



Elder Abuse...
A quiet epidemic

By Rev. Lucinda Schersing

Elder Abuse...a quiet epidemic

By Rev. Lucinda Schersing

Every day we are getting a little older. It is a fact of life. In these modern times we no longer take care of our elderly. We have allowed the care of our parents, grandparents and sometimes even our spouse to be decided by the medical profession and nursing homes. We have come to treat old age as a disease rather than a stage of life.

Not all doctors, caregivers or nursing homes contribute to the abuse of elders. However, we would be wise to look closely, educate ourselves and make absolutely sure that our elders are not hastened to an early demise.

When we hear the word “abuse” we usually immediately think of physical mistreatment. Any form of abuse takes its toll on self-esteem. The abused person starts to feel helpless and even hopeless.

There are four categories of elder abuse. In Wisconsin, they are defined as: 1) Physical 2) Neglect 3) Self-Neglect 4) Financial

Physical abuse:

This can range from hitting, burning or any variety of physical mistreatment that results in injury, impairment or physical pain or the threat of such physical force. This is the facet of which most of us are aware. In the home it is a form of domestic violence.

The injury from physical abuse may be from physical punishment of any kind, such as:

- Assault (i.e. during a mugging)
- Beating, whipping, hitting, with or without an object, paddling, slapping or punching
- Pushing, shoving, shaking, choking or throwing
- Kicking, pinching, biting or scratching
- Spitting, force-feeding, hair-pulling or burning

- Inappropriate use of drugs or physical restraints
- Rough handling during caregiving, moving the body, or administration of medications

Many elders are physically restrained in nursing homes if they wish to move around, yet are unable to walk without falling and cannot be left alone. When staffing is low the staff will resort to using restraints to keep a person in bed or in a chair against the elders' will. When the elder resists the physical restraints the staff will medicate them so they will be more compliant and complacent. This is a recipe for trouble.

Some elders will fight the restraints until they are physically exhausted, or increase their blood pressure to such an extent that a heart attack or stroke could be the result. When medications are added to 'keep them quiet' and it becomes a downhill slide for the elder.

Sexual abuse:

This is considered physical abuse. Elder sexual abuse is sexual contact with an elder without their consent. This includes:

- Coerced nudity
- Fondling, touching, or kissing, particularly the genitals
- Making the elderly person fondle someone else's genitals
- Forcing the elder to observe sexual acts
- Photographing the elder in sexually explicit ways
- Sexual assault of any type (coercion to perform sexual acts), including rape or sodomy
- Showing the elder pornographic material
- Spying on the elder in the bathroom or bedroom
- Telling "dirty" stories

The elderly are targets for those whose intent is malicious, as they cannot get away as quickly, nor are they strong enough to physically defend themselves to ward off an attacker.

Mental abuse:

Mental abuse is already recognized as a form of abuse in other states and Wisconsin is considering adding it to their list, making it five (5) types of Elder Abuse.

It often has some threat involved such as, “If you don’t shape up, I will...” Mental abuse is the blow of death to anyone’s self-esteem. It is even more so for the frail and or elderly.

Emotional neglect is the lack of the basic emotional support of respect and love. Examples include:

- Not attending to the elder; ignoring moans, calls for help, or hospital call bells
- Inattention to the elder's need for affection
- Failure to provide necessary psychological care to the senior, such as therapy or medications for depression
- Isolation of the elder from the outer world, including restriction of phone calls, mail, visitors, and outings
- Lack of assistance in doing interesting activities, such as watching preferred television programs or going out for cultural or intellectual activities

Physical neglect of the elderly

Some signals that the elder is not being provided the basic physical needs include:

- Lack of supervision and monitoring
- Inappropriate housing or shelter
- Inadequate provision of food or water
- Lack of assistance with eating or drinking
- Inappropriate clothing for the weather
- Abandonment
- Denial or delay in medical care
- Inadequate help with hygiene or bathing
- Inadequate hand washing on the part of the caregiver, which leads to infections
- Physical restraint – in bed or another area of the house
- Incorrect body positioning, which can lead to limb and skin damage
- Lack of help in moving around, either within bed or within the physical environment

- Lack of access to the toilet or inadequate changing of disposable undergarments, which can lead to incontinence, agitation, falling when trying to get to the bathroom independently, skin damage from sitting in urine and feces and indignity

When an elder does end up in a nursing home, it is far from the idyllic scene we all envision. Often the residents are often submissive, quiet, somehow vacant, a sort of lifelessness about them, perhaps blankly staring or deeply introspective and withdrawn. (A sign of overmedication.)

