

Elderly Abuse: An Emerging Public Health Problem

Sharma B¹

¹Child Health Research Project, Department of Child Health, Institute of Medicine

Introduction

Respect for elders and protection for weakers are the two basic human values that all societies have been promoting since the beginning of human civilization. Family and education institutions have been responsible for inculcating such values in each individual. However, these values are eroding in almost all societies and elder abuse is the result of such behavioral deviation. It is rapidly becoming a major concern with changing socioeconomic paradigms and the growing number of elderly population. (1)

WHO defines senior citizens as people 60 years and above. Older people are the fastest growing segment of the population world-wide. Globally, it is predicted that by the year 2025, the population of those aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion. (2)

In Nepal, there is 5.5 percent of elderly population (60+ years) in 2001. In a country like Nepal, a marginal increase in the proportion of older people poses serious problem where people are characterized by greater spatial inequalities, poverty, stagnant economy, illiteracy and poor health status. (3)

Elder abuse is a general term used to describe certain types of harm to older adults. Other terms commonly used include: "elder mistreatment," "senior abuse," "abuse in later life," "abuse of older adults," "abuse of older women," and "abuse of older men." WHO defines Elder (60+) Abuse as "any type of action, series of actions, or lack of actions, which produce physical or psychological harm, and which is set within a relationship of trust or dependence. Elder abuse may be part of a cycle of family violence; it may be caused by caregivers, or may be the result of a lack of training of social and health institutions, who can not meet the needs of older persons". (4)

Mistreatment of older people - referred to as "elder abuse" - was first described in British scientific journals in 1975 under the term "granny battering". Until the advent of initiatives to address child abuse and domestic violence in the last quarter of the 20th century, it remained a private

matter, hidden from public view. However, things are changing with increasing awareness level, societies being more open, enhanced reach of media and, of course, growing cases of elder abuse because of the changing structure of the society. (4)

Abuse of elderly people is an important public health problem in both developing and developed countries. While there is little information regarding the extent of abuse in elderly populations, especially in developing countries, it is estimated that 4-6% of elderly people in high-income countries have experienced some form of abuse at home. However, older people are often afraid to report cases of abuse to family, friends, or to the authorities. There is even less data on elder abuse in institutional settings in developing countries. (2)

Study conducted among 975 elderly over 60 years in rural areas of Anhui province of China shows that rates of common physical abuse, serious physical abuse, emotional abuse, financial exploitation, negligence, overall abuse and negligence against the elderly were 4.5%, 1.5%, 26.9%, 4.9%, 7.2%, 29.9% respectively. (5) Similarly, another study among 1797 older people living independently in Netherland shows that prevalence of elder abuse was 5.6%. The prevalence of the various types of elder abuse was: verbal aggression 3.2%, physical aggression 1.2%, financial mistreatment 1.4%, and neglect 0.2%. Most victims reported emotional reactions immediately after the abuse. (6)

A study conducted by Geriatric Centre Nepal (GCN) shows out of 117 cases of elder abuse reported in two leading daily newspapers in a period of July 2008 to July 2010 shows that 43 percent were about physical abuse followed by neglect covering 33.3 percent. The study also shows that physical abuse led to death of the victims in 49 percent of the cases reported. It was found that physical abuse was the most common form of elder abuse reported in print media 43% followed by the neglect 33.3%. Elders living with families were victimized more often than those living alone. Most incidents of elder abuse took in family homes. (1)

Data on the extent of the problem in institutions such as hospitals, nursing homes and other long-term care facilities

CORRESPONDENCE: Basundhara Sharma, Child Health Research Project, Department of Child Health, Institute of Medicine. Email: basundhara_p@hotmail.com

are scarce. A survey of nursing-home staff in the United States of America, however, suggests rates may be high: 36% witnessed at least one incident of physical abuse of an elderly patient in the previous year; 10% committed at least one act of physical abuse towards an elderly patient and 40% admitted to psychologically abusing patients. There is even less data on elder maltreatment in institutional settings in developing countries. (2)

Examples of elderly abused in Nepal (7)

