



Co-funded by the  
Erasmus+ Programme  
of the European Union

## Module 1

# Introduction to elder abuse prevalence, signs and symptoms



# Goals and objectives

- Improve the knowledge of social and health care professionals
- Raise awareness on the importance of early recognition of signs and symptoms of all types of elder abuse.
- Improve skills and competencies, on how to assess signs and symptoms of elder abuse in order to intervene, support and refer the cases of violence to relevant services.

# Learning Outcomes

- ▶ Define elder abuse
- ▶ Distinguish the various types of abuse
- ▶ Realize that elder abuse can occur in a variety of settings



Become aware of the prevalence of violence against older people in Europe and worldwide

- ▶ Recognize the signs and symptoms of the various types of elder abuse
- ▶ Assess signs and symptoms and differentiate from normal age related changes/chronic disease



# Theoretical Background

- ❓ Population ageing is a phenomenon that affects almost every developed country in the world
- ❓ Persons over 65 is expected to reach 28,5% in 2050 and 29,5% in 2060 (EUROSTAT, 2019)
- ❓ The number of frail - depended elderly, vulnerable to abuse is expected to grow. (cognitive impairment, Alzheimer) (WHO, 2016)
- ❓ Women constitute the majority of the older population
- ❓ Older women face a greater risk of physical abuse than older men



# Theoretical Background cont.

## ELDER ABUSE :

- ❓ violation of human, legal and medical rights
- ❓ stressful life event
- ❓ negative impact on older adult's physical and mental health
- ❓ associated with high risk mortality rates
- ❓ associated with increased rates of hospital admissions
- ❓ harmful impacts at all levels of society
- ❓ affecting public health, societal costs, resources and civic participation

# Definition of elder abuse

## United Kingdom's Action on Elder Abuse in 1995

**“a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.**

## U.S. National Academy of Sciences

**“(a) 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 trust relationship, or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm.”**

# Types of elder abuse

- 1. Physical/verbal** - causing pain or injury as a result of hitting, kicking, pushing, slapping, burning, physical coercion, physical or drug induced restraint, insults and hurtful words, denigration, intimidation, false accusations, verbal attacks, threats, rejection.
- 1. Psychological/emotional** - behaviors that harm self-worth or wellbeing, cause or could cause mental pain, psychological/emotional pain and distress, anxiety, anguish, humiliation or stress to an elderly person.
- 2. Sexual** - non-consensual sexual contact of any kind with the older person.

# Types of elder abuse

**4. Financial or material abuse** – illegal or improper exploitation or use of an older person’s money/funds, extortion and control of pension money, theft of property, exploitation, force them to care for grandchildren

**5. Neglect** - refusal or failure to fulfill a caregiving obligation, (medications, clothing, nutrition, adequate shelter)

**Institutional abuse** - neglect and poor care practice within a specific care setting (hospital, care home).

The staff may not be deliberately abusing people. (Psychological abuse, financial, retribution, resident to resident abuse)

# Types of elder abuse

Some scholars also include a sixth form of abuse

**Institutional abuse** - It includes neglect and poor care practice within a specific care setting. This could be a hospital or a care home. The staff may not be deliberately abusing people. It might just be the way in which the staff are used to doing things.

- ❖ **Forms of abuse observed are:** psychological abuse, physical abuse, financial abuse, retribution against physically aggressive residents or withhold choices from them. Furthermore, in institutional settings resident-to-resident abuse is also observed



# Settings of elder abuse

- ❑ Domestic settings, perpetrated by adult caregivers, family members, or other persons
- ❑ Residential or other institutional settings such as long-term care facilities, nursing homes, or hospice
- ❑ Hospitals
- ❑ Day care facilities
- ❑ Community

# Prevalence of elder abuse

- ❓ elder abuse, rates range between 1%-35%, depending on definitions, survey and sample methods, countries' income, countries' social norms
- ❓ elder abuse is underreported by as much as 80%

