

## **Awareness, knowledge and attitude regarding Elder abuse among dental professionals in Kanpur city.**

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### **ABSTRACT**

**Background:** Elder abuse is a common problem globally with complex social and medical considerations in which medical professionals are uniquely positioned to identify and intervene. Elder abuse comes in many forms including physical, psychological, and sexual abuse, as well as less obvious forms such as financial exploitation and neglect leading to morbidity and mortality in older adults. The study was conducted to identify the existence of elder abuse among the patients seeking dental treatment and to assess the knowledge of dental surgeons regarding the existence of elder abuse among their patients. **Materials and Method:** A pretested cross-sectional questionnaire survey was conducted among 100 dental practitioners of Kanpur city to identify the knowledge, awareness prevalence of elder abuse among elder patients reporting to the clinics for various dental treatments. The questionnaire containing 10 closed-ended questions were administered to the participants. Descriptive statistics were used to analyze the data. **Results:** 55% Dental practitioners had recognized elder abuse but only 18% were routinely enquiring regarding it among the patients visiting them for various dental treatments. Although moral responsibility to stop elder abuse was felt by all (100%), only 32% dentists had tried to solve elder abuse at personal level. **Conclusion:** Elder abuse is growing day by day, although only a small proportion of it is being reported to protective services The present study shows that the dentists of Kanpur need to have better awareness, understanding and knowledge regarding elder abuse. All doctors working with older people must be alert and aware of the possibility of elder abuse. Hence Comprehensive training programs and continuing education activities need to be conducted on regular basis.

Dental education needs to cover this aspect of forensic science which will help forensic dentistry evolve and help in identifying elder abuse.

Keywords: Elder Abuse; Awareness; Questionnaire; Dentists; Forensic; Laws.

### Introduction

Elder abuse is a global problem, although only a small proportion of it is being reported to protective services. It has severe impact on victims and the ageing population Elder maltreatment can be divided into six categories- physical abuse, sexual abuse, neglect, psychological abuse, financial exploitation, and violation of rights.<sup>1</sup>

Elder abuse has been defined as single or multiple hurtful acts of commission or omission inflicted on an elderly person by a person in a position of trust.<sup>2</sup> The hurtful act is considered to be one that is intentional, wilful or non-accidental. Elder abuse is becoming a public issue, with the frequency of such acts increasing as the population ages. The concept of oral care providers recognizing and reporting child abuse is recognized as obligatory; however, extension of this practice to the elderly is not often considered.

Although an important challenge to elderly health, its determinants are not well understood. Old Age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India. The so called joint families and extended families are disturbed due to various factors which questions the peaceful coexistence of elders with young generation. The changing life styles and generation gap leads to isolation and insecurity among the grey population. The phenomenon elder abuse is emerging in this context. The study of Help Age India revealed that More than one fifth of the elderly across India (23%) experienced abuse.<sup>3</sup> With the advent of modernity and globalization and the accompanying phenomena such as industrialization, urbanization and migration the conventional living style has been undermined. Number of nuclear families is increasing and more and more elderly are now living alone. This trend is gaining momentum with increase in life expectancy. The percept of regarding maintenance of elderly as a pious obligation is also wearing off. Because of these changes, elderly are feeling isolated and they are facing numerous other privations. They have become easy targets of criminals and elder abuse has become a social menace. It isn't only strangers who hurt older people. Sometimes,

family members, friends, or caretakers may physically, mentally, or financially abuse older people through neglect, violence, or by stealing money or property.<sup>4</sup>

Range of impacts, which individuals often experience include emotional distress, loss of self-confidence and self-esteem, depression, attempts at suicide and self-harm, social isolation, financial loss and negative impacts on physical health. Barriers for older people seeking help include low self-confidence and self-esteem (perhaps following bereavement or a move into care), fear of the consequences of action (e.g. being blamed in some way, or alienating family and friends) and lack of awareness of the role and remit of services which could help. Everyone involved in the care and support of older people must be aware of the existence of elder abuse and be able to provide advice on how to deal with the situation. The vast majority of caring relationships will never experience the problem but for the minority who do, the problem must be solved and the impact minimised.<sup>5</sup> Family physicians' and Dental surgeons are by virtue of their frequent contact with seniors (and optimally a strong trusting relationship established with them over time) well placed to identify and document signs and symptoms suggestive of mistreatment. Once there is suspicion of abuse, physicians are encouraged to consult with Adult protection or Social services or with police officers trained in assessment of and response to mistreatment of older adults.<sup>6</sup> Lack of understanding regarding aspects of older mistreatment could be misleading and hence signs of abuse usually missed. Hence the study was undertaken to assess the knowledge among dental surgeons, to identify the existence of elder abuse among their patients and awareness regarding organizations working for the same.

