. Many times, the assault is against those who have a mental illness or dementia, which makes them unable to communicate their consent for sexual contact.²¹

Unfortunately, only about 30% of elder sexual assault victims (age 65+) report the abuse to authorities. About 83% of victims live in an institutional care setting, and about 80% of the abuse occurs at the hands of victims' caregivers.²²

The Nursing Home Abuse Center has identified the following signs of sexual abuse against the elderly:²³

- Pelvic injury
- Problems walking or sitting
- Development of a sexually transmitted disease (STD)
- Torn, bloody or stained undergarments
- Bruising, bleeding or irritation of the genital area, inner thighs or anus
- Panic attacks
- Signs of post-traumatic stress disorder (PTSD)
- Agitation
- Social or emotional withdrawal
- Inappropriate, aggressive or unusual sexual behavior
- Suicide attempts
- Engaging in unusual or inappropriate actions that appear to be from a sex role relationship between the perpetrator and the victim

Financial abuse

As mentioned earlier, we talked about financial abuse in an earlier publication, *Senior financial exploitation: Addressing a hidden threat*.

Who are the victims?

Who are the perpetrators?

Elder abuse affects people across all socioeconomic groups, races, ethnicities and cultures. Targets of elder abuse are likely to be older adults who have no family or friends living close to them. They're likely to have disabilities, memory problems or dementia, and are also likely to depend on others to help with activities of daily living (ADLs) like bathing, using a toilet, dressing, preparing meals, transportation and managing medications.

Most victims of elder abuse are women, partly because women tend to live longer than men. Women, however, are also targeted for elder abuse because they're seen as being weak or frail and more vulnerable than elderly men. Women are also more likely to suffer from serious diseases and injuries, which can make them an easier target than men.²⁴

Elder abuse tends to take place where victims live. It can occur in their homes or in institutional settings, including long-term-care facilities. When abuse happens in the home, the perpetrator tends to be an adult child or other family member, such as grandchildren or even a spouse or partner. Abuse can also be perpetrated by people who have somehow gained the trust of an older adult, especially when there are no family or friends living nearby. It can be very easy to gain the trust of an older person who's isolated or lonely.

The abuse also can take place at the hands of a caregiver (unpaid as well as paid). The demands of caregiving can lead to mental and physical problems and can cause great stress for caregivers, resulting in impatience, burnout and short tempers. These can cause caregivers to become more susceptible to lashing out or neglecting elders in their care.

In addition to caregiver stress, there are other risk factors for elder abuse. These include:²⁵

- Caregiver depression
- Lack of support from other potential caregivers (for example, siblings)
- The caregiver's perception that taking care of the elder is burdensome and without emotional reward
- Substance abuse
- Intensity of the care recipient's illness or dementia
- Social isolation — the elder and caregiver are alone together almost all the time
- The elder's role, earlier in life, as an abusive parent or spouse

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- A history of domestic violence in the home
- The elder's own tendency toward verbal or physical aggression (this can sometimes be more intense with the progression of age or dementia)

Caregivers in institutional settings may also be susceptible to extremely high levels of caregiver stress that may lead to elder abuse. Such situations may arise if a professional caregiver lacks training, has too many responsibilities, has a temperament that isn't suited for caregiving, or is working under poor conditions.²⁶

The prevalence of elder abuse in both the home or community and in institutions increased during the COVID-19 pandemic. A 2021 U.S. study indicated that rates of elder abuse in the community may have risen by as much as 84%.²⁷



Warning signs of elder abuse

The United States Department of Justice has identified the following warning signs of elder abuse:

Physical abuse²⁸

- Lacerations, bruises, black eyes, welts or rope marks
- Bone fractures, broken bones or skull fractures
- Open wounds, cuts, punctures or untreated injuries in various stages of healing
- Dislocations and sprains or internal injuries/bleeding
- Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained
- Laboratory findings of medication overdose or underuse of prescribed drugs
- An older adult's sudden change in behavior
- A caregiver's refusal to allow visitors to see an older adult alone
- An older adult's report of being hit, slapped, kicked or mistreated

Emotional/psychological abuse²⁹

- Being emotionally upset or agitated
- Being extremely withdrawn, noncommunicative or nonresponsive
- Unusual behavior, such as sucking, biting or rocking
- Someone witnessing a caregiver controlling or isolating an older adult
- Exhibiting a change in sleeping patterns or eating habits
- Personality changes, such as apologizing excessively
- Depression or anxiety
- An older adult's report of being verbally or emotionally mistreated

Neglect and abandonment³⁰

- Dehydration, malnutrition, untreated bed sores or poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living conditions/arrangements (such as improper wiring, no heat or no running water)
- Unsanitary and unclean living conditions (for example, dirt, fleas, lice, soiled bedding, fecal/urine smell or inadequate clothing)
- The desertion of an older adult at a hospital, nursing facility or other similar institution, or at a shopping center or other public location
- An older adult's report of being neglected or abandoned

Sexual abuse³¹

- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Changes in an older adult's demeanor, such as showing fear or becoming withdrawn when a specific person is present
- Evidence of pornographic material being shown to an older adult with diminished capacity
- Blood found on bed linens or an older adult's clothing
- An older adult's report of being sexually assaulted or raped

Financial exploitation

- For more information on the financial exploitation of seniors, see [Senior financial exploitation: Addressing a hidden threat](#) or obtain a copy from your Bank of America representative.

How can we help prevent elder abuse?

We all want to live in a society that recognizes that no one should be subjected to violence, neglect or abuse. The prevention of elder abuse is the responsibility of every individual, and education is the cornerstone of prevention.

Elder abuse prevention begins with the knowledge that most elder abuse occurs in an older person's home and at the hands of family members or caregivers. Learn the signs of abuse, and don't be afraid to report suspicions to Adult Protective Services. Understand the special needs, limitations and problems that face your elder loved ones, and be aware of the existence of risk factors that increase the likelihood of abuse. Understand how caregiver stress can be alleviated through respite care, social contact and support (for caregivers, care recipients and their families). Lastly, the availability of family and individual counseling, treatment for substance abuse issues, and other mental health treatments can play a critical role in elder abuse prevention.

Have the talk

Abuse of an elder family member can result in devastating physical, psychological and emotional consequences. When we recognize the signs of elder abuse and understand its risk factors, we can reduce the chance that our loved ones will fall victim. Start a conversation with your older loved ones about this topic soon. It might be one of the most important conversations you ever have.

Helpful resources

Here's a list of resources. You can search for these organizations online or call the numbers below to learn more:

- **Eldercare Locator:** 800.677.1116
- **National Adult Protective Services Association:** 202.370.6292
- **National Center on Elder Abuse:** 855.500.3537
- **National Domestic Violence Hotline:** 800.799.7233 (24/7)
- **U.S. Department of Justice:** 202.514.2000; 800.877.8339 (TTY)
- **U.S. Administration on Aging:** 202.401.4634

Endnotes

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- ³¹ See note 28, above.


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