



OLDER WOMEN'S NETWORK, EUROPE

Elder Abuse in the time and the aftermath of Coronavirus (COVID)-19

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Although awareness of elder abuse has increased during the COVID-19 crisis, little positive concrete action appears to have resulted. Levels of violence, abuse, neglect and exploitation remain at high levels across Europe and throughout the world. As we mark WEAAD this year, we need to renew pledges and develop concerted actions to counter all forms of violence towards older persons, wherever and whenever it occurs.

Introduction

All sorts of humanitarian crises and emergencies, including those involving lockdowns or confinements, can lead to increased incidence of domestic violence including intimate partner violence, gender-based violence and all types of elder abuse (Chew and Ramdas 2005; Perel-Levin, 2019; Schneider et al 2016; WHO 2020b). In relation to older people, this includes physical, sexual, psychological and emotional forms of abuse, as well as financial abuse and neglect. Older women are likely to be particularly at risk in relation to intimate partner violence, psychological/emotional and sexual abuse during an extended period of social isolation and confinement (WHO 2020a). Those older people who live with family members or other relatives may also be at increased risk of harm, including situations of neglect if households encounter financial difficulties, perhaps due to loss of employment or other forms of income, or other unavoidable stressors (Makaroun et al 2020).

Further, during the pandemic health crisis posed by the Coronavirus (Covid-19), older people may have had very limited possibilities to seek or access help (Storey and Rogers 2020); this may have been due to mobility and physical health issues but also due to other care and support needs such as those relating to mental health problems or cognitive impairment(s). In some situations, individuals may have had to stay in confinement or lockdown or be sheltering in place for longer because of their increased health risks from Covid-19 and they were not always able to easily leave a situation.

Additionally, access to health and/or care and support services, either resulting from any prior existing need, or additional needs for services and support arising during the time of the



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pandemic crisis (or subsequently), were quite limited (Makaroun et al 2020). This could be due to restrictions on movement and lockdown, but it is also apparent that provision of some care/support and even health services were restricted or withdrawn if deemed to be non-essential. In some situations, this was also due to re-direction of resources by services to pandemic related provision if this was considered to be of higher priority for organisations. Isolation of older people in their homes, or when living with others could also lead to an escalation of risk and of worsening pre-existing situations of abuse and neglect. Such risks of an increase in violence and abuse - and also neglect - for older people were realised during the Covid-19 pandemic, and although research on elder abuse within the context of the pandemic has been relatively limited, due to a number of reasons, some work has been undertaken (for example Chang and Levy 2021, Yan et al 2022) or is underway. It would seem that reported incidence of violence and abuse initially appeared to drop in relation to reports and referrals to agencies that dealt with such abuse, but that subsequently, as reporting mechanisms were adjusted to account for the crisis, reports increased beyond levels ordinarily expected for the relevant period, particularly in relation to reports concerning institutional settings (see, for example, Lloyd-Smith et al 2021). Calls to helplines relating to abuse also increased during the early stages of lockdown and in many instances have continued to occur at higher levels.

Within the pandemic crisis, some people continued to experience abusive situations of different types, whilst for others these situations occurred for the first time, in part due to the enforced confinement and associated stressors within the crisis situation that developed with the pandemic. Individuals who lived alone could also be at a heightened risk of financial abuse and exploitation. This included scams/individuals accessing the elder's money, even those ostensibly offered to provide assistance or to purchase necessary items for people.

However institutional settings in which older people live (care and nursing homes) also posed increased risk of abuse and neglect during the pandemic (UN 2020). This was in part due to situations in which there was a lack of external scrutiny or even regular contact with the outside world, for example no physical visits permitted inside the care setting. In addition, resource issues such as staff shortages due to illness and/or self-isolation due to exposure to the virus may mean that the care provided is limited and sub-standard, or that staff are not subject to the same level of supervision and management as normal. Evidence has been accruing about situations that have arisen in relation to abuse and neglect that have occurred within care settings during the crisis and which resulted in very high mortality rates within such settings in several different countries (see for example, Beaulieu et al 2020; Beaulieu et al 2021; Costa-Font et al 2021; Parker 2021).