1. Elderly denied right to old age allowance, "Every time I visit the VDC office, the secretary sends me back empty handed, Gorkhapatra Daily, 2nd January 2010
2. Elderly forced to be burnt alive, a school teacher has tried to burn alive an elderly woman who was thought to have been practicing witchcraft, Kantipur Daily, 11th October 2009.
3. Women charged of witchcraft: a woman of 67 year old was forced to eat human feces on charges of being witchcraft, Annapurna Post, 8th October 2009.
4. Alive person issued death certificate: An elderly woman has turned destitute due to her husband's ploy in order to hand over all his property to other, made a fake death registration certificate of his wife. Kantipur Daily, 3rd January 2009.
5. Elderly starving at old age home, "We have been facing double whammy at this fragile age having to live without family and proper food," Annapurna Post, 6th September 2009.

Elderly starving at old age home, "We have been facing double whammy at this fragile age having to live without family and proper food," Data on the extent of the problem in institutions such as hospitals, nursing homes and other long-term care facilities are scarce. A survey of nursing-home staff in the United States of America, however, suggests rates may be high:

- 36% witnessed at least one incident of physical abuse of an elderly patient in the previous year;
- 10% committed at least one act of physical abuse towards an elderly patient;
- 40% admitted to psychologically abusing patients.

There is even less data on elder maltreatment in institutional settings in developing countries (2).

For older people, the consequences of abuse can be especially serious. Older people are physically weaker and more vulnerable than younger adults, their bones are more brittle and convalescence takes longer. Even a relatively minor injury can cause serious and permanent damage. Many

older people survive on limited incomes, so that the loss of even a small sum of money can have a significant impact. They may be isolated, lonely or troubled by illness, in which case they are more vulnerable as targets for fraudulent schemes.

Types of elderly abuse (8)

Physical abuse - The infliction of pain or injury, physical coercion, or physical or drug induced restraint. It was found that physical abuse was the most common form of elder abuse reported in print media in Nepal.

Psychological or emotional abuse - The infliction of mental anguish.

Financial or material abuse - The illegal or improper exploitation or use of funds or resources of the older person.

Sexual abuse - Non-consensual sexual contact of any kind with the older person.

Neglect - The refusal or failure to fulfill a care giving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person. It is second most common form of elderly abuse¹.

Signs and symptoms of elderly abuse (8)

- Delays between injuries or illness and seeking medical attention
- Implausible or vague explanations for injuries or ill-health, from either patient or caregiver
- Differing case histories from patient and caregiver
- Frequent visits to emergency departments because a chronic condition has worsened, despite a care plan and resources to deal with this in the home
- Functionally-impaired older patients who arrive without their main caregiver
- Laboratory findings that are inconsistent with the history provided.

Risk factors for elder abuse (9)

A number of situations appear to put the elderly at risk of violence. In some cases, strained family relationships may worsen as a result of stress and frustration as the older person becomes more dependent. In others, a caregiver's dependence on an older person for accommodation or financial support may be a source of conflict.

Level	Main risk factors
Individual (victim)	<ul style="list-style-type: none"> • Sex: women • Age: older than 74 years • Dependence: high levels of physical or intellectual disability • Dementia, including Alzheimer's disease and other types of dementia • Mental disorders: depression • Aggression and challenging behaviour by the victim
Individual (perpetrator)	<ul style="list-style-type: none"> • Sex: men in cases of physical abuse and women in neglect cases • Mental disorders: depression • Substance abuse: alcohol and drug misuse • Hostility and aggression • Financial problems • Stress: caregiver burnout
Relationship	<ul style="list-style-type: none"> • Financial dependence of the perpetrator on the victim • Dependence of the perpetrator on the victim (emotional and accommodation) • Intergenerational transmission of violence • Long-term history of difficulty in the relationship • Kinship: children or partner • Living arrangement
Community	<ul style="list-style-type: none"> • Social isolation: victim lives alone with perpetrator and both have few social contacts • Lack of social support: absence of social support resources and systems
Societal	<ul style="list-style-type: none"> • Discrimination because of age: ageism • Other forms of discrimination: sexism and racism • Social and economic factors • Violent culture: normalization of violence

Social isolation is a significant risk factor for an older person to suffer mistreatment. Many elderly people are isolated because of physical or mental infirmities, or through the loss of friends and family members.

