A GENDER PERSPECTIVE

FORMS OF VIOLENCE IN MALTA

NCPE

GUIDE FOR

PROFESSIONALS AND PERSONNEL WORKING WITH OLDER WOMEN AND MEN

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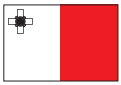

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FIGHTING ELDER ABUSE - GUIDE FOR PROFESSIONALS AND PERSONNEL WORKING WITH THE ELDERLY

"Elder Abuse is a violation of Human Rights and a significant cause of illness, injury, loss of productivity, isolation and despair"

"Confronting and reducing elder abuse requires a multisectoral and multidisciplinary approach"

Active Ageing, A Policy Framework,
WHO, 2002

1. WHAT IS ELDER ABUSE?

DEFINING ELDER ABUSE

According to WHO (WHO, 2002), there appears to be a general agreement of what constitutes elder abuse in that it constitutes either an act of commission or of omission (in which case it is usually described as ‘‘neglect’’), and that it may be either intentional or unintentional. The abuse may be of a physical nature, psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment.

However, regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person (Hudson, 1991).

The definition developed by Action on Elder Abuse in the United Kingdom (AEA, 1995) and adopted by the International Network for the Prevention of Elder Abuse states that:

“ Elder abuse is a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

2. PREVALENCE OF ELDER ABUSE

According to WHO, elder abuse is a problem present in both developing and developed countries, however it is still being underreported across the globe. Prevalence rates or estimates exist only in selected developed countries - ranging from 1% to 10%. (WHO, 2002). In the United States, in 2008 alone, 1 in 10 elders reported physical, emotional, sexual abuse or potential neglect (Acierno at al., 2010). Many cases are not reported because elders are afraid to inform the police, friends or family about the abuse. Elder victims are usually faced with a dilemma on whether to inform someone of the abuse or continue being abused by someone they depend on or care for deeply. (CDC, 2013).

A recent review of data available on the most common types of abuse, commissioned by WHO (WHO, 2015) found that the prevalence of elder abuse in high- or middle-income countries ranged from 2.2% to 14% (Pillemer et al, as cited by WHO, 2015).

According to this analysis, the most common types of abuse included:

- physical abuse (prevalence, 0.2–4.9%)
- sexual abuse (prevalence, 0.04–0.82%)
- psychological abuse, above a threshold for frequency or severity (prevalence, 0.7–6.3%)
- financial abuse (prevalence, 1.0–9.2%)
- neglect (prevalence, 0.2–5.5%).

3. THREE INDISPUTABLE FACTS ON ELDER ABUSE

Irrespective of the forms of elder abuse, there are three indisputable facts about elder abuse (California Department of Justice, 2002):

1. Other than the victim's age, elder abuse is a crime which is indiscriminate in choosing who it strikes. Factors such as the victim's gender, socio-economic status, educational background, hometown, etc do not provide an impregnable barrier against elder abuse.

2. Elder abuse victims often live in silent desperation, unwilling to seek assistance because they unfortunately believe their cries for help will go unanswered and they fear retaliation from their abusers. Also, many elder abuse victims remain silent to protect abusive family members from the legal consequences of their crimes, or are too embarrassed to admit that they have fallen victim to predators. Others fear that no one will believe them. Thus, it may take the courage of a caring family member, friend or caring professional to take action when the victim may be reluctant.

3. With a commitment towards vigilance, care and cooperation, elder abuse can be stopped and its perpetrators arrested and prosecuted. If you suspect abuse, report it.

4. FORMS AND INDICATORS OF ELDER ABUSE

FORMS OF ELDER ABUSE

The salient forms of Elder Abuse are generally divided into the following categories (WHO, 2002):

- **Physical abuse** – the infliction of pain or injury, physical coercion, or physical or drug induced restraint.
- **Psychological or emotional abuse** – the infliction of mental anguish.
- **Financial or material abuse** – the illegal or improper exploitation or use of funds or resources of the older person.
- **Sexual abuse** – non-consensual sexual contact of any kind with the older person.
- **Neglect** – the refusal or failure to fulfill a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

A detailed explanation of each of these five forms of elder abuse follow. A list of possible signs and symptoms of each on the elder victim of abuse are also comprised (NCEA, 1992).