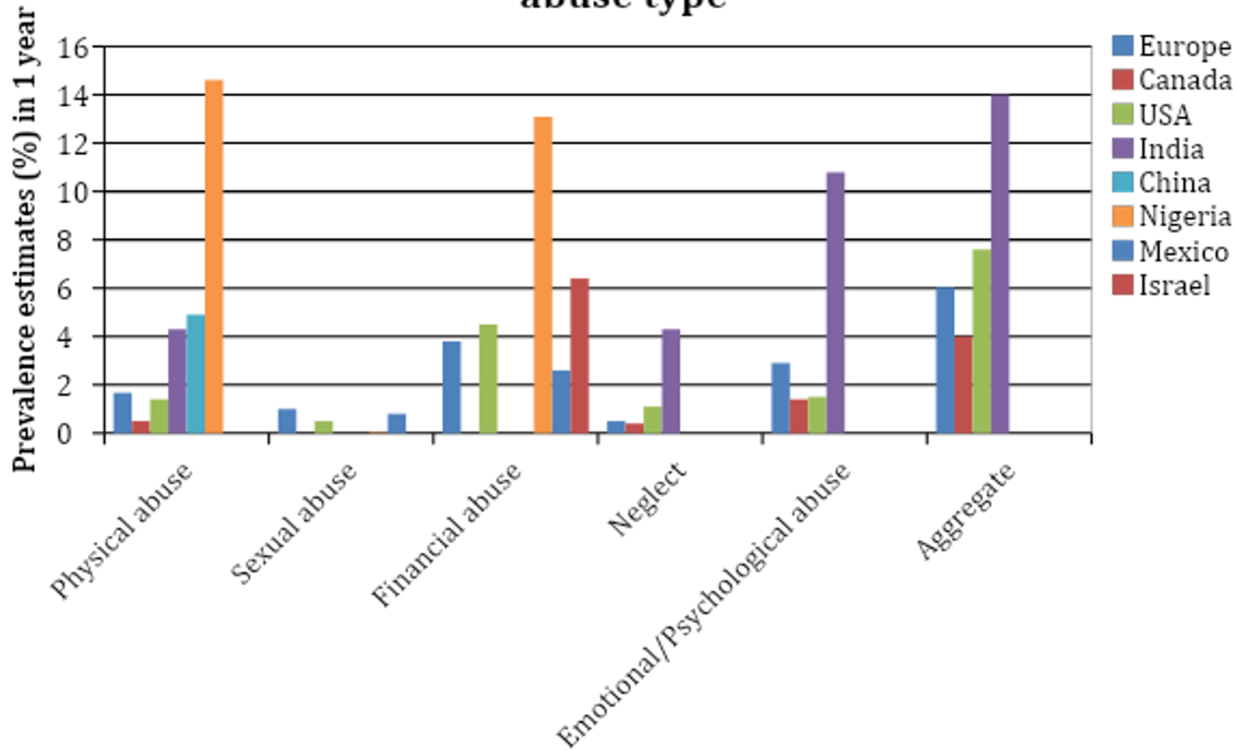
## Reasons for this:

- ❓ isolation of older people,
- ❓ fear of consequences,
- ❓ not recognizing being a victim,
- ❓ the lack of uniform reporting laws,

# Prevalence of elder abuse cont.

- ❓ general resistance of people – including professionals – to report suspected cases of elder abuse and neglect,
- ❓ lack of training for social and healthcare professionals on how to recognize signs of abuse and how to support older victims,
- ❓ inadequately developed national healthcare guidelines and best practices for dealing with violence of older victims
- ❓ older adults with cognitive impairment are excluded in many studies

## International Prevalence rates according to elder abuse type



**Pooled prevalence estimates of elder abuse in one-year period, in adults aged 60 years or older in one year period. (Asia, Europe, Americas) Yon et al., 2017**

