

# **HEALTHY AGEING IN A CHANGING WORLD**

**A  
Practical and Clinical Guide  
for  
Awakened Ageing**



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**Part I**  
Inception of the idea, conceptualization, collection of articles by  
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**Part II**  
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## Elder Abuse - facts, Reality and Hope

Anand P. Ambali

**Definition:** The WHO-CIG adopted the definition developed by Action on Elder Abuse in 1995: "Elder abuse is 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."

### Introduction

Elderly in India are Happiest in world. The cultural background is strong in providing care for the older people in family. The adage "*Matrudevobhava, Pitrudevobhava*" has strong positive effect on the family values wherein we see god in our parents, hence we respect and care for them.

It is observed that not all the older people are abused. Many older people though are abused, take it lightly/friendly. Very few take it seriously and for few its inevitable. They have to live with it.

### History

Abuse against elders was first identified in 1975 by British Gerontologists. At that time, it was labelled as "granny battering".



### Why we should know Elder Abuse?

Elder abuse is medico-social issue. It has negative impact of Quality of Life and leads to exacerbations of existing diseases and delay in recovery from illness

It even leads to attempted suicide/suicide. An elderly who undergoes abuse, his life span is reduced by 2 years. It is human right violation and unfortunately the abuser is our close relative.

This topic is not a part of the MBBS syllabus and needs to be highlighted to create awareness.

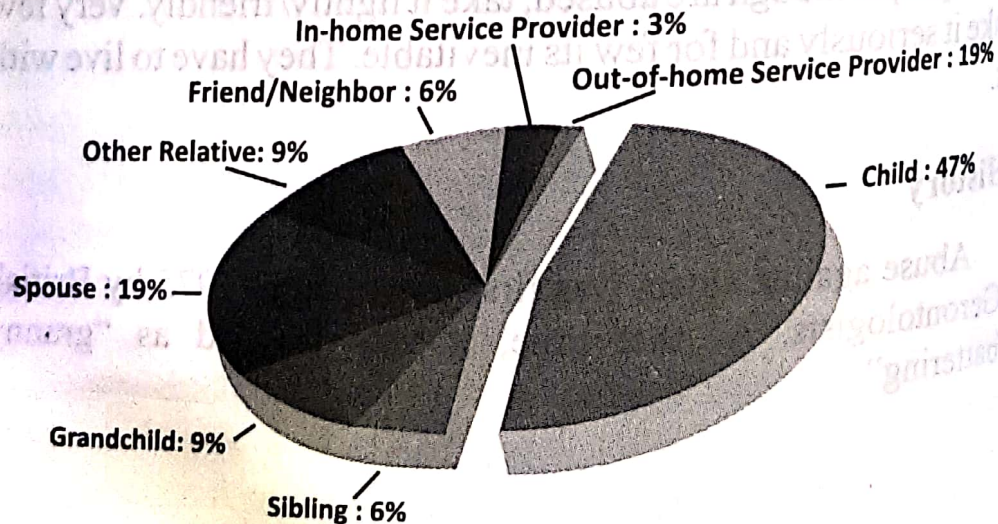
### Why the older people do not report abuse?

The victim avoids informing the clinician or family friends as they fear retaliation from their relative, which may lead to worsening of existing situation in home and may even lead to abandonment or Institutionalization of the elderly.

### Who abuses most?

It is abundantly clear that the son abuses the parents most apart from other family members all over the world. (Fig-1)

VICTIMS RELATIONSHIP TO ABUSERS OF DOMESTIC ELDER ABUSE



### Who are the older people at risk?

Not all the older people are at risk of abuse. The older people having following conditions are at high risk of being abused.

1. Mental illness either in abuser and older people
2. Alcohol Abuse in either abuser or older people
3. Lack of social support for the older people
4. Bed ridden
5. High expectation –Financial/ Emotional
6. Being widow/widower
7. Has nothing to support family

*"Not all senior citizens are saints, nor all youngsters are sinners"*

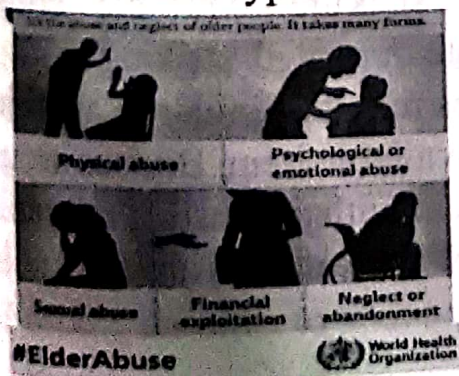
### Features of Abuser

The abuser is a family member and may have following issues

Often under 30 or over 60 years (M/F), Living with abused elder who is psychologically stressed or depressed, who has a history of substance abuse who may have financial problems and is dependent on the older people property or finance.

