



# Malaysia Elder Abuse Awareness

## **ELDER ABUSE AND NEGLECT**

### MSGM Position Statement

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## **POSITION STATEMENT DEVELOPMENT GROUP:**

### **Chairperson**

Dr. Tiong Ing Khieng

Geriatrician, Sarawak General Hospital

*Dr. Nor Izzati Saedon*

Geriatrician, University Malaya Medical Center

*Dr. Khor Hui Min*

Geriatrician, University Malaya Medical Center

*Dr. Rizah Mazzuin Razali*

Geriatrician, Hospital Kuala Lumpur

*Dr. Raudah Binti Mohd Yunus*

*Ass. Prof Dr. Farizah Hairi*

Prevent Elderly Abuse and Neglect Initiative (PEACE), University of Malaya

### **Group Members**

*Ass. Prof. Dr. Sajaratulnisah Othman*

Prevent Elderly Abuse and Neglect Initiative (PEACE), University of Malaya

*Dr. Teh Hoon Lang*

Geriatrician, Sultanah Bahiyah Hospital

*Dr. Nor Hakima Mokhtar*

Geriatrician, Malacca Hospital

*Dr. Goh Cheng Beh*

Geriatrician, Sultanah Ismail Hospital

*Dr. Claire Choo Wan Yuen*

Prevent Elderly Abuse and Neglect Initiative (PEACE), University of Malaya

### **Reviewers**

**The Prevent Elder Abuse and Neglect Initiative Grand Challenge Project, Wellness Research**

**Cluster, University of Malaya.**

Principal Investigator: Associate Prof. Dr. Noran Naqiah Hairi, Julius Centre, University of Malaya.

*Prof Siti Zaharah Jamaluddin*

*Law Faculty, Department University Malaya*

*Dr. Yau Weng Keong*

Head of Service Geriatric Medicine, Ministry of Health, Malaysia

*Prof. Dr. Tan Maw Pin*

Professor in Geriatric Medicine, University of Malaya

*Contact us: malaysiangeriatrics@gmail.com*

Address: Malaysian Society of Geriatric Medicine, Department of Medicine, Faculty of Medicine, University of Malaya.

*“This position statement of Elder Abuse and Neglect (EAN) is intended for healthcare providers and policy-makers who are involved in addressing and managing EAN victims, whether directly or indirectly.”*

*“The goal of this position statement is to provide a comprehensive understanding of the subject of EAN, and give a concise and practical guide to the management of EAN within the Malaysian healthcare setting. We hope that this position statement may serve as a reference for nursing and medical curriculum developers, healthcare providers and policy-maker*

## **EXECUTIVE SUMMARY**

1. Elder abuse and neglect is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.
2. The 5 types of elder abuse include physical, psychological, financial, sexual abuse and neglect.
3. Victims of elder abuse suffers from premature mortality, depression and anxiety which carries significant impact to their quality of life and social functioning
4. Many cases of elder abuse go unnoticed because healthcare professionals have lack of understanding on signs of elder abuse and unsure of the reporting procedures even when abuse cases were identified.
5. In deciding whether this is case of abuse and neglect, the health care professional will have to follow the reasonable or acceptable standard. There is inadequate legal enforcement/ protection for older adults against abuse and exploitation in Malaysia.
6. Education and training on identification of elder abuse should be implemented in health care education.

Like other developing countries, the older population in Malaysia is rapidly growing in comparison to the younger age groups. In 1991, it was estimated that there were 1 million older adults, representing 5.8% of total population. Within two decades, this figure more is than doubled; 2.2 million older adults comprising 7.7% of total population. By 2040, it is predicted that 17.6% – or seven million – Malaysians will be those aged 60 and over (1, 2).

