

The Honest Aging Monthly

Since 2011 the Honest Aging Monthly provides *Feature Articles* and *Monthly News* on topics related to aging.

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Issue 54 Feature Article

ELDER ABUSE

There is a broad spectrum ranging from elder disadvantage to elder abuse. Negative interest rates are believed to be “good for the economy”, but they are a clear disadvantage for retirees dependent on interest income from retirement savings. In the city bus, the driver may instruct an older passenger to speed up at the ticket reader, rather than holding back others who need to go to work. Bus, subway, and train seats reserved for the elderly are often occupied by young people fully absorbed in their smartphone world. At the airport, the gate agent opens boarding and, after having given entry to the few members of the super-elite group, announces that “we now invite families with small children...”. There is no special invitation to elderly people, who fly only rarely and may be confused by the ever-changing boarding procedures. Abundant telephone and mail scams directly target elderly and their savings. At health care facilities and hospitals there often seems to be little respect and sympathy for older persons. There are reoccurring reports of neglect and abuse in nursing homes. More rarely, one hears about physical abuse of elderly individuals. The elderly know that life is not perfect and that stress and hardship are common, but where is the borderline between acceptable discomfort and abuse? How often does abuse actually happen? What can be done about it?

Elder neglect and abuse are recent and new areas of societal attention. The rapidly progressing aging of societies are bringing these problems into the open and make them increasingly relevant. Social and medical scientists have started to pay attention. In the United States, there is a *National Committee for the Prevention of Elder Abuse (NCPEA)* and since 1988 even a specialized scientific journal, the *Journal of Elder Abuse & Neglect* that publishes reviews, opinion articles, and research findings on this topic.

Reflecting the early stage of this field and the only relatively recent interest in this topic, there are very few studies on the distribution and prevalence of elder abuse. The limited data suggest that, across several countries, approximately 10% of the older population have experienced neglect or abuse in a 1-year period. As illustrated in the table below, variability of the data is high, and there is little information on gender or racial effects on the problem. Ten percent may seem low, but it is a rather high rate when considering that it is for a 1-year observation time only. Furthermore, the actual rates may be substantially higher, since the measurements often rely on self-reporting by the affected elderly rather than objective measurements.

Type of Abuse	Prevalence (Rate of occurrence within 1 year ¹⁾)
Physical abuse	0.2 – 5 %
Psychological/verbal abuse	0.5 – 6 %
Sexual abuse	0.1 – 1 %
Financial exploitation	1 – 10 %
Neglect	0.2 – 5 %

Inconsistent terminology and unclear definitions of elder abuse over different languages and countries are a main reason for the large data variability. A recent high visibility article on elder abuse in the *New England Journal of Medicine* has attempted to precisely define what is meant by elder abuse². It specifies five major types of elder abuse: (1.) physical abuse, or acts carried out with the intention to cause physical pain or injury; (2.) psychological or verbal abuse, defined as acts carried out with the aim of causing emotional pain or injury; (3.) sexual abuse, defined as nonconsensual sexual contact of any kind; (4.) financial exploitation, involving the misappropriation of an older person's money or property; and (5.) neglect, or the failure of a designated caregiver to meet the needs of a dependent older person.

Physical abuse manifests itself by visible bruises, burns, and even bone fractures. Since similar bodily harm can be caused by involuntary accidents, the physical signs do not proof abuse but only suggest such a possibility. When suspecting physical abuse, it is thus very important to discuss alone with the older person believed to be a victim, and in absence of a possible abuser, and to seek additional evidence in support of physical abuse. Physical abuse seems to be more prevalent in family settings than institutional settings. Adult children and spouses, who became caregivers out of social obligation and against their wishes, seem to be at higher risk to become perpetrators.

