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This paper will provide a basis for understanding older adult mistreatment, abuse and neglect. It will address the definition of elder abuse as indicated by New York State Law, and discuss its three broad categories as identified by the National Center for Elder Abuse (NCEA). Furthermore, it will provide information concerning the types of abuse within these categories, and the ways in which gerontological nurses can identify their occurrence within this population. The process a nurse must go through to become a mandated reporter will be identifies, as well as, the steps one must take to file a report. Being a global issue, I will also be discussing the prevalent types of abuse that occurs in the country of India, and provide examples of each. As a final point, I will speak to the sect of forensic nursing and the roles and responsibilities of those nurses who work within this specialty.

The National Center on Elder Abuse (2014) indicates that although definitions of elder abuse are unique to each state, there exists three categorical scenarios with which abuse can be experienced: domestically, institutionally, and via self-abuse or self-neglect. Domestic abuse is defined as “mistreatment(s)…committed by someone with whom the elder has a special relationship (for example, a spouse, sibling, child, friend, or caregiver)” (NCEA, 2014). When an elder is being mistreated “in residential facilities (such as a nursing home, assisted living facility, group home, board and care facility, foster home, etc.)… usually, perpetrated by someone with a legal or contractual obligation to provide some element of care or protection” (NCEA, 2014). It has been reported that self-neglect is often “paired with declining health, isolation, Alzheimer’s disease, dementia, or drug and alcohol dependency” and in affecting their abilities to care for themselves “can lead to illness or injury” (NCEA, 2014). Examples of self-neglect provided by the NCEA (2014) include poor maintenance of adequate nutrition and hydration, having poor hygiene, not dressing suitable for weather, and failing to take medications and seek treatment for health problems.

As previously noted, each category of elder abuse has within it numerous types of abuse or “mistreatments”. Physical abuse, “inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need” (NCEA, 2014) has been found to be “most often carried out by caregivers who are offspring, partners, or other relatives” (Murphy, Waa, Jaffer, Sauter, & Chan, 2013, p. 11). Furthermore, it is often underreported and more likely to occur in the community (Murphy et al., 2013, p. 11). An analysis of physical abuse in the elderly performed by Murphy et al. (2013), found that injuries such as contusions, abrasions, and bruising on the upper extremities were the most prevalent, as well as, “injuries to the posterior torso and the lower extremity, inner thigh, or dorsal or plantar aspect of the foot” (p. 13). Injuries in these locations generally indicate abuse because they “are less likely to be the point of impact in accidental injury” (Murphy et al., 2013, p. 13). It has also been found the “injury distribution in intimate partner (domestic) violence rarely occur in the extremities...[but], instead [is] mostly localized to the head, neck, and face” (Murphy, 2013, p. 13).

Murphy et al. (2013) discusses the different risk factors involved in elder abuse, and explains that they can be related, not only to the victim, but to the perpetrator and circumstance, as well:

Dementia and depression are documented risk factors for elder abuse, and physical abuse in particular appears to occur more frequently in the elderly with dementia, possibly due to disruptive and aggressive patient behavior that provokes retaliation. The concept of transgenerational violence, in which abused children later abuse their parents…is considered a major factor in physical elder abuse. Physical elder abuse appears to occur more commonly in the evenings and on weekends due to increased social interaction and increased alcohol intake by the perpetrators during this time. (p. 13).

Social isolation was also reported as a risk factor, along with perpetrators that have a history of mental illness, substance abuse, or depression, and rely heavily on the victim financially or emotionally (Murphy et al., 2013, p. 13). Lastly, new data shows that elder abuse may no longer be more prevalent in the female sex, but experienced equally by both men and women (Murphy, 2013, p. 13).

Emotional abuse has been defined by the NCEA (2014) as the infliction of “mental pain, anguish, or distress on an elder person through verbal or nonverbal acts”. During thei national study of elderly mistreatment, Acierno, Hernandez, Amstadter, Resnick, Steve, Muzzy, and Kilpatrick (2010) found that “approximately 4.6% of older adults had recently experienced some form of emotional abuse and that approximately 7.9% of these incidents were reported to police” (p. 293). Emotional abuse amongst in the elderly can occur in forms of verbal abuse, humiliation, harassment or coercion, and being ignored (Acierno et al., 2010, p. 294). Risk factors for this form of abuse amongst the elderly have been found to be “lower age, employment, experience of a previous traumatic event, and low social support,” as well as, “the need for help with activities of daily living” (Acierno et al., 2010, p. 294).

Another form of abuse, sexual abuse, has been defined by the NCEA (2014) as “non-consensual sexual contact of any king, coercing an elder to witness sexual behaviors” and has been found to be prevalent amongst women of minorities (especially African Americans and Hispanics) over the age of 65 (Cook, Dinnen, & O’Donnell, 2011, p. 1076). According to Cook et al. (2011), common “common perpetrators of [sexual] violence against older women…are spouses or current partners” (p. 1078). Existing data shows that “a current spouse was the most likely perpetrator of violence against older women (62%), followed by a former spouse (12%) and current or former partner (26%) (Cook et al., 2011, p. 1078). It has also been found that women who experienced sexual abuse were more likely to report it than women who were victims of other forms of abuse (Cook et al., 2011).

