‘Abuse of the elderly’: a chapter in the World Report on Violence and Health

Though there have been many criticisms of the work of the World Health Organization, one of the areas where it has been particularly effective is in the production of lucid, informative and timely publications. It may be a statement of the obvious to say that violence is bad for our health, but insufficient attention has been given to the causes and the less obvious adverse effects of violence, as well as to the rehabilitation of victims caught up in it.

The chapter in this book of interest to readers of *Age and Ageing* is Chapter 5 on Abuse in the Elderly. Issues relevant to the United Kingdom have frequently been rehearsed but the WHO report deals with abuse on a worldwide basis. In the developing world particularly potent factors are a breakdown in traditional family structures and, in Africa, the social devastation fraught by AIDS. The safety net of the extended family no longer applies even in countries such as China, Korea and Japan where a reduced number of children and urbanisation have made this no longer viable.

Where traditional values persist they may have a negative effect. Widowhood may result in a woman having to marry her brother-in-law or losing her property and being thrown out of her house. Many widows in central Africa may be labelled as witches. The covert motivation for this is not always superstition but a desire to acquire their property, a situation akin to that reported in 17th Century Scotland.

Most of the risk factors mentioned are already well recognised. Mental illness, personality disorders, and alcohol abuse are important contributory factors in abuse by a carer. This is exacerbated if either partner has financial problems. It is surprising to note that the mental and physical health of the care recipient has less influence on the prevalence of abuse than was previously assumed. What seems to be of greater importance is the long-term relationship of the abused and the abuser.

Old people also have to cope with violence on the streets. Poverty and unemployment lead to an unstable society with high levels of aggression amongst young people. This in turn leads to high levels of crime, drug use, and prostitution. Competent young people tend to move out of high crime areas leaving old people behind to cope with more antisocial members of the community. Currently this pattern is a particular problem in Eastern Europe. Another form of abuse that requires consideration is that occurring within institutions.

Among the consequences of abuse are feelings of helplessness, depression, alienation and anxiety. Long-term follow up also shows a much higher mortality rate even if confounding variables are eliminated.

Manifold measures have been taken to prevent abuse but there have been few systematic studies and most have only been applied to the developed world. A common approach has been to develop service and resource centres where clients can be evaluated, advised and provided with help. The development of several guidelines for assessment and delivery of services have facilitated their operation. It also has been recognised that doctors are often less effective than other care workers in getting to grips with these problems and dealing with them. We are reminded that members of the public such as postmen or meter readers can be very helpful in highlighting situations where things are not quite right.

The whole report is well worth reading out of interest. Most information on abuse in the elderly is available elsewhere, but the particular merits of this report are that its chapters are comprehensive, laid out systematically, contain a lot of practical advice, and are written in such a way that that the contents are easily remembered.

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