**SOCIAL WORK**

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1. **ELDER ABUSE**

**Define of elder abuse**

Elder abuse is defined as a single or repeated act or lack of appropriate action that occurs in a trusting relationship that causes harm or depression to an adult. These acts of violence include human rights violations and include physical, sexual, psychological and emotional abuse; financial abuse and drug addiction; abandonment; neglect; and crimes against honor and respect.1

**Types of abuse**

There are different types of abuse:

* **Physical abuse** occurs when someone causes physical harm. For example, by hitting, pushing or slapping. Physical abuse can also involve restraints, such as locking adults in a room against their will or tying them to furniture.
* **Emotional abuse**, sometimes referred to as emotional abuse, can involve the caregiver verbally abusing, yelling, threatening, or repeatedly ignoring an adult. Preventing a person from seeing friends and relatives is another form of emotional abuse.
* **Negligence** occurs when caregivers cannot meet the needs of the elderly. Neglect includes neglect of physical, emotional, and social needs or denial of access to food, medicine, or medical care.
* **Abandonment** is leaving the elderly alone without a care plan.
* **Sexual abuse** involves an adult watching or participating in sexual activity.
* **Financial abuse** occurs when money or property of an elderly person is used or stolen. This may include cashing checks, obtaining other people's pensions or Social Security benefits, denying access to funds or financial information, or using others' credit cards and bank accounts without permission. This also includes the unauthorized alteration of wills, bank accounts, life insurance policies, or house titles.

**Who is being abused?**

Abuse can happen to any adult. Most of the victims are women, but some are also men. The elderly with no family or close friends, and those with a disability, memory problems, or dementia may be more vulnerable. Abuse often affects people who rely on others for help with activities of daily living, such as bathing, dressing, and taking medication.2

**Warning Signs**

The key to preventing and stopping elder abuse is being able to recognize the warning signs that it is happening. Symptoms of elder abuse vary according to the type of abuse experienced by the victim. Each type of abuse has specific symptoms associated with it.

* **Physical abuse** can be detected by visible signs in the body these are
  + Bruises, scratches, scars, sprains,
  + Falls
  + Broken bones
  + Signs of restraint such as rope marks on the wrist or broken eyeglasses.
* **Emotional abuse** often accompanies other types of abuse and can often be detected by changes in the person's behavior
  + Older adults may also exhibit dementia-like behaviors such as trembling or grunting. Emotional abuse is the most commonly reported form of elder abuse.
  + To mistreat the elders is when a person disrespects an elder and insults the elder.
  + Elderly is isolated or refuses to accept when abuse occurs.
  + Some signs of elder abuse are adult unresponsiveness or withdrawal.
  + They may also have doubts or fears, become more isolated, and not want to talk as much as they used to. Emotional abuse is less common but can have the biggest impact as it causes more problems for the body and mind.
* **Financial abuse** is a smaller form of abuse than other forms of abuse and may be more difficult to detect. Financial indicators include:
  + Large withdrawal of funds,
  + Loss of property or household funds,
  + Unpaid invoices
  + Loss of property
  + Financial information will change immediately.6
* **Sexual abuse,** like physical abuse, can be detected by physical symptoms;
  + especially the chest or genital area.
  + Blisters or scratches on the breast or chest and genital area
  + Bandages or scars
  + Pain in the mouth or anogenital area.9
  + Other symptoms include unexplained infection, bleeding, and undercut tears.
* **Neglect** is a type of abuse that can be caused by the caregiver or by the person himself. Signs of neglect are:
  + Malnutrition and dehydration,
  + Poor hygiene,
  + Not taking prescription drugs,
  + Poor living conditions.
  + Untreated decubitus

Bad behavior can be detected by observing the symptoms in adults as well as changes in the caregiver's behavior. For example, caregivers may not allow them to talk to or visit the elderly, may not show dislike or affection for the elderly, or may not refer to the elderly as "baggage". Caregivers with a history of substance abuse or mental illness are more likely than others to abuse the elderly.

Abuse can sometimes be subtle and therefore difficult to detect. But experienced organizations and research recommend to be skeptical and solve the problem adequately and promptly.

