



## Forensic Medical Perspective of Elder Abuse

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### ABSTRACT

The issue of elder abuse and neglect is an important public health problem that requires urgent attention from social assistance institutions, health systems, political institutions, and citizens, can create devastating individual and social consequences, and is not unfortunately adequately reported. Elder abuse can cause serious consequences on both mental and physical health, such as injury, death, anxiety, depression, substance addiction, and suicide.

Necessary precautions should be taken to prevent elder abuse. First of all, it is very important to raise awareness of elder abuse and to raise awareness of the entire society on this issue.

**Keywords:** Elder abuse, neglect, domestic violence, nursing home life, forensic medicine.

## Yaşlı İstismarına Adli Tıp Bakış Açısı

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### Öz

Yaşlı istismarı ve ihmali sosyal yardım kurumlarının, sağlık sistemlerinin, siyaset kurumlarının ve vatandaşların acilen ilgilenmesi gereken aksi takdirde yıkıcı bireysel ve toplumsal sonuçlar yaratabilen, maalesef bildirimi de yeterince yapılmayan önemli bir halk sağlığı sorunudur. Yaşlı istismarı yaralanma, ölüm, anksiyete, depresyon, madde bağımlılığı, intihar gibi hem ruhsal hem de fiziksel sağlık üzerinde ciddi sonuçlara neden olabilmektedir.

Yaşlı istismarının önlenmesi için gerekli önerilerin alınması elzemdir. Her şeyden önce, konunun farkındalığının ve tüm toplumun bu konuda bilinçlendirilmesinin sağlanması gerekir.

**Anahtar sözcükler:** Yaşlı istismarı, ihmal, aile içi şiddet, huzurevi yaşamı, adli tıp.

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## Introduction

Abuse, which can be encountered in all societies and cultures at different economic levels, is not limited to the family or the general population but is also a serious social problem that manifests itself in the form of physically and psychologically harming and taking advantage of the elderly, which can be encountered in institutions providing health services and social services<sup>1-4</sup>.

World Health Organization (WHO) defined elderly abuse in the Toronto Declaration published at the meeting held with the participation of the Organization for the Prevention of Elder Abuse, Toronto, and Ryerson Universities, to prevent abuse against the elderly on a global scale, as "one or repeated inappropriate behavior that harms or causes stress to the elderly in any relationship with an expectation of trust"<sup>5,6</sup>. According to a definition made by the United States Centers for Disease Control and Prevention, it is the intentional action or failure to act of a caregiver or another person that poses or causes a risk of harm to an older adult in a relationship involving the expectation of trust<sup>7</sup>.

Many situations appear to put older people at risk of violence. Some situations may also worsen the older person as a result of stress and frustration as the older person becomes more dependent with strained family relationships. Sometimes, the caregiver's dependence on the elderly person for shelter or financial support can be a source of conflict<sup>8,9</sup>.

Older adults may experience with abuse in many different settings. Elder abuse is more likely to occur in the family environment for reasons such as the challenging nature of aging and adapting to changing family dynamics. Elderly people may be abused in public by an acquaintance or caregiver. Elder mistreatment can also occur in institutional settings, such as a hospital, long-term care facility, or nursing home.

Risk factors that affect the abuse of the elderly can be classified into three main groups<sup>10,11</sup>:

### 1 – Characteristics of the abused elderly

- Being of advanced age,
- Loss of status and power,
- Having a low income,
- Lack of attractive financial resources,
- Presence of functional disability,
- Cognitive impairment or disability,

- Having a mental illness,
- Being dependent on someone,
- Social isolation situation,
- Relationship and dependency with the perpetrator,
- Having a history of abuse/trauma early in life.

### 2 – Characteristics of the abuser

- Not embracing the care role,
- Lack of necessary knowledge and experience for maintenance,
- Personality problems (inability to control thoughts and behavior),
- Substance use addiction,
- Unemployment/financial insufficiency,
- Perceiving violence as a solution,
- Taking more responsibility than necessary,
- Trying to provide support under bad economic conditions,
- Presence of mental illness,
- Inability to cope with stress,
- Having a history of domestic abuse.

### 3 – Social factors:

Social factors are the important risk factors for an elderly person to be maltreated. Many older people are isolated due to physical-mental illnesses or the loss of friends/family members.

