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## **How to Answer Those Tough Questions about Elder Abuse**

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This Tip Sheet is designed as a reference for your organization when responding to inquiries about elder abuse, neglect, and exploitation. Many times, the inquiries pose some hard-to-answer questions, and this Tip Sheet pulls together what is known about elder abuse to provide suggestions on how you could respond. Remember that in addition to questions about the topic in general, you should be able to answer this question: “What is your organization doing about the problem?” Doing a quick inventory of your state, local, and/or organization’s efforts in this area will help you be prepared for such a question.

### **WHAT IS ELDER ABUSE?**

- According to the National Center on Elder Abuse, elder abuse refers to intentional or negligent acts by a caregiver or “trusted” individual that causes (or potentially causes) harm to a vulnerable elder. Most common categories of abuse are:
  - Neglect
  - Physical abuse
  - Sexual abuse
  - Financial abuse and exploitation
  - Emotional or psychological abuse and neglect (including verbal abuse and threats)
  - Abandonment
  - Self-neglect
- Each state defines elder abuse differently. *(You may wish to look up how your state defines abuse in your state’s statutes. For assistance, contact the NCEA.)*
- According to available data, neglect is the most common type of elder abuse.
- There is some debate over whether mistreatment by strangers, rather than by a person in a trust relationship to the victim such as spouse, child, or friend, also constitutes elder abuse, neglect, or exploitation.

### **WHO IS AT RISK FOR ABUSE, NEGLECT, AND EXPLOITATION?**

- Elder abuse can happen to anyone – a loved one, a neighbor, and when we are old enough, it can even happen to us.
- Elder abuse affects seniors across all socio-economic groups, cultures, and races.
- Elder abuse can occur anywhere:
  - in a person’s own home
  - in nursing homes, assisted living facilities, and other institutional settings
  - in hospitals.
- Based on available information, women and “older” elders (80 years old and older) are more likely to be victimized, and mistreatment is most often perpetrated by the victim’s own family members.

- Some common risk factors:
  - The victim has *dementia*
  - The perpetrator and/or the victim has *mental health* or *substance abuse* issues
  - Social isolation
  - *Poor physical health*, which increases vulnerability and thereby may increase risk.

## **JUST HOW BIG IS THE PROBLEM?**

- Unfortunately, we simply do not know for certain. Although there has been relatively little research on incidence and prevalence of elder abuse, a recent study indicated that approximately 11 percent of US elders surveyed had experienced some type of abuse or potential neglect during the previous year. It is important to note that this survey did not include elders with dementia, a segment of the population believed to be at even greater risk for mistreatment, or elders living in long-term care facilities. (Acierno, R. et al. 2010. “Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study.” *American Journal of Public Health*, Vol. 100, 292-297.)
- Research suggests that elder abuse is significantly under-identified and under-reported, and that as few as 1 in 14 cases of elder abuse come to the attention of authorities. (*National Elder Abuse Incidence Study*. (1998.) Washington, DC: National Center on Elder Abuse at American Public Human Services Association.)
- The most recent national statistics for Adult Protective Services programs indicate that, in 2003, there were approximately 381,430 reports of elder abuse, neglect, or exploitation to APS across the country. (*The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older*. 2006. National Center on Elder Abuse.)
- Even when suspicions are reported, the outcomes of the cases are difficult to track.

## **WHY DOES ELDER ABUSE REMAIN SUCH AN “INVISIBLE” PROBLEM?**

- Like other forms of interpersonal violence, elder abuse usually occurs behind closed doors.
- Many victims are *reluctant to report* abuse because they may:
  - Feel ashamed and embarrassed, particularly if a family member is the abuser
  - Be afraid that the abuser will get “in trouble”
  - Worry that they will be forced to live in a nursing home, and this sometimes happens
  - Feel guilty or somehow to blame
  - Be in denial that the abuse is occurring, or unaware that what they are experiencing is abuse or neglect
  - Be afraid that if they report, the abuse will get worse.
- Some victims are *unable to speak out* due to dementia or other impairments, or may not be believed when they do.

- Although this theory hasn’t been fully researched, there are indications that a culture of *ageism* and *a fear of growing old* may keep older people marginalized and undervalued in our society, hence their problems remain invisible or are viewed as unimportant.

