

A Neglected Kind of Abuse: Elder Abuse; Violence towards Elderly

Sultan Okumusoglu¹

¹(Assistant Professor, Psychology Department, European University of Lefke, North Cyprus,
Corresponding Author: Sultan Okumusoglu

ABSTRACT : Abuse and violence towards elderly can be thought as a neglected kind of abuse. Generally, while handling violence problem in general or while handling problems of old age, topics like abuse and neglect of elderly have been neglected. In other words violence towards elderly mostly has been disregarded. In terms of elder abuse and violence towards elder people it is noteworthy to comprehend the fact that despite the increasing prevalence of cases awareness about what is violence and what is not is unclear both for the victim and for the perpetrator. Therefore, in this study it was aimed to perform an unsystematic review about elder abuse in literature with the hope that it will increase the awareness about the specific and different characteristics of this particular kind of violence. It was also hoped that rising awareness about risk factors and possible ways of protection will be beneficial regarding development of personal and societal plans for prevention or elimination of violence and abuse towards elderly.

Keywords: Elder abuse, ageism, neglect, violence towards elderly, prevention of elder abuse

Date of Submission: 15-07-2017

Date of acceptance: 08-08-2017

I. INTRODUCTION

Elder Abuse, violence towards elderly can be thought as a neglected kind of abuse. Therefore, in this study it was aimed to perform an unsystematic review about elder abuse in literature.

All around the world the people with the age ≥ 60 in other words elderly population have been informed as 650 million (Cooper, Selwood, & Livingston, 2008). In 2015 elderly population in Turkey have been informed as 6 million 495 thousand and 239 which means %8.2 ratio (TUIK, 2016). The rates of elder abuse and/or neglect have been determined as ranging from % 3.2 to %35 (Cooper, Selwood, & Livingston, 2008).

Ageism, which can be explained as discrimination towards elderly which based on age related prejudicial attitudes, stereotypical beliefs about elderly, is a widespread but sneaky problem. Prejudice and discrimination towards elderly creates challenging daily life conditions and stressful social environment around these people. Despite of the difficulties and misery created by ageism there is not enough awareness about this discriminative prejudice as much as the existing awareness regarding prejudices like racism and sexism. Unfortunately, ageism is almost a “normalized” kind of prejudice. Therefore, generally it has not been objected. Media is heartlessly picturing elder people as fragile, dependent, insufficient, caricaturized and even “unnecessary” individuals who creates burden for the people around. Combination of the discriminative attitudes and behaviors with the mentioned media effects are increasing the negative effects experienced by elderly. For example, it starts to be normal to disregard and deprive of the elderly from job opportunities, some social services and even from joys of life. All these ended up by isolation and depression. Negative effects of noticing that prejudices and becoming aware of the picture drawn by these prejudicial beliefs have been shown with studies. For example it has been shown that being targeted by these negative attitudes may even reduce life time up to 7.5 years (Levy, Slade, Kunkel, & Kasl, 2002). Therefore, it can be said that violence towards elder people starts with prejudices towards elderly.

II. DIFFICULT TO EXPRESS IN WORDS AND EASY TO HIDE

The violence targeting elderly is difficult to express in words while it is easy to hide. Perhaps mostly because of this reason generally while handling violence problem in general or while handling problems of old age, topics like abuse and neglect of elderly, violence towards elderly mostly have been disregarded. In the world's literature in 1975 ‘Granny battering’ concept has been used and it can be accepted as the first time that elder abuse is mentioned (McAlpine, 2008). At the beginning since there was no awareness about the specific and different characteristics of this particular kind of violence, violence towards elderly have been grouped

together with other kinds of violence. For example, previously violence towards elderly has been grouped as “domestic violence”.

Before the “Granny battering” concept has been used it was not known that neglect and abuse of elderly should be handled and understood as a different kind of violence and abuse. Still there is not enough awareness about the fact that abuse towards elderly has distinctive risk factors which are specific to this kind of violence which should be recognized and prevented (EuroPEAN Project, 2011).

Despite the many years passed till 1975 to today, it cannot be told that the extent of the elderly abuse problem is properly comprehended and described. However, it can be told that the topic is having an increasing attention in terms of research and related politics.

For example, international, joint studies have been conducted to be able to reach a better understanding level about elderly abuse problem with the hope for handling better methods to cope with this serious problem. Despite the joint efforts of academicians, field professionals and decision makers it is not possible to say that these mentioned efforts are sufficient (EuroPEAN Project, 2011).

According to World Health Organization (WHO, 2016) the informed rates regarding elderly abuse and violence have not been reflecting the correct information. World Health Organization (WHO, 2016) have been emphasized that most of the cases are still stayed out of record. At least %80 of the cases could not be informed and recorded because of lots of different reasons. When this reality is considered it became clearer that the known ratios are just the tip of the iceberg (WHO, 2016).

