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G46 Abuse and Neglect: A 10-Year Review of Mortality in Elders

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The goals of this paper are to present the prevalence and pertinent findings of elder abuse and neglect in a major metropolitan city in Kentucky.

Methodology: to analyze data representative of or suspicious for elder abuse from a ten-year (1992-2001) retrospective case review of morbidity and mortality among elders (greater than or equal to 60 years old) at a State Medical Examiner's Office serving a major metropolitan city in Kentucky conducting both medicolegal autopsies and examining living cases pursuant to a Clinical Forensic Medicine Program.

Elder abuse refers to an act or omission, which results in harm, including death, or threatened harm to the health or welfare of an elderly person. Between one to two million Americans experience elder abuse and neglect per year. Elder abuse may be divided into six discrete, but often overlapping, categories: physical, sexual, and psychological abuse; neglect; financial exploitation; and violation of rights. While elder neglect is the most commonly discovered and investigated form of elder abuse, it represents the least well-defined and most controversial form of maltreatment. The abused elder often is over the age of 75, lives in social isolation with few social contacts, and suffers from poor health and cognitive impairment. The abuser frequently lives with the elder, has a history of mental illness and/or substance abuse, commits violence, displays antisocial behavior in relationships, and is financially and/or emotionally *dependent* on the elder.

The 10-year retrospective study included 74 postmortem examinations and 22 living patients evaluated at a clinical forensic center in Louisville, KY. The authors present the 74 postmortem cases of victims age 60 and older, in which 52 deaths were attributed to a homicidal act and 22 deaths were suspicious for neglect. The homicidal causes of death included gunshot, beating, stabbing, and asphyxia. The primary cause of death in neglect cases was bronchopneumonia. Distinctive factors among this elderly cohort, such as the frequency of cancer and Alzheimer's disease, were uniformly evaluated.

Forensic pathologists or emergency room physicians and forensic nurses through the Clinical Forensic Medicine Program evaluated 22 living individuals greater than or equal to 60 years old. Among these clinical investigations, 19 cases constituted physical and/or sexual assault and 3 victims suffered from neglect.

The authors summarize the characteristic features of elder abuse in both postmortem and living cases and underscore the necessity for multi-agency collaboration in order to reach an accurate conclusion in case work. Policies gleaned from a well-established elder abuse task force enable the interaction necessary to formulate criteria for future prevention. In the majority of physical and sexual assaults evaluated in the Clinical Forensics Program and at autopsy, which appear to be inflicted by "unknown perpetrators," further in-depth investigative work must be done. These initially termed "unknown perpetrators" may represent acquaintances, family members, and people who live or work in the vicinity of the victim. With the ongoing communication between agencies, assailant identification and clarification of the circumstances will increase the likelihood that the case is brought to litigation.

Elder Abuse, Elder Neglect, Clinical Forensic Medicine