# Violence Against Older Persons – Vulnerability in Old Age – Diagnosing Violence

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"Elder Abuse is a single or repeated act, or the lack of appropriate action occurring in the context of a relationship in which mutual trust is expected, in which an older person experiences physical and / or psychological harm. Violence against older persons is a human rights abuse and a significant cause of harm, sickness and despair." *(The Toronto Declaration on the Global Prevention of Elder Abuse. WHO, 2002)*

## Forms of Elder Abuse

Acts of violence are mostly multidimensional. One has to differentiate between the various forms of violence:

### Direct Violence:

- Certain concrete acts or lack thereof
- The perpetrator and the victim have a direct relationship
- It is mostly abuse as an active act

### Structural Violence:

- Contrary to direct violence, it does not manifest itself immediately
- It is silent (L.Seidel, 2007), a still water (J.Galtung, 1984)
- Shows a great stability – social structures are lazy...
- Allows for many forms of direct violence
- It is enhanced by cultural violence

### Cultural Violence:

- **Ageism**, discrimination of older persons, negative age stereotypes, deficit model of ageing: they all facilitate violence against older people
- Traditional view of **care of older persons** as a female role: blocks its professionalization and qualification

Direct violence has been classified into various forms *(Laura Seidel, 2007).* **Physical violence** which is perhaps not as frequent as the other forms: it can be manifested as deliberately causing pain or as physical coercion, as exemplified by beating, applying physical restraints, placing unnecessary urinary catheters, forced feeding, forced medication, withholding shelter, comfort, abandonment ("granny dumping").

**Psychological abuse** refers to verbal and emotional abuse as by yelling at, insulting, mocking, humiliating, abusing one's sense of shame.

**Financial abuse** is f.e. controlling or using a person's property, coercing him / her to make presents, change testaments.

Restriction of individual freedom and awareness of human rights like f.e. in institutions breaking the individual's will (Erwing Goffman, 1961), isolating him / her from social contacts, imposing the place to live.

Another form of direct violence can be seen in understaffed care institutions with unmotivated, underqualified, underpaid nursing staff experiencing so called "carer abuse" by residents resulting in physical harm (scratching, hitting, verbal aggression) resulting in psychological stress and burnout.

## Incidence and Prevalence of Abuse of Older Persons

In a metanalysis of 49 studies on abuse of older persons Cooper et al report that 6,3% of the >65 have experienced abuse in the past month: 7 studies using valid assessment tools document significant psychological abuse in 25% of the vulnerable group of persons; 5% of the family carers admit having performed physical abuse on older persons in their care in the past year, 30% other forms of abuse; 16% of nursing home staff admit having performed psychological abuse; 80% of nursing home staff admit having observed acts of abuse by others - of those only 2% were documented and reported to superiors and only 1% were reported to authorities.

Recognizing abuse of and violence against older persons requires a high amount of awareness for the problem and good clinical judgment. As physician and nurse one has to rely on his / her own instinct in observing a situation of older persons being dealt with in care settings. *(Lachs MS et al: Elder abuse. Lancet. 2004; 364)*

Exact medical history and physical exam, and a competently performed geriatric functional assessment including cognitive functions are fundamental prerequisites of good diagnosis of abuse of *and* violence against the older person.

## Intervention in cases of violence against older persons – some options:

*(Australian Society for Geriatric Medicine, Position Statement Elder Abuse, 2003)*

Crisis intervention:

- Immediate hospital admission (if possible to geriatric department)

- Acute admission to a nursing home ("respite care")
- Perhaps immediate separation of victim from the care person

Ambulatory services: f.e.

- Home nursing care, home helpers
- Relieving the care burden and stress from carers
- Day care centers
- Consulting services
- Coaching, supervision
- Intervention by authorities: separating the persons involved, ombudsman institutions

## Abuse of older persons is still a taboo. It is necessary to break the silence!

The victims keep silent because of various fears of reprisal, of triggering a conflict in the family, of becoming ignored and isolated, of being put into an institution. They feel exaggerated loyalty toward the carers, they fear becoming a burden to society.

