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Elder Abuse

 In the United States, there is a growth in the number of adults over age sixty-five and this growth is expected to continue (Miller). In this population, there is a growing problem of elder abuse (Miller). Elder abuse is defined as a single or repeated act or lack of appropriate action that occurs within any relationship in which there is expected trust or dependence, and causes harm or distress to an older person (Miller 4). Elder abuse can happen in hospitals, nursing homes, assisted living facilities, and in the community. As a medical professional, the first step to ending the abuse is recognized that a problem exists.

 In the United States, the National Center on Elder Abuse identifies there to be seven types of elder abuse (Miller 4).The seven types are self-neglect, neglect, physical abuse, emotional abuse, exploitation, sexual abuse, and abandonment (Miller 4). Self-neglect is behavior that threatens his or her own health and safety (Miller 4). Neglect is failure or refusal by those responsible to provide proper food, shelter, and health care (Miller 4). Physical abuse is threatening or inflicting bodily harm (Miller 4). Emotional abuse is described as inflicting mental pain, anguish, or suffering (Miller 5). Exploitation is illegal taking or misuse of funds belonging to the elderly (Miller 5). Abandonment is the desertion of an at risk elder by anyone assuming care or custody of that person (Miller 5).

 There are factors that put a person at risk for elder abuse. Risk factors include those suffering from physical, mental or cognitive impairment (Rosen 75). Older adults with impaired cognition are at greater risk of abuse because they may not recognize abuse or be able to protect themselves from abusers (Miller 37). Other factors that contribute to a person’s susceptibility to abuse include gender, race, ethnicity, living arrangements, cultural beliefs, social isolation, and loneliness (Roberto 303). Among elders, it is estimated that one in four are at risk for abuse and these numbers are expected to grow (Rosen). The National Elder Mistreatment study found that in 76% of cases a family member was responsible (Miller 28). The study also found that the risk for abuse tripled for elders with inadequate social support and doubled for those who required assistance with activities of daily living (Miller 28)

 Health professionals in an adult health care setting could encounter elder abuse (Miller 18). It is the health care professional’s legal obligation to report any cases of suspected elder abuse (Miller 18). It does not have to be confirmed to be reported (Miller 18). The abused person may be hesitant or unable to give evidence against the abuser (Ross). The abuser could be a family member or a staff member at the care facility (Ross).

 Although elder abuse has taken place throughout history, it was not brought into the public’s attention as a serious issue until the 1960’s (Miller 123). Shortly after, adult protective service agencies were established (Miller 123). Nurses need to be knowledgeable on reporting requirements and able to provide resources to eradicate the problem (Miller 123). As long as a report of elder abuse is made in good faith, there are laws to protect the reporter from retribution of any kind (Miller 126). There are also laws regarding mandatory reporters who fail to report suspected abuse (Miller 126). The repercussions can include fines and even misdemeanor charges (Miller 126). Nurses in all settings are required to report abuse (Miller 132). Health professionals centered on preventing elder abuse assesses situations that have an increased risk of turning from an unhealthy situation to an abusive situation (Miller 174). Addressing situations early can stop abuse before it occurs (Miller ).

 Health professionals have various things they look for when abuse is suspected. The list includes, but is not limited to; abrasions, bruises, skin tears, fractures, head injuries, pressure ulcers, and malnutrition (Mosqueda). However, several of the listed tools to watch for can also be a normal part of aging. It is important for the health professional to know the difference between a common age related accident and an indicator of abuse or neglect (Mosqueda). Accidental abrasions are most often found on limbs and skin tears are more prevalent on the forearms (Mosqueda). Abrasion or skin tears in other locations should increase suspension. Accidental bruising occurs with over 90% being found on the extremities (Mosqueda). Similarly, defensive bruises or bruises around the wrist or ankle could indicate the person is being restrained and abused (Mosqueda).

 As a person increases in age, their bone density decreases (Mosqueda). Therefore, a person is at an increased risk of fracturing a bone during trauma. Vertebral fractures and hip fracture are among the most common experienced fracture from an accidental injury (Mosqueda, 2017). Fractures in other areas of the body should make the professional stop and take a closer look. A common sign of blunt force trauma includes fractures to the face, more specifically around the eyes, nose, or jaw (Mosqueta).

 Pressure ulcers, also known as bed sores, can be a sign of abuse but can also be a related to illnesses that affect a person mobility (Mosqueta). Pressure ulcers are more common in immobile older adults, but usually can be prevented by being repositioned every two hours by a caregiver (Mosqueta). Furthermore, incontinence can cause the development of a pressure ulcer (Mosqueta). If the person is left lying in urine and feces, leaving the skin moist the skin can begin to break down and result in a pressure ulcer (Mosqueta). However, regardless of adequate care a pressure ulcer can still develop (Mosqueta). This is why it is important to have an expert to evaluate the ulcer to determine if neglect was the cause.

 In the United States, there are more than 3 million nurses with 85% of all care delivered coming from the nursing profession (Miller). Nurses spend the most time with patients in a health care setting, which puts them in a good position to observe and identify any indications of elder abuse (Miller 135).

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