

Maryland 2020 Suicide Prevention Conference:

Elder Abuse & Elder Suicide: Overlapping Risks?

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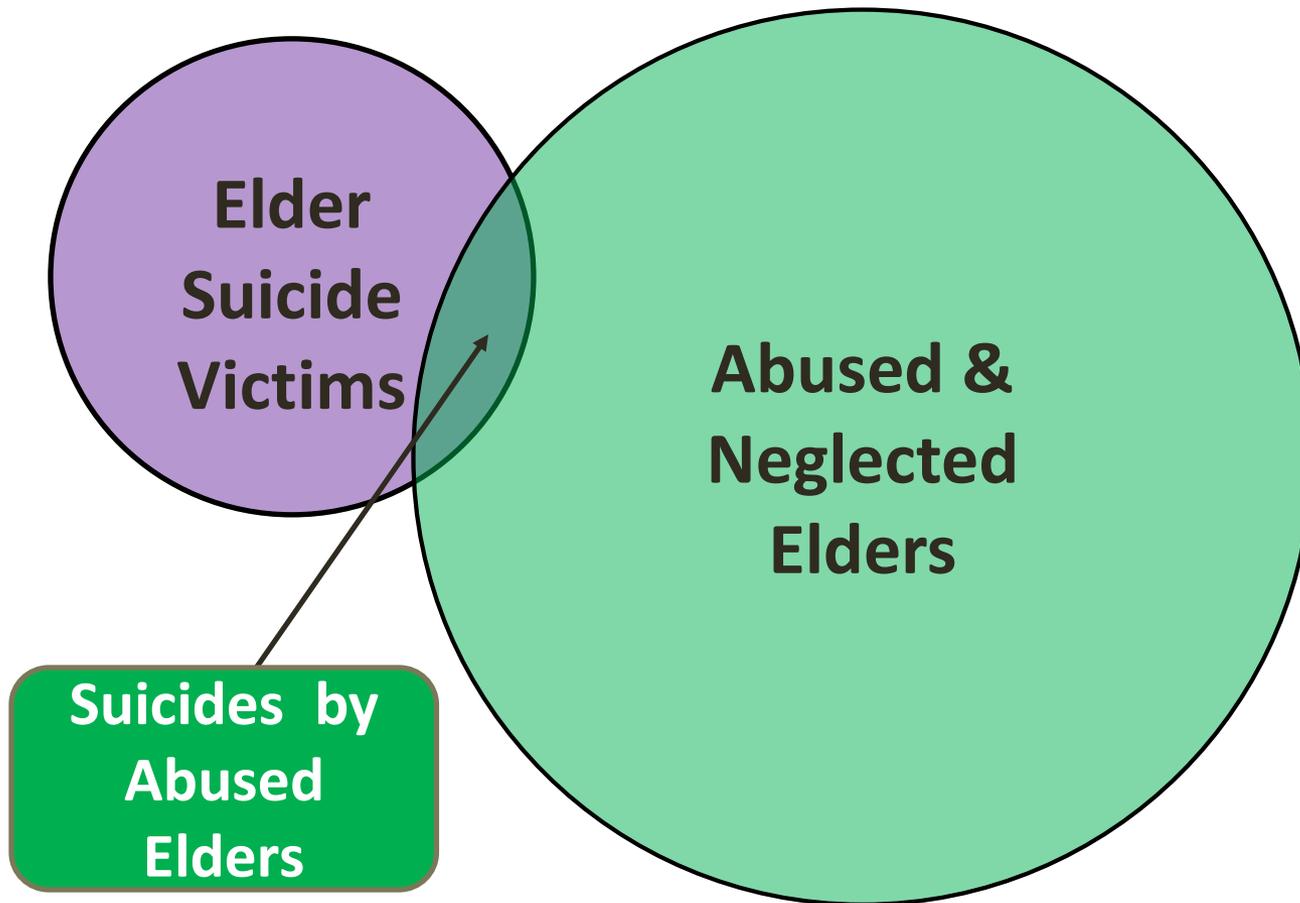
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Objectives:

1. Describe links between elder abuse and elder suicide.
2. Describe how elder abuse contributes to suicide risk.
3. Describe measures for reducing suicide risk in abused elders.

