

# Elder Abuse in the African Diaspora: A Review

Charles P. Mouton, M.D., M.S., Janet H. Southerland, D.D.S., Ph.D., M.P.H.

Conflict of interest: No conflicts of interest.

**Abstract:** *Background:* As with many other populations, abuse of older adults is a growing problem across the Africa Diaspora. Modernization and urbanization are eroding the traditional values of respect for older adults. Also, older adults living in environments with limited social and economic resources, and having no means of economic support create a recipe for elder abuse and neglect.

*Methods:* This article reviews the current literature on the epidemiology, risk factors, and interventions used for elder abuse across the African Diaspora.

*Results:* Reports of elder abuse range from 24.9% to 81.1% across the Diaspora. Risk factors include cognitive and physical impairment, social isolation, lack of resources and widowhood.

*Conclusion:* Community-based programs using the unique social networks of older populations of African descent can provide a venue to improve caregiver training and support, reinforce traditional filial and informal caregiving practices, increase the utilization of available governmental and institutional.

**Keywords:** Elder abuse ■ African americans

**Author affiliations:** Charles P. Mouton, Department of Family Medicine, University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555, USA; Janet H. Southerland, Department of Oral and Maxillofacial Surgery, Meharry Medical College School of Dentistry, 1005 Dr. DB Todd, Jr. Blvd., Nashville, TN 37208, USA

**Correspondence:** Charles P. Mouton, Department of Family Medicine, University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555, USA., email: [cpmouton@utmb.edu](mailto:cpmouton@utmb.edu)

© 2017 by the National Medical Association. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jnma.2017.08.006>

Older adults are the fastest growing segment of the population worldwide, with the number of persons aged 60 years or over expected to almost triple within the next few decades, from 672 million in 2005 to nearly 1.9 billion by 2050.<sup>1,2</sup> As they grow older, these populations are especially vulnerable and at risk for being abused. The exploding older population makes elder abuse an emerging issue for those responsible to care for this population.

While elder abuse is not a new phenomenon, the speed of population ageing world-wide is likely to lead to an increase in its incidence and prevalence.<sup>3,4</sup> Elder abuse has devastating consequences for older persons leading to increased mortality and morbidity, poor quality of life, psychological distress, and loss of property and security.<sup>5</sup> Elder abuse is a problem that manifests itself in both developed and developing countries and at all levels of society, both rich and poor.<sup>3</sup> Moreover, elder abuse and mistreatment continues to be a problem that health care providers will need to recognize and manage.

Elder abuse, a very complex issue with diverse definitions and names, has been very slow to capture the public eye and public policy. Information on the prevalence of elder abuse is based on a small number of population-based studies in

selected developed countries with prevalence rates ranging from 1% to 10%. At this point, there are no well-designed prevalence studies of elder abuse in the developing world. Although the exact extent of elder mistreatment is unknown, its social and moral significance is obvious.

Even in the US, well designed overall prevalence data is lacking. For the US minority population, the data is even sparser. Available data suggest 10% of US elders experience abuse.<sup>6</sup> Approximately 820,000–1.9 million older individuals experience maltreatment annually.<sup>7</sup> Women are identified as victims in two-thirds of reported elder abuse cases. In a community-based sample of older adults, Pillemer showed the prevalence of abuse in older adults to be 3.2%, much lower than the other non-community based estimates.<sup>8</sup> More recently, Laumann et al. show that 9% of older adults report verbal abuse, 3.5% financial abuse and 0.2% physical abuse.<sup>9</sup> The National Elder Abuse Incidence Study (NEAIS) showed that approximately 450,000 older adults were abused and/or neglected during 1996.<sup>10</sup> In this study, women were victims in 76.3% of reports of emotional/psychological abuse, 71.4% of physical abuse, 63.0% of financial/material exploitation, and 60.0% of neglect. Both studies focused on detecting abuse in functionally dependent older adults receiving care. Few studies have focused on abuse in functionally independent adults. Mouton et al. showed that 11.1% of functionally independent older women were abused after age 55 years with a 5% three-year incidence.<sup>11</sup> Fisher and Regan reported even higher rates, with 47% of women over 60 years old reporting abuse since age 55.<sup>12</sup> While there is an emerging body of scholarly literature on elder abuse and mistreatment, relatively little data is available on elder abuse in the certain subpopulations, particularly individuals from the African Diaspora. In this article, we will review elder abuse in various populations of African origin, namely the sub-Saharan African Continent, the Caribbean, and starting with the US.

