



Elder abuse: are we turning a blind eye to a crucial issue?

Eminè Meral Inelmen¹ · Giuseppe Sergi¹ · Enzo Manzato¹

Received: 21 February 2019 / Accepted: 26 February 2019 / Published online: 18 March 2019
© Società Italiana di Medicina Interna (SIMI) 2019

Physiological changes that occur with aging impair the ability to perform the activities of daily living. Following the loss of family members and friends, senior citizens often become socially marginalized. Thus, with advancing age, many are unable to live independently and need assistance. Frequently, moreover, the fact that they have limited financial, social, psychological, and legal support makes them more vulnerable to abuse by family members or paid caregivers, although they may still be competent and would like to live autonomously.

Elder abuse is becoming not only a health but also a major social and legal problem that threatens the dignity of older persons robbing them of their quality of life and limiting their freedom. But it is also a taboo subject that few people seem to want to acknowledge. In fact, there is scarcity of research on this subject despite the fact that there have been articles dedicated to “granny battering” since the 1970s [1]. The paper by Corbi et al. [2] appearing in this issue of the Journal is an important contribution to efforts to draw the attention of investigators and public health officials to this topic. As the paper clearly demonstrates, the awareness and perception of elder abuse by healthcare professionals continues to hover at a very low level, especially regarding guidelines for reporting the mistreatment of elderly persons.

A growing body of recently published literature has corroborated the importance of preventative measures [3]. Some investigators have traced the phenomenon to inadequate care that relatives may provide elderly persons and/or to the burden of caregivers who find themselves coping, often unaided and unsupported, with an onerous task. Paid caregivers, often with low educational levels and low job satisfaction, may be particularly prone to perpetrate abuse [4].

Forms of elderly abuse include: physical abuse, mental abuse, psychological abuse and emotional abuse (humiliation, infantilization) as well as verbal abuse, financial

exploitation, violation of rights, and sexual abuse. While it has been defined as a single or repeated intentional act or omission causing harm or creating a serious risk of harm or distress [5], it is important to remember that scientific literature does not provide a clear definition of what is meant by “abuse”, often using alternative terms such as: “mistreatment”, “neglect”, “abandonment” or “exploitation”. Health and social care organizations may also use different definitions and may deviate the spotlight by focusing on questions such as the age at which a person can be considered an “elderly adult” [6]. Having a shared, precise definition could however be useful identifying and communicating the risk factors that are linked to it and designing community-based services, research studies and legislative programs. This type of approach could also help to facilitate the comparison across studies on this phenomenon.

Defining elderly abuse is nevertheless a complex problem that is further complicated by how its perception can vary in different cultures and ethnic groups [7]. But beyond these considerations, it is well established that the elders who are most at risk of abuse are those who are dependent on others for care because of poor health, disability, and/or cognitive impairment.

The two types of abuse that are moreover either ignored or debated inconclusively regard sexual abuse and end of life decisions. With regard to the former, elderly citizens living in residential care settings often become “silent” victims of sexual abuse [8]. There continue to be, in fact, many sexual barriers and taboos affecting the willingness or reluctance of physicians to report older patients’ sexual assault or abuse [9]. With regard to the latter, healthcare providers, patients, patients’ families as well as physicians and nurses, are often unprepared to come to terms with many end of life decisions, and do not always know how to deal with this important ethical issue [10].

Health care professionals tend to place the responsibility for abusive situations on societal, family, and/or organizational problems and even at times on the older persons themselves [11]. It is well established that a high workload, a stressful work environment and professional burnout can

✉ Enzo Manzato
enzo.manzato@unipd.it

¹ Department of Medicine, University of Padua, Padua, Italy

all contribute to lower vigilance in recognizing signs and symptoms of elderly abuse.

The perpetrators of violence against seniors (but also against younger people) are frequently close family members, relatives, or even trusted friends and, quite commonly, their caregivers. Hospitalization provides an excellent opportunity for identifying those older adults at risk of abuse and preventing them from returning to abusive circumstances. Emergency department staff members are in particular in a position to identify elderly persons who are being abused or suffering from neglect. Besides the caregivers, they are often the ones who recognize an abused geriatric patient [12].

