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RESEARCH TRANSLATION

What are the characteristics in older adults that increase the likelihood that their fractures are related to abuse?

While it is estimated that over 14% of older people worldwide experience some form of abuse, it is believed that most incidents of mistreatment remain unreported and undetected. For various reasons, including fear of perpetrator retaliation and shame associated with abuse, older people living with abuse are reluctant to reveal harm. Healthcare professionals and emergency department (ED) clinicians, in particular, are uniquely positioned to detect elder abuse. Older patients are frequently treated in the ED, commonly presenting with fractures. Often, the cause of fracture is difficult to determine. Victim nondisclosure compounds diagnostic challenges. Age-related conditions may predispose older people to a high risk of falls and injury, but some fractures may be intentionally inflicted. Evidence of forensic markers of abuse in patients with fractures may increase the likelihood that the injury is the product of mistreatment. This information could potentially assist clinicians in identifying latent victims of abuse. Researchers in Hadera, Israel conducted a retrospective medical chart review to assess whether there were identifiable patient characteristics associated with forensic markers of abuse among older adults presenting with a fracture in the ED.[1]

Method

Medical records were reviewed from 1000 qualifying patients at a 506-bed hospital in Israel in 2019. Inclusion criteria were patients aged 65 years or older who sought treatment for any sustained fracture. Data was collected on the presence of 13 forensic markers of elder abuse in these patients: contusions/abrasions/bruising, lacerations, strangulation, burns, assault, neglect, malnutrition, weight loss, dehydration, pressure ulcers, poor hygiene, anxiety, and mood disorders.

1. Ben Natan, M., Steinfeld, Y., Yonai, Y., & Berkovich, Y. (2021). Retrospective study of older patient characteristics that increase the likelihood that a fracture was associated with abuse. *Journal of Elder Abuse & Neglect*, 1-9.

Results

The most common fracture presenting to the ED was hip fractures (28.1%), followed by radial/ulnar fractures (17.2%) and spinal fractures (14.7%). The most common cause of the fractures was from a fall (82.7%), followed by automobile accidents (14.5%). Only a small percentage of fractures were reported as being due to violence (2.8%). Most of the fractures occurred in the patient's place of residence (70.5%) while others occurred outside the patient's home. Nearly one-third of patients (31.7%) had at least one forensic marker of elder abuse.

Key Takeaways

- Fractures of the hands and face were more prevalent in patients with at least one forensic marker when compared to all other locations of fractures.
- There was a strong positive association found between a patient's age and the number of forensic markers present - with those older in age being at increased risk.
- Those with dementia had more forensic markers of elder abuse than patients without dementia.
- Those living in long-term care facilities had more forensic markers of elder abuse than patients who lived at home.
- There were no differences between men and women in the average number of forensic markers of elder abuse.

Implications for Practice

The findings suggest that clinicians should pay attention to the strong associations between the location of fractures and presence of forensic markers as signs of suspected abuse. Other factors such as the patient's older age, cognitive deficits, the number of prior year visits to the ED, and place of residence should also be considered. The presence of these indicators in an older patient with a fracture may prove significant and suggest the need for further investigation by ED clinicians of possible mistreatment. This information may help guide the development of clinical guidelines for detecting unreported cases of elder abuse.

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