#### Materials and Method

A cross-sectional questionnaire survey was conducted among 100 dental practitioners of Kanpur city to identify the knowledge, awareness prevalence of elder abuse among elder patients reporting to the clinics for various dental treatments. Dental surgeons practicing in Kanpur, (U.P) and Dental interns who were working as junior doctors in private clinic where included in this study. Participants who volunteered after knowing about the study design and willingness to participate in the study were included. Dental surgeons practicing out of Kanpur, (U.P) and Dental interns who were not working as junior doctors in private clinic where excluded in this study. Participation was voluntary and participants were informed that they could withdraw at any time and that their responses would be anonymous and treated

confidentially. Upon entry, all participants signed a declaration of informed consent. The study was ethically cleared by the college ethical clearance committee.

The pretested questionnaire containing 10 closed-ended questions were administered to the participants. The questionnaire was pretested for feasibility and reliability through pilot study. The questionnaire was formulated to assess the knowledge and awareness among dental surgeons regarding elder abuse and options existing for responding to suspicions of abuse in elderly patients. The study was carried for a period of one month. Descriptive statistics were used to analyze the data. The data management and statistical analysis were performed using the statistical software SPSS version 20.0

## Results

### Graph-1

When the dentists were interviewed regarding routine enquiry of elder abuse among the elderly patients, only 18% were doing it on regular basis. 20% sometimes enquired about it whereas 62% never talked to their patients about it.

### Graph-2

Regarding recognition of elder abuse in their clinics, 55% agreed to have noticed such cases, 15% sometimes whereas 30% had never recognized elder abuse among their patients.

### Graph-3

42% of dentists agreed that they had solved the problem at personal level, 8% sometimes whereas 50% agreed that they never intervened in their personal matter.

### Graph-4

Regarding action taken to spread knowledge and awareness regarding elder abuse 57% never took any measures, 15% sometimes whereas only 28% took active participation regarding the same.

### Graph-5

36% dentists were aware about the Domestic Violence Act whereas 64% were not aware of it.

### Graph-6

15% had heard about World Elder Abuse Awareness Day and 85% were not aware of it

Graph-7

Only 08% knew about elderly neglect/helpline no and 92% were not aware of it

Graph-8

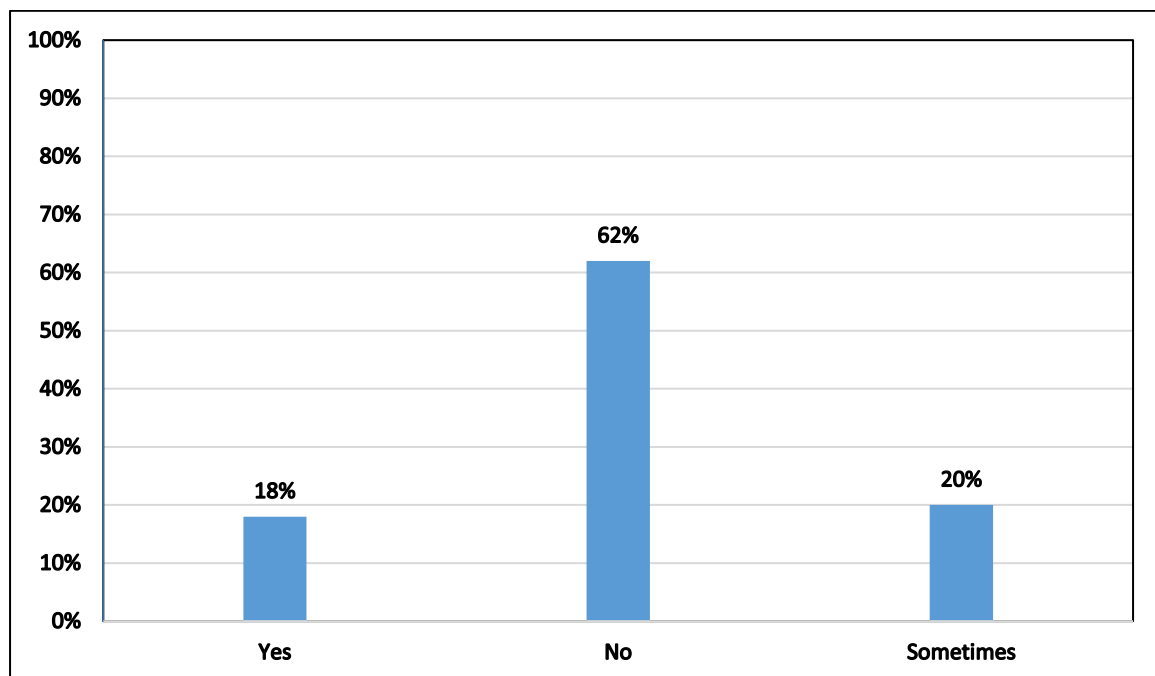
When interviewed regarding organizations working for Elder abuse, only 38% were aware of it whereas 62% had no idea regarding it.