Symptoms of abuse can often be confused with old age-related conditions such as malnutrition, poor hygiene, dehydration, hypothermia, poor oral health, or going out in inappropriate clothing. Recognizing an abusive situation can be problematic as there no laboratory or other kind of test that can definitively identify abuse [13]. There can be, in fact, non-abused elderly subjects presenting age-related symptoms mimicking those of an abused senior, just as there may be cases of abuse despite the fact that there are no physical signs whatsoever. Victims may be reluctant and/or embarrassed to report abuse, fearing retaliation in the form of physical punishment or threats of violence. Some victims may even fear that reporting the caregiver will lead to institutionalization and they prefer to be abused in their own homes rather than be moved to another kind of residence [14].

Preventing the abuse of elderly persons is a complicated, difficult endeavor that depends on both medical and social support networks. While some suggestions including, offering family caregivers assistance, creating multidisciplinary networks, and correcting specific problems in the healthcare system have been made [7], it is unclear which intervention can effectively prevent or reduce elderly abuse in homes, institutions and community settings, and which assessment method is most appropriate [15]. Video surveillance, which can be used as evidence in a trial, in nursing homes could be one way to prevent abuse, although it is a controversial intervention that threatens the privacy of patients and health workers.

Finding and designing specific services and educational programs (geriatric care training, stress management etc.) to protect the elderly from all types of abuse and to ensure their right, when possible, to independent living and to opportune care are urgent undertakings. Investigators can contribute to this endeavor by carrying out research that uncovers the risk factors linked to elderly abuse and the most efficacious interventions to detect and prevent it.

In conclusion, as the phenomenon is both complex and multi-dimensional, a multi-professional, inter-disciplinary approach involving caregivers, nurses, general practitioners, emergency and internal medicine doctors, geriatric

specialists, psychiatrists, forensic physicians, psychologists, social workers, law officers, and professionals working for older adult protective services needs to be used to recognize and prevent elderly abuse. It is time to draw attention to an onerous, problematic issue, and that is why Corbi et al. [2] paper is so timely.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Statement of human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent Informed consent is not applicable to our paper.

References

- Burston GR (1975) Letter: Granny—battering. *Br Med J* 3:592
- Corbi G, Grattagliano I, Sabbà C et al (2019) Elder abuse: perception and knowledge of the phenomenon by healthcare workers from two Italian hospitals. *Intern Emerg Med*. <https://doi.org/10.1007/s11739-019-02038-y>
- Ayalon L, Lev S, Green O, Nevo U (2016) A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment. *Age Ageing* 45:216–227. <https://doi.org/10.1093/ageing/afv193>
- Momtaz YA, Hamid TA, Ibrahim R (2013) Theories and measures of elder abuse. *Psychogeriatrics* 13:182–188
- Cohen M, Levin SH, Gagrin R, Friedman G (2007) Elder abuse: disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse. *J Am Geriatr Soc* 55:1224–1230
- Newton JP (2010) Elder abuse—an issue not to be ignored. *Gerodontology* 27:83–84. <https://doi.org/10.1111/j.1741-2358.2010.00387.x>
- Erlingsson CL, Carlson SL, Saveman BI (2006) Perceptions of elder abuse: voices of professionals and volunteers in Sweden—an exploratory study. *Scand J Caring Sci* 20:151–159
- Corbi G, Grattagliano I, Catanesi R et al (2012) Elderly residents at risk for being victims or offenders. *J Am Med Dir Assoc* 13:657–659. <https://doi.org/10.1016/j.jamda.2012.05.012>
- Inelmen EM, Sergi G, Girardi A et al (2012) The importance of sexual health in the elderly: breaking down barriers and taboos. *Aging Clin Exp Res* 24(3 Suppl):31–34
- Pengo V, Zurlo A, Valentini E et al (2017) Advanced dementia: opinions of physicians and nurses about antibiotic therapy, artificial hydration and nutrition in patients with different life expectancies. *Geriatr Gerontol Int* 17:487–493
- Winterstein TB (2012) Nurses' experiences of the encounter with elder neglect. *J Nurs Scholarsh* 44:55–62. <https://doi.org/10.1111/j.1547-5069.2011.01438.x>
- Kleinschmidt KC (1997) Elder abuse: a review. *Ann Emerg Med* 30:463–472
- Hoover RM, Polson M (2014) Detecting elder abuse and neglect: assessment and intervention. *Am Fam Phys* 89:453–460

14. Swagerty DL Jr., Takahashi PY, Evans JM. (1999) Elder mistreatment. *Am Fam Phys* 59:2804–2808
15. Baker PR, Francis DP, Hairi NN et al (2016) Interventions for preventing abuse in the elderly. *Cochrane Database Syst Rev*. <https://doi.org/10.1002/14651858.CD010321.pub2>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.