

## Psychological Abuse Among Elderly People

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### ABSTRACT

Abuse and neglect of the elderly people is not a new phenomenon. The problem is likely to grow with the increasing population of elderly people who may face the highest risk of abuse and neglect. Most discussions of the abuse of the elderly have discussed physical abuse which frequently leaves visible scars, broken bones or bruises where as in psychological abuse scars are may be not visible. Psychological abuse occurs when a care giver causes emotional pain or stress to an elderly people. A care giver may be a family member or a person who is responsible for taking care of elderly person. The care giver may insult, humiliate, threaten or harass the elderly person through words or actions. The abuser may also ignore the person or isolate him or her from the friends, family members or regular activities. The elderly people rights may be limited, ignored or taken from them even if they are capable of thinking and acting for themselves. Psychological abuse includes shouting and bullying, insults or name calling, abandonment, threats of violence, intimidation or belittling, humiliation, harassment, treating elderly people like child or inappropriately infringing on their privacy. Psychological abuse also affects the mental health of the elderly people. There are also many barriers due to which elderly people suffer in silence. This research paper analyzed researches on the prevalence and risk factors, impact of psychological abuse and barriers in seeking help. Implication of this paper will open the door for designing different intervention against psychological abuse among elderly people.

**Keywords:** *Psychological abuse, Emotional abuse, Elderly people*

**A**buse is an example of violation of human rights and freedom, which leads to a serious loss of human dignity, independence and respect, and affects ethical principles and rights (Saghafi et al., 2019). Elder abuse is a serious problem that is becoming more common and having a big impact. "A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust and care, which causes harm or distress to an older person" is how the World Health Organization defines elder abuse while negligence is defined as 'the person involved in a relationship of trust not taking appropriate action, which results in the same outcome' (WHO, 2010). Abuse may take many forms, like material exploitation, violation of rights, sexual abuse, castigation, battering, using older people as the family 'Watchdog' and neglecting the needs of older adults like medical care, shelter or nutrition (Cooper et al.,

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2008). Elder abuse can occur in many ways like physical, psychological, financial and sexual abuses and neglect (WHO, 2010).

Emotional or psychological abuse is the most often reported abuse and maltreatment (Acierno et al., 2009; Iborra, 2008). Psychological abuse occurs when a care giver causes emotional pain or stress to an elderly people. A care giver may be a family member or a person who is responsible for taking care of elderly person. The care giver may insult, humiliate, threaten or harass the elderly person through words or actions. The abuser may also ignore the person or isolate him or her from the friends, family members or regular activities. The elderly people rights may be limited, ignored or taken from them even if they are capable of thinking and acting for themselves. Psychological abuse includes shouting and bullying, insults or name calling, abandonment, threats of violence, intimidation or belittling, humiliation, harassment, treating elderly people like child or inappropriately infringing on their privacy. Psychological abuse among elderly people is one of the most common and potentially dangerous forms of abuse in elderly individuals and can lead to severe mental health issues. This research paper analyzed researches on the prevalence and risk factors, impact of psychological abuse and barriers in seeking help. Psychological abuse is a rapidly emerging public health problem which is often not reported and recognised but it affects the overall health, well-being, quality of life and survival (Ilie et al., 2017).

With only 15% of the elder physical abuse cases, the other types of abuse are psychological and emotional abuse, and sexual abuse. Of all the abuse types, psychological and emotional abuse is most often linked to a high risk of morbidity and mortality as well as a greater frequency of using healthcare services, which raises the medical system's expenses and significantly decreases treatment response. Furthermore, there is a higher chance of despair, suicide, dementia, malnourishment, somatization, and long-term pathological degradation with this kind of maltreatment, which increases fragility. Despite being widely acknowledged as a violation of human rights, domestic abuse persists as a covert form of family conflict in many societies (Dong, 2015; Lachs & Pilemer, 2004; Dong, 2013).