Graph-9

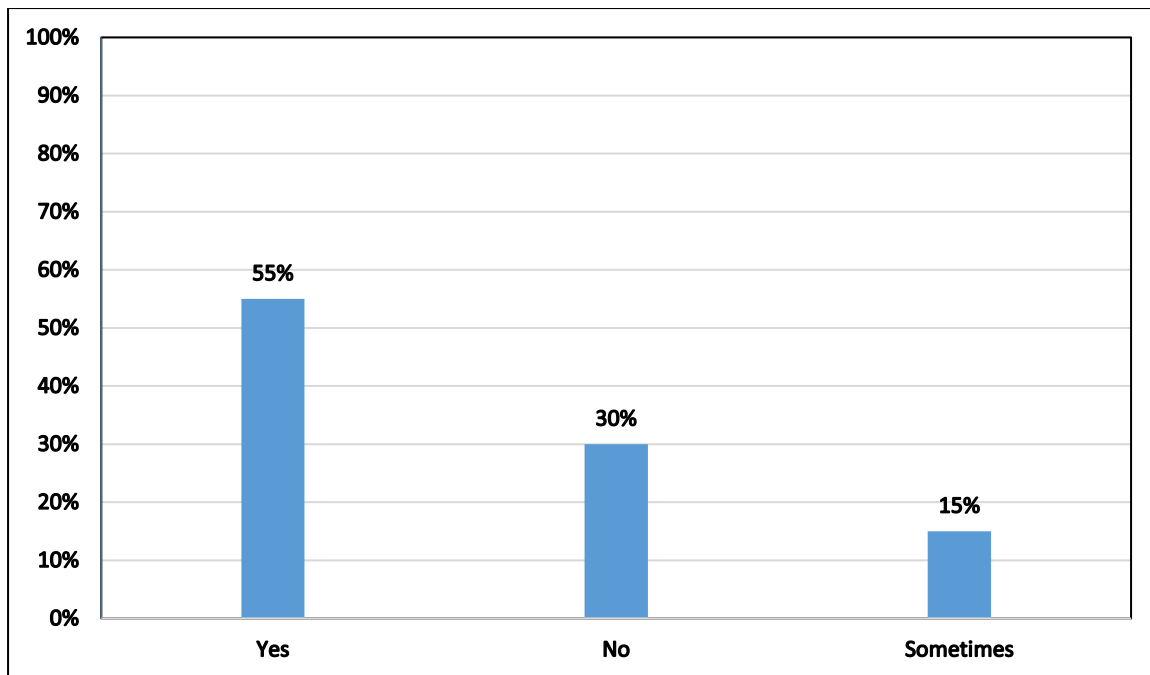
Although 100% of dentists felt that it was their moral responsibility to be aware and spread awareness regarding elder abuse

