

EXPOSING AGE DISCRIMINATION: EXAMINING ITS ROLE IN ELDER ABUSE DURING THE COVID-19 PANDEMIC

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Abstract:

Ageism, a widespread issue, is exacerbating the elder abuse epidemic, particularly during the COVID-19 pandemic. The term "calculated ageism" describes a disturbing trend where older adults are sacrificed to mitigate economic damage in younger populations. This ageist sentiment is exemplified by derogatory hashtags on social media. Such ageism has practical implications, with older adults marginalized in healthcare, making them a last priority, and leading to age-based resource allocation, which violates anti-discrimination laws and ethical principles. Addressing ageism is essential to ensuring equitable access to healthcare during the pandemic.

Keywords: Ageism, elder abuse, COVID-19, healthcare, discrimination

Introduction

Although elder abuse existed prior to COVID-19 (D'cruz & Banerjee, 2020), the overwhelming nature of the COVID-19 pandemic has greatly severed the treatment of the elderly. This commentary serves to highlight how elder abuse has potentially increased during the pandemic but possibly been overlooked. Shedding light on the elder abuse phenomenon is important as the older population needs to be placed in the center of political discussions (Previtali et al., 2020). This article suggests that elder abuse has manifested by way of intensified ageism, increased isolation and denial of social interactions justified by "protection" against COVID 19.

Intensified Ageism

Ageism is an important risk factor that facilitates the epidemic of elder abuse (Han & Mosqueda, 2020). It has manifested in a multitude of ways internally i.e. in the home and externally in the community, including in political discussions surrounding the COVID-19 pandemic (Reynolds, 2020). *Calculated ageism* is a new term used to describe discrimination against older adults by way of sacrificing them in order to mitigate COVID-19's supposed economic damage to younger people (Barret et al., 2021). Also, the twitter hashtag, "boomer remover", demonstrates a clear indicator of resentment and therefore exemplifies ageism (Soto-Perez-de-Celis, 2020).

Practical implications of ageism during COVID-19 include the marginalization of the elderly in the healthcare system and making them a last priority (Ansello, 2020). When the hospital resources are in extreme shortage and physicians face the choice between older adults and younger people for life-saving treatment, age appears to become the sole consideration for choice which reinforces ageism to occur (Reynolds, 2020). The application of categorical age exclusion to allocate the healthcare resources to those who require it in emergency situations violates anti-discrimination laws (Farrell et al., 2020). It is unethical and inappropriate to use the age limit to reduce or cease medical care for old adults (Ehni & Wahl, 2020).

Increased ageism may partly result from the perpetuated stereotype that all older adults are a homogenous group of vulnerable and frail individuals whom are burdens on the system, hence being ignored by society, particularly during the COVID-19 pandemic (Ayalon, 2020). Limited access to digital technology may also contribute to the silencing of older adults' voices and contributions on social media during COVID-19 (SotoPerez-de-Celis, 2020).

Ageism at any time, but especially during a tumultuous time like the COVID-19 pandemic, negatively affects seniors' mental and physical health and contributes to negative views of the elderly held by the public as it pertains to the process of aging and respectful elderly treatment (Monahan et al., 2020).

Increased Isolation

While reports of elder abuse are increasing in developed countries during the COVID-19 pandemic, there has not been a systemic evaluation on the state of the elderly in developing countries (D'cruz & Banerjee, 2020). Isolation has been a major issue for all populations, considering the government-implemented "stay-at-home" orders restricted social interactions and contributed to mental health challenges and interpersonal conflicts related to prolonged solitude.

Stay-at-home orders limit personal visits from medical professionals and social workers; therefore, the chance of detecting possible elder mistreatment is unlikely (Makaroun et al., 2020). Seniors in long term residences are often very isolated in long-term homes in general, making them more susceptible to elder abuse and neglect. The stay-at-home orders only intensified these feelings since it restricted, and in some cases removed, visits from family members and recreational time outdoors (Ayalon et al., 2020). Indeed, the stay-at-home order is an important measure to fight against COVID-19, but also plays a concurrent role in facilitating the increase in elder abuse for elders who are not able to be visible in the community as part of their protection (Ansello, 2020).

The difficulty in accessing supplies and care worsens the vulnerable condition of older adults and elevates the incidences of elder mistreatment (Makaroun et al., 2020). Some older adults are excluded from virtual interactions without equipment or technical support and neglect of care happens (Makaroun et al., 2020). For the elderly residing at home with family members, a risk factor that may increase the likelihood of elder abuse is caregivers' increased stress during COVID-19. Worrying about possible exposure, families may reduce, displace their frustration aggressively onto or ultimately stop caring for older adults, leading to neglect of the seniors' health (Elman et al., 2020). All of these factors may contribute to an exacerbated condition because of the increased isolation stemming from stay-at-home orders.