In 2017, 141 million individuals worldwide, or one in six elderly people (aged 60 or above) experienced maltreatment of some kind (United Nations, 2020). Furthermore, it was estimated by a comprehensive assessment of 52 studies from 28 geographically dispersed nations that 15.7% of adults over 60 had experienced various forms of abuse. The combined Psychological abuse had the highest estimated prevalence (11.6%), with financial abuse (68.8%), neglect (4.2%), physical abuse (2.6%), and sexual abuse (0.9%) following (Yon et al., 2017). Nonetheless, Grzanka-Tykwińska et al. (2012) discovered that 10% of the elderly had encountered physical violence and 48% had experienced psychological violence. According to Kołodziejczak et al. (2019) study, nearly 40% of respondents who lived in rural areas reported having experienced violence. Based on reports from senior citizens, the WHO estimates that the prevalence of elder abuse and neglect worldwide is approximately 16%. Although the overall rate of elder maltreatment in India is very low (5.22%), there are significant state-level variances, according to data from the 2020 Longitudinal Ageing Study in India. The likelihood of abuse is significantly higher for women, working older persons (particularly working women), those under the age of 70, those with more household assets, single people, those residing in rural regions, and those in poor health than for their counterparts.

Bihar's elderly population (11.65%) has the highest rate of elder abuse, with Karnataka (10.11%) following closely behind. In Karnataka, 10% of women reported being abused;

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nonetheless in men, the prevalence was approximately 6.8%. Apart from Arunachal Pradesh, elder abuse rates are higher than the national average. About 3.82% of all elderly individuals in the state of Kerala—which has the greatest population of older adults 60 years of age and over in all of India (Registrar General of India, 2011)—were mistreated, with a higher incidence among women. Whereas, North-eastern region of India reported a noticeably decreased prevalence of elder abuse (Maurya et al., 2022).

### PSYCHOLOGICAL ABUSE AND MENTAL HEALTH

Elder abuse not only includes physical abuse, sexual abuse, financial exploitation, it also includes psychological abuse and negligent treatment. However, psychological abuse in particular is described as an act done deliberately to cause emotional suffering or damage and it can have profound impact on the mental health of the elderly people. It is been found in most studies from developed nations that most common type of maltreatment among elderly is psychological or emotional abuse and neglect. (Soeda and Araki, 1999; Goergen, 2001; Vida et al., 2002). Elder abuse has various negative consequences such as distress, low social support, depression and in some cases elder abuse can be life-threatening (Acierno et al., 2010; Comijs et al., 1999; Dong, 2005; Dong and Simon, 2008; Dong et al., 2010; Lachs et al., 1997, 1998; Podkies, 1992; Wang, 2006; Wang et al., 2006). Psychological abuse is significantly related with high risk of depression and anxiety among elderly people. Studies indicated that Elders who were victim of psychological abuse more likely to experience anxiety and depressive symptoms compared to elders who were not abused (Beach et al., 2010; Begle et al., 2011; Fisher & Regan, 2006). Psychological abuse can cause harm to mental health and it can also cause behavioural changes (Conrad et al., 2010). Lower mini mental status examination score and lower perceptual speed were significantly related with psychological abuse. (Dong et al., 2013).

Psychological abuse increased the risk of suicide, depression, dementia, somatization, malnutrition and chronic pathological deterioration which enhanced fragility and anxiety it also enhanced social isolation and reduce quality of life (Dong., 2015; Lachs & Pillemer., 2004; Dong et al., 2013). Emotional/ Psychological abuse also had been the most prevalent type of abuse among people suffering from dementia (Downes et al., 2013). Several studies have found that the stress which is associated with caregiving and poor relationship with elderly people contributed in abuse (Soeda & Araki, 1999; Vida et al., 2002). Regarding the impact of psychological abuse some studies have demonstrated that those elderly people who experienced the psychological abuse are more likely to show significantly higher rate of depression than those elderly who are not abused (Bristowe & Collins, 1989; Pillemer & Prescott, 1989). Other implications of psychological abuse include posttraumatic stress disorder, helplessness, shame, fear or feeling of guilt. (Wolf, 1997). Researches have shown that psychological abuse have serious mental health consequences in elderly people including risk of depression, anxiety, post-traumatic stress disorder and high risk of committing suicide. Psychological abuse has severe impact on individual and society which includes long term consequences related to mental health, risk of hospitalization and even death in elderly people. According to the National Council of Aging (2021) there is a 300% higher risk of death among abused elderly individual than those who haven't faced abused. Older adults who faced psychological abused were 5.3 times more likely to attempt suicide than those who have not experienced abused (Olofsson et al., 2012).

