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LITERATURE REVIEW

Elder abuse in context of poverty and deprivation and emergency department care

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KEYWORDS

Elder abuse;
Elder mistreatment;
Elder neglect;
Self-neglect;
Undue influence

Summary

Background: Elder abuse is difficult to detect; victims often remain silent. It is a cause of induced poverty and deprivation of care, loss of civil liberties and maltreatment which can result in emergency department presentations and premature transfer to permanent care.

Aims: This discussion aims to: define the phenomenon and prevalence of elder abuse, discuss the sociopolitical context of elder abuse and the impact it can have on emergency care. Discussions will encompass the implications for emergency nurses including patient safety and key points for consideration and care.

Methods: An integrated literature review examining over 70 national and international peer review journals, government reports, policy papers, and international journal articles over the last 12 years, examining elder abuse was conducted.

Results: The main themes emerging from the literature including definitions, health implications, risk factors, incidence and identification of elder abuse, will be explored and the relationship of these themes to emergency department care and identification of cases of elder abuse.

Conclusion: While nurses in emergency departments are well placed to identify cases of suspected elder abuse, a crucial factor influencing patient outcomes is the quality of the community care/emergency department interface.

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Introduction

Elder abuse affects the physical, social and psychological wellbeing of a person and is a complex issue for health care

professionals. Detection is difficult, victims often remain silent, and effective management requires understanding of subtle complexities. Nurses in emergency departments (EDs), primary care, general practice, district nursing and chronic disease management roles are ideally situated to identify cases of elder abuse in the community setting. Cases may need follow up, with case management a commonly implemented solution for the problem.

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The principal aims of this discussion are to enhance understanding of the level of deprivation and psychological and social poverty that can result from situations of elder abuse. Additionally, discussion of the roles ED nurses can play in identification, detection and management of elder abuse will be included. An overview of the Australian and international literature on elder abuse including the incidence and the implications of elder abuse in the context of health will be presented. Patient safety, ethical issues and the key points of consideration for ED nurses will be examined. Information obtained from the author's Master of Nursing thesis titled "Elder Abuse in the Community Setting, an Exploration of Case Management Strategies"¹¹ conducted in 2006 is included in this discussion.

The literature review focussed on examining elder abuse in the community setting, risk factors and issues surrounding self-determination. The literature search explored research from 1993 to 2005 that examined the prevalence and type of elder abuse and the effectiveness of assistance for people who experienced elder abuse. It yielded few Victorian or Australian results. In respect to published research that scopes and defines the phenomenon of elder abuse, Australia is lagging behind many other countries.

Research papers and reviews published in peer reviewed journals, government reports, policy papers, and international journal articles over the last 12 years were examined. Keywords used were 'elder abuse', 'elder abuse prevalence and incidence', 'granny bashing', 'undue influence', and 'exploitation'. Websites and electronic databases searched included; The World Health Organization, The Australian Institute of Family Studies, Advocare (Western Australia), and the National Centre on Elder Abuse in the United States of America (NEAIS). Online databases included CINAHL, MEDLINE, Joanna Briggs Institute, Medscape Online, and Council of the Ageing research papers for data and information.

Significance of the problem

Elder abuse is a complex sociological problem that impacts health and wellbeing and crosses all boundaries of society.²⁻⁴ It is encountered by medical, nursing and allied health workers⁵ who are required to manage resulting health consequences in many settings. Research suggests that elder abuse is a problem which remains hidden and inadequately addressed at times by Australian health workers due to the limited attention, education and guidelines given to the problem at national, state and local government levels.⁶

Elder abuse has major implications for the person whose physical and psychological health is affected by the experience and for the health system where hospitalisations and health concerns result in preventable admissions and resource use.^{2,7} Recently there has been disquiet about the low public and health care profile of elder abuse and the paucity of appropriate education for health care workers and the public.⁶

Research in the Australian Capital Territory⁴ and Scotland⁸ has shown that people may react negatively to the term elder abuse.^{4,9} Alternate terms include elder mistreatment and elder abuse and neglect.⁴ It is argued that if sensitive terms are used, situations would be more readily recognised and assistance sought.⁹

Definitions

For the purpose of this paper, the terms poverty and deprivation will be used according to, and in the context of the following definitions.

Poverty means the state of one with insufficient resources. Poverty covers a range from extreme lack of necessities to an absence of needed material comforts.¹⁰ Deprivation means not provided with the necessities of life.¹⁰ In this discussion the term deprivation has a particular application to the withholding of and denial of care and assistance that impact upon the health and wellbeing of an older person who is dependant on another for things previously self-managed.

Although the phenomenon is recognised worldwide in health and social arenas, there is no clear consistent definition of what constitutes elder abuse.¹¹ The Toronto declaration on Global Prevention of Elder Abuse defines the phenomenon of 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".³ The Elder Abuse Protection Unit in Queensland describes elder abuse as occurring in a relationship where "...differences in power exist in relationships between people".¹² The abused person may experience sexual, physical or emotional abuse, be deprived of social connectedness resulting in social isolation, neglect of basic needs or lack control over their money or property. Trust is a key feature of the relationship, and for various reasons, the affected person does not report or is unable to report the abuse to anyone.

The term elder abuse may be criticised as overly simplistic because it attempts to define the experience of the elder person in a relationship as linear; where there is an aggressor and a victim. Additionally, the term abuse may limit interpretation of the phenomenon to physical harm, disregarding the deprivation of liberties and care. In the context of health care and service delivery perspectives, what clinicians identify as elder abuse may not match how the situation is experienced and interpreted by the older person. Additionally, lack of definitional clarification around the phenomenon is likely to contribute to under-reporting and lack of recognition of elder abuse because clinicians do not fully appreciate what constitutes abuse and neglect. Table 1 outlines the types and the definitions of elder abuse.

Elder abuse in the context of health care

*Elder abuse is a violation of Human Rights and a significant cause of injury, illness, lost productivity, isolation and despair. Confronting and reducing elder abuse requires a multisectoral and multidisciplinary approach.*²

Elder abuse significantly impacts on the physical, social and psychological wellbeing of a person and can be life-threatening.¹³ Older people are depicted as being frail, weak and dependant, which portrays them as easy targets for exploitation and through the aging process, can be physically weaker and take longer to recover from injury.^{7,14} Relatively minor health events can have major implications

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