SIGN & SYMPTOMS OF FORMS OF ELDER ABUSE

I. PHYSICAL ABUSE

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Signs and symptoms of physical abuse include but are not limited to:

- bruises, black eyes, welts, lacerations, and rope marks
- bone fractures, broken bones, and skull fractures
- open wounds, cuts, punctures, untreated injuries in various stages of healing
- sprains, dislocations, and internal injuries/bleeding
- broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- laboratory findings of medication overdose or under utilisation of prescribed drugs
- an elder's report of being hit, slapped, kicked, or mistreated
- an elder's sudden change in behaviour
- the caregiver's refusal to allow visitors to see an elder alone.

II. SEXUAL ABUSE

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

Signs and symptoms of sexual abuse include but are not limited to:

- bruises around the breasts or genital area
- unexplained venereal disease or genital infections
- unexplained vaginal or anal bleeding
- torn, stained, or bloody underclothing
- an elder's report of being sexually assaulted or raped.

III. EMOTIONAL OR PSYCHOLOGICAL ABUSE

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/ her family, friends, or regular activities; giving an older person the "silent treatment" by refusing to speak to, or acknowledging the presence of, the older person; and enforced social isolation are examples of emotional/psychological abuse.

Signs and symptoms of emotional/psychological abuse include but are not limited to:

- being emotionally upset or agitated
- being extremely withdrawn and non communicative or non responsive
- an elder's report of being verbally or emotionally mistreated.

IV. NEGLECT AND ACTS OF OMISSION

Neglect is defined as the refusal or failure to fulfil any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g. pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care.

Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

Signs and symptoms of neglect include but are not limited to:

- dehydration, malnutrition, untreated bed sores, and poor personal hygiene
- unattended or untreated health problems
- hazardous or unsafe living condition/arrangements (e.g. improper wiring, no heat, or no running water)
- unsanitary and unclean living conditions (e.g. dirt, fleas, lice on person, soiled bedding, urine smell, inadequate clothing)
- an elder's report of being mistreated.

V. ABANDONMENT

Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

Signs and symptoms of abandonment include but are not limited to:

- the desertion of an elder at a hospital, a nursing facility, or other similar institution

- the desertion of an elder at a shopping center or other public location
- an elder's own report of being abandoned.

VI. FINANCIAL OR MATERIAL EXPLOITATION

Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g. contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

Signs and symptoms of financial or material exploitation include but are not limited to:

- sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- the inclusion of additional names on an elder's bank signature card
- unauthorised withdrawal of the elder's funds using the elder's ATM card
- abrupt changes in a will or other financial documents
- unexplained disappearance of funds or valuable possessions
- substandard care being provided or bills unpaid despite the availability of adequate financial resources
- discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions
- sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
- unexplained sudden transfer of assets to a family member or someone outside the family
- the provision of services that are not necessary
- an elder's report of financial exploitation.

VII. SELF-NEGLECT

Self-neglect is characterised as the behaviour of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

The definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

Signs and symptoms of self-neglect include but are not limited to:

- dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene
- hazardous or unsafe living conditions/ arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water)
- unsanitary or unclean living quarters (e.g. animal/insect infestation, no functioning toilet, urine smell)
- inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g. eyeglasses, hearing aids, dentures)
- grossly inadequate housing or homelessness.

5. INDICATORS OF ELDER ABUSE - FOR VICTIM AND CAREGIVER

WHO produced two sets of indicators of elder abuse; a set of indicators relating to the victim of elder abuse and another set of indicators relating to the caregiver (WHO, 2002). Although these indicators are not necessarily proof of abuse, they are to serve as a prompt for further investigation into the older person's situation.

I. INDICATORS OF ABUSE RELATING TO THE ELDERLY PERSON

PHYSICAL ABUSE

- Complaints of being physically assaulted.
- Unexplained falls and Injuries.
- Burns and bruises in unusual places or of an unusual type.
- Cuts, finger marks or other evidence of physical restraint.
- Excessive repeat prescriptions or under usage of medication.
- Malnourishment or dehydration without an illness-related cause.
- Evidence of inadequate care or poor standards of hygiene.
- Person seeks medical attention from a variety of doctors or medical centres.

