

# What Clinical Psychology Students Need to Know About Elder Abuse

*As a psychology student encountering older patients, you will be in a unique position to help prevent and detect elder abuse.*

## What is elder mistreatment?

Elder mistreatment is an intentional act or failure to act that causes or creates a risk of harm to an older adult. Common types of elder mistreatment include physical, sexual, emotional/psychological, or financial abuse, neglect, or self-neglect. Multiple forms of mistreatment can co-occur.

## Did you know?



**1 in 10** community-dwelling older adults experiences abuse every year.



**1 in 3** older adults with cognitive impairment experiences abuse.



Only **1 in 24** cases of elder abuse is reported.



Elder abuse has significant **medical, mental health, financial, and social impacts.**



Elder abuse occurs across all **cultures, contexts, and communities.**



Older adults who are abused have a **3x higher risk of death** compared to those who have not been mistreated.

## Signs of Elder Abuse

Since individuals experience harm in different ways, look for atypical changes in the following domains.



### Physical

- Malnutrition, dehydration, or unexplained weight loss
- Sudden mental status changes unrelated to advancing dementia
- Uncontrolled pain despite pharmacological treatment
- Uncontrolled conditions such as hypertension, heart failure, asthma, or diabetes
- Inadequately explained bruises, lacerations, abrasions, fractures, or pressure ulcers
- Trauma to genital area or unexplained sexually transmitted infections



### Financial

- Unpaid bills and fraudulent signatures on financial documents
- Unusual or sudden changes in spending patterns, will, or other financial documents



### Social

- Patient discomfort in the presence of family member/caregiver
- Caregiver resistance to the patient being seen alone
- Caregiver is disengaged, inattentive, overly anxious, or hovering
- Caregiver expresses frustration, anger, or burden related to caregiving



### Psychological/Emotional

- Unusual changes in behavior or sleep
- Increased fear or anxiety
- Isolation from friends or family or withdrawal from normal activities



### Environmental

- Unsanitary living conditions or unsafe environment
- Evidence of self-neglect, including poor diet, poor hygiene, and unattended medical needs

## Risk Factors of Elder Abuse



### Older adult

- Medical or mental health conditions and/or cognitive impairments
- Frailty and/or functional limitations
- Social isolation
- Stress and poor coping mechanisms
- Poor insight and diminished ability to identify and report abuse



### Trusted other

- Economic and/or emotional dependency
- Substance abuse
- Stress and poor coping mechanisms
- Criminal history
- Untreated psychiatric disorder



### Context

- Lack of social support, connectedness, or access to community resources
- Cultural norms
- Quality of relationship
- Recent divorce, loss of loved one, retirement, or illness

## Psychological Evaluation

In-depth clinical assessments provide opportunities to screen for elder abuse.



### During the clinical interview

- Probe for the contextual signs and risk factors of mistreatment
- Elicit information that may signal, confirm, or refute the presence of abuse, neglect, or exploitation



### During the assessment

- Observe your patient's behavior, their response to testing, and the presence of physical injury



### While providing clinical treatment

- Inquire about your patient's safety and need for protection



**Tip:** Inquire about the patient's financial and housing stability, level of social support, caregiving needs, and status of primary relationships.

## Mandated Reporting

Licensed clinical psychologists are legally required to report known or suspected abuse. Psychologists may become aware of abuse in multiple ways; for example, through clinical evaluation, as an agency administrator, or supervisor. Your patient may be a victim, perpetrator, family member, or other interested party. Regardless of the circumstances and patient role, if you learn of, or suspect, abuse within the context of your professional relationship, you have a mandated duty to report your concerns. Know your state's requirements and reporting protocols.

### Therapeutic Relationship

Consider how a report will impact your relationship with your patient (whether your patient is the victim, perpetrator, family member, or other interested party.) Anticipate the consequences and your response, given the facts and circumstances of the situation. Even after a report is made, you will have a continued responsibility to your patient.

Think about the following:

1. Know who the patient is (for example, an older individual or an older couple in therapy.)
2. Understand the limits of confidentiality (the lawful and appropriate release of information, to whom, and under what circumstances.)
3. Know who can make decisions (do one or more of the patients/parties lack capacity?)
4. Will the report remain anonymous? (Generally, but information may become known.)
5. Should you inform your patient that you intend to report abuse? (Exercise your clinical judgment, weighing the integrity of the therapeutic relationship with the severity of the abuse, and the safety of the parties involved; seek supervision or mentorship as needed.)



**Tip:** Consider the potential for abuse when the referral is initiated by an interested family member questioning another family member's ability to manage the patient's finances and health.

## Documentation of Elder Abuse

- Physical markers of maltreatment
- Social, contextual, psychological, and financial signs of abuse and neglect
- Communications, conduct, or attitudes that signal suspected abuse

## Intervention Strategies

- Provide person-centered, trauma-informed, and culturally responsive care
- Consult with the older adult about their goals and preferences
- Collaborate with interdisciplinary professionals to treat, safety plan, and reduce harm

## Reporting Resources

In cases of imminent harm, report to law enforcement. Report abuse in the community to Adult Protective Services. Report concerns in facilities to the Long-Term Care Ombudsman. Local reporting and community resources can be accessed through Eldercare Locator at **1-800-677-1116** or visit [eldercare.acl.gov](https://eldercare.acl.gov).

## Additional Steps You Can Take

- Read professional literature and/or conduct research regarding elder abuse
- Develop expertise to assess capacity and undue influence and serve as an expert witness
- Develop a validated assessment tool for psychologists
- Participate in a local elder abuse multidisciplinary team or in a local, state, or Tribal coalition or network addressing elder abuse
- Participate in or organize activities to [raise awareness of elder abuse](#)



**Don't stand by, stand up to elder abuse.  
You can make a difference.**

For more information, visit [ncea.acl.gov](https://ncea.acl.gov).

Keck School of  
Medicine of **USC**