



# Elder Abuse: Prevention, Detection, Solutions

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# Game Plan

- Why aging is associated with mistreatment
- Why aging makes it harder to diagnose mistreatment
- Special issues for people with dementia
- IPV and aging
- Adult Intervention/Prevention Model (AIM):  
applying a practical tool

# Types of Elder Mistreatment



- Financial abuse
- Emotional abuse
- Physical abuse
- Sexual abuse
- Neglect
- Abandonment

**Multiple types of  
abuse often co-exist  
(polyvictimization)**

# Susceptibility to Abuse

# Links from Child Abuse to Elder Abuse

- Witnessing domestic violence or experiencing physical abuse as a child increases odds of experiencing elder abuse
- Caregivers of neglected older adults were more likely to have experienced physical neglect and trauma as a child
- Childhood adversity significantly increases the odds of becoming an abusive caregiver to a parent

**As age increases, so do the number of health, social, and psychological issues that make older people more susceptible**



Chronic Illnesses



Medications



Depression



Dementia



Quantity and quality of social support

# Normal & Common Changes

## Musculoskeletal

- Sarcopenia
- Osteopenia/osteoporosis

## Cardiovascular

- Orthostatic hypotension

## Function

- IADLs
- ADLs

## Neurologic

- Dementia
- Reaction time

# Normal & Common Changes

## Decline in renal function

- Metabolism of medication

## Integument

- Thinner epidermis
- Capillary fragility

## Sensory system

- Presbycusis
- Macular degeneration, cataracts



# Increased Risk of Mistreatment

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Difficulty defending oneself, physically & emotionally

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May be more reliant on others for assistance

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Fear of losing independence if a report is made- more susceptible to threats

# Basic Activities of Daily Living (ADLs)

- Mobility
- Transferring
- Bathing
- Continence
- Toileting
- Getting dressed
- Feeding oneself

Independence  
with ADLs  
predicts  
independence in  
the home.

# Instrumental Activities of Daily Living (IADLs)

- Shopping
- Cooking
- Handling finances
- Transportation (driving or arranging)
- Medications

Independence  
with IADLs  
predicts  
independence in  
the community.

# Contextual Factors

1

## **Functional** issues

- Ability to do basic tasks in daily life
- Need for assistance

2

## **Social** complexities

- Family conflict
- Caregivers, paid and unpaid

3

## Questions about **cognition**

- Capacity to make decisions
- Dementia

# Diagnosing Abuse

# Diagnosing Abuse: Pink Flags

- History/Observations
- Interview
- Physical Examination
- Laboratory Evidence



# History and Observations

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries - past or present
- Interaction between patient and caregiver

It's often hard to distinguish between an injury due to abuse and one due to an innocent cause.

