

# Elder Abuse in Lebanon

## A Call for Policies and Programs<sup>1</sup>

### A Summary



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ages, and a shift in the leading causes of death and illness from infectious and parasitic diseases to chronic and degenerative conditions of old age.

In Lebanon, population aging has been underway for the last four decades. This is clear in the achievements made across several demographic indicators, including a considerable decrease in total fertility rate from nearly 4.6 in 1970 to close to 2.1 in 2005, a reduction in crude death rates from 9.10 to 7.11 per 1000 population, and concomitantly a significant rise in life expectancy at birth from 65 to 73, a figure which is projected to increase further to more than 77 years by 2025 and to around 79 by 2050 (Sibai et al., 2004).

Religious mores and sociocultural values continue to embrace the family as the core element for the protection of older people in Lebanon. Yet, transitions from large multigenerational families to nuclear ones threaten to fray intergenerational living arrangements and weaken traditional familial care networks (Sibai 2012). It is estimated that close to 12% of the older population (6% among men and 17% among women) in Lebanon live alone, representing some of the highest percentage in the region (range from 1.2% in Kuwait to 7% in Jordan) (Sibai et al., 2014). Although the change in family structure and increase in solitary living are not necessarily problematic, it is likely that these transitions and the pressure of the dwindling economy on the younger generations would exacerbate estrangement and aggravate mistreatment and possibly abuse towards the vulnerable subpopulations of older adults.

Elder abuse consists not only of physical abuse, but also

includes financial, verbal, and psychological/emotional abuse, among others. It is estimated that around 1.5 million older persons in the US are being abused every year (Wallace and Bonnie, 2003) with similar figures in Canada (IMFC, 2009). In Lebanon, there is a lack of legal infrastructure and government actions towards detection of elder abuse, leaving the community ill-informed of what constitutes and how to deal with elder neglect and mistreatment. Furthermore, and except for a modest single study conducted by one elderly institution (Omr Al Madid) in 2001, there is a total lack of research that examines elder abuse in the country. One of the recommendations of the “Review of Legislations and Policies Impacting Elderly in Lebanon” conducted recently was “to increase investment in policy-directed research to better identify needs of Elderly... and to document the nature and extent of neglect, abuse and violence against Elderly in Lebanon”. This goes in line with the Madrid International Plan of Action on Aging (MIPAA) recommendations that call states to intensify efforts towards the “Elimination of all forms of neglect, abuse and violence against older persons” and “Creation of support services to address elder abuse”. It is also an endorsement of the Programme of Action of the International Conference on Population and Development (PoA/ICPD) that advocates to “Monitor and eradicate all forms of direct and indirect abuse, including all forms of violence, over-medication, sub-standard care, and social isolation”.

Accordingly, the Ministry of Social Affairs in Lebanon (MOSA) and in partnership with the United Nations Population Fund (UNFPA) called in 2014 for a proposal to study elderly abuse in Lebanon, which would guide the formulation of a policy response in terms of legislation and programmatic interventions.

#### The study aimed at:

- Assessing types/forms, magnitude, perpetrators, access to services including protection (or barriers) to seeking support and care
- Highlighting the status of vulnerable segments of the population such as women, the internally displaced and refugees, and other disadvantaged subpopulations
- Examining coping mechanisms and role of justice/legal system

#### 1. Definitions and scope

Elder abuse refers to actions that harm an older person or

jeopardize the person’s health or welfare. This also includes neglect and abandonment such as in situations where a person has a responsibility to provide care or assistance to an older adult, but does not. The abuse and neglect of older adults can be a single or a repeated act. It can take place in the home or in a residential care setting, and can occur in any relationship where there is an expectation of trust or where the older person is in an inferior position of power or authority. Abuse can be physical, emotional, financial, sexual or spiritual. Some types of abuse of older adults also involve violation of human rights (see box below).

#### Elder abuse: Types and definitions

**Physical abuse** includes violence or rough treatment, even if it does not result in an injury (e.g. a push). It can also be a threat of physical force. Physical abuse includes inappropriate use of medications or restraints.