Graph-10

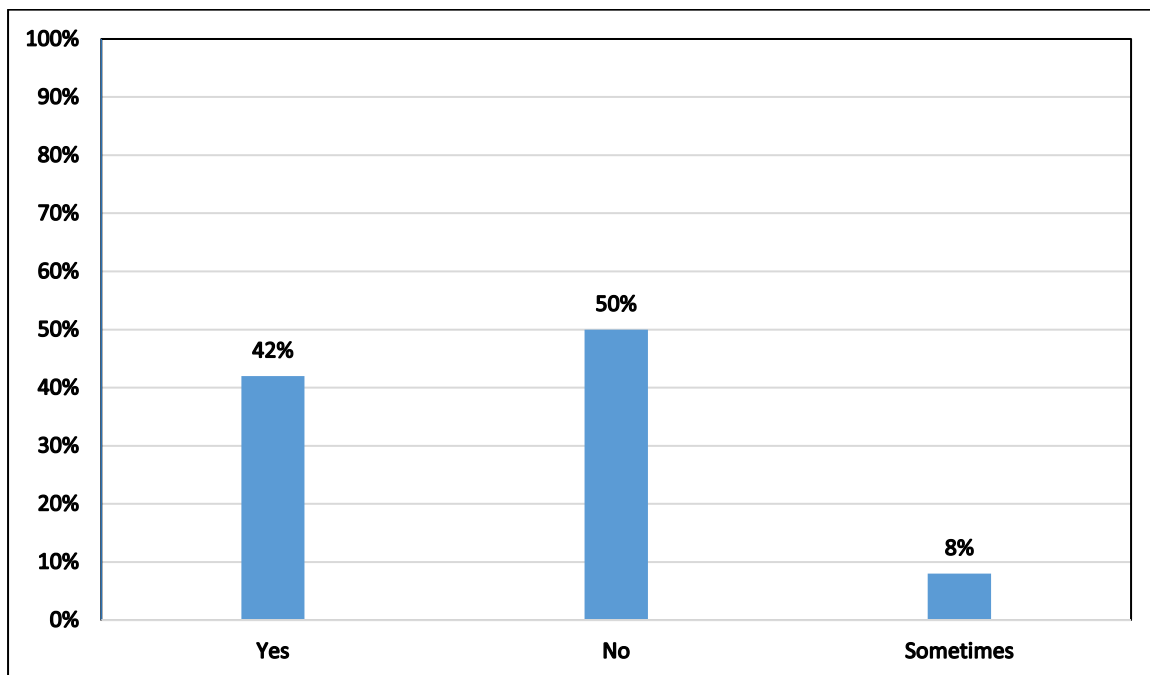
100% dentists took the pledge to take measures to identify and help Elderly patients visiting them to stop elder abuse.



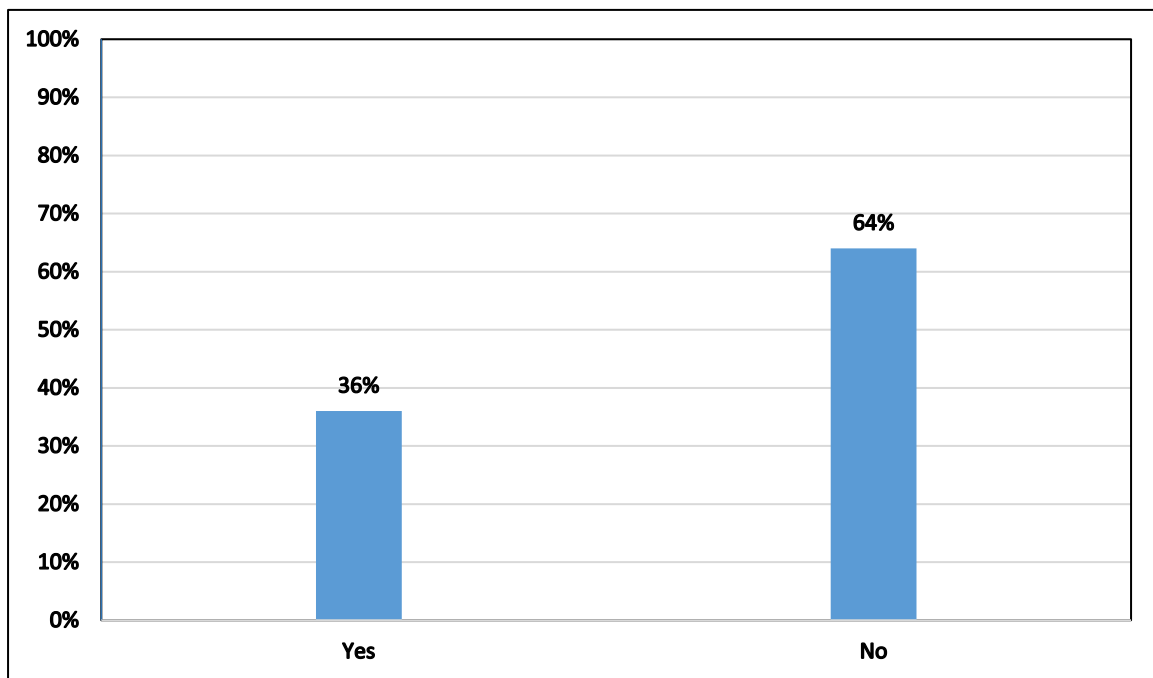
Graph 1: Routinely enquire about Elder Abuse



