Elder Abuse: Current Issues and Assessment

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RI Legal Definition

- The willful infliction of physical pain, or willful deprivation of services including neglect, abandonment and exploitation
- Must be carried out by a caretaker or other person with a duty of care for the elderly person
US National Academy of Sciences

• Defined elder abuse as:
  ▪ 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
  ▪ Failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm
Domains of Elder Abuse

• Abuse - Maltreatment
• Five Type
• Types
  ▪ Physical Abuse
  ▪ Psychological Abuse, Emotional Abuse
    • Verbal abuse
  ▪ Sexual Abuse
  ▪ Financial Abuse
  ▪ Neglect
• Examples
  ▪ Unreasonable confinement
  ▪ Inappropriate use of medications in institutional settings
  ▪ Inappropriate use of restraints in institutional settings
Domains of Elder Abuse

• **Neglect**
  - Failure to provide services necessary to maintain physical and mental health
  - **Examples**
    - Failure to protect from abuse, exploitation
    - Failure to exercise care that reasonable caregiver would exercise
    - Failure by health care institution to provide adequate medical and / or personal care
    - Abandonment
    - Deprivation of essential services
Financial Exploitation

- Unjust, improper, and/or illegal use of another’s resources, property, and/or assets

Examples

- Exploitation for one’s own profit or benefit of third party
- Exploitation in bad faith: person knew or should have known it was improper
- Exploitation results in detriment of victim
- Exploitation involves coercion, enticement, intimidation, and/or undue influence
### 2004 Data From RI on Elder Abuse Age 60 and Older

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Psychological Verbal Abuse</th>
<th>Neglect</th>
<th>Financial Exploitation</th>
<th>Exploitation NOS</th>
<th>Other/Unspecified</th>
<th>Total Cases</th>
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**Source:**
- Adult Protective Services (APS)
- State Facilities Regulation (FR)
- State Attorney General’s Office (AG)
- Law Enforcement (LE)
- State Emergency Department (ED)
- State Hospital Discharge (HD) data
Understudied and Undertreated

- Physicians only report 2% of elder abuse cases.
- Those who are mistreated are 3.1 times more likely to die in a three year period.
- The mistreated elder tends to deny that the abuse or neglect takes place or refuses to report it.

Dobrin et al. 1996; Lachs et al. 1998
Reason for Not Reporting

- 1) fear of retaliation
- 2) fear of abandonment or being removed from the home
- 3) the belief that the abuse was deserved
- 4) the sense that there is nowhere else to go
- 5) the belief that nothing can be done about it
- 6) the shame in admitting such treatment from one’s own family

Kosberg, 1988
Sources of Elder Abuse Data

- Agency record review
- Sentinel reports
- Criminal justice statistics
- Caretaker or family interviews
- Direct interviews of the elderly
  - There is little integration of these various sources to provide a coherent picture of the extent and public health implications of elder abuse.

Arceno, 2003
Agency Records

- Provide a readily available source of information on suspected cases of elder abuse, neglect and exploitation.
- The criteria used may vary across sites.
- Data is not collected for the purposes of epidemiological research.
- The sensitivity of agency records is low.
  - Only 7% of cases may be reported.

Pillemer & Finkelhor, 1988
Sentinel Reports

• Use sentinels who are professionals working with the elderly and are not involved with adult protective agencies.
• There is no direct assessment, however, made of the elderly person in question
• This approach results in under-reporting.
Data from the criminal justice system usually only includes crimes reported to the police.

Rely on subjective reports of the police.
Caregivers or Family Interviews

- Caregivers do report their abusive behavior.
- Proxy respondents reported higher rates of abuse than the elderly abuse victims.
- These interviews only capture the subsample of individuals willing to disclose, with sensitivity limited due to the lack of anonymity.

Coyne et al. 1993; Pillemer & Suitor, 1992; Pillemer & Finkelor, 1998
Direct Interviews

- Debate exists on whether elders will disclose,
- Debate exists on how to access the cognitively impaired
- Debate exists on the feasibility of community based assessments
  - An accurate picture of the extent, incidence and prevalence, and the associated factors of elder abuse perhaps can only be obtained by combining and integrating a variety of these methods, as unreported reported cases may not necessarily be similar to reported cases.
Epidemiology of Elder Abuse

- Few epidemiological surveys based on community respondents have been conducted in the USA.
- Most data on elderly abuse is derived from reported cases.
- 1987 AMA Council on Scientific Affairs estimated approximately 10% over age 65 experienced abuse.
  - 4% was regarded as moderate to severe.
- Prevalence studies have been conducted outside of the USA.
  - Despite questions of cross-cultural and cross-national applicability they have been included as part of the estimation of current rates of abuse.

