

Review

Impact of COVID-19 pandemic and lockdown on elder abuse

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Abstract

Elder abuse is a universal pervasive problem of paramount public health importance which garners little attention. Recent World Health Organization estimates suggest that 1 in 6 elders suffer from abuse in various ways, like physical, psychological, sexual, material exploitation and neglect, by their trustworthy caregivers. Potential risk factors are social isolation, cognitive impairment, traumatic life events, dependence on abusers, poor physical and mental health and low social support. Due to the COVID-19 pandemic and the resultant social restrictive measures such as lockdown in most places throughout the world, elder abuse has possibly increased. This review discusses plausible reasons and various socio-cultural factors of elder abuse, especially from the context of a developing country, such as India and the possibility of an ever-growing menace into a 'social pandemic' in future.

Key words

Aged, Coronavirus pandemic, COVID-19, Culture, Elder Abuse, Social Isolation

Introduction

"Are elderly in a cage, under a lockdown within a lockdown?" - Anonymous

The United States National Academy of Sciences proposed a widely accepted scientific definition of elder abuse as: "(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship, or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm".¹ This definition includes two major points: that an older person has suffered injury, deprivation, or unnecessary danger, and that another person (or persons) in a relationship of trust was responsible for causing or failing to prevent the harm. It is well known fact that the elder abuse remains one of the most hidden and underreported violations, only 1 out of nearly 24 elder abuse cases are actually reported to authorities. Added to the misery, most physicians think first of physical abuse when they consider of elder mistreatment, cases of

neglect are often missed, until there are signs of physical abuse.² It has been found that the ethical dilemmas are associated while managing confidentiality when abuses are detected during data collection. Trivialization of emotional abuse, consideration of abuse as a 'personal family matter' and various socio-cultural inhibitions have resulted in the poor projection of gravity of the problem. Parallels have increasingly been drawn between elder abuse and the broader issue of family and domestic violence.

Prevalence

According to World Health Organization (WHO) estimates reported in 2017, 1 in 6 elders suffer from abuse. That means nearly 141 million people globally.³ Few surveys claims a global prevalence rate for overall elder abuse as 15.7% and 25% in India (2018).^{4,5} While it is too early to have robust, updated data for 2020, a recent Indian survey conducted during June 2020 reveals that overall, prevalence rate of elder abuse has doubled (56.1%).⁶ A recent large exploratory cross-sectional study in institutional settings in Norway, 76% staff observed one or more incidents of elder abuse during the past year; while 60.3% had perpetrated one or more incidents of abuse themselves in the same period.⁷ In the desperate conditions of isolation, lockdown and quarantine caused by the COVID-19 pandemic, it is possible that the elderly in all kind of situation at home or in care homes are more vulnerable considering increased dependency needs.

Types of elder abuse

Elder abuse was categorized into 'Macro', 'Mezzo' and 'Micro' level of elder abuses.⁸ Macro abuse refers to issues at the societal level such as lack of access to health care, poor social security, and institutional abuse. Mezzo level abuse refers to the injustice heaped on older people at the community level such as ageism, anti-social activities against older people, and marginalizing them. Micro level definitions usually deal with the conflicts and interactions between two people. It may be between an elder person and an adult family member or a caregiver in an institution.

Often, researchers, practitioners, and most legal statutes recognize the following types of abuse: (a) physical abuse, which includes acts carried out with the intention

to cause physical pain or injury; (b) psychological abuse, defined as acts carried out with the intention of causing emotional pain or injury; (c) sexual assault; (d) material exploitation, involving the misappropriation of the elder’s money or property; and (e) neglect, or the failure of a designated caregiver to meet the needs of a dependent older person.⁹ Active neglect is the refusal or failure to undertake a care-giving obligation. Usually, this is a conscious or an intentional attempt to harm the other. Passive neglect is the refusal or failure to fulfill a care taking obligation. Usually, this is not conscious or intentional.¹⁰

