

Elderly victims of abuse often use alcohol or drugs, study says

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Victims of severe traumatic elder abuse are more likely to be female, suffer from a neurological or mental disorder, and to abuse drugs or alcohol, according to research published in the March issue of the *Journal of the American Geriatrics Society*.

"Past studies have shown that <u>alcohol abuse</u> by the perpetrator plays a substantial role and is strongly associated with physical abuse," says Lee Friedman, assistant professor of environmental and occupational health sciences at the University of Illinois at Chicago and lead author of the study. "Our findings indicate that alcohol abuse among the victims may be an important contributing factor as well."

Twenty-nine percent of abuse victims in the study tested positive for alcohol, compared to 13 percent of controls.

Local researchers examined medical record data at two Chicago-area Level I trauma units from 41 cases of elder abuse and compared them to a random set of other over-60 patients between 1999 and 2006.

The researchers found that elderly victims of physical abuse suffered more severe injuries than their non-abused counterparts. They also suffered disproportionately from pre-existing medical conditions such as heart disease, dementia and Alzheimer's disease, mental illness and alcohol abuse.

All the key measures of injury severity -- length of hospital stay,



treatment in an <u>intensive care unit</u>, assisted breathing, injury severity scores, in-hospital case fatality rates -- were higher in the abuse cases, according to the researchers, and are associated with long-term adverse outcomes.

In the study, 20 victims of abuse returned to the environment in which the abuse occurred. In the majority of cases, the perpetrator had been arrested, but 17 percent of the victims expressed a desire to return to the perpetrator and not to press charges.

Eighty-five percent of the perpetrators were family members or intimate partners. In most cases, the abuse was not identified until after the admission process or several days into hospitalization.

The failure of medical staff to properly identify abuse victims and contact adult protective services in the majority of cases shows that clinicians need to better understand elder abuse, Friedman said.

Provided by University of Illinois at Chicago

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