Elderly abuse and neglect have been ignored or their importance stayed uncomprehend despite the increasing prevalence of cases. Sometimes the abused elderly even the abuser himself/herself who conduct the violence does not aware of or comprehend which behaviors are violent and abusive. In other words, what is violence and what is not is vague both for victim and for perpetrator (Kıssal & Beşer, 2011).

III. DEFINITION OF ELDER ABUSE

According to World Health Organization elder abuse could be explained as “inappropriate behavior which leads to harm, distress and discomfort in any relationship with the expectation of trust” or as “lack of appropriate behavior (WHO, 2016). This is a definition which emphasizes the existence of same degree of violence in abuse in other words direct violence and in neglect both.

Violence towards elderly has been separated into two regarding the place of the incident as “domestic violence” and “institutional violence”. On the other hand, according to World Health Organization violence towards elderly has variations which can be described as physical violence, psychological violence, emotional violence, financial violence and sexual violence (WHO, 2016).

Physical abuse of elderly has been explained as exertion of physical power in ways which may lead to pain, injury, or disability (Kıssal, & Beşer, 2011). Throwing objects to the elderly, shaking, pushing, hitting, beating all are types of physical violence which may end up with physical injuries (NCEA, 2011).

Emotional or psychological abuse is creating unhappiness, sorrow, sadness or psychological distress as a result of verbal or nonverbal actions and behaviors (Kıssal, & Beşer, 2011; NCEA, 2011). Any kind of verbal attacks, calling with nicknames, insulting and humiliating, non-stop critics, threatening, frightening and similar negative actions all can be explained as emotional or psychological violence and abuse. Similarly turning a blind eye to elderly, ignoring, and depriving of emotional and social stimulus is psychological violence. Depriving of the elderly from the pleasurable social activities, isolating the elderly from other people, from relatives is psychological abuse in other words it is psychological violence (Kıssal, & Beşer, 2011; NCEA, 2011).

Any kind of unconsented sexual contact is sexual abuse of elderly. Rape is not a necessary condition to be able to talk about sexual abuse and violence. Including rape any kind of forced contact or just nudity, and unconsented sexual photographing of elder’s bare body parts have been accepted as sexual abuse and sexual violence (Kıssal, & Beşer, 2011; NCEA, 2011).

Economic abuse of elderly means financial or material exploitation of elderly. Economic violence occurs when illegally and inappropriately someone is taking advantage of elder person’s money or properties for their own sake. When someone is cashing elder person’s paychecks or using elder’s credit cards without consent it is economical abuse. When someone trick or force elder person to sign something as a contract or a will it is economical abuse. This kind of abuse can be conducted not just by family members but by solicitors, agents or neighbors (Kıssal, & Beşer, 2011; NCEA, 2011).

Also there are some other areas of life in which elder people are experiencing neglect and abuse. Studies which points out the spread of elder abuse into very different areas of life are started to increase. For example health professional’s discriminative behaviors towards elderly in favor of younger patients are leading to neglect and abuse regarding elder patients. Handling health problems of elder individuals with “the patient is already too old” believe and explaining symptoms of elder patients as just “being old” leads to an increase in terms of insufficient treatment and/or malpractice (Baltaş, 2000). Besides increasing rates of maltreatment or

insufficient treatment it is clear that any kind of discriminative and prejudicial attitudes are at least psychological violence towards elder people.

IV. DIFFERENTIATION BETWEEN ABUSE AND NEGLECT

While abuse means doing things that should not be conducted, neglect means disregarding things that should be done. A tiny nuance exists between the abuse and the neglect. Therefore, time to time abuse and neglect can mix with each other and sometimes can transform to each other.

When caregivers fail to satisfy the needs of elder person it's conceptualized as neglect (Keskinoglu et al., 2004). Neglect can also be defined as a condition which happen when people who have responsibilities and duties regarding elderly are partially or completely ignoring to fulfill their duties (NCEA, 2011).

Neglect is related with the basic needs of elder person which he or she cannot be able to satisfy by himself or herself. Very basic needs of elder person like eating, drinking, dressing, self-care and heating and lightening of the residence which are necessary to be able to live in dignity as a human being. Neglect also includes leaving needy elder person alone for very long periods of time. Neglect includes ignoring the elder person's needs regarding medical visits, and medical tools and gears like hearing devices, walker, walking stick, glasses etc. (NCEA, 2011).

V. RISK GROUPS

Elder abuse or neglect is possible for each and every elder person. However, for some of them the probability of abuse and neglect is increasing. Therefore, these groups can be named as risk groups. Knowledge about these risk groups has vital importance regarding prevention of the abuse, neglect and violence.