	Number of countries	Total sample	Pooled prevalence estimates
<b>Overall elder abuse*</b>	26	59 203	15.7%
<b>Physical</b>	25	64 946	2.6%
<b>Sexual</b>	12	43 332	0.9%
<b>Psychological</b>	25	60 192	11.6%
<b>Financial</b>	24	45 915	6.8%
<b>Neglect</b>	20	39 515	4.2%
*Overall elder abuse consisted of any combination of abuse subtypes			

Regional variations of elder abuse	
<b>Asia</b>	20.2%
<b>Europe</b>	15.4%
<b>Americas</b>	11.7%



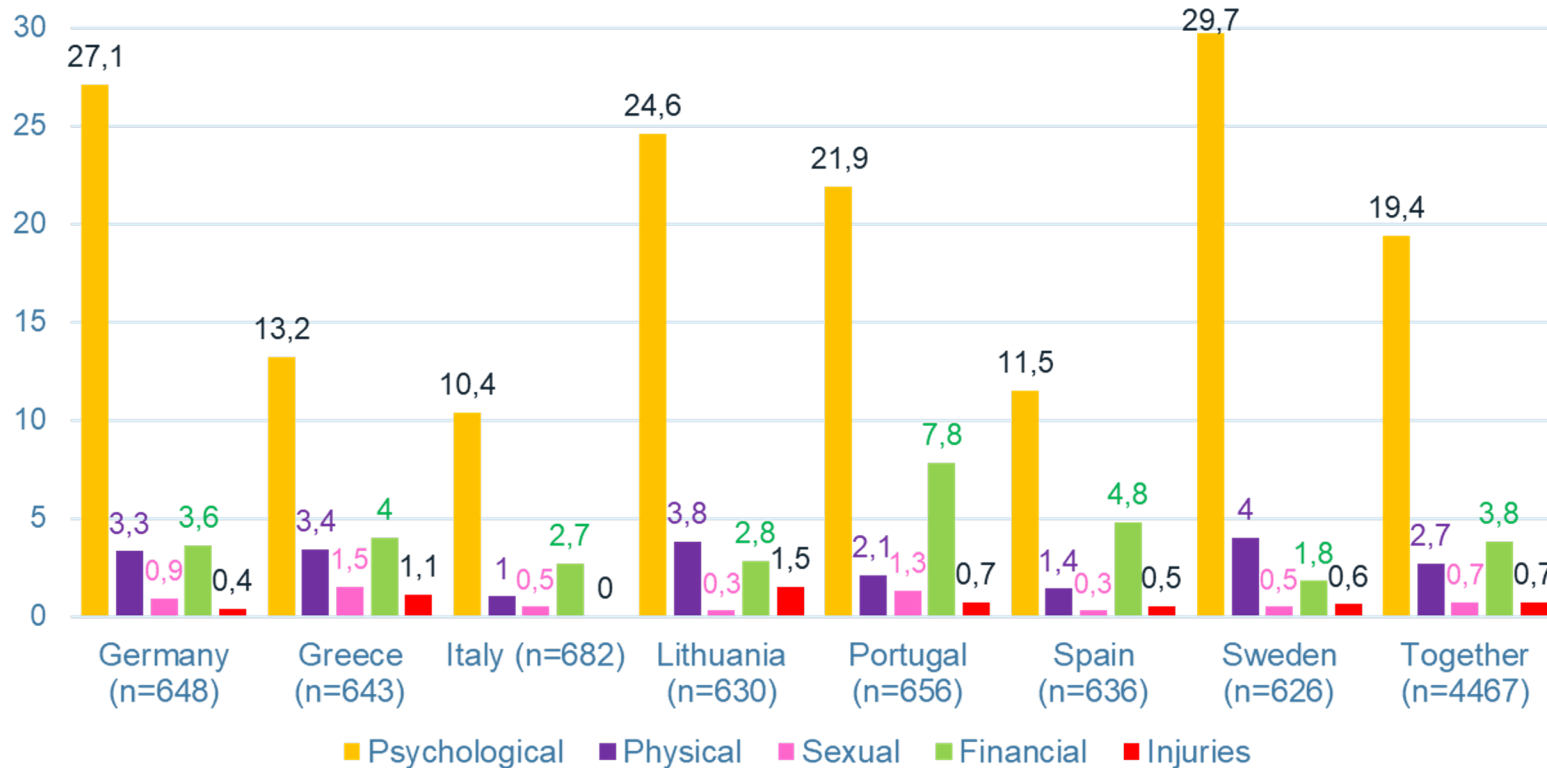
# ABUEL study.