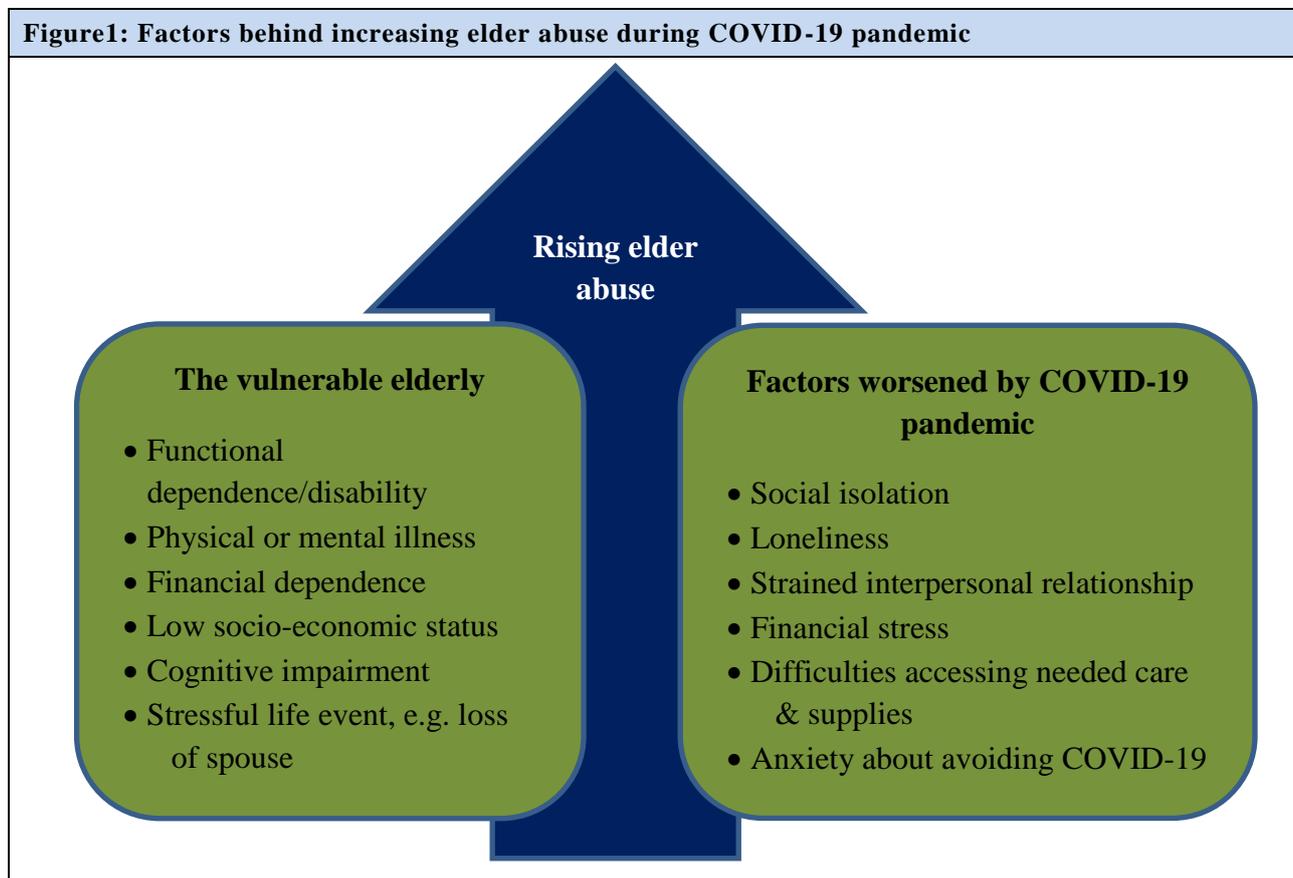
Risk factors for elder abuse

The WHO has indicated certain risk factors for abuse, such as social isolation, cognitive impairment, particularly dementia, traumatic life events in the past including interpersonal and domestic violence, and dependence on abusers. In addition an abuser's dependency on the older person (often financial) also increases the risk of abuse.³ Other risk factors postulated in the literature are older women (specially emotional and financial abuse) living with spouse or adult children, shared living environment, living with a large number of household members other than a spouse, having a lower income functional impairment, poor physical and mental health, and low social support.¹¹ Intergenerational transmission of violence, where an abused child may abuse his or her abuser parent when the parent is getting old, also poses a greater risk of abuse as examined as a risk factor in a

previous community-based participatory study.¹² Perpetrators are most likely to be adult children or spouses, more likely to be male, to have a history of past or current substance abuse, mental or physical health problems, unemployed, socially isolated, financial problems, experiencing major stress and have increased likelihood of legal problems.¹³ Some studies from the United States, Canada, and Europe indicate that being married is associated with aggregated (incorporating all kinds of mistreatment) elder abuse, especially emotional and physical abuse.^{14,15} However, other studies from the United States, Europe, Mexico, and China have found that being single, separated/divorced, or widowed is associated with higher odds of aggregated elder abuse.¹⁶

Vulnerable elderly in a developing country: Indian scenario

Senior citizens make up about 9% of India’s population and about half of them, around 53 million, are very poor, and two-thirds live in villages.^{17,18} Half of the Indian elderly are dependents upon their families for their financial and medical needs, often due to widowhood, divorce or separation, and 70% are women.¹⁹ Most (93%) of the elderly in India belong to the unorganised sector and do not have any post-retirement benefits, formal social security mechanism or health benefits.²⁰ Studies have shown a gradual decline in the standard of life of the aged with high rates of dependency and lack of basic needs.²¹ Such circumstances make elderly more vulnerable for abuse in a developing nation, such as India.