Graph 2: Recognized case of Elder Abuse

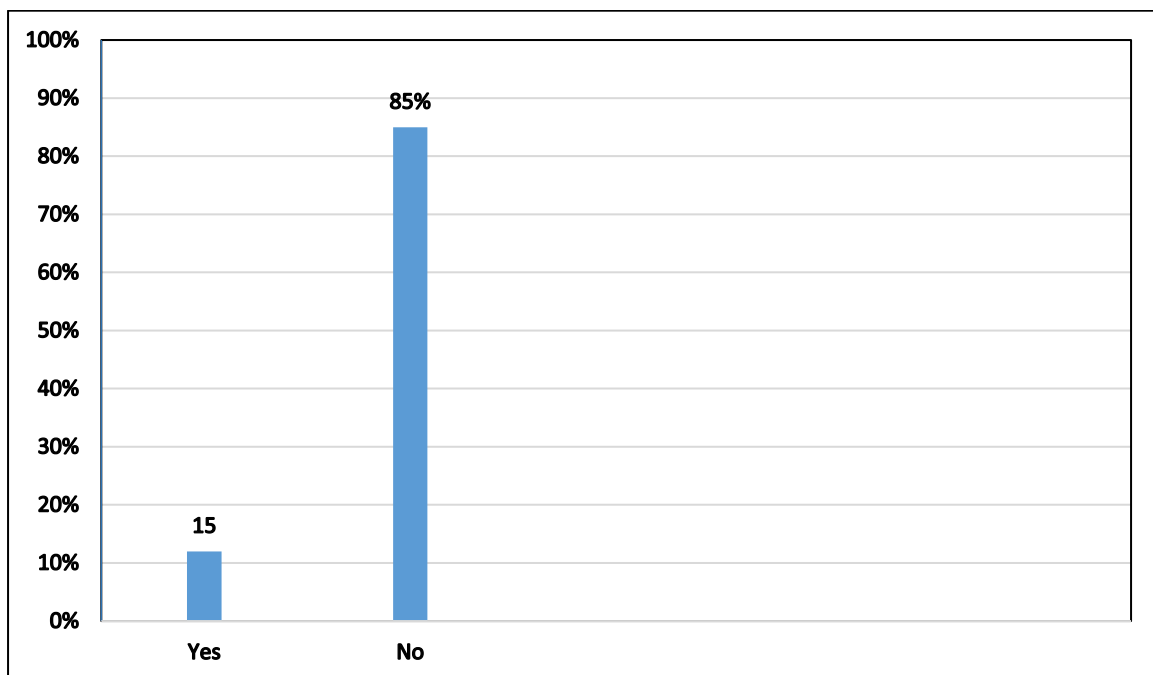


Graph 3: Solved at personal level

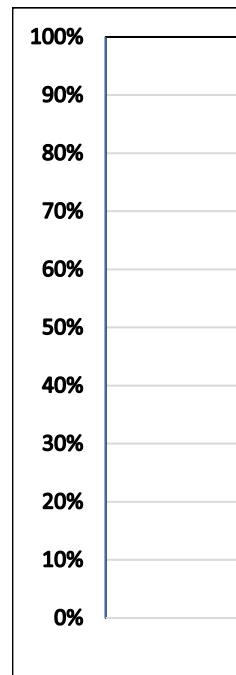
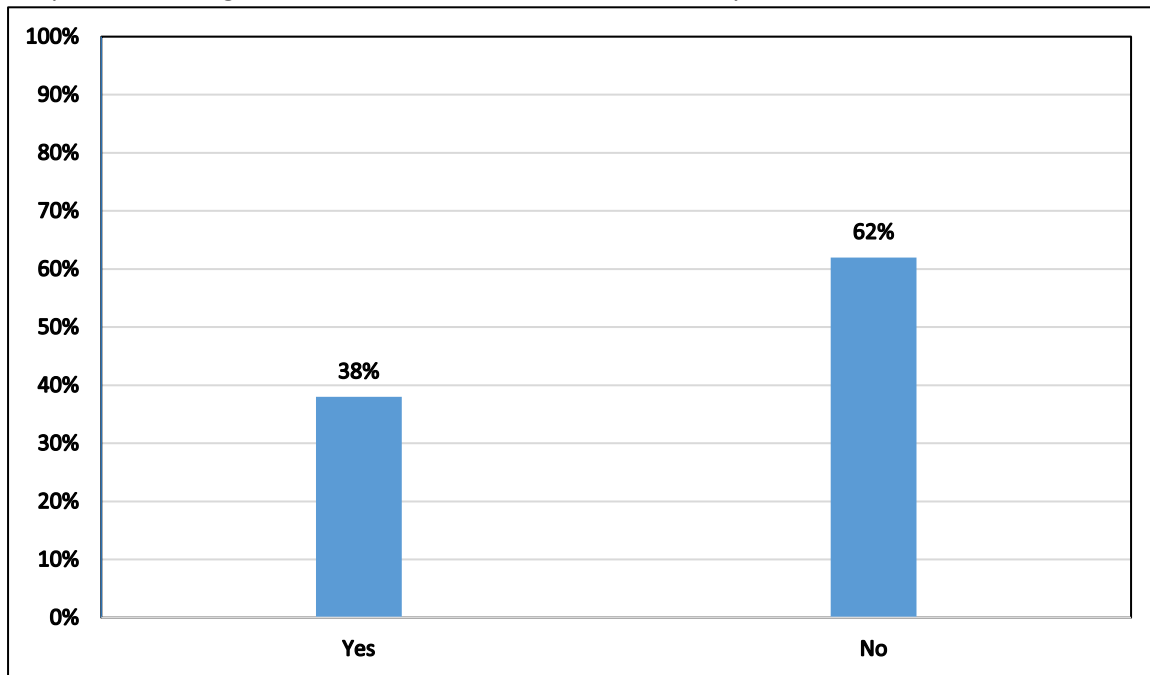