As a consequence of the reduced birth rate and the increased life-expectancy that has contributed to population ageing, there is now an increased old-age dependency ratio, which literally means that there are fewer younger adults to care for the increasing number of older persons. Therefore, while the Asian culture of filial piety is amicable, it should no longer be denied that with modern development and rapid urbanization, the increasing demands of parenting and employment, together with the responsibility of looking after older parents is leading to increasingly unbearable stressors to the so-called ‘sandwich generation’. This could potentially lead to increased exploitation, maltreatment and neglect. This position statement is, therefore, in no way implying that elder abuse is on the increase. On the contrary, elder abuse has always occurred and the emergence of elder abuse as an issue is a reflection of a caring society that is heading the right way towards a developed nation. Any increase in cases of elder abuse is more likely to be due to increased awareness and changing definitions than an indication of moral decline.

## **DEFINITION**

There is no single standard definition of elder abuse and neglect (EAN), but one of the most widely used is provided by the World Health Organization. The WHO defines EAN as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (3).

The five main subtypes of EAN on the other hand are defined as follows (4):

1. Physical abuse: the infliction of pain or injury, physical coercion, or physical or drug-induced restraint.
2. Psychological abuse: the infliction of mental anguish.
3. Financial or material abuse: the illegal or improper exploitation or use of funds or resources of the older person.
4. Sexual abuse: non-consensual sexual contact of any kind with the older person.
5. Neglect: the refusal or failure to fulfil a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person

## **PREVALENCE AND RISK FACTORS**

A systematic review by Cooper et al in 2008 found that the EAN prevalence worldwide ranges from 3.2% to 27.5% (5). Another review conducted five years later reported that the prevalence of EAN in developing countries ranges from 13.5% to 28.8% (6). A newer systematic review and meta-analysis in 2017 conducted across 28 countries came up with a pooled prevalence rate of 15.7%; 11.6% for psychological abuse, 6.8% for financial abuse, 4.2% for neglect, 2.6% for physical abuse and 0.9% for sexual abuse (7). In Malaysia, it was reported that 4.5% rural elders experienced abuse in the past 12 months (9).

Individual risk factors for EAN include cognitive impairment, behavioural problems, psychological problems, functional dependency, poor physical health, low income, trauma or past abuse and ethnicity. Those related to perpetrator were caregiver stress and psychiatric illness or psychological problems. Other risk factors comprised family disharmony, conflictual relationships, poor social support and living arrangements (10). A study conducted in rural Malaysia revealed associations between abuse and low-income, poor social support and depression (11).

## **HEALTH IMPACTS OF EAN**

Health consequences of EAN with the most robust evidence include premature mortality, depressive symptomatology and anxiety. Other health outcomes are decline in physical function, musculoskeletal pain, digestive symptoms, headache, psychological distress, suicidal thoughts, increased healthcare consumption, decline in quality of life and social dysfunction (12).

## **RECOGNITION OF SIGNS AND SYMPTOMS**

EAN is a complex problem and detection is not easy. Often, both the perpetrator and victim attempt to hide it out of fear, shame or embarrassment. Therefore, in many cases, EAN goes unnoticed when there is no high index of suspicion. Some common signs and symptoms of EAN as listed as below

### Indicators of physical abuse:

- A long delay in reporting or not reporting the injury
- Illness and seeking medical attention;
- discrepancy between any injury and the history provided
- conflicting stories or denial from the elder and caregiver
- A story of an elder being 'accident prone'
- Unexplained abrasions, fractures, or sprains
- Histories of previous injuries, untreated old injuries, and multiple injuries especially at various stages of healing.
- Insistence from the elder that an injury is severe when no injury exists (presumably as a way of getting professional help)
- Repeat attendance of the elder to Accident & Emergency Departments or clinics

### Indicators of psychological abuse

- Social withdrawal; isolation of the elder from his family or relatives by the caregiver, saying that they do not care about him / her
- Observe the dynamic between caregiver and older person. E.g. refusal of caregiver to let the older person answer any question during the interview
- Unexplained fear, failure to make eye contact, presence of agitation or behaviour not appropriate for level of dementia
- Depression or anxiety; Insomnia
- Anorexia; unexplained weight loss
- Vague reports of health problems;
- Drug/alcohol abuse

### Indicators of financial abuse

- Blocked access to property
- A disparity between elder's assets and living conditions
- Unexplained withdrawal of money from elder's account
- Signing of documents without the elder person understanding what they mean
- Unusual activities in bank account
- An unusual interest by family members in the elder's assets.
- An implausible explanation on the elder's finances by the caregiver, elder or both.
- Caregiver has no visible financial support.
- Caregiver refuses to spend money on the care of the elder.

