



Review Article

Elder abuse and neglect in disasters: Types, prevalence and research gaps

Gloria M. Gutman^{a,*}, Yongjie Yon^b^a Department of Gerontology and Gerontology Research Centre, Simon Fraser University, 2800-515 W Hastings Street, Vancouver, BC, Canada^b Davis School of Gerontology, University of Southern California, Los Angeles, CA, United States

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ABSTRACT

A systematic review of literature and of information from key organizations was conducted to provide an overview of what is known about elder mistreatment in disaster situations, identify research gaps and to discuss possible policy interventions. While there has been growth in recent years in research on prevalence, incidence and risk factors for morbidity and mortality of seniors in disasters and on elder abuse, research specifically on elder abuse and neglect in disaster situations was limited and only 19 articles were found. The types of abuse most commonly addressed in these articles were financial (theft in shelters and contractor fraud), neglect (primarily abandonment), and physical abuse (domestic violence). Evidence was mainly anecdotal except for contractor fraud, where some prevalence data were available. Research is needed to fill the substantial information gaps. Increase in use of services has been employed to document increases in child abuse and domestic violence during and after disasters. The same methodology could be employed for elder abuse and neglect. Research on best practices (shelter-in-place vs. evacuation) is needed for end-of-life care patients and frail elders in institutional settings. Training and awareness programs for first responders are also needed so that they can better recognize seniors who may have come from abusive environments and to prevent abuse from occurring in emergency housing to which seniors are relocated.

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* Correspondence author.

E-mail address: gutman@sfu.ca (G.M. Gutman).

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1. Introduction

Abuse and neglect of older persons is increasingly being recognized in many parts of the world as an important social problem that requires urgent attention and appropriate action [1]. This is particularly true with the projected increase in the number of seniors worldwide and the growth of the oldest-old population (age 80+). Such increases may result in an increased number of abused seniors, with potentially serious health, social and economic consequences for victims, families and larger society [2].

Although the global scale of the problem cannot be definitively estimated due to lack of uniformity of definitions and methodologies across studies, estimates from the growing number of regional, national and cross national prevalence studies that have been conducted over the past decade suggest a low of between 3 and 10% to a high of 25% of seniors experiencing psychological, financial, physical or sexual abuse and/or neglect [3,4]. These figures are generally considered to be underestimates due to lack of public awareness and embarrassment or fear of repercussion in reporting mistreatment [1].

Research on elder mistreatment is still in its early stages. While there is consensus that the five major types of mistreatment include psychological, financial, physical and sexual abuse and neglect, beyond that, there is no consensus in defining and measuring mistreatment [5]. For example, researchers have not been able to agree on what is or is not “abusive” with respect to frequency and severity of mistreatment (e.g., once vs. repeated occurrences; tangible evidence of harm).

The complexity of the problem is further compounded by whether mistreatment is considered to be abusive if the action or lack of action is unpremeditated. Although the debate over intention still continues, many researchers adopt the World Health Organization’s (WHO) definition, which is regarded as most inclusive: “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” [6], p. 3.

Beyond the five basic types of mistreatment, prejudice towards older adults, or ageism, can result in systemic abuse that excludes older adults from receiving certain services. Exclusion from services may intensify during times of emergencies and in disaster situations. Despite recent increases in research, significant gaps to understanding abuse of older adults continue to exist. For

example, it is not known whether the prevalence or incidence of elder abuse increases during and/or after a disaster nor if the vulnerabilities of seniors worsen during such times making them more susceptible to abuse. Furthermore, little is known about the most effective strategies for detection, assessment, response and prevention of elder abuse in disaster situations. However, in the domestic violence literature, studies have indicated that both spousal abuse and child abuse tend to increase during disasters [7–10]. Given that elder mistreatment shares some commonalities with domestic violence in terms of risk factors, investigation of elder mistreatment during disasters is warranted. This is particularly true in the case of natural disasters.

Over the last several decades, due to climate change the global annual average number of natural disasters has increased – from 125 in the early 1980s to 500 in 2006. As a consequence, the number of people affected by disasters has risen by 68% from an annual average of 174 million between 1985 and 1994 to 254 million between 1995 and 2004 [11]. It is projected that by 2015, the number of people affected could grow to an annual average of over 375 million. Climate-related disasters affect all people, but especially marginalized groups such as the elderly, the chronically ill and women [12] the same groups who are more vulnerable to mistreatment, in both cases due to discrimination, financial inequality and/or poor health. The increase in the proportion of older adults combined with the increase in chronic conditions associated with older age, such as dementia, means that many older adults will rely on others in their day-to-day activities [13]. Care provision of persons with dementia is known to be stressful under ordinary circumstances and may be more so in disasters – another reason for exploring the impact of disasters on seniors and on those who care for them.

Further, data from Hurricane Katrina which devastated the State of Louisiana in the United States in 2005 clearly show that the greatest proportion of deaths was among older adults [14]. Similar findings are apparent in other disasters such as the 2003 European heat wave [15,16], the 2004 Indian Ocean tsunami and the 2011 Japan earthquake and tsunami [17]. Physiological changes associated with increasing age may increase people’s vulnerability to adverse effects during disasters. For example, compared to younger adults, older adults have greater blood pressure reactivity to stressors [18], immune system senescence and loss of responsiveness. What is not known is whether at least some of the excess mortality may have been due,

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