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Elderly abuse: risk factors and nursing role

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Abstract Elderly abuse is still a hidden problem, often underestimated. It is much more common than the data available suggest. Unfortunately, the incidence is expected to grow with the progressive increase in the elderly population in the future. The aim was to examine the available literature in the last 5 years to define the state of art on this phenomenon, with particular regard to the nursing role in elderly abuse, focusing on the possible types of mistreatment, the motivations and preventive interventions. Articles published in the last 5 years regarding the mistreatment of the elderly were selected, by using scientifically recognized databases such as PubMed, Cochrane Library, Medline, Scopus, and Web of Knowledge. Several keywords were used for the query among which were: “elderly abuse” and “elderly abuse in nursing home”. Moreover, to better understand the entity of the phenomenon, we also searched the corresponding keywords for child abuse. Considering the Scopus database, only 78 out of 1,342 published articles in the last 5 years deal with

abuse of the elderly in relation to nursing, representing a very small part (5.81 %) of the considered sample. Comparing the number of articles, the ratio child/elderly is equal to 1/0.04, underlying the poor interest of research on this phenomenon. Moreover, it was observed that elderly abuse in nursing homes is still underreported in both original articles and reviews. Despite the aging of the population, elderly abuse and neglect still remain hidden problems, overlooked and also underestimated in the literature.

Keywords Elder abuse · Child abuse · Nurse · Videosurveillance

Introduction

The World Health Organization (WHO) reports that the number of people aged over 60 will triple between 2000 and 2050. The population of many European countries has a life expectancy among the highest in the world, surpassing in many countries, including Italy, 80 years for women and 75 for men [1]. In the next 50 years, Italy will increase the old-age dependency ratio, which is the ratio between the resident population in age active (from 0 to 14 years and 65 years and over), and the working-age population (15–64 years), with a consequent increasing burden of social costs of the aging population (pensions, health care, institutional care) [2]. In fact, in Italy on 1 January 2012, there were already 147.2 elderly per 100 young people [3].

All these statistical projections suggest that soon, in Italy as well as in several other industrialized countries, there will be more seniors than children, especially in relation to a gradual reduction in birth rates. The

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progressive aging will result in an increase in the demand for medical services and expenses from the families and welfare systems. The Strategic Plan and Action for Healthy Aging in Europe, 2012–2020, sponsored by the WHO, has proposed a set of interventions supporting action across government and society for health and well-being. The final section provides support interventions linking healthy aging to general social context: strategies to ensure the quality of care for the elderly, but also, and in particular, prevention of isolation and social exclusion, and finally, prevention of mistreatment [4].

Elderly abuse is also the topic of a 2011 report presented by the WHO European Office [5]. The 2011 WHO report already emphasizes that elderly abuse is a phenomenon much more common than the limited data available suggest, and is expected to grow, unfortunately, due to the lengthening of life expectancy. Other risk factors predisposing to elderly mistreatment include different biological, cultural, social, environmental and economic conditions that might be prevented with effective protective measures and strategies [5]. In fact, abuse can take many forms: physical—also including the inappropriate use of drugs and punishment of any kind [6–8], or a non-consensual sexual contact [9–11]; psychological—such as the use of words or actions that cause stress and anxiety, such as fear, commands in the form of insults, humiliation, offenses, threats of punishment; financial—from improper use of funds and embezzlement for financial exploitation; and neglect—paying no attention to the elderly, or failing to care for them [7].

The aim of this study was to examine the available literature in the last 5 years to define the state of art of the research on this phenomenon, with particular regard to the nursing role in elderly abuse, focusing on the possible types of mistreatment, the motivations and preventive interventions.

Materials and methods

For this purpose, articles published in the past 5 years in the international literature regarding the mistreatment of the elderly were selected. The search was carried out using scientifically recognized databases such as PubMed, Cochrane Library, Medline, Scopus, and Web of Knowledge. The keywords used for the query were: “elderly abuse”, “elderly abuse and neglect”, elderly mistreatment”, and “elderly abuse in the nursing home”. The query was limited to the title, abstract or keywords. To better understand the entity of the phenomenon, on the same databases, we also searched the corresponding keywords for “child”, then using “child abuse”, “child abuse and neglect”, “child mistreatment”, and “child abuse in institutions”. In the search with both “elderly” or “child” terms, the introduction of “nurse” or “nursing” did not modify the results.