### Indicators of neglect

- The caregiver has an attitude of indifference or anger towards the elder.
- The functionally impaired elder arrives without the main caregiver present
- Indicators of possible neglect / inadequate care: Poor hygiene, overgrown nails, soiled / inappropriate clothing, unattended medical needs / physical problems, unusual weight loss
- Pressure sore, located at unusual place, or been recurrent without obvious reason

### Indicators of sexual abuse

- Physical indicators: bruises along the breasts or genital area, buttocks, lower abdomen or thighs.
- Behavioural indicators: self-report of being sexually assaulted or raped, unexpected reluctance to cooperate with physical examination

## EXAMPLES OF EAN CASES

### Case 1

*“Mr C, 75 years old, was hospitalized to receive post stroke care and rehabilitation. He has right hemiparesis and dysphasia after stroke and needs a high-level nursing care. While receiving treatment in the hospital, the managing team was told that someone obtained Mr C’s thumbprint forcibly in the ward. Upon further inquiring, Mr C expressed his anger about the incident. He explained in writing that he was too weak to resist when his siblings placed his thumbprint on a document. He declined help offered by the hospital and opted to settle this issue with the help of his foster daughter.”*

### Case 2

*“A participant at a dementia caregiver’s workshop shared her experience about the difficulties faced by the rural community in caring for their parents with dementia. Quoting what she said: The children lock their father (with dementia) in the cage when they leave for work to prevent father from wandering and getting lost in the jungle again. They do not (sic) aware that their father has dementia. In fact, people in the kampung perceive impaired cognition in older persons as normal ageing. The people with dementia needs help so do their children and caregivers.”*