Anxiety and depressive symptoms are one of the significant consequences of psychological abuse. Elderly people often experience heightened levels of fear and worry, which can be seen as generalised anxiety, phobias and panic attacks. Elderly people who reported

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heightened anxiety symptoms which might include persistent fear and apprehension to their abuser's threats and manipulation which is related to psychological abuse. There are researches who talked about the relationship between psychological abuse and anxiety (Barsky et al., 2001; Comijis et al., 1998; Gunzelman et al., 2006). In a study by Yan & Tang (2001) found that the prevalence rate for physical abuse was 2% whereas prevalence rate of verbal abuse was 20.8%. Elderly people who suffered from psychological abuse scored significantly high on overall psychological distress as compared to those elderly people who didn't suffered from psychological abuse. It was found that those elderly people who were more dependent on their caregiver faced significantly higher abuse than their counterparts. Elderly people who had been abused by their caregivers not only face physical symptoms of abuse but they also had psychological symptoms of anxiety and fear as well as feelings of insecurity, isolation, neglect, powerlessness and unworthiness. They are often fearful, confused, passive, and dependent. Withdrawal symptoms can be seen in them in terms of social interaction (Chen et al., 1981; Korhin et al., 1991; Pillemer & Prescott, 1989).

Elder abuse has negative mental health consequences like elderly who were abused reported psychological distress including anxiety, depression, somatic symptoms and social inappropriate behaviour. Elderly people who were abused verbally, physically or socially showed negative psychological functioning (Yan & Tang, 2016). Verbal abuse can cause intense fear, guilt and low self-esteem among elderly people which can cause more detrimental impact than physical abuse (Yan & Tang, 2017; Goldberg & Tomlanovich, 1984; Tang, 1997). Elderly individual who scored high in anxiety and somatic symptoms were at high risk for overall psychological abuse. Anxiety disorders are more prevalent among elderly people but there are not extensive researches on the complex relationship between anxiety and psychological abuse among elderly people across different sample and culture. (Macassa et al., 2013). Psychological abuse and Injuries were related to increase depressive and anxiety symptoms. Psychological abuse, Injuries and sexual abuse was found to be related to somatic complaints. Psychological abuse was found to be related with decreased quality of life (Soares et al., 2014).

Somatic symptoms are commonly prevalent among elderly individuals (Wijeratne et al., 2011), specifically those who are having multiple health problems including depression and anxiety (Barskey et al., 2001; Gunzelman et al., 2006). Data indicated that there is significant relationship between somatisation and depressive disorders and that 'masked depression' among elderly people might underlines as somatic symptoms (Bogner et al., 2009 & Sheeham et al., 1999). Somatic symptoms among elderly people might be the prominent presentation of depressive symptoms and anxiety (Sayar et al., 2003; Simon et al., 1999). The cause behind the psychological abuse among elderly people is might be the burden faced by caregiver which may trigger anger, stress, discontent and tiredness which results in the form of abuse towards elderly people. Due to physical and intellectual disability, elderly people are dependent on others for their basic needs and day to day work. (Bonnie & Wallace, 2003; Lachs et al., 1994; Naughton et al., 2010). Physical and intellectual disability of elderly people might make them provocative and aggressive towards their caregiver and people around them which may contribute in abuse (Comijis et al., 1998; Perez-Rojo et al., 2009). Soares et al., (2014) found that those elderly people who suffered from psychological abuse scored higher on all somatic symptom domains than non-abused elders. In regression analysis it was found that there is positive association between psychological abuse and somatic symptoms domains. Social support and family structure were found as protective factor for the somatic symptoms.