AMA, 1987; Comijs et al. 1998; Tornstam, 1989; Podnieks, 1992; Ogg, 1993
Rate of Abuse

• The first, conducted in Washington, DC
  ▪ 16% response rates with only 73 subjects interviewed
  ▪ Inquired about knowledge of abuse rather than the experience of abuse

Bock & Sinnott, 1979
The Second Study

- Random sample of 342 community respondents over the age of 65
  - Rate of 1%
  - Financial abuse being the most common and accounting for half of the cases.
  - Small sample using volunteer interviewers
  - Vague measures of abuse

Gioglio & Blakemore, 1983
Rate of Abuse

- The Third Study
- 2020 community respondents in Boston
  - Most extensive study
- Telephone interview of a random sample of
  - 3.2% rate of abuse overall
  - 2% suffering physical abuse
  - 1.1% verbal abuse
  - 0.4% neglect
  - Sexual abuse and financial abuse were not included
- Used a modified version of the Conflict Tactics Scale (CTS)
  - This study included both telephone and in person interviews
  - Interviews using surrogates for those who were not capable of being interviewed directly.

Pillemer and Finkelhor, 1988
Rate of Abuse

- Methodological Issues with Pillemer & Finkelhor’s study
  - The criteria used to define the number of items needed to be considered a case was not based on empiric data.
  - The sensitivity and specificity of the CTS in the elderly is unknown, and in particular its performance in telephone versus face to face interviews or subject versus surrogate interviews.
  - Furthermore, no criteria were used to define those who were cognitively unable to be interviewed directly.
  - This prevalence study did not explore lifetime prevalence since becoming 65 or prior to age 65 to understand the role of earlier abuse
Rate of Abuse

- National Social Life, Health and Aging Project
  - 3000 respondents age 57-85
  - 9% Verbal mistreatment
  - 3.5% Financial mistreatment
  - 0.2% Physical mistreatment
  - Few older individuals will report mistreatment by family members

Laumann et al, 2008
Rate of Abuse

- Acieno in a study using random digit dialing of 5777 respondents 60 and older
- A one-year prevalence
  - 4.6% for emotional abuse
  - 1.6% for physical abuse
  - 0.6% for sexual abuse
  - 5.1% for potential neglect
  - 5.2% for financial abuse
- One in ten elders had experienced some form of abuse in the past year.

Acieno et al. 2010
Rate of Abuse

• 2812 community elders in New Haven reported a 9-year prevalence of referrals to protective service of 1.6%

• Sexual abuse of the elder is the least reported estimated to be less than 1%

Lachs et al. 1994; Dobrin et al. 1996
Rate of Abuse

- A prospective cohort of 9318 in Chicago age 65+ followed on average 6.5 years
  - 113 were reported to Elder services
    - 61 cases confirmed
  - Increased mortality of those with elder abuse
    - 5.9 vs. 13.5 per 100 person years
      - 18.3 per 100 person years for the confirmed cases

Dong et al. 2009
Risk Factors for Abuse

- Age
  - Over the age of 75 are at particular risk
- Race
- Low income
- Functional or cognitive impairment
- History of violence
- Recent stressful events

Dyer et al. 2000; Paveza et al. 1992; Pillemer & Finkelhor, 1988
Risk Factors for Abuse

• Suffering from depression

• Admitted to an inpatient geriatric psychiatry service
  ▪ Rates or risk factors for abuse among those seeking outpatient geriatric psychiatric treatment is unknown

• Gender???
  ▪ Most studies have reported higher rates of abuse among elderly women compared to elderly men
  ▪ There are exceptions
    • A forensic study found that higher percentage of elderly abused men died from homicide due to neglect, while more elderly women were victims of sexual and physical assault

Vida et al. 2002; Lachs & Pillemer, 1995; Pillemer & Finkelhor, 1988; Shields et al. 2004
Characteristics that Place Elder at Risk

• Being physically and mentally dependent on the caregiver
• Having poor communication between themselves and their caregiver
• Exhibiting demanding or aggressive behavior
• Having been abused in the past by the caregiver
• Exhibiting potentially provocative behaviors
• Living constantly with the caregiver
Characteristics that Place Elder at Risk

• Having a history of hospitalizations
  ▪ Particular being accident prone
• Being reluctant to report that abuse has occurred
• Being submissive, withdrawn, or depressed in the presence of the suspected abuser

Reay & Browne 2001; Bennett & Kingston, 1993; Steinmentz, 1998
• Among those caring for individuals with dementia the rate has been as high as 11.9%
Caregivers of Dementia

• No significant differences in risk factors between caregivers accused of abuse versus neglect???
• Those who commit abuse are more likely:
  ▪ to have fathers who mistreated them
  ▪ have a history of alcohol abuse
  ▪ be depressed
  ▪ have a confliction relationship with the abused elder
• Those who commit neglect are more likely:
  ▪ to have anxiety disorders
• The more risk factors present in a family environment the greater the risk of elderly maltreatment

Pillemer & Finkelhor, 1988; Raey & Browne, 2001
Factors Increasing Caregivers Committing Abuse

- Being responsible for an elderly individual over the age of 75
- Living constantly with the elderly dependent
- Being an inexperienced or unwilling caregiver
- Being a caregiver who is suffering a relationship conflict and who exhibits hostile, threatening or aggressive behavior
- Being a caregiver who has other caring demands from husband or children
Factors Increasing Caregivers Committing Abuse

