Caregiving and Elder Abuse

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Elder abuse is understudied and under-reported. Elder abuse can take five forms: psychological or emotional abuse, physical abuse, sexual abuse, neglect, and financial abuse. Two national studies of the prevalence of elder abuse have recently been conducted. Laumann[1] in a survey of 3005 community residing individuals between ages 57 to 85 interviewed either in person or with a leave-behind questionnaire found past-year prevalence was 9.0% for verbal abuse, a form of psychological abuse, 0.2% for physical abuse and 3.5% for financial mistreatment. Acieno,[2] using random digit dialing of a representative sample of 5777 respondents age 60 and older living in the community, found a one-year prevalence of 4.6% for emotional abuse, 1.6% for physical abuse, 0.6% for sexual abuse, 5.1% for potential neglect, and 5.2% for financial abuse. One in ten elders, defined as those over 60 in most studies, had experienced some form of abuse in the past year.

By law in Rhode Island, "elder abuse" must involve the willful infliction of physical pain or willful deprivation of services including neglect, abandonment and exploitation, and it must be carried out by a caretaker or other person with a duty of care for the elderly person (RI General Law 42-66.4.1). In Rhode Island and in many states abuse of an elderly person is defined as starting at age 60, although age 65 is used in other contexts. The US National Academy of Sciences has defined elder abuse as "(a) intentional actions that cause harm (whether or not harm is intended), to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm."[3] This definition has two key points: the elderly individual was injured, deprived or endangered unnecessarily and a caregiver or person in a trust relationship caused or failed to prevent the event.

Characteristics of Perpetrators of Elder Abuse

Based on the National Incident-Based Reporting System, which is limited to police-reported cases throughout the US and not based on a representative sample of the population, from 2000-2005 there were 87,422 reported incidents of elder physical abuse with a 1:1 victim-offender ratio in the United States. Most abusers who commit police-reported physical assault are over the age of 45 (41.4%) with a mean age of 42. About 73% of offenders are white and 72.1% are males, while only 46.6% of victims are males. The abusers were children (23.9%); spouse (19.6%); other family (12.3%); acquaintances (36.2%); and other (8.1%).[4]

Risk Factors Associated with Perpetration

A number of studies have focused on caregivers and the risk factors associated with perpetration of abuse. Caregiver factors rather than care receiver factors may be more important in predicting abuse and neglect.[5] Being a caregiver of an elderly person itself is a risk for elder abuse. Among those caring for individuals with dementia, the rate of abuse has been reported to be as high as 11.9%.[6] Sixteen factors have been identified in caregivers that have been associated with increased likelihood for elder abuse and neglect: 1) responsibility for an elderly individual over the age of 75; 2) living constantly with the elderly dependent; 3) inexperience or unwillingness to provide care; 4) suffering a relationship conflict; 5) exhibiting hostile, threatening or aggressive behavior; 6) having other caring demands from spouse or children; 7) being subject to high stress and strain; 8) isolation and lack of social support; 9) poor physical health; 10) history of mental illness; 11) history of depression; 12) history of anxiety disorder; 13) history of alcohol abuse; 14) history of drug abuse; 15) history of being abused or neglected as a child or a history of family violence; and 16) having high expectations of the elderly dependent.[7-9] The types of abuse associated with these risk factors have not been differentiated.[9] Generally, those who neglect elders are more likely to have anxiety disorders while those who abuse elders are more likely to have fathers who mistreated them, a history of alcohol abuse, depression, and a conflicted relationship with the abused elder. In addition, abusers tend to be heavily dependent on the person they are mistreating.[10] A study of emergency room visits confirmed these caregiver characteristics and found that caregivers who neglected their elders were themselves more likely to have a history of childhood trauma, including physical neglect, and to report more unmet needs of activities of daily living.[11] Interestingly, this was one of the few studies to inquire about paid caregivers; it noted a high rate of neglect from paid caregivers.