Age discrimination or negative attitudes leads to prejudice, hostility or social isolation. The experience of abuse may be overlooked, and concerns or disclosures about the abuse may not be taken seriously. The main social factors that encourage abuse are:

- Giving caregivers more freedom in routine care and decision-making,
- High tolerance and acceptance of aggressive behavior,
- The erosion of the concept of family,
- Insufficiency/lack of social policies and support networks,
- Seeing cultural change,

- Transformation from extended family to nuclear family,
- High preference for living together.

### Classification of Elder Abuse

Elder abuse is a multidimensional concept that covers physical, psycho-social, economic, sexual abuse, abandonment, and neglect types<sup>6,12</sup>.

**A. Physical Abuse:** Even if there is no traumatic finding, it is the deliberate hitting or rude treatment of an older adult by the individual he or she trusts or is responsible for his or her care. These actions are defined as ecchymosis, whip marks, burn wounds, cut and compression marks caused by behaviors such as slapping, hitting, burning with cigarettes or other hot objects, and are frequently seen and unexplained lesions. These are behaviors such as causing physical harm to the body, causing pain, physical obstruction, being forced to stay in bed, or giving very little medication or physical restriction<sup>10,12-16</sup>. In a study conducted in 1996 on elderly people applying to stay in nursing homes, it was found that approximately one in four people (25.66%) were exposed to physical abuse<sup>17</sup>.

#### Diagnostic elements in physical abuse

- Physical injury such as hitting, burning, pushing, hair loss, abrasion,
- Fractures at different healing stages,
- Hearing loss, confusion,
- Anesthetizing or anesthetizing with various methods,
- Giving too much, too little or wrong medication required for treatment,
- Inconsistency between the stories told and the lesions seen on the body.

**Companion's behavior:** Medical help is usually sought from different places. Even when seeking medical treatment, shyness and disorientation are noted. In drug abuse, the presence of symptoms such as full alertness may be denied. There may be fear and anxiety in the caregiver or family member<sup>10</sup>.

**B. Psycho-Social Abuse:** It can be in the form of humiliating, insulting, blaming, intimidating, shouting, threatening to send someone to a nursing home, preventing them from making decisions,

isolating them, intimidating them, giving harsh orders, or verbal harassment.

#### Diagnostic elements in psychosocial abuse

- Unexplained, incompatible changes in the elderly person's personality and behavior (such as his glasses being broken),
- Intense somatic complaints, nutritional problems, chronic fatigue,
- Decreased self-esteem,
- Feeling of hopelessness,
- Experiencing post-traumatic stress disorder,
- Having a sleep disorder,
- Verbal aggression,
- Being fearful, anxious and/or depressed,
- Having thoughts of suicide,
- Giving up his decision without any reason,
- Having difficulty concentrating<sup>10</sup>.

**C. Economic Abuse:** WHO defines economic abuse in the elderly as the illegal or inappropriate use and exploitation of the elderly person's funds or resources<sup>18</sup>. It is also known by professionals that economic abuse is accompanied by psychological abuse, which occurs through intimidation, control, and instilling fear.

There are various ways in which economic exploitation occurs. It is the type of abuse most likely to attract the attention of professionals in diverse fields as banking, law, and the welfare industry. Examples such as taking money from the elderly person without permission, using valuable assets, using bank or retirement accounts, their expenses Examples include persistent failure to pay bills and bills, a lower standard of living that is not commensurate with the elderly person's income, the elderly's share of household expenses being too high, and adult children depending on their elderly parents for housing or financial support due to addiction or mental illness, etc. Among the ways economic exploitation is carried out, these include the abuse of powers of attorney, forced changes in wills, unethical trading of property rights, and forcing unauthorized persons to sign documents regarding assets that will provide financial gain to the perpetrator<sup>7</sup>.

**D. Sexual Abuse:** It is the forcing of an individual into any sexual activity without his/her consent. The

number of studies on sexual abuse is quite low. Older women remain vulnerable to sexual assault by their husbands/partners and family members. They may also face threats from service providers they may rely on for general care, health care, and specialty care. Attacks in such environments can be carried out by female personnel as well as male personnel<sup>19</sup>. Symptoms of sexual abuse in the elderly include lacerations in the genital and anal areas that are difficult to explain, ecchymosis, bleeding, torn clothes stained with blood, ecchymosis and bite marks on the chest, and diseases transmitted through sexual intercourse, etc. can be listed as follows.

