HAPAI Research Review

PREVALENCE OF ELDER ABUSE

While there is a widespread recognition of the gravity and scale of elder abuse including the negative effects on the elderly as well as on families and on communities, there are major problem in obtaining accurate estimates its prevalence. As well as the problem of under-reporting of incidents, there are challenges around the definition of abuse taking into account the various sub-types including neglect, physical, sexual and psychological abuse. As will be evident from recent reviews, there are major differences in the estimates emerging between countries, differences that may be due to cultural factors and the different methodologies and definitions of elder abuse that are used, the age groups studied, and the reporting period (for example, in the past month in the past year).

In recent years, a number of reviews have been published that attempt to combine the results of existing research in order to give some indication of the prevalence of abuse of older people, and we will discuss several of these large reviews here. A study by Cooper et al. (2) collated research from 49 studies published in international journals of which a minority (seven) used instruments that had been shown to be valid and reliable. They concluded that on average 6% older people had experienced abuse during the previous month. They also found that only a very small percentage of cases of abuse were reported to the relevant authorities.

A similar approach taken by Dong (3) focused on the global epidemiology of elder abuse, considering differences across continents. Their synthesis also took different forms of abuse including maltreatment and neglect into account and attempted to bring together as many studies as possible that focused on community populations of older people. The main conclusion was that elder abuse was indeed a world-wide issue and not unique to a particular culture or country. These result indicated that in Europe the prevalence rates ranged from 2.2% in Ireland to over 60% in Croatia. We will return to the Irish study that Dong reviewed later in this article.

A large variation between European countries was also found in the study by Lindert et al. (4) who found a range between 12.7% and 30.8% in seven European countries.

The estimates from US studies also tend to show substantial variation: between 10% and 47%. Dong's review suggests that the lower figure is found for older people with unimpaired cognitive capacity while the higher figure emerges in older adults with dementia. Figures for the Asian continent also vary greatly and range from 36.2% in mainland China to 14% in India. A relatively small number of studies conducted in Africa indicate broadly similar rates and variation between studies.

The review by Yon et al. (5) in 2017 drew on studies reporting prevalence of abuse in the previous year in adults who were 60 years or more. These drew from 28 countries and gave particular attention to different forms of abuse as well as the overall picture. When the prevalence of different forms of abuse was pooled the average total percentage was 15.7%. The breakdown showed that on average in the various studies 11.6% had experienced psychological abuse (experiences that harm their well-being or feelings of self-worth), 6.8% had experienced financial abuse (wrongly misusing an older person's money or assets), 4.2% had experienced neglect (a failure to meet an older person's basic needs), 2.6% has experienced physical abuse (older person is hurt through hitting or other show of force) and 0.9% has experienced sexual abuse.

In the review by Yon et al. (5) particular attention was given to geographical differences. The evidence on geographical difference is relatively consistent other studies, whereby the prevalence was approximately 20% in Asia, 15.4% in Europe, and 11.7% in the US. Interestingly, that review found no significant gender differences in prevalence of elder abuse. In those studies that have examined intimate partner violence, the rates are similar for older males and females in both same-sex and heterosexual couples. Yon et al., make the point that most of the literature on this issue comes from high-income countries and suggest that the picture might change if low and middle income samples were better represented. These gender issues are also considered in an Irish study. Another important point that will be considered below in the context of an Irish study is that gender differences may impact on the *type* of abuse rather than the overall prevalence of abuse.

In Ireland, Naughton et al. (6) conducted a national prevalence study which examined different kinds of abuse as well as neglect. The study involved over 2000 participants with an average age of 74 years. The study also gave attention to the characteristics of those people who experienced abuse as well as the perpetrators of abuse. Naughton et al. (6) reported that the overall prevalence of abuse and neglect was 2.2%, which has been noted as being one of the lowest estimates within the international literature conducted by Dong in 2015. Of the specific forms of abuse, financial abuse was 1.3% and psychological abuse was 1.2%. Other forms of abuse (physical, neglect and sexual abuse) were under 1%. Older women were more likely to experience most forms of mistreatment than were men but this difference were quite small especially among participants over 80 years. Of the factors associated with abuse, income, health and social support were major influences. Older people on low incomes were twice as likely to experience abuse while people with below average mental health were six times more likely to report abuse. With regard to

social support, people with poor social support were nearly five times more likely to indicate that they had been abused.