If not induced by drugs, these conditions can also be brought on by the use of electro convulsive or shock treatment (ECT) or simply the threat of painful and demeaning restraints.

Some facts:

Tranquilizers, also known as benzodiazepines, can be addictive after 14 days of use. We are not simply talking about a localized, countrywide problem; we are talking a worldwide pandemic.

In Canada, between 1995 and March 1996, 428,000 prescriptions for one particular, highly addictive tranquilizer were written, with more than 35% of these for patients 65 and older.

In Australia, a study found one third of elderly people were prescribed tranquilizers and another found that the elderly were prescribed psychoactive drugs in nursing homes because they were being “noisy,” “wanting to leave the nursing home” or were “pacing.”

In the United States, 65-year-olds receive 360% more shock treatments than 64-year-olds. Why? Because at age 65 government insurance coverage for shock ‘therapy’ typically takes effect. Such abuse of the elderly is not the result of medical incompetence, in fact, medical literature clearly

cautions against prescribing tranquilizers to the elderly because of the numerous dangerous side effects. Studies show ECT shortens the lives of the elderly significantly. (Specific figures are not kept as causes of death are usually listed as heart attacks or other conditions.)

The elderly are targets for those whose intent is malicious, as they cannot get away as quickly, nor are they strong enough to physically defend themselves to ward off an attacker.

Self-Neglect:

Elders can neglect themselves by not caring about their own health or safety, which can lead to illness or injury. The ways an elder may deny or ignore the need for themselves:

- Food and water
- Bathing or other personal hygiene
- Proper clothing for the weather
- Shelter, adequate safety or clean surroundings
- Essential medications or medical attention for serious illness

Additionally, elders may have the following self-neglect behaviors:

- Hoarding
- Leaving a stove on, but unattended
- Confusion

Some elders who are of sound mind may choose to deny themselves some health or safety benefits. This is not self-neglect, but rather, personal choice. Therefore others must be sensitive regarding intervention.

Financial abuse:

In these troubled economic times it is becoming more and more prevalent to see this happening. The elders have grown up in an era when it was important to leave something for their children. They often do without the basic necessities of life (i.e. food, medicine, heat, water) or home maintenance so that they can leave it for their children (which are also reasons for self-neglect).

Usually someone close to an elder forces him or her to sell personal belongings or property; steals their money, (pension checks) or possessions. Other forms of financial abuse are theft, forgery, extortion, and wrong use of Power of Attorney.

Telemarketers are very well aware of and use an elders' tendency to believe what they are told, and willingness to try to make more money to leave to their children. Because of this tendency, elders are an easy target for scams and even identity theft.

Financial abuse can be perpetrated by someone the elder knows and trusts, such as a family member, visitor, social worker, doctor or nurse, and affects thousands of elders regardless of cultural, social or income groups.

This crime is not often reported because the elder is often unaware of the problem. They are ashamed that they cannot handle this abuse on their own, afraid of reprisals, or are worried about being labeled as too demanding or senile. They also fear being called incompetent and sent to a nursing home.