**E. Neglect and Abandonment:** It is the failure of individuals responsible for caring for the elderly (family, social institution workers, private caregivers) to meet the daily needs of the elderly or the abandonment of the elderly. It is the situation where the needs of the elderly are not met (nutrition, cleaning, shelter, clothing, health, and medicine supplies). When evaluated together with all these, a decrease in the social relations of the elderly occurs.

### Signs of neglect

- Malnutrition in an elderly person who cannot feed without help, excessive weight loss without any disease, and kidney problems due to dehydration.
- Such as the inability of the elderly to access medical treatment and interventions, the inability to meet their physical or mental health needs and to protect themselves from harm that threatens their health and safety, and the failure to provide necessary medications.
- Failure to treat decubitus ulcers in a bedridden elderly patient,
- Poor personal hygiene,
- Ignoring existing symptoms or over-explaining them<sup>20</sup>.

### EPIDEMIOLOGY

With the decrease in the fertility rate, which started in the twentieth century and continues to the present day, the development of health care services, increased health awareness, and the development of diagnosis and treatment opportunities, people's life expectancy is longer, and the rate of the elderly population is increasing rapidly<sup>21</sup>. Elder abuse causes the situations such as severe physical traumas and chronic psychological problems increased stay in nursing homes,

increasing use of emergency services, hospitalization, life-threatening diseases or disability and death, and can have serious consequences for individuals and society<sup>15,21-25</sup>. Erden and Boz stated that in elderly individuals who have been exposed to abuse, diseases related to psychiatry and neurology increase by 4.7 times, deterioration in general health status increases by 3.5 times, and widespread use of health services increases by 2.1 times<sup>26</sup>. Elder abuse can cause not only physical diseases but also many psychological disorders, including depression and anxiety<sup>15,27,28</sup>. In another study conducted on abused elderly people; It was determined that the risk of depression and anxiety was 2.24 times higher<sup>21</sup>. Additionally, it has been reported that the rate of chronic diseases is higher, especially in older women, and the use of antidepressants and other psychotropic drugs is increasing<sup>29,30</sup>.

### Elder Abuse in the World

Abuse cases in old age are generally hidden by their families, caregivers, and abusers, or are rarely reported to authorized persons, so abuse cases remain secret<sup>31</sup>. Although the science of gerontology is increasingly becoming an important field of study, there is a serious lack of research on elder abuse<sup>10</sup>. Since the elderly population is increasing rapidly in most countries of the world, it is predicted that the number of people affected by elder abuse will also increase<sup>15,21,32,33</sup>. WHO considers individuals aged 60 and above as elderly. The global elderly population, currently around one billion, is projected to double by 2050. The elderly population is growing both in number and proportion within the general population of many countries in the world<sup>1</sup>.

It has been determined that global reporting of elder abuse cases is 4%<sup>33</sup>, and the prevalence of elder abuse based on self-report is 15.7%<sup>34</sup>. In corporate areas, it is reported that 64.2% of employees engage in elder abuse<sup>1</sup>.

WHO estimates that 15.7% of people aged 60 and over were subjected to abuse in 2019. In 2015, it was observed that one in six elderly people worldwide were exposed to abuse. Elder abuse is reported to be 10% in the USA and 14.2% in Turkey<sup>21</sup>. In the study data on intimate partner violence among older women, it was found to be 27% in those over the age of 65, 30% in the 50-65 age range, and 33% in the 16-49 age group. It is possible that these rates are lower than they should be because many cases of elder abuse are not reported and are hidden<sup>21,23</sup>. In the Netherlands, in 1998, 1.2% of physical abuse, 1.4% of economic

abuse and 0.2% of neglect cases were encountered. Among types of elder abuse in the USA in 2010, 2% of physical abuse, 5% of psychological abuse, 1% sexual abuse, 5% economic abuse and 5% of neglect were determined<sup>35</sup>.

Information on the extent of abuse in the elderly population is inadequate, and the few population-based studies conducted indicate that 4% to 6% of the elderly are exposed to some form of abuse at home. Elderly people are also at risk of abuse in institutions such as hospitals, nursing homes, and other long-term care facilities. For example, according to a US survey, 36% of nursing home staff reported witnessing at least one incident of physical abuse of the elderly in the previous year, 10% reported committing at least one act of physical violence, and 40% reported that the elderly were psychologically abused<sup>35</sup>.

