# Elder Abuse: Vulnerable Older Adults

Vulnerability can be defined as the quality or state of being exposed to the possibility of being either attacked or harm both physically and emotionally. Vulnerability is something that many individuals try to avoid due to the fear of getting judge or hurt. One population that is vulnerable is the elderly as known as older adults' population. According to the National Institution of Aging elder abuse is a general term used to describe mistreatment or harm done to older men or women. This act of abuse may be a onetime incident or may occur repeatedly over a period of time. There are several types of elder abuse that can manifest in people of all difference backgrounds, cultures, lifestyles, colors and race. The most common types of elder abuse include emotional, physical, sexual, neglect and exploitation. (National Institution of Aging, 2016).

Psychological or emotional elder abuse includes yelling, swearing, humiliating or freighting the elder into a particular action. Physical elder abuse can include slapping, hitting, pushing, punching, kicking, burning, confinement, restraining or supplying false or excessive medication. Sexual elder abuse is when an individual forces an elder to participate in sexual activity or sexual conversations against their will. Neglect against elders is when food, clothing, heat, medication or other essential is deprived from the elder for whatever purpose. Exploitation involves illegal use of the elderly person's money, property, pension or valuables. Signs of elder abuse may include the elderly person feeling depressed, withdrawn, anxious or afraid to make their own decision. (National Institution of Aging, 2016).

Statics show that in the state of Alabama women were the alleged victims in more than 63% of the reports received. (National Institution of Aging, 2016). Approximately 40% of the alleged victims were reported to be white and approximately 22% were reported to be black. Of the investigations that included an approximate age for the victim, 24% of the total was between the ages of 18 and 59. Approximately 7% were aged 60-64, 19% were aged 65-74, and 40% were 75 or older. Elder abuse can cause depression, isolation, health and well being. Some elders live a shorter life than those that have not suffered elder abuse. (National Institution of Aging, 2016). The effect of elder abuse also depends on the relationship with the individual causing the abuse and those that can prevent the abuse from occurring.

Family situations that can contribute to elder abuse include discord in the family created by the older person's presence, a history and pattern of violent interactions within the family, social isolation or the stresses on one or more family members who care for the older adult, and lack of knowledge or care giving skills. Family stress is another factor that can trigger elder abuse. When a frail or disabled older parent moves into a family member's home, the lifestyle adjustments and accommodations can be staggering. In some instances, the financial burdens of paying for health care for an aging parent or living in overcrowded quarters can lead to stress that can trigger elder abuse. Such a situation can be especially difficult when the adult child has no financial resources other than those of the aging parent. (National Institution of Aging, 2016).

The next session of this paper will be a biopsychosocial assessment on a client who was referred to her local Area Agency on Aging in Jefferson County to see what services the client will qualify for. The client that I will be discussing in this paper is a 94-year-old African American

woman who resides in a low-income neighborhood known as North Birmingham, in Birmingham, Alabama. For the use of this paper the names of the people discussed have been changed to keep the confidentiality of the client. Mrs. Lettie has a strong support system including her niece named Lisa that lives with her part time. Mrs. Lettie also has another niece named Chris that is her medical power of attorney. She also is well known in her church and is a very religious woman. Mrs. Lettie was married to her husband Wille Sr. for 40 years and her husband died from a heart attack during the early 90's. Together they had one son names Willie James. Sadly, Willie James passed away a few years ago after having a stroke. She has a host of other family members who live in Alabama, and each day she received a visit from someone rather its family, neighbor or church member. Mrs. Lettie is very social and loves meeting new people, however lately she has had a decline in her mental and physical health which has resulted in her not wanting to leave the home. Her niece Chris has been increasingly overwhelmed by the level of care Mrs. Lettie is starting to need and have requested a comprehensive assessment be conducted. A Licensed Social Worker met with Mrs. Lettie and her family to discuss how to best meet Mrs. Lettie's growing needs. The following is a proposal of the services that could be offered to Mrs. Lettie and her family members.