Graph 4: Action taken to spread knowledge and awareness

Graph 5: Knowledge about Domestic Violence Act



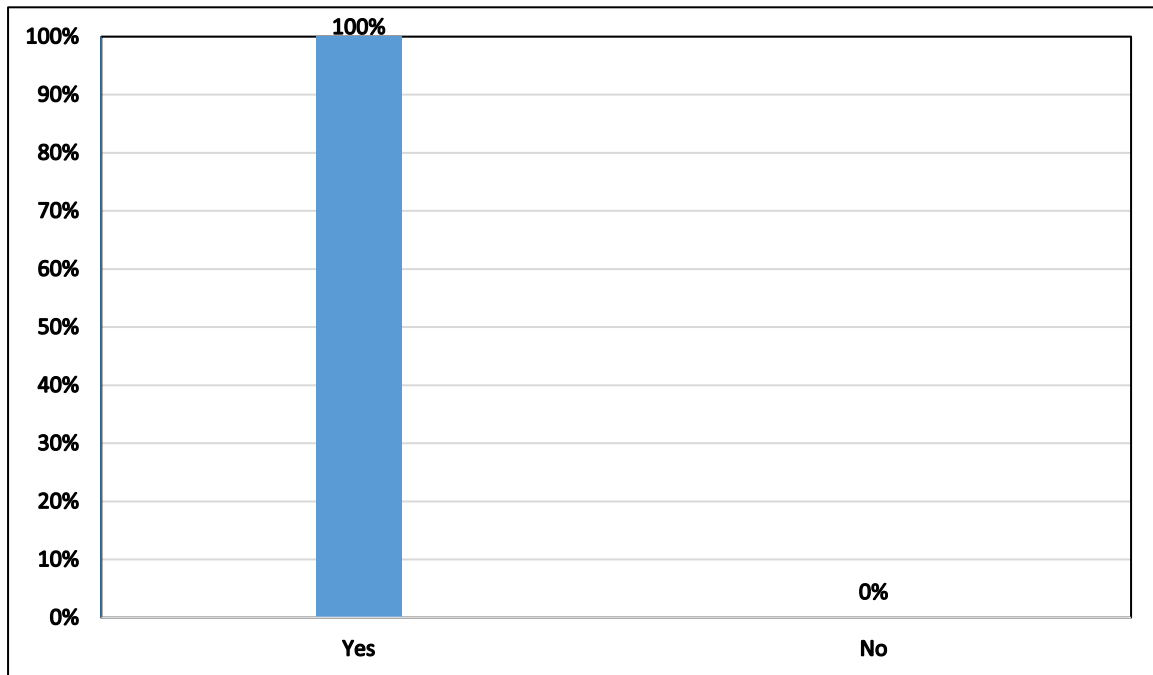
Graph 6: Knowledge about World Elder Abuse Awareness Day.