### Elderly Abuse in Our Country

In our country, studies on the abuse and neglect of the elderly are limited, and the size and scope of the problem is not sufficiently known. According to the data of the Turkish Statistical Institute, the population aged 65 and over, which is considered the elderly population in our country, was 6 million 895 thousand 385 people in 2017, and increased by 22.6% in 2022, reaching 8 million 451 thousand 669 people. The proportion of the elderly population in the total population increased from 8.5% in 2017 to 9.9% in 2022. In 2022, 44.4% of the total elderly people were men and 55.6% were women<sup>36</sup>. According to population projections, the elderly population rate is predicted to be 12.9% in 2030, 16.3% in 2040, 22.6% in 2060 and 25.6% in 2080<sup>37</sup>. According to the report of the Association for Aging Studies, 209 cases of abuse, neglect, violence, violation of rights and discrimination against the elderly were detected across the country in September 2021. It is stated that 54% of these cases resulted in death<sup>38</sup>. In 2004, 1.5% of physical abuse, 2.5% of economic abuse and 3.5% of neglect cases were encountered<sup>39</sup>.

### PROBLEMS IN DIAGNOSIS

The most important factor in elder abuse and neglect is not noticing the problem or missing the diagnosis.

#### A-Personal Obstacles

- Fear of the elderly person being blamed by his/her caregiver,

- The elder's fear of his/her family's behavior and that he will be treated worse or fear of being sent to an institution, if he reveals the incident,
- Fear that no one will believe him/her,
- Thinking that the situation is his/her own fault,
- Not knowing how and in what way to explain the event,
- Not being socially or economically independent,
- The most important thing is that he/she does not know how and where to get help.

#### B-Healthcare Professionals and Institutional Obstacles

- The health worker does not know how and what kind of questions to ask to reveal

elder abuse,

- The healthcare professional's lack of knowledge or desire to make notifications and

keep records,

- Have concerns about taking responsibility for evaluation and action,
- Ignoring the problems due to lack of control and various concerns in nursing homes.

The most common place where abuse and neglect occurs is the home environment where the victim lives. The elderly person may be out of the home rarely or not at all, so it may be easy to hide the abuse. According to a study in the USA, it was determined that 90% of those responsible for abuse and neglect were family members, and approximately 2/3 of them were the child or spouse of the individual<sup>40</sup>.

Another reason for difficulty in diagnosing abuse is that the hospital staff does not need to question the symptoms such as bruises, signs of malnutrition, introversion, and withdrawal that they see in the elderly person, thinking that they are due to old age. In addition, they are exposed to neglect and abuse in institutional care as a result of nursing homes and rehabilitation centers not responding to their needs, administrators' indifference to the issue, healthy elderly people and mentally ill elderly people being kept in the same environment, and disciplinary punishment being imposed on the elderly.

## FORENSIC DIMENSION OF ELDER ABUSE

### Responsibility of Healthcare Professionals in Elderly Abuse

According to Turkish Penal Code-Article 280; "It is a crime for healthcare personnel not to report a forensic case admitted to a healthcare center while on duty. Since abuse is considered a judicial case, it is mandatory to report it to the judicial authorities"<sup>41</sup>.

### Abandonment

According to Turkish Penal Code-Article 97; "Any person who abandons a person who is unable to manage himself due to age or illness and who is therefore under the obligation of protection and supervision, shall be punished with imprisonment. In addition, if the victim suffers from a disease, is injured or dies due to abandonment, he/she will be punished according to the provisions of aggravated crime due to its consequences"<sup>41</sup>.

### Failure to Fulfill Assistance or Notification Obligations

According to Turkish Penal Code-Article 98; "Any person who does not help a person who is unable to manage himself due to age, illness or injury or for any other reason, to the extent that the circumstances allow, or who does not immediately report the situation to the relevant authorities, will be punished. Additionally, if the person dies, his/her punishment will be increased"<sup>41</sup>.