Relationship of elder abuse with COVID-19 pandemic and resultant restrictions

Older adults are at highest risk of complications and death from COVID-19; in addition, they may also be at greater risk for negative consequences from the measures for protection against viral transmission, which are mostly lockdown, shutdown, social distancing etc.²² In this challenging situation their increased vulnerability may increase the risk of abuse due to various factors (Fig 1).

Due to the anxiety and concerns to avoid infection, home-confined elderly people have extremely limited or no communication with their friends, family, neighbours and other significant figures in their life. The situation is dire when many elderly do not have a phone or the Internet for communication or the ability to use them. A higher levels of social support and greater embeddedness in a social network lower the risk of elder abuse.^{23,24} Socialization leads to positive mental health and improves quality of life.²⁵ Possibly socialization assists elder society to vent out their emotions, more so when they discuss about the humiliations met in the family. Because of restriction in mobility, inadequate communication facility, elderly are forced to struggle with loneliness and social isolation (which is a well-known risk factor for abuse); and in these circumstances when the protective factors are diminished, it makes the elderly more vulnerable, and the risk of abuse increases further.²²

During the pandemic, WHO and many countries have advised elderly to stay at home to decrease the chance of getting infected.²⁶ As a precaution against the novel coronavirus many organisations and companies have instructed their employees to work from home. Schools and colleges are shut as well.²⁷ This implies that elderly are spending more time with their family and caregivers. While this could be a joyous occasion of having family together at home for more period; however often such increased interaction leads to worsening of any existing interpersonal issues resulting in arguments and increasing the risk of abuse: verbal, physical or neglect.

In an online survey in India conducted during June 2020, on 5099 elderly respondents, 71% believed that abuse have increased during lockdown period.⁶ Among them 58% claimed that interpersonal relationships is the main factor responsible for rising incidence of elder abuse in families. More than half (56.1%) said that they are facing abuse while 63.7% were neglected in their families and society. Common ways of abuse were disrespect, verbal abuse, avoiding communication ('silent treatment', not talking to them), ignoring their daily needs, denying proper food, denying medical support, financial cheating, physical violence, emotional neglect and forcing them to work. Older persons are not only facing social restrictions but also family restrictions, imposed by their own respective families. Majority (79%) cited financial problem as a reason for mistreatment. The COVID-19 lockdown impacted the livelihood of 65% elders, 61% felt confined and socially isolated while 42% had worsening of health conditions. Most (78%) faced challenges accessing essential goods and services. The top three

essential goods and services which the elders had difficulty in accessing during the lockdown were access to food, groceries and medicines.⁶

Unavailability of medications leads to negative impact on physical and mental health of the persons. Poor compliance to the psychotropic medications is known to be associated with symptoms of irritability, anger, aggression and violence.²⁸ Poor mental health either in the family member or in the older persons enhances the risk of abuse.²⁹ There is surge of substance abuse (both new and relapse) and addictive behaviors (gaming, internet, etc.) in this period; which may lead to negative interaction amongst the family members. In addition, loss of job, stress and resultant frustration in the part of adult children and erosion of generational bond, truly eviscerates safety of older people at home.⁶ These factors have contributed further to an already existing major public health issue,³⁰ to grow as a 'hidden epidemic' of abuse in recent times of the pandemic.^{6,31}

In addition the risks at home, services have been affected badly throughout the world during the COVID-19 pandemic. Many hospitals across the globe ceased outpatient services and are providing health services channelized through emergency or telemedicine. This has particular concerns for the elderly; as they may not be able to use the gadgets,³² or may not communicate confidentially with the clinicians as there may be other family members around. The virtual physical examination has extreme limitations compared with the traditional in-house examinations.³³ Due to the lack of a detailed physical examination, detecting the signs or the medical markers of elder abuse and neglect can be difficult. Most elderly, as observed in clinics, do not feel comfortable to volunteer the abuse information against their family members; even when asked specifically.³⁴ Level of confidence in remote/virtual consultations might pose a specific challenge for the doctor-patient relationship to effectively assess and deal with a sensitive area such as abuse. Considering these changing scenarios, it is likely that magnitude of elder abuse may increase in coming times.³⁵

Conclusion

Undeniably, this is a time of challenge and uncertainty in the shadow of COVID-19 which has profoundly impacted almost all the people; and for older people the trials are even greater. In addition to various socioeconomic, physical and mental health related issues, greater number of older adults are experiencing abuse and the risk may further increase. It requires greater awareness, efforts from everybody to prevent this from happening in the first place, curb its occurrence with effective measures, with appropriate, adequate and timely support to families and the elderly. Brushing under the carpet may worsen it and lead to a pandemic alongside the COVID-19. Multidisciplinary and multilevel proactive actions regarding elder abuse are urgently required.

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