**“Of course they have a \_\_\_\_\_,  
they're old!”**

- Pressure sore
- Fracture
- Bruise



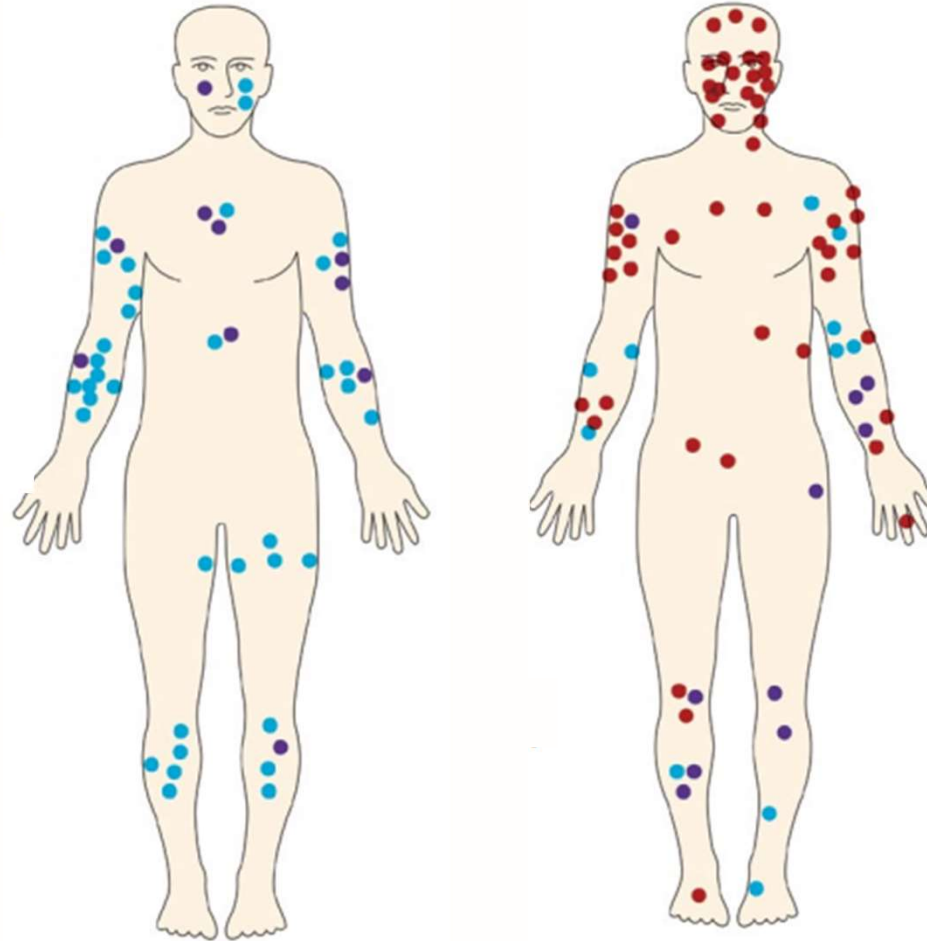
## Accidental

## Inflicted

Anterior

**ORIGIN OF BRUISE  
(as reported by elder)**

- Unknown
- Accidental
- Inflicted



Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. JAGS. 2005.

Wiglesworth A, Austin R, Corona M, et al. Bruising as a marker of physical elder abuse. JAGS. 2009.

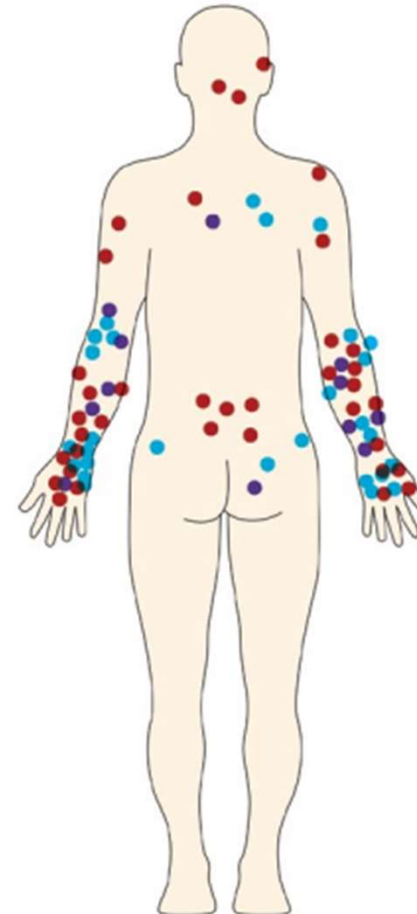
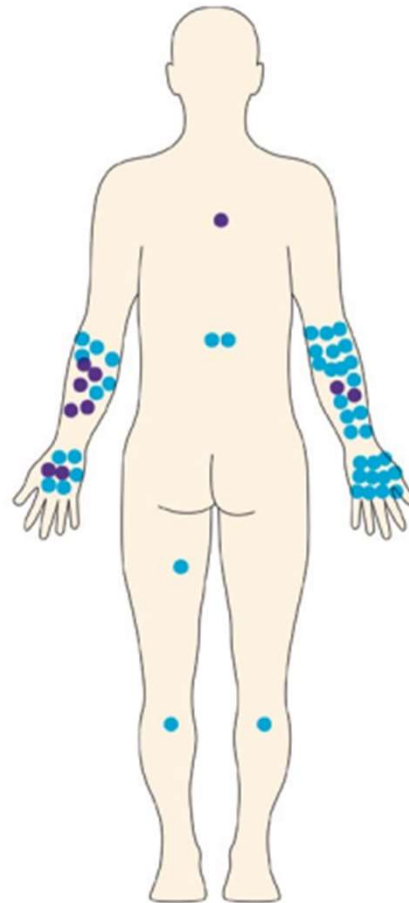
## Accidental

## Inflicted

Posterior

### ORIGIN OF BRUISE (as reported by elder)

- Unknown
- Accidental
- Inflicted



Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. JAGS. 2005.