Mrs. Lettie has a chronic history of depression, and anxiety. Mental Issues runs in her family as her brother and a great nephew both committed suicides. Her symptoms have intensified and become more frequent within the last two years ago. Also, her symptoms of depression have increased, and Mrs. Lettie must be hospitalized for treatment. While hospitalized she was, diagnosed with dementia, family stated that they noticed that she was more forgetful than usual. The family has identified that Mrs. Lettie's depression, dementia, and anxiety is one of their primary concerns. Her niece is concerned with the observed signs and symptoms of dementia and memory loss that Mrs. Lettie has been exhibiting. For example, after preparing a meal Mrs. Lettie left the stove on and smoked filled the whole house. Another time she provided her personal information to a scammer over the phone and they were able to access her bank account. Mrs. Lettie stated that her only goal is to live an independently meaningful life as she has done in the past.

As a social worker I would used the tasked centered model to assist Mrs. Lettie with achieving her goal. Task-centered practice is a social work technology designed to help clients and practitioners collaborate on specific, measurable, and achievable goals. The tasked centered model consists of three phases. The first phase is the initial phase which normally takes from one to two interviews although some cases may require more. It ends with setting up initial tasks. (Kelly, 2013) The second phase of the tasked centered model is the middle phase. During the middle phase Changes in the problems and the outcome of the tasks are reviewed at the beginning of the interview. If tasks have been accomplished, new tasks are developed. If tasks have not been attained, an effort is made to identify obstacles to task accomplishment. Some obstacles may be resolved in the session; others may require tasks in their own right. Still others might prove insurmountable, in which case a different task strategy may be adopted. (Kelly, 2013) The last phased is the termination phase although only one session (the final one) is devoted to termination, the process of terminating is actually begun in the initial phase when the duration of treatment is set. Reminders of number of sessions left as well as discussion of modifications of the original limits keep termination alive throughout the course of service. The final session is designed to emphasize what clients have learned and accomplished. (Kelly, 2013)

One problem that could be address is Mrs. Lettie not being able to prepare her own meals due

to safety reasons. Mrs. Lettie could benefit from is the United Way Area Aging on Aging for residents that resides in Jefferson County. An assessment would be conducted by an Aging and Disability Resource Center Specialist to determine what services Mrs. Lettie would qualify for based on her need. One service that I think she would benefit from is the Meals on Wheels Program (MOW). MOW delivers to individuals 60 or older who live alone, unable to drive or prepare any meals for themselves. (UWCA, 2019). The second intervention that I would implantation for Mrs. Lettie is also with United Way Alabama Cares program. Alabama Cares helps families avoid placing their loves ones in nursing homes prematurely. (UWCA, 2019). The Alabama Cares program provides information, education, and assistance to the primary or family caregivers who tend to the personal needs of their age or disabled loved one at home. I think that Mrs. Lettie could benefit from being more social by attending a local senior center. Senior centers are community gathering places that draw people of similar age and various backgrounds together to relax, relate and to reinvigorate. The senior center would be a great place for Mrs. Lettie to make new friends. (UWCA, 2019).

Also the Jefferson County Mental Health Authority (JBS) could help in reaching the goal of independence by implementing a care plan that would address her physical, mental, and emotional needs. Due to Mrs. Lettie complex medical history, the first step would be to obtain copies of her medical records from the various facilities where she has received care. This would enable her treatment team to gain a comprehensive understanding of her medical and psychological conditions, both past and present. The treatment team would oversee this process and offer advice and consultation to ensure that Mrs. Lettie is receiving optimum medical care that she deserves. Also there would be a register nurse that would also be available on an as-needed basis to help the family navigate a complex medical system and deal with medical needs as they arise.

One theory that I think fit best for Mrs. Lettie is Erickson’s psychosocial theory of development the eighth stage of development. This stage begins at approximately age 65 and ends at death. Psychologists, counselors, and nurses today use the concepts of Erikson's stages when providing care for aging patients. (Cherry, 2019). Erikson’s theory suggests that people pass through eight distinctive developmental stages as they grow and change through life. While many developmental tend to focus purely on childhood events, Erikson was one of the few theorists to look at development across the entire course of the lifespan. He was also one of the first to view the aging process itself as part of human development. (Cherry, 2019). At each stage of psychosocial development, people are faced with a crisis that acts as a turning point in development. Successfully resolving the crisis leads to developing a psychological virtue that contributes to overall psychological well-being. At the integrity versus despair stage, the key conflict centers on questioning whether or not the individual has led a meaningful, satisfying life. (Cherry, 2019)

## References


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