BEHAVIOURAL & EMOTIONAL ABUSE

- Change in eating pattern or sleep problems.
- Fear, confusion or air of resignation.
- Passivity, withdrawal or increasing depression.
- Helplessness, hopelessness or anxiety.
- Contradictory statements or other ambivalence not resulting from mental confusion.
- Reluctance to talk openly.
- Avoidance of physical, eye or verbal contact with caregiver.
- Older person is isolated by others.

SEXUAL ABUSE

- Complaints of being sexually assaulted.
- Sexual behavior that is not in line with the older person's usual relationships and personality.
- Unexplained changes in behavior, such as aggression, withdrawal or self-mutilation.
- Frequent complaints of abdominal pain, or unexplained vaginal or anal bleeding.
- Recurrent genital infections, or bruises around the breasts or genital area.
- Torn, stained or bloody underclothes.

FINANCIAL ABUSE

- Withdrawals of money that are erratic, or not typical of the older person.
- Withdrawals of money that are inconsistent with the older person's means.
- Changing a will or property title to leave house or assets to "new friends or relatives".
- Property is missing.
- Older person "can't find" jewelry or personal belongings.
- Suspicious activity on credit card account.
- Lack of amenities, when the older person could afford them.
- Untreated medical or mental health problems.
- Level of care is not commensurate with the older person's income or assets.

II. INDICATORS OF ABUSE RELATING TO THE CAREGIVER

THE CAREGIVER ....

- seems excessively concerned or unconcerned.
- blames the older person for acts such as incontinence.
- behaves aggressively.
- treats the older person like a child or in a dehumanised way.
- has a history of abusing others.
- Dependent on drugs or substance abuse
- does not want the older person to be interviewed alone.
- responds defensively when questioned; may be hostile or evasive.

6. SALIENT RISK FACTORS FOR ELDER ABUSE

According to WHO's Report on Ageing and Health (WHO, 2015), although rigorous data is limited, a review of studies carried out to date shows that:

- Victims of elder abuse are more likely to be female and to have a physical disability; be care dependent; have poor physical or mental health, or both; have a low income; and lack social support.
- The quality of close relationships and shared living arrangements also appear to affect risk.
- Family members who abuse older people are more likely to have mental health issues, (for example, personality disorders) and substance abuse disorders, than family members of older persons who do not abuse.
- Abusers are themselves often dependent on the abused person.

Exhibit I below highlights a synopsis of the **Risk factors for elder abuse and strength of evidence for the risk factor** at the level of the older person, the perpetrator, the type of relationship between them, and community or societal factors (WHO, 2015).

EXHIBIT I -

RISK FACTORS FOR ELDER ABUSE AND STRENGTH OF EVIDENCE FOR THE RISK FACTOR

LEVEL	RISK FACTORS	STRENGTH OF EVIDENCE
Individual (victim)	Gender: female	Low–moderate
	Age: older than 74 years	Low–moderate
	Dependence: significant disability	Strong
	Poor physical health	Strong
	Mental disorders: depression	Strong
	Low income or socioeconomic status	Strong
	Financial dependence	Low–moderate
	Race	Low–moderate
	Cognitive impairment	Strong
	Social isolation	Strong
Individual (perpetrator)	Mental disorders: depression	Strong
	Substance abuse: alcohol and drug misuse	Strong
	Dependence on the abused: financial, emotional, relational	Strong

LEVEL	RISK FACTORS	STRENGTH OF EVIDENCE
Relationship	Victim–perpetrator relationship	Low–moderate
	Living arrangement: victim lives alone with perpetrator	Strong
	Marital status	Low–moderate
Community	Geographical location: socially isolated	Low–moderate
Societal	Negative stereotypes about ageing	Insufficient data
	Cultural norms	Insufficient data

Source: WHO (2015), World report on ageing and health.

"Victims of elder abuse are more likely to be female and to have a physical disability; be care dependent; have poor physical or mental health, or both; have a low income; and lack social support"

World Health Organisation (2015), World report on ageing and health.

7. FIGHTING ELDER ABUSE IN MALTA

"It is time to break the taboo and start to acknowledge the prevalence of elder abuse in Malta" states Formosa (2007) in his article entitled 'Breaking the taboo: talking about elder abuse'.

