

# **ELDER ABUSE: A SYSTEMATIC REVIEW OF RISK FACTORS IN COMMUNITY-DWELLING ELDERS**

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# INTRODUCTION

- NO UNIVERSALLY AGREED DEFINITION OR CLASSIFICATION OF ELDER MISTREATMENT
- TWO KEY CONCEPTS ARE THAT ELDER ABUSE INVOLVES AN ACT OR OMISSION WHICH RESULTS IN HARM TO THE OLDER PERSON,
- AND THAT THIS OCCURS WITHIN A **RELATIONSHIP OF TRUST**

# INTRODUCTION

- TYPE OF ABUSE (EG, PHYSICAL VS VERBAL ABUSE)
- MOTIVE (EG, INTENTIONAL VS UNINTENTIONAL NEGLECT)
- PERPETRATOR RELATIONSHIP (EG, FAMILY VS PAID CAREGIVER)
- SETTING (EG, COMMUNITY VS NURSING HOME)

- THE 2014 ELDER JUSTICE ROADMAP
- PHYSICAL, SEXUAL, OR PSYCHOLOGICAL ABUSE, AS WELL AS NEGLECT, ABANDONMENT, AND FINANCIAL EXPLOITATION OF AN OLDER PERSON BY ANOTHER PERSON OR ENTITY
- THAT OCCURS IN ANY SETTING (EG, HOME, COMMUNITY, OR FACILITY)
- EITHER IN A RELATIONSHIP WHERE THERE IS AN EXPECTATION OF **TRUST** AND/OR WHEN AN OLDER PERSON IS TARGETED BASED ON AGE OR DISABILITY

# ELDER ABUSE SUBTYPES

- **PSYCHOLOGICAL ABUSE**
- INFLECTING MENTAL STRESS VIA ACTIONS AND THREATS THAT CAUSE FEAR, VIOLENCE, ISOLATION, DEPRIVATION AND FEELINGS OF SHAME AND POWERLESSNESS.
- EXAMPLES INCLUDE VERBAL ABUSE, INTIMIDATION AND THREATS TO PUT THE OLDER PERSON INTO RESIDENTIAL CARE.
- SOCIAL ABUSE (FOR INSTANCE, PREVENTING CONTACT WITH FRIENDS AND FAMILY) CAN BE TREATED AS AN EXAMPLE OF PSYCHOLOGICAL ABUSE OR A SEPARATE SUBTYPE.

# ELDER ABUSE SUBTYPES

- **PHYSICAL ABUSE**
- ACTS OF VIOLENCE THAT MAY RESULT IN PAIN, INJURY, IMPAIRMENT, OR DISEASE
- PUSHING, STRIKING, SLAPPING, FORCE-FEEDING
- INCORRECT POSITIONING
- IMPROPER USE OF RESTRAINTS OR MEDICATIONS

# ELDER ABUSE SUBTYPES

- **SEXUAL ABUSE**
- UNWANTED SEXUAL ACTS, INCLUDING SEXUAL CONTACT, RAPE, LANGUAGE OR EXPLOITATIVE BEHAVIOUR, WHERE THE PERSON'S CONSENT WAS NOT OBTAINED OR WHERE CONSENT WAS OBTAINED THROUGH COERCION.

# ELDER ABUSE SUBTYPES

- **NEGLECT**
- THE FAILURE TO PROVIDE THE GOODS OR SERVICES NECESSARY FOR OPTIMAL FUNCTIONING OR TO AVOID HARM
- WITHHOLDING OF HEALTH MAINTENANCE CARE
- FAILURE TO PROVIDE PHYSICAL AIDS SUCH AS
- EYEGASSES, HEARING AIDS, FALSE TEETH
- FAILURE TO PROVIDE SAFETY PRECAUTIONS



# ELDER ABUSE SUBTYPES

- **FINANCIAL OR MATERIAL ABUSE**
- THE ILLEGAL USE, IMPROPER USE OR MISMANAGEMENT OF A PERSON'S MONEY, PROPERTY OR FINANCIAL RESOURCES.
- DENYING THE OLDER PERSON A HOME
- STEALING MONEY OR POSSESSIONS
- COERCING THE OLDER PERSON INTO SIGNING CONTRACTS

# PREVALENCE

- 9% OF OLDER PERSONS IN THE COMMUNITY ARE LIKELY TO HAVE EXPERIENCED SIGNIFICANT ABUSE IN THE LAST MONTH
- HOWEVER, THESE STUDIES PRODUCE WIDELY DIVERGENT ESTIMATES, INFLUENCED BY DEFINITION, CULTURE AND METHODOLOGICAL ISSUES.

