Arkansas Geriatric Education Center

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The experience of violence is a major threat to the safety and quality of life of elders. Domestic violence is an escalating pattern of violence or intimidation by an intimate partner who seeks to gain power and control. Domestic abuse of the elderly may be manifested in many ways including the following: physical or sexual abuse, financial abuse or exploitation, neglect, and emotional or psychological abuse. More subtle and difficult to detect, such abuse may also involve withholding medications or treatments.

Domestic violence experienced by older people may fall into one of three common categories. The first is commonly known as "domestic violence grown old." It exists in cases where domestic violence has begun early in a relationship and continued into old age. This form of domestic violence often does not stop until the abuser is no longer physically or mentally capable of inflicting abuse and/or intimidation. The cycle of violence is particularly difficult to interrupt in this form of abuse because it has existed for an extended period of time and the victim is often resigned to his/her fate as a battered person. Victims often experience hopelessness and helplessness and see no option but to continue in the abusive relationship.

The second form of domestic violence involving elders may be referred to as "late onset domestic violence", because it begins in old age. The relationship involved may have grown increasingly strained through the years causing the start of domestic violence to occur when the partners are past 65 years of age. Domestic violence of this type is likely to be linked to retirement, disability, changing roles of family members, or sexual changes, such as erectile dysfunction or decreasing interest in sex. Health problems of one intimate partner late in life may produce a situation in which one partner becomes the caretaker of the other with increasing strain on the relationship.

The third type of domestic violence experienced by elders occur when older people enter into an abusive relationship late in life. In this case, the victim may have had previous relationships that were happy and healthy, but late in life entered unknowingly into a relationship in which the new partner was violent toward them. Potential for escape from the relationship is more likely in this situation than in the previous two, because the victim understands that healthy relationships are possible for him/her.

In all of these types of domestic violence, the perpetrators are spouses or intimate partners, the majority are men, and oftentimes drugs or alcohol are abused by one or both partners. At risk victims are usually women whose relationships with their spouses or partners were abusive or strained when they were younger. Also at risk are older women who enter into intimate relationships late in life.

Elder domestic abuse may present in the healthcare setting in a number of different ways. Battering consists of physical, sexual, and emotional abuse and screening should include nonphysical traumatic complaints as well as physical injuries. Physical neglect, inappropriate dress for the time of year, signs of poor hygiene, and malnutrition are causes for concern and should raise the suspicions of the healthcare provider. Mismanagement of funds may be difficult to identify unless the patient indicates that he or she is unable to purchase groceries or other necessities due to lack of money, which someone else controls. Depression, withdrawal, and suicide attempts by an elder patient who believes that he/she is worthless and is a burden for the caregiver may result from demeaning, humiliating, and degrading verbal abuse.

Intervention by healthcare providers can make the difference between safety and increasing risk of harm to elder victims of domestic abuse. Mandatory reporting of suspected abuse to Adult Protective Services and/or local law enforcement enhances protection for the victim. Contributing to violence against elder victims are dependency needs, failing health, isolation, and stressed caregivers. Therefore, discharge planning for elder victims of violence should involve linking and networking with appropriate home care or residential treatment facilities and resources. If caregiver stress is a factor, services for the caretaker, including respite services, support groups, and ongoing monitoring may be required to decrease the potential for further abuse. Relocation of the victim may be necessary to protect him/her from harm.

Awareness of domestic violence in the older population and education of those who come into contact with potential victims of domestic violence is imperative to halting the cycle of abuse. Risk assessment and screening for domestic violence can save lives. Partnerships with community services contribute to holistic care and empowerment for victims of all ages. The Elder Maltreatment Assessment tool can be accessed at: http://consultgerirn.org/uploads/File/trythis/try_this_15.pdf

CATEGORY: Newsletter, Vol XIII, No 2