



THE CEYLON MEDICAL JOURNAL

Established 1887

The Official Publication of the
Sri Lanka Medical Association
Volume 54, No. 1, March 2009
Quarterly ISSN 0009-0875

All communications
should be addressed to
The Editors, CMJ

Editors Emeritus

Chris G Urugoda MD, FRCP
Colvin Goonaratna FRCP, PhD

Editors

Janaka de Silva DPhil, FRCP
Anuruddha Abeygunasekera MS, FRCS

Assistant Editors

Dennis Aloysius MBBS, FCGP
D N Atukorala MD, FRCP
Sarath Gamini de Silva MD, FRCP
S A S Goonawardena MS, FRCS
Dulani Gunasekera MD, MRCP
A Pathmeswaran MBBS, MD
Lalini Rajapakse MD, MSc
Channa Ranasinha MRCP, DTM & H
Udaya Ranawaka MD, MRCP
Koliitha Sellahewa MD, FCCP
Sivakumar Selliah MBBS, MPhil
Harshalal R Seneviratne DM, FRCOG
Shalini Sri Ranganathan MD, PhD

International Advisory Board

Kamran Abbasi MBChB, MRCP
London, UK

Raja Bandaranayake FRACS, PhD
Sydney, Australia

Peush Sahni MS, PhD
New Delhi, India

R K Tandon MD, PhD
New Delhi, India

Zulfiqar Ahmed Bhutta FRCPCH, PhD
Karachi, Pakistan

Continued overleaf

Elder abuse – a wake up call

Abuse and neglect of older persons is universal [1-6]. It is under-recognised and under-reported [4,5], and results in thousands of silent sufferers. In similar vein, twenty or thirty years ago, many societies throughout the world denied the existence of violence against women or child abuse. Research and discussion on these issues have now resulted in legislative changes worldwide that protect the vulnerable groups. The same can be said in relation to the current lackadaisical approach to elder abuse. It is a public health and social problem that needs to be addressed urgently.

The first modern reports on elder abuse appeared in the UK medical journals in 1975 as “granny battering” [1]. In the 1970s and 1980s, elder abuse was limited to anecdotal reports, personal series and analyses of cases presenting to a particular service [2,3,4]. The first prospective population based study was from the USA (The Boston Study) in 1988, and it exposed some of the myths related to elder abuse [5].

In Asian cultures many socio-cultural and religious practices are based on the extended family concept and incorporate respect and compassion for elders. Elderly relatives are looked after by the younger generation. It is considered disgraceful to let an elderly relative live on their own or in a care-home. It is common for elderly grand-parents to live in the same house with the children and grandchildren. However, modernisation has brought in many changes to families, leaving the elderly more vulnerable. The dwindling of the extended family, the rise of dual-career families, a possible shift in filial values, greater chances of a prolonged old age, more empty-nest years, and dependency have been identified as factors that make the elderly more susceptible than before to abusive treatment in India [6].

Elder abuse, which was once termed “battered granny syndrome”, is defined as the “physical, sexual, psychological, or financial maltreatment of a person made vulnerable by advanced age” [7]. It currently incorporates the abuse of all vulnerable victims over 65 years of age, and elders suffering from chronic disease, disability or mental disorders. These individuals are less likely to lead an independent life, and in most instances depend on state sponsored institutions, or they may come under the legal custody of their biological relatives. On some occasions such elders are deprived of prompt medical or nutritional attention when the need arises. At times the helpless individual ends up being starved and becomes more prone to natural illnesses or infectious diseases [8,9,10]. It is of paramount importance that the concept of elder abuse incorporates broader aspects such as starvation and neglect as well.