# PREVALENCE

- AS MANY AS 10% OF COMMUNITY-DWELLING OLDER ADULTS SUFFER FROM ABUSE, NEGLECT, OR EXPLOITATION EACH YEAR.
- MULTIPLE SMALLER STUDIES SUGGEST THAT NEARLY 50% OF DEMENTIA SUFFERERS ARE VICTIMS OF MISTREATMENT BY CAREGIVERS.
- PSYCHOLOGICAL/EMOTIONAL ABUSE (4,6% – 12,9%), FINANCIAL MISTREATMENT (3,5% – 6,6%), AND NEGLECT (5,1%–5,4%) **ARE MOST COMMONLY REPORTED,**
- WITH PHYSICAL MISTREATMENT (0,2%–2,1%) AND SEXUAL ABUSE (0,3%–0,6%) REPORTED LESS FREQUENTLY.

# PREVALENCE

- DESPITE ITS FREQUENCY, RESEARCH SUGGESTS THAT AS FEW AS 1 IN 24 CASES OF ELDER MISTREATMENT IS IDENTIFIED BY THE AUTHORITIES.
- VICTIMS MAY BE UNABLE TO REPORT ABUSE DUE TO ISOLATION, SEVERE ILLNESS, OR DEMENTIA, OR MAY BE RELUCTANT TO REPORT DUE TO FEAR OF REPRISAL, GUILT, DESIRE TO PROTECT THE ABUSER, CULTURAL BELIEFS, OR FEAR OF INSTITUTIONALIZATION.