A number of conclusions are warranted on the basis of this brief overview. Firstly, it is clear that elder abuse, at some level, is present in any study that has sought to establish its occurrence. Secondly, there are major differences between the studies in the estimates that emerge and also differences in the type of abuse that is found. A real problem concerns the reasons for these major differences, which are partly related to the country in question. Other factors include the setting of the study and, how abuse was defined and measured. For these reasons, the major differences emerging between countries are hard to interpret. An important question concerns how abuse is measured and its severity judged. Based on this question, the next section will examine issues of measurement of elder abuse.

Measurement of Abuse

Below we consider three main questions regarding the measurement of abuse. We first examine one instrument that has been used in a relatively large number of studies: the Conflict Tactics Scale (CTS). Secondly, we examine how estimates are derived from this and other instruments. Finally, we look at broad conceptual questions and especially the overlap of abuse with self-neglect among older people.

The Conflict Tactics Scale (CTS) developed by Straus in 1979 (7) is widely used as a measure of physical, psychological and sexual abuse. This instrument focuses on the three modes of dealing with conflict as follows: (i) rational discussion – for which a measure of reasoning is used, (ii) verbal and non-verbal acts which measured on a scale of verbal aggression, and (iii) physical force, which is the focus of Violence scale. The indications are that the three scales that form the CTS have satisfactory reliability in terms of scores of internal consistency. As regards, validity, there is some evidence for concurrent validity in the sense that people in the same family reported fairly similar frequency of violent incidents. Furthermore, there is some evidence for construct validity, especially a finding that CTS scores are broadly in line with other ways of establishing frequency of abuse including in-depth interview studies.

However, there are major problems of interpretation of statistics emerging from the CTS and indeed with similar instruments. For one thing, some studies report incidence of abuse based on endorsing just one item while others include in their estimates only those who endorse 10 items or more. As might be expected, such differing approach results in major difference in the reported prevalence. A second procedural matter concerns the time interval which the focus of the questionnaire. In some studies, life-time prevalence is the focus, in others the previous year is the relevant interval and still others the previous month/3 months is examined. Again, major differences and difficulties of comparison arise.

One point on which there is wide agreement is that there is a dramatic discrepancy between actual prevalence of abuse and the number of cases that are reported to health authorities and law enforcement agencies. The review by Roberto in 2016 (8) concluded that only about one in 12 cases of elder abuse in the US are reported to

the police. Among the major factors that preventing such reporting include a belief by older people that they are responsible for what happened, that the perpetrator might harm them even more or a fear that they would be placed in a nursing home. Furthermore many abused people did not realise that help was available. Also contributing to the reluctance to report of abuse is unwillingness in the community to recognise that elder abuse is a widespread problem which in turn results in a disinclination to get involved. What is less clear is the extent to which research statistics are influenced by this same factor but it is reasonable to believe that they play some part in an unwillingness to report such incidents.

Risk factors

The identification of factors that make some older people more likely to experience abuse is of major interest not only from the perspective of understanding an important social problem but also to assist in the development of prevention approaches and programmes. Many reviews of risk factors (e.g. Johannsen & LoGiuidice, 2013), divide the important risk factors into those pertaining to the individual older person, perpetrator factors, relevant relationships (especially within the family) and environmental influences especially the social context.