Especially elder people with health problems, the eldest group ($\geq 70-75$), women, divorced, separated, widow elder people, and elder people who lives alone are accepted under greater risk regarding abuse and neglect than the other elders. Elder people who depend on others to satisfy basic needs (for example elders who cannot go to doctor or to shopping alone) are prone to abuse and neglect more than the others. Elder people who are isolated, who has little social support and knowledge are also under greater risk regarding abuse and neglect. Cultural and environmental conditions, and perpetrator's characteristics like low education level, substance abuse, unconsented care-giver position without any additional support have also been informed among the risk factors (Buchwald et al., 2000; EuroPEAN Project, 2011; Lachs et al., 1997).

VI. CLUES REGARDING ABUSE/NEGLECT/ VIOLENCE AND PREVENTION EFFORTS

The violence targeting elderly is difficult to express in words while it is easy to hide. When abuser is one of the family members violence experience cannot be expressed in words easily. However, there is possibility to discover and prevent the existing abuse or violence towards elderly. Generally, abuse can be detected by other people who are close to the family, who has opportunity to come and go and observe, and who knows previous living conditions of the elder person. If care-giver is keeping elder person in isolation this would be another clue to be suspicious.

It is possible to point out some other clues of abusive behaviors and violence and neglect as injuries which cannot be explained logically, frequent visits to emergency rooms with unexplainable similar injuries, skipped doctor appointments, appearance of the patient, suspicious physical findings (Hirsch & Loewy, 2001; Kahan & Paris, 2003).

General appearance of the abused elder person can provide some clues to detect. Behaviors which reflects anxiety, uneasiness, and shyness, weak eye contact, frequent checking towards care-giver while speaking and answering questions, bad personal hygiene, inappropriate or insufficient dressing are important clues regarding appearance and behaviors of elder person. Beside insufficiently feed, cachectic body appearance might be another important clue. Despite the obviousness of the existing need, lack of medical tool and gears like glasses or dental false teeth which improves life quality of the elder person are some other important clues regarding neglect of the elder person. Existence of bruises, scratches, and scars, existence of marks which implies being tied up, and dehydration symptoms all should be assessed as clues of abusive behaviors and violence and neglect (Hirsch & Loewy, 2001; Kahan & Paris, 2003). In Turkey in the context of family law with item number 4320/1 which is about protection of the family domestic violence has been explained as a crime. This item declares "elder, child and women no matter who it is maltreatment and violence towards them is a crime and this crime has penal sanctions" (Resmi Gazete, 1998). It is a well-known fact that women, children and elder people who are under the risk are not under protection against violence even in their own family environments (Wolf, 2000). Despite of the certain developments it cannot be told that total prevention of any kind of violence, abuse or neglect is possible just by the power of the law. This reality is valid for any kind of domestic violence and violence towards elder people. More awareness, knowledge and sensitivity are required for better prevention. The first and most important step to prevent neglect and abuse is recognition of the abusive actions. Recognition of the violent behaviors both by victim and by the perpetrator is the very first step

of prevention. Besides, family and the society should be able to recognize the abusive and violent actions. In this way, the possibility in terms of recognition and prevention of the violence towards elderly could be possible and higher. When recognition increase, preventive attempts could be more beneficial.

Other additional important steps are society based support and education plans for families regarding increasing care giving responsibilities which may deplete their psychological and economical resources. Through re-educating, supporting and encouraging families and caregivers and by increasing help chances elder people's life quality and independence could be increased.

VII. CONCLUSION

Violence towards elderly can be thought as a neglected kind of abuse. Hence, in this study it was aimed to perform an unsystematic review about elder abuse in literature. In terms of elder abuse and violence towards elder people, it is noteworthy to comprehend the fact that despite the increasing prevalence of cases, still what is and what is not violence is unclear both for victim and for perpetrator.

It can be said that even today there is not enough awareness about the fact that the abuse towards elderly has distinctive risk factors which are specific to this kind of violence that should be recognized and prevented (EuroPEAN Project, 2011).

Abuse or neglect is possible for each and every elder person but some elder people are under more risk. For example especially elder people who are neglected or abused are generally the elders who have health problems and disabilities which lead to special needs. Increased dependence as a result of health issues is one of the most important risk factors increasing the probability of being subjected to abuse or neglect. Perhaps intuition of that future could be the underlying reason of the wish of old people who prays to God to be able to die before losing their ability to take care to themselves, before losing independence (Baltaş, 2000).

Another problem regarding elder abuse is the difficulty of predicting trueness of violence when the elder person has emotional and mental incapability. For example sometimes some health problems like dementia leads to delusions of persecution and hence leads to invalid violence stories. On the other hand sometimes physically incapable but mentally intact elder person find it difficult to express the violence in words and prefers to hide it with the irrational belief as "it is a private family matter which should be kept inside the family".

