

# Health and Abuse

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## Does Abuse and Neglect Affect Older Adults' Health?

Yes, absolutely. Abuse and neglect at any age can have significant effects on a person's psychological and physical health, social and financial wellbeing, and security.

The 1999 Canada General Social Survey showed that women who had experienced spousal violence were two to three times more likely than women who had not been victimized to have trouble sleeping, or to use medications to help them sleep, calm down, or deal with depression. (1)

Research on older battered women points out that they may seek medical treatment for

- physical injuries that occurred during an assault, for psychosomatic complaints such as nervousness,
- gastrointestinal problems or headaches, or
- depression, anxiety, and symptoms of post-traumatic stress disorder. (2)

## Abuse and Neglect Also Affects Older Adults' Mental Well Being

The health literature on abuse for other age groups clearly shows the much higher rate of depression among abused persons compared to people who have not been abused. (4)

Depression is also much more common among abused older adults than other people who are similar in age, but who are not living with abuse. American and Canadian research indicates that between 44% and 62% of abused older adults experience some level of depression, with 6% of abused older adults being severely depressed. (5-8)

Mental health problems of the abuser or the victim were identified as a factor in between 16 and 37% of abuse and neglect cases reported to community agencies in Canada in 1994. (9) For victims, prior abuse may lead to poorer mental health, depression, anxiety and suicidal thoughts. (10)

Research on violence against women shows that physical, emotional, and sexual abuse are strongly associated with depression in women who visit their physician in general practice. (4)

Many older women seeking help for depression and anxiety in geriatric and adult mental health outpatient settings may now be coming to terms with the impact of years of Canadian Network for the Prevention of Elder Abuse

violence and intimidation that they endured in their marriages. To these problems they often also bring multiple medical problems, poor economic situations, and little or no social support. (11)

Abuse is a significant health stressor. Biological evidence suggests that people with more "negative family interactions" in their lives are more likely to have

- elevated stress hormones,
- increased cardiovascular activity, and
- depressed immune function. (12)

Each of these conditions may show up as depression or angina. (12)

Women who have endured violence most of their lives may experience a lack of awareness or indifference from some community practitioners who are reluctant to ask about the source of the presenting symptoms. As a result, a practitioner may only be addressing the physical symptoms with medication, without identifying the underlying causes. (3)

Physicians or other health care providers may feel that because the abused older woman has "put up with the abuse for so long, she is not going to change or leave". However, the reality is that while abused older adults want the abuse to stop; they often do not know how to make that happen. They may have gone through several cycles of trying to leave. Health care providers and other service providers can help to break the feelings of helplessness and hopelessness.

There can be important cultural differences in the ways in which the health effects of abuse show up. Research among older members in Vietnamese families indicates that behavioral responses to abuse may vary with the degree of mistreatment, and can include sleep difficulties, loss of interest in life, changes in eating habits, and suicidal thoughts (13)

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## Types of Health Effects

Abuse can have a number of other effects on the health of an older person (14):

- Stress from abuse or neglect may aggravate and accelerate the development of other health problems.
- Abuse itself can cause health problems or death.

- Older adults typically have significantly less physical resiliency (older bones break more easily, take longer to heal) than younger persons experiencing similar abuse.
- Older adults in general may have less physical strength and are less able to defend themselves.
- Certain injuries that might cause "minor harm" in younger persons, may lead to death in older adults or life altering situations (e.g., disability, hip fractures, chronic pain, need for supports, move to assisted living).

Financial abuse also negatively affects the health of older adults. Not only does financial abuse often involve psychological abuse, it also depletes the older person's finances, reducing the ability to take care of their own health with good nutrition and healthy activities.

Abuse and neglect of older adults have a significant impact not only on the individual, but also on family and community. For example, abused or neglected older adults with compromised health may need increased help from family and community services.

Abuse and neglect of older adults have a significant intergenerational impact, not only in terms of long-standing accusations, recriminations and guilt within families, but also in terms of younger persons taking their cues from others on how older family members should be treated – they may come to view these negative behaviours as socially acceptable.

In many native communities, abuse and neglect are considered the community's problem as much as the individual's problem, because abuse undermines the health and wellbeing of all around him or her (15).