Exploitation, or otherwise known as financial exploitation, is the “illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder” (NCEA, 2014). Acierno et al. (2010), reported the highest prevalence of financial exploitation of the elderly population was committed by family members, and that victims usually required “assistance with daily activities” (p. 294). Usually, this form of abuse occurred by family members stealing and spending money belonging to the older adult, making bad financial decisions on part of the older adult, not providing copies of financial documents, firging signatures, and forcing elder to sign documents (Acierno et al., 2010, p. 294).

Many older adults are also neglected, meaning there is a “refusal or failure by those responsible to provide food, shelter, health care or protection” while they are in a vulnerable state (NCEA, 2014). Risks associated with this form of neglect include “minority racial status, low income, poor health, and low social support” (Acierno et al., 2010, p. 294). Research has shown that “neglect is somewhat difficult to identify or even define, because the perpetrator is failing to act rather than overtly abusing,” but remains prevalent (5%) because of reports of unmet needs (Acierno et al., 2010, p. 296).

Abandonment, the “complete desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person (NCEA, 2014), has been found to be “increasing worldwide,” which can have serious health affects due to the change they experience in viewing themselves (de Guzman, Lacorte, Lacsamana, Lagac, Laguador, Lapid, & Lee, 2012, p. 890). De Guzman et al. (2012), report that the increase in cases of elderly abandonment correlates to the “increasing unavailability of adult children…[and] changing employment patterns” (p. 891). Often, elderly adults that are abandoned will enter nursing homes or opt for other living arrangements, causing a disruption in their lifestyles and implementing a change that they may not have been physically and/or psychologically prepared for (de Guzman et al., 2012, p.897).

The final type of elder abuse that will be discussed is self-neglect, which according to the NCEA (2014) is, as aforementioned, when they “neglect their own care, which can lead to illness or injury” and includes actions such as living in an unsafe environment due to lack of cleanliness, not providing oneself with enough food and/or hydration, and failing to take necessary medications, etc. It is “one of the most frequently reported concerns brought to adult protective services,” and has been commonly “paired with declining health, isolation, Alzheimer’s disease or dementia, or drug and alcohol dependency” (NCEA, 2014).

With the prevalence of elder abuse on the rise, nurses (especially gerontological nurses) need to be competent in identifying signs and symptoms. Eliopoulos (2014) states that “the older adult at greatest risk for abuse is a disabled woman, older than 75 years of age, who lives with a relative and is physically, socially, or financially dependent on others (p.514). However, all older adults are at risk for the many different types of abuse that exist, making it critical that nurses identify the following risk factors “frailty, older age, female sex, dependency on the abuser, decline in mental health or cognitive impairment, impaired activities of daily living, problem behavior, tendency to be physically or verbally abusive, isolation, and absence of anyone to call on for help” (Yaffe & Tazkarji, 2012, p. 1337). Yaffe and Tazkarji (2012) identified signs of physical abuse to include:

Unexplained bruises (especially finger- or knuckle-shaped bruises, commonly on the face, neck, and trunk); welts (especially on palms and soles in a linear distribution); lacerations, abrasions, and scars; unexplained sprains, fractures, or multiple traumas; unexplained behavior changes suggesting undermedication or overmedication; unexplained physical pain; bruising, inflammation, tenderness, abrasions, or trauma to the genital area, suggesting sexual abuse; and apprehensiveness, withdrawal, anxiety, and sadness (which might include a spectrum of depressed mood, minor depressive symptoms, or major depression). (p. 1337-1338).

Also, nurses should be alert to the number of emergency room visits the older adult suspected of being abused has had in a specific time frame (Yaffe & Tazkarji, 2012, p. 1337).

Older adults that are experiencing or have experienced acts of psychological abuse may present to the nurse with resultant signs and symptoms of “apprehensiveness or physical avoidance; avoidance of eye contact or continual eye darting; unexplained quietness, passivity, withdrawal, and decreased social contact with people; anger, depression, or weight loss; a caregiver who tries to answer for…or prevent a private interview or examination of the older adult; frequent requests for sedating medications [and/or] frequently cancelled appointments (Yaffe & Tazkarji, 2012, p. 1338). Yaffe and Takarji (2012) report that signs of financial exploitation are similar to those of an elder experiencing psychological abuse, but may also be wearing “clothing that is inadequate or inappropriate for the weather,” as well as, be tearful or guilt-ridden about “identifying the abuser” (p. 1338).

Furthermore, older adults that are participating in self-neglect may be identified by the gerontological nurse as someone that has “poor mobility; decubitus ulcers, bedsores, and pressure sores” (Yaffe & Takarji, 2012, p. 1338). Also, these patients may have “poor hygiene and body odour; frequent infections; unexplained or uncontrolled medical conditions; weight loss, fearfulness, anxiety, [and] or depression (Yaffe & Takarji, 2012, p. 1338). When any of these aforementioned clues are detected and abuse is suspected by the gerontological nurse, they can further “assess…using a tool such as the Elder Assessment Instrument developed by Fulmer, Street, and Carr” (Eliopoulos, 2014, p. 514).

Elder abuse is a worldwide issue, and each country has different rates of prevalence for the types of abuse experienced. In a study conducted by Reis, Gomes, Reis, Menezes, and Carneiro (2014), data showed that “over the last decades, life expectancy has grown in Brazil, and population aging has become one of the main challenges” (p. 435). Also, “together with social inequalities, there is lack of information, age discrimination and disrespect to older people (Reis et al., 2014, p. 435).