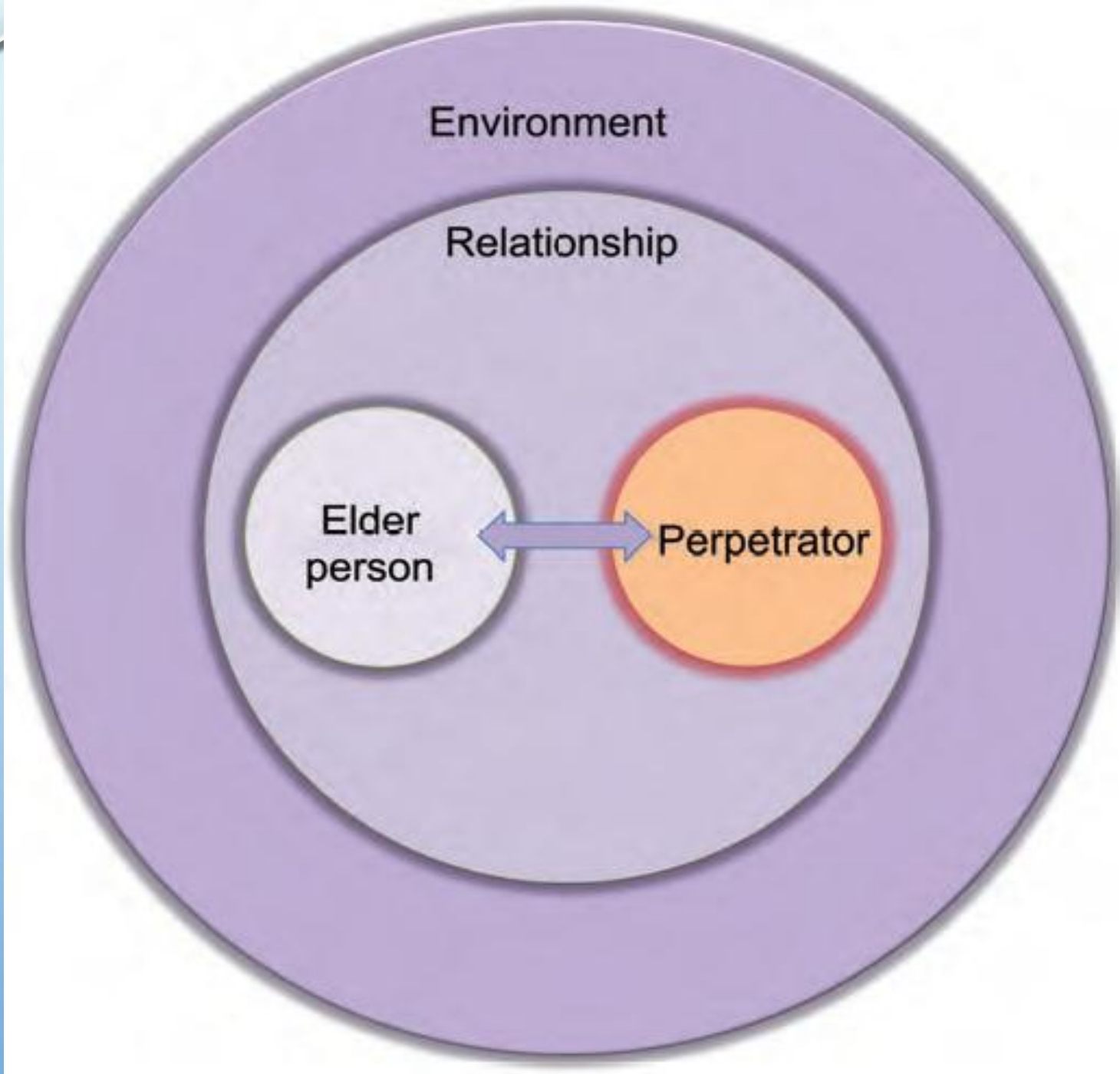
# PREVALENCE

- MANY OLDER ADULTS WHO SUFFER FROM ABUSE ENDURE IT FOR YEARS BEFORE HAVING IT DISCOVERED.
- FOR OTHERS, IT MAY NOT BE UNTIL AFTER THEY HAVE DIED THAT THEIR MORBIDITY AND EARLY DEATH ARE CONSIDERED TO BE DUE TO ABUSE.
- BOTH OF THESE SCENARIOS LEAD TO DELAYS IN IDENTIFICATION AND INTERVENTION.

- LIMITED KNOWLEDGE OF RISK FACTORS CAN BE EXPECTED TO CONTRIBUTE TO POOR DETECTION . ALTHOUGH MANY ELDER ABUSE RISK FACTORS HAVE BEEN IDENTIFIED, IT IS NOT CLEAR WHICH ONES ARE THE **MOST IMPORTANT**, AND SOME STUDIES HAVE PRODUCED CONFLICTING RESULTS.
- THE PURPOSE OF THIS REVIEW IS TO IDENTIFY WHICH RISK FACTORS ARE RELIABLY ASSOCIATED WITH ELDER ABUSE, AS A FIRST STEP TOWARDS EXPLORING THE CLINICAL UTILITY OF A RISK FACTOR FRAMEWORK.

# CONCEPTUAL RISK FACTOR FRAMEWORK FOR ELDER ABUSE

- SCHIAMBERG AND GANS ADVOCATE A MODEL SYNTHESISING INTER-RELATING FACTORS, FOCUSING ON THE AGEING PARENT AND CHILD WITHIN ENVIRONMENTS RANGING FROM THE MICRO SYSTEM (RELATIONSHIP) TO THE MACRO SYSTEM (SOCIO-CULTURAL ) AND REFLECTING **INTER-GENERATIONAL DYNAMICS**.





# SEARCH STRATEGY AND SELECTION CRITERIA

- A SEARCH WAS UNDER TAKEN USING THE MEDLINE, CINAHL, EMBASE AND PSYCINFO DATABASES FOR ARTICLES PUBLISHED IN ENGLISH UP TO MARCH 2011, TO IDENTIFY ORIGINAL STUDIES WITH STATISTICALLY SIGNIFICANT RISK FACTORS FOR ABUSE IN COMMUNITY DWELLING ELDERS.
- STUDIES CONCERNING SELF-NEGLECT AND PERSONS AGED UNDER 65 WERE EXCLUDED.

