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ELDER ABUSE: INDICATORS AND EXAMPLES

Susan Beerman*

The vignettes presented in this article are compilations of true stories of abused and neglected elderly men and women.

Medical technology is allowing Americans to live longer than ever before. The negative aspect of longer life expectancy, however, is the rising incidence of elder abuse – an increase that is attributed to the growing number of elderly people in the United States. Demographers predict that the numbers of elderly people will double in the next thirty years.¹ Because of this, it is necessary to understand and be able to identify elder abuse.

WHAT IS ELDER ABUSE?

Elder abuse is the physical, financial, emotional, and/or psychological mistreatment of an elderly man or woman. It is blind to race, religion, or national origin. It crushes the dignity and sometimes the life of a frail and often helpless individual. The abuser is often a family member, but can also be a paid caregiver. Abuse occurs in people's homes, in their family members' homes, or in alternative housing settings, such as group homes, assisted living facilities, or nursing homes. Elder abuse may manifest itself in a number of ways: as a physical or psychological injury; as neglect: the failure to fulfill an obligation or duty to another person; or as exploitation: the illegal use of another's property.²

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1. The Urban Institute, *Long Term Care for the Elderly*, at <http://www.urban.org/content/IssuesInFocus/Long-TermCarefortheElderly/LongTermCare.html> (last visited May 14, 2003)

2. Max B. Rothman & Burton D. Dunlop, *A Silent Enemy*, 10 HEMISPHERE: A MAGAZINE OF THE AMERICAS 20 (Fall 2001), at http://lacc.fiu.edu/publications_resources/hemisphere/Volume_10.pdf (last visited May 14,

Researchers have identified adult children with personal problems as being the most common source of elder abuse. Some of the problems these children experience may include mental and emotional disorders, alcoholism, drug addiction, and financial difficulties, and these problems may result in the child's dependence on the elderly parent. As one prosecutor observes, "Abuse in these cases may be an inappropriate response by the children to their own sense of inadequacy."³

One 1996 survey estimated that of forty-four million older adults age sixty and above, 450,000 had experienced abuse, neglect or exploitation, an incident rate of about ten per 1,000.⁴ The most frightening aspect of these statistics is that they represent only the reported cases of abuse. Often the elderly person conceals the abuse for fear of abandonment, isolation, or retaliation by the abuser. As a victim of abuse and neglect, a man or woman may suffer in silence for years without anyone knowing about his or her secret pain.

The following stories of John and Cynthia bring to light the reason many frail, disabled and lonely people allow abuse to continue even if an opportunity to end the abuse arises. John is typical of many men and women who reach their mid-eighties; he suffers from complications of a stroke and loss of movement in his right leg and arm. Most of the time he is in a wheelchair and requires care with all of the activities of daily living, such as bathing, dressing, eating, and using the toilet.

John's forty-five-year-old son leaves his father alone everyday. He dresses him in an adult diaper and pajamas. On a small table near the wheelchair, John's son leaves a snack, the television remote control, and a telephone. John is a prisoner in his wheelchair for the seven or eight hours his son is at work each day. He has pressure sores on his legs, feet, back, and buttocks from sitting in the same position.

"Dehydration and malnutrition are widespread among the elderly for a variety of reasons. When accompanied by abnormal blood chemistry values, pressure sores, . . . malnutrition, and dehydration, a diagnosis of 'failure to thrive' syndrome may be made."⁵

John is capable of calling for help, but he never does. One day a neighbor discovered that the door to the apartment was ajar so she walked inside. She was horrified to find John slumped over in his

2003).

3. Adult Protective Services, Clark County Prosecutor, *Why Does It Happen?*, at <http://www.clarkprosecutor.org/html/aps/apshappn.htm> (last visited May 14, 2003).

4. *Supra* note 2.