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## Health Care Providers Responding to Abuse

It has been suggested that health care professionals should exercise caution before taking an action that may place an abused older adult at increased risk. These dangerous interventions include:

- prescribing antidepressants or sedatives without a thorough abuse assessment,
- recommending couples or family counselling without treatment for the batterer,
- blaming the victim,
- colluding with the batterer, and
- minimizing the potential danger to the victim or health provider when help is offered. (2)

Medical treatment of all types for victimized women or men can be improved by providing attention to the underlying cause of their symptoms.

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## Abuse Shortens Older Adults' Lives

Living with abuse or neglect in later life increases older adults' mortality rates. A longitudinal American study, for example, found that older persons subjected to abuse such as physical pain, injury, or mental anguish were at significantly higher risk for death than non-abused older persons.(17)

The survival rates for abused seniors and those who had not experienced abuse were similar at 1 to 5 years. However, by the end of the study several years later, abused and/or neglected older persons had poorer survival (only 9% were still living) compared to the older adults seen for self-neglect (17% still living) or those older adults who had not experienced abuse or neglect. There was an increased risk of early death of 200% among older adults experiencing abuse or neglect in later life.

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## Other Health Connections

Problematic alcohol or drug use is a factor in up to 35% of later life abuse and neglect cases coming to the attention of community-based agencies in Canada. (18) In abuse or neglect cases either the abuser or the abuse victim (and occasionally both) can be experiencing a substance use problem. This can include alcohol, psychoactive medications, or street drugs. (19) However, in many cases, service providers have been uncertain how to address this aspect of the problem.

In Canada, there are approximately 13 agencies that specifically address alcohol or medication use problems among older adults; most are located in larger urban settings. These agencies find that using a supportive approach that builds trust, reduces the isolation, helps to reduce the harms, and helps the person with the issues most important to him or her can be particularly effective. (19)

## Screening for Abuse

Many of the health effects of abuse in later life may remain hidden. Many Canadian physicians do not routinely ask older patients about whether anyone has hurt them recently or previously, even if the physical or emotional symptoms the older adult is presenting could be abuse related.

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## Readings

If you are looking for a good article that helps explain about the lives and circumstances of older women who have experienced abuse in their lives, see:

"Unmet Needs of Older Women in a Clinic Population: The Discovery of Possible Long-Term Sequelae of Domestic Violence" written by B. Wolkenstein and L. Serman, *Professional Psychology: Research and Practice* (1998), Vol. 29, No. 4, 341-348.

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A new study was initiated in the Fall of 2004 by the University of Western Ontario and its partners looking at the long term effects of abuse on women's health. The news item on the study can be found at:

[http://mediresource.sympatico.ca/channel\\_health\\_news\\_detail.asp?channel\\_id=7&menu\\_item\\_id=4&news\\_id=4897](http://mediresource.sympatico.ca/channel_health_news_detail.asp?channel_id=7&menu_item_id=4&news_id=4897)

For further discussion of gender violence throughout a woman's life, health effects, and ways for health professionals to sensitively raise the issue with older women, see: Hightower, J. (March 2004) "Age, gender and violence: abuse against older women." *Geriatrics and Aging*, 7 (3), 60-63. Online at: [www.geriatricsandaging.com/pdf/pdfMarch2004/0703violence.pdf](http://www.geriatricsandaging.com/pdf/pdfMarch2004/0703violence.pdf)

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## General Publications on Health and Family Violence

**The Health Effects of Family Violence** (2003) by D. Doherty.

This overview paper from the National Clearinghouse on Family Violence presents a range of research demonstrating the impact of family violence on an individual's well-being and the indirect consequences such as smoking and other health-related conditions. The document is intended to expand discussion on the issue and is targeted to health and social service providers, researchers and the general public. [www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/healtheffects-eng.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/healtheffects-eng.pdf)

**Discussion Papers on Health/Family Violence Issues: The Impact of Violence on Mental Health -A Guide to the Literature** by Janice Ristock (1995)

This guide provides a systematic, descriptive overview of the literature on the mental health effects of family violence. It includes a summary of the research and a corresponding bibliography.

[www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvdiscussion\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvdiscussion_e.html)