# RESULT

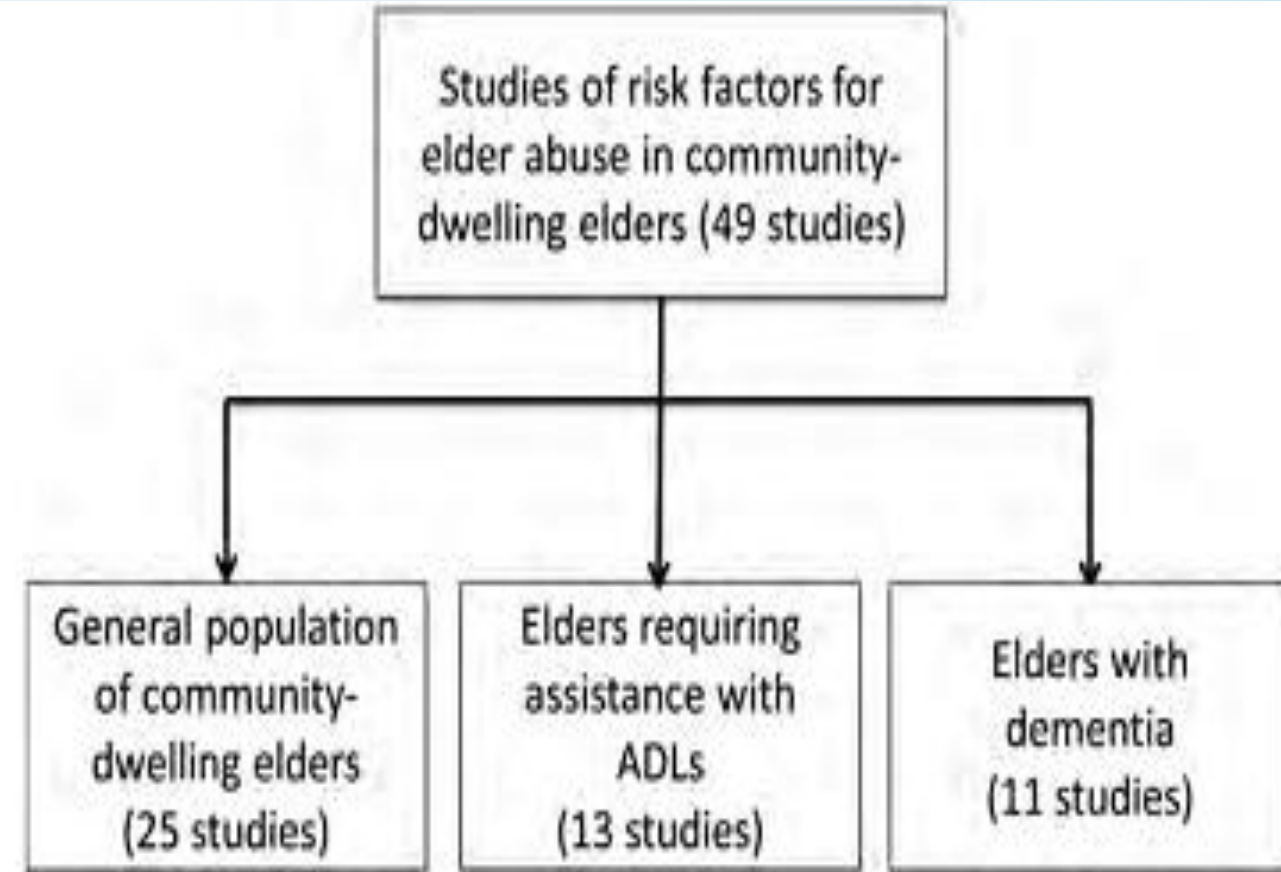
