

ELDER ABUSE AND NEGLECT: A BRIEF PRIMER IN AN ERA OF A PANDEMIC

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Abstract: This article focuses on elder abuse and neglect as a growing social problem that became worse due to the covid-19 pandemic. With an expounding increase in the older population projected in the next ten years, it is crucial that professionals working in the Gerontology industry receive a comprehensive training in identifying, comprehending, addressing, and preventing elder abuse and neglect. This article provides information on different types of elder abuse and neglect, indicators, risk factors, theories of abuse, and caregiver issues while the older adults are dealing with isolation due to the pandemic.

Keywords: Elder abuse, elder neglect, indicators of elder abuse, pandemic, isolation.

I. INTRODUCTION

This paper provides a conceptual review and synthesis of the current research on elder abuse and neglect in an era of a global pandemic. The purpose of this review is to provide a teaching and learning tool to students, paraprofessionals, and professionals working with people over the age of 60 years. Elder abuse and neglect has become a growing social problem. The US Census Bureau has indicated that there will be more people over the age of 65 than under 17 by 2030. The number of Americans ages 65 and older is projected to nearly double from 52 million in 2018 to 95 million by 2060, and the 65-and-older age group's share of the total population will rise from 16 percent to 23 percent (U.S. Census Bureau, Population Projections, 2019). About one in every seven, or 15.2%, of the population is an older American and persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males) (U.S. Census Bureau, 2017). Given these figures, there is a higher probability of elder abuse and neglect as more older adults will experience an increase in their caregiving needs. During the pandemic, older adults became isolated which further increased the probability of their abuse and neglect including self-neglect.

II. DEFINING AND IDENTIFYING ELDER ABUSE

Elder abuse is a complex and wide-ranging phenomenon encompassing a range of harms that affect the lives of older adults. In the most recent report of elder abuse and neglect, Elder Protective Services (EPS) received more than 253,426 reports on persons aged 60 years and older during a time period of 12 months [1], [2]. Reports of elder abuse and neglect have risen significantly in the last ten years ([3]. Studies have found that only 1 of every 13 or 14 cases of elder abuse is ever reported [4].

Generally, elder abuse and neglect is reported more among older Caucasian women living alone or with family members, diagnosed with depression and/or dementia, and needing assistance with activities of daily living and/or instrumental activities [5]. The incidence of abuse of older men may be higher than reported. Men may not report their abuse. The most predominant form of reported abuse is neglect by others and self-neglect. Vulnerability plays an important role in elders' likelihood to be abused and/or neglected. Perpetrators may be spouses, other family members, staff members of a facility, or other residents of a residential facility [3], [6].

Elder maltreatment was first described in 1975 when reports of "granny battering" became public knowledge [7]. The American Medical Association defines elder maltreatment as an act or omission that results in harm or threatened harm to

the health or welfare of an elderly person. Elder maltreatment is seen in all races and ethnic groups, religions, educational backgrounds, and socioeconomic groups [6], [8]. An increased life expectancy and the graying of baby-boomers has dramatically increased the elderly population in the United States. As a society, with an increasing percentage of elders, we can only expect this group to become more vulnerable to maltreatment and violence. Too few government funds are available to prevent or address elder abuse and neglect. In fact, no federal statutes exist to prevent elder maltreatment as there are for child abuse and domestic violence in general [9].

Elder abuse may be classified into 7 categories: (1) physical abuse, (2) sexual abuse, (3) neglect by others, (4) neglect by self (5) psychological or emotional abuse, (6) financial and material exploitation, and (7) violation of rights [8]. Often, several types of abuse may occur concurrently. It is important to note that emotional abuse accompanies any other type of abuse.

Physical Abuse

Physical abuse is an act that causes physical pain and/or injury [5]. Physical abuse can range from slapping or shoving to severe beatings and restraining. When a caregiver or other person uses enough force to cause unnecessary pain or injury, even if the reason is to help the older person, the behavior can be regarded as abusive. Physical abuse can include hitting, beating, pushing, kicking, pinching, burning, or biting. It can also include such acts against the older person as over- or under-medicating, depriving the elder of food, or exposing the person to severe weather—intentionally or inadvertently [5], [6]. Following are some signs and symptoms of physical abuse:

- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and/or ankles
- Repeated unexplained injuries
- Wounds and injuries in various stages of healing
- Infected wounds
- Dismissive statements about injuries
- Refusal to go to same emergency department for repeated injuries

