Elder Abuse
An Overview

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Defining Elder Abuse

- "Elder abuse is a single or repeated act or lack of appropriate action, occurring in any relationship where there is an expectation of trust, that causes harm or distress to an older person" (Action on Elder Abuse (AEA), 1993, WHO).
- "The physical, emotional, financial, sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time . It may take one form or a multiple of forms. The lack of appropriate actions can also be a form of abuse. Abuse can occur in a relationship where there is the expectation of trust and can be perpetrated by a person/persons in breach of that trust, who have influence over the life of a dependant, whether they be informal or formal carers, staff or family members or others. It can occur outside such a relationship". (Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, DHSSPS, 2009)

Prevalence

- Difficult to measure …demographic influence
- Reports from UK, Canada and USA indicate a prevalence rate of 4-6% (Erlingsson, 2007)
- It is estimated that only between 1/8 and 1/14 cases are reported (Tatara,1995).
- Abuse by family members most common 12-55% (Cooper *et al*, 2009)
- Victims mainly older women or dependent older people but men are under-studied.

Risk Factors

Many risk factors have been identified but only the following five have been validated by scientific study (National Research Council, 2003):

- Shared living arrangements
- Social isolation
- Dementia in the abused person
- Individual characteristics of abuser (mental illness, hostility and alcohol abuse)
- Abuser dependency (dependent on victim for housing and financial assistance)

Risk Factors

Other possible/plausible indicators include:

- Race/minority status
- Poor past or present relationship between abuser and victim
- Victim’s personality characteristics, e.g. aggression
- Gender (women as victims)
- Intergenerational transmission of /violence/abuse
- Physical vulnerability or fragility of the abused
- Poverty and population density

Types of Abuse

1. Physical
2. Psychological
3. Financial
4. Sexual
5. Neglect and acts of omission
6. Institutional
7. Family

Types

- **Physical**- inflicting physical pain or injury, always a crime but not always reported.
- **Psychological**- inflicting mental anguish and includes verbal abuse, humiliation, threats and bullying. It is the almost common type reported to AEA and rarely occurs in isolation.
- **Financial**- stealing or defrauding, always a crime but not always reported.
- **Sexual**- rarely discussed, 2% of all calls to AEA.

Types

- **Neglect** is abuse, can be intentional or passive, difference between a chosen pattern of behaviour and neglect by others. The Mental Capacity Act 2005.
- **Institutional Abuse**- imposed routine, lack of choice and dignity, over crowding, inadequate staffing levels. Shaw (1998) identified two types of nursing home staff abusers: reactive and sadistic.
- **Family Abuse**- abuse of any kind by a family member which may be intentional or unintentional (passive).

PERCEPTION OF ELDER ABUSE

- Age influences perceptions of elder abuse

  ..middle aged adults more likely to perceive psychological abuse as being harmful to the victim than younger adults (Childs, 2000)

- There is a difference between the perception of abuse by the general public and elder abuse experts.

  .... experts more likely to define abuse in terms of frequency and/or intensity of abuse whereas the general public considers a single act abusive (Hudson *et al* , 1999)

ABUSER CHARACTERISTICS

(Ramsey-Klawsnick, 2000)

- The Overwhelmed Offender begins as a well intentioned caretaker but becomes overwhelmed as the needs of the older person increase.
- The Impaired Offender is a well intentioned individual who is unqualified or unable to provide adequate care because of their own frailty or disability……typically fail to realise the abuse because of their own impairment. Neglect and improper use of medicines often result.
- The Narcissistic Offender is motivated by personal gain, not a desire to help older dependents. Older people are regarded as a means to an end. Neglect and financial abuse most common in this group.

- The Domineering or Bullying Offender feels justified in blaming and attacking older people over whom they believe their have control or authority. They tend to rationalise that the victim ‘asked for it’ or ‘deserved it’ because of the offender’s expectations not being met.

- The Sadistic Offender is characterised by feelings of power and importance derived from humiliating, terrifying and harming others. They are extremely dangerous and psychopathic and lack any guilt or remorse for their extreme behaviour.