**Risk Factors for Elder Abuse**

Although any older person can be abused, some seniors are at higher risk than others for abuse or neglect.

**Risk factors for elder abuse include:**

* **Age:** According to a 2014 medical study by researchers at Northwestern University and Rush University, older adults aged 80 are more likely to experience elder abuse.
* **Carers:** Carers who live with the elderly, rely on them for financial support, use drugs or have a criminal record are more likely to commit crimes.
* **Gender:** A 2014 Chicago study found that women are more likely to experience elder abuse. According to the World Health Organization (WHO), women are also more likely to be abused in the long run.
* **Health:** includes poor physical health and mental health problems such as dementia. According to the National Council on Aging (NCOA), about 50 percent of people with dementia experience abuse and neglect.
* **Isolation:** According to a 2015 report from the US Department of Health and Human Services (DHS), approximately 13 million adults in the US live alone. According to the NCOA, lonely or withdrawn adults can be victims of abuse.4

**How big is the problem**

Elder abuse is a huge problem in the United States. Data are limited as the number of non-fatal injuries is limited to adults treated in emergency rooms. These data do not include those who received treatment from other doctors or who did not need or did not seek treatment. In addition, many incidents go unreported because the elderly are afraid or fail to tell the police, friends or family about the abuse. Victims must decide whether they have hurt someone or will continue to be abused by someone they trust or value.

**Elder abuse is common.** One in 10 households aged 60 and over experiences abuse, including neglect and financial exploitation. From 2002 to 2016, more than 643,000 adults were treated in the emergency room for serious injuries, and more than 19,000 homicides occurred.8

**Preventing Elderly Abuse & Neglect**

If you are a caregiver for an older person and you think you are at risk of abuse or neglect, you can provide help and support. Maybe you can't control your anger and find yourself shouting or hurting someone in your care? Or has someone else expressed concern about your behavior or stress between the two of you? Or perhaps you are surprised or overwhelmed by the daily needs of the older person in your care?

Recognizing that you have a problem is the biggest step in getting help and preventing abuse.

**Prevention tips if you're a caregiver**

As a caregiver, the following steps can help you prevent abuse or neglect:

* **Take immediate steps** to reduce stress and burnout. Anxiety is a common cause of elder abuse and neglect. You can help reduce stress by practicing regular stress relievers such as yoga, meditation, or deep breathing.4
* **Ask a friend, relative or local care center** for help or find an aged care service. All caregivers need regular breaks, even a few hours, to take care of their own needs and relieve the stress of caring for an older person.
* **Check-in on older adults** who may have few friends and family members.5
* Learn to control anger.
* **Take care of yourself**. If you don't get enough rest, you become more irritable. Eat healthy, exercise regularly, and meet your medical needs.
* **Seek help for depression**. Family caregivers are particularly vulnerable, but there are many things you can do to improve your thoughts and feelings and overcome problems.
* **Find a group for elderly caregivers**. Sharing your worries and experiences with others facing the same challenges can help alleviate the loneliness you feel as a caregiver. It's also a great place to get tips and advice on aged care.
* **Seek help for any addiction problem**. It's never easy, but there are many things you can do to cope with drug or alcohol addiction.
* **Get professional help.** If you can't stop yourself no matter how hard you try, it's time to seek help from a doctor.7

Every 15 June is World Elder Abuse Awareness Day (WEAAD).

**History:**

World Elder Abuse Awareness Day (WEAAD) was approved and established by the United Nations General Assembly on June 15, 2011, but the history of elder abuse awareness predates this particular celebration. The origins of WEAAD can be traced back to the International Plan of Action, adopted at the First World Conference on Aging in Vienna, Austria, in 1982, which emphasized the need to protect the elderly from abuse, neglect and financial exploitation, and called on the government to do so. community. Elder abuse needs to be addressed and the health of the elderly needs to be improved.10

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10. **FAMILY CARE GIVING**

**Family caregiving in India**

Home care is not a new concept in India. Despite human relations, caring for people at home is the norm in society across the country. As a society, we always want families to provide unconditional care, emotional and financial support to elderly parents, grandparents and other family members when they can no longer function independently.1