Witnesses also keep silent: problems are being minimized, the suffering of older people is underestimated. The victims are considered being themselves responsible for the situation. They shun conflicts in the institution, they fear for their job after reporting an incident.

There still is a lack specialized structures making the involved more sensitive to the problem which should be expected especially in multidisciplinary geriatric teams of doctors, nurses, social workers. (McAlpine C: Elder Abuse and neglect. Editorial, Age&Ageing 2008; 37:132-133)

Something like „Reporting Centers for Elder Abuse" which exist in 94% of the communities in the Netherlands or „Adult Protection Services" in den USA needs to be developed.

To keep silent about structural violence means to perpetuate and to escalate it. (R.Hirsch, 2003).

There should be a „Whistleblowing right" in the structures of our health- and social care system.

Geriatric medicine could make an important contribution in raising the awareness about causes, consequences and possible interventions of abusing older persons – in analogy how pediatrics deals with the topic of child abuse.

# Short Biography of the Speakers

**Heinz Kurt Becker** was born in 1950 in Baden. He is married and father of two children.
He started his professional career 1970 for a Japanese trading company in the Import/Export-Business with the Comecon countries. In 1974 he changed into the Marketing & Communication branch, working for international agencies and Philips Industries until 1992 when he opened his own agency. He handed over his firm to his wife when he took over the position of General Secretary for the Austrian Seniors Association / Seniorenbund in 2001. In 2011 he became Member of the European Parliament for the Austrian Peoples Party. In his 9 years' mandate he was Member of the Committees for Employment & Social Affairs, Petitions, Culture & Education as well as Interior, Migration, Security and Anti-Terrorism. In this period he acted also as Chair of the Parliamentarian Group against Anti-Semitism. He retired in the age of 69 in 2019. In 2013 he was elected Vice President of the European Senior's Union / ESU and re-elected this year 2024.

**Edith Simöl** is head of the Service Center for Digital Seniors at the Austrian Institute for Applied Telecommunications (ÖIAT) since 2017. The Service Centre is a central player in Austria that supports educational institutions, trainers and other stakeholders in the planning and implementation of educational offers for senior citizens. Her work focuses on digital inclusion, adult education, conception and implementation of further training measures concerning digital media for older people.
As a psychologist and technology expert, Edith Simöl combines two different perspectives that are very important in digital senior education. On the one hand, her understanding of psychological aspects allows her to better understand the needs and requirements of users, which are important for the development of technical concepts. On the other hand, this hybrid access enables her to convey content effectively and promotes the acceptance and use of digital technologies among older people. She has different certificates in the education sector.

**Josef Hörl** was born in 1947 in Vienna, Austria. From 1997 until his retirement in 2012 he served as an Associate Professor of Sociology and Social Gerontology at Vienna University. He still lectures regularly. He is author of two books and more than 100 scientific papers.
He was involved in the implementation of the Austrian national governmental plan of action for the elderly and in several national and trans-European research projects, e.g. investigating services supporting family carers of elderly people (EUROFAMCARE). Other positions include holding the position of chairman for the Austrian section of the International Network for the Prevention of Elder Abuse (INPEA), an advisory function for the Austrian Ministry of Social Affairs in matters of elder abuse prevention and intervention policies.

**Thomas Frühwald** got a graduation from the Medical University of Vienna, postgraduate training in internal medicine and geriatric medicine in Vienna and Geneva, postgraduate courses in medical ethics and palliative care. He is deputy chief of medicine at the Department of Geriatric Acute Care of the Hietzing Hospital, Vienna. In addition, he is lecturer in geriatric medicine and gerontology at the Medical University of Graz and the University of Applied Sciences in Vienna. In 1998 and 2002 he was Visiting Professor at the Department of Bioethics, University of California. Research interest in and publications on various general topics of geriatrics: nutrition, delirium, geriatric palliative care, ethics in geriatric medicine.
To name a few present functions: Board member of the Austrian Society of Geriatrics and Gerontology, Full Board member of the European Union Geriatric Medicine Society, member of the advisory group of experts on Geriatric Medicine to the Austrian Federal Ministry of Health, Member of the Human Rights Commission of the Austrian Ombudsboard (Volksanwaltschaft).