Denial of Social Interactions Justified by "Protection" against COVID 19

There is a correlation between the stay-at-home order and the worsening of elder abuse. As part of the stay-at-home order, the intention of decreasing social interactions is to avoid possible exposure to the virus (Elman et al., 2020). However, there may be a tendency for those in caregiving roles for older family members who are abusing or neglecting the seniors, to cease visits and other social interaction activities by justifying it as "adherence to the order". When these vulnerable seniors are not visible in the community, it makes it more difficult to detect and report elder abuse (Elman et al., 2020). Certainly for caregivers who have been the perpetrators of elder abuse pre-COVID-19, stay-at-home orders and the associated isolation further fuels their abusive and neglectful methods against their elderly family members (Ansello, 2020). Elderly with cognitive or functional impairment are even more vulnerable and less able to seek out help during the COVID-19 pandemic (Elman et al., 2020).

Discussion

The traditional definition of elder mistreatment stated by the World Health Organization (WHO) is not enough to explain the elder abuse that has persisted during the COVID-19 pandemic. Something new needs to be added into the categories of the definition of elder abuse. As mentioned throughout this commentary, prohibiting visits from family members as justified as a way of reducing the transmission of COVID-19 has shaped a new form of elder abuse in society (Beaulieu et al., 2020). There has been perpetuated rhetoric that suggests that COVID-19 only kills the elderly and has facilitated the mistreatment of older adults (Karimian et al., 2020). This notion of sacrificing the elderly in order to save economic and health resources for the younger population exemplifies societal neglect and abuse of the elderly generation (Reynolds, 2020).

One potential solution is to create an elder-friendly environment by addressing ageism. It is important for the public to identify the positive social role of older adults and emphasize the concept of active elderly. The decision power and involvement of older adults is also necessary (Banerjee, 2020). Older adults should be treated as stakeholders in their health (D'cruz & Banerjee, 2020). Other stakeholders involved with older adults should consider the ethical and legal interests of older adults when developing strategies (Farrell et al., 2020). Older adults demonstrate strong civic sense in fighting against COVID-19 deserve the respect and support in complicated situations (Petretto & Pili, 2020). In fact, a recent study shows that older adults face less risks than younger adults in social isolation and psychological distress during stay-at-home orders (Ayalon, 2020).

COVID-19 certainly affects older adults' more compromised immune system, but does not suggest that they should be discounted (Banerjee, 2020). It is important to build the foundation of all actions on the evidence and the first person's accounts of experience of suffering ageism rather than on the ageists' behaviors or beliefs (Vervaecke & Meisner, 2021). Also, there needs to be a biopsychosocial understanding of ageism and advocacy efforts that integrate into policy revision, which can ultimately create more initiatives to address ageism (Reynolds, 2020).

The other significant response is to take diverse approaches to achieve the optimal results. D'cruz and Banerjee (2020) introduce gerodiversity that focuses on addressing the issue of aging through a multicultural approach and social justice framework. Petretto and Pili (2020) highlight a person-centered approach. The use of social media is an important channel that can be used to help promote the rights of older adults and strengthen the diversity of representation of aging (Chang et al., 2021). The ecological model of elder mistreatment helps to identify the risk factors for elder mistreatment during COVID-19, the positive problem-solving attitudes of older adults and enhanced social connection of community may collectively contribute to reducing the prevalence rate of elder abuse (Chang & Levy, 2021).

Training is a proven effective way in learning ways to identify, manage and address elder abuse. It is crucial to know how to identify and assess elder abuse at the residence even through telemedicine, an important strategy used during the COVID-19 pandemic (Chang & Levy, 2021). Creative community-based support such as advocates' or volunteers' regular contacts could efficiently mitigate the isolation and help detect and report the elder mistreatment (Han & Mosqueda, 2020). The role of neighbors in checking the well-being of old adults shouldn't be underestimated (Makaroun et al., 2020). Community should mobilize all resources related to aging to generate innovation (Wister & Speechley, 2020). Additional measures may include the innovative research and reform from WHO in surveillance the situation and extending the categories of elder mistreatment.

Conclusion

Although the COVID-19 has worsened elder abuse, it provides opportunities for initiating change for decreasing social disparities caused by ageism and protecting old adults from mistreatment (Cox, 2020). The identification of new ways that elder abuse manifests is helpful to effectively respond to the current challenges and assist older adults survive and thrive. However, this is only the beginning phase of the crisis and there are more unknown challenges related to post-COVID-19 (Banerjee, 2020). Since elder mistreatment is not caused by a single risk factor, reformative change by way of cohesion between micro, mezzo and macro levels is necessary. It is vital to take the new opportunity from the challenges to provide support for older adults from political, legal, economic and intergenerational dimensions (Chang, 2021). Ageism, as a context and root of elder abuse, needs to be tackled by the mutual efforts from government, the public and older adults themselves with a multi-systemic and sociocultural lens. New features of elder abuse during the COVID-19 pandemic means elder abuse needs to be newly identified and intensively addressed. Although the tendency of COVID-19 is unpredictable, there is no one-size-fits-all approach for addressing elder maltreatment no matter during COVID-19 or post-COVID-19. An adjustable prevention and intervention of elder abuse is especially important because the features of elder mistreatment have changed and they might continue changing.

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