Elder Abuse

Challenges for Clinical Forensic Specialists and Forensic Pathologists in the 21st Century

Donna M. Hunsaker, MD
and John C. Hunsaker III, MD, JD

CONTENTS

INTRODUCTION
THE DEFINITION AND SCOPE OF ELDER MALTREATMENT
PARTICIPANT CHARACTERISTICS AND RISK FACTORS FOR ELDER ABUSE AND NEGLECT
REPORTING ISSUES AND THE MEDICAL EXAMINATION
REFERENCES

SUMMARY

The ever-expanding growth of the geriatric population increases the likelihood of abuse and neglect both in the home and in caregiving institutions. In the United States alone, hundreds of thousands of elders are maltreated each year. Only recently has there been a clear public and governmental awareness of elder abuse in all its forms. Elder maltreatment, including abuse and neglect, comprises an act or omission resulting in morbidity and/or mortality of older persons. Six recognized categories of elder maltreatment include physical, sexual, and psychological abuse; financial exploitation; neglect, and a miscellaneous classification that often includes the violation of the elder’s rights. A
strong familial relationship between the abused and the abuser exists. In more than two-thirds of cases, an adult child or spouse is the perpetrator. Domestic violence in the family is also a common underlying factor. Recognition of this phenomenon is the initial step in reaching a correct diagnosis. Despite efforts to educate health care providers of elder maltreatment, physicians in the United States have reported only 2% of all abuse cases in recent years. Achieving full recognition of elder maltreatment requires a multidisciplinary effort from many fields, including clinicians, social workers, medicolegal death investigators, and law enforcement to establish comprehensive research and governmental funding. The ultimate goal of such an agenda is to define evidence-based markers for accurate diagnostic methods, which differentiate causes of injury and death by abuse and neglect from those related to normal aging and senescence. In addition to the painstaking scrutiny of the putative victim’s medical and psychological background, circumstantial and scene findings that may suggest elder maltreatment, in any form, must be meticulously investigated.

**Key Words:** Elder abuse; elder neglect; chronic debilitating diseases; maltreatment; domestic violence; forensic pathology; clinical forensic medicine; sexual abuse; decubitus ulcers; institutionalization; health care providers; caregiver.

1. **INTRODUCTION**

“Honor your father and mother”—which is the first commandment with a promise—“that it may go well with you and that you may enjoy long life on the earth.” (Ephesians 6:2–3 [1])

With the rapidly growing cohort of elders in the general population, both society and individuals are bound to address with greater emphasis the health evaluation, maintenance, and care of the aged, both logistically and financially. In the United States alone, it is anticipated that more than 70 million “baby boomers” aged 65 years or older will retire over the coming decade. Families or other caregiving institutions increasingly face the inevitable task of establishing long-term care arrangements for the elderly as increasing longevity continues unabated. The care of the chronically diseased and disabled elders portends significant strains on the family. Failure to establish appropriate long-term planning earlier in the elder’s life, before the onset of significant disability, increases the likelihood of both familial and societal disequilibrium. This prospect represents an unprecedented, emerging public health crisis with global impact. In the United States, the “traditional” family unit (composed of a father, mother, and children) has undergone progressive deterioration and, to a great extent, no longer exists. As a consequence, reliance on caregivers from the