

Elder abuse: impact, types, interventions

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Abuse is mistreatment of individuals at any age and any gender such as mistreatment among children, women, adult and older population. Abuse can occur at any vulnerable age, where individual is dependent on others. With modernization, the levels of compassion, love and humanity are decreasing which results in negative attitudes towards others, especially older population putting them at risk for abuse and neglect. Some older adults are frail and dependent on others for care and daily life activities which makes them susceptible for abuse. This paper explores the significance of delineating the elder abuse and impact of different types of abuse on both elder adults (physically, cognitively, psychosocially, spiritually and emotionally) and nursing practice. Also, the essay discusses some interventions to prevent the elder abuse and the available resources for older adults those who are experiencing and vulnerable for such an issue.

The Current Issue

Elder abuse is increasing globally and becoming a societal problem and public health concern (Bruehl et al., 2019, p. 103). WHO defines elder abuse as, “ single, or repeated act, or even a lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (as cited in article by Yon et al., 2019). Recent estimates of cases of elder abuse are approximately ten percent among aged sixty years or above (Truong et al., 2019, p. 18) and only fifteen percent of them seek help (Burnes et al., 2019). Nonreporting of abuse makes elder prone to revictimization. Most of the cases remain unreported that can due to limited knowledge of health care professionals to identify abuse and reluctance to acknowledge abuse by victims because of shame,

fear among victims of receiving negative and stigmatizing reactions (Hirst et al., 2016 & Truong et al., 2019). Substance abuse, common living arrangements, stress, psychological problems are some of risk factors for probability of caregivers to be abusive towards elders, whereas some age related changes such as physical limitations, cognitive impairment, financial vulnerability, low income, past abuse, gender and ethnicity are some risk factors for abuse among elders (Bruel et al., 2019 & Wang et al., 2015). Sometimes elders engage in a process of “ tacit exchange” where they accept abuse in exchange for care, companionship and ability to live in community (Burnes et al., 2019, p. 895). There are serious social, economic and health consequences for victims, their families and society. Prevention is cost effective than dealing with consequences of abuse (Yon et al., 2019, p. 64).

Impact on Older Adults

Different types of elder abuse impact older adults negatively in various aspects such as physically, emotionally, spiritually and psychosocially. Elder abuse can be categorized according to type of abuse (such as physical, emotional, sexual and financial abuse and according to setting where it has occurred such as community setting or institutional setting where there is staff to resident abuse and resident to resident abuse can be seen (Yon et al. 2019, p. 58-59). Emotional abuse is the most common form of abuse experienced by elders and the sexual abuse is the least reported form of elder abuse (Bruele et al., 2019, p. 105). There are some reasons and clinical manifestations for different forms of elder abuse.

Emotional abuse can cause psychosocial consequences such as mental stress, feelings of worthlessness, embarrassment, depression, shame, self-neglect and social isolation. Threatening to place an elder in nursing home, intimidation and verbal abuse are some examples of emotional abuse (Bruele et al., 2019, p. 106). Although this is the most commonly experienced form of abuse among elders but the help seeking is minimal (Burnes et al., 2019).

Financial abuse can occur among older adults if they are dependent financially on others. Elders may feel bounded in their environment without financial freedom. Cognitively impaired and single individuals are easily targeted for financial frauds and stealing and there can be consequences for elders such as not having access to healthcare services, food and shelter deprivation, etc. (Bruele et al., 2019, p. 107).

Physical abuse is the most common help seeking form of elder abuse. It is defined as intentional and forceful acts that results in bodily injuries, impaired functional ability, stress and increased healthcare system utilization. Some acts of physical abuse can be inappropriate use of restraints both physical and chemical/medical, force-feeding, hitting, pushing, kicking, burning, etc. (Brozowski & Hall, 2010, p. 1186). Physical abuse is an independent prognostic for mortality among elders. Canada reported lowest prevalence rate of physical abuse whereas Nigeria and Asian countries shows the highest rates (Bruele et al., 2019).

Sexual abuse can be interpreted as sexual contact with any individual without consent, unwanted touching, rape, molestation and exploitive

behavior (Brozowski & Hall, 2010, p. 1187). There are both physical and nonphysical manifestations for sexual abuse. Physical manifestations include acquiring sexually transmitted diseases, bruising near perineal area, genital and anal bleeding without pathological conditions and justifiable pelvic injuries. Some nonphysical components can be sudden onset of panic attacks, social and emotional isolation and posttraumatic stress disorder (Bruele et al., 2019, p. 108).