Graph 7: Knowledge about Helpline No

Graph 8: Knowledge regarding Organizations working for Elder Abuse





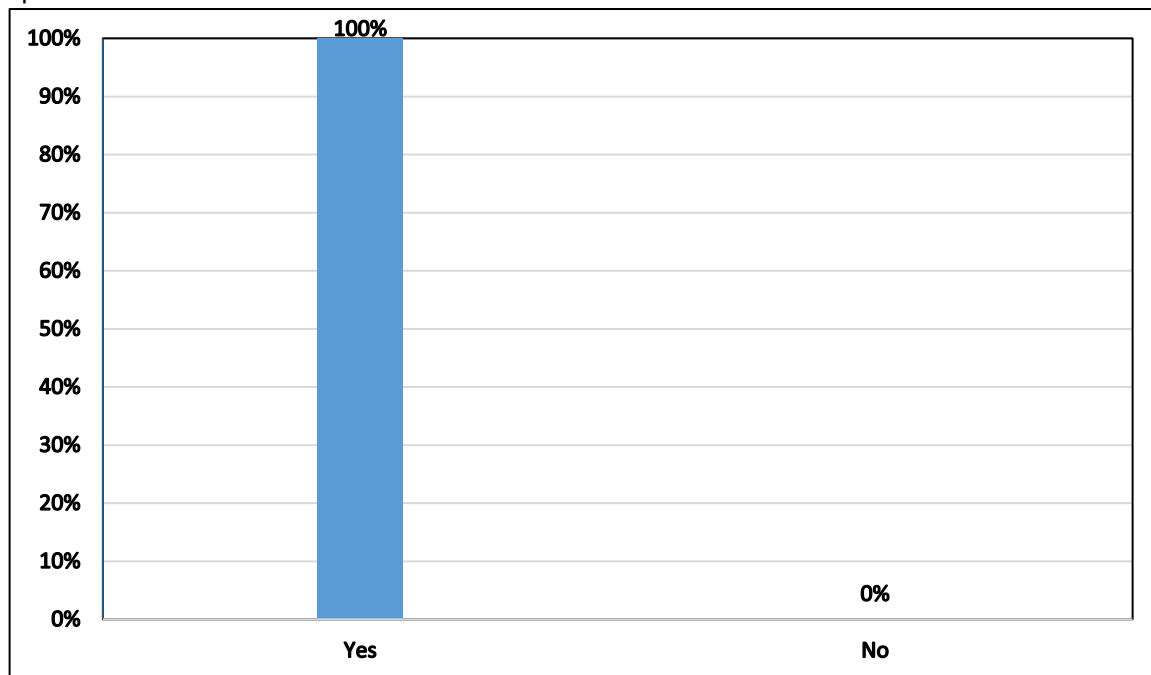
Graph 9: Moral Responsibility to spread awareness and take action for Elder Abuse

Graph 10: Pledge to spread awareness for Elder Abuse.

Discussion

The phenomenon of elder abuse is a universal social concern which affects the health and

human rights of millions of older persons around the world and an issue that deserves an



attention of the international community.<sup>3</sup> As the proportion of the world’s population in the older ages continue to increase, the need for improved information and analysis increases.

Modernization and urbanization have weakened traditional family structure, and precipitated value changes, which in turn have placed the older adults at economic and psychological stress. Though lagging behind other Asian nations in terms of proportion of older adults, India has second largest older adult population in the world.<sup>7</sup>

When the dentists were interviewed regarding recognition of cases of elder abuse and action taken, it was seen that only 18% dentists routinely enquired about elder abuse. The reason being most of the dentists said that they were attending only to the chief complaint as they had limited time available. Some of the dentists felt that elder abuse was more of a social issue than a health concern. Only 55% recognized elder abuse among the patients visiting them for various dental treatments.