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As with other forms of domestic violence and abuse, elder abuse in the time of the coronavirus posed specific challenges across many different levels (micro, meso and macro – see Bennett et al 1997) and an ecological framework in which violence can be fully considered is much needed here (Krug et al 2002; Sethi et al 2011). However, there are some specific issues that are distinctive in relation to elder abuse at the time of this pandemic that need to be acknowledged. One key area of difference from other forms of domestic abuse occurring during the pandemic period concerns institutional settings, as already indicated. Additionally, from early on in the pandemic it was recognised that generally older people and those with certain existing health conditions were/are at increased risk of adverse reactions to the virus (if contracted) and that there was also a further heightened likelihood of death from the virus or related sequelae for other health conditions.

One consequence of this was a rise in levels of ageist attitudes and behaviours towards older persons in many countries across the world (Fraser et al 2020; Seifert, 2020). Unusually, the UN Secretary-General issued a Policy brief in May 2020 on the impact of Covid-19 on older people (UN 2020a), in which the high levels of ageism, the impact of viral contagion on both institutional settings and the individuals living in them, and increased rates of elder abuse and neglect (in all settings) were acknowledged. A call for action to counter such devastating impacts and for increased attention to and promotion of the rights of older people was included in the brief. The policy brief was issued over two years ago and gained 146 signatories from UN member states in initial response to and support of the brief - 42 of these were from Europe, with the EU as a separate signatory; there were 51 signatories from UNECE member states (UN 2020b). The response to the brief contained the following statement:

'We therefore commit to fully promoting and respecting the dignity and rights of older people and to mitigate the negative impacts during and after the COVID-19 pandemic on their health, lives, rights and wellbeing. We further commit to working with all partners to strengthen global and national targeted responses to address the needs and rights of older persons and foster more inclusive, equitable, resilient and age-friendly societies.'

However, despite this statement being agreed by signatories since that time little positive concrete action appears to have resulted. And in respect of the UN World Elder Abuse Awareness Day (WEAAD), which is marked annually on 15th June, levels of violence, abuse, neglect and exploitation remain at high levels across Europe and throughout the world.

As we mark WEAAD this year, we need to renew pledges and develop concerted actions to counter all forms of violence towards older persons, wherever and whenever it occurs.



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Concluding comments

Generally, governments have an obligation to protect older people from violence, abuse, neglect and exploitation (wherever it occurs) and should have appropriate measures in place to do so. However, in the absence of any specific legal instrument (at a UN or universal level) that specifies the rights of older people, it may be very difficult to enforce such an obligation (Williams 2021). Although there are regional conventions on such rights covering both Africa and Latin America, not all countries in these areas have ratified such protocols. There are no other regional conventions in existence. In addition, during a time of an unprecedented public health crisis at global level in relation to the Coronavirus-19 pandemic, affecting all regions of the world, and the lack of specific pandemic-related crisis or disaster planning ahead of time, many countries struggled to contain the pandemic. Further, dealing with the violence-related pandemic within the pandemic - sometimes referred to as the 'shadow pandemic' (Sri et al 2021; UN Women 2020) if it occurred, was more likely to happen at a reactive level of 'fire-fighting' rather than any more pro-active preventive measures. This does not mean that attention should not have happened in relation to some of the potential areas for preventive work, but rather that some of this much-needed work needs to occur somewhat later when the immediate public health crises caused by the pandemic have receded, or at least diminished to less challenging and more manageable levels.

Evidently there is a need for further research in relation to the effects of Covid-19 on elder abuse in both institutional and domestic settings. This is in terms of prevalence and also the nature and types of abuse which occurred during the pandemic period; international comparative research, or at least research that is comparable across different countries would also be highly beneficial here. Further, if the aim of assisting older people to live lives free from violence, abuse, neglect and/or exploitation is to be achieved, then attention must be paid to this urgent problem as soon as is possible to achieve. Only then can full attention be paid to addressing the inequalities experienced by older women and preventing the violations of human rights facing them throughout Europe and indeed across the world. The need for a UN convention on the human rights of older persons has not diminished and in many respects, as illustrated by experiences during the Covid-19 pandemic, is more urgent than ever.



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