## THE AFRICAN DIASPORA

The African Diaspora began with the capture, exploitation, and exportation of Africans, mainly from the Western coast, by the Portuguese, Spanish, British, and French. Chattel slavery, beginning in the US in 1619, was uniquely harsh in the Americas. The slave economy in America necessitated the continued the subjugation of these captured Africans and their white

“owners” required brutal physical and psychological techniques of oppression supported by the legal system here in the US. These techniques were often metered out publically to instill fear in the other slaves. The psychological “scars” have been *trans*-generational and remnants can still be seen in the African American community.

Also, the disruption (or threat of disruption) of familial or supportive social bonds were used as a form of psychological abuse to control slaves’ behavior. This psychosocial abuse may have an influence on familial structure and relationships seen in current African American families. This harsh treatment of enslaved African Americans continued for 246 years with another 77 years of segregation which forced African Americans into substandard and restricted housing, education, healthcare, and economic opportunities. African American elders over 62 years old have spent at least some part of their lives in this period. It is against this historical backdrop that one must view the problem of elder mistreatment in the African diaspora.

## ELDER ABUSE IN US AFRICAN AMERICANS

As with other populations, older African Americans are exposed to various forms of abuse and mistreatment. In a study of Chicago residents, 24.9% of older African American participants reported abuse exposure.<sup>13</sup> African Americans 2.18–2.30 times more likely to experience psychological abuse.<sup>14</sup> In a prospective population-based study from Chicago, African Americans were more likely to experience elder abuse than whites (89% vs 56%) but less likely to have a hospitalization associated with abuse (RR 0.81).<sup>15</sup> Hudson showed in a sample of 944 community-dwelling adults (318 African Americans) that 9.2% of those over 65 years old reported experiencing physical abuse.<sup>16</sup> Mouton showed that among African American women, age 50–79 yrs, 0.7% reported exposure to Physical Abuse, 8.5% reported exposure to Verbal Abuse, and 1.8% reported both physical and verbal abuse.<sup>5</sup>

Furthermore, African Americans are 1.77–8.57 times more likely to experience financial abuse.<sup>9,14</sup> In fact, financial may be the most common type of abuse in African Americans.<sup>16</sup> Financial abuse in African Americans are even more disturbing given that African Americans tend to have lower financial resources and higher levels of poverty than their White counterparts. Older African Americans are more likely to live in neighborhoods that are poor, under-resourced, and plagued by violent crime. The violence in the neighborhoods exposes elderly African Americans to violence-related stressors at greater levels than those experienced by their White counterparts.

And exposure to racism and segregation over their lifetimes adds to the accumulated stress experienced by US African Americans. Accumulated stressors are shown to have a substantial impact on overall health and increase the risk of several chronic diseases. In fact, the greater accumulation of stress has been suggested as one of the contributors to the health disparities seen in this population of older adults; particularly higher rates of cardiovascular disease, diabetes, cancer, and dementia. These factors tend to make Older African Americans more vulnerable and at risk for elder abuse and its untoward effects.

### *Risk factors for elder abuse in US African Americans*

Several factors have cited as predisposing risks for elder abuse. Elders with dementia or cognitive impairment who exhibit disruptive behavior are at increased risk of physical abuse. Elders who suffer from depression, other serious mental health issues, or physical incapacity are more likely to suffer from neglect. Elders who have poor mental and physical health and social isolation are more likely to become a victim of financial abuse. Perpetrators of elder abuse are more likely to suffer from mental illness or substance abuse disorders or are dependent (usually financially) on the victim. Any history of violence in the past with the spousal or familial relationship can precipitate abuse. Each of these risk factors has a comparatively higher rate in US African Americans.

In African American elders, contextual issues affecting both elders and their caregivers can have an important role.<sup>17</sup> The legacies of slavery and racism have led to anger and hopelessness as well as economic and health disparities. Also, economic dependency on the part of caregiver perpetuates anger and frustration due to “cognitive dissonance.” Caregivers feel they should be taking care of their older parents but instead are dependent on these older adults for economic support. Moreover, some African American caregivers face barriers in developing the necessary skills for competent caregiving.<sup>17</sup>

Often these caregivers underutilize the resources that are available to them. The shared experience of racism, racial discrimination, and structural segregation leads to African Americans’ distrust of governmental authority and institutions. This mistrust also spills over to medical institutions. Furthermore, medicine has its own legacy of mistreatment of African Americans, such as the Tuskegee Experiment. These historically exploitive practices reinforce the opinion of some African Americans that public and healthcare institutions cannot be trusted.<sup>17,18</sup> Thus, African American elders and their caregivers will avoid seeking outside help even when needed. Caregivers may

Download English Version:

<https://daneshyari.com/en/article/8818156>

Download Persian Version:

<https://daneshyari.com/article/8818156>

[Daneshyari.com](https://daneshyari.com)