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# Injury Pattern Study

## Injury pattern comparison:

Injuries of physical abuse victims as proven in court

vs.

Injuries of people in ED for unintentional fall

- 22% of people who were physically abused ***did not*** have any visible injuries but they had pain, most commonly in torso, face, neck areas and upper extremities

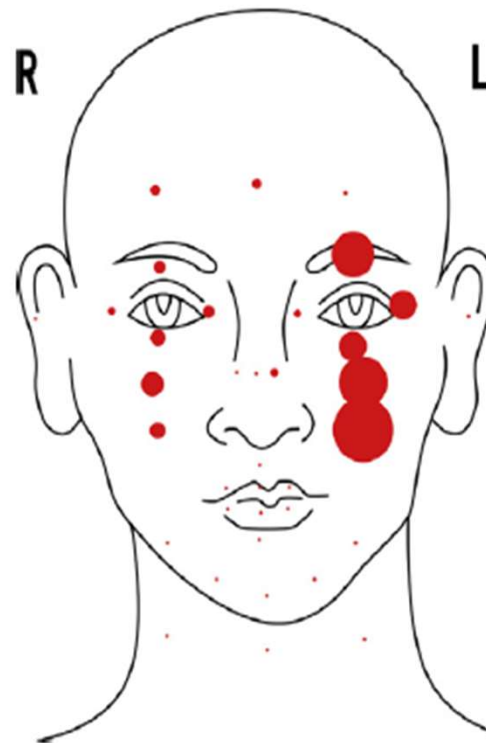
Rosen T, LoFaso VM, Bloemen EM, et al. Identifying Injury Patterns Associated With Physical Elder Abuse: Analysis of Legally Adjudicated Cases. *Ann Emerg Med.* 2020

More injuries on left side of face (more assailants right-handed)

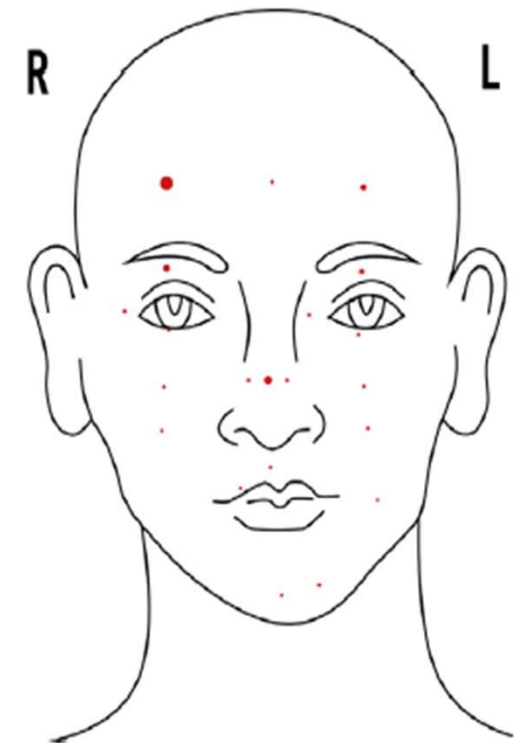
Neck injuries 6x more likely in assault (typically protected during a fall)

Ear injuries in assaults, but not in falls

## Physical Abuse



## Unintentional Fall



Rosen T, LoFaso VM, Bloemen EM, et al. Identifying Injury Patterns Associated With Physical Elder Abuse: Analysis of Legally Adjudicated Cases. *Ann Emerg Med.* 2020

# Other potential markers

- Burns
- Contractures
- Lacerations
- Abrasions
- Fractures
- Subdural hematomas
- Behavioral changes



Dyer CB, Connolly MT, McFeeley P. The Clinical and Medical Forensics of Elder Abuse and Neglect. In *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*. 2003. National Academies Press.