Subset:



Propositions:

1. All forms of elder abuse increase the risk of suicide.
2. Abused elders acquire a propensity for suicidal behavior as a consequence of mistreatment.
3. Self-neglect in elders may produce “passive” suicidality as well as “active” suicidal intent.
4. Some abused/neglected elders die by suicide.

US Adult Maltreatment Profile

- 75% of victims >age 60; 51.4% >70
- 39.9% male; 63.1% white
- 58.2% private residence; 12.9% provider/other setting
- 78.1% of cases closed when investigation complete or protective services provided

National Adult Maltreatment Reporting System (2018)

Nonfatal Assaults on Elders

- Violence against older adults is growing
- Highest rates perpetrated against men aged 60–69 years
- Majority of perpetrators were a relative or friend
- Most nonfatal assaults involved being struck or hit

Centers for Disease Control and Prevention (2019)

Elder Abuse in PA:

Substantiated Reports	%
Self-neglect	38.1
Caregiver Neglect	20.9
Financial Exploitation	16.9
Physical Abuse	15.0
Emotional Abuse	14.2
Sexual Abuse	1.3

Older Adults Protective Services Annual Report: FY 2016/17

Elder Suicide Risk:

- Physical/psychological harm, sexual assault, domestic conflict, financial loss, social isolation, and psychiatric disorders (*Conwell & Thompson, 2008; Duberstein et al., 2004; Oyama et al., 2008*).
- Social disconnectedness and cognitive impairments (*Conwell et al., 2011*).
- Incapacitating medical illnesses, physical impairments, and other impediments to independent living (*Turvey et al., 2002*).

Elder Abuse & Suicide Risk:

Forms of Elder Abuse	Suicide Risk Factor?
Self-Neglect	Yes
Domestic Violence/Physical Abuse	Yes
Sexual Abuse	Yes
Emotional Abuse	Yes
Financial Abuse	Yes
Caregiver Neglect	Yes

Comparative Risk:

Risk Factor	Elder Abuse	Elder Suicide
Interpersonal Conflict	Yes	Yes
Low Social Support	Yes	Yes
Poor Health/Disability	Yes	Yes
Financial Dependence	Yes	Yes
Female Gender	Yes	No
Living Arrangement	Yes	No

Protective Factors:

<i>Factor</i>	<i>Elder Abuse</i>	<i>Elder Suicide</i>
• Sense of meaning/ purpose in life	✓	✓
• Good self-esteem	✓	✓
• Positive environment	✓	✓
• Strong connections with family/staff	✓	✓
• Service access/use	✓	✓