**Emotional abuse**, also known as verbal, mental, or psychological abuse, includes name calling, intimidation, threats, yelling, ignoring, or socially isolating the older person, in a way that can undermine the older person’s sense of dignity and self-worth.

**Financial abuse** involves illegally or improperly using a person’s money, assets, or property without the person’s consent, permission or knowledge. It is often a form of theft or fraud. Examples of financial abuse include: pressuring for money, goods or property; and misusing a power of attorney.

**Sexual abuse** is sexual contact with an older adult without the person’s consent. It can include pressuring an older adult for intimacy, touching, and sexual assault or sexual comments.

**Spiritual abuse** means restriction or loss of a person’s spiritual practices, customs, or traditions. It also includes using an older person’s religious or spiritual beliefs to exploit them; attacking a person’s spiritual beliefs; and not allowing the older person to attend the church, mosque, or temple of his or her choice.

**Violations of rights** means ignoring older adults’ entitlement to basic human rights and freedoms that other adults often take for granted. Violation of rights may include restricting visitors, or restricting the person’s liberty, rights to privacy, and access to information or available community supports. It can also include making decisions about the older adult’s health, personal care, or finances without the person’s

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consent (or where the person is not capable, his or her chosen substitute decision maker).

*Adapted from CRCVC 2006: Elder Abuse and Violence Prevention Initiative (VPI)*

Abusers are often the children, spouse and/or grandchildren and may also include friends, neighbors, care providers, and staff, or any individual in a position of power, trust, or authority. Contrary to commonly held beliefs, most older adults who experience abuse or neglect are mentally competent, are not necessarily dependent on other people, and do not require constant care. Within institutions, the spectrum of abuse spans a considerable range, and may be related to the provision of care (inadequate nutrition, deficient nursing care), problems with staffing (stress and staff burnout, insufficient training), difficulties

in staff-resident interactions (poor communication, aggressiveness), environment (dilapidated facilities, the use of restraints) and/or organizational policies.

It is estimated that about 80% of abuse or neglect of older adults is hidden or goes undetected and only one in five cases of abuse come to the attention of community agencies or authorities. There are many reasons why older people might keep silent. Some victims believe that the abusive situation they are in is a normal part of the aging process. They may blame themselves for having caused or triggered the abuse. Others feel they have no place to go, or may have concerns about leaving they have invested in. Lack of awareness and legal frameworks and legislations that protect older adults rights remain the main underlying factors for keeping silence.

## 2. Risk factors and consequences of elder abuse

In seeking explanations for elder abuse, researchers have turned to the three-tier model which was first applied to the study of child abuse and neglect: individual characteristics of the abused and abuser, the nature of the relationship between the two, and the broader community-related factors. These are exemplified below through several study findings.

### Risk factors

Elder abuse is affected by the caregiver’s characteristics including age, marital, educational and working status, in addition to level of stress. Financial difficulties on the part of the abuser and resentment at having to spend money on the care of the older person did appear to be an important risk factor. Furthermore, research has also shown that impairments, pathology, and mental health of the abusers can in some cases be stronger predictors of elder abuse than characteristics of the elderly individual. For older people, the consequences of abuse can be especially serious. Older people are physically weaker and more vulnerable than younger adults. They may be isolated, lonely or troubled by illnesses and many survive on limited incomes. All of this renders them more vulnerable for abuse and neglect and targets for fraudulent schemes.

## 3. Brief review of the historical and legal developments of elder abuse

The abuse of older people dates back to ancient times.



## الإساءة لكبار السن في لبنان دراسة أولية ودعوة لإيجاد برامج وسياسات للمعالجة



However, until the advent of initiatives to address child abuse and domestic violence in the last quarter of the 20th century, it remained a private matter, hidden from public view. Initially seen as a social welfare issue, abuse of the elderly, like other forms of family violence, has developed into a public health and criminal justice concern. These two fields – public health and criminal justice – have therefore dictated to a large extent how abuse of the elderly is viewed, how it is analyzed, and how it is dealt with.