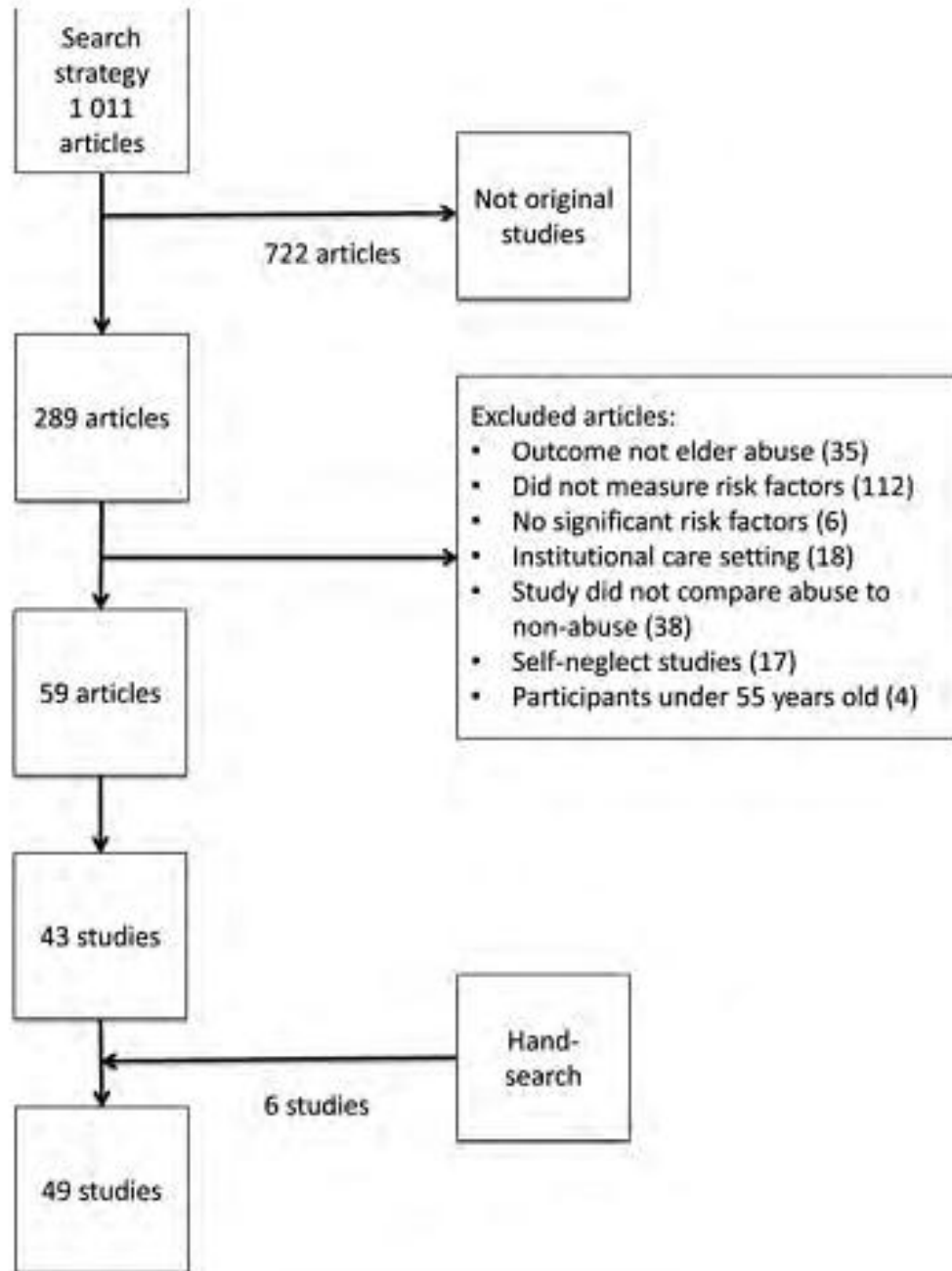


