Increased Prevalence of Elder Abuse Following the COVID-19 Pandemic? The Merits and Implications for Public Health Practice

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Abstract

Family members regularly mistreat the elderly who rely on them because they lack financial stability and believe that seeking aid will exacerbate their predicament. Elder abuse studies conducted in the last two years indicate that an increased number of elderly citizens have been abused since the COVID-19 outbreak, and many of them did not receive assistance from agencies responding to abuse because they did not report any incidents and did not have access to a phone, even if they desired it. Researchers think that an increase in elder maltreatment is being fuelled, in part, by directives to shelter in place in response to the COVID-19 pandemic and the ensuing restrictions and lockdowns worldwide. While the UN acknowledges domestic violence against women as a "shadow pandemic," elder abuse may be just as dangerous. This article highlights elder abuse by doing a critical review of some of the recent studies conducted preceding to and during the outbreak of COVID-19. Its purpose is to critically examine existing claims that elder abuse has increased in prevalence since the coronavirus outbreak, to highlight critical public health implications, and to suggest additional initiatives for the early detection and management of elder abuse.

Keywords: Elder abuse, Covid-19 pandemic

1. Introduction

Elder abuse, which is frequently used interchangeably with elder mistreatment, is defined by the National Research Council as any episode of harm to an elder (typically those over the age of 60) that results from the intent of a caregiver or another person in a trust relationship with the elder, or from the caregiver's failure to meet certain fundamental needs of the elder (National Research Council, 2003, p. 3). According to the World Health Organization, it is defined as one or more behaviours or improper actions that occur within any relationship that involves an expectation of trust and result in injury or distress to an older person. In general, elder abuse is described as any form of physical, psychological, or financial exploitation of an older person. Additionally, elder abuse includes any infringement of an aged person’s right to protection, security, and proper health care (Anderson, Glanze, & Anderson, 1998).

An estimated one in every six individuals over the age of 60 has been a victim of one or more types of elder abuse in the past year (WHO, 2021). Each year, up to five million older
Americans are exploited, and victims of financial abuse suffer an estimated yearly loss of at least $36.5 billion (National council on aging, 2021, p. 1). As the world’s population ages, elder abuse has progressively developed into a public health and human rights crisis that cannot be ignored or expected to resolve itself. According to a recent meta-analysis of 28 countries (Yongjie Yon et al. 2017), elder abuse is prevalent in around 15.7 percent of cases. Mental abuse was the most frequent kind of abuse, accounting for 11.6 percent of all cases, followed by financial abuse at 6.8 percent. Neglect and physical abuse were the most common forms of maltreatment, accounting for 4.2 and 2.6 percent, respectively, while sexual abuse accounted for 0.9 percent. According to current data, the frequency of elder abuse in the community and in institutions has grown during the COVID-19 epidemic. According to one research conducted in the United States, rates in the community may have grown by as much as 84 percent in the aftermath of the COVID-19 epidemic (WHO, 2021).

2. Review of Existing Literature

Since the first reports of coronavirus illness, a constant stream of new public health policies has been implemented to safeguard the public. These efforts have been focused on reducing interpersonal interaction and preventing viral transmission. Personal, emotional, and economic anguish have already been created by social isolation, school closures, and the shutdown of non-essential enterprises. While it is well documented that older adults are at a greater risk of serious illness and death from COVID-19, they may also be at a greater risk of adverse effects from the protective measures used to protect them. Their social isolation, financial difficulties, and trouble accessing therapy and supplies are becoming increasingly common as worries about COVID-19 rise. Financial constraints and competing demands of family caregivers are also raising stress levels among the elderly. Recognizing elder abuse and neglect by health care professionals has been a point of contention in recent years. This is particularly true in light of the negative effect elder abuse has on their overall quality of life. Their quality of life is harmed by declining functional status and increased dependency, poor self-esteem and despair, feelings of helplessness, and a vicious cycle of social isolation, stress, and further psychologic deterioration. Elder abuse is a significant problem for healthcare professionals working in the disciplines of geriatrics, hospice, and palliative care, all of which have a high proportion of senior patients. They experience significant challenges with drug adherence, depression, self-neglect, inadequate nutrition, and a general lack of responsiveness to treatment.

In a recent study (Yon et al. 2017), researchers conducted a systematic review and meta-analysis of 52 studies from 28 different countries, utilizing secondary source data from multiple online databases (including PubMed, PsycINFO, CINAHL, EMBASE, and MEDLINE) to quantify and understand the prevalence of elder abuse in community settings. They conducted a systematic review and meta-analysis of current worldwide and regional estimates of elder abuse prevalence in order to meet the growing need for more accurate global and regional estimates. They sought to understand why prevalence estimates differ so widely by examining the demographic and methodological characteristics of studies. The study used a deductive approach and offered statistical proof of elder abuse’s prevalence. This was the first research of its kind to employ meta-analysis to quantify prevalence estimates generated from a thorough search approach that included papers not typically published in academic journals. There were
no similar meta-analyses prior to this investigation; however, throughout the course of this investigation, one systematic evaluation of the scientific literature indicated a global aggregate prevalence of elder abuse of 13% (95 percent confidence interval [CI] 76–211).