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Although the impact of psychological abuse on mental health specifically is discussed in various researches, it may have received limited attention. There is scarcity of researches related to psychological abuse among elderly people as psychological abuse is often undetected and unnoticed (Biggs et al., 2009). Using health care frequently was also related with psychological abuse. It might be possible that elderly people who often seek health care were more prone to psychological abuse. A reverse scenario might be possible that those elderly people who faced psychological abuse seek more health care services. Psychological abuse might lead towards the various health issues which might cause the regular visit to hospital for treatment (Dong et al., 2005, 2008, 2010; Minayo, 2003; Songer et al., 2000).

### **BARRIERS IN SEEKING HELP**

Elder abuse is a serious public health concern which requires immediate intervention but there is under reporting of elder abuse by elder people to their family, friends or concerned government officials. There are several complex obstacles that elder people face while disclosing about the abuse they face (Gill, 2022). The barriers among elder people from seeking help were service related (lack of accessibility of service or trust), religious (elder believes that they are facing abuse due to their past karma), family (family reputation will ruin, family member attitude towards help seeking) and individual (dependency on abuser, self-blame). Belief system also plays a major role as a barrier in help seeking behaviour, elder people fear of losing one's identity by losing one's family, attributing abuse to their past sins and they also believe that they will not attain salvation if one's son did not perform funeral rites (Chokkanath, 2014).

Personal attitude towards abuse, the inefficiency of support systems and dependence on others were found as barriers to help seeking behaviour for abuse. Training programs can help in promoting the awareness regarding the abuse among elderly people and their families. It can also facilitate the prevention of abuse among elderly people (Adib et al., 2019). Barrier exists at three levels individual level, abuser/family level and community/culture level. Individual level barriers encompassed personal constraints, hesitations and internalised thoughts that stop the elder people from seeking help. Abuser/ family level barriers include the dependency, relationship with abuser (spouse, adult children, grandchildren or close social circle). Community / cultural level barriers include religious and cultural belief. (Gill, 2022).

### **CONCLUSION**

Psychological abuse occurs when a care giver causes emotional pain or stress to an elderly person. A care giver may be a family member or a person who is responsible for taking care of elderly person. The care giver may insult, humiliate, threaten or harass the elderly person through words or actions. The abuser may also ignore the person or isolate him or her from the friends, family members or regular activities. This research paper analyzed researches on the prevalence and risk factors, impact of psychological abuse and barriers in seeking help. Psychological abuse increased the risk of suicide, depression, dementia, somatization, malnutrition and chronic pathological deterioration which enhanced fragility and anxiety it also enhanced social isolation and reduce quality of life (Dong., 2015; Lachs & Pillemer., 2004; Dong et al., 2013). There are several complex obstacles that elder people face while disclosing about the abuse they face (Gill, 2022). The barriers among elder people from seeking help were service related (lack of accessibility of service or trust), religious (elder believes that they are facing abuse due to their past karma), family (family reputation will ruin, family member attitude towards help seeking) and individual (dependency on abuser, self-blame). Psychological abuse often bisect with other forms of Elder abuse such as

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neglect, physical abuse or financial exploitation. A multifaceted intervention can eradicate these overlapping issues. A multifaceted intervention approach is beneficial as it will address the complexity of the issue by various strategies, ensuring a deeper comprehensive and effective response. Elderly individuals have diverse needs based on their cultural background, living situation and health. A one-size-fits-all approach might not be effective for all. Eradicating psychological abuse requires collaboration and cooperation among various groups including social worker, legal professions, healthcare providers, community organizations and family members. A multifaceted approach ensures that all the relevant organizations and people work together to eradicate psychological abuse. Implication of this paper will open the door for designing different intervention against psychological abuse among elderly people.

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