Prevention of the elderly abuse

"Respect is better than food or drink". Elderly people

a. Awareness and education

Public education and awareness raising are important elements in preventing abuse and neglect. This is a universal recommendation and covers a number of different areas. People need to be educated to perceive elder people more favorably as positive contributors to society. This education needs to start very early, in primary school. The general population also needs to be aware that elder abuse happens and is a problem. Elder people need to be aware of the problem and of their rights, as well as available services and resources.

b. Intergenerational relationships

This emphasizes on the need to encourage a closer and

positive contact between generations. The social isolation and neglect of older adults needs to be broken, through intergenerational relationships among others. Also, most of the reports mentioned the perceived negative attitudes and values of the younger generation and the disrespect they show to the older generation. All of these issues need to be addressed through education and different programs to build positive relationships.

c. Training of health professionals

The medical profession has played a leading role in raising the public concerns about the elder abuse. Lack of knowledge regarding ageing and older people, the health professional can not screen and detect abuse. Therefore, training is vital for improving knowledge and skill to intervene needs to be made widely available.

d. Empowerment of elders

Providing of the educational and learning opportunities to elderly people is necessary to empower the elderly people. Recognize and enable the active participation of people in economic development and social work. Encourage people

to participate fully in family community life, as they grow older to exercise their full citizenship rights and advocate for their own interests.

e. Role of the media

The role of the media is crucial to change negative attitude and practices towards elderly people. The existing network of TV, FM/AM radio-stations, print media and local government needs to be involved in awareness building process regarding the elderly issues.

f. Recreation facilities

The loneliness of older adults is a persistent theme throughout most of the reports. Especially in developing countries, is the lack of adequate recreation facilities for elderly people. Establishment of the recreational center for elderly people is the essence to prevent the elderly abuse.

g. Research

There are scant studies in most of the developing countries about elder abuse. Promotion of the studies and pilot studies regarding the elderly issues and dissemination of the research findings through scientific journals is worthwhile to prevent and control of elderly abuse.

The world celebrates June 15 as the World Elder Abuse Awareness Day every year. This is a special day for creating in the minds of the general public the awareness against the abuse of senior citizens. We would like to make a sincere appeal that the day should not be observed just as a formality; rather it should be the day of making promises to remove all kinds of abuses of the elderly citizens rampant in our society. The abuse of the senior citizens has gone from bad to worse, and this in the educated and conscious families is still more objectionable.

Conclusion

Elder abuse is a violation of human rights that affects every aspect of the older person's life. The problem of elder abuse cannot be properly solved if the essential needs of older people - for food, shelter, security and access to health care - are not met. The nations of the world must create an environment in which ageing is accepted as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where older people are given the right to live in dignity - free of abuse and exploitation - and are given opportunities to participate fully in educational, cultural, spiritual and economic activities.

References

1. National Human Rights Commission and Geriatric Center Nepal. A Baseline Study on Reported Cases of Elder Abuse in Nepali Press. Kathmandu, 2011.
2. World Health Organisation. Elder maltreatment., Fact sheet N°357, August 2011 (Available from: <http://www.who.int/mediacentre/factsheets/fs357/en/index.html> on dated July 12)
3. Government of Nepal, Ministry of Health and Population. Nepal Population Report, Kathmandu, 2011
4. World Health Organisation. Missing voice: Views of elder persons on elderly abuse, WHO, 2002
5. Su PY, Hao JH, Xiong LM, Yu DD, Cao YT, Fang Y, Jiang XL, Qian QX, Tao FB. The prevalence and influencing factors of abuse and negligence against elderly in rural areas of Anhui province. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2011 Feb; 32(2):110-5.
6. Hannie C.C, Anne M P Johannes H.S., Cees J. Elder Abuse in the Community: Prevalence and Consequences, *JAGS*. 1998; 46:885-8.
7. Ageing Nepal. Cases of Elder Abuse & Neglect 2009-2011, Nepal, 2011. (Available from: www.ageingnepal.org.np on dated July 12)
8. World Health organization. Abuse of the elderly: World report on violence. WHO 2002.
9. World Health organization. European report on preventing elder maltreatment. WHO Regional Office for Europe, Denmark, 2011.(Available from: http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e951110.pdf on 7 October 2012.)