**Define family caregiving**

Family care is nothing more than a family member, perhaps one of the children, who is taking responsibility of caring for an elderly parent. Caring responsibilities include assisting with activities of daily living, providing direct care to care recipients, assisting with mobility, emotional support, and providing social, health, and medical care.2

The world's elderly population is increasing. India has the second largest elderly population in the world with 103.8 million elderly people. The need for formal and informal caregivers to maintain the general health of the elderly is likely to increase at the same rate. In India, a collectivist country, it is customary for family members to look after the elderly. Although there are changes in some health and care services that push family members to prefer formal care, the preference for informal care (especially because of spouses or caregivers) over legal guardianship is still high.3

**Formal care** for elder people generally refers to paid care services provided by a hospitals or individual for a person in need. Formal care can be divided into three different categories: (1) home care; (2) community care (such as daycare centers with trained staff); and (3) home care in nursing homes. **Informal care** is unpaid care provided by family, close relatives, friends, and neighbors.4

Caregiving is an important public health problem that affects the quality of life of millions of people. Nurses assist with the health or well-being of others. It will also include motivation and help manage illness or disability. As the recipient's needs increase, their caregiving responsibilities increase and change, which can create additional stress for the caregiver.5

**Family Caregiver Well-Being is Important to Care Recipient Health**

In their roles and activities, family caregivers may have a major influence on care recipient health and well-being. The decline of family caregiver health is one of the major risk factors for institutionalization of a care recipient, and there is evidence that care recipients whose caregivers lack effective coping styles or have problems with depression are at risk for falling, developing preventable secondary complications such as pressure sores and experiencing declines in functional abilities. Evidence indicates that cognitive-behavioral interventions to help family caregivers benefit their family members as well: As caregivers experience decreases in depression in response to treatment, so do their care recipients.

Care recipients may also be at risk for encountering abuse from caregivers when the recipients have pronounced need for assistance and when caregivers have pronounced levels of depression, ill health, and distress.6

**The Role of the Family Caregiver**

Most family caregivers are stressed about their jobs. They may have daily responsibilities such as helping patients with medical needs, going to the toilet, dressing, eating, taking medicine; including laundry, grocery shopping, house cleaning, meal preparation, finance and legal, hospital coordination, arranging appointments and transportation… In addition to these duties, family caregivers are always concerned with the person's health and safety and provide ongoing emotional support. The constant involvement of mind and body can be tiring and eventually lead to anxiety, depression or crisis.

In order to be able to do this job for a long time, guardians need to take care of themselves. It is important for family caregivers to understand that their role is challenging, that their own needs are just as important as those they care for, and that they need to limit or seek help. It is quite difficult to complete this task alone. Unfortunately, feelings of guilt, failure, inadequacy, and weakness often prevent caregivers from seeking help.

Don't wait until the guard is over! A family's ability to provide quality care depends on its ability to maintain its mental, physical and emotional health. No one is invincible. It is important to understand that no one can do everything or control everything in life. Home care doesn't have to be fancy or necessary, and it's one of the important things that can help caregivers.

Do you know a family caregiver at risk of stress, anxiety, loneliness, stress, depression? Help her become aware of her condition. Help her take care of herself and get help.7

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8. **INTIMATE PARTNER VIOLENCE**

**Define Intimate Partner Violence**

Intimate partner abuse (IPV) is domestic violence perpetrated by a current or former spouse or partner who is in a relationship with another spouse or partner. 1,2 This may include violence against a current or former spouse or partner. - In a partner or on a date.6 IPV can take many forms, including physical, verbal, emotional, financial and sexual abuse. The World Health Organization (WHO) defines IPV as "any behavior that causes physical, psychological or sexual harm to a person in a relationship, including physical violence, sexual assault, psychological abuse and behavioral control".3 IPV is also sometimes referred to as violence or abuse by a spouse or partner.4