## Prevalence of Abuse and injury in seven European countries

Country	Psychological %	Physical %	Sexual %	Financial %	Injury %
Germany (n=648)	27.1	3.3	0.9	3.6	0.4
Greece (n=643)	13.2	3.4	1.5	4.0	1.1
Italy (n=628)	10.4	1.0	0.5	2.7	0.0
Lithuania (n=630)	24.6	3.8	0.3	2.8	1.5
Portugal (n=656)	21.9	2.1	1.3	7.8	0.7
Spain (n=636)	11.5	1.4	0.3	4.8	0.5
Sweden (n=626)	29.7	4.0	0.5	1.8	0.6
<b>Total (n=4467)</b>	<b>19.4</b>	<b>2.7</b>	<b>0.7</b>	<b>3.8</b>	<b>0.7</b>

# ABUEL study.

## Prevalence of Abuse and injury in seven European countries (in %)



# How to recognize elder abuse: signs and symptoms



## Physical abuse

- ▶ Complaints of being physically assaulted
- ▶ Carer or relative over-protective, conflicting stories, does not leave the older person unattended
- ▶ Unexplained falls and injuries, fractures of undetermined causes
- ▶ Burns and bruises in unusual places or of an unusual type
- ▶ Cuts, finger marks, evidence of physical restraint, signs that the individual may have been tied, bound
- ▶ Person seeks medical attention from a variety of doctors or medical centers

# How to recognize elder abuse: signs and symptoms

## Neglect

- ▶ Malnourishment or dehydration without an illness-related cause
- ▶ Evidence of inadequate care or poor standards of hygiene, dirty cloths, poor living conditions
- ▶ Wounds which were not taken care of
- ▶ Excessive repeat prescriptions, increased stock of drugs at home due to omissions in administration. Signs of intoxication due to overmedication.

# How to recognize elder abuse: signs and symptoms

## Psychological/Emotional abuse

- ▶ Change in eating pattern or sleep problems
- ▶ Fear, confusion, resignation
- ▶ Passivity, withdrawal or depression
- ▶ Helplessness, hopelessness or anxiety
- ▶ Contradictory statements or other ambiguity not resulting from mental confusion
- ▶ Reluctance to talk openly
- ▶ Avoidance of physical, eye or verbal contact with caregiver
- ▶ Older person is isolated by others



# How to recognize elder abuse: signs and symptoms

## Sexual abuse

- ▶ Complaints of being sexually assaulted
- ▶ Sexual behaviour that is out of keeping with the older person's usual relationships and previous personality
- ▶ Unexplained changes in behaviour, such as aggression, withdrawal or self-mutilation
- ▶ Frequent complaints of abdominal pain, or unexplained vaginal or anal bleeding
- ▶ Recurrent genital infections, or bruises around the breasts or genital area
- ▶ Torn, stained or bloody underclothes

# How to recognize elder abuse: signs and symptoms

## Financial or material abuse

- ▶ Withdrawals that do not match the usual needs of the elderly
- ▶ Changes on a will or property title to leave house or assets to "new friends or relatives"
- ▶ Property is missing
- ▶ Lost of jewellery or personal belongings
- ▶ Suspicious activity on credit card or other bank accounts
- ▶ Lack of amenities, when the older person could afford them
- ▶ Untreated medical or mental health problems
- ▶ Level of care is not commensurate with the older person's financial situation or income