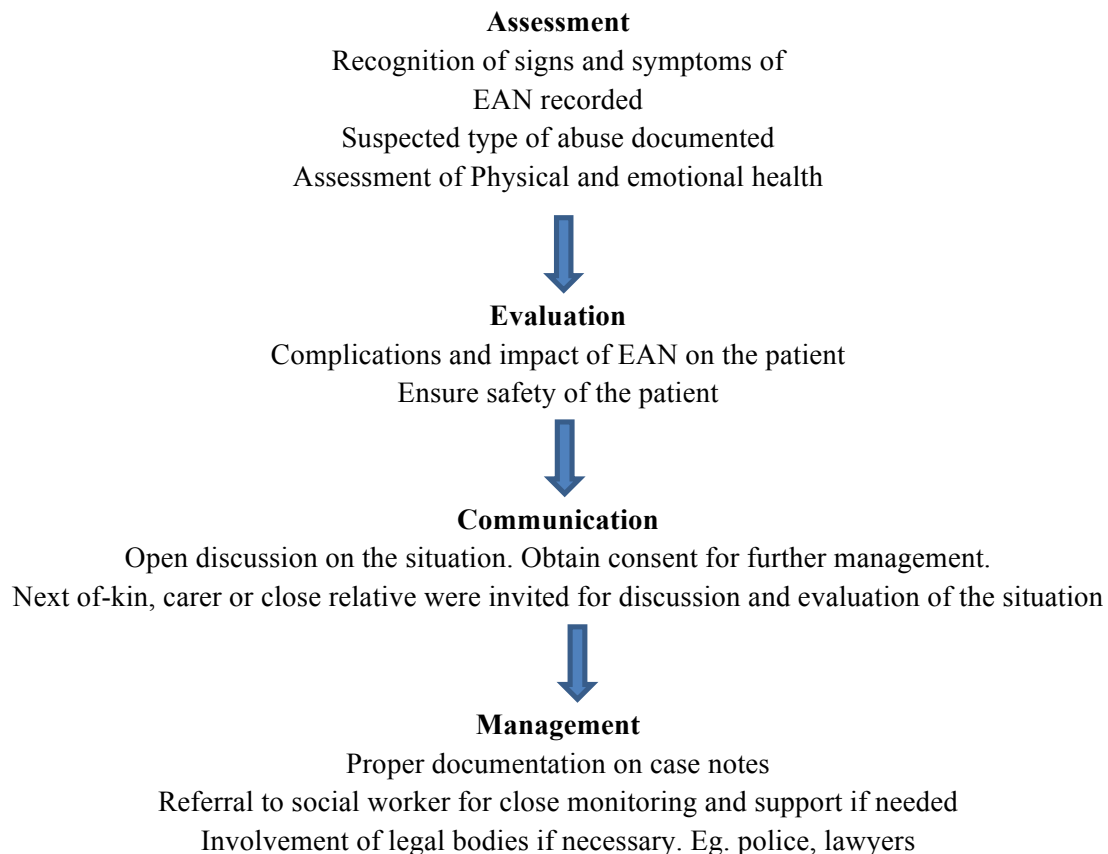
## MANAGEMENT IN THE CLINICAL SETTING

There is limitation in the management of EAN in Malaysia. It is important to ensure that cases of EAN are well described and documented. This will help to keep track of events that had occurred for future reference.

### Important details for documentation

1. Personal Information of the people involved:
  - a. Patient
  - b. Suspected abuser
  - c. The reporter
2. Information of the Event
  - a. Date , Time, and Venue
  - b. Suspected type of EAN that had occurred and sequence of the event
3. Steps taken
  - a. Admission to hospital
  - b. Referral to social worker/ organization/ police report or support

## FLOWCHART ON MANAGEMENT OF OLDER ADULT SUSPECTED WITH EAN



\*suggested report form and clinical pathway are at the appendix (13,14)

### EDUCATION ANF TRAINING

Few medical schools currently incorporate the recognition and management of elder abuse as part of their undergraduate curriculum. This position statement therefore recommends that training on elder abuse should be incorporated into the curriculum of all courses related to healthcare. The minimum training standard should equip the individual with the ability to identify EAN and skills to respond appropriately.

### LEGAL PERSPECTIVE

From the legal perspective, there are a number of acts which cover older adults. These include acts within the civil law (the Domestic Violence Act 1994, the Penal Code, Care Centre Act 1993, Employment Act 1955, Pensions Act 1980 and Employees Provident Fund Act 1991) and Shariah legal system (Islamic Family Law Act 1984). The limitations of the DVA 1994 and Penal Code on the other hand lie in their lack of specificity to circumstances related to EAN. Local experts have argued that it is inadequate for the protection of senior citizens and that a separate act is needed.

In deciding whether this is case of abuse and neglect, the health care professional will have to follow the reasonable or acceptable standard. What that standard is will be decided by them based on the practice and so on. If there is such standard, the health care professionals will be protected by law. This is because as it is, there is no express mandatory reporting on their part. Therefore, no protection is given for reporting.