# Geri-IDT: Geriatric Injury Documentation Tool

To assist clinicians to document physical findings  
in injured older adults

IDT does 2 things:

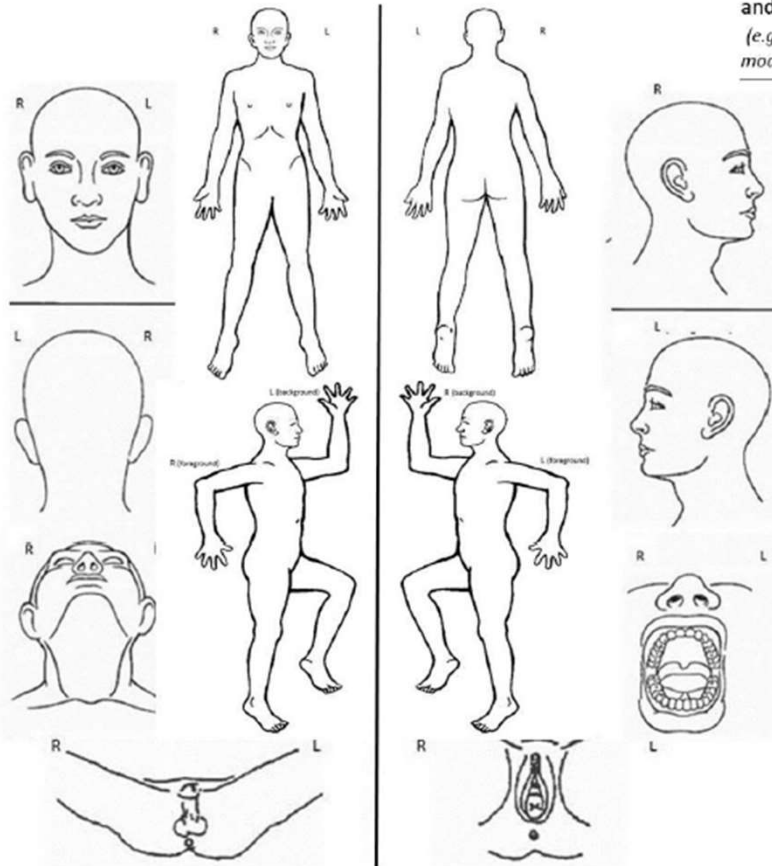
- Makes it easier to document physical findings
- Reminds you what to look for and document

Kogan AC, Rosen T, Navarro A, Homeier D, Chennapan K, Mosqueda L. Developing the Geriatric Injury Documentation Tool (Geri-IDT) to Improve Documentation of Physical Findings in Injured Older Adults. J Gen Intern Med. 2019

Conduct a complete head-to-toe physical examination and describe in detail all physical findings on the patient, even those that you do not consider clinically significant or related to their presenting complaint. **Please note all areas where pain or tenderness is present, even if there is no visible evidence of injury.**

Please number each finding indicated on the body diagram and describe the physical characteristics:

(e.g. 1=5cm jagged laceration, with redness and swelling, soiled dressing, moderate odor)



Finding 1:

Finding 2:

Finding 3:

Finding 4:

Finding 5:

Finding 6:

Finding 7:

Finding 8:

Finding 9:

Finding 10:

Patient's Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Clinician's name (print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Geri-IDT available at: <https://eldermistreatment.usc.edu/current-projects/geri-idt/>**

# Criteria for Dementia

- Loss in at least one cognitive domain (e.g. memory, language, spatial relations, judgement)
- Loss of function



**Person  
Living  
with  
Dementia**

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May be unable to recognize  
abuse

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May be unable to report abuse

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May not be believed

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# Early AD



## Symptoms:

- Short term memory
- Words
- Judgment

## Issues:

- Driving
- Finances

**Financial Abuse**

# Mid AD



## Symptoms:

- Behavior
- Dressing
- Insight

## Issues:

- Explaining
- Moving

Physical Abuse

# Late AD



## Symptoms:

- Communication
- Mobility
- Swallowing

## Issues:

- Risk/benefit
- Nutrition

Neglect

# Caregivers

- Caregivers should be asked about their perceptions regarding the person with dementia.
- Based on their responses, follow-up questions about their own behavior may bring mistreatment to light.
- Screening is essential and we should ask.