The study demonstrated a high level of external validity due to its close representation of the national population (subnational or city) in relation to relevant variables such as age, sex, and occupation; its sampling frame, which closely matched the target population; the use of random sampling techniques and/or census to select sampling; and the minimization of non-response. This study collected data in a consistent/exhaustive manner (at least 14 databases) and directly from individuals rather than through a proxy. For each database, a search method combining free text and limited vocabulary (ie, MeSH keywords) was developed to identify 415 potentially relevant full-text articles and 234 studies that provided data on abuse prevalence. It used a dependable and valid measurement approach to assess a well-defined entity (the United Nations definition of elderly/elder abuse), ensuring its internal validity. To avoid bias in data collection and synthesis, researchers retrieved articles that met the inclusion criteria regardless of their publication language. This is the first thorough examination of the subject to include articles written in non-English languages. Yan et al. analyzed 47 non-English articles, including ten in Spanish, Portuguese, Chinese, German, and Farsi. Additionally, the researchers contacted experts from the six WHO regions to elicit information on any relevant studies that may have been overlooked during the selection process. They then conducted meta-analyses on studies with the same prevalence period. Additionally, two reviewers examined titles and abstracts prior to obtaining and screening full-text articles using the eligibility criteria. Inter-rater consistency was examined using the Statistical Package for Social Sciences (SPSS Statistics 21), and the findings indicated a high degree of agreement among the reviewers. This analysis integrated a single outcome, which is the period prevalence across all trials considered. The total prevalence of elder abuse reported in the research includes any combination of abuse subtypes reported in other investigations. In the preceding year, the total prevalence of abuse was 15.7 percent (95 percent) CI 128–193. Pooled prevalence estimates were generated for each of the abuse subcategories, with trim and fill adjustments to account for missing data owing to publication bias. After adjustment, the prevalence estimate for psychological abuse was 116 percent (95% CI 81–163), neglect was 68 percent (50–92%), neglect was 42 percent (21–81%), physical abuse was 26 percent (16–44%), and sexual abuse was 9 percent (6–14%).

Despite the study's exhaustive search methodology, the bulk of articles came from high-income countries. Numerous regions of the world, most notably Southeast Asia and Africa, lack prevalence studies or have none at all, while having higher rates of abuse than developed nations. Additionally, this study examined period prevalence throughout the preceding year without taking into consideration the mortality rate of abused seniors in the preceding year. This indicator may have an effect on the period prevalence estimated. Additionally, critical aspects of psychological maltreatment were not assessed in this study. This is conceivable owing to definitional and measurement problems.

In general, this study revealed a somewhat greater prevalence of elder abuse than previously documented. However, the prevalence of abuse subcategories remained consistent with previous studies, with mental/psychological abuse and financial abuse being the most
prevalent. Individual studies included in this systematic review demonstrated considerable variation, with sample size, income classification, and data collection technique accounting for 26% of the variance. Additionally, it revealed that trials with fewer participants produced more accurate prevalence estimates. The findings of this study are based on a comprehensive systematic review approach and provide reliable evidence of the incidence of elder abuse that can be used to advise elder care professionals.

In a more recent survey (Chang et al. 2021), the frequency of elder maltreatment was determined in a target group of 897 old individuals who sought refuge at home during the pandemic. Elder abuse was discovered in one in every five older adults (21.3%), an increase of 83.6 percent over pre-pandemic prevalence estimates. The pandemic is thought to have increased elder abuse as a result of people being forced to stay at home and heightened interpersonal tensions. However, there is a dearth of empirical evidence. For the first time, this study examines the incidence of elder abuse in the United States during the coronavirus disease 2019 (COVID-19) pandemic, as well as the risk and resilience factors associated with it. Due to regulatory restrictions on movement and social interaction, the researchers combined data from two crowd-sourcing platforms used by a diverse group of older adults: Amazon MTurk and Lucid. They also used comparative samples from the National Elder Mistreatment Study (NEMS) and a prevalence survey conducted by researchers at the National Social Life Institute (NSHAP). Elders over the age of 60 who were also US citizens and literate satisfied the admission criteria. The data collection questionnaire included ten items modified from two of the earliest and most widely used self-reported assessment instruments for elder abuse: the Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) and the Vulnerability to Abuse Screening Scale (Hwalek & Sengstock, 1986; Schofield & Mishra, 2003), both of which demonstrated high reliability, content validity, and convergent validity. Descriptive statistics were used to determine the total proportion of older adults who tested positive for elder abuse. The researchers calculated the absolute difference and used chi-square tests to compare prevalence before and after the epidemic. The study's findings established a relationship between greater elder abuse prevalence and larger families, poorer health, a significantly diminished sense of community, less adherence to physical distance regulations, and more financial pressure. The study's originality, its well-defined target population with a suitably diversified sample size, a good sample frame that covers 30% minority communities, and adequately stated outcomes are among its merits. However, the report raises a number of issues. To begin, while excluding older individuals with low literacy may have been required to simplify the administration of the research data collection instrument, it raises worries that a significant segment of the population may have been left out of the study. Second, no mention was made about the response rate of the study, indicating that response bias may have impacted the study's results. Third, the study recruits an entirely new cohort of volunteers and compares them to pre-pandemic data from a completely different population. This conclusion may not be fully accurate, as it is difficult to state categorically that the community under investigation had a lower frequency of elder abuse before the pandemic. Additionally, the study was limited to inhabitants of the United States, limiting its generalizability to other pandemic-affected parts of the globe.
Overall, this study sheds light on the pandemic's influence on the frequency of elder abuse and has significant public health consequences. Due to the breadth of the available literature, it is plausible to conclude that the data supporting the prevalence of elder abuse during the pre-pandemic period is reliable. Additionally, there is evidence that the prevalence of elder abuse has increased after the COVID-19 pandemic. However, it looks as though the rate of expansion fluctuates according to the degree of constraint placed in various nations worldwide.