With increasing awareness of the extent of the problem, legislators also have tried to define elder abuse. According to a report from the Health

Samiran Nundy FRCS, FRCP
New Delhi, India

N Medappa MD
New Delhi, India

Jane Smith BA, MSc
London, UK

Anita KM Zaidi MMBS, SM
Karachi, Pakistan

David Warrell MD, FRCP
Oxford, UK

Advisory Board for Statistics and Epidemiology

Lalini Rajapakse MD, MSc

Kumudu Wijewardene MBBS, MD

A Pathmeswaran MBBS, MD

Published by

The Sri Lanka Medical
Association

Wijerama House
6, Wijerama Mawatha
Colombo 7
Sri Lanka

Tel: +94 11 2693324

Fax: +94 11 2698802

Internet home page

<http://www.sljol.info/index.php/CMJ/index>

e-mail: office@cmj.slma.lk

Printed by

Ananda Press

82/5, Sir Ratnajothi Saravanamuttu
Mawatha, Colombo 13
Sri Lanka

Tel: +94 11 2435975

Fax: +94 11 2385039

e-mail: anpress@sltnet.lk

© The Ceylon
Medical Journal

***This journal is indexed in BIOSIS, CAB
International, EMBASE, and
Index Medicus***

Committee of the House of Commons, UK, elder abuse is defined as “a single or repeated acts that may be physical, verbal or psychological, or it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it” [11]. The United Nations also acknowledges elder abuse in Principle 17 and the International Plan of Action on Ageing states that “Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse”. Since elder abuse and neglect have many aspects, some believe, that as in child abuse, different definitions are necessary within professional roles, such as legal definition, case management definition and research definition.

Reported elder abuse and neglect in any society are usually underestimates because many of the victims are ashamed to reveal the true situation they are in. A prevalence study of elder abuse was first attempted in the USA in late 80s. In the UK, the first prevalence study was completed in 1991. Physical and financial abuse reported by elderly people (at 95% confidence interval) was 94-505 per 10000 population, whereas verbal abuse was 561-1123 per 10000 population [12]. Studies on prevalence of elder abuse and neglect from Canada, Australia, Finland and Israel indicate that there is variation in the rates as well as in the commonest type of abuse [13-16]. For example, Canada records higher rates for financial abuse, whereas the UK records higher rates for verbal abuse.

Diagnosis of elder abuse and neglect can be difficult, and some of the presentations may not be typical. It is often difficult to establish whether an injury is the result of accidental or deliberate trauma even after painstaking investigation. Although there are few signs such as multiple contusions in the limbs and chest indicating the application of force, many signs and symptoms overlap with the normal pathologies of ageing. Experts say that prospective trials are clearly impossible since any report can fall victim to expert prejudice [17]. Several assessment instruments have been developed to identify victims of elder abuse. They are mostly administered by healthcare professionals [18,19]. Some of these tools are useful to identify signs of active abuse while others are useful to detect risk factors for abuse.

In 2000, the Government of Sri Lanka passed an act on elder care – Protection of the Rights of Elders Act, No 9 of 2000, which established a national council for elders whose principal function is the promotion and protection of welfare and rights of elders and to assist elders to live with self respect, independence and dignity. It also made provisions for an elderly person to seek financial help from children. In terms of this Act, children shall not neglect their parents willfully and it is the duty and responsibility of children to provide care and look into the needs of parents. The state only provides residential facilities to destitute elders without children. Application for maintenance order from one or more of the children to pay the parent a monthly allowance is also provided for. However, this legislation does not address other areas of elder abuse, such as physical, sexual, financial or psychological abuse. Sri Lanka lacks an advanced system of social care of the elderly although the elderly population in the country is on the increase. According to the 2003 census, 10.3 % of our population was over 60 years. Global statistics indicate that the population of persons over 60 years will increase from 10% to 21% from 2000 to 2050 [21]. Therefore, the magnitude of the problems associated with the elderly will be even greater in the future.

Acceptance of the concept of ‘elder abuse’ is the first step towards the identification and management of elder abuse. Medical professionals are often the first contact for elderly people when they present for health needs. Every

doctor should be competent in identifying the symptoms and signs of abuse. Adequate training should be provided at both undergraduate and postgraduate levels. Forensic pathologists should play a lead role in identification and documentation of abuse in both the living and the dead. Elder abuse and neglect may co-exist in cases where death was due to natural causes. A mechanism of reporting and investigating such a diagnosis should be incorporated into routine postmortem examinations of the elderly.