5. MARY JOY QUINN & SUSAN K. TOMITA, ELDER ABUSE AND NEGLECT 63 (2d ed.1997).

chair. She immediately called 911. The emergency medical technicians examined John and transferred him to a local hospital. John was suffering from neglect and malnourishment. John's son never visited or called the hospital. John's son abandoned his father just as he has done everyday for years.

When John realized that he was truly alone he agreed to speak to the hospital social worker. When the social worker asked him why he never reported the abuse despite having a telephone in his hand, he said, "I was so afraid I would be alone." He refused to bring criminal charges against his son, however, and a complete medical, psychological, and social assessment found that John was appropriate for nursing home placement.

Cynthia, age ninety, had spent her youth caring for and supporting five children. Cynthia remains physically strong and healthy, but she is cognitively impaired. She lives in her own home, but her eldest daughter and children live with her. Her daughter does not work, has several dogs and cats, and does very little. At every opportunity she steals her mother's income checks, as well as checks from her mother's checkbook. She is adept at forging her mother's signature to any document. She continually tells Cynthia that she is helpless and poor. Unfortunately, Cynthia is at her mercy and although she mistrusts her daughter she feels completely helpless and believes her.

Because of Cynthia's cognitive impairment she eventually required specialized care twenty-four hours a day, seven days a week. Cynthia's daughter decided that instead of providing care, she would leave her mother in the emergency room of a community hospital and not return. Because Cynthia was considered indigent, she was transferred to a state operated long-term care facility. Her daughter and grandchildren moved to another state.

Although the stories of John and Cynthia exemplify abuse by a family member, it is important to remember that abuse has no such boundaries nor specific geographical location. Elder abuse may occur anywhere there is a frail, helpless, defenseless man or woman.

WHAT DOES AN ABUSER LOOK LIKE?

An abuser has no specific color, size, educational background, or religious belief. But an abuser does possess certain traits. The following are some of the traits and warning signs reported by Molly Hofer, Extension Educator of Family Life at Illinois University:⁶

6. Molly Hofer, *Elder Abuse & Neglect*, at <http://www.urbanext.uiuc.edu/elderabuse> (last visited May 14, 2003).

- Verbally assaults, threatens, or insults the older person;
- Concerned only with the older person's financial situation instead of his or her health or well being;
- Has problems with alcohol or drug abuse;
- Does not allow the older person to speak for him or herself;
- Blames the older person;
- Has attitudes of indifference or anger toward the older person; and/or
- Socially isolates the older person from others.

Individuals with these traits may be in a person's home, a nursing facility, an assisted living facility, or even a hospital setting. The screening process for hired caregivers and attendants is not always thorough and at times the new employer is not aware of a hired caregiver's history of abuse.

Two nursing home associations, the American Health Care Association (AHCA) and the American Association of Homes and Services for the Aging (AAHSA), have repeatedly asked Washington for help in accessing a national criminal record registry that can quickly identify convicted felons among applicants for nursing home positions. Current laws permit a voluntary system in which nursing homes can pay to have applicants fingerprinted by a local sheriff. The fingerprints are digitized and submitted to the FBI for matching against computerized files of felons. The entire process takes at least three weeks before a job applicant can be cleared or identified as a convicted criminal. Nursing home lobbyists have championed the cause of a system that will respond more quickly and will not add to the already burdensome cost of hiring new personnel.⁷

During a recent visit to a nursing home a daughter visiting her mother witnessed the abuse of a legally blind woman. The woman was lying in her bed listening to a radio as two attendants approached her laughing and talking. Suddenly, they lifted her on to a gurney to transport her to another unit in the hospital. The elderly woman shrieked in terror. She could not see what was happening. She did not understand the sudden movement or the voices around her talking about their weekend plans. The attendants in this situation did not care or think about this woman's vulnerable physical condition and emotional well-being. If they had simply and calmly explained to her

7. Michael J. Stoil, *Fighting a Modern Legend, Nursing Homes Long Term Care Management*, at <http://web8epnet.com/citation.asp> (last visited October 14, 2002).

that they were lifting her on to another bed she might have felt some sense of security. Treating a frail and helpless person in this manner is emotionally and psychologically abusive. Such mistreatment may not leave any physical scars, but the emotional turmoil and lack of trust may create even deeper, lasting pain.

