

OASIS Alert

Know these Common Types of Elder Abuse

Injuries in the skin folds should arouse suspicion.

Injury and weight loss may be obvious signs of trouble, but elder abuse comes in many forms. Just as the type of abuse can vary, so do the signs of mistreatment, says **Solomon Liao, MD, FAAHPM**, director of palliative care services and associate clinical professor with the University of California, Irvine.

Watch for the following signs of abuse that may occur in a home setting, Liao suggests:

Physical abuse can manifest as bruises and in fewer instances as fractures or burns. Be aware of the following signs of physical abuse:

- Suspicious bruises. Bruises on the face and neck, as well as any bruise bigger than 5 cm elsewhere on the body are suspicious.
- Injuries in the skin folds (arm pits, backs of knees, inside elbows, under the breasts, etc.). These areas are usually protected from spontaneous injury, so wounds in these spots should trigger concern.
- Circumferential injuries. When you see injuries such as burns that reach all the way around the foot or bruises all the way around the upper arm, it's unlikely that they are the result of a natural accident.
- Linear demarcation or central clearing. These types of wounds are most likely man-made.

Neglect can be more difficult to detect. Some signs to watch for are multiple pressure ulcers, overdoses or underdoses of medications, or a patient who is crying out in pain and has not been given their pain medication. Malnutrition and dehydration can also be signs of elder abuse.>> >> >>

Financial abuse is more likely to be reported by the patient or her caregivers. Be sensitive to the things patients tell you or say related to their finances. Studies that focus on elder financial abuse suggest watching for sudden changes in spending or statements such as "I can't afford my medication."

You Can Make a Difference

Adult Protective Services (APS) is more likely to accept reports of suspected abuse from home health clinicians than you might think, Liao says. "Our research shows that APS has a lower threshold for accepting reports than home care professions have of making them," he says.

But be aware that APS may work on different timeline than you are used to. As a home care clinician, you're likely used to a fast pace, speedy results, and instant feedback. But abuse problems are long-term and chronic. And their resolution isn't always as speedy. Plus APS is legally prevented from giving feedback.

Difference: If APS does its job well, you may not see anything else. APS may not take legal action on past events, but instead focus their efforts on preventing future abuse.