Figure 2. Literature review strategy.

# CONCEPTUAL RISK FACTOR FRAMEWORK FOR ELDER ABUSE

**ELDER PERSON**: COGNITIVE IMPAIRMENT, BEHAVIOURAL PROBLEMS, PSYCHIATRIC ILLNESS OR PSYCHOLOGICAL PROBLEMS, FUNCTIONAL DEPENDENCY, POOR PHYSICAL HEALTH OR FRAILITY, LOW INCOME OR WEALTH, TRAUMA OR PAST ABUSE AND ETHNICITY.

- **PERPETRATOR**: CAREGIVER BURDEN OR STRESS, AND PSYCHIATRIC ILLNESS OR PSYCHOLOGICAL PROBLEMS.
- **RELATIONSHIP**: FAMILY DISHARMONY, POOR OR CONFLICTUAL RELATIONSHIPS.
- **ENVIRONMENT**: LOW SOCIAL SUPPORT, AND LIVING WITH OTHERS (EXCEPT FOR FINANCIAL ABUSE).

# ELDER PERSON RISK FACTORS

- **COGNITIVE IMPAIRMENT** WAS A RISK FACTOR IN ONE GENERAL POPULATION STUDY, AND IN THREE STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS,
- AND IN THE STUDIES OF ELDERS WITH DEMENTIA, GREATER COGNITIVE IMPAIRMENT WAS A RISK FACTOR IN ONE STUDY,

# ELDER PERSON RISK FACTORS

- **PROBLEMATIC BEHAVIOUR** WAS A RISK FACTOR IN THREE STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS, AND IN FOUR STUDIES OF ELDERS WITH DEMENTIA

# ELDER PERSON RISK FACTORS

- **ELDER PERSON PSYCHIATRIC ILLNESS** OR PSYCHOLOGICAL PROBLEMS WERE A RISK FACTOR IN FIVE GENERAL POPULATION STUDIES, AND IN FOUR STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS,

# ELDER PERSON RISK FACTORS

- **FUNCTIONAL DEPENDENCY** (REQUIRING ASSISTANCE WITH ADLS) WAS A RISK FACTOR IN FIVE GENERAL POPULATION STUDIES AND IN TWO STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS
- LEVEL OF FUNCTIONAL IMPAIRMENT WAS ASSOCIATED WITH AN INCREASED RISK OF ABUSE IN THREE STUDIES

# ELDER PERSON RISK FACTORS

- **POOR PHYSICAL HEALTH OR FRAILTY** WAS A RISK FACTOR IN FOUR GENERAL POPULATION STUDIES AND TWO STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS.
- **LOW INCOME OR WEALTH** WAS A RISK FACTOR IN FOUR GENERAL POPULATION STUDIES, AND IN ONE STUDY OF ELDERS REQUIRING ASSISTANCE WITH ADLS,
- **TRAUMA OR PAST ABUSE** WAS A RISK FACTOR IN TWO GENERAL POPULATION STUDIES AND TWO STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS.



# ELDER PERSON RISK FACTORS

- IN FIVE STUDIES, **ETHNICITY** WAS A RELEVANT RISK FACTOR. IN GENERAL POPULATION STUDIES, BEING AFRICAN AMERICAN INCREASED THE RISK OF **FINANCIAL ABUSE** IN TWO STUDIES AND BEING NON-WHITE INCREASED THE RISK OF **OVERALL ABUSE IN** ANOTHER STUDY,
- BEING A CANADIAN ABORIGINAL ALSO INCREASED THE RISK OF PHYSICAL AND SEXUAL ABUSE

# ELDER PERSON RISK FACTORS

- OTHER ELDER PERSON RISK FACTORS INCLUDED **LONELINESS**,
- **ALCOHOL USE**,
- **PERSONALITY TRAITS** SUCH AS BLAMING PERSONALITY STYLE AND ANTISOCIAL PERSONALITY,
- **INCONTINENCE** AND
- **HAVING NO REGULAR DOCTOR**.
- THERE WAS NO CLEAR TREND IN AGE, GENDER AND EDUCATION AS RISK FACTORS.