The association between cognitive impairment and elder abuse emerges fairly consistently as a predictor of elder abuse, and has be discussed in detail by Pillemer (9) in their assessment of elder abuse in a global context . An important example of the relationship between decline in cognitive functioning and elder abuse comes from the Chicago Health and Aging Project (10). This study showed that for every one-point decline in global cognitive functioning, there was an increased risk of elder mistreatment. Furthermore, older people who scored lowest on cognitive measures were especially at risk. In line with this finding, the cognitive impairment associated with dementia emerged as an important risk factor. The review by Downes et al. in 2013 (11) concluded that the prevalence figures of abuse in older people with dementia are supported by the reported willingness of their caregivers to disclose abusive behaviour. They also suggest however, the hidden and discreet nature of abuse makes it likely that any prevalence figures are underestimations of the true extent of the problem, especially in this population.

Poor mental health is also an important risk factor for elder abuse, as noted in the Irish study by Naughton et al. (2013). Other studies have examined specific emotional difficulties and the pathways by which they become risk factors. For example, a study by O'Keeffe et al. (12) in the UK found that depression among older people was associated especially with both psychological and physical abuse. Cooper & Livingston (13) reviewed evidence indicating that psychiatric illness is an important contributing factor in vulnerability to abuse. Their review suggests that its influence is even greater when combined with other risk factors like physical frailty, sensory impairment and social isolation.

With regard to perpetrator characteristics, studies identifying the relationship with the abused person have found that in most European studies, the spouse or partner was most likely to be the abuser (9) but the study by Naughton et al. in Ireland found adult children were most frequently identified as the perpetrators. Some studies

have examined the specific factors that predispose abusers. For example, a review by Johannesen & LoGiudice (14) found that caregiver stress was an important risk factor as well as alcohol and drug abuse. In addition, financial problems as well having a history of behaviour problems emerged as significant predictors. Situations in which the abuser is dependent on the older person for financial or emotional support are especially important factors in elder abuse.

Lack of social support is a major risk factor for elder abuse. The review by Roberto (8) concluded that low social support more than triples the likelihood of older adults reporting any form of abuse. This is especially the case where older people experience social isolation and frequent negative interactions. Conversely, where older adults experience social support including having a number of friends, reduces elder abuse even when other risk factors are present.

Recent Research Developments: Self-Neglect

The issue of self-neglect among older people has become an important social and research issue in recent years. Part of the reason is that the evidence suggests that it tends to occur in all socio-demographic groups and is associated with morbidity and indeed mortality. While there is some research on prevalence, the scale of this work is not similar to that on traditional conceptions of elder abuse. Instead two areas have got considerable attention: 1) profiling self-neglect and, 2) the factors that are associated with self-neglect.

The study by Dong, Simon & Evans (15) was designed to establish the extent of self-neglect in the Chicago Health and Aging Project. In the population of over 9,000 older people, they studied 20% who were suspected of self-neglect by the social services agencies. It emerged that relatively older people, those with lower level of education and lower income, were more likely to be identified as experiencing self-neglect. In line with other studies, they identified the central feature of self-neglect as behaviour that threatened their own health and safety and often included a refusal to provide themselves with adequate food, water, clothing, hygiene and safety precautions. They also measured the severity of the self-neglect based on a scale of 15 items.

The study by Day & McCarthy (16) is of particular interest not only because it involved health care professionals across Ireland but especially because it sought to establish the relevant dimensions of self-neglect in a way that was independent of a medical syndrome. The resultant factor analysis based on data from 339 participants suggested that five dimensions of self-neglect need to be taken into account: (i) The environment of the older person especially features of the home, (ii) Absence of social networks and social support, (iii) Mental health and well-being and behaviours that put personal safety at risk, (iv) Avoidance of health care needs including ignoring symptoms of disease and (v) Unwillingness to accept help. The instrument the developed allows for a measurement of self-neglect but may also help to devise interventions.

A number of studies have examined the factors that contribute to self-neglect. The study by Abrams et al. (17) focused on the extent to which depression and cognitive

impairment were relevant influences. They found that older people with clinically significant depressive symptoms and/or cognitive impairment were more likely than others to experience self-neglect. Furthermore, these associations persisted even when controls were applied for gender, race and income.