In his article, Formosa argues that specific prevention measures are necessary to prevent mistreatment and neglect of vulnerable adults and their carers by taking the context and circumstances in which abuse occurs, by eliminating the causes of abuse and by providing a properly managed and monitored environment for carers and care workers.

WHO (2002) proposes a number of very specific prevention strategies, comprised in one holistic conceptual framework, namely:

I. PRIMARY PREVENTION

At the most basic level, greater importance must be attached to primary prevention. This requires building a society in which older people are allowed to live out their lives in dignity, adequately provided with the necessities of life and with genuine opportunities for self-fulfilment.

II. RAISING AWARENESS ON COMBATING ELDER ABUSE

Raising awareness is essential! This may be addressed two-fold:

EDUCATING AND TRAINING:

One important way to raise awareness, both among the public and concerned professionals, is through education and training. Those providing health care and social services at all levels, both in the community and in institutional settings, should receive basic training on the detection of elder abuse.

USING MEDIA:

The media are a second powerful tool for raising awareness of the problem and its possible solutions, among the general public as well as the authorities.

III. NETWORKING

Programmes, in which older people themselves play a leading role, for preventing abuse of the elderly in their homes include:

- recruiting and training older people to serve as visitors or companions to other older people who are isolated
- creating support groups for victims of elder abuse
- setting up community programmes to stimulate social interaction and participation among the elderly
- building social networks of older people in villages, neighbourhoods or housing units
- working with older people to create ‘‘self-help’’ programmes that enhance active ageing

IV. ASSISTING PERPETRATORS

Programmes aimed at helping abusers, particularly adult children, to resolve their own problems. Such Measures may include:

- offering services for the treatment of mental health problems and substance abuse
- making jobs and education available
- finding new ways of resolving conflict.

V. PREVENTION IN INSTITUTIONAL SETTINGS

Measures which may prove effective to prevent abuse of the elderly in institutional settings include:

- the development and implementation of comprehensive care plans
- training for staff
- policies and programmes to address work related stress among staff
- the development of policies and programmes to improve the physical and social environment of the institution.

The importance of the fight against elder abuse and taking effective preventive action against same can never be overemphasised in view of the perils tied to elder abuse at both micro and macro levels of society as Fenech (2015) argues:

" ... Elder abuse is a systematic organisational problem and occurs mainly because of overburdening, stress and a lack of awareness from the abuser. It is not the older person who is not vulnerable; rather it is the highly unstable situation that is vulnerable when difficulties are not tackled at a very early stage and formal and informal carers are not supported in their daily care giving roles and left to fend for themselves ..." (Fenech, 2015).

8. REPORTING ELDER ABUSE

Professionals and persons who work with the elderly and who suspect that abuse of an elder has occurred should report it. Abuse can continue and may often escalate if it is not checked.

When reporting abuse, these professionals and personnel who work with the elderly, should:

- be as specific as possible in giving a description of the case of elder abuse being reported.
- must also keep in mind that the victim of elder abuse has the right to refuse assistance and must not be 'forced' to report the abuse.
- keep an eye open for future incidences of abuse and report these as well, if deemed necessary.

To report elder abuse, professionals and personnel who work with the elderly should contact the following:

I. IN COMMUNITY
(elder abuse victims living in the community):

- Social Work Unit, Dipartiment għall-Anzjani u l-Kura fil-Komunità - Tel: 2278 8000/ 2278 8442
- CommCare Unit, St Luke's Hospital, Gwardamangia - Tel: 2258 9393
- Police Domestic Violence Unit helpline: 2122 4001

II. IN INSTITUTIONAL SETTINGS
(elder abuse victims hailing from residential/ nursing homes):

- Immediate Supervisor and/ or Head of Home
- Police Domestic Violence Unit helpline: 2122 4001

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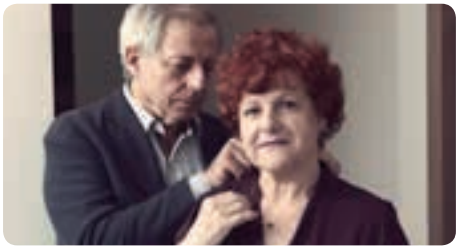



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