**Types of Intimate Partner Violence**

* **Physical violence**, example
  + Slapping, hitting, kicking and beating.
  + Twist your hands or pulling your hair.
  + Pushing, Jolting, or throwing things on you.
  + Hit your fist or something that will hurt you.
  + He tries to strangle you or burn you.
  + Threatening or harming you with a knife, gun or other weapon.
* **Sexual violence**, including sexual coercion and other forms of sexual violence.
* **Psychological (Emotional) abuse**, such as Insults, disrespect, constant humiliation, harassment (for example destroying things), emotional (psychological) abuse such as torture, threats to remove children.
* **Controlling behaviours,** including isolating a person from family and friends; monitor their movements; Limited access to financial resources, employment, education or healthcare.5

IPV is common in India; In fact, the 2019-2021 National Family Health Survey concluded that 31.5% of Indian women have experienced at least one case of physical or sexual violence since the age of 15. These results do not include women who have been abused or otherwise harassed by their partners. If we included these numbers, the proportion of women who have experienced IPV at least once in their life would be higher.6

**How does Indian law do with IPV?**

In the past, Indian law focused on domestic violence between couples as a type of IPV. In 1983, the Parliament passed Section 498-A of the Indian Penal Code which punishes men who assault their wives. Over the years, Indian courts have broadened the definition of domestic violence to include all forms of physical, emotional and mental abuse. However, it is worth noting that Indian law still does not criminalize marriage or sexual violence against women.6

**How common is intimate partner violence?**

* 1 in 3women and 1in 4 men experience some form of physical violence from their partner. This includes various behaviors (such as slapping, pushing, pushing) that may not be considered "domestic violence" in some cases.12
* 1 in 7 women and 1 in 25 men were injured by their partner.
* 1 out of every 10 women is raped by her partner.
* According to the National Family Health Survey 5, 29.3% of all women aged 18 to 49 have experienced at least one partner abuse, slightly lower (31.2%).
* 3.1% of women aged 18-29 were exposed to physical abuse during pregnancy, and 1.5% were sexually abused at the age of 18.7.

**Warning Signs of Intimate Partner Violence**

**Physical Violence11**

* Black eyes
* Bruises on the hands
* Cracked lips
* Red or purple spot on the neck
* Sprained wrists

**Sexual violence** like physical abuse, can be detected by visible signs on the body;9,10

* Especially surrounding the breasts or genital/groin area.
* Bruises or scratches on chest or breast and genital area.
* Wrape or assault marks
* Pain in the mouth or anal or genital area.
* Other symptoms include unexplained infection, bleeding and tearing.

**Emotional Violence**

* Create a feeling of helplessness, hopelessness, or despair.
* Restlessness, anxiety, or constant worry
* Sleep changes (too much or not enough)
* Drug or alcohol problem
* Extremely apologetic or meek
* Lack of interest in daily activities
* Low self-esteem
* Looking scared
* Depressed symptoms
* Talking about yourself or trying to kill yourself

**Controlling Behaviour**

* Asking permission to go anywhere or meet and talk with others
* Partners call, text or call constantly, wondering where they are, what they are doing and who they are
* They have limited access to money or credit cards they have to count every coin used
* They can't drive
* They call their partner "Hope" or "the owner" or accuse them of always having an affair

**Preventing of Intimate Partner Violence13**

* Strengthening women’s rights related to divorce, dowry, and child support
* Require the necessary consent of the partner
* Supporting social and financial decisions Self-awareness of girls and women.
* Media / print media is aimed at raising awareness about existing laws.
* IPV should be discussed in school programs.
* Gender Equality
* At-risk families should be provided with one-day IPV counseling each month.
* Use behavior change communication to effect social change.
* Include IPV concerns in sexual and child health services, particularly at monthly meetings.
* Build IPV 'survivor networks' and integrate them into various forms of prevention, support and advocacy; such as reaching and supporting victims, community and stakeholder engagement in addressing and preventing IPV, advocating for raising awareness of IPV issues, strengthening the law. Development and interventions to reduce and prevent IPV, care for victims' recovery, and provide social protection and legal support.
* Improve treatment systems at all levels of society (family, community and workplace) to effectively respond to IPV events.
* Plan community campaigns and efforts to use mass and social media to raise awareness of the problem and the treatment options available to victims.
* IPV consultants are considered a common thread and integrated into the planning of projects, offices and organizations.

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