

Elder Abuse

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Care of elderly necessitates addressing several social issues. The dwindling of joint family system, rise of dual-career families, a possible shift in filial piety values, increasing life expectancy along with poverty, degeneration, more empty-nest years, and dependency adds to the complexity of these social issues.¹ Aging at the site is a desired goal. It means growing older without having to move from the place where one had lived for years, with provision of home care even for frail and ill elderly. We are a society in transition. We have neither the facilities of the west nor the care and concern for the elderly that has traditionally been a part of our culture. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship and break up of joint family have made the old age homes seem more relevant even in the Indian context. In the present issue Prabhavathy Devi and Murugesan have studied the institutionalized elderly and functioning of old age homes.² The study reveals that though basic needs of institutionalized elders are met with, the psychological and financial needs are not adequately fulfilled. There is a clear need to provide emotional support, arrange for social and income generation activities for them.

Elder abuse is another important social problem. It raises many complex ethical, legal, and clinical questions. It has challenged our understanding of such fundamental concepts as personal freedom, the role of culture in defining family responsibility, and society's obligations to its members.

Elder abuse is any form of mistreatment that results in harm or loss to an older person. Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can be of various forms such as physical, psychological/emotional, sexual and financial abuse. It can also simply reflect intentional or unintentional neglect. Several types of mistreatment may occur simultaneously. The personal losses associated with abuse can be devastating and include the loss of independence, homes, life savings, health, dignity, and security. Victims of abuse have been shown to have shorter expectancies than non-abused older people.

In the present issue Khan and Handa have analyzed case studies to identify the roots of elder abuse across different socio economic groups and suggested interventions starting from the early childhood.³ Though elder abuse occurs across all socioeconomic, racial, and religious lines, yet it is typically under-reported in most cultures. Prevalence rates/estimates exist only in selected developed countries.⁴ Although estimates vary, it is generally believed that 4-6% of the elderly are abused. Two-thirds (2/3) of victims of elder abuse are women. There are only few small scale studies from India.^{5,6} Elder abuse is a problem that manifests itself in both developing and developed countries and demands a global orchestrated response to it. World Elder Abuse Awareness Day is June 15, 2006, which serves as a call-to-action for individuals, organizations and communities to raise awareness about elder abuse, neglect and exploitation. The International Network for the Prevention of Elder Abuse (INPEA) has produced the *Community Guide to Raise World Awareness on Adult Abuse Tool Kit*. The World Health Organization (WHO) has also recognized the need to develop a global strategy for the prevention of the abuse of older people. WHO recommends making primary health care workers aware of the problem, a crucial step in preventing and/or managing elder abuse.

Health and medical professional play a key role in the identification and treatment of abuse. The trust and respect that patients often have for their health care providers places these professionals in a key position to help. Addressing elder abuse is a challenging task for the treating physician.⁷ There has to be a high index of suspicion. Abuse is frequently denied. The assessment must be as holistic as possible. Risk factors for abuse include a history of mental illness or alcohol/drug abuse, poor health, functional impairment, family history of violence, isolation of the victim, and recent stressful events in the life of the victim or abuser. Physician has to develop a rapport with the patient and the caregiver and take an initiative in finding the problem. The clinician must always speak to the patient and the caregiver separately. Patient's behavior and available social support has to be observed.

Physical examination findings suggesting abuse would be fractures, dislocations, lacerations, abrasions, burns, injuries to scalp / head / face, bruises, genital area pain / itching / bleeding or sexually transmitted diseases. Signs of neglect are poor personal hygiene, over or under medication, malnutrition, dehydration, urine burns, fecal impaction, decubitus ulcers and contractures. Physician should provide education and proactive interventions to prevent and manage this significant crisis. Physician should also discuss the problems, stresses, and strains of caregivers of the elderly. A greater role is envisaged for Non-Governmental Organizations (NGOs) than the state in providing support services to family caregivers. Physician will have to coordinate with other professionals in the field of aging, law enforcement personnel, researcher and the media to deal with elder abuse.^{8,9}

There is an urgent need to increase the awareness of elder abuse, neglect, and exploitation and to guide programs that protect older people. The ability of all professionals in the field of aging especially health and medical professionals should be increased to handle elder abuse. In order to prevent and decrease the incidence of elder abuse, neglect, and exploitation, dissemination of information on best practices should be encouraged along with development of special programs. Sustained endeavors and cohesive efforts

need to be directed to accomplish this task in our country.

References

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