**SOCIAL WORK**

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1. **ELDER ABUSE**

**Define of elder abuse**

Elder abuse is defined as a single or repeated act or omission, committed in good faith, that causes harm or distress to an elderly person. These crimes include crimes against humanity, including physical, sexual, psychological and emotional abuse; financial abuse and drug addiction; abandonment; carelessness; 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, such as locking older people in a room against their will or tying them to furniture, is also limited.
* **Emotional abuse**, sometimes called emotional abuse, may involve a caregiver verbally abusing, yelling at, threatening, or repeatedly ignoring an adult. Preventing someone from seeing friends and relatives is another form of emotional abuse.
* **Negligence** occurs when caregivers fail to meet the needs of an elderly person. Neglect includes neglecting physical, emotional, and social needs or denying access to food, medicine, or medical care.
* **Abandonment** is when an elderly person is left without care.
* **Sexual abuse** involving adults watching or participating in sex.
* **Financial abuse** occurs when an elderly person's money or property is used or stolen. This may include paying cash, accessing someone else's pension or Social Security benefits, denying access to accounts or financial information, or using someone else's credit card and bank money without permission. This also includes unauthorized transfers of wills, bank accounts, life insurance policies or home ownership.

**Who is being abused?**

Abuse can happen to any adult. Most of the victims are women, but some are also men. Elderly people without family or close friends, people with disabilities, memory problems, or dementia may experience more problems. Abuse often affects people who rely on others for help with activities of daily living, such as bathing, dressing, and taking medications.2

**Warning Signs**

Abuse can happen to any adult. Most of the victims are women, but some are also men. Elderly people without family or close friends, people with disabilities, memory problems, or dementia may experience more problems. Abuse often affects people who rely on others for help with activities of daily living, such as bathing, dressing, and taking medications.

* **Physical abuse** can be detected by visible signs on the body such as
	+ Bruises, abrasions, scars, bruises,
	+ Falls
	+ Broken bones
	+ Signs of restraint such as body straps, fractures. wrists or glasses.
* **Emotional abuse** is often accompanied by other types of abuse and can often be detected by changes in the person's behavior.
	+ Adults may also notice Dementia-like behavior such as shaking or crying. Emotional abuse is the most common form of elder abuse.
	+ Elder abuse is disrespecting and insulting one's elders.
	+ When abuse occurs, older people are isolated or rejected.
	+ Some signs of elder abuse are unresponsiveness or withdrawal from the elderly.
	+ They may also develop doubts or fears, become more isolated, and may not want to talk as much. Emotional abuse is rare but has the most impact because it creates many problems for the body and mind.
* **Financial abuse** is a smaller form of abuse than other types of abuse and can be more difficult to investigate. Including financial indicators:
	+ Large withdrawal,
	+ Loss of property or home funds,
	+ Unpaid bills
	+ Property damage
	+ Financial information is subject to immediate change.6
* **Sexual abuse** can be detected by physical signs such as physical abuse;
	+ especially in the chest or genital area.
	+ Rashes or scratches on the breast or breast and genitals
	+ Bandages or scars
	+ Pain in the mouth or genitals.9
	+ Other symptoms include unexplained infections, bleeding, and decreased tears.
* **Neglect** is a type of abuse committed by caregivers or the patient himself. Symptoms of neglect are:
	+ Malnutrition and dehydration,
	+ Poor hygiene,
	+ Not using medication,
	+ living a bad life.
	+ Does not treat bedsores

Behavioral disorders can be detected by observing the symptoms seen in the elderly and the changes in the behavior of the caregiver. For example, caregivers may not allow them to talk to or visit the elderly person, may not show hatred or love towards the elderly person, or may not refer to the elderly person as "baggage". Caregivers with a history of substance abuse or mental illness are more likely than others to abuse the elderly.

Abuse can be subtle and therefore difficult to detect. But experienced organizations and studies recommend not believing and solving the problem adequately and quickly.

**Risk Factors for Elder Abuse**

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

**Risk factors for elder abuse include:**

* **Age**: People over the age of 80 are more likely to experience abuse, according to a 2014 medical study by researchers at Northwestern University and Rush University.
* **Caregivers**: Caregivers who live with the elderly, rely on them for financial support, use drugs, or have a high criminal record.
* **Gender**: A 2014 study in Chicago found that women were more likely to be victimized. According to the World Health Organization (WHO), women can also be abused in the long term.
* **Health**: including poor physical health and mental health problems such as dementia. According to the National Council on Aging (NCOA), approximately 50 percent of people with dementia experience abuse and neglect.
* **Exclusion**: Approximately 13 million people are living with dementia, according to a 2015 report by the U.S. Department of Health and Human Services (DHS). Older Americans are lonely. Lonely or withdrawn adults may be victims, according to NCOA.4

**How big is the problem**

Elder abuse is a serious problem in the United States. Data are limited because the number of nonfatal injuries was limited to adults treated in emergency departments. The data does not include people treated by other doctors or those who did not require or seek treatment. Additionally, many cases go unreported because adults are afraid or do not tell the police, friends, or family about the abuse. Victims must decide whether they have harmed someone or whether they will be harmed by someone they trust or care about.