Results

Most of the scientific articles on elderly abuse and exploitation has been published through the databases of Scopus (1,342 articles), since in the other scientifically used sources, there are very few. In particular, in the Cochrane Library, only two articles report “elder abuse” or “elderly abuse in the nursing home” keywords.

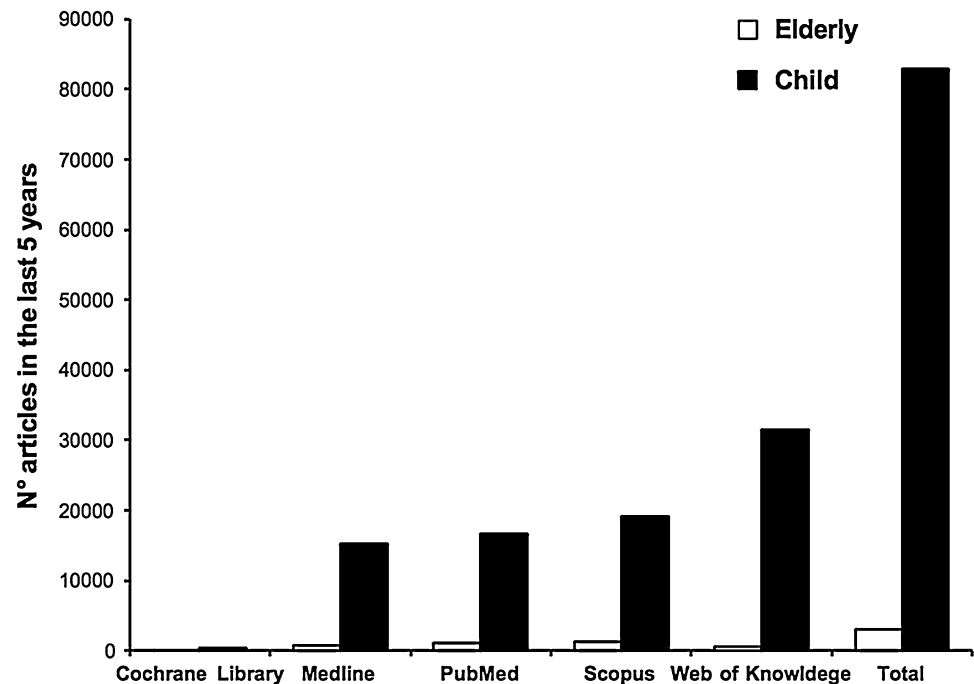
Table 1 shows the distribution of articles dealing with elderly and child abuse among the considered databases.

Considering the database that was able to detect the largest number of manuscripts (Scopus), only 78 out of 1,342 published articles in the last 5 years deal with the abuse of elderly in relation to nursing, representing a very small part (5.81 %) of the considered sample (Table 1).

Table 1 Distribution of scientific articles in some databases on the topic of the (A) elderly in respect to (B) child abuse

| Keywords | Cochrane library | Web of knowledge | Medline | PubMed | Scopus |
|-------------------------------|------------------|------------------|---------|--------|--------|
| (A) | | | | | |
| Elderly abuse | 1 | 441 | 508 | 510 | 993 |
| Elderly abuse in nursing home | 1 | 27 | 77 | 89 | 78 |
| Elderly mistreatment | 0 | 44 | 76 | 134 | 102 |
| Elderly abuse and neglect | 0 | 87 | 50 | 421 | 169 |
| Total | 2 | 599 | 711 | 1,154 | 1,342 |
| (B) | | | | | |
| Child abuse | 291 | 28,861 | 13,042 | 7,675 | 17,320 |
| Child abuse in institution | 3 | 336 | 152 | 438 | 281 |
| Child mistreatment | 10 | 84 | 49 | 7,704 | 75 |
| Child abuse and neglect | 33 | 2,188 | 2,013 | 869 | 2,306 |
| Total | 337 | 31,469 | 15,256 | 16,686 | 19,178 |

Fig. 1 The distribution of articles dealing with “elderly” and “child” abuse among the considered databases



The distribution of articles dealing with “elderly” and “child” abuse among the considered databases is illustrated in Fig. 1.