Sexual Abuse

Sexual abuse is the most underreported type of elder maltreatment due to factors such as fear of the abuser, shame and humiliation of abuse, and inability to report it to right authorities [6]. It is difficult to assess the prevalence and frequency of sexual assault in elder victims, especially among male victims. Usually investigation of sexual assault injuries among the elderly is quite low. Even in cases of elder homicide, sexual assault examinations are often not performed [6]. Sexual abuse can range from sexual exhibition to brutal rape. Sexual abuse can include inappropriate verbal comments, inappropriate touching, photographing the person in compromising sexual poses, use of pornography, forcing sexual contact with a third party, or any unwanted sexualized behavior. It also includes rape, sodomy, or coerced nudity [7]. Following are some signs and symptoms of sexual abuse:

- Unexplained vaginal or anal bleeding
- Torn or bloody underwear
- Bruised breasts
- Sexually Transmitted Diseases
- Injuries on various body parts
- Damage to internal organs

Psychological Abuse

Psychological or emotional abuse may include use of derogatory or abusive words, giving the "silent treatment," and using intimidating and threatening gestures or words. When a caregiver or other person behaves in a way that causes fear, mental anguish, and emotional distress, the behavior is defined as "abusive." Emotional and psychological abuse may

include treating the older person like a child and demeaning them. The older person may also be abused by isolating them from family and friends and preventing them from performing their regular activities such as going for walks, going shopping or participating in other recreational activities. Abuse may occur either by use of force or threats or through manipulation. Psychological abuse is the most difficult type of abuse to assess and attest [5]. Following are some signs and symptoms of psychological abuse:

- Victim is uncommunicative and unresponsive
- Victim is unreasonably fearful or suspicious
- Victim appears to show lack of interest in social contacts
- Victim may display chronic physical or mental health problems
- Abuse may display evasiveness
- Abuser may closely guard the victim

Neglect

The most common form of elder maltreatment is neglect. Neglect is defined as the failure of a caregiver to provide basic care to a patient and to provide goods and services necessary for living safely in a safe environment [10].

Another accepted definition is the refusal or failure to fulfill any part of a person's obligation or duties to an elder [11]. Neglect may be intentional or unintentional. Intentional neglect is when the caregiver intentionally fails to meet his or her obligations toward the elder. Unintentional neglect may occur when the caregiver is uninformed or distracted by other stressors in their life [11]. Following are some signs and symptoms of neglect [10], [11]:

- Signs of dehydration
- Signs of malnutrition
- bed sores
- Untreated physical ailments
- Unsanitary living conditions
- Visible lack of personal hygiene
- Inappropriate clothing for the weather
- Unsafe living conditions (no heat, sanitation, or running water; hazardous electrical wiring, fire hazards)
- Abandonment of the elder

Self Neglect

Another commonly observed phenomenon is self-neglect, especially among people with dementia or mental health problems or substance abuse problems or some other chronic illnesses [10]. Self-neglect includes behaviors such as, not eating properly, not getting medical attention when needed, neglecting housekeeping, and neglecting personal hygiene. One of the most difficult problems family members face is achieving a balance between respecting an older adult's autonomy and intervening before self-neglect becomes dangerous [10].

Financial Exploitation

Financial exploitation includes fraud, taking money under false pretenses, forgery, involuntary property transfers, misappropriation of funds, and denying the older person access to his or her own assets. It also includes the improper use of legal guardianship arrangements, powers of attorney, or conservatorships [12]. Non-family scammers may also financially exploit an older person. Older adults are more trusting of people than the younger generation. They may easily share personal and confidential information such as their social security number, bank information, etc with scammers. They may also easily believe in stories of hardship and may be scammed into making donations. A new scam that has emerged over the years is the "sweetheart" scam where a scammer would make an older adult believe in a romantic relationship [13] The older adult may willingly give expensive gifts to the scammer or transfer property in their name.

Other types of scams are perpetrated by sales people for health-related services, telemarketers, people pretending to be state or federal officials, and financial managers [12]. Following are some signs and symptoms of financial exploitation:

- Large withdrawals from the victim's accounts or other suspicious financial activity
- Sudden or unexpected changes in the victim's financial situation
- Items or cash missing from the victim's residence
- Sudden and suspicious changes in wills, power of attorney, titles, and policies
- Changes in the victim's signature card or bank account
- Unpaid bills or lack of medical care by the victim's power of attorney
- Expenses and charges that are different from the victim's usual patterns of behavior