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

**Preventing Elderly Abuse & Neglect**

If you are caring for an older person and think you may be at risk of abuse or neglect, you can provide help and support. Maybe you cannot control your anger and find yourself yelling or hurting people you care about? Are others concerned about your behavior or the tension between the two of you? Or perhaps you are surprised or overwhelmed by the daily needs of the seniors you care for?

Admitting you have a problem is the biggest step towards getting help and preventing abuse.

**Prevention tips if you are a caregiver**

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

* **Take the following steps now to reduce stress and burnout**. Anxiety is a common cause of elder abuse and neglect. You can help reduce stress by doing regular stress-relieving exercises such as yoga, meditation or deep breathing. 4
* **Ask for help from friends, relatives, a local nursery or seek out aged care services**. All caregivers need regular breaks, even for a few hours, to attend to their own needs and reduce the stress of caring for an older person.
* **Register for the elderly** who will not have friends or family. 5
* **Learn** to control anger.
* **Take care of yourself**. If you do not get enough rest, you will become angrier. Eat a healthy diet, 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.
* **Senior Care Team wanted**. Sharing your concerns and experiences with others facing the same challenges can help ease your sense of isolation as a caregiver. This is also a great place to get tips and advice on elder care**.**
* **Seek help for addiction problems.** It is not always easy, but there are many things you can do about drug or alcohol addiction.
* **looking for help**. If you cannot stop yourself no matter how hard you try, it means it is time to get help from your doctor.7

Every year, June 15 is celebrated as 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 awareness of the history of elder abuse has existed long before this special celebration. The origins of WEAAD can be traced 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 older people from abuse, neglect and exploitation and called for government action. For this reason. Society. The problem of elder abuse must be urgently solved and the health of the elderly must 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 the interchange of interests, caring for family members is the norm in society across the country. As a society, we always want families to provide unconditional care, emotional and material support to independently living elderly parents, grandparents and other family members in their absence.1

**Meaning of family care**

Family Care is nothing more than a family member, perhaps one of the children, taking care of an elderly parent. Nursing responsibilities include assistance with activities of daily living, providing direct care to patients, assisting with mobility, emotional support, and providing social, health, and medical care.2

The world's aging 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 older people is likely to increase at the same rate. In India, a collectivist country, it is a tradition for family members to take care of the elderly. Although some health and care services have changed, there is still a high rate of family members being left in need of formal care, with informal care being preferred over legal guardians (especially for spouses or guardians).3

**Elderly care** generally refers to medical services provided to people in need by hospitals or individuals. Legal care can be divided into three categories: (1) home care; (2) community care (such as day care centers with trained staff); (3) nursing home care. **Informal care** is unpaid care provided by family, relatives, friends and neighbors.4

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

**The health of family caregivers is important for the health of caregivers.**

Family carers, in their roles and activities, will have a significant impact on the health and well-being of the care recipient. Poor health in family caregivers is a major factor in caregivers going to hospital, and evidence suggests that caregivers without effective coping strategies or depression issues may increase the risk of falls and prevent symptoms such as heart disease. and decreased work capacity. There is evidence that learning about behavioral patterns can help family caregivers and have a positive impact on their families: as caregivers become less anxious about medical intervention, caregivers will do the same**.**

Care recipients may also be at risk of being abused by their caregivers if the recipient needs help and the caregiver has depression, illness and depression.6

**The Role of the Family Caregiver**

Most family caregivers face work pressures. They may have daily responsibilities such as assisting patients with medical needs, using the bathroom, dressing, eating, taking medications; including laundry, grocery shopping, house cleaning, meal preparation, finance and legal, hospital coordination, planning and transportation… In addition to these activities, in-home caregivers are always concerned about the health and safety of their patients and provide ongoing emotional support. Constantly keeping the mind and body busy can be tiring and can eventually lead to stress, depression or burnout.7

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8. **INTIMATE PARTNER VIOLENCE**

**Definition of Intimate Partner Violence**

Intimate partner abuse (IPV) is domestic violence committed by a current or former spouse or partner while in a relationship with another person, couple, or partner. 1,2 This may include violence against a current or former spouse or partner. - In a relationship 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, including physical violence, sexual violence, psychological abuse, and behavioral control, that results in physical, psychological, or sexual harm to persons in a relationship.” 3 IPV is sometimes referred to as intimate partner violence or abuse.4

**Types of Relationship Between Abuser**

**Physical violence**, such as:

* Hitting, hitting, kicking and hitting.
* Turn your hands or pull your hair.
* Shake it, shake it, or throw things at it.
* He tried to strangle you or burn you.
* Threaten or harm you with a knife, gun or other weapon.