Comparing the number of articles published, we find that the ratio child/elderly is equal to 1/0.04, underlying the scarce interest of research on this phenomenon (Fig. 1).

Moreover, considering the database with the highest number of the reported papers on elderly abuse (Scopus), it was observed that elderly abuse in the nursing home is still underreported in both original and review articles (Fig. 2).

Discussion

The abuse of the elderly has been recognized as a serious social problem by the WHO and the National Center on Elder Abuse (NCEA) of the US Administration on Aging. Nevertheless, there is still a strong need for more structured research and analytical approach to improve knowledge on this phenomenon. Research on this issue still remains unsatisfactory, probably because of its topicality, proved by the growth of publications on this subject especially in recent years.

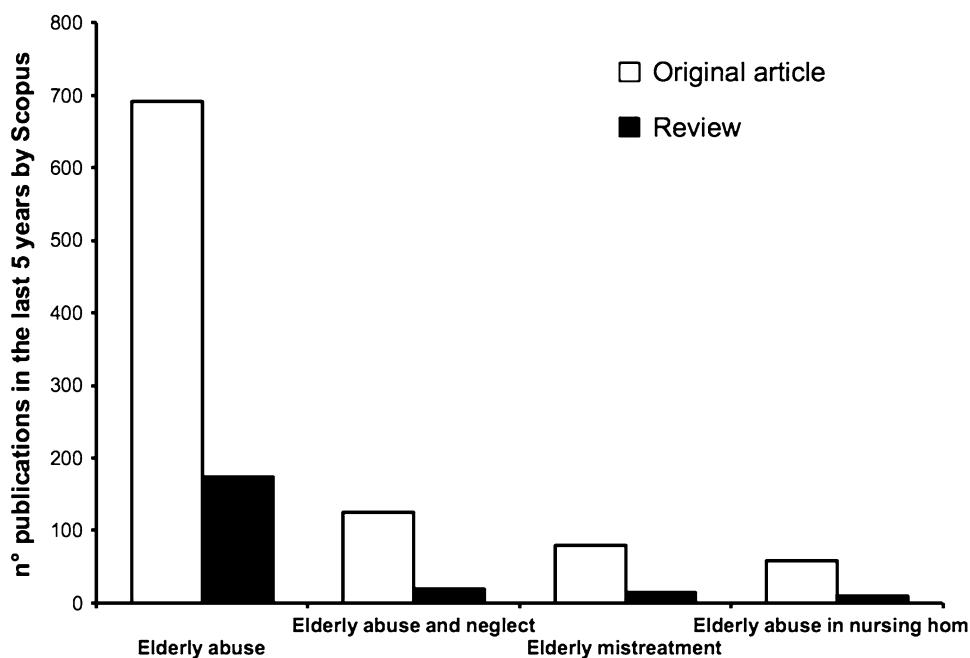
The scientific literature does not define precisely what is meant by “abuse of the elderly”, often using alternative terms such as: “abuse”, “mistreatment”, or “inadequate care for the elderly”. The WHO defines elder abuse as “a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair” [12]. In contrast, the National Academy of Sciences of the United States (US) defines elder abuse as: “intentional actions that

cause harm or a risk of harm to a person who takes care of the elderly”, or as “failure to meet the basic needs of the elderly or inadequate protection from danger or distress” [7], excluding the reference to violent and criminal behaviors toward the elderly that may overlap, but are not necessarily criminal acts [13].

These definitions principally focus on the relationship between a figure of trust, which can be represented by a family member, a social worker, a caregiver, a nurse, etc. [14]. In fact, mistreatment and neglect are not only related to inappropriate behavior on the part of family members, but they can be perpetrated by caregivers who perform home care, or even by nurses in health institutions.

