

# Covid-19 and (in)Visible Violence in Old Age. Lecture in the Framework of the 56. Psychiatric Saturday 2022

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## Abstract

The COVID-19 pandemic has amplified age-related discrimination, increasing the risk of violence against elderly individuals. This study investigates the factors contributing to such violence and the impact of isolation measures on the physical and mental health of the elderly. It also emphasizes the necessity for a coordinated support network to offer psychological counseling and immediate assistance.

**Keywords:** Violence, Covid-19, Framework, WHO, Psychological

## Introduction

**Direct or indirect violence:** Forms of violence are a part of our society. We have already come a long way in avoiding them or developing alternative strategies, but much remains to be done to promote a coexistence based above all on mutual respect and appreciation - regardless of age, religion and ethnicity. The definitions of violence given are intended to show us the possibility of change and serve as a call to action.

Violence against people, but also by older people, can take place in a wide variety of places. Most violence and conflicts take place in the private / family environment, which also includes home care and mobile services. Shouting, insulting, rough handling, neglect - violence has many faces. And it happens more often than we think. Especially in family care relationships, psychological violence against older people is common [1]. The triggers often lie in the excessive demands, especially of "family caregivers," because many feel left alone with the care and nursing. Since the violence takes place in secret, it is difficult to give exact figures on the frequency of violence in caregiving relationships. Thus, the number of unreported cases is high."

According to the World Health Organization (WHO), during the COVID-19 pandemic, violence against the elderly increased tenfold [2].

## Definitions - Violence Against the Elderly

The intentional use of physical force or of power-threatened or actual-against another person, with the consequence or high

probability of injury, death, psychological suffering, or deprivation, so-called stimulus deprivation (WHO, 2002).

The forms of violence range from physical or psychological violence to sexual harassment, financial exploitation, restriction of free will, isolation, humiliation or neglect. Thus, even a "non-action," such as failing to perform a necessary act of care, can be violence. In addition to the forms of violence just mentioned, there are also forms of structural violence, such as a lack of personnel resources, structural measures that are not age appropriate, legal framework conditions, etc.

Violence against the elderly and those in need of support or care was an issue even before the COVID-19 pandemic, but during the pandemic period some situations "came to a head" or became more "visible."

According to Wettstein & Wahl, the COVID-19 pandemic and the lockdown measures that resulted from it led to a reduced sense of well-being and an increased experience of loneliness for many.

## Characteristics of Violent Processes: or Hallmarks of Violent Processes

- Acts of violence in connection with older people usually do not occur suddenly and are very often not intentional. For example, long-lasting family or partnership conflicts, years of exclusion, excessive demands, etc. favour the development of violence in its various forms.

- In many cases, violence is reciprocal and the question of perpetrator or victim cannot be answered unambiguously: the dynamics of violence are complex and the causes often go back many years.
- Even in good nursing and caregiving relationships, years of perpetual caregiving triggers feelings of overwhelm and hopelessness and allows violence to emerge as an outlet.
- The general taboo surrounding experiences of violence is even stronger among older people than in the rest of the population. A sense of shame and loyalty with family members or caregivers often work against helpful discussion.
- Violence is exercised by individuals (direct violence) or acts indirectly through laws, norms and regulations (structural violence) or social values (cultural violence).
- Sexual violence is everything that is not being approved of, any kind of sexual practice that is not desired or tolerated, ranging from sexist exposure up to coercing someone into sexual action, or rape.
- Mental violence is characterized by flippant or offending remarks, actions, or attitudes (such as threatening, humiliating, hectoring, or accusations)
- Freedom-confining actions, such as
- locking doors, so someone would not be able to leave the house or room (which will furthermore increase the risk of getting hurt if the victim puts up resisting attempts, being at risk of falling)
- removing auxiliary devices (as putting one's walking aid out of his reach, or hiding away one's glasses.
- fixing the wheelchair brake in its locked position
- installing bed rails and safety straps on the bed; a measure, primarily intended for the good of the patient, in order to prevent him from falling; the feeling of helplessness and fear often affect a patient quite seriously; although studies have shown that bed rails would not prevent falls, they would rather induce them. for the patient then tries to climb over the rail and would right then fall, or gets hurt by getting stuck or entangled in his own garment and, in the worst case, there by strangle himself; and in order to prevent him from doing just so, the patient is being intimidated and threatened of consequences beforehand.