Acts such as this one, as well as criminal acts, against the elderly occur everyday. They include theft of possessions, beatings, and verbal insults. One elderly gentleman cried when his daughter left him in the care of his home care worker. She thought he cried because he was sad to see her leave. One day she arrived much earlier than usual. She heard strange noises emanating from her father's apartment. She quietly opened the door and witnessed the attendant's hand raised over her father's head, and her father's voice crying out, "Stop! Stop!" She later learned that the woman had worked in two other states, and that her last two jobs ended in dismissal for abusive behavior toward her patients. The daughter was devastated because she had never asked for references or contacted the woman's past employers.

Sometimes abuse is not clear-cut or simple. Certain signs do not always indicate an abusive situation, but can be important clues to possible abuse or neglect.⁸

- Unusual or unexplained injuries (cuts, bruises, burns);
- Unkempt appearance;
- Pressure or bed sores;
- Confinement against will (tied to furniture or locked in room);
- Dehydration or malnutrition without a medical cause;
- Fear;
- Withdrawal;
- Depression;
- Anxiety;
- Visits to many doctors or hospitals;
- Strange and inconsistent explanations for injuries;
- Helplessness;
- Hesitation to talk openly.

It is important to understand that elder abuse is often very difficult to prove, because the victim is too sick or demented to report, to confirm, or deny the allegations. Every state has an adult protective services (APS) agency designed to deal with elder abuse. The agency

8. *Supra* note 2.

works hand-in-hand with law enforcement to ensure the rights of senior citizens. When APS is contacted to investigate allegations of abuse, the agency assigns a caseworker to handle the investigation within a limited time. It is the responsibility of the APS caseworker to provide a complete assessment of the situation. The APS worker must look at potential ailments such as arthritis, joint disorders, balance problems, and diminished sight and hearing, which make it difficult or impossible for an older person to escape from an abuser, defend themselves, or access traditional means for calling for help.⁹

Consider the following: Mr. James and his home care worker strolled in the park every day. On one particular day, a neighbor noticed that Mr. James had bandages on his arms and the shins of his legs. The neighbor inquired about the bandages. The home care worker snapped at her and said it was none of her business. The neighbor sensed that something might be wrong and called APS. She reported to APS that Mr. James looked very thin and pale and described the bandages on his legs and arms. She further explained that the home care worker would not give her any concrete reason for the injuries. APS felt an investigation was warranted since Mr. James did not have any family members in the community.

When the caseworker examined Mr. James and spoke to the home care worker she understood the reason for the bandages. Due to Mr. James' age and frail condition his skin integrity was poor and fragile. It took little to irritate his skin and to develop abrasions. In order to avoid any cuts and bruises the caregiver comfortably wrapped his arms and shins in gauze when she transferred him to the wheelchair to go outdoors. The home care worker was actually protecting his skin, not concealing something sinister. APS dismissed the case. The caseworker expressed her hope that if she reaches the remarkable age of ninety-seven someone will take equally good care of her.

SELF-NEGLECT

Self-neglect often is not considered elder abuse, but is frequently reported to agencies such as adult protective services agencies. Self-neglect is the inability of an individual to care for his or her activities of daily living. The Merck Manual of Geriatrics defines activities of daily living as:¹⁰

9. See generally L. Rene Bergeron, *Servicing the Needs of Elder Abuse Victims*, 58 POLICY & PRACTICE OF PUBLIC HUMAN SERVICES, September 2000.

10. MERCK MANUAL OF GERIATRICS 229 (William Abrams, Mark Beers, & Robert Berkow eds.) (1995).

Bathing – an individual receives no assistance or assistance in bathing only one part of his or her body;

Dressing – gets clothes and dresses without any assistance except for tying shoes;

Toileting – goes to the bathroom, uses the toilet, arranges clothes, and returns without any assistance (may use cane or walker for support and may use bedpan or urinal at night);

Transferring – moves in and out of bed and chair without assistance (may use cane or walker);

Continence – controls bowel and bladder completely by his or herself (without occasional accidents);

Feeding – feeds self without assistance (except for help with cutting meat or buttering bread).