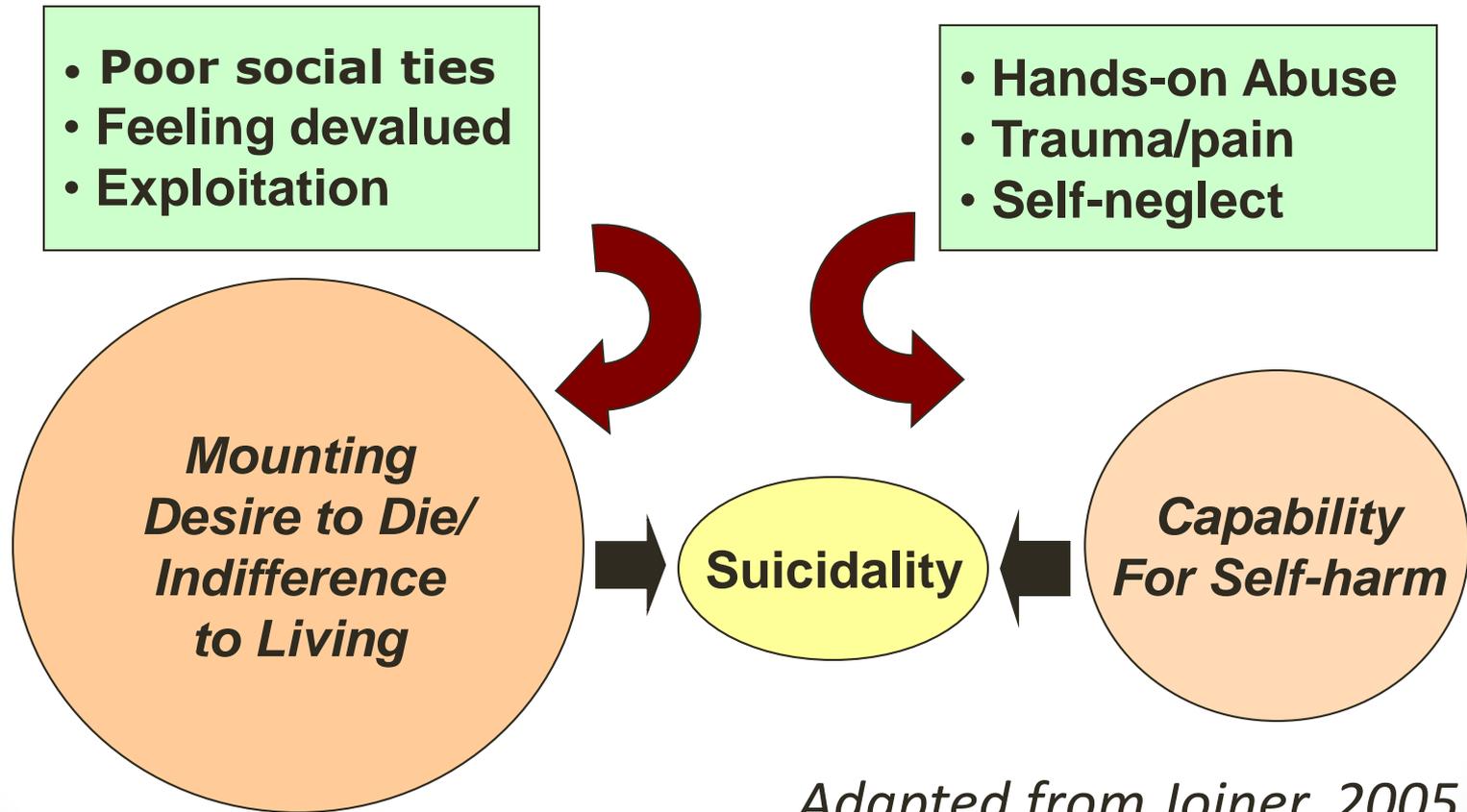
Primary Sources:

- Kim & Im (2010): Koreans 65+ abused within family at higher risk of suicide than those never abused.
- Wu et al. (2013): In rural Chinese age 60/older, mistreatment correlates strongly with suicidal ideation.
- Abused women 55/older discharged from inpatient psychiatric care had significantly higher incidence of suicidal behavior (*Osgood & Manetta, 2001*).
- Thoughts of suicide are a non-physical sign of elder mistreatment (*Halpern & Burnett, 2014*).

Chicago Studies:

- Elderly Chinese women abused by relatives manifest suicidal ideation (*Dong et al., 2015*).
- Older Chinese adults manifesting self-neglect and poor personal care are very likely to self-report suicidal ideation (*Dong et al., 2017a*).
- Elder mistreatment in all of its forms is significantly related to suicidal ideation in older Chinese adults (*Dong et al., 2017b*).

EA as Precipitant:



Adapted from Joiner, 2005

Passive Suicidal Ideation:

- Feelings that life is not worth living; thinking about dying.
- Precipitated by life dissatisfaction and chronic stressors.
- May lead to active suicidal ideation and suicide risk.
- No intent or specific plan.

