

An Overview of Elder Abuse: A Growing Problem

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The National Clearinghouse on Abuse in Later Life's (NCALL) vision is a society that respects older adults and communities that work collaboratively to ensure their dignity and safety. To achieve this, it is imperative for community members and key partners to gain a better understanding of the complex dynamics of abuse and the unique barriers faced by older survivors. In sharing a common knowledge of the issue of elder abuse, victim service providers, the justice system, health care professionals, social service agencies, and other community members will be better positioned to work together to address this problem.

Elder abuse is a hidden yet growing problem in the United States with significant public health and societal implications. It is a tragedy that impacts older adults of all races, cultures, gender expressions, sexual orientations, social classes, geographic areas, faith communities, mental capacities, and physical abilities.

There are many significant negative impacts of elder abuse on victims, related to physical health, mental health, and other areas. Older victims often experience shame, pain, economic loss, spiritual and physical anguish, compromised mental and physical health, deteriorated familial relationships, institutionalization, diminished autonomy, and poor quality of life (Beaulaurier et al., 2008; Brandl et al., 2006; Dong et al., 2011; Jackson & Hafemeister, 2016).



Victims of elder abuse are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital than non-abused older adults (Dong et al., 2013; Dong et al., 2009). Further, when older adults are harmed, it can be more difficult for them to recover from physical injuries and financial devastation (Lachs et al., 2011).

One of the harshest impacts of elder abuse is related to fatalities. Older adults who are harmed are more likely to die prematurely than their counterparts. In fact, one study determined that older adults who experienced abuse, even modest abuse, had a 300% higher risk of death when compared to those who had not been abused. (Dong et al., 2009).

These statistics underscore the dire need for a coordinated community response to elder abuse that ensures the safety, dignity, and quality of life of all older adults. While recent decades have brought much progress toward elder justice, it remains an overlooked and often misunderstood issue. Educating yourself and increasing awareness of the unique dynamics, forms, risk factors, and rates of elder abuse is a critical step in addressing this issue.



Definition of Elder Abuse

Although definitions of elder abuse vary, the term generally refers to any physical, sexual, or psychological abuse, neglect, abandonment, or financial exploitation of an older person either within a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability (U.S. DOJ, 2014). “Older” is generally considered 60+, 65+ or 70+ depending on state statutes or funding streams, such as the Older Americans Act.

Policy makers, researchers, practitioners, and other professionals may use other definitions of elder abuse in their work. Some definitions are based on a specific age while other definitions focus on the person’s vulnerability. Last, many state statutes and tribal codes include self-neglect in the definition of elder abuse, although increasingly professionals are differentiating between the case where an older adult is unable to provide care for themselves and the case where a perpetrator is harming an older adult.

Dynamics of Elder Abuse

Power and control is often evident in cases of elder abuse. Older

adults may be harmed by intimate partners, adult children, or other family members; paid and unpaid caregivers; and other persons in a position of authority such as guardians, lawyers, or interpreters. Abuse occurring in intimate relationships can occur regardless of gender identity or sexual orientation. In some instances, older adults may be targeted by strangers and become victims of sexual assault, stalking, or financial exploitation. The various forms of abuse often co-occur (Acierno et al., 2010; Lachs et al., 2011).

Forms of Elder Abuse

Physical Abuse is the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as: striking (with or without an object), hitting, beating, pushing, shoving, restraining, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Signs and symptoms of physical abuse include but are not limited to:

- An older adult's report of being physically assaulted or abused;

- Bruises, black eyes, welts, lacerations, and rope marks;
- Bone fractures, broken bones, and skull fractures;
- Open wounds, cuts, punctures, untreated injuries in various stages of healing;
- Sprains, dislocations, and internal injuries/bleeding;
- Broken eyeglasses/frames, cell phones, or other items of importance to the victim
- Physical signs of being subjected to punishment, and signs of being restrained;
- Laboratory findings of medication overdose or under utilization of prescribed drugs;
- An older adult's sudden change in behavior; and
- The caregiver's refusal to allow visitors to see the older adult alone.



Sexual Abuse is non-consensual sexual contact of any kind with an older adult. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to: unwanted touching and all types of sexual assault or battery, such as rape, sodomy, and coerced nudity. It also includes hands-off crimes such as sexually explicit photographing, unwanted sexual comments or voyeuristic acts. It may also include intrusive or unnecessary touching of the older adult's genitals under the guise of care.

Signs and symptoms of sexual abuse include but are not limited to:

- An older adult's report of being sexually assaulted or raped
- Bruises around the breasts or genital area;
- Unexplained sexually transmitted infection or genital infections;
- Unexplained vaginal or anal bleeding;
- Difficulty walking or sitting;
- Being over or under-medicated; and
- Torn, stained, or bloody underclothing.

Psychological Abuse or Emotional Abuse is the infliction of anguish, pain, or distress through

verbal or nonverbal acts. It includes but is not limited to verbal assaults, insults, threats, belittling, humiliation, and harassment; treating an older person like an infant; isolating an older person from their family, friends, or regular activities; and blaming the older adult for everything that goes wrong.

Signs and symptoms of psychological emotional abuse include but are not limited to:

- An older adult's report of being verbally or emotionally mistreated;
- Anxiety, depression, and low self esteem;
- Being emotionally upset or agitated;
- Being extremely withdrawn and non-communicative or non-responsive; and
- Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking).



Neglect is the refusal or failure to provide an older adult with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, personal safety, and other essentials where there is an implied or agreed-upon responsibility to care for the older adult. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an older adult (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider, nursing home, or residential facility to provide necessary care.