Currently there is neither research nor a social dialogue on elder abuse in Sri Lanka. Although the 2000 legislation deals with the issue of “care of the elderly”, especially of those neglected by their own families, issues regarding physical, financial and psychological abuse are inadequately addressed. The medical community in Sri Lanka has a duty to initiate a dialogue based on sound evidence to address this issue. We recommend awareness programmes among medical professionals on elder abuse, formulation of locally relevant protocols and risk assessment tools to detect abuse, training medical undergraduates and postgraduates to detect and manage elder abuse, promotion of research and discussion with stakeholders, setting up committees with professionals from disciplines associated with care of the elderly, and the development of a policy and improved legislation for protection of the elderly.

References

- Baker AA. Granny battering. *Modern Geriatrics* 1975; **8**: 20-4.
- Burston G. Do your elderly relatives live in fear of being battered? *Modern Geriatrics* 1977; **7**(5): 54-5.
- Davidson L. Elder abuse. In: Block MR, Sinnott JD eds. *The Battered elder syndrome: an exploratory study*. University of Maryland Center for Aging, College Park 1979.
- Estman M. Granny battering: a hidden problem. *Community Care* 1982; **413**: 12-3.
- Pillemer K, Finkelhor D. The prevalence of elder abuse: a random sample survey. *Gerontologist* 1988; **28**(1): 51-7.
- Jamuna D. Issues of elder care and elder abuse in the Indian context. *Journal of Aging and Social Policy* 2003; **15**: 125-42.
- Nadien MB. Factors that influence abusive interactions between aging women and their caregivers. *Annals of the New York Academy of Sciences* 2006; **1087**: 158-1696.
- Ortmann C, Fechner G, Bajanowski T, Brinkmann B. Fatal neglect of the elderly. *International Journal of Legal Medicine* 2001; **114**(3): 191-3.
- Bradley M. Caring for older people: elder abuse. *British Medical Journal* 1996; **313**: 548-50.
- Paranitharan P, Pollanen MS. The introduction of injury and disease in the elderly: a case report of fatal elder abuse. *Journal of Forensic and Legal Medicine* 2009; doi: 10.1016/j.jflm.2008.12.019
- House of Commons Health Committee. Elder abuse 2nd Report of Session 2003-4. The Stationery Office Limited, London. Published on 20 April 2004.
- Ogg J, Bennett CGJ. Elder abuse in Britain. *British Medical Journal* 1992; **305**: 998-9.
- Podnieks E. National survey on the abuse of the elderly in Canada. Ryerson Polytechnic Institute, Ottawa, 1989.
- Kurrl SE, Sadler PM, Cameron ID. Patterns of elder abuse. *Medical Journal of Australia* 1992; **157**: 673-6.
- Kivela S, Paivi KS, Kesti E. Abuse in the old age – epidemiological data from Finland. *Journal of Abuse and Neglect* 1992; **4**(3): 1-18.
- Siegel-Itzkovich J. A fifth of elderly people in Israel are abused. *British Medical Journal* 2005; **330**: 498.
- Bennett G, Rowe J. Elder Abuse in Forensic Medicine Clinical and Pathological Aspects. Eds. Payne James J, Busuttill A, Smock W. Greenwich, London 2003; 487-98.
- Ferguson D, Beck C. HALF – a tool to assess elder abuse in the family. *Geriatric Nursing* 1983; **10**: 301-4.
- Schofield MJ, Reynolds R, Mishra GD, Powers JR, Dobson AJ. Screening for vulnerability to abuse among older women: women’s health Australia study. *Journal of Applied Gerontology* 2002; **21**(1): 24-39.
- Neale AV, Hwalek MA, Scott RO, Sengstock MC, Stahl C. Validation of the Hwalek-Sengstock Elder Abuse Screening Test. *Journal of Applied Gerontology* 1991; **10**(4): 406-18.
- Department of population census www.statistics.gov.lk web site accessed 10.11.2008.

P Paranitharan and **P A S Edirisinghe**, Department of Forensic Medicine, and **S Williams**, Department of Psychiatry, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka.

Correspondence: PP, e-mail: <parani@dialogsl.net>. Conflicts of interest: none declared.