The Committee on National Statistics identifies five main forms of violence against the elderly, based on empirical data [3]:

- physical acts that cause pain or injury
- actions that cause emotional distress or psychological harm
- sexual assault
- financial exploitation
- neglect, abandonment (violence resulting from failure to perform certain [necessary] acts)

In Johnson four main directions of the use of violence against the elderly are found [4]:

- physical abuse (abuse of medication, impairment, assault)
- psychological abuse (humiliation, torment, manipulation)
- social abuse (isolation, interference with living space)
- legal maltreatment (material abuse, theft)

**Note:** These definitions neglect the dimension of structural and cultural violence.

The Bonn HsM study states that approximately 10 % of people over 60 have experienced violence in the domestic sphere in the last five years [5]. Thus, Wild also emphasizes that most statistics cite a rate of up to ten percent for violence against the elderly and suspect a high number of unreported cases [5].

Mental abuse and financial harm were primarily reported. The consequences of the violent events were predominantly on a psychological-emotional level. Married people and people with health problems were frequently affected by violent events.

In the context of the pandemic, the hypothetical question arises: "didn't older people deal with the crisis in such a way that we could also see the competencies of older people more concisely, and not just their often imputed "deficits"? And yet, the COVID-19 pandemic in particular has shown that stereotyping and discrimination against older people and all people is not a "fringe" issue, but has very quickly become a "central issue."

### The Various Forms of Violence

#### Violence by Active doing, Such as

- Physical violence through hurt (like for example skin reddening, hematomas, burning wounds, ...)

Additional risk factors, and rather burdensome factors, for violence against elderly people within their own family are:

- poor housing conditions
- tense financial circumstances
- stressful living situations (as maybe unemployment)
- some psychic affection of one of the family members (though not diagnostically)
- the lack of support facilities, as well as the lack of information about such being on offer

Violence is not only imposed on socially disadvantaged people, or those with a low education, nor is it caused by a material impulse—violence takes place everywhere, even in the best of families.

### COVID-19 and the Problems of Elderly and Help-dependent People

Especially during the pandemic time, this problem got ever more critical as reports from practicing experts were confirming this. This came due to the fact, that during these times many facilities of support-offering then has to shut down; many times outpatient care had to pause, and offers for day centers were restricted or closed at all.

Caring family members or relatives were often left alone with their caring task, and, at one point, they themselves would suddenly feel overwhelmed by burden; and thus, to get rid of it, they relieve themselves by "venting it off" onto the helpless patient, exerting violence on him; and it's mostly them, the elderly and weak people, who would be the most vulnerable to being violated.

<sup>3</sup>Vgl. CNSTAT – Committee on National Statistics (Hrsg.): Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington: 2003. S. 35.

<sup>4</sup>See Johnson T. F.: Elder mistreatment: Deciding who is a risk. Westport: Greenwood Pub Group, 1991.

<sup>5</sup>Cf. Hirsch R. D., Brendebach C.: Violence against the elderly in the family: results of the Bonn "HsM study". In: Journal of Gerontology and Geriatrics 32, 1999, pp. 449-455.

The occurrence of such situations only turned out to disclose the true firmness of our health and social system, which is actually leaking and breaking at its seams.

### **These are the Topics that were Disclosed and Discussed Anxieties and Worries**

Many elderly people were afraid of getting infected and catching the disease, for their selves, and for their next kin as well; but then, it was not only fear they were experiencing, but also a state of panic and, at its worst, deadly terror. Often, elderly people were worried about their medication, would they still get it? Yet their concerns were also about their next kin, though not only about their health, but also about their job situation and their having hard times financially.

### **Daily Supply**

Habitual errands, such as doctor appointments, the purchase of groceries, or drug store visits, were no longer possible in real time—for them, this was deprivation of what had been their only and possible resource of communication.

### **Memories of Wartimes were called Forth, Evoked by the Current Crisis Situation**

Such memories would often cause insomnia in elderly people, accompanied by a feeling of restlessness, and a sense of helplessness and fear.

### **Sleep**

Due to this new situation, as were the consequences of the pandemic, many things within the accustomed daily routine have changed. Like many elderly people, then often started suffering from insomnia. This, triggered by a lack of outdoor movement and the absence of daylight. On the whole, little activity, worries, and disease-related fears are all factors that interfere with the sleeping rhythm, making it difficult to fall asleep, and to sleep through soundly.

### **Social Isolation and loneliness**

Many elderly people are living in their homes alone. Activities in groups such as club meetings, the visiting of senior centers, or clubs, going to concerts, carrying out some volunteering post, or any other activity in company with other people were then not allowed. Elderly people missed their next kin as were grandchildren and relatives, but friends as were their neighbors as well. And of this, desperate and alone within their hopeless situation, many elderly people then would become heavily sad. But sadness and loneliness do have an impairing impact on people's health, especially on that of elderly people, who would suffer from it the even more; with them, they are particularly vulnerable to developing depressive symptoms.