Simning et al., 2014; May et al., 2015; Simon, 2014

Passive Suicide:

- Behavior over time that can result in death
- May include refusing to eat, drink, medications, follow treatment plans, or putting oneself at avoidable risk
- Likely to occur in settings where elders have limited autonomy and access to lethal means (e.g., SNFs)

*Coon & Kaye, 2007;
Nelson & Farberow, 1980*

Forms of Self-Neglect

Contingent	Intentional
<p>An elder's <i>incapability to maintain</i> his or her basic daily necessities such as food, clothing, shelter, or medical care, or to manage his or her financial affairs.</p>	<p>Willful failure by an elder to provide self with adequate food, water, clothing, shelter, safety, personal hygiene, or medication.</p>

Self-Neglect/Passive Suicide:

- Similar covert acts that deter discovery and rescue.
- Farberow (1980) saw self-harming behaviors that might lead to death as “sub-intentional suicide.”
- Nelson & Farberow (1980): “Indirect self-destructive behavior” is an “alternative form of suicide” for elderly nursing home patients.
- Disregard for wellbeing, devaluing of self-worth, hopelessness, are all associated with suicide risk.

Self-harm in Elders:

- Overdosing Rx/OTC meds most frequent means.
- Physical illness, social isolation, family/partner problems most frequent precipitants.
- Behavior is repetitive, often within one year.
- Deliberate self-harm in elders increases suicidal intent and the risk of eventual suicide.

Hawton & Harriss, 2006; Babatunde et al., 2019

Self-neglect & Elder Suicide:

Risk Factor	Self-neglect	Elder Suicide
Cognitive Impairments	✓	✓
Changes in Personal Control (e.g., SNF)	✓	-
Compromised Coping/Decision-making	✓	✓
Family Conflict/Relationship Loss	✓	✓
Meaninglessness/Threats to Self-identity	✓	✓
Past Suicidal Behavior	-	✓
Living Alone/Disconnectedness	✓	✓
Medical Problems/Pain/Suffering	✓	✓

Florio et al., 2010; Wand et al., 2018

Under-reporting:

Elder abuse may go unreported because:

- Victim's sole lifeline is often the abuser.
- Victim fears losing ties to abuser who is child/spouse.
- Victim minimizes abuse for fear of institutionalization.

Suicidality in elder abuse may be obscured by:

- Gender bias: Older males have high suicide rates but abused older men are "invisible."
- Little known about COD in older abuse victims.

Elder Suicidality Disclosure:

- Suicidal ideation is the most common type of suicidal behavior, but occurs less frequently in the elderly, which may be one reason that suicide risk eludes recognition (*Duberstein et al., 2004*).
- Older persons are less likely than younger persons to disclose suicidal thoughts or intent (*Carney et al., 1994; O'Connell et al., 2004*).

Research Issues:

- Elder suicide data drawn from population studies and psychological autopsies. The former cannot pick up elder abuse. The latter rely on survivors who may be unaware of abuse or even be an abuser.
- Little research on suicide in long-term care facilities.
- Self-neglect in long-term facilities is understudied.
- Few LTC patient deaths are investigated/autopsied.
- “Suicide risk in LTC...is largely unknown” (Mezuk, et al. 2014)

Recommendations:

1. Training in identifying /assessing suicide risk for:
 - Protective Services Investigators, LTC Ombudsmen
 - AAA, LTC/SNF, other provider staff
2. Older adults (age 60+) shall have the right to appropriate intervention to mitigate their risk of self-harm or suicidal behavior.
3. Extend mandated reporting to EDs, Crisis Services, First Responders, Medical Examiners/Coroners

Elder Abuse/Suicide Mnemonic:

- U** Unconnected; weak social supports; loss
- N** Negative/pessimistic view of self/future
- S** Shame due to humiliation/victimization
- A** Abuse ongoing/history
- F** Financial dependence/exploitation
- E** Emptiness/depressed/sad/hopeless

Take Aways:

- Elder abuse in general, and self-neglect in particular, are serious risk factors for elder suicide.
- Risk exposure of abused, neglected, and self-neglecting elders must be on the elder suicide prevention agenda.
- Suicide risk of mistreated and self-neglecting elders must be on the elder abuse prevention agenda.

P.S. : COVID-19 Impact

Pandemic Effects	Elder Abuse	Elder Suicide
Greater Social Isolation	Yes	Yes
Scams/Financial Exploitation	Yes	Yes
Burdensomeness	Yes	Yes
Decreased Care Engagement	Yes	Yes

Selected References:

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