

## Geriatric Abuse: A Medico legal Perspective

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### Abstract

The geriatric population of the world is steadily increasing. Day by day this population is becoming target for changing societal values. Though there are old age homes to take care of elderly people, not every aged person is either not aware of such facility or not willing to stay in those homes. They are either facing threat to earn and live themselves or becoming victims of abuse. The cases of geriatric abuse are increasing worldwide. The changing mind-set of the society, lack of stringent laws and non-effective policies of the government are adding to the existing problem of geriatric abuse. It is duty of everybody in the society to take care of elderly people.

**Keywords:** geriatric population, elderly, old age homes, abuse

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### Introduction:

The geriatric population of the world is steadily increasing and by 2050, India is expected to be home to 300 million elderly people<sup>1</sup>. There is an urgent need to pay heed to the issues of the elderly, else the country will be faced with a major problem. There are bound to be serious gaps in the geriatric medical ecosystem and a virtually non-existing policy framework to tackle this issue. Provisions must be made to provide safety and security to the elderly citizens of the country so that they live with dignity. The elderly are victims of neglect when they turn old and actually need support, care, and love. In most cases, the parents are left alone in old age homes by their children. The people who once took care of every single need of their children have now been left alone in this world.

Geriatric abuse:

One of the major challenges, which is going

to arise due to rise in the proportion of the elderly in India is elder abuse. Earlier, elder abuse was viewed as predominantly a social or family problem, both by the public and professionals. The first scientific literature published in the "British Medical Journal" in 1975 brought this issue to the attention of clinicians. Since then, there has been a steady increase in attention about elder abuse among health professionals and the criminal justice system

The World Health Organization (WHO) defines elder abuse as "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."<sup>1</sup> The WHO further elaborates that elder abuse can manifest as physical, psychological or emotional, sexual, and financial abuses and can also lead to intentional or unintentional neglect.

The prevalence of elder abuse varies from one study to another. It is estimated that about 10% of the elderly in the United States experience some form of elder abuse; however, only a small proportion of these are reported<sup>2</sup>. Studies from some of the European

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countries have reported the prevalence rate to be as high as 61.1%<sup>3</sup>. Studies from India have reported a prevalence rate of about 14%<sup>4</sup>.

Various risk factors have been identified for experiencing elder abuse. Overall, in terms of sociodemographic variables, the findings have been inconsistent but some of the studies have shown that emotional abuse and physical abuse are associated with being separated or divorced, low family income, functional impairment, increasing age, depression, cognitive impairment, and lack of social support. Among all these risk factors, the presence of cognitive impairment has been most consistently shown to be associated with abuse.

According to WHO, if the primary health care and social service sectors are not well-equipped to identify and deal with the problem, elder abuse will continue to be underdiagnosed and overlooked<sup>5</sup>. However, in busy clinical situations, assessment of elderly patients is often restricted to the assessment of psychopathology and physical comorbidities without much attention given to elder abuse. Data suggest that many a time psychopathology in the elderly, especially depression, can have a reciprocal relationship with the elder abuse experienced by them at the hands of family members and other caretakers. A recent study from Bengaluru, Karnataka, India evaluated 200 elderly patients attending a medical college<sup>6</sup>. According to this study, about one-third of the elderly reported facing abuse or neglect in the form of either verbal abuse, neglect, financial abuse, or physical abuse. There was a statistically significant association between elder abuse and total financial dependence, lack of social support, and depression among the elderly patients. A large sample size, population-based study from the United States suggested a consistent association between depressive features and elder abuse<sup>7</sup>. Depression itself can also lead to abuse and neglect among the elderly. A study from China suggests that feeling of dissatisfaction with life, often feeling helpless, and feeling worthless are associated

with increased risk of elder abuse<sup>8</sup>. As the demographic change is progressing in India, gradually there is a rise in the elderly who require care from the younger generation, which is decreasing in proportion. This is complicated by the fact that an increasing number of urban women are joining the workforce, which has led to the reduction in the manpower available at home to take care of the elderly. This is further complicated by the erosion of value and respect for the elderly, shortage of space in the houses in urban areas, and societal encouragement of "individualism."

Keeping these issues in mind, assessment for abuse for all the elderly presenting to the medical set-ups must be considered.

1. Assessment of elder abuse should include detailed social and sexual histories, comprehensive physical examination, with special attention to the musculoskeletal and genitourinary systems and assessment of cognitive functions. The presence of unexplained signs and symptoms should alert the clinicians for assessment of elder abuse.
2. Providing privacy to the elderly patient during routine clinical examination is often helpful as this helps him/her to open up about his/her psychosocial issues and the care received from others.
3. Every physician/surgeon must evaluate the patient for depression, as this may be an important indicator of elder abuse. Mental health professionals must always rule out abuse and neglect in their elderly patients with depression and dementia.
4. Further, the clinicians must be aware that elderly patients living in the institutional setting are also vulnerable to the experience of abuse at the hands of their caretakers.

### **Warning signs**

#### **a. Physical elder abuse**

- ☐ Mysterious signs of injury, such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body
- ☐ Broken frames or eyeglasses

- ☐ Restraint marks, such as rope marks on wrists
- ☐ Fractures, sprains, or dislocations
- ☐ History of drug overdose or apparent lapse in taking medication regularly (a prescription has more remaining than it should)
- ☐ Refusal of caregiver to allow you to see the elder alone

**b. Emotional elder abuse**

In addition to the general signs above, indications of emotional elder abuse include:

- ☐ Belittling, threatening, or controlling caregiver behavior that you witness
- ☐ Behavior from the elder that mimics dementia, such as sucking, rocking, or mumbling to oneself

**c. Sexual elder abuse**

- ☐ Bruises around breasts or genitals
- ☐ Torn, damaged, or bloody underclothing
- ☐ Mysterious vaginal or anal bleeding

**d. Elder neglect by caregivers or self-neglect**

- ☐ Unusual loss of weight, malnutrition, dehydration
- ☐ Untreated physical problems, such as bed sores
- ☐ Unsanitary living conditions: soiled bedding, bugs, clothes
- ☐ Being left dirty or unbathed
- ☐ Inappropriate clothing or covering for the weather
- ☐ Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)
- ☐ Desertion of the elder at a public place

Clinicians should not get carried away by the accompanying caregivers who seemingly appear to be concerned about the well-being of the patient. Studies, which have evaluated the caregivers of patients with dementia show that caregivers who are more anxious and depressed themselves more often abuse elderly patients.

Various structured instruments are available for screening and assessment of elder abuse, like the Hwalek-sengstock elder abuse

screening test which can be modified to Indian standards and one of the most popular scales, which has been used widely to assess physical, psychological, and sexual abuses is the Conflict Tactic Scale (CTS). Clinicians should use these tools for proper documentation for medico legal purposes too.

***Detection of elder abuse must be reported to proper legal authorities to prevent further abuse and ensure safety of the patients.***

Geriatric abuse is considered as domestic violence and is punishable. Section 125 of the Criminal Procedure Code makes it obligatory for sons and daughters, including a married daughter, to maintain their parents in proper conditions.

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007<sup>9</sup>, seeks to make it legal for the children or heirs to maintain their parents or senior citizens of the family in proper conditions. Punishments are also mentioned under the same bill for those who disobey the provisions of the bill.

However, it is also important to remember that there are large gaps in the research on elder abuse, especially from India. There is a need for a large population-based studies to understand the extent, risk factors, and consequences of elder abuse in this country. Most of the studies across the world are cross-sectional in nature and there is a need for longitudinal studies to assess the long-term course and consequences of elder abuse.

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