# IPV in the Context of Aging

# IPV in the Context of Aging

- Violence against older women lives “between the margins” of IPV and EA
- Exacerbates older survivor’s invisibility
- IPV research focuses on women of child-bearing age
- USPSTF limits screening to women & girls 15-46
  - 40% of women made invisible

Cailin Crockett MPhil, Bonnie Brandl MSW & Firoza Chic Dabby BA (2015) Survivors in the Margins: The Invisibility of Violence Against Older Women, *Journal of Elder Abuse & Neglect*, 27:4-5, 291-302, DOI: 10.1080/08946566.2015.1090361

# Symptoms of IPV

- Sleep disturbance
- Digestive problems
- Difficulty concentrating
- Feeling depressed/worthless
- Chronic pain



# Symptoms of Aging

- Sleep disturbance
- Digestive problems
- Difficulty concentrating
- Feeling depressed/worthless
- Chronic pain

# Impact of experience of IPV earlier in life

- Women who were physically or sexually assaulted decades before continue to report significant level of PTSD well into older adulthood
- PTSD may be expressed differently in older adults
- Symptoms stemming from a traumatic event experienced long ago can recur or even develop for the first time later in life
- Special circumstances
  - dementia
  - nursing home

# Power Dynamics

- Long-standing history of IPV
- Becomes their way of life, almost normalized
- When the power shifts, the victim may become the abuser
- Need to differentiate between
  - understanding/empathizing
  - excusing/accepting

# New onset IPV with an older adult

- Susceptibility/vulnerability after the loss of a spouse
- Similar to dynamics of younger IPV
  - cycle of violence (honeymoon/calm, tension building, explosion)
  - progression of violence (increase in intensity and frequency)
  - Use of power to get control
    - Coercion, intimidation, threats
    - Minimizes, denies and blames partner
    - Enforces threats with violence

# Barriers

# Internal Barriers

- Self-blame, feelings of powerlessness, worthlessness, hopelessness
- Value placed on secrecy “*Keep within the family*”
- Not knowing where to go to talk about abuse
- Lack of knowledge/trust in services
- Financial dependency on perpetrator
- Ageism directed towards self

Richard L. Beaulaurier PhD , Laura R. Seff MBA & Frederick L. Newman PhD (2008)  
Barriers to Help-Seeking for Older Women Who Experience Intimate Partner Violence:  
A Descriptive Model, Journal of Women & Aging, 20:3-4, 231-248, DOI:  
10.1080/0895284080198454

# External Barriers

- Economic dependence
- Rejection by adult children and other family
- Unsupportive religious community
- Indifferent response of law enforcement and courts
- Abuser controlling tactics
- Lack of knowledge about aging/older adults
  - Normal and common age-related changes
  - Cognitive impairments and dementia
  - Medication side effects
- Ageism

# Barriers to Effective Intervention

- Lack of awareness of prevalence of IPV late in life
- Siloed support for older adults rather than cross-system collaboration
- Ageism
- Lack of age-appropriate services

Nancy Brossoie PhD & Karen A. Roberto PhD (2015) Community Professionals' Response to Intimate Partner Violence Against Rural Older Women, *Journal of Elder Abuse & Neglect*, 27:4-5, 470-488, DOI: [10.1080/08946566.2015.1095664](https://doi.org/10.1080/08946566.2015.1095664)

Pathak N, Dhairyawan R, Tariq S. The experience of intimate partner violence among older women: A narrative review. *Maturitas*. 2019 Mar;121:63-75. doi: [10.1016/j.maturitas.2018.12.011](https://doi.org/10.1016/j.maturitas.2018.12.011). Epub 2018 Dec 18. PMID: 30704567; PMCID: PMC6546119.



