



MWIA TRAINING MODULE ON VIOLENCE

Elder Abuse

Definition of the type of abuse¹

According to the World Health Organisation (WHO), elder abuse is defined as one or more acts of violence (including physical, sexual, psychological, emotional, and financial or material abuse) or the lack of appropriate action (including abandonment, neglect, and allowing a serious loss of dignity and respect), which causes harm and distress to an older person. Such abuses typically occur within a relationship where there is an expectation of trust.

General facts/Prevalence rates¹

- Globally, 1 in 6 people over the age of 60 have experienced abuse in the past year.
- This is likely to be a conservative estimate; only 4% of elder abuse cases are reported.
- Due to the aging population (the proportion of people over 60 will double by 2050), elder abuse is predicted to increase.
- Elder abuse can lead to both physical and psychological issues.
- Elder abuse is especially high in institutions such as nursing homes, with two thirds of staff reporting that they have committed abuse in the past year.
- There is a lack of data on elder abuse.

Prevention²

- Caregiver support and training
- Screening system by physicians
- Better training of physicians to detect the signs of abuse
- Mandatory reporting of cases
- General awareness rising

Types this form of abuse may take³

- **Physical abuse**—inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.
- **Psychological/emotional abuse**— inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.
- **Financial/material abuse**—illegally taking, misusing or concealing of funds, property, or assets belonging to a senior for someone else's benefit.
- **Sexual abuse**—non-consensual sexual contact of any kind.
- **Neglect**— the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- **Self-neglect**—the failure of a person to perform essential, self-care tasks, which threatens his/her own health or safety.
- **Abandonment**—deserting an elderly person by someone who has assumed responsibility for them.

Risk Factors²

- Cognitive impairment
- Impaired physically
- Suffering psychological distress
- Suffering economic distress
- Social isolation
- Gender (region dependent)
- Substance abuse by the caregiver
- Shared living situation
- Sociocultural factors (e.g. negative societal view on elder people, urbanization, erosion of family bonds)

Useful websites

WHO factsheet on elder abuse: <http://www.who.int/mediacentre/factsheets/fs357/en/>

Warning signs and help: <http://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm>

National Committee for the Prevention of Elder Abuse (USA): <http://www.preventelderabuse.org/>

Useful resources

HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)⁴

Purpose: Screening device useful to service providers interested in identifying people at high risk of the need for protective services.

Instructions: Read the questions and write in the answers. A response of “no” to items 1, 6, 12, and 14; a response of “someone else” to item 4; and a response of “yes” to all others is scored in the “abused” direction.

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life—like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you’re sick when you’re not?
10. Has anyone forced you to do things you didn’t want to do?
11. Has anyone taken things that belong to you without your O.K.?
12. Do you trust most of the people in your family?
13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home?
15. Has anyone close to you tried to hurt you or harm you recently?

ELDER ABUSE SUSPICION INDEX (EASI)⁵

Instruction: Q1-Q5 asked of patient; Q6 answered by the doctor

Within the last 12 months:

- Q1. Have you relied on people for either: bathing, dressing, shopping, banking, or meals?
- Q2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
- Q3. Have you been upset by someone shaming or threatening you?
- Q4. Has anyone tried to force you to sign papers or to use your money against your will?
- Q5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
- Q6. Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

References

1. WHO. (2018). *Elder Abuse*. Retrieved from: <http://www.who.int/news-room/fact-sheets/detail/elder-abuse>
2. WHO. (2014). *World Report on Violence and Health (Chapter 5. Abuse of the Elderly)*. Retrieved from: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap5.pdf?ua=1
3. Administration for Community Living. (2016). *What is Elder Abuse?* Retrieved from: <https://www.acl.gov/programs/elder-justice/what-elder-abuse>
4. Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, *10*(4), 406-415.
5. Yaffe, M. J., Wolfson, C., Lithwick, M. & Weiss, D. (2008). Development and validation of a tool used to improve physician identification of elder abuse: the Elder Abuse Suspicion Index (EASI). *Journal of Elder Abuse & Neglect*, *20*(3), 276-300. doi: 10.1080.08946560801973168