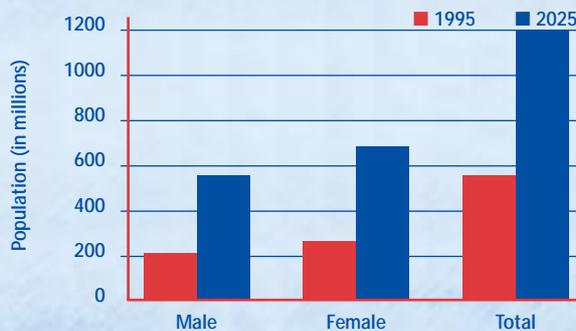


# Abuse of the elderly

Until the advent of initiatives to address child abuse and domestic violence in the last quarter of the 20th century, abuse of the elderly remained a private matter, well hidden from public view. Today, it is increasingly being seen as an important problem and one that is likely to grow as many countries experience rapidly ageing populations. It is predicted that by the year 2025, the global population of those aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion.

Projected growth in the global population aged 60 years and older, 1995-2025



Similar to other types of violence, abuse of the elderly includes physical, sexual and psychological abuse, as well as neglect. Elderly people, though, are also vulnerable to economic abuse, in which others make improper use of their resources.

## THE EXTENT OF THE PROBLEM

Information on the extent of abuse in elderly populations is scant. The few population-based studies that have been conducted suggest that between 4% and 6% of elderly people have experienced some form of abuse in the home.

The elderly are also at risk of abuse in institutions such as hospitals, nursing homes and other long-term care facilities. In a survey in the United States, for example, 36% of nursing-home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, 10% admitted having committed at least one act of physical abuse themselves, and 40% said that they had psychologically abused patients.

Abusive acts within institutions for the elderly also include physically restraining patients, depriving them of dignity and choice over daily affairs, and providing insufficient care (for example, allowing them to develop pressure sores).

## THE CONSEQUENCES OF ELDER ABUSE

For older people, the consequences of abuse can be especially serious because their bones are more brittle and convalescence takes them longer. Even a relatively minor injury can cause serious and permanent damage.

## WHAT ARE THE RISK FACTORS FOR ELDER ABUSE?

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.

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.

Cultural and socioeconomic factors that may affect the risk of elder abuse include:

- the depiction of older people as frail, weak and dependent
- erosion of the bonds between generations of a family
- restructuring of the basic support networks for the elderly
- systems of inheritance and land rights, affecting the distribution of power and material goods within families
- migration of young couples to other areas, leaving elderly parents alone, in societies where older people were traditionally cared for by their offspring.

Older men are at risk of abuse in about the same proportion as women. But in cultures where women have inferior social status, elderly women are at special risk of being abandoned when they are widowed and having their property seized.



Within institutions, abuse is more likely to occur where care standards are low, staff are poorly trained or overworked, interactions between staff and residents are difficult, the physical environment is deficient, and where policies operate in the interests of the institution rather than of the residents.

### WHAT CAN BE DONE TO PREVENT ELDER ABUSE?

Countries around the world are at varying stages in their national and local response to the care and protection of the elderly. While some countries include abuse of the elderly under their legal statutes and have fully developed systems for reporting and treating cases of abuse, others have a much more limited response.

#### **Social services**

In general, countries that deliver services to abused, neglected or exploited older people have done so through the existing health and social services network. Such services typically include medical, legal, psychological and financial, as well as help with housing and other environmental issues.

Other interventions include emergency shelters, support groups specifically aimed at older abused people, and telephone helplines. In some low-income countries, local projects have been established to help older people plan programmes and develop their own services.

#### **Health care**

In some countries, the medical profession has played a leading role in raising public concern about elder abuse. However, few intervention programmes for abused elders are housed in hospital settings and many doctors do not diagnose abuse because it is not part of their training.

Some of the signs and symptoms of abuse include:

- 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.

#### **Education and public awareness campaigns**

Public education and awareness raising are important elements in preventing abuse and neglect. The aim of such efforts is to inform practitioners and the general public about the various types of abuse, how to identify the signs and symptoms of abuse and where help can be obtained.

The media can also be a powerful tool for changing attitudes and reducing stereotyping of the elderly.

Educational programmes aimed at older people themselves are usually more successful if the information on abuse is woven into wider topics, such as successful ageing or health care.