While senior abuse has undoubtedly increased in frequency over the last decade, the onset of the covid-19 pandemic has had an effect on a specific subtype of elder abuse. According to previous studies, the frequency of financial and psychological abuse was highest before the pandemic, whereas sexual abuse and neglect increased significantly during the pandemic. This shift is crucial because it underscores the need of revising techniques for detecting and managing elder abuse early. Additionally, the research indicates that techniques for managing senior diseases associated with abuse (e.g., chronic pain, opioid use, and cognitive impairments) may require innovative treatment approaches in order to mitigate the rise in elder abuse.

The growing trend in elder abuse has far-reaching consequences for victims, as well as geriatrics, hospice and palliative care, and other facets of public health/elder care. For instance, rather than displacing elderly people from their houses as most natural catastrophes do, restriction orders during the covid-19 pandemic have kept them in their homes. Although the impact of this restriction on victims of elder abuse has not been extensively investigated, it has the potential to be devastating. Additionally, churches and senior facilities have closed, resulting in less community access, increased social isolation, and fewer opportunities for informal monitoring. Elder abuse is associated with social isolation, a well-known risk factor for dementia (Pillemer et al., 2016). COVID-19 has wreaked havoc on the economy, forcing thousands of people to resign or be laid off. Due to the fact that many elderly adults have savings and get regular monthly income, jobless family members and others may be tempted to illegally access and squander this money. Additionally, because everyone is compelled to remain at home, older adults, particularly those with functional and cognitive disabilities, have encountered greater difficulty receiving help. For instance, an older adult who has been abused, neglected, or exploited may become imprisoned with the abuser and unable to reach out safely to friends, family, or community services. Healthcare professionals and responders caring for abused seniors and reacting to elder abuse incidents have had difficulty contacting victims who may be in stressful situations with the abuser and unable to speak on the phone.

In light of the foregoing, novel strategies for combating the rising incidence of elder abuse brought about by the covid-19 epidemic must be explored. To start, further reliable study is required to fully comprehend the pandemic's impact on the prevalence of elder abuse. Additionally, it is critical to study the impact of new regulations on the prevalence of elder abuse in various countries. Providers of care must now transition to well-planned remote contacts with older patients. These online sessions have already shown to be extremely beneficial in terms of keeping providers informed about service outages, new standards, and other roadblocks, as well as brainstorming new solutions. It may now be repurposed to allow...
older people to receive therapy in the comfort of their own homes. There is evidence that law enforcement agencies have begun contacting known elder abuse or domestic violence victims in order to collaborate on the creation of new safety measures and the deployment of code words (Parascandola et al. 2020). It is critical to use and develop this approach to enable seniors to report cases of abuse while being confined in the same location as the offender. Nutritional services for older citizens with restricted mobility should be increased through home meal delivery and better nutritional benefits, allowing them to maintain a balanced diet while complying to safety requirements. Activities of the Elder Abuse Helpline must be enhanced and increased. Despite operating remotely and not being impacted by the pandemic, they have observed an increase in call volume at this period. Strengthening them will ensure that seniors at risk of abuse are contacted as quickly as feasible. Furthermore, state-funded community-based elder abuse programs are expected to sustain and expand care to elders via remote visits with clients. When more conventional services are unable to reach the elderly, remote monitoring becomes important.

3. Conclusion

Finally, while the evidence for an increase in elder abuse during the covid-19 pandemic is circumstantial, it is convincing. Its truth is certain; only its magnitude is debatable. The covid-19 pandemic has exacerbated existing issues by increasing the prevalence of less common types of elder abuse, restricting access to victims, and even keeping the abused with the abuser. As a result, major changes in the way society and healthcare professionals approach the issue of elder abuse are necessary. A critical examination of the problem’s extent across various populations, as well as improvements to current methods of addressing elder abuse, are both critically needed.

Authors’ contribution

All authors contributed to the review of the most recent evidence for inclusion in the manuscript. All authors contributed to the critical review of the version of the article to be published.

References