Signs and symptoms of neglect include but are not limited to:

- An older adult's report of being mistreated;
- Dehydration, malnutrition, untreated bed sores, and poor personal hygiene;
- Unattended or untreated health problems;
- Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water); and
- Unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing).

Financial Exploitation is the illegal or improper use of an older adult's funds, property, or assets.



Examples include but are not limited to cashing an older adult's checks without authorization or permission; forging an older adult's signature; misusing or stealing an older adult's money or possessions; coercing or deceiving an older adult into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

Signs and symptoms of financial or material exploitation include but are not limited to:

- An older adult's report of financial exploitation;
- Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the older adult;
- The inclusion of additional names on an older adult's bank signature card;
- Unauthorized withdrawal of the older adult's funds using their ATM card;

- Abrupt changes in a will or other financial documents;
- Unexplained disappearance of funds or valuable possessions;
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources;
- Discovery of an older adult's signature being forged for financial transactions or for the titles of their possessions;
- Sudden appearance of previously uninvolved relatives claiming their rights to an older adult's affairs and possessions;
- Unexplained sudden transfer of assets to a family member or someone outside the family; and
- The provision of services that are not necessary.

Risk Factors for Abuse

Victim Risk Factors: Some factors that may increase an older adult's risk of victimization include the victim's poor physical or mental health, functional disability and dependence, cognitive deficits, financial dependence, social isolation, and prior exposure to trauma (Storey, 2020; Pillemer et al., 2016). The victim's gender has also been determined a risk factor as an estimated two-thirds of elder

abuse victims are women (Lachs et al., 2011).

Perpetrator Risk Factors: [The Centers for Disease Control and Prevention \(CDC\)](#) has identified a number of factors that contribute to the risk of becoming a perpetrator of elder abuse. These factors, which occur at an individual, relational, and societal level, may or may not be direct causes for abuse.

• Individual Risk Factors

- Current diagnosis of mental illness;
- Current or past abuse of drugs or alcohol;
- Current physical health problem;
- Past experience of disruptive behavior;
- Past experience of traumatic events;
- High levels of stress;
- Poor or inadequate preparation or training for caregiving responsibilities;
- Inadequate coping skills;
- Exposure to or witnessing abuse as a child; and
- Social isolation.

• Relational Risk Factors

- High financial and emotional dependence upon a vulnerable elder;
- Past family conflict;
- Inability to establish or maintain positive prosocial

- relationships; and
- Lack of social support.
- **Societal Risk Factors:** There are specific characteristics of institutional settings such as nursing homes and residential facilities, that can increase the risk for perpetration including:
 - Staffing problems and lack of qualified staff; and
 - Staff burnout and stressful working conditions.

In addition, there is a growing belief that cultural and social-structure factors such as ageism create an environment in which elder abuse is more likely to occur (Pillemer, Burnes, & Mac-Neil, 2021). Ageism—prejudice or discrimination on the grounds of a person’s age—reduces older adults to a homogenous group that is often disregarded by society or deemed unworthy of dignity and respect. This adoption, endorsement, and activation of ageist stereotypes can lead to discriminatory behaviors, including neglect, abandonment, and emotional, financial, and physical harms (Shepherd & Brochu, 2020).

Further, if the older adult speaks out about their abuse, they may not be believed due to ageist beliefs about capacity.



Prevalence of Abuse

Research estimates that approximately one in ten older adults living in their homes experience elder abuse each year (Acierno et al., 2010; Beach et al., 2010; Lachs et al., 2011; Rosay & Mulford, 2017) and that an estimated 5 million older adults experience abuse, neglect, or exploitation annually (U.S. DOJ, 2014). Yet research also suggests that cases of elder abuse are significantly underreported (Pillemer et al., 2016). One state study found fewer than 5% of cases come to light (Lachs et al., 2011).

Underreporting has been explained by a number of factors including the older victim’s fear of retaliation by the offender, reluctance to disclose the incident because of shame or embarrassment, concern they will be institutionalized, dependency on the offender, and an inability to report because of physical

limitations or cognitive impairments (Baker et al, 2016). Social isolation as a tactic of abuse and social isolation as a result of aging may also be a factor for underreporting.

Furthermore, a significant number of elder abuse cases that are actually reported or identified end up slipping through the cracks due to a lack of coordination among service providers (Brandl et al., 2006; Connolly, 2010; Lachs et al., 2011).

Why Address Elder Abuse?

All older adults deserve to age with safety, dignity, and care. Elder abuse is a critical issue for communities to address due to risk factors that make many older adults more vulnerable to abuse, as well as the current and known prevalence and impact of elder abuse. The issue is becoming more urgent as the U.S. population of older adults is rapidly growing. By 2030, all baby boomers will be age 65 or older (U.S. Census Bureau, 2019) and by 2060, there will be about 94.7 million older adults, more than twice as many in 2010. Further, the number of people ages 85 and older is projected to nearly triple from 6.7 million in 2020 to 19.0 million by 2060. Estimates also reveal that the older population in

the U.S. will become more racially and ethnically diverse (Administration for Community Living, 2022).

As America ages, the rates of elder abuse will undoubtedly increase. It is critical for all organizations and systems to rethink how they will provide services and support to this growing population of older adults.

To learn more about how abuse impacts older survivors and find strategies to best support them, please check out the other resource sheets in this series: [2: An Overview of Abuse in Later Life](#); [3: Unique Challenges in Abuse in Later Life Cases](#); [4: Supporting Survivors of Abuse in Later Life](#); and [5: Working Together to Effectively Address Abuse in Later Life](#).

To learn more about abuse in later life, please visit www.ncall.us.

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