According to the ‘Explanatory Model for Elder Abuse’, the caregiving dynamic including the victim-perpetrator interaction and the situation, along with other contexts, such as intimate relationships, isolation and accessibility to valuables, trigger abuse (Anetzberger, 2000).

Screening and Assessment Instruments

Fulmer *at al* (2004) reviewed existing research and concluded that there is a need for brief, rapid screening instrument and also a more detailed diagnostic assessment.

- Elder Assessment Instrument, 42 item checklist (Fulmer eta l 2000)
- Conflict Tactics Scale, 19 items (Strauss, 1978)
- Brief Abuse Screen for the Elderly, 5 questions (Reis et al, 1998)

What the research tells us

- No studies of abusive behaviours in representative populations of family carers currently exists.
- In the UK, first controlled study of elder abuse by carer carried out by Homer & Gilleard (1990) reported that 45% admitted some form of abuse.
- In a Northern Irish study, 38 carers of a relative with dementia were interviewed and abuse was detected in 37% of cases, mostly verbal and physical but no neglect. A pre-morbid relationship , verbal or physical abuse by the dependent, problem behaviours in the dependent, carer's anxiety and a perception of not receiving help were significantly associated with abuse (Compton *et al*, 1997)

What the research tell us

- 220 people caring for a relative or spouse wuith dementia interviewed..50% reported abuse and 34% significant abuse Used Modified Conflict Tactics Scale (Cooper *et al* 2009, BMJ)

The authors concluded that considering elder abuse as a spectrum of behaviours rather than an 'all or nothing' phenomenon may help professionals to offer assistance.

What the research tell us

- Jogerst *et al* (2000) examined the relationship between rates of elder abuse and health care/ social services resources in 99 counties in the state of Iowa. The strongest risk factor for report elder abuse was reported child abuse.

- Wolf & Pillemer (2000) reported that resolved elder abuse cases were more likely than unresolved cases to be associated with neglect, increased social support for victims, stress reduction , reduction of dependency on the perpetrator and a change in living arrangements for the victim.

Consent and Capacity

Two key questions:

- Did the older person give meaningful consent to the act, relationship or situation which constituted the alleged or suspected abuse?
- Does the older person now give meaningful consent to nay preventable action investigation or report to the police?

Consent and Capacity

Abuse may occur if:

- The older person does not consent
- The older person is unable to consent or lacks capacity
- Other barriers to consent exist e.g. intimidation or coercion.

Consent and Capacity

However

- A person must be assumed to have capacity unless otherwise clearly established
- A person is not treated as unable make decisions unless all practicable steps to help him to do so have been taken without success.
- A person should not be considered as being unable to make a decision merely because he makes an unwise decisions.

Consent and Capacity

- An act done or decision made under legislation for, or on behalf of the older person who lacks capacity, must be done, or made, in his best interest.
- Before any action is taken, or decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action (Good Practice in Consent, DHSSPS, 2003)

Consent and Capacity

A person is deemed unable to make decision for himself if he cannot;

- Understand the information relevant to the decision
- Retain that information
- Use or weigh-up that information as part of the process of the decision making process
- Communicate his decision (by speech, gesture, signing or any other means)

Even if an older person is deemed unable to make a decision, every reasonable effort must be made to encourage the person to participate .

Challenges

- The need to agree a definition to avoid 'definitional disparity' and 'definitional disarray'. The context in which the behaviours occurs affects our interpretation of it….is this right or wrong?
- Cognitive impairment and lack of capacity to consent
- The need to improve detection and management
- Scientific research aimed at prevention and interventions with outcomes focused on the older person and the abuser.

Prevention of Abuse

- Increase awareness among health and social care professionals
- Educate the public about the ageing process
- Link families with support groups and teach stress management techniques
- Provide counselling for troubled families

Prevention of Abuse

- Encourage the use of respite and day facilities
- Obtain the necessary home care services and inform families of resources for meals and transportation
- Encourage caregivers to pursue their individual interests.