## CONCLUSION

As a result of developments in health and technology in the last century, the death rate has decreased. The life expectancy and the proportion of the population over the age of 65 in the total population have increased<sup>16,42,43</sup>. On the other hand, it is a period when the risk of addiction and accidents of individuals in this period increases, their physical and mental abilities decrease, and many chronic diseases are experienced. Therefore, there are difficulties in detecting the phenomenon and presenting the problem in elder abuse or neglect for many reasons. Considering the family as sacred and not intervening in family relations, separating the elderly from society and leaving them at home and not being able to communicate with others, the level of the elderly individual perceiving neglect or abuse as a problem, not being willing to report their family, the lack of awareness of the society in this area, insufficient employment of employees in professional groups related to the elderly can be considered among these reasons<sup>6,12</sup>.

The economic, social, physical, and psychological processes that the individual must cope with during the aging period cause significant difficulties in the elderly. In this process, all segments of society, especially families, have great responsibilities in order to provide the necessary support to elderly individuals<sup>44</sup>. Violence is seen as an important problem that tends to increase in today's world. Elderly abuse, the most common type of violence, is a phenomenon related to spousal abuse and domestic violence<sup>45,46,47</sup>.

The places where abuse and neglect can occur most include the elderly's own home, hospitals, nursing homes, and day care homes. Studies show that abuse and neglect can occur in every society, at every economic level, ethnic and religious structure<sup>45,48</sup>. In studies evaluating the knowledge level and attitudes of emergency service personnel towards elderly abuse and neglect in our country, it has been observed that emergency care workers have insufficient knowledge about identifying risk factors for elder abuse, taking a focused history, performing a detailed physical examination, knowing their legal obligations and reporting forensic cases, and the majority of them have not received training on this subject before and after graduation<sup>21</sup>.

## Barriers to Reporting Elder Abuse

### •For the victim

#### Bound by fear.

- 1-They are afraid that the abuser will do harm to them if they report the abuse,
- 2-They are afraid that they will be placed in an institution,
- 3-They think that the police and social institutions cannot help them.

#### Due to family loyalty

- 1-The elderly individual wants to protect his loved ones even if he encounters abusive behavior from his family member,
- 2-They are ashamed to tell anyone that a family member attacked them or stole their money.

#### Due to disability or lack of control

- 1-They are completely under the control of the abuser. They depend on them for food, shelter, clothing and healthcare,
- 2-They cannot do anything to prevent or protect abuse due to physical or cognitive disabilities.

### •For family members

#### As a family dynamic

1-They do not want to talk about the issue due to their family structure,

2-Adults do not want abuse incidents to be reported.

#### Due to lack of information

1-They may not know who to tell,

2-They cannot predict what to do,

3-They do not believe that anything can be done.

### •Service providers

#### Bound by fear

1-Service personnel serving the elderly may be afraid of the abuser and of entering the home after the abuse is reported,

2-They do not make a report because they think that the police cannot help the elderly person because he cannot physically testify in court,

3-They think that the elderly person can deny being abused and therefore nothing will be done.

#### Due to lack of information

1-They believe that they have a trustworthy relationship with their elderly customers and cannot tell anyone else what is happening in the customer's home,

2-They may not be aware that assault, theft or serious neglect in the family or long-term care home is a crime<sup>10</sup>.

### Recommendations

It is very important to take suggestions and raise awareness of this situation in order to prevent elder abuse, which is defined as the caregiver or other individuals with whom they should have a trusting relationship behaving in a way that harms the elderly, creating a risk of serious harm, the caregiver

not meeting the basic needs of the elderly, and the inability and failure to protect them from harm.

- The elderly must be economically secured,
- Conditions should be created to ensure the active participation of the elderly in the social environment,
- An environment should be created by providing the necessary services to provide the elderly with opportunities for self-improvement and healthy aging,
- The conditions of existing nursing homes should be improved and the number of rehabilitation centers should be increased. Single room systems should be adopted in nursing homes as much as possible, professional staff should be employed and specialization in the field should be ensured,
- Geriatric hospitals providing healthcare services to the elderly should be operational in every city,
- Consultancy and social support services should be provided on communication, treatment and coping with the patient, especially to those who care for the elderly who are diagnosed with high-risk diseases such as Alzheimer's and dementia, which may constitute a basis for abuse and neglect,
- Public education and awareness are important elements in preventing abuse and neglect. The goal of such efforts is to inform the public about the various types of abuse, how to identify signs and symptoms of abuse, and where to get help<sup>6,12</sup>.

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