

Elder abuse

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Key facts

- Around 4-6% of elderly people report significant abuse in the last month.
 - Elder abuse can lead to serious physical injuries and long-term psychological consequences.
 - Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.
 - The global population of people aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion in 2025.
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Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Scope of the problem

Abuse of elderly people is an important public health problem. While there is little information regarding the extent of abuse in elderly populations, especially in developing countries, it is estimated that 4-6% of elderly people report significant abuse in the last month. However, older people are often afraid to report cases of abuse to family, friends, or to the authorities.

Data on the extent of the problem in institutions such as hospitals, nursing homes and other long-term care facilities are scarce. A survey of nursing-home staff in the United States of America, however, suggests rates may be high:

- 36% witnessed at least 1 incident of physical abuse of an elderly patient in the previous year;
- 10% committed at least 1 act of physical abuse towards an elderly patient;
- 40% admitted to psychologically abusing patients.

There is even less data on elder abuse in institutional settings in developing countries.

Abusive acts in institutions include physically restraining patients, depriving them of dignity (by for instance leaving them in soiled clothes) and choice over daily affairs, intentionally providing insufficient care (such as allowing them to develop pressure sores), over- and under-medicating and withholding medication from patients; and emotional neglect and abuse.

Elder abuse can lead to physical injuries – ranging from minor scratches and bruises to broken bones and head injuries leading to lasting disabilities – and serious, sometimes long-lasting, psychological consequences, including depression and anxiety. For older people, the consequences of abuse can be especially serious because their bones are more brittle and convalescence is longer. Even relatively minor injuries can cause serious and permanent damage, or even death.

Globally, the number of cases of elder abuse is projected to increase as many countries have rapidly ageing populations whose needs may not be fully met due to resource constraints. It is predicted that by the year 2025, the global population of people aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion.

Risk factors

Risk factors that may increase the potential for abuse of an older person can be identified at individual, relationship, community, and socio-cultural levels.

Individual

Risks at the individual level include dementia of the victim, and mental disorders and alcohol and substance abuse in the abuser. Other individual-level factors which may increase the risk of abuse include gender of victim and a shared living situation. While older men have the same risk of abuse as women, in some cultures where women have inferior social status, elderly women are at higher risk of neglect through abandonment when they are widowed and their property is seized. Women may also be at higher risk of more persistent and severe forms of abuse and injury.

Relationship

A shared living situation is a risk factor for elder abuse. It is not yet clear whether spouses or adult children of older people are more likely to perpetrate abuse. An abuser's dependency on the older person (often financial) also increases the risk of abuse. In some cases, a long history of poor family relationships may worsen as a result of stress and frustration as the older person becomes more dependent. Finally, as more women enter the workforce and have less spare time, caring for older people becomes a greater burden, increasing the risk of abuse.

Community

Social isolation of caregivers and older persons, and the ensuing lack of social support, is a significant risk factor for elder abuse by care-givers. Many elderly people are isolated because of physical or mental infirmities, or through the loss of friends and family members.

Socio-cultural

Socio-cultural factors that may affect the risk of elder abuse include:

- depiction of older people as frail, weak and dependent;
- erosion of the bonds between generations of a family;

- systems of inheritance and land rights, affecting the distribution of power and material goods within families;
- migration of young couples, leaving elderly parents alone, in societies where older people were traditionally cared for by their offspring;
- lack of funds to pay for care.

Within institutions, abuse is more likely to occur where:

- standards for health care, welfare services and care facilities for elder persons are low
- where staff are poorly trained, remunerated, and overworked
- where the physical environment is deficient
- where policies operate in the interests of the institution rather than the residents.

Prevention

Many strategies have been implemented to prevent elder abuse and to take action against it and mitigate its consequences. Interventions that have been implemented – mainly in high-income countries – to prevent abuse include:

- public and professional awareness campaigns
- screening (of potential victims and abusers)
- school-based intergenerational programmes
- caregiver support interventions (e.g. stress management, respite care)
- caregiver training on dementia.

Efforts to respond to and prevent further abuse include interventions such as:

- screening potential victims
- mandatory reporting of abuse to authorities
- adult protective services
- home visitation by police and social workers
- self-help groups
- safe-houses and emergency shelters
- psychological programmes for people who abuse
- caregiver support interventions.

Evidence for the effectiveness of most of these interventions is limited at present. However, caregiver support after abuse has occurred reduces the likelihood of its reoccurrence and school-based intergeneration programmes (to decrease negative societal attitudes and stereotypes towards older people) have shown some promise, as have caregiver support to prevent elder abuse before it occurs and professional awareness of the problem. Evidence suggests that adult protective services and home visitation by police and social workers for victims of elder abuse may in fact have adverse consequences, increasing elder abuse.

Multiple sectors can contribute to reducing elder abuse, including:

- the social welfare sector (through the provision of legal, financial, and housing support);
- the education sector (through public education and awareness campaigns);
- the health sector (through the detection and treatment of victims by primary health care workers).

In some countries, the health sector has taken a leading role in raising public concern about elder abuse, while in others the social welfare sector has taken the lead.

Globally, too little is known about elder abuse and how to prevent it, particularly in developing countries. The scope and nature of the problem is only beginning to be delineated, many risk factors remain contested, and the evidence for what works to prevent elder abuse is limited.

WHO response

WHO and partners collaborate to prevent elder abuse through initiatives that help to identify, quantify and respond to the problem, including:

- building evidence on the scope and types of elder abuse in different settings (to understanding the magnitude and nature of the problem at the global level);
- developing guidance for Member States and all relevant sectors to prevent elder abuse and strengthen their responses to it;
- disseminating information to countries and supporting national efforts to prevent elder abuse;
- collaborating with international agencies and organizations to deter the problem globally.