# What Can We Do?

## Personally

- Recognize that older adults do experience IPV
- Understand the range of experiences
- Ask

## Professionally

- Tailor services to older adults
- Train staff
- Age-friendly IPV services/shelters
- Partnerships with aging service networks (Senior Centers, APS, local age-friendly initiatives, elder law professionals )
- Partnerships with health care professionals: EMS, health systems, PCPs
- Services with adaptations for functional impairments related to aging
- Services that address access barriers: transportation, technology, sensory impairment, mobility impairment
- Support groups specifically designed for older adults

## Interagency collaboration

- Expand IPV definition to include abuse across the lifespan
- Expand EA definition to include IPV
- Include older adults in IPV research and collaborate with elder abuse research

# Lots of Complexities!

1

## **Functional** issues

- Ability to do basic tasks in daily life
- Need for assistance

2

## **Social** complexities

- Family conflict
- Caregivers, paid and unpaid

3

## Questions about **cognition**

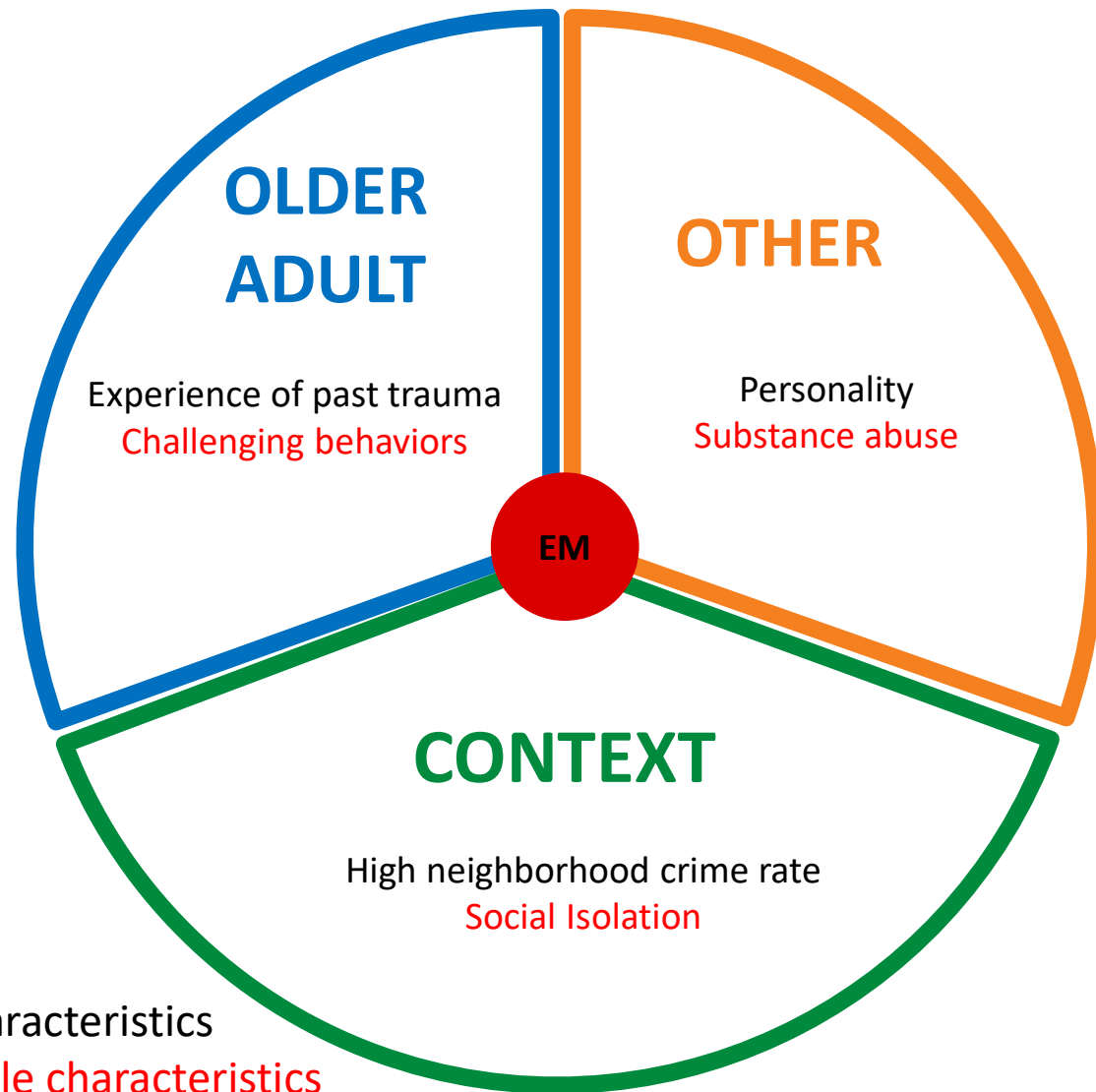
- Capacity to make decisions
- Dementia

# Abuse Intervention-Prevention Model (AIM)

- Practical framework
- Includes 3 broad domains
  - Vulnerable older adult
  - Trusted other
  - Context
- Factors known or thought to be related to risk of abuse



Mosqueda L, Burnight K, Gironda MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc.* 2016.

