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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 xi). In this population, there is a growing problem of elder abuse (Miller xi). Elder abuse is defined as “a single or repeated act or lack of appropriate action that occurs within any relationship in which there is an expectation of 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 (Miller 4). As a medical professional, the first step to ending the abuse is recognizing that a problem exists (Miller 4).

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, abandonment, and sexual abuse (Miller 4). Self-neglect is behavior that is threatening to his or her own health and welfare (Miller 4). Neglect is failure or refusal to provide proper food, shelter, and health care by those responsible for caring for the older adult (Miller 4). Physical abuse is threatening or inflicting bodily harm (Miller 4). Emotional abuse is described as imposing mental pain, anguish, or suffering (Miller 5). Exploitation is illegal taking or misuse of money belonging to the elderly (Miller 5). Abandonment is the desertion of an, at-risk, elder by anyone responsible for the care or protection of that individual (Miller 5). Lastly, sexual abuse is any form of nonconsensual contact (Miller 5).

There are factors that put an individual at risk for elder abuse (Rosen 75). 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 75). The National Elder Mistreatment study found that in 76% of cases a family member was responsible for the abuse (Miller 28). The study also found that the risk for abuse tripled for elders with inadequate social support and doubled for those who required help with activities of daily living (Miller 29).

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 506). The abuser could be a family member or a staff member in a care facility (Ross 506).

Although elder abuse has taken place throughout history, it was not brought to public attention as a serious problem until the 1960s (Miller 123). Shortly after, adult protective service agencies were established (Miller 123). Nurses must be knowledgeable on reporting requirements and able to provide a means 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 misdemeanor charges (Miller 126). The proper reporting of abuse is a requirement of nurses in all settings (Miller 132). Health professionals who are centered on preventing elder abuse assess 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 188).

Health professionals have various things they look for when abuse is suspected (Mosqueda 3). The list includes, but is not limited to abrasions, bruises, skin tears, fractures, head injuries, pressure ulcers, and malnutrition (Mosqueda 56). However, several of the listed indicators of elder abuse can also be a normal part of aging (Mosqueda 56). 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 56). Accidental abrasions are most often found on limbs and skin tears are more prevalent on the forearms (Mosqueda 56). Abrasions or skin tears in other locations should increase suspicion (Mosqueda 56). Accidental bruising takes place with over 90% being found on the extremities (Mosqueda 56). Similarly, defensive bruises or bruises around the wrist or ankle could indicate the person is being restrained and abused (Mosqueda 56).

As a person increases in age, their bone density decreases (Mosqueda 56). Therefore, a person is at increased risk of fracturing a bone during trauma (Mosqueda 56). Vertebral fractures and hip fracture are among the most commonly experienced fracture from an accidental injury (Mosqueda 56). Fractures in other areas of the body should make the professional stop and take a closer look (Mosqueda 56). A common sign of blunt force trauma includes fractures to the face (Mosqueda 56). Fractures around the eyes, nose, and jaw are the most common indicators of blunt force trauma (Mosqueta 56).

Pressure ulcers, also known as bed sores, can be a sign of abuse, but can also be related to illnesses that affect a person’s mobility (Mosqueta 56). Pressure ulcers are more common in immobile older adults, but usually can be prevented by being repositioned every two hours by a caregiver (Mosqueta 57). Furthermore, incontinence can cause the development of a pressure ulcer (Mosqueta 57). 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 57). However, regardless of adequate care a pressure ulcer can still develop (Mosqueta 57). This is why it is important to have an expert evaluate the ulcer to determine if neglect was the cause (Mosqueda 57).

In the United States, there are more than 3 million nurses (Miller 316). Approximately 85% of all care delivered comes from the nursing profession (Miller 316). Nurses spend the most time with patients in a health care setting, which puts them in a position to observe and identify indications of elder abuse (Miller 135). A thorough nursing assessment involves looking for signs of abuse, identifying those who have the potential to be abused, and reporting those suspected of being abused (Miller 174).

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