**Sexual violence,** including sexual assault and other sexual violence.

**Psychological (emotional) abuse** such as mocking, humiliation, constant humiliation, bullying (such as destroying objects), Emotional (emotional psychological) torture such as torture, threat to take away children.

**Controlling behavior**, including isolating a person from family and friends; monitoring their movements; Limited access to financial resources, employment, education or healthcare.5

IPV is common in India; In fact, the National Family Health Survey 2019-2021 concluded that 31.5% of Indian women have experienced physical or sexual abuse at least once since the age of 15. These results do not include women who experienced violence or other forms of harassment. partner. If we include these numbers, the percentage of women who have experienced IPV at least once in their lives will be higher.6

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

Previously, Indian laws considered domestic abuse by parents as a form of IPV. In 1983, Parliament passed Section 498-A of the Indian Penal Code, which punished husbands who beat their wives. Over the years, Indian courts have expanded the definition of domestic violence to include all forms of physical, emotional and emotional abuse. However, it is worth noting that Indian laws still do not criminalize marriage or sexual intercourse against women.6

**How many people are closely involved in violence?**

* One in three women and one in four men are subjected to some form of physical abuse by their partner. This includes a variety of behaviors (such as slapping, shoving, shoving) that may not be considered "domestic violence" in some cases. 12
* One in seven women and one in 25 men have been injured by their partner.
* 1 in 10 women are abused by their partner.
* According to the National Family Health Survey5, 29.3% of all women between the ages of 18 and 49 have experienced at least one form of intimate partner violence; this rate is slightly lower (31.2%).
* 3.1% of women aged 18-29 were physically abused during pregnancy, and 1.5% were abused when they were 18.7 years old.

**Serious Warnings About Relationships with a Victim of Violence**

**Physical Violence**11

* Dark eyes
* Rough hands
* Chapped lips
* Red or purple swelling in the neck
* Sprained wrist

**Sexual abuse** like physical abuse, can be detected by physical symptoms; 9,10

* Especially around the chest or genital area/forehead.
* Itching or scratching on the chest, breasts and genitals.
* Seizure or attack symptoms
* Pain in the mouth, anus or genitals.
* Other symptoms include unexplained infection, bleeding, and rupture**.**

**Emotional Violence**

* Causes depression, despair, or hopelessness.
* Restlessness, anxiety, or constant worry
* Sleep changes (too much or not enough)
* Drug or alcohol problems
* Very apologetic or sensitive
* Lack of interest in daily activities
* Low self-esteem
* Appearing scared
* Signs of depression
* Talking about yourself or trying to kill yourself.
* Need permission to go anywhere or meet and talk to others
* Partner constantly calling, texting or calling, demanding to know where they are, what they are doing and who they are
* They are taking money or using a credit card which is not allowed and they have to count every money they spend
* They can't drive
* They call their partners "Hope" or "Teacher" or accuse them of always being influential

**Preventing of Intimate Partner Violence13**

* Improve women's rights in divorce, property and alimony
* Obtain appropriate consent of the partner
* Promote girls and women's social and economic self-awareness in decision-making.
* Media/Print Media aims to raise awareness about existing rights.
* IPV should be discussed in the school curriculum.
* Gender Equality
* IPV counseling should be provided to families at high risk once a month.
* sing behavior change communication to affect social change.
* Integrating IPV issues into sexual and child health services, especially at monthly meetings.
* Creating and integrating IPV “survivors' networks” into various forms of prevention, support, and advocacy; Engaging and supporting victims, communities, and stakeholders in addressing and preventing IPV, such as advocating for IPV awareness issues, strengthening the law. Develop and implement measures to reduce and prevent IPV, provide care to victims, and provide social protection and legal support.
* Improve treatment at all levels of society (family, community, and workplace) to be effective in cases of IPV.
* Plan community events and efforts that use mass media and social media to raise awareness of the problem and provide treatment to victims.
* IPV consultants are viewed as media outlets and integrated into program, office and business planning.

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