## CONCLUSION

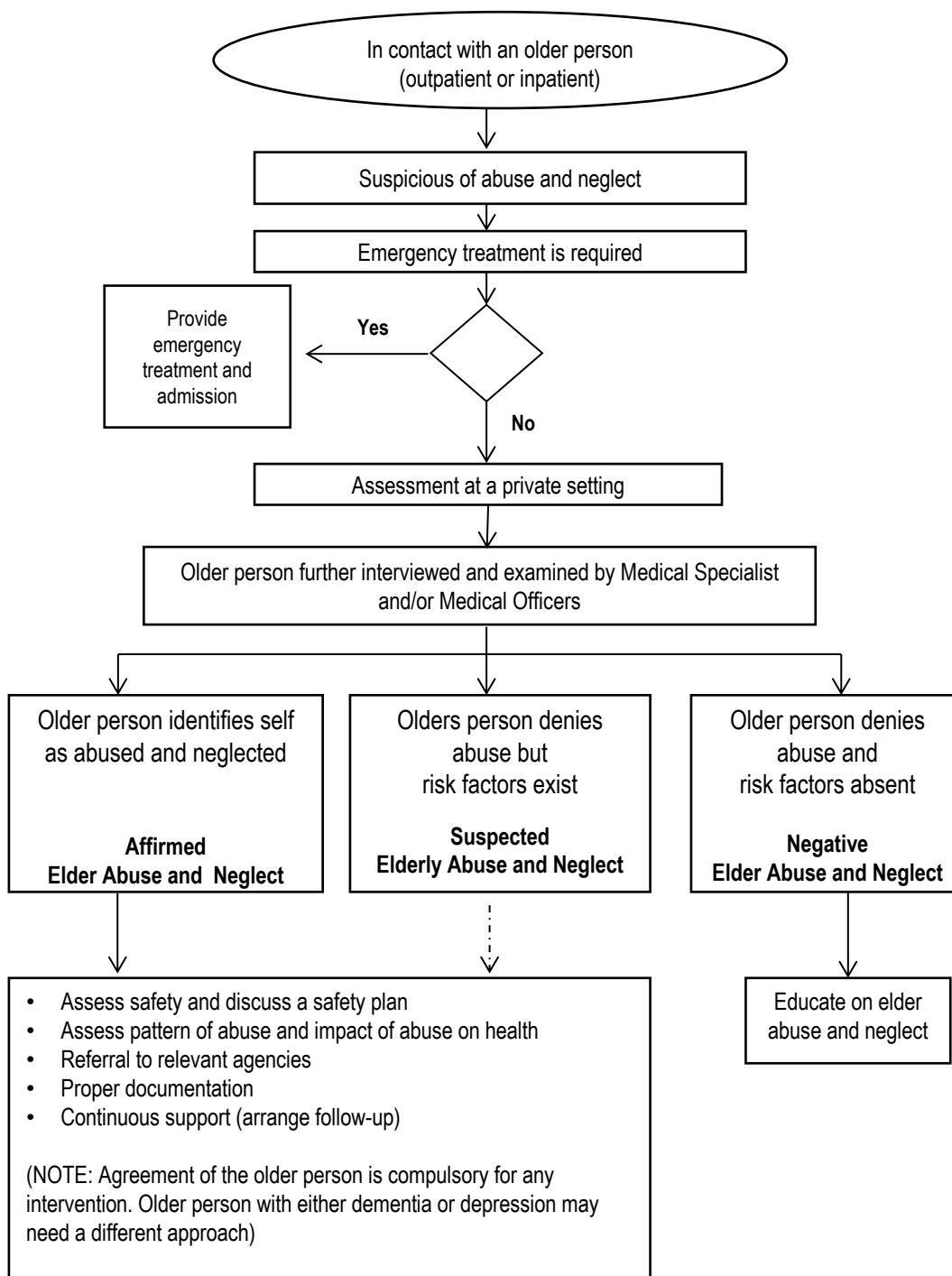
EAN is a complex and multi-dimensional issue. The current rapid demographic transition and social changes indicate that this phenomenon will escalate in the future if not adequately addressed now. It is an imperative for healthcare providers to understand their role in EAN and how to manage it in the clinical setting.