### **The Awkwardness in Dealing with Digital Media**

Not all elderly people have the opportunity, or the skill, to benefit from the internet or other forms of digital media. And when during COVID-19 times the only way to communicate and contact was via digital media, for them, this was always an arduous task, and thus it was difficult for them to stay in touch with their beloved ones.

### **Conflicts Due to Isolation**

Many elderly people are living in pairs together in their homes. Because of the then restricted contact measures, they were confined to their own four walls, and at the worst, all day long. When this was not only a confinement of space, and therefore then a restriction in movement too, this situation then otherwise provided room enough for conflicts to develop and spread. When once initial psych conflicts among the inhabitants got started, the transition to physical violence was then easygoing. Violence within peoples own homes, known as domestic violence, was more common during the pandemic times.

### **Bodily Ailments and Pains**

Many elderly people are suffering from chronic pain; and obsessive worrying will only reinforce pain and all other physical ailments.

### **Absence of Movement**

Due to the lockdown measures, such as the curfew measures, the exercise of physical activity was also limited; and, since we all know that unpracticed movement practiced throughout a longer time would, at one point, have an impairing effect on our physical health. Especially to old-age health, when muscles are already regressing and walking becomes unstable, which further on increases the risk of falling; so, the absence of movement for them, elderly people, is far more critical.

### **Elderly People with Mental Illness**

Some elderly people have deliberately paused their therapy, while others had to stop theirs upon their therapists orders, who otherwise themselves had to stop their practice; for they were either in quarantine themselves, or they had children to care for.

Those therapies, which would have been viable via video, turned out not to be working at all. As already mentioned, digital media was a disconcerting medium for elderly people, not only in handling, but also of its equipment; of all those “strange” auxiliary attachments which then were necessary for video conference therapies (such as webcam, loudspeakers, and microphones). Yet, it turned out, that this time out of therapy had rather deteriorating consequences for the patients' psychological problems. (or chronification(?))

### **Age Discrimination**

The COVID-19 pandemic then brought to light how dangerous age discrimination can be, and how necessary it is to sensitize social awareness—to the fact, that: elderly people are one heterogeneous group!

All in all, it can be said, that: above all, it is especially the elderly people, who, within our society, do have only a few advocates standing in for them.

And even during those pandemic times, it was still considered taboo to talk about violence in old age, specifically violence against elderly people.

However, more and more questions were raised in public, as well as from persons in concern for their aggrieved ones about their rights; especially rights in terms of visits of people in facilities at the end of their lives.

The COVID-19 pandemic revealed to us the dangers of the way we carelessly handle the subject of age, it showed us how trivializing and discriminating we were acting, and how ill-minded this actually is.

In order to achieve this democratic change, we would be forced to face all sections of society in regard to this subject, distinct and future-oriented.

### **Violence in Care and Nursing, and the Extent of Violence Occurring**

According to the internationally accredited definition of the World Health Organization (WHO), violence in care is to be understood as: "...to be a one-time or a repeated-time act, or the omission of an accordingly appropriate reaction within the limits of a trusting relationship, whereby an elderly person is being harmed or inflicted with damage". In literature, this is mostly related to the age group of 65+ years. Persons who are support-dependent and of older age are considered more vulnerable than persons of the same age yet not support-dependent. According to an estimate from a British prevalence study, the twelve-month prevalence of violence against elder persons with health disabilities in domestic homes was rising parallel to their increasing health disability.

### **Triggers and Causes of Violence in Care**

The questions of "how can it come for violence to happen within the care relationship?", is being explained differently, depending on the scientific approach: by the female approach, which focuses on the imbalance of power between the carer and the cared for. and, from a psychological point of view, it is the result of a unilateral individual support. from a sociological perspective, it is all those, socially created factors that are responsible for violence. Yet all these explanatory attempts are understood to not contradict each other, or to compete with each other, but rather to complement one another. And indeed, all these, social, economic, political and institutional parameters were intertwined into one single overall explanation model; which also addresses the subjects of gender roles, the quality of relationships, the concrete care situation, and the traits of one's own personality. When it comes to establishing preventive measures for violence in care, the main thing that then needs to be done beforehand is to eliminate of all the violence-encouraging factors that were set up in the first place; and this needs to be done on all the already discussed levels. Yet, taking preventive measures on only one level is still possible, but only to a limited extent. actually possible, up to the point, when certain conditions could no longer be met because of administrative restrictions within this level—as maybe: if one of the care members in nursing homes exercising his duties will yet, in a special case, feel the urge to take an action against them—and for the benefit of the patient; it is the case, when he comes to feel, that certain imprisonment measures then imposed on the patient would not, or no longer, be necessary, say justified—but can do no such thing as to “free” him on his own; nor would anyone from this level be entitled to do so unless “this level” is supported by the management. It will be difficult for any home management of any facility to delegate its own personnel within their own department according to their own, self-established, scheme, if the headquarters decides otherwise.