Some signs of elder financial abuse:

1. Not allowing the elder to spend money the way he/she wants
2. Forcing a senior to sell or give away property or sign a Power of Attorney
3. Malnutrition
4. Belongings are missing
5. Sudden changes in their will
6. Unusual activity in bank accounts, ATM withdrawals when the person cannot walk or get to the bank; accounts changed from one branch to another; several withdrawals in a short time for large amounts of money; a request for large cash withdrawals inconsistent with their normal banking practices.
7. Different or inappropriate people coming to the bank coupled with changes in signature or unusual account activity. Home health aide, housekeeper, or other person puts their name on the account.
8. The elder is isolated from friends and family. When you call the house you are told the elder is unable to speak to you; or that matters are handled by third party, who has gained control of account.
9. Power of Attorney, or Will, that is drawn up when the elder seems unable to comprehend the financial implication.
10. The elder signs papers without knowing what they are or without legal advice.
11. A refusal to spend money on behalf of the elder, especially on their care.
12. Numerous unpaid bills, such as overdue rent, utilities, or taxes.
13. Checks bounce when there should be adequate resources.
14. New acquaintances expressing gushy, undying affection.

15. A recent change of title to house in favor of a "friend", when the older customer is incapable of understanding the nature of the transaction, or eviction notice arrives when the elder thought they owned the house.
16. Canceled checks or bank statements are no longer sent to the elders' house.
17. Promises of "Lifelong Care" in exchange for willing or deeding property/bank accounts to caregiver.
18. The elder is placed in a nursing home below his or her financial means.
19. The elder complains that they used to have money, but do not have it any more.
20. The elders' caregiver is evasive about financial arrangements.
21. The elder is fearful or seems afraid to speak in front of a household member or companion.
22. An accompanying person seeks to prevent the elder from interacting with others.
23. The elder is isolated, in an unhealthy or unsafe environment.
24. Changes in personal hygiene/inappropriate clothing.
25. The elder and household member or caregiver gives conflicting accounts of an incident, expenditure, or financial need.

So what are we to do?

Observe and listen. Perhaps you are a trusted friend, neighbor or relative of an elder. Take note of any physical clues that might indicate there is physical abuse happening. This would include self-neglect. Listen to what is being said and not said. The elder may make some statements or allude to abuse. Use the above lists to make the determination.

If, during your observation and listening, you suspect elder abuse, report it. Call your local police department, contact your Senior Services department or Commission on Aging. You may remain anonymous while alerting the authorities and

people that can be of assistance. The call is taken very seriously and someone will promptly make a visit to the elder.

Of course it is physically and emotionally draining to provide care to either a disabled or elderly person. The pressures of the demands they can make upon you are tremendous. However, there are resources available to help you to provide positive care for your client, spouse or elder. Take time for you, there are 'day-care' facilities and support groups especially for caregivers. Call your local office on aging or human services to find out about them. Search the internet for Caregiver programs or support groups.

Contact your local Department of Human Services or Commission on Aging. If you are an elder that is in need of services or want to know what types of assistance you can qualify for, talk to the Benefit Specialist. They are rigorously trained through a supervising attorney that specializes in elder law, to assist you in finding all the benefits to which you are entitled and cut through any red tape.

If you are an elder in a nursing home, assisted living facility, or group home and have complaints and/or concerns that need to be addressed, contact the Ombudsman. Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long term care system. To find the ombudsman nearest you, contact your State Ombudsman office at the [National Long Term Care Ombudsman Resource Center](#).

Helpful Links for more information:

[Mental Health Abuse: Exposing the crimes of mental health practitioners](#)

[The Elder Abuse Center](#)

[Helpguide®: Expert, non-commercial information on mental health, and lifelong wellness](#)

Eldercare Locator: A public service of the U.S. Administration on Aging (AoA). It connects older Americans and their caregivers with sources of information on senior services, and links those who need assistance with state and local area agencies on aging and community-based organizations that serve older adults and their caregivers. To reach an Eldercare Locator specialist you may call: 1-800-677-1116 or visit their web site at [ElderCare](#)

Other excellent resources are:
[Medicare's Nursing Home section](#)

Find qualified resources at [ElderCare Link](#)

About the author:

Rev. Lucinda Schersing is a Usui and Karuna Reiki Master that believes wholeheartedly in the basic Precepts of Reiki and the many meanings of the phrase, “We Are All Related”.

She is an employee of the [Oconto County Commission on Aging, Inc.](#) in Oconto, Wisconsin.

Rev. Schersing wishes to extend a very special “Thank You” to her husband Frank for taking the time to read this article and offer his helpful suggestions.

You may read more of her articles by visiting her [web site](#).