Risk factors among caregivers

Usually, family and friends take care of the basic needs of an older adult. However, an informal caregiver may begin to feel stressed in addressing the more complex, medically demanding, and/or time-consuming needs of their older loved one. Medical conditions, such as dementia, escalate with time and increase the responsibilities of caregiving. The caregiver may also be dealing with their own needs and stressors in life. Some informal caregivers belong to the "sandwich" generation. They may be taking care of their older parents as well as younger children or grandchildren. All these factors increase the stress experienced by caregivers. The stress of elder care can lead to mental and physical health problems that make caregivers burned out, impatient, and unable to have healthy interactions with their older loved one [14], [15], [16]. Among informal caregivers, significant risk factors for elder abuse include the following [17]:

- inability to cope with stress
- mental health issues
- lack of support
- Feeling unrewarded for hard work
- substance abuse
- Financial dependency of the caregiver on the older adult
- Medical and financial dependency of the older adult on the caregiver
- Feelings of guilt in the caregiver that prevent them from seeking formal help

Formal caregivers, such as Nursing home staff, may also become prone to elder abuse if they lack appropriate education and training, have too many responsibilities, do not have a personality or aptitude for caregiving, or work under poor conditions [18].

Brief Theoretical Explanations of elder abuse and neglect

According to the Social Learning Theory, an individual adult's behavior relates to the social environment of childhood and views violence as a learned behavior. For example, a child observing an adult using violence to cope with conflict may revert to the same pattern as an adult [17],[19]. This theory suggests that violence is a learned behavior and may be a reaction to previously experienced negative situations. Caregivers who may have been abused as children may end up abusing their parents as well as their own children. Thus, they perpetuate the cycle of abuse. The cycle of violence often becomes evident in intimate partner violence and intergenerational violence.

The Situational Theory of elder abuse focused on the role of stress and the burden of care giving in leading to elder mistreatment and neglect. According to this theory, reducing the level of caregiving stress is one way to reduce the likelihood of elder abuse. However, experts note that the theory fails to consider key aspects of the interpersonal relationship at play [20].

The Social Exchange Theory is based on the premise of reciprocity of benefits in a relationship. It views all relationships as business transactions. People enter into or exit relationships based on the cost-benefit outcomes. When individuals contribute equally, a fair exchange results. If one person in the relationship becomes dependent on the other person, it leads to negative reactions including abusive behaviors [17].

Psychological theories correlate abusive and neglectful behaviors to mental illness and/or substance abuse problems. In other words, they focus on external factors to explain abuse. In such cases, the abuser may not feel responsible for their abusive behaviors [21].

COVID-19 and Elder abuse/neglect

In the last two years, it became quite evident that older adults and people with underlying health conditions are at the highest risk of becoming seriously or fatally ill from COVID-19 [22]. However, the measures that were taken to protect the elderly from getting infected with the virus also put them at a higher risk for abuse, neglect, and mental health problems. They became vulnerable to social isolation, financial hardship, difficulties accessing needed care and supplies, and anxiety about avoiding COVID-19 [23]. For older adults, social isolation is a known risk factor for experiencing elder abuse [23]. A combination of several factors that include social isolation, financial stress, and concerns about health results in reports of higher depression and anxiety among older adults due to the pandemic. People with depression become more vulnerable to abuse and neglect including self-neglect. The rates of self-neglect rose among older adults with dementia or other chronic health issues due to inadequate caregiving resources [24]. Access to supportive services became quite limited during the pandemic that further escalated the vulnerability of older adults to abuse and neglect. Another significant risk factor for abuse was that older adults that had previously been subjected to domestic violence now had no choice but to live constantly with their abuser. They had no means of getting away from their abusive partners or abusive children [25].

III. CONCLUSION

A conceptual review of available literature relating to elder abuse and neglect indicates that several factors place older adults at a high risk of abuse and neglect. These risk factors include (but are not limited to): chronic medical conditions, disability, financial dependence on others, physical frailty, social isolation, lack of access to supportive services, mental health issues in either the victim or the abuser (or in both), stress and burnout in the caregiver, and a lack of adequate knowledge and training relating to caregiving tasks. Older adults also become victims of scammers who may not be their family members. These include sales people for health-related services, telemarketers, people pretending to be state or federal officials, people pretending to be from their financial institutions, and people showing a romantic interest in the older adult. Loneliness and social isolation makes older adults the easiest targets of unscrupulous scammers. Mental health issues or cognitive disorders in an older adult may result. In conclusion, elder abuse and neglect may be prevented by policy changes, increased supportive services, and more financial investment in Elder Protective Services.