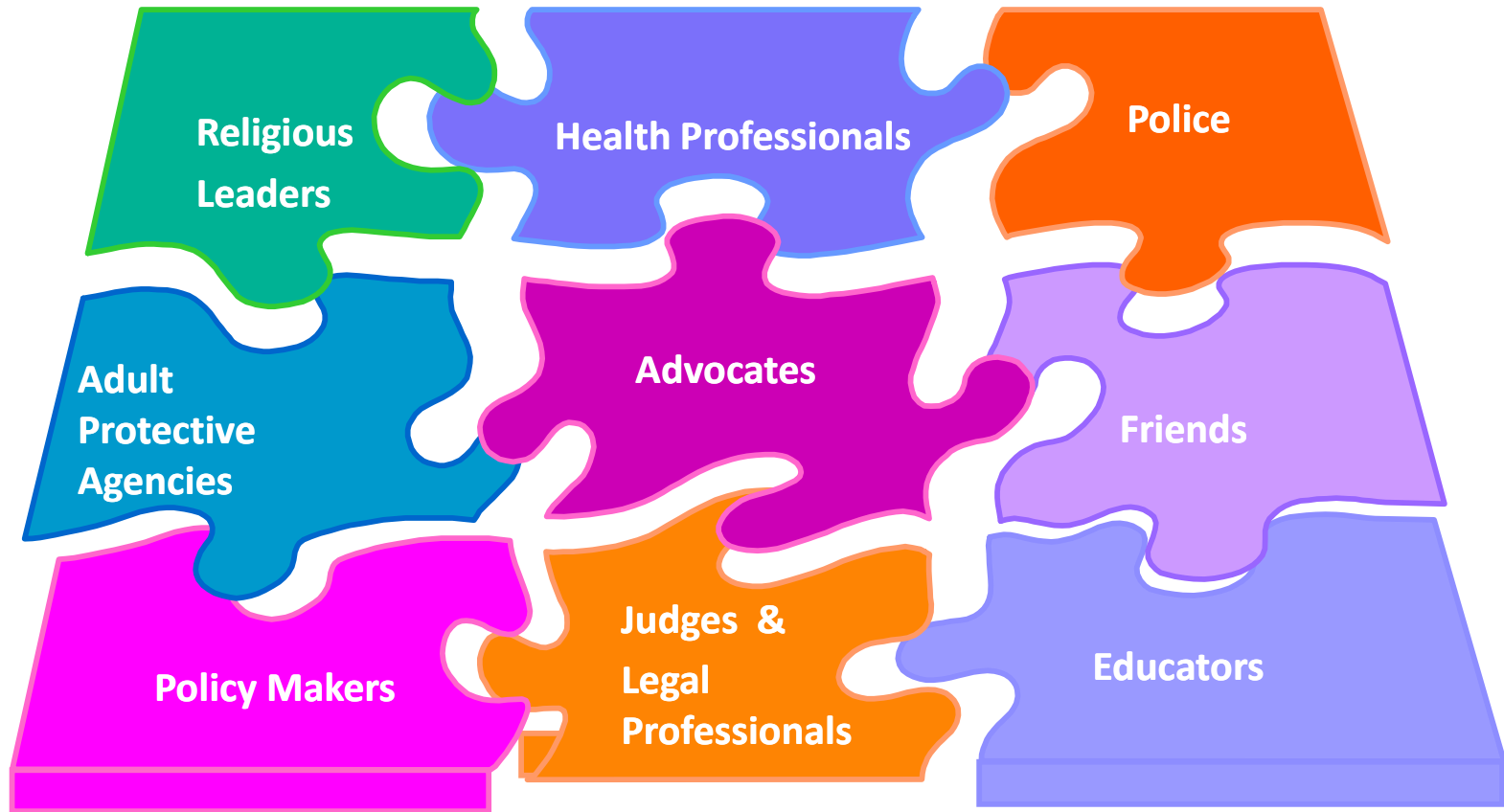


**KEY:**

Fixed characteristics

Modifiable characteristics

# Teams



# Elder Abuse Impact

- Widespread (1 in 10 people 60+)
- Cognitive impairment raises risk to at least 1 in 3
- Hastens mortality for victims three fold
- Stressful for 30+ million concerned others
- Majority never reported
- Human and economic price very high