Psychological and verbal abuse does not leave any primary marks, and is difficult to define. Similar to sexual harassment, it is in the eye of the beholder whether specific language or actions are acceptable or harmful. One of the expert publications¹ defined psychological and verbal abuse as 10 or more events per year, which are perceived by an older individual as moderate to serious mistreatment. Psychological and verbal abuse leaves no physical marks and is recognized largely based on statements of the victim. It is important to consider though that long term psychological and verbal abuse can manifest itself in behavioral withdrawal and depression.

Sexual abuse is detected through unexpected physical signs of sexual activity and also unexpected urinary infections. Specific situations seem to be particularly conducive of sexual abuse. For example, in nursing homes specialized on dementias, some demented persons may

become hypersexual and force themselves on other demented persons unable to withhold or give consent.

Financial abuse ranges from using the victims' money without consent to taking full control of an elderly person's finances for personal gain. In extreme cases, the abuser may gain guardianship for an elderly and then siphon the money towards investments and acquisitions which benefit the abuser. Blatant cases often make it into the newspaper and television news, especially when the victim is an individual of high wealth. It seems very likely however that the blatant, high-visibility cases just represent the tip of a very large iceberg.

Neglect of dependent older people may manifest itself in poor mental and physical health, poor hygiene, and even malnutrition. Intentional neglect may occur in family or institutional settings, because caregivers are forced to provide these services against their wishes, because of societal and economic conventions and needs. Unintentional neglect may occur in family settings, when a caregiver has limited physical abilities or mental incapacities caused for example by dementia.

Elder abuse as defined above has serious consequences for the victims, far beyond the actual injuries. Victims of elder abuse are at elevated risk for chronic diseases, hospitalization, placement in nursing homes, and death^{1,2}. Increased rates of anxiety and depression have been documented. Elder abuse very likely diminishes emotional quality of life of the victims. The negative experiences of abuse contribute to an increasing sense of vulnerability associated with aging.

The spectrum of perpetrators of physical, sexual, and psychological abuse seems very wide. In private settings, perpetrators may be family members, in particular spouses and adult children, on whose shoulders the responsibility of care falls by necessity. Caregivers suffering from disabilities themselves are more likely to become perpetrators. Dementia, drug abuse, and psychiatric illnesses increase the risk of a caregiver to become a perpetrator. In nursing homes, the suspicion of elder abuse typically falls on staff members. Such suspicions seems intuitively reasonable for direct care staff in particular, since many direct care workers take these positions out of economic necessity rather than

a particular dedication to patients. However, it is important to remember that abuse may be caused by other residents rather than the staff.

How is elder abuse viewed by the elderly themselves? A formal study was conducted in the Netherlands with a group of individuals aged 65 to 85 years³. The findings reveal that this age group sees elder abuse largely as a societal problem. Elder abuse is interpreted as an extreme form of the general disrespect for the elderly in modern society. In contrast to earlier societies, the typical modern societies value individual achievements over social coherence, respect, and responsibility. The group participating in the Dutch survey believes that these general societal changes have increased the risk for elder abuse.

Interventions and treatment for elder abuse typically require ongoing and community-based help and tend to demand abundant resources. Simple, direct extraction of the victim from the setting of the abuse is likely to be effective, but may often not be possible because of social or financial reasons. The recent expert review on elder abuse points out that there are no formal studies as yet which compare specific interventions and measure their success, and that the absence of such studies is a critical knowledge gap in the field of elder care².

Prevention of elder abuse should be a regular consideration for everybody. Institutions providing care for the elderly, including hospitals and nursing home need to be monitored carefully and should be inspected regularly. Direct care staff should be assessed frequently. Several states and countries have established a legal framework to mandate such vetting. Prevention in private and family settings will not be achieved with legal stipulations. Increasing the general awareness of elder abuse may prompt middle-aged individuals to think about such issues before they might happen and to arrange effective care before it is necessary.

Elder abuse is a distinct and severe issue associated with aging. Understanding its causes, and optimal approaches to prevention and treatment are at very early stages. Broad awareness of this issue will help to identify victims and help them as much as possible, and will also contribute to prevention.

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References

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