### Types of Elder abuse

There are five types of elder abuse. (Fig. 2)





### How to Identify Elder Abuse by Clinician (WHO)

- a) Delays between injuries or illness and seeking medical attention
- b) Implausible or vague explanations for injuries or ill-health, from either patient or caregiver
- c) Differing case histories from patient and caregiver
- d) Frequent visits to emergency departments
- e) Functionally-impaired older patients who arrive without their main caregiver
- f) laboratory findings that are inconsistent with the history provided

#### 1) Physical Abuse signs

- a) Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two side of the body.
- b) Broken bones, sprains, or dislocations
- c) Broken eyeglasses or frames
- d) Signs of being restrained, such as rope marks on wrists
- e) Caregiver's refusal to allow you to see the elder alone
- f) Pattern of Bruising - Bilateral pattern of bruising on upper arms indicates holding and shaking. Multiple bruises clustered on the trunk indicate repeated striking with an object. The shape of the bruises may be similar to an object such as a belt or other readily available item. Bruises around the wrists or ankles are consistent with past use of restraints. Bruising of the ulnar surfaces of the forearms are commonly defensive in nature.



**3) Psychological elder abuse signs**

- a) Ignoring the elderly person
- b) Isolating an elder from friends or activities
- c) Terrorizing or menacing the elderly person

**3) Financial Abuse signs**

- a) This involves unauthorized use of an elderly person's funds or property, either by a caregiver or an outside scam artist.
- b) The misuse an elder's personal cheque, credit cards, or accounts
- c) The care giver steals the cash, or household goods and forge the elder's signature.
- d) Significant withdrawals from the elder's accounts
- e) Sudden changes in the elder's financial condition
- f) Items or cash missing from the senior's household
- g) Suspicious changes in wills, power of attorney, titles, and policies
- h) Addition of names to the senior's signature card
- i) Unpaid bills or lack of medical care, although the elder has enough money to pay for them

**4) Sexual abuse signs**

- a) Sexual elder abuse is contact with an elderly person without the elder's consent.
- b) Showing an elderly person pornographic material
- c) Forcing the person to watch sex acts
- d) Forcing the elder to undress

Elder Abuse - facts, Reality and Hope

e) Unexplained vaginal or anal bleed, torn underwear, bruised breasts.

### What is our role?

The role of the clinician is to suspect abuse, elicit history given by the older person, by allowing them to open up. The geriatrician has to take the elderly into confidence and most importantly be a good listener. The older person will cry in the clinic, allow them to open up their emotions.

Keep the issue confidential and not sharing these details with abuser or his friends is the feature.

### How to approach the abuser.

It is important to counsel the abuser too. Ask the person to give frequent visits to OPD at a specified time

- a) Ask for suicidal thoughts
- b) H/o Substance abuse
- c) Communicate with relatives at home / neighbours. If elderly has mental illness/extreme suffering, shift him to hospital.
- d) Keep mind engaged by rediscovering old hobbies like painting, listening to music, reading.
- e) Always look at both sides of a coin.
- f) Take family members in confidence
- g) Avoid instigating change in caregiver unless serious nature of abuse is noted and confirmed!
- h) If elderly has mental illness, shift him to hospital
- I) In best interest of elderly move him to a different safer setting - Hospital
- j) Have empathy and not sympathy "if we don't ask, & the



*person does not speak of it, the abuse will not be recognized", unrecognized abuse is untreated abuse.*

### **Impact of Abuse on Health**

The quality of life in victims of abuse will be all time low. Family violence directly affects QOL. The older people do not disclose about abuse on them due to which the ill effects of it remains for long time. The negative sequelae extend beyond traumatic injury and pain in them. This leads to increased risk of attempted suicide, depression and repeated hospitalization.

The parameters of Hypertension, Diabetes fail to reach normal values. This acts as a hidden Comorbid condition in them and leads to complications in existing diseases. It leads to depression, suicide & poor quality of life. Most of times abuser is also with the patient, which leads to poor communication among a doctor, patient and caregiver. This leads to delay in recovery, decreased Quality of Life and increased cost of treatment in Elderly. Significant decreased survival. Post-operative pain - Need more dose of pain killers and there is delay in discharge. They also develop new symptoms on day of discharge and have frequent visits to emergency departments. The clinical findings would be malnutrition, dehydration, pressure ulcers, contractures, over sedation, poor hygiene and inadequate treatment of medical problems. Unexplained worsening of chronic medical problems that were previously controlled.

### **What are the Protective factors against abuse in older people?**

1. Strong relation with people with varying social status
2. Coordination of resources and services
3. Regular visitors to house

4. Being physically and mentally active
5. Being independent – Physically and Financially
6. Power of attorney.
7. Will of a person kept secret

### Screening Tools to detect Abuse in Elderly

Various screening tools are available for screening. None are validated and many older people refuse to be screened. The tools are

1. Hwalek – Seng stock Elder Abuse Screening Test (HSEAT)
2. The Brief Abuse Screen for the Elderly (BASE)
3. The Care Giver Abuse Screen (CASE)
4. The Indicators of Abuse Screen (IOA)
5. The Elder Abuse Suspicion Index (EASI)

Each tool has equal advantages and Disadvantages. Many of them are time consuming. They are prepared keeping paramedics and social workers in mind.