### **AREN’T SOME PEOPLE REQUIRED BY LAW TO REPORT?**

- Each state has its own reporting requirements, and many professionals who work closely with elders are “mandatory reporters” by state statute. (*You may wish to look up who in your state is designated by state statute as a mandated reporter. For assistance, contact the NCEA.*)
- Unfortunately, many mandated reporters may not make reports, as they:
  - May not receive regular training and education to accurately distinguish the signs of “normal” aging from elder abuse or neglect
  - May be in denial about the prevalence of elder abuse, and therefore not look for or identify suspicious activities or symptoms.

### **WHAT IS NEEDED TO ADDRESS THE PROBLEM?**

- *Public awareness and grassroots involvement* to create change that:
  - Increases the identification and reporting of abuse by the public, professionals, and victims themselves
  - Provides older victims with a safe environment to speak out and tell their stories
  - Begins long-term prevention by raising awareness among students and young people.
- *Enhanced Services for Victims:*
  - To help prevent abuse, more services to reduce isolation should be available to those at risk for abuse
  - To intervene more effectively, elder shelters and other support services, such as in-home help and in-home medical attention, should be established and targeted to at-risk seniors to mitigate the risk of abuse or to remove them from dangerous situations
  - Adequate services should be targeted to victims in order to protect their well-being and assets, and to prevent further harm.
- *Enhanced System Responses:*
  - To improve the training of state adult protective services workers so they are prepared to respond to increasing numbers of elder abuse reports
  - To improve continuing education for mandated reporters on: risk factors and red flags of elder abuse, what to do when they suspect elder abuse, where to report suspicions, and how to respond most effectively.

- *Research on:*
  - The scope of the problem (i.e., incidence/prevalence)
  - The causes of the problem
  - The effectiveness of interventions and prevention strategies
  - The impact and monetary costs of elder abuse on the lives of seniors, families, communities, and society in general.

## **WHY SHOULD I CARE ABOUT ELDER ABUSE?**

- The older population in America is continuing to grow and will burgeon between the years 2010 and 2030 when the "baby boom" generation reaches age 65:
  - By 2030, there will be about 72.1 million older persons, comprising almost 20 percent of the total population, nearly twice as many as in 2007;
  - The 85+ population is projected to increase to 6.6 million in 2020, a 15 percent increase from 2010.  
(Source: [A Profile of Older Americans: 2009](#). U.S. Administration on Aging. Department of Health and Human Services. Washington, DC.)
- Seniors are living longer, but not necessarily better. Potential declines in cognitive and physical functions could make them more vulnerable to victimization.
- Elders who experience abuse, neglect, or self-neglect face considerably higher risk of premature death than elders who have not been mistreated. (Dong, X. et al. (2009) "Elder self-neglect and abuse and mortality risk in a community-dwelling population," *JAMA*, Vol. 302, 517-526; Lachs, M.S. et al. 1998. "The mortality of elder mistreatment," *JAMA*, Vol. 280, 428-432.)
- It is estimated that elders throughout the US lose a minimum of \$ 2.9 billion annually due to elder financial abuse and exploitation. ([Elder Financial Abuse: Crimes of Occasion, Desperation and Predation against American's Elders](#). 2011. MetLife Mature Market Institute.)
- Elder abuse can happen to anyone – a loved one, a neighbor, and when we are old enough, it can even happen to us.

## **WHAT CAN PEOPLE DO TO PREVENT ELDER ABUSE?**

- Report suspected mistreatment to your local adult protective services agency or law enforcement. Although a situation may have already been investigated, if you believe circumstances are getting worse, continue to speak out. ***If you believe that an elder is in a life threatening situation, contact 911 or the local police or sheriff's department.***
- *Learn more* about the issue - Visit the National Center on Elder Abuse website at [www.ncea.aoa.gov](http://www.ncea.aoa.gov).
- Help *raise awareness* by:
  - Talking about the issue
  - Challenging injustice and ageist stereotypes
  - Writing letters to the editor, etc.

- Be a “sentinel”:
  - Keep in contact and talk with your older friends, neighbors, and relatives frequently
  - Be aware and alert for the possibility of abuse
  - Look around and take note of what may be happening with your older neighbors and acquaintances
  - Ask questions and listen.
  
- The Baby Boomers have been a generation of activists, with a demonstrated ability to create social change. The time is right to get involved by promoting community involvement and social engagement.

### **WHERE CAN I FIND MORE INFORMATION?**

Visit the website of the National Center on Elder Abuse/NCEA: [www.ncea.aoa.gov](http://www.ncea.aoa.gov), or contact us by email: [ncea-info@aoa.hhs.gov](mailto:ncea-info@aoa.hhs.gov), by phone: 1-855-500-3537, or by mail:

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