In a survey of 407 dentists, only 7% reported having suspected a case of elder abuse and only 1% had filled a report.<sup>8</sup> In another survey of 321 dentists, 87% reported they never screen for any domestic violence.<sup>9</sup>

A dentist who suspects abuse or neglect must empower the patient to speak freely. He or she should try to interview the patient without the suspected abuser present. Dentists may evaluate their patients on entry into the office by observing gait, appearance, communication skills and, of course, the head and neck region.<sup>10</sup>

Barriers that may affect a dentist's willingness to report signs of elder abuse include lack of knowledge regarding legal responsibility, uncertainty about the diagnosis and fear that identification of the abused and abuser(s) might worsen the patient's situation.

Dental professionals should fully assess a patient's medical and dental history, emotional status, physical characteristics, and extra- and intraoral manifestations. Concerns should be raised when patients are unusually anxious or aggressive, overly eager to please, or state they are not in control of their finances.<sup>11</sup>

36% had knowledge regarding laws, 38% regarding organizations and only 08% knew about elderly neglect/helpline no. Most of the dentists felt that awareness was lacking in this regard and improvements in undergraduate dental education and the promotion of continuing education programs are necessary.

Although moral responsibility to stop elderly abuse was felt by all (100%), only 42% dentists had tried to stop elder abuse at personal level. Reasons could be that they did not look for elder abuse and did not intervene as they felt that they were not trained enough to deal with the issue.

With greater awareness of elder abuse and/or neglect being taught in dental schools, future dentists will have a better understanding of elder care and the professional being ethically and legally responsible to care for their aging patient population as a true healthcare provider.

Dental professionals are not responsible for investigating or proving that elder mistreatment has occurred; however, they are responsible for documenting and referring to the proper authorities. Permission does not need to be obtained from the elder adult; it's the dental professional's ethical duty to proceed with the referral.<sup>11,12 1,6</sup> Law enforcement or social services will take appropriate actions and interventions to determine next steps and act in the best interest of the older adult.<sup>12,13</sup>

According to the US Department of Justice,<sup>14</sup> "licensed health care providers, health care practitioners, or practitioners providing professional services" include dental providers as mandatory reporters of elder mistreatment in all 50 states, plus Guam, Puerto Rico, and the Virgin Islands.

The American Dental Association (ADA) adopted a policy in 1996 regarding abuse and neglect: ADA supports educating dental professionals to recognize abuse and neglect, not only in children, but also women, elders, people with developmental disabilities, the physically challenged and any other person who might be the object of abuse or neglect, and encourage training programs on how to report such abuse and neglect to the proper authorities as required by state law."<sup>15</sup>

The ADA Principles of Ethics and Code of Professional Conduct—Section 3: Principle of Beneficence ("do good") states: The dentist has a duty to promote the patient's welfare. Subsection 3.E. Abuse and Neglect states: Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.<sup>16</sup>

Some Safe guards for the Elderly:<sup>4</sup>

- Parents cannot be evicted from a house without due process of the law.
- Under Section 125 of the CrPC- a person not having sufficient means can claim maintenance from his children.
- Maintenance and Welfare of Parents and Senior Citizens Act, 2007- children or relatives neglect or refuse to maintain a senior citizen unable to maintain himself /herself, can be ordered to pay a monthly allowance to such senior citizen.
- The Hindu Adoptions and Maintenance Act- An aged parent can demand Maintenance from children.
- The Domestic Violence Act - parents with the right to seek relief from any kind of abuse.
- National Policy on Older Persons (NPOP)- identifies a number of areas of Intervention -- financial, health care, nutrition, shelter, education, welfare and Protection of life & property -- for the well being of older persons.
- National Council for Older Persons (NCOP) has been constituted to operationalise the NPOP.<sup>4</sup>

## CONCLUSION

Elder abuse affects every social stratum and shows no regard for race, creed or colour. The frequency of elder abuse is difficult to quantify as many abused elderly people are afraid to report their abusers to the appropriate authorities. Dentists are in a unique position to detect elder abuse and neglect. Approximately 75 percent of all physical domestic violence results in injuries to the head, neck, and/or mouth area, clearly visible to the dental team during examinations and treatment. Among various professionals, doctors have the ethical and moral responsibility to understand undermining problems of their patients. The study revealed lack of knowledge among dental surgeons, to identify the existence of elder abuse among their patients and awareness regarding organizations working for the same. Dental students need education on the psychosocial aspects of older adulthood, as well as training in detecting and reporting elder abuse. They must be aware of how to identify it and should be strongly in support of multi-agency working in both prevention and management of elder abuse to minimise the impact on older people.

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