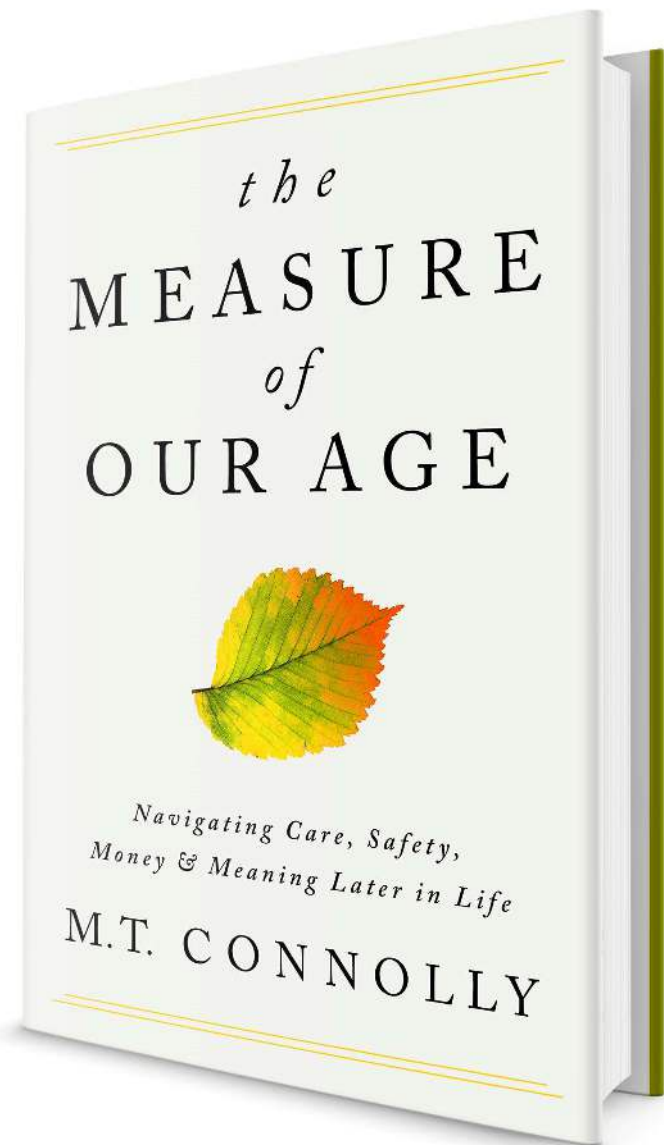
# Wisdom

- Curiosity/Interest in the World
- Love of Learning
- Critical Thinking
- Ingenuity
- Social Intelligence
- Perspective

# Transcendence

- Appreciation of beauty and excellence
- Gratitude
- Hope
- Spirituality
- Forgiveness
- Humor
- Zest





An expert on elder justice maps the challenges of aging, how things go wrong, and presents powerful tools we can use to forge better long lives for ourselves, our families, and our communities.



**M. T. Connolly** is widely recognized as a leading national expert on elder justice, for which she was honored with a MacArthur “Genius” award. She was the founding head of the Department of Justice’s Elder Justice Initiative; the architect of the Elder Justice Act, the first comprehensive federal law to address the issue; and the lead author of the Elder Justice Roadmap that guides federal, state, and local priorities. She lives in Washington, DC.

A conceptual diagram of Love. At the center is a yellow circle containing the word "Love". Five petals radiate from this center, each with a different color and containing a related concept: a red petal for "Meaning", an orange petal for "Comfort", a pink petal for "Identity", a blue petal for "Joy", and a green petal for "Inclusion". The entire diagram is set against a background of a blue and white watercolor wash.

**Meaning**

**Comfort**

**Love**

**Identity**

**Inclusion**

**Joy**