# PERPETRATOR RISK FACTORS

- **CAREGIVER BURDEN OR STRESS** WAS A RISK FACTOR IN THREE STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS, AND IN FOUR STUDIES OF ELDERS WITH DEMENTIA.
- **PSYCHIATRIC ILLNESS OR PSYCHOLOGICAL PROBLEMS** WERE A RISK FACTOR IN ONE STUDY OF ELDERS REQUIRING ASSISTANCE WITH ADLS, AND THREE STUDIES OF ELDERS WITH DEMENTIA,
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# PERPETRATOR RISK FACTORS

- OTHER RISK FACTORS INCLUDED **CAREGIVER INEXPERIENCE AND RELUCTANCE**,
- **DRUG OR ALCOHOL ABUSE** OR GAMBLING,
- **FINANCIAL DIFFICULTIES**,
- **PERSONALITY TRAITS SUCH AS** BLAMING PERSONALITY STYLE AND ANTI-SOCIAL PERSONALITY, ETHNICITY, COGNITIVE IMPAIRMENT,
- **TRAUMA OR PAST ABUSE** AND HISTORY OF BEHAVIOURAL PROBLEMS.
- THERE WAS NO CLEAR TREND IN PERPETRATOR GENDER AS A RISK FACTOR.

# RELATIONSHIP RISK FACTORS

- FAMILY DISHARMONY,
- POOR OR CONFLICTUAL RELATIONSHIPS WERE A RISK FACTOR IN TWO GENERAL POPULATION STUDIES, IN THREE STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS, AND IN ONE STUDY OF ELDERS WITH DEMENTIA,
- SPOUSES AND ADULT CHILDREN ARE THE MOST COMMON PERPETRATORS.

# ENVIRONMENT RISK FACTORS

- **A LOW LEVEL OF SOCIAL SUPPORT** WAS A RISK FACTOR IN FOUR GENERAL POPULATION STUDIES, WITH *HIGHER LEVELS OF SOCIAL SUPPORT* REDUCING THE RISK OF ELDER ABUSE.
- IN FOUR STUDIES OF ELDERS REQUIRING ASSISTANCE WITH ADLS, LOW SOCIAL SUPPORT INCREASED THE RISK OF ABUSE

# ENVIRONMENT RISK FACTORS

- THERE WERE MIXED RESULTS WITH RESPECT TO LIVING ARRANGEMENTS — LIVING WITH OTHERS CORRELATED WITH OVERALL ABUSE (IN FOUR GENERAL POPULATION STUDIES AND ONE STUDY OF ELDER S WITH DEMENTIA) BUT NOT FINANCIAL ABUSE.
- ABUSE IS MUCH LESS LIKELY AMONG OLDER PERSONS LIVING ALONE. A SHARED LIVING SITUATION PROVIDES GREATER OPPORTUNITIES FOR TENSION AND CONFLICT THAT GENERALLY PRECEDE ABUSIVE INCIDENTS.

# DISCUSSION

- FOR RISK FACTORS TO BE CLINICALLY USEFUL, THEY SHOULD BE **RE PRODUCIBLE** IN MULTIPLE GROUPS AND IN A **WIDE RANGE OF SETTINGS**, ADD **INDEPENDENT INFORMATION ABOUT THE RISK**, ACCOUNT FOR A **LARGE PROPORTION OF THE RISK**, BE **SENSITIVE AND SPECIFIC** WITH A **HIGH PREDICTIVE VALUE** AND **BE MEASURABLE**



# DISCUSSION

- THE RISK FACTORS WITH THE HIGHEST ODDS RATIOS ARE RELATIONSHIP ( FAMILY DISHARMONY, POOR OR CONFLICTUAL RELATIONSHIPS) AND ENVIRONMENTAL (LOW LEVELS OF SOCIAL SUPPORT), HIGHLIGHTING THE IMPORTANCE OF THE **SOCIOCULTURAL** ASPECTS OF ABUSE.

# CONCLUSIONS

- CURRENT EVIDENCE SUPPORTS THE **MULTIFACTORIAL AETIOLOGY** OF ELDER ABUSE INVOLVING RISK FACTORS WITHIN THE ELDER PERSON, PERPETRATOR, RELATIONSHIP AND ENVIRONMENT.
- THE LACK OF CONSISTENCY IN THIS FIELD, HOWEVER, LIMITS THE POTENCY OF THIS EVIDENCE AND FURTHER RESEARCH IS REQUIRED TO TEST THE STRENGTH AND INDEPENDENCE OF THESE RISK FACTORS.

THANKS