As a geriatrician I feel, elderly person first needs to be educated regarding Abuse and second important thing is the elderly will reveal about abuse only when he has confidence in a clinician. This will take at least three to four visits to develop a bond between clinician and Elder person.

### Identification of Elder Abuse by clinician

The author has designed the tool to identify the elder abuse for clinicians

The author uses this scale and has found effective and viable tool.



Sl. No	Description – observed by clinician	Yes	No	Marks (One for Yes)
1.	The elderly seek privacy in clinic.			
2.	They visit frequently to hospital with nonspecific symptoms			
3.	Elderly person cries in clinic			
4.	Once admitted, they try to avoid getting early discharge. They keep reporting new symptoms every day to ensure to stay in hospital.			
5.	Signs of Under nutrition and poor hygiene present			
6.	The parameters like blood sugar levels, blood pressure levels not reaching base line despite many drugs			
7.	They expect prescription written for at least one month, knowing that the son will bring drugs for one week or fifteen days only.			
8.	Joint Pains/Headache or Postoperative pain does not reduce despite medications with maximum dose.			
9.	Using spectacles with broken glass/ Unrepaired hearing aid/ broken walking stick			
10.	A son approaching a clinician for a certificate stating that his father is old and cannot sign.			
11.	Ideas of Suicide / seeking medication to end life in elderly			
12.	Injuries at unusual sites following fall/ Un explained Bruises over upper limb/ Non-Healing wounds/injuries in genitalia/rope marks on wrists			
13.	Delay in seeking treatment and difference in history of presentation between patient and caregiver.			
14.	Alcohol / Drug / Tobacco dependence in elderly patient.			

Score of More than 5 strongly suggest Abuse in Elderly. Elderly need to be assessed in this scale at least in two or three settings on different days. This method also helps to assess types of abuse.

### Prevention of Abuse

Health professionals have an ethical and legal responsibility to both report and work to prevent suspected abuse.



The interdisciplinary team can make a significant impact on elder abuse, a major detriment on quality of life. 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

### What abuse means to elderly?

1. After listening to my talk on Abuse, many of elderly expressed that they came to know what abuse means and it is their right not being abused.
2. Many were of opinion that only being hit by son is known as abuse. Financial, Psychological and Neglect are often not heard and they consider it as part of the old age.
3. Elderly Women are silent sufferer of abuse and knowingly or unknowingly they continue to accept it as they are highly dependent on their son for survival.
4. Many learned seniors are aware of Welfare of Senior Citizen Act 2010. But none wish to complain to police. As saying goes "very few people will want to wash their problems in public".



**Management:** Elder abuse is morbid and mortal. It is multidisciplinary intervention, specifically tailored to the situation, involving multiple team members like physician, psychiatrist, caregivers and social support group. There need to be an amicable settlement between elder and their abuser because the abuser is most often the primary care giver. In case the settlement doesn't work, the abuser should undergo counselling and treated, if he or she has psychological disorders. In case of care giver stress and burnt out, the elderly should be shifted to respite care centre. The issues like substance abuse, financial stress in abuser should be addressed. In case all these efforts don't work, elderly can be referred to day care centre. If financial abuse is present, legal aid should be sought.

Marital counselling, if spouse is abuser.

### **Need of the hour**

1. Public education and awareness are important elements in preventing abuse and neglect.
2. No law will prevent abuse in elderly, unless the abuser understands what relation and sharing love with elders.

### **Awareness**

At international level the United Nations, World Health Organisation, International Network for Prevention of Elder Abuse and National level the Geriatric Society of India are organising various programs to create awareness regarding elder abuse for medical students, nurses and general public. Purple colour ribbon represents Elder Abuse Awareness. The purple colour ribbon is used to show solidarity and support to the elderly who are abused.



June 15 is Elder Abuse Awareness Day

## Elder-to-elder Abuse

This issue demands more attention. It is a negative behaviour between long term care residents and among spouse. It is commonly seen in our wards where the wife will be scolding her husband for various reasons like delay in providing food and medicines.

### Laws for prevention of abuse in India

1. Hindu adoption and Maintenance act 1956.
2. CPC 1973, Section 125
3. Maintenance and welfare of parents and senior citizen act 2007.

**Conclusion:** The clinicians should know that, when an elder is abused by own family members, it is hard for them to trust an outsider. It is a very sensitive issue and the clinician needs experience in handling such situations. Frequent visits, help from psychiatrist and adequate time are required to help overcome the tide. Abuse in elderly is also silent in two aspects. 1) The elderly silently accepts abuse, and 2) the abuse in elderly has silent negative impact on health and surfaces when admitted for emergencies. Some elderly takes extreme steps to end life so as to get rid of Abuse. As there are hurdles in identifying abuse by clinician, it can be taken as a comorbid condition and not the diagnosis.

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#### **Web sites for additional resources**

[www.inpea.net](http://www.inpea.net); [www.who.int/ageing](http://www.who.int/ageing); [www.WEAAD.com](http://www.WEAAD.com);  
[www.elderabusecentre.org](http://www.elderabusecentre.org)  
[www.nicoa.org](http://www.nicoa.org).