In our search, abuse of the elderly in relation to nursing, represents a very small part of the information available on this phenomenon, as is shown by the number of articles published in the past 5 years (78 out of 1,342 published articles, Table 1). The abuses perpetrated in care facilities seem to be produced by low-skilled professional, high levels of stress in private life and low tolerance threshold of the staff, “burn-out”, negative attitudes toward the elderly, and little attention to compliance with the applicable regulations. The increasing stress of those who take care of the elderly due to the high demand for assistance both at home and in health-care institutions, can mostly explain the risk of abuse and maltreatment by caregivers [15]. In fact, the incidence of elder abuse in health centers is usually proportional to the number of institutionalized patients from home to long-term care hospitals and nursing homes, with, therefore, increased workload. Caregivers, both as family members, medical staff or others, are not necessarily

Fig. 2 Among the manuscripts retrieved using Scopus database, the most frequent articles are original papers and reviews by keywords



motivated to abuse, but they abuse only because of being stressed by personal problems, or due to lack of a suitable material and psychological support during service [16]. It is difficult to identify the negligence that occurs during home care. Factors potentially contributing to elder neglect are: depression, stress and reduced functional capacity of the caregiver [17]. The causes of these attitudes on the part of health personnel often result from the lack of time for adequate care, lack of compassion, low professionalism, and stress [18]. Several conditions seem to predispose to this behavior: the use of alcohol by the nurse to relieve stress, the largest number of patients suffering from dementia to attend, or aggression by the patient [19]. Moreover, elderly people living alone are also at risk for being found helpless or dead at home, as a consequence of social isolation and on-going changes of social living conditions [20].

Additional risk factors for elderly abuse include: disabilities and dependency as emphasized by the WHO 2011 report [5]. The WHO reports that in 2010, about 4 million people in Europe have suffered physical abuse, among whom are 1 million in the form of sexual abuse, financial abuse were 6 million, and as many as 29 million seniors have suffered psychological violence [5]. Based on other studies, it seems that the elderly suffer higher anxiety and depression mainly related to low-income, social isolation, mental and physical disability, and poor familial or social support [21, 22]. The US Federal Government [23, 24] according to the WHO report [5], recognize financial exploitation as one of the most common forms of abuse and neglect after psychological abuse, with a prevalence more

than twice that of physical violence. Therefore, the evidence of financial abuse also might represent an early marker for impending physical abuse, although there are currently no effective screening tools for this phenomenon [25].

The aging of the population with lengthening of life expectancy means that more people will live in nursing facilities, and, therefore, greater attention should be paid to the quality of nursing care, especially for what concerns the abuse by health professionals themselves, but also to increasing awareness and recognition of suspected abuse cases. In fact, particularly important, is the reporting of abuse by nurses or other health-care providers in cases where there is suspicion.

In many countries, including Italy and US, elder abuse is considered a sentinel event, which is “an unexpected occurrence involving the death or serious physical or psychological injury, or risk thereof, signaling the need for immediate investigation and response, or other serious event” [26]. A survey carried out in the US in two nursing homes, shows that all employees of the nursing home were aware of the obligation to report the abuse. However, many of them were hesitant in making the communication of suspected abuse because of the frustration related to an unsuitable environment for proper signaling, and the lack of knowledge on the issue [27]. The nurse’s role in reporting abuse is important, because he/she can be the first health practitioner to suspect such an event.

However, it is not easy to detect and recognize the abuse. A nurse must have appropriate training and experience [28]. Nurses tend to perceive elder abuse as an

uncommon thing, and to believe there must be medical expertise for the detection and reporting of cases of abuse. However, they recognize the need that the event be addressed on the basis of clinical evaluations and protocols [29]. Some studies show that nurses are willing to increase their knowledge and experience on this issue [30].

Understanding the major risk factors for elderly abuse may certainly help in prevention of the behavior; however, the lack of standards or criteria for defining the likelihood of abuse is still one of the main weakness in its management. Many variables may predispose to an abusive situation. Inadequate supervision and control of the elderly is the major criticism applied to the caregiver or the medical staff (especially in case of elderly people affected by dementia and cognitive disorientation, or taking psychotropic medications). In this case, it is mandatory that there be surveillance by the nursing staff to ensure the safety of patients, and the nurses must be able to identify patients with a high level of aggressiveness as a potential risk for violence [15].