Abuse of older people was first described in British scientific journals in the 1970s as ‘mistreatment’, and the term ‘granny battering’ was used. The legal history of elder abuse formally began in 1978 in the US. More recently, the International Network for the Prevention of Elder Abuse (INPEA) was established in 1997 in Australia. INPEA has been an inspiration for many countries including Lebanon and the MENA region – that has become represented in 2012.

The Madrid International Plan of Action on Aging (MIPAA) proclaimed in April 2002, included three main priority directions; the third “Ensuring enabling an supportive environment” had one of its three main issues devoted entirely to discuss the neglect, abuse and violence

to the older population. Mistreatment of older adults was portrayed as a violation of internationally recognized human rights, and specific actions were recommended (Box). At a later period, INPEA together with the WHO and the United Nations launched for the first time the World Elder Abuse Awareness Day (WEAAD) on June 15 in 2006. A Proclamation was issued that reflects global concern for elder abuse: the need for people to recognize and understand what it is and how it can be prevented.

### Actions to eliminate all forms of neglect, abuse and violence against older persons

1. Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;
2. Enact legislation and strengthen legal efforts to eliminate elder abuse;
3. Eliminate harmful traditional practices involving older persons such as widowhood rites that are harmful to the health and wellbeing of women;
4. Encourage cooperation between Government and civil society, including non-governmental organizations,

in addressing elder abuse by, inter alia, developing community initiatives;

5. Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations

6. Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies.

7. Establish services for victims of abuse and rehabilitation arrangements for abusers;

8. Encourage health and social service professionals as well as the general public to report suspected elder abuse;

9. Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered

10. Include handling of elder abuse in the training of the caring professions;

UN, 2002

- A study in Qatar on the protection of marginalized groups and those with special needs reveals challenges facing older persons such as neglect, isolation and theft owing to physical and mental health weaknesses as well as economic and social difficulties. The ‘Institute for Elderly Care’ was established in 2002 with the aim to educate the public and the older people themselves about elder rights.

- In Kuwait, the welfare and rights of older people are being spearheaded by the Prime Minister himself requesting the involvement of governmental interest groups and proposing the formation of a working group with the main goal of ensuring that older people are treated respectfully and justly.

- In Egypt, a recent study in Mansoura revealed alarmingly high prevalence rates, close to 43.7% of elder mistreatment in the year prior to the survey. The predominant type reported was neglect by the caregiver (42.4%), followed by physical abuse (5.7%), psychological abuse (5.1%) and financial abuse (3.8%). Women were more likely to report mistreatment than men.

- An earlier report published in 2005 in Egypt portrayed situations where ‘older people are driven to the streets as beggars’, often forced out of their homes by children not able to cope with the double burden of taking care of their own children and their aged parents.

- Algeria prohibits sons and daughters from placing older parents in nursing homes. To compensate for this, home care programs for the old were expanded. Yet, the financial burden of carrying through such programs most likely fall on household family members and thus, does not necessarily guarantee against elder abuse.

- In Palestine on the occasion of the World Elder Abuse Day in 2007 advocate groups and citizens took this to the streets in a demonstration denouncing violence and calling for more respect towards older persons.

## 5. The experience of Lebanon

As elsewhere, and in spite of edicts that call for the respect and care owed to parents, there is little doubt that practices of elder abuse and mistreatment are under-reported in Lebanon, and can be expected to occur undetected by social and healthcare professionals. Although the National Strategy for Women (April 12<sup>th</sup> 2011) notes that *older* women are among the vulnerable prime victims of violence, the law (Decree no. 293) recently approved by the Joint Parliamentary Committee and entitled ‘Protection of Women and Family Members against Domestic Violence’ does not explicitly mention older adults. Notably, there are no laws that protect the rights of older adults regarding inheritance issues. While

some NGOs and institutions (e.g Kafa, among others) offer some support to exploited women and those exposed to domestic violence, there is very limited support explicitly addressing victims of older age groups.

There is a strong need in Lebanon for research to increase our understanding of the extent of the problem, its underlying determinants and its impact on older people themselves and on the society. In spite of international declarations and local initiatives, the primary problem in elder abuse is its recognition (Fox, 2012). There is also a need to identify and promote resources (legal, social and health services) that aim at the protection of the rights of older people.

