Review Article

Exploring Elder Abuse: A Narrative Review

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ABSTRACT

There are various types of abuse, including physical, emotional, psychological, sexual, financial, and neglectful abuse. About 1 in 10 older adults who live at home endure abuse, including neglect and exploitation. A review of the literature on PubMed using keywords Elder abuse; Elder neglect; Old age home; Long-term assisted care facilities was done. No formal exclusion or inclusion criteria were followed. It was found that the abuse of older people is a very common problem and often goes unreported due to varied reasons. Further, no formal screening guidelines and management protocols are available if an abuse is suspected. Therefore, skilled caregivers must identify and screen abuse nonjudgmentally to prevent it from worsening.

Key words: Elder abuse, Elder neglect, Old-age Home

The World Health Organization (WHO) defines abuse in older people 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 aged above 60 [1, 2]. Abuse may be perpetrated by family members, caregivers, acquaintances, or co-residents of a facility [3]. Neglect is the failure of a responsible caregiver to meet the needs of an older adult, and often manifests with the person being malnourished, having poor personal hygiene, and can lead to complications from poorly controlled medical conditions [5, 6]. Abuse in the older population is a widespread, global problem with an estimated prevalence of 5-10% in the general population of older adults in the U.S [7, 8]. Abuse is experienced by about 1 in 10 people aged 60 and older who live at home [7].

From 2002 to 2016, over 643,000 older adults were treated in the emergency department for severe physical assault, and more than 19,000 homicides occurred [2]. It is believed that between one and two million US citizens over the age of 65 have either been mistreated, exploited, or even injured by a caregiver [3]. Due to largely underreporting of the abuse and neglect of the elderly, it is difficult to get any concrete numbers; however using various observational studies and statistical analysis it was reported that overall, 11% of any type of elder abuse, with verbal abuse being the highest (90%) followed by disrespect (52.5%) and neglect (45.21%) respectively. Additionally, it was also noted that physical violence was high among males. At the same time, 61% of women were being neglected in society, while the data in rural areas showed approximately 80% of the elderly were facing different types of abuse [4].

Of the categories of abuse; neglect, psychological abuse, and financial exploitation are the most common with physical abuse and sexual abuse occurring less frequently [9]. The statistics show that most abuse is poorly reported. It is estimated that for every one case of elder abuse that is reported to authorities, five go unreported [9]. The WHO has compiled a data set for different types of abuses observed in different countries/continents which is presented in table 1 below

Table 1: Incidence of different types of abuse

Type of abuse	USA	Canada	United Kingdoms	Nigeria	India	China
Physical	6%	<1%	7%	15%	4%	3%
Psychological	5%	8%	21%	11%	11%	24%
Financial	5%	6%	<1%	13%	5%	2%
Sexual	9%	NA	<1%	<1%	NA	NA
Neglect	5%	7%	1%	1%	4%	16%

Source: https://apps.who.int/violence-info/abuse-of-older-people.

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We see a trend that individual studies reported more prevalence of abuse in developing or underdeveloped countries as compared to developed countries like the US; however WHO data sheet above shows variation. This can be due to multiple factors including under-reporting of incidents of abuse in lower income countries due to cultural reasons [2]. Abuse in older people breaks down into five categories including physical abuse, emotional or psychological abuse, sexual abuse, financial exploitation, and neglect; however, victims often suffer from multiple forms of abuse simultaneously [5, 9, 10]. Risk factors of abuse can be divided into two different groups: factors related to the victims (need of support, need of care, dementia, positive history of violence, aggressive behavior, addiction disease, other psychiatric disease, socialization, poverty) or related to the perpetrators (overload, cohabiting with the victim, dependence on the victim, addiction, other psychiatric disease) [11].

Older adults with dementia or other cognitive impairments are at five times the rate of abuse seen in those without such impairment [6, 9]. These victims are often unable to report the abuse. This hesitancy may be secondary to physical or cognitive inability and psychosocial factors [12]. Other groups found to have disproportionately high levels of abuse include women, people older than 80, minority populations, residents of long-term care facilities, and people with multiple comorbidities [12]. Older people's abuse can be sustained by a variety of perpetrators; however, they are more likely to be a relative of the older adult [13]. The most common perpetrators are adult children or spouses, and they are more likely to be male, have a history of past or present substance abuse, have mental or physical health issues, be socially isolated or be under a lot of stress [14].