REFERENCES

- [1] Teaster, P.B., Otto, J. M., Dugar, T. D., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006). The 2004 survey of state Adult Protective Services: Abuse of adults 60 years of age and older. Report to the National Center on Elder Abuse, Administration on Aging, Washington, D.C.
- [2] Acierno, R., Hernandez, M., Amstadter, A., Resnick, H., Steve, K., Muzzy, W., Kilpatrick, D. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The national elder mistreatment study. *American Journal of Public Health*, 100, 292-296.
- [3] Teaster, P.B., Lawrence, S.A., & Cecil, K.A. (2007). A review of elder abuse and neglect: What we know, what we think we know, and what we really don't. *Aging Health*, 3(1), 115-128.
- [4] Lett, J. E. (2015). Abuse of the elderly. *J Fla Med Assoc.*, 82:675–678.
- [5] Pillemer K, Burnes D, Riffin C., & Lachs M. S (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(Suppl. 2), S194–S205.
- [6] Kruger, R. M. & Moon, C. H. (1999). Can you spot the signs of elder mistreatment? *Postgrad Med.*, 106:169–183.
- [7] Kleinschmidt KC. Elder abuse: a review. *Ann Emerg Med*. 1997 Oct;30(4):463-72. doi: 10.1016/s0196-0644(97)70006-4. PMID: 9326861.

- [8] Collins, K & Bennett, A & Hanzlick, R. (2000). Elder abuse and neglect. Autopsy Committee of the College of American Pathologists. *Archives of internal medicine*. 160. 1567-8.
- [9] Hardin, E. & Khan-Hudson, A. (2005). Elder abuse—“society’s dilemma.” *Journal of National Medical Association*, 97:91–94.
- [10] Levine, J. M. (2003) Elder neglect and abuse: a primer for primary care physicians. *Geriatrics*, 58:37–44.
- [11] Dolan, V. F. (1999). Risk factors for elder abuse. *Journal of Insurance Medicine*, 21:13–20.
- [12] Allen, J. V. (2000). Financial Abuse of Elders and Dependent Adults: The FAST (Financial Abuse Specialist Team) Approach. *Journal of Elder Abuse & Neglect*, 2000, Vol. 12 Issue 2, p85, 7p.
- [13] <https://www.fbi.gov/scams-and-safety/common-scams-and-crimes/elder-fraud>
- [14] Bodnar, J. The Challenges of Being a Caregiver. *Kiplinger’s Personal Finance*, [s. l.], v. 76, n. 2, p. 58, 2022.
- [15] Phillips KM, Siwik C, Rodgers A, et al. Association of Stress-Health Factors among Parkinson’s Disease Patient/Caregiving-Partner Dyads. *Archives of clinical neuropsychology: the official journal of the National Academy of Neuropsychologists*. 2022;37(1):12-18.
- [16] Caputo A. The emotional experience of caregiving in dementia: Feelings of guilt and ambivalence underlying narratives of family caregivers. *Dementia (London, England)*. 2021;20(7):2248-2260.
- [17] Barnett, O. W., Miller-Perrin, C. L. , & Perrin, R. D. (2005). *Family violence across the lifespan : An introduction*. Thousand Oaks, CA : Sage Publications, Inc.
- [18] Kunkle R, Chaperon C, Berger AM. Formal Caregiver Burden in Nursing Homes: An Integrative Review. *Western journal of nursing research*. 2021;43(9):877-893.
- [19] Bandura, A. J. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- [20] Anetzberger, G. J. (2000). Caregiving: Primary cause of elder abuse? *Generations*, 24(11), 46-51
- [21] Avieli H, Smeloy Y, Band-Winterstein T. Departure scripts and life review of parents living with abusive adult children with mental disorder. *Journal of Aging Studies*. 2015;34:48-56.
- [22] CDC: Coronavirus Disease 2019 (COVID-19).2020.Centers for Disease Control and Prevention
- [23] Burnes D, Pillemer K, Caccamise PL, et. al.: Prevalence of and risk factors for elder abuse and neglect in the community: a population-based study. *J Am Geriatr Soc* 2015; 63: pp. 1906-1912.
- [24] Silva P, Barbosa F, André M, Delerue Matos A. Home confinement and mental health problems during the Covid-19 pandemic among the population aged 50 and older: A gender perspective. *SSM - population health*. 2022;17:100999. doi:10.1016/j.ssmph.2021.100999.
- [25] Yunus RM, Abdullah NN, Firdaus MAM. Elder abuse and neglect in the midst of COVID-19. *Journal of global health*. 2021;11:03122.