### I- The recommendations

This study is the first step towards what promises to be a long and complex journey. While it cannot claim to speak of all issues and for all older people in Lebanon, findings provided significant insights into issues of elder abuse in the country and highlight the lack of prevention and intervention strategies that aim towards preserving the rights of elder people. The recommendations below emanate from study findings and are enriched by the literature and experiences of other countries in the region and elsewhere. These are grouped into six separate sections according to their focus and institutional agency or entity they address.

#### Legal action

Elder abuse is generally addressed in legislations dealing with civil rights, property rights or family violence. However, even where laws and programs exist, cases of elder abuse are only rarely prosecuted. This is principally because of controversies related to definition and recognition as well as difficulty in identifying such cases, lack of public awareness on what constitutes elder abuse, and because older people are usually reluctant – or unable – to press charges against family members.

#### Specific actions may include the following:

- Existing laws on domestic or intra-family violence should be amended to include older people as a vulnerable group.
- Relevant existing criminal and civil laws should explicitly cover abuse, neglect and exploitation of older people.

#### Social services

Programs for elder abuse in Lebanon remain nascent. Hence, mainstreaming activities and actions within existing social system and services may prove more efficient and cost effective.

#### Specific actions may include the following:

- There is a need to develop guidelines and protocols to help workers identify and attend to cases of elder abuse. Also, relevant training workshops need to be conducted.
- Telephone helplines to receive reports of mistreatment have proved their worth. Helpline offers wide range of information as well as legal counselling.
- Mainstream existing shelters and support groups earmarked for battered women to include victims of elder abuse while providing social, psychological and health support services.

#### Health care

The main problem in elder abuse is its recognition, and health professionals have an important role to play in screening and detecting abuse that needs to feature in their list of differential diagnoses.

#### Specific actions may include the following:

- Protocols need to be developed for primary care and emergency physicians, as well as other physicians caring for elders like cardiologists, neurologists...to detect and deal with elder abuse. Guidelines are needed to raise suspicion and initiate further investigation for possible abuse.
- Education and training of health professionals delivering care to elders should be improved and include ways to uncover elder abuse and respond to it appropriately.

#### Elderly institutions and nursing homes

There is much training to be done on the prevention of elder abuse and mistreatment in institutions and old-age homes. In many instances, mistreatment results from misunderstanding, heavy workloads, and lack of skills and knowledge. Training, building relationships with residents, understanding core values related to care and a cooperative work environment are crucial to preventing elder abuse in institutions.

#### Specific actions may include the following:

- The development and implementation of standards of care, quality assurance guidelines, and training curricula for staff and managers (e.g. standards of privacy, types of restraint, dietary provisions).
- Policies and programs need to address work-related stress and burn-out among staff.
- Improve the physical and social environment of the institutions.

**Academic institutions**

Academic institutions have an important role to educate on the physiologic and biologic changes associated with the ageing process – and to improve the capacity of workers to care for the old.

Specific actions may include the following:

- Add a required module on elder abuse in the curricula of all professional training programs (e.g. medicine, nursing, public health, law, social work).
- Require all service providers, at all levels, to receive some basic training on elder abuse detection, management and referral.
- Prepare and add educational materials for university level students in all related disciplines. Likewise include these materials in the social sciences at the basic education level.

**Media, awareness and support groups**

Education and increased awareness of the public are essential to inform the public and hence change their attitudes. It is therefore to be considered an essential component of prevention. Media and support groups are essential partners to increase public awareness.

Specific actions may include the following:

- Design and implement educational campaigns to inform the public on the physiologic and mental changes that occur with Ageing, on ways and means to deal with these changes and avoid harm to the old. It is important to increase public awareness of the types of elder abuse faced by the old.
- Conduct workshops with the media to improve the image of Ageing and stress the need to support the elderlies and provide services and support to them.
- Work with the media to publish newspaper articles, and to disseminate television and radio announcements to increase awareness about elder abuse.
- Promote the formation of advocacy groups that would campaign for the ‘cause’ and make it a national priority.
- Distribute brochures and pamphlets about elder abuse widely in key places, shopping centres and institutions, among others.
- Mobilise religious people and faith based organisations to get involved in preaching for proper elder care and advocate against elder abuse in their weekly gatherings.