According to the study by Mary et al. 46.2% of victims had experienced abuse at the hands of the offender who shared a house or flat with them, often their adult children (48%) or a spouse (14%) [15]. In another study by Friedman, 85% of perpetrators were family members or intimate partners [16]. There is also insufficient training among healthcare professionals on how to identify and manage victims of abuse appropriately [8, 9]. Furthermore, healthcare providers such as nursing staff, may not have adequate training on how to manage aggressive patients, such as residents with dementia. This situation can lead to environments and responses toward residents that perpetuate abuse [17]. Abuse of older people can take several forms, such as (1) physical abuse, (2) sexual abuse, (3) emotional abuse, (4) financial abuse, and (5) neglect.

Physical abuse

The Centers for Disease Control and Prevention (CDC) defines physical abuse as the infliction of harm, the use of force or threats of force, or the inappropriate use of constraint on a person aged 60 or older by a carer or other trusted individual [18]. The most common acts of abuse are hitting, slapping, or striking the victim with an object [14]. Physical restraints like binding or chemical restraints can also be considered a form of physical abuse [16]. According to a study by Rosay et al. more than 1 in 10 adults who are 70 years of age or older (14.0%) have experienced some form of abuse in the past year, with experiencing physical abuse [19].

Sexual abuse

Sexual abuse in older people refers to coercion into sexual acts against their consent or if they lack the mental capacity to provide their informed permission. Rape, forced nudity, explicit photographs, inappropriately exposing oneself to the victim, and unwanted contact are all forms of sexual abuse [18]. According to multiple studies, sexual abuse is among the least reported types of abuse. According to one systematic review and meta-analysis by Yon et al sexual abuse was reported at 2.2% with a 95% Confidence Interval (CI): 1.6%, 3.0% [3, 20].

Psychological abuse

Psychological or emotional abuse encompasses verbal threats of harm, harassment, intimidation, yelling, isolating someone, or treating an older person like a child. This abuse may lead to older people being depressed, anxious, and fearful [21]. In a systematic review and meta-analysis by Yon et al., psychological abuse was rated highest with a pooled prevalence of 6·8% (5·0–9·2) [3].

Financial abuse

Financial abuse involves the perpetrator controlling the older adult's finances. Financial abuse can take the form of altering a will, robbing bank accounts or savings, and engaging in monetary transactions that are not in the victim's best interests [1]. The study by Yon et al. estimated the prevalence of financial abuse to be 4.2% (2·1–8·1) [3].

Elder neglect

Elder neglect refers to instances in which a carer falls short of their obligations; examples include failing to accompany an older person to doctor's visits and failing to help them with daily tasks that they are unable to complete on their own, such as maintaining personal cleanliness, feeding, failure to provide medication or medical assistance [8]. Malnutrition, dehydration, poor personal hygiene, unkempt attire, long toenails or fingernails, and dirty clothing are common signs of neglect [5]. The study by Yon et al. estimated the prevalence of neglect, 2·6% (1·6–4·4) [3].

Location

Nursing homes exhibit significant rates of abuse, with one study of people above 65 years of age as residents revealing that 44% of respondents had experienced mistreatment [22]. In a survey by Hawes et al., it was discovered that 40% of the workers in their sample admitted to committing at least one episode of psychological abuse over a year [23]. However, the

abuse is not just limited between the staff and older adults. Overall, it appeared that the likelihood of experiencing physical abuse or neglect was affected by the degree to which the individual relied on the carer. Victims of physical abuse were more likely to be physically dependent on others for assistance with daily activities like feeding or hygiene [16].

Clinical Evaluation

Diagnosing abuse in older people is not typically all black and white but has a lot of grey areas for which the physicians are not well-trained. For older people with a history of multiple fractures over some time, one might consider them as a victim of physical abuse; however, one might also argue osteoporosis, which is common in the older population, is a probable cause. Likewise, a poor credit score or empty bank accounts can be attributed to financial abuse or an age-related cognitive impairment. No specific indicators point toward abuse, but some common findings are given in Table 2 [24].

Table 2: Common signs and symptoms of abuse

Unexplained injuries (fractures, bruises, burns)
Frequent hospital visits
Delay in seeking medical care
Depressed mood
Social isolation
Signs of neglect (unkempt, untidy, filthy clothes, poor dentition)
Fearful appearance, poor eye contact

Laboratory findings suggesting dehydration (serum blood urea nitrogen: creatinine ratio, serum osmolality), malnutrition (albumin, prealbumin, and transferrin levels), inadequate serum levels of medications and imaging showing a mechanism of fractures inconsistent with the provided history, and multiple injuries in different stages of healing also help in consolidating the diagnosis (Table 3) [25, 26].