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## CLINICAL PATHWAY OF THE OLDER ADULT SUSPECTED WITH EAN IN HOSPITAL



\*\*for older people with cognitive impairment (such as dementia), refer to specialist services (secondary / tertiary services) or memory clinic in accordance to CPG Management of Dementia, November 2009-pg25

\*\* referral to hospital with agreement from patient once stable

REPORTING FORM FOR SUSPECTED/ CONFIRMED OLDER ADULT WITH EAN

PPWE-D



**BORANG DOKUMENTASI**

**SALINAN-Fail Pesakit**

**Serial Number: PPWE- 000001**

**PENDERAAN DAN PENGABAIAN WARGA EMAS- DOKUMENTASI (PPWE-D)**

- HANYA UNTUK BACAAN INDIVIDU TERLIBAT SAHAJA-

<b>A. PESAKIT</b>		<b>B. INDIVIDU YANG BERTANGGUNGJAWAB UNTUK PENJAGAAN WARGA EMAS.</b>	
*Nama:	*Alamat:	*Nama:	*Alamat:
*Kad Pengenalan:		*Umur:	
*Umur:	*Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan	*Nombor Telefon:	*Hubungan:
*Bangsa: <input type="checkbox"/> Melayu <input type="checkbox"/> Cina <input type="checkbox"/> India <input type="checkbox"/> Lain-lain; Nyatakan: _____		*Menetap: <input type="checkbox"/> Berseorangan <input type="checkbox"/> Dengan keluarga <input type="checkbox"/> Pusat Jagaan Orang Tua	
*Pesakit mengalami ketidakupayaan? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak			
*Jenis-jenis ketidakupayaan: <input type="checkbox"/> Anggota Fizikal <input type="checkbox"/> Pendengaran <input type="checkbox"/> Penglihatan <input type="checkbox"/> Pertuturan <input type="checkbox"/> Mental			
<b>C. PENDERA YANG DISYAKI</b> <input type="checkbox"/> Anak lelaki <input type="checkbox"/> Anak Perempuan <input type="checkbox"/> Cucu lelaki <input type="checkbox"/> Cucu perempuan <input type="checkbox"/> Suami <input type="checkbox"/> Isteri <input type="checkbox"/> Lain-lain. Nyatakan: _____			
<b>D. INDIVIDU YANG MELAPOR:</b> <input type="checkbox"/> Pesakit <input type="checkbox"/> Jiran <input type="checkbox"/> Anggota kesihatan <input type="checkbox"/> Lain-lain. Nyatakan: _____			
<b>E. MAKLUMAT INSIDEN</b> Tarikh/Masa Terakhir Insiden: _____			
*Tempat Berlaku Insiden: <input type="checkbox"/> Rumah Sendiri <input type="checkbox"/> Pusat Jagaan Jangka Panjang <input type="checkbox"/> Pusat Jagaan Harian <input type="checkbox"/> Lain-lain. Nyatakan: _____			
<b>F. JENIS PENDERAAN YANG DILAPORKAN (Tandakan yang berkenaan)</b> <input type="checkbox"/> Pengabaian <input type="checkbox"/> Emosi <input type="checkbox"/> Penyelewengan Kewangan <input type="checkbox"/> Fizikal <input type="checkbox"/> Seksual			
<b>JENIS RAWATAN YANG DITERIMA</b> <input type="checkbox"/> Rawatan Pesakit Luar <input type="checkbox"/> Masuk Hospital <input type="checkbox"/> Lain-lain (Nyatakan): _____			
			
		<b>JENIS KECEDEeraan</b>	
		AB Abrasion	
		BI Bite	
		BU Burn	
		DF Deformity	
		DS Dry Secretion	
		EC Ecchymosis (bruise)	
		ER Erythema (redness)	
		IW Incised Wound	
		LA Laceration	
		MS Moist Secretion	
		PE Petechiae	
		TE Tenderness	
		OI Other Injury (describe)	
<b>G. RUJUKAN KEPADA:</b> <input type="checkbox"/> TIADA (hanya menerima rawatan pesakit luar) <input type="checkbox"/> Polis Diraja Malaysia <input type="checkbox"/> Jabatan Kebajikan Masyarakat <input type="checkbox"/> Hospital <input type="checkbox"/> Lain-lain. Nyatakan: _____			
<b>H.</b> Dokumentasi disediakan oleh: ..... Cop Nama: Tarikh dilaporkan: ..... Klinik Kesihatan: .....			