As a rule, an individual's ability to handle financial issues is also considered an activity of daily living.

Some indicators that a man or woman cannot handle these activities include, but are not limited to: poor physical care; bed sores; dehydration and malnutrition; a dirty, unkempt appearance; and an inability to understand the need for assistive devices such as a cane, walker, hearing aids, or eye glasses. Some of the risk factors that can alert us to the potential for self-neglect are if the individual suffers from mental illness or cognitive impairment, or the primary caregiver suffers from caregiver stress. At times caregiver stress is unintentionally the root cause of neglect or abuse.

The following two stories illustrate how self-neglect can be as destructive to an individual's quality of life as any other form of elder abuse.

Mary is an eighty-two-year-old woman who lives in a small, private house in a middle class urban community. She has no family and most of her friends are deceased. The homes surrounding Mary's house are well cared for and the lawns are manicured and aesthetically attractive. Mary's garden is overgrown and can best be described as a junkyard. Her neighbors did not complain for many years and Mary appeared to function satisfactorily. One day her next-door neighbor smelled a horrific odor coming from the backyard. When she peered over the fence she found Mary tossing sewage out the back window. When her neighbor asked what was going on, Mary slammed her window. The neighbor contacted the adult protective services agency. When they arrived, Mary did not allow them into her home, but she spoke to them through a screen door. The rancid smells from the house were unbearable.

The caseworker eventually talked her way into the house and

found Mary living in filth and clutter. The caseworker found food and old medication prescription bottles scattered around the house. The caseworker was familiar with the names on the labels and recognized them as psychotropic medications. She immediately knew that she had to call 911 for assistance.

Mary protested, but eventually consented to go to the hospital for an examination. After a comprehensive physical and psychological assessment it was determined that Mary required a court-appointed guardian. Mary wanted to return to her home, but she refused cleaning and repairing, and she refused any assistance with her personal care. Because Mary could not make appropriate decisions for herself, her guardian had her transferred from the hospital to an assisted living facility where she received suitable medical care, medication monitoring, nutrition and socialization.

Sam was in a similar situation. He lived in a beautiful neighborhood near the beach. He spent his life gardening, helping the children on the block, and visiting sick people in the hospital. Over a period of a few years his garden became a jungle of weeds, he chased the neighborhood children away, and he gave up his work as a volunteer. He became a recluse. The difference between Mary and Sam was that Sam had four daughters. All of them believed that Sam needed one of them to be his guardian. Sam refused their help and although Sam's doctor acknowledged that Sam's judgment was impaired, he did not feel Sam was incapacitated. The eldest daughter petitioned the court for finding of incapacity and appointment of herself as guardian. Although Sam neglected himself and his home, the judge determined that he had a right to self-determination because he did not fit the state's legal definition of incapacity.

Sam's story shows that it is essential for the victim as well as the accused not to rush to judgment when someone appears abused or neglected. A careful balance must be found between being too cautious and not being cautious enough. Excessive caution can hurt or embarrass someone, while not enough caution can be dangerous or deadly.

CONCLUSION

We must all be aware of elder abuse and neglect as a growing problem in America. Without acknowledging that it exists, none of us can effectively identify and help. Once we acknowledge that this is a national problem we can focus on changing the laws to address the issue.

Without stricter controls and better investigative methods at both the state and federal level, the incidence of domestic and institutional abuse is likely to increase in the decades ahead. Although every state has some form of adult protective service laws, fewer than half provide for civil or criminal penalties. But far better than penalties is prevention— providing more support for caregivers in the home, who may be led to abusive behavior because of stress-related factors, and better training and pay for assistants in institutional settings.