# How to recognize elder abuse: signs and symptoms

## Institutional abuse

- ▶ Not offering choice or promoting independence
- ▶ lack of person centered care planning
- ▶ no flexibility in bed times or getting up or deliberately waking someone up
- ▶ inappropriate confinement, restraint or restriction
- ▶ lack of personal clothing or possessions
- ▶ unsafe or unhygienic environment
- ▶ development of pressure sores and ulcers without an illness-related cause
- ▶ lack of choice in food or menus or menu planning
- ▶ unnecessary involvement in personal finances by staff or management

# How to recognize elder abuse: signs and symptoms

- ▶ inappropriate use of nursing or medical procedures
- ▶ inappropriate use of power or control.
- ▶ Discouraging visits or the involvement of relatives or friends
- ▶ Overcrowded establishment
- ▶ Authoritarian management or rigid regimes
- ▶ Lack of leadership and staff supervision
- ▶ Insufficient staff resulting in poor quality care
- ▶ Abusive and disrespectful attitudes towards older adults
- ▶ Lack of respect for dignity and privacy

# How to recognize elder abuse: signs and symptoms

- ▶ Failure to manage residents with abusive behavior
- ▶ Not providing adequate food and drink, or assistance with eating
- ▶ Misuse of medication
- ▶ Failure to provide care with dentures, spectacles or hearing aids
- ▶ Not taking account of individuals' cultural, religious or ethnic needs
- ▶ Interference with personal correspondence or communication
- ▶ Failure to respond to complaints



# How to recognise elder abuse: Risk Factors

## RISK FACTORS

INDIVIDUAL LEVEL

RELATIONSHIP

COMMUNITY

SOCIETY

VICTIM

PERPETRATOR

# HOW TO REGOGNISE ELDER ABUSE: Risk Factors

## INDIVIDUAL LEVEL (Victim)

- ▶ Dependency, disability
- ▶ Poor physical health
- ▶ Cognitive impairment , dementia
- ▶ Behavioural problems
- ▶ Poor mental health
- ▶ Lower income or poverty
- ▶ Being female, women are more commonly victims than men
- ▶ Age, abuse increases as people get older
- ▶ Financial dependence
- ▶ Race/ethnicity, discrimination

## INDIVIDUAL LEVEL (Perpetrator)

- ▶ Psychological problems, mental illness
- ▶ Substance or alcohol abuse
- ▶ Financial dependency
- ▶ Stress, burnout, heavy care burden
- ▶ Emotionally exhausted



## How to recognise elder abuse: Risk Factors

### RELATIONSHIP

- ▶ History of abuse
- ▶ Family conflict and poor relationships
- ▶ Abuser's financial/emotional dependency on the older person or vice versa
- ▶ Other family members not supportive

### COMMUNITY

- ▶ Loss of friends
- ▶ Social isolation, limited access to social support
- ▶ Lack of access to resources
- ▶ Geographic location

### SOCIETY

- ▶ Cultural norms
- ▶ Inadequate health and social services for older people
- ▶ Health and social care staff inadequately trained, staff burnout

# Assessment of elder abuse signs and symptoms

- ❓ Social and health care professionals are not sufficiently trained in recognizing signs of abuse in the elderly
- ❓ This results in incidents of abuse going unnoticed and under-reported
- ❓ Social and health care providers should be able to differentiate in their assessment the signs of abuse, from the normal age related changes and chronic disease

# Assessment of elder abuse signs and symptoms

## Age related changes and processes

- **The bones** of older persons are thinner and less dense, making them more susceptible to fractures as the result of bone disease or injury.
- **Normal aging skin** has relatively well-preserved blood flow. In aging skin thins and elastic strength declines. The elderly are more susceptible to decubitus because of disease states and not on the basis of age alone.
- **Photoaging** means photodamage that occurs over long periods of time due to exposure to harmful UV rays. The UV radiation affects the collagen fibers in the skin. Damage to collagen results in a loss of skin elasticity, which results in the early appearance of wrinkles and other age markers.

