

## Screening and Interventions in Elderly Abuse

Carmen M Sarabia-Cobo\*

Department of Nursing, University of Cantabria, Spain

\*Corresponding author: Carmen M Sarabia-Cobo, Department of Nursing, University of Cantabria, Spain, Tel: +34942202293; E-mail: carmen.sarabia@unican.es

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### Editorial

Abuse in the elderly is a more recent phenomenon than other types of abuse, as directed against women or children, both documented for a long time, even if they are not recognized as social or health problem until a few decades ago [1]. This has to do, no doubt, with social changes and particularly with the change of status of the elderly.

Elderly enjoyed social recognition, respect and power, and was the guarantee of transmission of knowledge and traditions in a society where age-related experience was considered a value [2]. Changes in the social structure, in the family context, attitudes and values in our society, are probably in the background of the problem [3]. Youth, productivity, health, individual achievement and power are raising stars; the old, unproductive and often dependent, it is undervalued and is sometimes a burden, a nuisance to nuclear families struggling to care for the elderly [4].

Demographic and social changes have not been accompanied by the necessary adaptation resources to respond to new needs that have been created without longing for the past, but looking to the future [5]. At the origin of abuse we can find many causes, because not only social factors are involved, but also cultural, individual and family factors too [6].

Abuse is generally exerted on the most vulnerable family members, in the case of women for the purpose of domination and subjugation by the aggressor; in the case of the elderly, but also can give the same reasons (intimate partner violence in the elderly), it is believed that most often are the answer to a situation of rejection towards the elderly, considered burden for the family [7]. Have been identified factors associated with abuse, such as stress caregiver burden, socioeconomic problems, a history of family violence in the family, etc. [8]. These factors are considered more causal risk because their existence not always determines the occurrence of the problem, but that only increases the likelihood that it appears [1, 3].

Three axes are identified in elder abuse [9]:

- i) A link to meaningful and personalized priori expectation that generates confidence;
- ii) The result of significant damage or risk of damage and
- iii) The intention or intentionality.

The causes and predisposing to abuse in the elderly pivot in the three main areas factors, so that interventions should go precisely to work on them.

### Possibilities of intervention of health professionals to the mistreatment of the elderly

**Primary prevention:** Interventions of health professionals in primary prevention are as follows:

- Identify risk factors of elder and caregiver and situations of greater vulnerability to abuse occurs.

- Channeling interventions to modify risk factors.

- Supporting caregivers. Identify and act preventively in situations of stress and physical and emotional overload that can influence the occurrence of violent behavior by developing care programs caregiver.

Other preventive actions that should initiate the administration and governments would:

- The development of educational programs for children and youth oriented respect and recognition to elderly and disabled persons in the family, at school, in the media and in the community.

- The development of social welfare programs for the elderly and families by public institutions and a greater commitment of resources for psychosocial care of the family.

Changes in labor regulations to facilitate the limitation of time in decent economic conditions when you have to charge elderly dependents.

**Secondary prevention- early detection of abuse:** It is considered that there are still not enough scales as valid for the detection, so you should continue research in this field. So we must take into account the recommendations of international organizations. The American Medical Association (AMA) recommends that physicians routinely interrogate the elderly with direct questions about abuse [10] and this is corroborated by others [11].

Different researches advised to be alert to signs and related abuse and suggest include questions in the course of the consultation to identify risks or signs of abuse, with the intention to identify them early through the interview and exploration signals [12, 13]. Give priority to people with risk factors or situations of greater vulnerability is therefore the main objective for a comprehensive approach to abuse, so the assessment and diagnosis efforts should be geared towards early screening for risk factors [14].

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