**Information and Research**

As elsewhere in the region, research on elder abuse, its extent, types, predisposing factors and consequences, is largely lacking in Lebanon. On one hand, elder abuse has not



yet attracted the attention of established researchers, and on the other, there is neither interest nor commitment on part of national or regional funding agencies to invest in this area.

Specific actions may include the following:

- Standardized protocols and interview schedules need to be designed to guide the task of identifying, classifying, and reporting elder abuse.
- Establish a set of indicators of elder abuse that can be used to monitor the performance of institutions caring for elders on a regular basis and facilitate comparative studies of interventions

**II- Priority actions**

The occurrence and severity of elder abuse and mistreatment are likely to increase over the coming decades, as the population ages, caregiving responsibilities and relationships change, and as the numbers of older persons requiring long-term care increase. Abuse and neglect of older individuals breaches a widely embraced moral commitment to protect vulnerable people from harm and to ensure their well-being and security. Whilst the interventions needed are

overwhelming, the authors of this report call for the following specific priorities of action:

- A **national workshop** involving experts and professionals (gerontologist, neurologist, social workers, lawyers, legal medicine, organisations caring for elders or addressing family violence) to agree on a workable definition of elder abuse and set an outline of the response to be adopted when a case is suspected.
- A **national committee** within the National Committee (MOSA) whose main tasks are to develop a strategy to address elder abuse, develop referral pathways for, and set a plan of action to prevent elder abuse
- A **national workshop** of researchers from various disciplines (health, social, law, etc.) to work on the development of user-friendly screening tools for assessment of elder abuse. (Refer to box below)
- A **national workshop** to include professionals from medical, nursing, and public health schools in the country, in addition to paramedical specialities to work on a syllabus for a module on elder abuse to be integrated in the respective

curricula with the objective of education and training of professionals in identification, treatment and prevention of elder abuse.

**Screening tools for assessment of elder abuse**

- Hwalek-Sengstock Elder Abuse Screening Test (HSEAST): Quick screening suitable in emergency or outpatient setting; victim and caregiver
- Elder Assessment Tool: Requires training, easily administered, suitable in home care, clinic, hospital, emergency center; victim only
- Caregiver Abuse Screen: Quick screening suitable in emergency or outpatient setting; victim and caregiver
- HALF Assessment: Requires a somewhat lengthy social history; for all clinical settings; victim and caregiver
- The elder abuse suspicion index (EASI)
- Brief Abuse Screen for the Elderly (BASE)

**Press Release**

**Newborn Hearing Screening Test**

Congenital Hearing Loss is a common congenital anomaly that affects children worldwide. It is empirical to treat these patients very early to prevent future disabilities. Congenital Hearing Loss occurs in 1 to 4 infants per 1000 newborns. Fifty percent of these babies have no known risk factors. The early detection of the anomaly remains the best option to treat the disease. Patient at risk of such disease have always been screened at birth using sophisticated test performed at most Hospitals. In recent years, the detection of this congenital problem has become simpler and easier for the physician and the patient. The Lebanese Ministry of Public Health has recently endorsed the universal hearing screening for all newborns and has initiated a nationwide campaign for early detection of hearing problems. Hammoud Hospital UMC was actively involved in the campaign where the test and more sophisticated tests are performed on all newborns. Early hearing screening and intervention can prevent severe psychological, linguistic and educational consequences (delays in speech and language) and help the child develop normal speech and language equal to their hearing peers.



The simple Oto-acoustic Emission Exam (OAE) is a 3 minutes test mostly used for hearing screening in babies. The exam is performed within a month after birth, it is conducted by inserting a soft

earphone in the baby’s ear canal through which sounds are played. The machine then measures an echo response that occurs in the normal hearing ears. If this echo is absent, the baby might have hearing loss and further evaluation and tests should be performed. A hearing loss diagnosis is usually followed by a search for an underlying etiology.

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