Table 3: Laboratory markers indicative of malnutrition

Laboratory markers	Normal serum levels
Serum osmolality	275 to 295 mOsm/kg
Blood urea nitrogen: Creatinine ratio	Between 10:1 and 20:1
Albumin	3.5-5 g/dl
Prealbumin	15-35 mg/dl
Transferrin	215-380 mg/dl

Physicians must keep an open mind and take a thorough history as a simple “Do you feel safe at home” might not be as helpful as it is in cases of intimate partner violence [19]. Sometimes it is necessary to question the patient alone as they might not feel comfortable in the presence of the caretaker due to fear or guilt [8]. A few questions a caregiver can ask are given in Table 4 [9].

Table 4: Questions for assessing abuse

Do you get adequate meals?
Do you receive your medications on time?
Has anyone ever threatened to/hit you?
Has anyone ever touched you inappropriately or without consent?
Has anyone ever forced you to give money or made you sign unknown documents?

There are just a few abuse assessment tools available, and the best tool for a particular situation will depend on the setting, the population being screened, and the resources available.

The Elder Abuse Suspicion Index (EASI) is a 6-question long, YES/NO quick tool administered face-to-face by the physician to cognitively intact (MMSE score >24) individuals of age more than 65 where a positive answer to more than one question should raise suspicion for abuse [27]. The Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST), Vulnerability to Abuse Screening Scale (VASS), Elder Assessment Instrument (EAI), and Caregiver Abuse Screen for the Elderly (CASE) are a few other assessment tools available to the caregiver [28]. It is important to note that elder abuse assessment tools are not perfect and should not be used for screening purposes but should be administered to identify abuse if there is a high suspicion (Table 5).

Table 5: Assessment tools for elder abuse

Name	Administered by	Type	Sensitivity (%)	Specificity (%)	Limitations
Elder Abuse Suspicion Index (EASI) [28]	Caregiver	Questionnaire (6 items)	47	75	Only for cognitively intact
Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) [29]	Caregiver	Questionnaire (15 items)	82.8	84.5	Poor reliability
Vulnerability to Abuse Screening Scale (VASS) [30]	Self-administered	Questionnaire (12 items)	42.70[29]	91.88[29]	Limited to older women
Elder Assessment Instrument (EAI) [33]	caregiver	Questionnaire (41 items)	High	Low	Lack of scoring system and low specificity

Brief Abuse Screen for the Elderly (BASE) [34]	Caregiver	Telephone interview followed by a home visit	N/A	N/A	-

Prevention

The prevention of elder abuse requires a multifaceted approach involving physicians, nurses, lawmakers, and society. Providing services like money management programs to help older people to pay bills and manage finances, spreading awareness about available abuse helplines, and free shelter homes for homeless adults can reduce the overall load. It is essential that physicians are well-trained to look for the signs of elder abuse and although an extensive screening protocol does not exist, a thorough screening of elder abuse can be performed using the available assessment during the annual Medicare visit [7]. Moreover, most of states require providers to report any suspected abuse to Adult Protective Services (APS) [1].

Nurses are also sometimes the first contact of care and education programs for nurses using lectures, simulations, and case scenarios about elder abuse have been shown to reduce or even prevent cases of elder abuse [35]. Assessment and screening of elder abuse should be done by well-trained caregivers using a non-judgmental tone, as it can aggravate any ongoing abuse. However, the United States Preventive Service Task Force (USPSTF) found no evidence of the benefits of screening abuse in vulnerable populations; hence, no formal guidelines are available [36].

Compared to policies and guidelines available on child abuse and intimate partner abuse, elder abuse is still an uncertain area. Hence, the focus should be on this crucial topic for betterment of the older individuals.

Future area of research.

Only a few tools are available for assessing elder abuse. In context, the population being assessed and the resources available will influence the best tool. In order to address elder abuse, well-trained caregivers should continue to examine and detect the problem, better training is needed to identify these issues, and additional tools need to be created to solve this issue.

CONCLUSION

Elder abuse is a widespread problem that impacts individuals worldwide, and its scope is alarmingly wide-ranging. Understanding the many forms of elder abuse is crucial. It is vital to be aware of the high rates of abuse in nursing homes, which can happen not just between staff and older clients but also among residents when considering long-term care options. Elder abuse frequently entails complex and ambiguous conditions that, even with the help of laboratory data, doctors may not be adequately trained to handle, making it difficult to recognize.

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