# Assessment of elder abuse signs and symptoms

## Age related changes and processes

- **Bruises** often occur more frequently and resolve much more slowly than in younger persons and can last for months instead of the usual one to two weeks.
- **Decline of both smell and taste.** This can lead to decreased appetite, weight loss and malnutrition.
- **The opening of the esophageal sphincter may be difficult** (Swallowing difficulties/Dysphagia).
- **They have decreased body water reserves and thirst sensation;** This can lead to dehydration and confusion.
- **Decreased gastrointestinal absorption,** and their bodies, distribute drugs differently, (more fat and less water) leading to longer time of action of fat-soluble drugs and higher abrupt drug concentrations for water-soluble medications.

# Assessment of elder abuse signs and symptoms

## Age related changes and processes

- **impaired eyesight** may make it more difficult to keep one's home or clothes clean.
- **Women** experience several physiologic changes in the genital tract as they age. **Both progesterone and estrogen levels decline with aging.** Decreased estrogen levels result in changes in the shape of the vagina, increased vaginal dryness, and thinning of the vaginal walls, pain and bleeding during sexual intercourse. **Altered acidity** of the vaginal secretions and decreased estrogen levels make older women more prone to spontaneous vaginal and bladder infections.



# Assessment of elder abuse signs and symptoms

## Age related changes and processes

**Aging skin thins** and its ability to function deteriorates. The amount of natural fats in the skin decreases, and the skin dries more sensitively (shrink and become inflamed, rash, itching). The surface of the skin is reddened, it flakes and cracks.

**Changes in old age affect the functioning of specific organs, mood, attitude towards the environment, physical condition and social activity**, determining the position of the elderly in the family and society.

- ☐ loss of social roles and reduction of interpersonal relations
- ☐ depression,
- ☐ reduced satisfaction with life,
- ☐ isolation,
- ☐ reduced interest and increased feelings of loneliness and danger.

# Assessment of elder abuse signs and symptoms

## Age related changes and processes

- **High age and calcification of blood vessels** can predispose the break of blood vessels under the nasal mucous (Epistaxis).
- **Multimorbidity** is more common in the elderly (at least two concurrent long-term illnesses, injuries or disabilities affecting health status) which leads to:
  - ❑ **Polypharmacy** (at least five long-term medicinal products at their disposal). In this case, the combined effects of medicines should be taken into account in the assessment of symptoms. Polypharmacy does not in itself increase multimorbidity, but it increases the risk of being hospitalized due to harms of combined effects of medicines.

## Interpretation of physical marks and injuries


Mark/Injury	Assessment
<b>Bateman/Senile/Actinic purpura</b> (Ceilley R.I, 2017)	Purpuras are benign in-skin bleedings (lat.purpura). The primary symptom of senile purpura is large, purple bruises, which are most common on the back or forearm of the hands. They turn brown when they fade. These bruises usually last from one to three weeks before fading. In most cases, senile purple develops from a small trauma. The most common factor directly affecting the development of senile purple is thin, easily damaged skin.
<b>Bruises</b> (Wiglesworth A. et al. 2009)	Bruises are most commonly seen in physical abuse but can be a result of caregiver neglect. To be taken into account in the assessment: <ul style="list-style-type: none"><li>· Age-related changes</li><li>· Effect of medications (e.g. blood thinners, Non-steroidal anti-inflammatory drugs, NSAIDs)</li><li>· The extent of the bruise: suspect violence if the diameter of the bruises exceeds 5 cm.</li><li>· Determining age by color: The color of the bruise is uncertain when determining the age of the bruise in the elderly.</li></ul>

## Interpretation of physical marks and injuries

Mark/Injury	Assessment
<b>Fractures</b> (Gibbs LM 2014)	<p>Bones of older persons are thinner and less dense, making them more prone to fractures. Falls are the most common cause of injury in older persons.</p> <p>To be taken into account in the assessment:</p> <ul style="list-style-type: none"><li>· Poor nutrition, vitamin D deficiency, alcoholism, age-related sex hormone deficiencies, osteoporosis, chronic corticosteroid use, cancer.</li></ul>
<b>Burns</b> (Dyer et al. 2003)	<p>Burns in older people also may result from abuse or neglect. Size, location, shape, pattern and story of burn has to be assessed. The cause can be: use of too hot water when showering the older person.</p> <p>Take into account</p> <ul style="list-style-type: none"><li>· Any area of soft tissue that should not come into contact accidentally with any hot object, etc. such as the back of the hand, the soles of the feet, the buttocks or the back.</li><li>· Shaped like an object: iron, tobacco.</li></ul>

