

## **Elder Abuse and Prevention**

It is predicted that by the year 2025, the global population of those aged 60 years and older will be more than double, from 542 million in 1995 to about 1.2 billion. The total number of older people living in developing countries will also be more than double by 2025, reaching 850 million. Throughout the world, 1 million people reach the age of 60 years every month, 80% of whom are in the developing world. Women outlive men in nearly all countries of the world, rich or poor. This gender gap is, however, considerably narrower in developing countries, mainly because of higher rates of maternal mortality, also because of the AIDS epidemic. Overall prevalence rate of abuse is 3.2%; specifically 2% had experienced physical abuse, 1.1% experienced verbal abuse, and 0.4% neglect.

The prevalence rate of elder abuse in institutional settings is not clear. However, 36% of nursing and aid staff disclosed to having witnessed at least one incident of physical abuse by other staff members in the preceding year. Obtaining prevalence rates to indicate the scope of elder abuse has been difficult. Problems stem from a lack of consensus of a definition of elder abuse. Issues such as sampling and recruiting participants complicated since elder abuse is a private and sensitive topic. When race, culture, and ethnicity are added to the equation, it becomes even more complicated. Consequently, to get a sense of the scope of elder abuse in ethnic minority communities, it is crucial to remember that the lack of research in this area does not imply that elder abuse does not exist in ethnic minority communities.

In general, the elder abuse literature has identified three basic categories of abuse and neglect: (1) domestic elder abuse; (2) institutional abuse; (3) self-neglect or self-abuse. In addition, most researchers and practitioners agree that there are three types of abuse: physical; psychological/emotional; and financial. How we conceptualize or define a social problem greatly influences our perceptions of the problem, its attributes, etiology, and the policies and interventions.

**Medical professionals** must play a role in patient education and the dissemination of information. It is important to educate the victims by providing them with information about the nature of the problem, their options, and assuring them that they are not responsible for what has happened. Distribute literature about elder abuse when appropriate, and have their staff provide a list of emergency community resources: lock replacement, counseling, hot-lines, shelters, meals-on-wheels, visiting nurse, adult daycare, home-maker services.

### **Mandatory Reporting Laws**

They provide legal definitions of elder abuse, establish administrative channels for the investigation of the intervention in elder abuse, define who is mandated to report, and designate penalties for violations. Unlike child abuse statutes that mandate professionals to report incidences of child abuse, there is less consistency regarding mandatory reporting for elder abuse. As with child abuse statutes, the healthcare providers does not have to prove that the abuse occurs before reporting; healthcare providers must report even if he/she only suspects abuse. 75% of laws in United States on elder abuse include a criminal penalty for failure to report.

Overall health and psychosocial well-being of elderly, whose vulnerability to mistreatment has thereby increased includes: the growing pauperization of significant parts of society; high unemployment; a lack of stability and social security; the outward expression of aggressiveness especially among the young. Several reasons have been suggested for the mistreatment of older people includes: a lack of respect by the younger generation; tension between traditional and new family structures; restructuring of the basic support networks for the elderly; and migration of young couples to new towns leaving elderly parents in deteriorating residential areas within town centers.

The Women's Health and Education Center (WHEC) addresses through its publications the most pressing public health concerns of populations around the world. To ensure widest possible availability of authoritative information and guidance on public health matters, WHEC encourages its translation and adaptation. Its principle objective is the attainment by all people the highest possible level of health. For healthcare providers, the importance of elder abuse relates to the increasing number of older women in the population.

Currently 60% of the population aged 65 years and older are women. Identification of abuse in this population may be difficult because few healthcare providers are fully aware of domestic violence in the elderly or the extent of the problem. Incorporating screening related to elder abuse and neglect into these encounters will increase identification of abuse. Healthcare providers should assess patients for elder abuse and respond to patients who are victims of elder abuse as they would to domestic violence in general.



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