Elder abuse of any type affects individual in various aspects such as depression, social and emotional isolation, physical injuries, increased dependence on others due to deteriorating physical and mental health. sociocultural barriers and ethnic background can affect victims with their experience of abuse and their ability to access resources available (Brozowski & Hall, 2010). In the modern society the relationships are becoming unstable, highly individualized, lack of compassion, negative attitudes towards elders and devaluation by society makes them susceptible to all forms of abuse (Hirst et al, 2016, p. 257). Disclosure of abuse can be life changing but elder victims do not disclose because of shame, fear and to avoid negative attitudes and stigmatizing reactions by society. Elder abuse does not impact only victims but also healthcare system as the hospitalization rate increases with the abuse.

Impact on Nursing Practice

Nurses, physicians and other healthcare providers play an important role in assessing the abuse among older adults and referring them to social services. However, there can be abusive behaviors by care providers as well

due to various reasons. To understand the challenges of nursing profession, professional ethics should focus on mutual vulnerabilities as with elder abuse nursing practice is also impacted along with the victims. Nursing staff is vulnerable due to demanding working situations, staff shortages, stress, time pressure and lack of competence. This can lead to unethical actions in nursing context and can result in feeling of insecurity and dilemma when relating to elder patient (Nordstrom & Wangmo, 2018). There is a significant correlation between abuse and high ratio of residents to nurse (Yon et al., 2019, p. 62). Due to lack of knowledge, healthcare providers such as nurses, physicians, radiologists and caregivers, sometimes confuse abusive injuries with the injuries caused by age related changes such as osteoporosis, brain atrophy and falls. Moreover, care providers are not able to advocate and educate the victims about the consequences of abuse and the resources available for them due to lack of knowledge (Murphy et al., 2013).

“ Strategies to prevent elder abuse should address negative attitudinal change to avert prejudices towards ageing and reinforce older people’s fundamental right to live without abuse and violence” (Yon et al., 2019). One of the most effective strategies to prevent elder abuse is training caregiver professionals and educating nursing staff to manage stress and aggressive behaviors safely and professionally among vulnerable older adults (Hirst et al., 2016). Teamwork and person-centered care practices can prevent the elder abuse (Touza & Prado, 2019). Physicians, nurses and care providers should be alert to the evidence of elder abuse which can be assessed during history taking and physical examination and should be able to differentiate between accidental and abuse injuries (Wang et al., 2015). Healthcare

providers should be non-discriminatory, good listeners and develop rapport among the victims so that they can disclose their concerns as most of the elder abuse cases remain unreported, which makes older adults susceptible for revictimization (Burnes et al., 2019). After assessing the suspected abuse among older adults, healthcare providers should consider referral to social services agencies or reporting to legal authorities for further evaluation. Frequent follow ups and advocacy approach is suggested to prevent further abuse. Moreover, concerns should be clearly communicated to the patient including creation of emergency safety plan (Wang et al., 2015).

Hirst et al., 2016, p. 256, states that, “ the strategies to prevent elder abuse should address public education about abuse and neglect of older adults, the rights of older adults, how to protect oneself from abuse and awareness campaigns about elder abuse and neglect.” Police, social workers, healthcare providers and lawyers are the main professional workers who work with elder victims of abuse. They all should be communicating, cooperating and working as a team to support the victims (Brozowski & Hall, 2010, p. 1196).

Resources Available

There are many resources available for older adults suffering from abuse, but to utilize them, proper education and awareness of nursing staff, care professionals, older adults and society about the impacts of abuse and available resources is needed. In Canada, there are advocacy centers for older adults. “ In December 2012, the Canadian parliament passed a bill, C-36, the Protecting Canada’s seniors Act, which aims to protect the older adults through amendments to criminal code” (Wang et al., 2015). There are

social services agencies, recreation centers, homecare services, community services, shelters, legal services, services for spiritual support, government supported elder abuse and police services which can provide support to the older adults who are victims of abuse (Wang et al. 2015, Touza & Prado, 2019). Studies have shown that spiritual support such as attending church reduces the rate of abuse (Touza & Prado, 2019). Due to increasing rate and severity of abuse among older adults WHO established a world elder abuse awareness day on June fifteen (Hirst et al. 2016).

Conclusion

Elder abuse is increasing globally and becoming a concern as most of the cases remain unreported in most of cases that promotes revictimization. Various studies assessed the various types and causes of abuse among elder population, impact of abuse on victims such as physically, psychosocially, emotionally etc. as well as roles of nursing, society and healthcare providers in elder abuse. The elder abuse not only impact the victim, but it also has negative impact on healthcare system. The rate of hospitalization and mortality increases with the abuse, which is cost effective. Physicians and other healthcare providers should be able to assess abusive evidences and refer to social workers for further assessment. We as future nurses should be trained and educated enough to assess the abusive situations and guide victims about their rights and available resources and realize that person centered care is the best approach to prevent elder abuse. Conclusion is that we should treat everyone as we expect ourselves and our loved ones to be treated by others because the lifecycle goes on and we will be old one day.

Everyone should be treated equally and respectfully regardless of age, gender and disability.