## Interpretation of physical marks and injuries

Mark/Injury	Assessment
<p><b>Pressure sores</b> (decubiti/bed sores) (Dyer et al. 2003)</p>	<p>There are divergent views regarding which decubiti are due to illness and which are due to neglect or even violence</p> <p>In general large infected /necrotic decubiti, multiple decubiti, especially multiple deep decubiti and smelling dead tissue can be indicative of neglect.</p> <p>Bedsore are most commonly found over the sacrum, hip or heels</p> <p>Can be caused by factors: acute illness, circulatory disorders, poor nutrition, poor mobility status (tied down in one position) or poor standard of care.</p> <p>Diabetes predisposes to pressure sores.</p>



thanks!

- ❑ Recognize,
- ❑ Intervene,
- ❑ Support
- ❑ Refer cases of elder abuse.

*The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein*

# RESOURCES

1. Ageless Alliance (2017) *Impact of Elder Abuse*. Available at: <https://agelessalliance.org/impact-of-elder-abuse/>.
2. CDC (2020) *Elder Abuse: Risk and protective factors*. Available at: [www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html](http://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html) (Accessed: 14 September 2021).
3. Collins, K. A. (2006) 'Elder Maltreatment', *Arch Pathol Lab Med*, 130, pp. 1290–1296. doi: 10.4135/9781412952484.n220.
4. Dean, A. (2019) *Elder abuse, Key issues and emerging evidence*.
5. Dong, X., Chang, E. and Simon, M. (2013) 'Elder Abuse and Psychological Well-Being : A Systematic Review and Implications for Research and Policy – A Mini Review', *Gerontology*, 59, pp. 132–142. doi: 10.1159/000341652.

6. EUROSTAT (2019) *Ageing Europe*. European Union. doi: 10.1136/bmj.315.7115.1103.
7. Gorbien, M. J. and Eisenstein, A. R. (2005) 'Elder Abuse and Neglect : An Overview', *Clinics in Geriatric Medicine*, 21, pp. 279–292. doi: 10.1016/j.cger.2004.12.001.
8. Hoover, R. M. and Polson, M. (2014) 'Detecting Elder Abuse and Neglect: Assessment and intervention', *American Family Physician*, 89(6), pp. 453–460.
9. Palmer, M., Brodell, R. T. and Mostow, E. N. (2013) 'Elder abuse: Dermatologic clues and critical solutions', *Journal of the American Academy of Dermatology*, 68(2), pp. 37–39. doi: 10.1016/j.jaad.2011.03.016.
10. Perel-Levin, S. (2008) 'Discussing screening for elder abuse at primary health care level', *WHO*, p. 48. Available at: <http://www.who.int/ageing/en>.



11. Perttu, S. (2018) *WHOSEFVA: Working with Healthcare Organizations to Support Elderly Female Victims of Abuse: Training Materials*. Tartu, Estonia. Available at: <http://whosefva-gbv.eu/>.
12. Perttu, S. and Laurola, H. (2020) *How To Identify and Support Older Victims of Abuse (TISOVA)*. Edited by K. Blank, O. Solohub, and M. Frances. Tartu, Estonia.
13. Pillemer, K. *et al.* (2016) 'Elder Abuse : Global Situation , Risk Factors , and Prevention Strategies', *The Gerontologist*, 56, pp. 194–205. doi: 10.1093/geront/gnw004.
14. Santos, A. J. *et al.* (2019) 'Elder abuse victimization patterns : latent class analysis using perpetrators and abusive behaviours', *BMC geriatrics*. BMC Geriatrics, 19(117), pp. 1–11.
15. Schmeidel, A. N. *et al.* (2012) 'Health Care Professionals' Perspectives on Barriers to Elder Abuse Detection and Reporting in Primary Care Settings', *Journal of Elder Abuse and Neglect*, 24(1), pp. 17–36. doi: 10.1080/08946566.2011.608044.