Among the various forms of abuse, aggressions or sexual abuse between the nursing home residents, or between residents and health-care personnel are also reported. The quarrels may result from insignificant reasons in residents unstable from neurological diseases or emotional distress, but also they may also be the results of misconduct and aggressive behaviors. These circumstances can represent a serious danger to the residents themselves as well as for visitors and the health-care personnel [31]. Therefore, a careful monitoring by caregivers and health-care staff can be crucial both in order to ensure the safety of patients and personnel, but also to prevent acts of abuse. In fact, the residents may become offenders against other residents or even visitors especially if minors. This event should be considered by the nursing staff, in light of the significant increase in the number of abuses that are affecting the elderly as perpetrators of crime [32].

Several other preventive measures to reduce the occurrence of elder abuse have been proposed. To evaluate the effectiveness of these strategies, there are currently not enough studies, greatly limiting the ability for correct decision-making [33]. The measures most adopted to lessen the mistreatment are: informative campaigns to raise knowledge and promote awareness of elderly abuse, the effectiveness of which is, however, difficult to assess [34]; education and vocational training, especially addressed to health professionals and social workers in contact with the elderly, focusing on the roles of caregivers in the evaluation and management of suspected cases; legal information concerning the protection of the elderly; and the review of issues about ethical reporting [5]. Unfortunately, several studies show that health-care providers and social workers underestimate the presence of elder abuse even if they have

received training on factors concerning the recognition of abuse. Face-to-face teaching increases knowledge more than the use of written materials [35]. Other preventive strategies are the identification of potential victims [36]; educational programs for caregivers and nurses to prevent abuse, to manage fragile patients, and to report the case; phone hotlines dedicated to support the family members as well as the caregivers; emergency shelters that provide temporary housing security; and video surveillance systems. The use of video surveillance systems for the elderly in nursing homes or in hospital units might represent one of the effective interventions for the prevention of abuse, and it can be used as evidence in a criminal or civil trial [30]. In this regard, the topic is still controversial in particular regarding the privacy of patients and employees. To further confuse the issue, in Italy, there has been a judgment of unlawful use of a video surveillance system in a nursing home for privacy violation [37].

Conclusions

From the analyzed data in our study, despite the aging of the population, elderly abuse and neglect still remain hidden problems, overlooked and underestimated. Often the perpetrators of violence against the elderly are the relatives, or caregivers, if the episodes occur in institutions. Often attention is paid to this phenomenon only when reports of medical malpractice occurs, which give rise to only part of the problem, and often leads to incorrect observations and conclusions about the activities of health workers, and the nature of the event.

Whereas elderly abuse seems to be a widespread phenomenon that occurs all over the world, mainly related to ethnic, cultural, and demographic characteristics, only few systematic researches have deeply investigated the topic, and many conflicting proposals have been made in possible preventive strategies. There is no single cause responsible for abuse, but there are many factors affecting its occurrence. The underestimation of elderly abuse is mainly related to the missing reports from health-care staff, and the lack of available research in this field. It would appear that the incidence of elder abuse in nursing homes is much lower than in domestic environments because of the lack of data. In any case, the available data are a source of considerable concern because abuse is a phenomenon that continues to grow without adequate attention by governments, society and those responsible, with considerable pain and suffering of the victims, and, consequently, considerable reduction of the quality of life and survival of these subjects. Some studies have emphasized the importance of the role of health and social services in order to prevent abuse as professionals who are often found to assist

the elderly. The reporting of elderly abuse to the authorities, especially if committed by health-care colleagues, is not frequent. The reasons are mainly due to lack of training courses that enable appropriate personnel to acquire necessary knowledge on the various types of abuse of the elderly.

Nevertheless, prevention programs carried out in some European countries and elsewhere have shown significant results, encouraging further research to improve the prevention of abuse of the elderly. What is certainly required, is a better understanding of the problem, then more structured research and analytical work, which would help to define what is meant by abuse, giving, therefore, a precise definition, to better understand the main risk factors in all environments involving the elderly (home, nursing home, hospital, etc.) but also to structure programs that, by acting on multiple levels (community information, prevention by acting to reduce risk factors, but also through the use of digital tools, proper training and standardized personnel or gender of the caregiver; abuse treatment also from the psychological point of view of the victim) ensure the reduction, or, ideally, to reject the conditions that would allow the occurrence, or even worse, the repetition of the abuse.

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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