

Caregiver Assistance News

"Caring for You - Caring for Others"

Area Agency on Aging District 7, Inc.

*Serving Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike,
Ross, Scioto and Vinton Counties in Ohio*

www.aaa7.org **Helping You Age Better!**



JUNE 2016

Elder Abuse and Self-Neglect _____

Elder abuse, like other types of domestic violence, is complex. Generally, a combination of psychological, social and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment.

Seniors with dementia are at greater risk of abuse and neglect than those of the general elderly population.



Domestic Violence Grown Old

Spouses make up a large percentage of elder abusers, and a substantial proportion of these cases are domestic violence grown old: partnerships in which one member of a couple has traditionally tried to exert power and control over the other through emotional abuse, physical violence and threats, isolation, and other tactics.

Personal Problems of Abusers

Abusers who are adult children often are dependent on their victims for financial assistance, housing, and other forms of support because of personal problems, such as mental illness and alcohol or drug abuse. The risk of elder abuse seems to be particularly high when these adult children live with the elder.

Social Isolation While Living With Others

Both living with someone and being socially isolated have been associated with higher elder abuse rates. Abusers who live with the elder have more opportunity to abuse and may be isolated from the community. They may also seek to isolate the elders from others so that the abuse is not discovered.

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Elder Abuse (continued from Page 1)

Many victims of elder abuse believe that they are at fault for the abuse. Victims feel ashamed and embarrassed. Often, they have been warned by the abuser not to reveal the abuse to others, so they are fearful. The majority of elder abuse is perpetrated by family members or trusted others, so victims feel conflicted about seeking help because they don't want to get family members in trouble with the law, even though they want the abuse to stop. It is important that victims understand that they are not to blame. The goal of protective services is to increase the senior's ability to live independently in the home as long as possible, to reduce their dependence on one caregiver, and to reduce the likelihood of abuse, neglect or exploitation reoccurring.

Helpful Resource: The National Domestic Violence Hotline tip sheet entitled "How Can You Help a Friend or Family Member", as well as a telephone hotline operated 24 hours a day/7 days a week: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Self-Neglect

Self-neglect is one of the most frequently reported concerns brought to adult protective services. Oftentimes, the problem is paired with declining health, isolation, Alzheimer's disease or dementia, or drug and alcohol dependency.

Self-neglect can include behaviors such as:

- Hoarding of objects, newspapers/magazines, mail/paperwork, etc., or animal hoarding to the extent that the safety of the senior or others is threatened.
- Failure to provide adequate food and nutrition for oneself.
- Failure to take essential medications or refusal to seek medical treatment for serious illness.
- Leaving a burning stove unattended.
- Poor hygiene.
- Not wearing suitable clothing for the weather.
- Confusion.
- Inability to attend to housekeeping.
- Dehydration.

In some cases, elders will be connected to supports in the community that can allow them to continue living on their own. Some conditions like depression and malnutrition may be successfully treated through medical intervention. If the problems are severe, a guardian may be appointed.

Source: National Center on Elder Abuse - www.ncea.aoa.gov



TAKING CARE OF YOURSELF

Ways to Prevent Senior Depression

In seniors, depression and isolation predispose the body to dangerous physical consequences such as insomnia and high blood pressure. Feeling isolated has been regarded to be twice as deadly as obesity.



Depression should be kept at bay - especially in seniors, and it is important to keep connections. Whether with a significant other, a best friend, or a close circle of friends, real relationships help maintain solid interpersonal bonds. For the elderly, being able to communicate with others, through online interaction, having coffee with a friend, or group game nights can help reduce the risk of loneliness and depression. *Sources: www.agingcare.com*

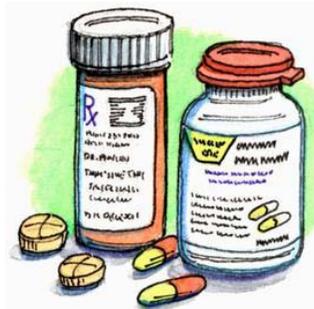
Be Wary of Scams - The Grandparent Scam

Scammers will place a call to an older person and when the senior answers, they will say, "Hi Grandma, do you know who this is?" When the unsuspecting grandparent guesses the name of the grandchild the scammer most sounds like, the scammer has established a fake identity. Once "in," the fake grandchild will usually ask for money to solve some financial problem to be paid via Western Union.



Don't Fall - Be Safe: Antidepressants and Falling

Antidepressant medication is the Number One drug associated with falls in older adults because many of these drugs have strong sedative properties and can make people clumsy.



Community Wellness Classes

brought to you by the Area Agency on Aging District 7

**Chronic Disease Self-Management • Diabetes Self-Management
A Matter of Balance Falls Prevention • Tools for Caregivers**

Classes available throughout our ten-county district in 2016. Contact us to learn more about these FREE classes and when we will be in your area!

1-800-582-7277 or info@aaa7.org





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Safety Tips - *Signs of Elder Abuse*

Knowing the signs and symptoms of abuse can help you determine if there is a problem. Signs and symptoms may include:

- Physical Injury—bruises, cuts, burns or rope marks, broken bones or sprains that can't be explained.
- Emotional Abuse—feelings of helplessness, a hesitation to talk openly, fear, withdrawal, depression, or agitation.
- Lack of Physical Care—malnourishment, poor hygiene, bedsores, soiled bedding, unmet medical needs.
- Unusual Behaviors—changes in the person's behavior or emotional state such as withdrawal, fear or anxiety, apathy.
- Changes in living arrangements without notifying anyone.
- Unexplained changes such as the appearance of previously uninvolved relatives or newly met strangers moving in.
- Financial Changes—missing money or valuables, unexplained financial transactions, unpaid bills despite available funds, and sudden transfer of assets.