16. Soares, J. J. F. *et al.* (2010) *Abuse and Health among elderly in Europe*. Kaunas: Lithuanian University of Health Sciences Press.
17. Wang, X. M. *et al.* (2015) 'Elder abuse: an approach to identification, assessment and intervention', *CMAJ*, 187(8), pp. 575–582. doi: 10.1503/cmaj.141329/-/DC1.
18. WHO/INPEA (2002) *Missing voices: views of older persons on elder abuse*. Geneva.
19. WHO (2016) *Elder Abuse: The health sector Role in Prevention and Responce*.
20. World Health Organization. (2008) 'A global response to elder abuse and neglect : building primary health care capacity to deal with the problem worldwide: main report'. Available at:  
[http://books.google.com/books?hl=en&lr=&id=Pa0z1Bd\\_xBsC&oi=fnd&pg=PR3&dq=A+Global+Response+to+Elder+Abuse+and+Neglect+:+Building+Primary+Health+Care+Capacity+to+Deal+with+the+Problem+Worldwide+:+Main+Report&ots=4XU3JdajAC&sig=UXxr47C\\_Ik81DVeug19Pij1JBY](http://books.google.com/books?hl=en&lr=&id=Pa0z1Bd_xBsC&oi=fnd&pg=PR3&dq=A+Global+Response+to+Elder+Abuse+and+Neglect+:+Building+Primary+Health+Care+Capacity+to+Deal+with+the+Problem+Worldwide+:+Main+Report&ots=4XU3JdajAC&sig=UXxr47C_Ik81DVeug19Pij1JBY).

21. World Health Organization. (2008) 'A global response to elder abuse and neglect : building primary health care capacity to deal with the problem worldwide: main report'. Available at: [http://books.google.com/books?hl=en&lr=&id=Pa0z1Bd\\_xBsC&oi=fnd&pg=PR3&dq=A+Global+Response+to+Elder+Abuse+and+Neglect+:+Building+Primary+Health+Care+Capacity+to+Deal+with+the+Problem+Worldwide+:+Main+Report&ots=4XU3JdajAC&sig=UXxr47C\\_Ik81DVeug19Pij1JBY](http://books.google.com/books?hl=en&lr=&id=Pa0z1Bd_xBsC&oi=fnd&pg=PR3&dq=A+Global+Response+to+Elder+Abuse+and+Neglect+:+Building+Primary+Health+Care+Capacity+to+Deal+with+the+Problem+Worldwide+:+Main+Report&ots=4XU3JdajAC&sig=UXxr47C_Ik81DVeug19Pij1JBY).
22. World Health Organization. (2021) *ELDER ABUSE*. Available at: [https://www.who.int/health-topics/elder-abuse#tab=tab\\_1](https://www.who.int/health-topics/elder-abuse#tab=tab_1).
23. Yon, Y. *et al.* (2017) 'Elder abuse prevalence in community settings : a systematic review and meta-analysis', *The Lancet Global Health*. The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY license, 5(2), pp. e147–e156. doi: 10.1016/S2214-109X(17)30006-2.
24. Yon, Y., Ramiro-gonzalez, M., *et al.* (2019) 'The prevalence of elder abuse in institutional settings : a systematic review and meta-analysis', *The European journal of Public Health*, 29(1), pp. 58–67. doi: 10.1093/eurpub/cky093.
25. Yon, Y., Mikton, C., *et al.* (2019) 'The Prevalence of Self-Reported Elder Abuse Among Older Women in Community Settings: A Systematic Review and Meta-Analysis', *Trauma, Violence, and Abuse*, 20(2), pp. 245–259. doi: 10.1177/1524838017697308.