### **Domestic Area**

Physical and psychic violations within domestic areas mostly remain silent and invisible; financial exploitation, abuses, cusses, scoldings, and many other degrading actions taking place within one's own home would stay there and be kept safe. And those who were victimized would seldom go directly to the police, reporting being violated by their own people; but would rather stay unnoticed and keep on silently enduring the ill-treatments of their torturers; which may then go on for years. And again, when those elderly people, at some point, become injured to such an extent that they need to go to the doctor or call the ambulance, they will even then remain silent; concealing the real reason for their ailments or the cause of their, though obviously evident, physical attacks.

Public Facilities: Violence against elderly people in public facilities is a criminal act that would never go public. Yet, because of the contact restrictions due to the pandemic, families and relatives of those elderlies in such facilities did not, or hardly, have access, and thus contact with them.

### **Summary**

Age discrimination, as expressed by gender stereotyping and the prejudice and discrimination of people due to their age, has ever since been a factor of risk for violence against elderly people. But during pandemic times, these risk factors have then become ever more intense. Everyone who is experiencing violence in old age would have the ability to seek help. And also comes the fact, that many elderly women and men would feel ashamed to talk about their very situation, and too, would fear the ensuing consequences. Some old people's home facilities have already invested considerable effort into creating a more lively daily routine for their patients. In some places, their staff members would even have grown beyond their selves, doing everything they could to contribute anything that would make elderly people's day as comfortable as possible, especially for those women and men suffering from dementia.

### **Future Prospects**

- We would need to conduct research into the after-effects caused by those contact restricting and isolating measures, what long-term damages they will have induced in the physical and mental health in old age.
- It is imperative to construct a well-cooperating net that would respond on short notice, on low thresholds, and non-bureaucratic in offering support for psychological counseling and guidance right on site.
- To build facilities for persons being threatened by violence and all those elderly and old persons concerned, especially elderly and old women who are heavily care-dependent.

### **Résumé**

"Isolation protects when, at the same time, it is damaging."

The containment of COVID-19 infections was highly necessary and correctly done. Yet there was, and still remains, one ethical dilemma, that is: isolation protects but at the same time also damages.

The cruel reality of not being allowed the contact with one's beloved ones may hurt deeply in the soul. People with mental dis-



abilities then often wondered why things were suddenly so - so different.

As we all know, people would then become ever more confused and aggressive, and their behavior would get more challenging, which, in turn, may then require medical interventions.

Measures that would have helped, such as "enhanced personal attention," were then not practicable due to contact restriction measures. So they had: no physical therapy, no occupational therapy, and no psychotherapy - and, as expected, their health condition got worse.

The task of care and nursing is more than simply keeping the cared-for ones warm, fed, and clean.

Violence was conceived either by experiencing it by taking part, or by witnessing it by watching; or it was suspected, and the worries that the situation would eventually become life-threatening were huge. But, because of the lack of willingness of the victims to cooperate and their otherwise more stubborn attempts at disguising events, any form of intervention was then not possible.

Several of those who were witnessing (assumed) violence and were also reporting it had the only success of being transferred from one crisis hotline to another. Up to the end of the line where they finally got connected with "Pro Senectute", and where they then at least could place their concern and were heard out.

The victims of such cases are all people belonging to the same fringe group, who are either: people with dementia, people coming from a culture where the oppression of women was tolerated, people with mental disabilities, people who got psychiatric diagnoses, and any people having any kind of health "defect". Therefore, a collaboration between all the relevant institutions would be favored, by working together more honestly and openly, which would mean, an easing of data protection for the security of the victims only. Such institutions would be, social and mobile services, the police, social counseling centers, and other similar ones. In many cases, continuing psychic counseling would be a necessity, yet this could not be demanded of someone who would not consider it necessary.

Though, during the last 20 years, a change of perspective was to come along. At one point, medicine is no longer the sole juris-

diction for the care; the point of view has become more comprehensive; health is to be looked at holistically, in conjunction with its mental and spiritual dimension; the quality of relationships and a well-being is more valued, and also the liberty for self-determination has become a valued good; and anything related to being a part of society and its inclusion.

It is not just about how old we get, by years, but how we get old, by way of living.

## Conclusion

Isolation, while necessary to curb COVID-19 infections, has simultaneously caused significant harm to elderly individuals, especially those with mental disabilities. The lack of personal contact and therapeutic interventions has worsened their health conditions. A holistic approach to health, considering mental, spiritual, and social well-being, is essential for improving the quality of life and self-determination for the elderly.

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