## Elderly Abuse Narrative Review

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Abstract: The following paper was conducted as a requirement for BBH 411W short paper number two. The form of writing presented is a narrative review. Research about elderly abuse was gathered from several peer-reviewed articles. The review on elder abuse analyzed risk factors, protective factors, and prevalence. The studies found that abuse is difficult to define and it is effected by mental health of the elderly individuals. Following the research different scenarios of how to talk about abuse with people in professional or personal settings was shared.

Disclaimer: The purpose of the writing is to fulfill course requirements for BBH 411W and to stand as a personal writing sample, but the findings should not be treated as generalizable research.

Elderly abuse is a growing public health concern in today’s society. Researchers have determined that approximately 25 percent of all elderly people in institutions are experiencing some sort of abuse (Crimes against seniors, 2015). Often time older people chose not to report abuse, therefore it is possible for that percentage to be higher. The message presented in the analyzed public service announcement is “Some people respect their elders, some people abuse them. Prevent elder abuse” (Crimes against seniors, 2015). This message is sponsored by the Bureau of Justice Assistance and the National Crime Prevention Council.

 To look deeper into this issue two peer reviewed research articles were analyzed. The first study that was considered was a retrospective study which used forensic medical exams to investigate victims of abuse. The tests were conducted at the North Forensics Medical Services of Portugal. This study was conducted for nine years, it began in 2009 and concluded in 2014 (Frazao et al., 2015). The sample included 59 individuals over the age of 65 that were supposedly victims of mistreatment in the institutional settings (Frazao et al.,2015).

 Results from this study showed a dramatic age difference of those who were abused. Approximately 79 percent of those who reported abuse were women over the age of 75 years old (Frazao et al, 2015). There are several factors that could justify this sex difference, a possibility is women tend to live longer than men. Approximately half of the sampled population experienced some form of abuse due to their inability to communicate effectively and their severe disabilities (Frazao et al.,2015). The forensics reports only showed about five percent of the population as being physically abused. However, statistical significance was evident from this study a p value of 0.003 showed that the degree of the individual’s disability correlated with the degree of neglect that they experienced (Frazao et al., 2015).

 The next study that was explored focused on describing patterns that existed amongst elderly people that were being abused. The people in this sample were not in institutions, instead they were living in the privacy of their own homes and the nurses that took care of them were a part of Sweden’s district nurses. The sample of elderly people was developed at random from a pool of individuals who reported abuse in the previous years (Britt-Inger et al., 1993). A sample of 163 nurses were asked to participate in this study, their job was to attend informational meetings about abuse and then during a six month period report any kind of abuse they witnessed or conducted while among the elderly patients (Britt-Inger et al., 1993).

 Descriptive statistical methods were used to interpret the data. Results showed that only 12 percent of the nurses reported abuse of the elderly, and 88 percent did not report abuse (Britt-Inger et al., 1993). Some of the participants claimed they were not interested in completing the study, others said they were off duty, or did not have time to report. Results showed that the mean age of the abused was 78 years old (Britt-Inger et al., 1993). Approximately 60 percent of them were females. The biggest limitation in this study was the nurse’s perception of abuse (Britt-Inger et al., 1993).

 A systemic review on elder abuse analyzed risk factors for elder abuse, risks, protective factors, and prevalence (Dong, 2015). This review found that elder abuse is common however it is difficult to specify because the definitions of abuse are not consistent across the board (Dong, 2015). Another systemic review shares that the mental health of an elderly person influences their susceptibility to neglect and abuse (Cooper & Gill, 2014). I am in a professional setting, in fact I am a director of nursing in the local nursing home, Manor Care. One day I witness that one of my employee’s residents has been ringing their call bell all day because they are experiencing severe pain. However, the nurse fails to attend to them because she is too busy. This is evidently abuse therefore I decide to have a conversation with my employee April.

I say to her April, I have realized that Mrs. Thomas’ call light has been one for a few hours I would like to bring it to your attention that this is indeed a form of neglect. It is in our job description to be as attentive to each of our residents as possible. I would expect April to respond in a professional manor and understand why is important that we treat all residents the same.

 If I am having a conversation with my mother as my relative it should be easy to communicate with her. One day I realize that she failed to feed my grandmother any meals this caused her to pass out. I would explain to my mom that failure to feed an elderly person is abuse. I would specifically say, mom it is not nice to neglect older people because you are too busy they are just as important and your children. My mom may be busy but she will be understanding and most likely respond, I will develop a schedule to help me to remember to feed her, I am truly sorry.

 Lastly, me and my best friend work at manor care nursing home, one day I realize that she did not give Mr. King a sponge bath because he is too big although his chart says otherwise. I say to her just because he suffers from dementia does not give you the right to treat him any less of a person. My friend responds to me I will do better. I figured somebody else would do it if I didn’t. She promises to try and treat all the residents how she would want to be treated. The conversations I have with each member will be as sincere as possible while getting my point across.

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