

Elderly Abuse in a COVID 19 Era



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It can sometimes be hard to imagine that anyone would want to harm an elderly person, but unfortunately, elderly abuse does occur. With a rising world population of aged persons and a rise in lifespan, the neglect of the aged is a growing and significant issue affecting the health and human rights of the elderly. It is projected that the world population of those 60 years of age and older will cross around 1.2 billion by 2025 and more than 2 billion by 2050 due to improved healthcare (UNDESA, 2013). In Ghana, the elderly population is also expected to rise by 2.5 million by 2025 to 6 million by 2050. (Ngnenbe, 2015).

The World Health Organisation (WHO) study on Elderly Abuse states that, it is a single or repetitive act or lack of appropriate action, taking place in any relationship where there is an expectation of confidence that causes damage or distress to an elderly individual. (WHO, EA, 2018). Types of abuse comprise physical abuse, psychological or emotional abuse, sexual abuse, abandonment or neglect and financial or material fraud or some combination thereof (WHO, EA, 2018). Groups of offenders may include family members, informal and formal caregivers and relatives (Yon et al., 2018).

Physical elderly abuse happens when coercion is used against the elder, culminating in some form of body discomfort, weakness or injury. In a hospital or nursing home setting, this type of abuse involves hitting, smacking and shoving. It also stretches to physical restraint: drug constraints and confinement being misused (WHO, EA, 2017). Psychological or emotional abuse occurs when elderly people are treated or talked to in ways that cause trauma or emotional pain. It also

reflects any form of demeaning or embarrassing behavior, such as instilling fear, taunting their name or mockery and the isolation of the elderly (MacNeil et al., 2010). Sexual abuse is some kind of carnal contact that occurs without permission. This may involve seductive contact, pressuring an elderly person to witness or watch sexual or obscene content, or pressuring an elderly person to undress against his or her will (Pillemer, Burnes, Riffin, & Lachs, 2016). Healthcare fraud happens when medical practitioners, including physicians and nurses, take advantage of elderly people. Any of these activities may include: charging for unfulfilled treatments, offering unwanted referrals or prescriptions, double-billing or charging more for services, supplying too much or inadequate drugs and providing treatments or medicines for health conditions that are fake in nature (WHO, 2018; Mudiare 2013).

Effects of mismanagement of the elderly may result in injury in the body, varying between slight scratches and bruises to broken bones and crippling injuries. For much older adults, the effects of mishandling may lead to physical deformities, prolonged recovery period, or even death (Cohen, Halevy-Levin, & Gagin, 2010).

Present global efforts to address elderly abuse include recognizing the signs of elderly abuse, including sores, bedsores, bruises, physical injury, recent weight loss, dehydration, bad grooming, distress, anxiety, easily irritated individuals and periodic weeping (WHO, EA, 2018).

The race is on throughout the world to produce COVID-19 vaccines and therapies and end a pandemic that endangers global health,

especially in the elderly. Ageism has nearly colored every discussion in this era of COVID-19. WHO defines ageism as stereotyping, prejudice and discrimination toward people based on their growing age (WHO, 2019). Ageism is pervasive, harmful and probably the primary vice underpinning the abuse of the elderly. From its inception, COVID-19 has motivated ageist comments and opinions, redirecting its bias towards endangering older people. Adults aged 60 years and older and those with pre-existing medical conditions such as heart disease, lung disease, diabetes and cancer are more likely to have serious to fatal infections of COVID-19.

Social distancing is one precautionary measure against the infection at this time. This may be difficult for older adults who enjoy spending time with their families and friends. Religious communities are indeed a large part of the social life of older adults, all of which have been shut down in this period. Social distancing does not have to be alienation and solitude. The WHO recognizing this, modified the term to physical distancing. Social distancing has the ability to cause psychological or emotional violence and neglect or neglect, and this can have detrimental effects on older people's immunity and mental health (Tsang et al., 2020); thus, observing

physical distancing must not contribute to social distancing and alienation, especially for the elderly. Probably more importantly, with a view to fostering social distancing, the risk of elderly abuse is further increased, as the perpetrators of abuse may be family members and acquaintances. Additionally, with the introduction of caregivers, family members, friends and children of the aged working from home in this time, the possibility of unbuffered time together may contribute to circumstances leading to incidences of abuse. If the pandemic lingers on, physical distancing, social isolation and loneliness in old age will undoubtedly intensify, thereby increasing elderly abuse – physical abuse, psychological or emotional abuse and neglect or abandonment.

The World Elder Abuse Awareness Day (WEAAD) is an annual international UN observance day celebrated to raise awareness of elderly abuse and ways to prevent it. It encourages countries, regions, communities and the media to run events to highlight the awareness of elderly abuse, its dangers and what can be done to prevent it. It is commemorated on the 15th of June each year. We celebrate it this year by this report to the world. Always remember: "If you see something, say something".

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