The study by Hansen et al. (18) sought to identify the factors that are correlated with depression that might be expected to improve long-term outcomes for self-neglecting adults. With a sample of older people with a record of substantiated self-neglect, they found that alcohol abuse, low self-rated health and higher levels of pain were correlated with higher rates of depression and an increased risk of self-neglect.

The study by Lee et al. (19) sought to determine if frailty was an important factor in elder self-neglect based on the finding that frailty is an age-related syndrome that affects a range of capacities as well as increased mortality. It emerged that most of the adults who had been identified as experiencing self-neglect exhibited significant symptoms of frailty. The authors make the point that these results provide guidelines for an opportunity to intervene to raise awareness to prevent self-neglect among pre-frail adults and as frailty progresses.

Recent Developments: Prevention of Elder Abuse

Pillemer et al. (9) make the point that while there is a pressing need for interventions that have the potential to prevent elder abuse, reliable information is not available on the outcomes of those studies that attempted this important course of action. Here we present some examples with a view to providing indications as to what approaches have the most promise for the future.

An obvious starting point for prevention is around caregivers. Some approaches have provided services to relieve the burden of caregiving including respite care and support groups. There is some evidence that the onset of abuse may be reduced by the provision of such caregiver support intervention. Furthermore, there is some evidence that interventions that are directly aimed at abusive caregivers may help to prevent re-victimisation (20).

A particularly important approach focuses on money management. Given the centrality of financial abuse for so many older people, it might be expected that programmes that provide assistance with paying bills, making bank deposits and paying for home care would be helpful. A small number of such programmes have been reported on; especially relevant are interventions that aim to help people who at risk of financial exploitation, especially people with some degree of cognitive impairment. Evaluations suggest that these approaches have considerable promise (9).

Given that telephone helplines have proven popular and effective with so many target groups, it is hardly surprising that this service has been organised in a number of countries with a view to giving advice and help in relation to elder abuse. There is some evidence especially from France that helplines create a context which prevents or reduces abuse (21). Part of the reason for the success of helplines is that callers can remain anonymous thereby avoiding the embarrassment associated with reporting. In the overview of interventions to prevent abuse, Pillemer et al. (9)

concluded that development of helplines should be considered to be a promising intervention not only on the basis of their helpfulness but also because there is no evidence of adverse outcomes associated with their use.

Because effective approaches to elder abuse involve collaboration of various agencies and services, an argument can be made for the value of having multi-disciplinary teams in addressing the challenges involved. Such an approach can involve sharing of professional knowledge, reducing feelings of isolation of key workers and planning a coordinated approach by professionals who are working with older adults. There preliminary evidence suggests that such teams may be effective in improving communication and increasing professional knowledge; these features in turn can improve outcomes for older people (22). Following an examination of various types of intervention, Pillemer et al. came to the conclusion that the development of multi-disciplinary teams should be considered on an international basis and the effectiveness be monitored.

CONCLUSIONS

A number of conclusions are warranted based on this overview of elder abuse. The first is that there should be a real concern about the issue given that every study examining prevalence had found evidence of abuse on some scale and given that there is an issue of under-reporting it is likely that the scale of such mistreatment is likely to be greater than the figures suggest. It is especially important that elder abuse should be examined in further work in Ireland, since only one major study had been published to date. Given the change in the demographics of the population and consequent implication for cognitive and emotional impairment, it is likely that this is an issue that will merit continued attention.

There is also a need to explore the risk factors for abuse, taking into account the very different kinds of abuse many of which have distinctive risk factors. It is especially important that there is recognition of different forms of abuse and some seem more difficult to identify than others. The recent evidence regarding self-neglect is worthy of serious attention together with the factors that predispose people to neglect their own health and welfare.

There are some promising beginnings with regard to prevention of elder abuse and some of these (possibly involving multi-disciplinary teams) merit at last a pilot study. In planning an intervention it is important that all the relevant social partners be involved including an Garda Síochana.

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