While the predictive power of caregiver risk factors has not been fully studied using multivariate analytic techniques, the more risk factors present in a family environment, the greater the risk of elderly mistreatment.[12]

Caregivers of Persons with Dementia

Recent research, conducted predominantly in Europe and Asia, has focused more specifically on caregivers of elders with dementia. A British study, examining abusive behavior by caregivers of individuals with dementia, found that anxious and depressed caregivers engaged in more abuse than other caregivers of individuals with dementia. These investigators also found that abuse was mediated by dysfunctional coping strategies and higher caregiver burden defined as the physical, psychological, social, and financial demands of caring for someone.[13] Abuse of individuals with dementia was predicted by spending more hours caregiving, experiencing more abusive behavior from the individual and higher caregiver burden. In a separate analysis, these same researchers examined the prevalence of self-report of abusive behaviors by family caregivers in research interviews: 52% reported some type of abuse in the past 3 months; 34% reported abusive behavior; 33%, psychological; and 1%, physical

abuse.[14] Unfortunately, in the British study the frequency of abuse persisted or worsened one year later despite contact with specialized services.[15] The predictors of the increase in abusive behavior were anxiety and depressive symptoms in the carers, and fewer hours of in-home services at baseline.

One of the few US-based studies of caregivers of individuals with dementia conducted in Florida examined verbal abuse and found that 60.1% of caregivers reported verbal aggression as style of conflict resolution. Factors associated with increased risk for verbal aggression by caregivers included being female, providing care to verbally aggressive elders, caregiver's diminished cognitive status, high levels of psychiatric symptoms including depression, or experiencing a high degree of caregiver hassle (minor events that are perceived as threatening one's well being).[16]

Interestingly, in a study from Japan of 135 persons age 18-86 (neither patients nor caregivers) respondents perceived abusive behavior toward an elder with dementia as less abusive than they perceive the same behavior toward an elder without dementia.[17]

More research is needed in the US on the risk of mistreatment associated with dementia as it is not clear how much of the research conducted in Europe and Asia can be generalized to the United States.

Abusers in Nursing Homes

Little data describe the characteristics of professional caregivers who perpetrate abuse in nursing home facilities. A review of the literature examining the five types of abuse found the following risk factors for employees to become abusive: lower job satisfaction; viewing patients as childlike; experiencing burnout; loss of "immunity" to difficult work environment; history of domestic violence; history of mental illness; and drug or alcohol dependence. Nursing home employees may develop and sustain "immunity" to aggressive patient behavior, develop but lose immunity, and never develop immunity. Employees who develop and sustain immunity typically have a positive work experience, and are thought to be at lower risk of being abusive.[18]

Interventions to Reduce Abuse by Caregivers

Few reports have addressed interventions. One study suggested that reducing depression in caregivers with a high degree of anger might reduce the potential for physical harm. These investigators also suggested screening caregivers for resentment, as the relationship between resentment and anger are similar to those between depression and anger.[19] Potential interventions could include respite services, anger management training, cognitive reframing for resentment, and increasing pleasant events. In a British study caregivers who engaged in abusive behavior were asked what interventions would be most helpful to prevent abuse. Caregivers prioritized the following: medication for memory, good communication from professionals and written advice on handling memory problems, home care, residential respite and sitting services.[20] Interestingly, the caregivers did not rank emotional health interventions for themselves highly. None of these studies evaluated the effectiveness of the proposed interventions.

Based on the caregiver risk factors associated with elder mistreatment, intervention strategies to reduce elder abuse need to address the psychological health, including addictions, of caregivers. Studies are needed to examine whether caregiver training that explains the progression of decline and development of dementia, as well as changing caregiver responsibilities over time, will help caregivers better manage the demands placed on them.

Reporting is difficult for clinicians, who may not know the consequences of reporting and may not view the caregiver as malicious. State statutes differ as to when health care clinicians must report abuse to adult protective services. In a few states reporting is voluntary; however, in Rhode Island reporting is mandatory to the Department of Elderly Affairs. Federal law mandates all nursing homes must report and investigate allegations of abuse.

To quote the 2002 Toronto Declaration on the Global Prevention of Elder Abuse: "Ultimately elder abuse will only be successfully prevented if a culture that nurtures intergenerational solidarity and rejects violence is developed. Confronting and reducing elder abuse requires a multi-sectoral and multidisciplinary approach."

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Disclosure of Financial Interests

The authors and/or spouses/significant others have no financial interests to disclose.

Acknowledgement: Supported in part by a grant from the National Institute on Aging R21 AG030663-01.

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