Psychological wounds of violence are deeper and irreversible than the physical wounds. Being subjected to any kind of violence is deteriorating life quality and dignity of elder people. Professionals who have influence by touching people's life should improve themselves to gain insight about discriminative attitudes towards elder people and should help to recognition of abuse and neglect as unforgivable violence. Policy makers should plan society level studies to improve indiscriminative attitudes towards elderly and to help prospective victims and perpetrators besides professionals to be able to differentiate clearly what is and isn't violence, neglect and abuse.

Everybody who complains about the rising prevalence of violence rates are responsible regarding creation of a social structure which does not legitimates violence under any circumstances or towards any group of people. As a conclusion it can be said that there is long way to go, a lot to do about prevention of violence towards elderly which has very distinctive risk factors that are specific to this kind of violence that should be recognized and prevented (EuroPEAN Project, 2011). Since it might increase the success of prospective prevention plans, future studies should be conducted in various cultures and in various populations to gather information about what people know regarding this specific kind of violence and about related risk groups, and prospective prevention ideas. It was also hoped that studies which emphasizes the importance of the topic as the present study by rising awareness about the topic, risk factors and possible ways of protection will be beneficial regarding development of personal and societal plans for prevention or elimination of violence, neglect and abuse towards elderly.

REFERENCES

- [1] Baltaş, Z. (2000). Sağlık Psikolojisi. Ankara: Remzi Kitabevi.
- [2] Buchwald, D., Tomita, S., Hartman, S., Furman, R., Dudden, M., Manson, S.M.(2000). Physical abuse of urban Native Americans. *Journal of General Internal Medicine*, 15, 562–564.
- [3] Cooper, C., Selwood, A., Livingston, G.(2008). The prevalence of elder abuse and neglect. *Age and Ageing*, 37(2), 151-160.
- [4] EuroPEAN Project. (2011). The European Reference Framework Online for the Prevention of Elder Abuse and Neglect- Background, Good Practices and Recommendations-Retrieved 02.12.2016, from <http://www.preventelderabuse.eu/doc /1977.pdf>
- [5] Hirsch, C.H. & Loewy, R. (2001). The management of elder mistreatment: The physician's role. *Wien Klin Wochenschr.* 113 (10), 384-392.
- [6] Kahan, F.S. & Paris, B.E. (2003). Why elder abuse continues to elude the health care system. *The Mount Sinai Journal of Medicine.* 70(1): 62-68

- [7] Keskinoglu, P., Giray, H., Pıçakçefe, M., Bilgiç, N., & Uçku, R. (2004). Yaşlıda fiziksel, finansal örsellenme ve ihmal edilme. *Türk Geriatri Dergisi*, 7(2), 57–61.
- [8] Kıssal, A., & Beşer, A. (2011). Elder abuse and neglect in a population offering care by a primary health care center in Izmir, Turkey. *Social Work in Health Care*, 50(2), 158-175.
- [9] Lachs, M.S., William, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37, 469–474.
- [10] Levy, B.R., Slade, M.D., Kunkel, S.R., & Kasl, S.V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, 83(2), 261-270
- [11] McAlpine, C.H. (2008). Elder abuse and neglect. *Age and Ageing*, 37, 132–133.
- [12] NCEA. (2011). National Center on Elder Abuse-Major types of elder abuse. Retrieved 02.12. 2016, from http://www.ncea.aoa.gov/ncearoot/Main_Site/FAQ/Basics/Types_Of_Abuse.aspx
- [13] Resmi Gazete (16.01.1998). Ailenin Korunmasına Dair 4320 Sayı Kanun. Md: 1. Kabul tarihi 14.01.1998. Retrieved 03.12.2016. <http://kadininstatusu.aile.gov.tr/data/542a8e0b369dc31550b3ac30/4320%20yonetmelik.pdf>
- [14] TUIK (2016). Adrese dayalı kayıt sistemi sonuçları-Dönemi: 2015, Retrieved 02.12.2016, from <http://www.tuik.gov.tr/Prehaberbultenleri.do?id=21520>
- [15] Wolf, R.S. (2000). The Nature and Scope of elder abuse. *Generations*, 24(2), 7-13.
- [16] World Health Organization. (2016). A Global Response to elder abuse and neglect: Building primary health care capacity to deal with the problem worldwide: Main report. Retrieved 29.11.2016, from http://www.who.int/ageing/publications/ELDER_Doc August 08.pdf

Sultan Okumusoglu. "A Neglected Kind of Abuse: Elder Abuse; Violence towards Elderly."
IOSR Journal Of Humanities And Social Science (IOSR-JHSS) 22.8 (2017): 16-20.