- Being a caregiver who is subject to high stress and strain
- Being a caregiver who is isolated and lacks social support
- Being a caregiver who suffers poor physical health
- Being a caregiver who has a history of mental illness
- Being a caregiver who has a history of depression
Factors Increasing Caregivers Committing Abuse

- Being a caregiver who has a history of anxiety disorder
- Being a caregiver who has a history of alcohol abuse
- Being a caregiver who has a history of drug abuse
- Being a caregiver who was abused or neglected as a child or has a history of family violence
- Being a caregiver who has high expectations of their elderly dependent
- Being a caregiver who suffers from poor physical health

Brown & Hebert, 1997; Eastman, 1989; Reay & Browne, 2001
Caregiver Factors versus Care Receiver Factors

• Caregiver factors rather than care receiver factors may be more important in predicting abuse and neglect.

• For the cognitively intact individuals, a direct interview may be most appropriate.
  ▪ Those with and without cognitive impairment likely require different assessment methodologies.

• The type of elder mistreatment may vary by the level of cognitive impairment.
  ▪ Measuring level of cognitive impairment is needed in future research.

Reis & Nahmisash, 1988; Arecono, 2003
Telephone vs. Face to Face Interviews

- Advantages of telephone-based methodology
  - Greater feasibility
  - Greater sensitivity
  - Lower cost
  - Safety
  - Greater anonymity allowing more self-disclosure
  - Lower likelihood that the suspicions of the abuser may be aroused
  - More privacy than household interviews

Arceno, 2003
Telephone vs. Face to Face Interviews

- Disadvantages of telephone-based methodology
  - Bias due to lack of access to land lines may soon become a real issue with increase in cell phones.
  - Telephone does not allow the interviewer to directly determine whether the respondent fully comprehends the interview.
  - Difficulties may arise if hearing impairment is present.
  - The frailer elders may be missed using the telephone.
  - If the cognitively impaired are to be accessed as they might not be able to be interviewed over the telephone and may be residing in institutions.
Telephone vs. Face to Face Interviews

- Emotionally traumatized elderly are receptive to telephone interviews
  - Study of Holocaust survivors
  - They disclose more than in face-to-face interviews

Fenig, Levav, Kohn, Yelin, 1993
Elder Maltreatment Instruments

- Most of these instruments have only been evaluated in a limited number of community and clinical settings.
- Most fail to cover the broad spectrum of elder abuse.
- Most are brief screening tools and are not appropriate for epidemiological studies.
- Most of these instruments were developed for use in hospital, clinic, or homecare settings.
Elder Maltreatment Instruments

• The Brief Abuse Screen for the Elderly (BASE)
  - 5-item
  - Measures physical, psychological, neglect, and financial mistreatment
  - Caregiver or elder can respond

• The Indicators of Abuse Screen (IAO)
  - 29-item tool
  - Investigates mistreatment that is physical, psychological, and neglect
  - Caregiver or elder can respond
  - Validated against known cases and controls
  - Reported internal reliability estimates

Reis et al. 1993; Reis & Nahmiash, 1998
Elder Maltreatment Instruments

- The Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
  - 15-item inventory
  - Measures physical, psychological, and financial abuse
  - Only the elder is the respondent
  - Validated against known cases and controls
- Elder Assessment Instrument (EAI)
  - 35-item instrument
  - Examine abuse, neglect, exploitation, and abandonment
  - Caregiver is the respondent
  - Reported internal reliability estimates

Hwalek & Sengstock, 1986; Fulmer & Cahill, 1984
Elder Maltreatment Instruments

- The Caregiver Abuse Screen (CASE)
  - 8-item caregiver screen
  - Examines physical abuse, psychological abuse, and neglect
  - Validated against known cases and controls
  - Reported internal reliability estimates

- The Health, Attitudes Toward Aging, Living Arrangements, and Finances (HALF)
  - Designed for the medical setting
  - Requires both caregivers and care receives to be interviewed
  - Not designed for epidemiological studies

Reis & Namiash, 1995; Ferguson & Beck, 1983
• The Elder Assessment Protocol (EAP)
  ▪ Tool for critical care nurses
  ▪ Checklist of physical symptoms that could be a result of abuse
  ▪ Not designed for epidemiological studies

Fulmer & Cahill, 1984
Elder Maltreatment Instruments

- The Conflict Tactic Scale (CTS)
- Has been used in the community surveys of elder abuse, e.g. Pillemer & Finkelhor, 1988
- Used in domestic violence literature

Straus, 1979
Critique of Available Instruments

- Other than the CTS the instruments currently available for use in the elderly are vague, and fail to include specific behaviors
  - A necessary component to obtaining accurate prevalence rates
- Other than CTS these instruments are screening tools
  - as a result are designed in manner to have high rates of false positives.
- None of these instruments examine all five domains of elder abuse
- Other than the CTS do not provide data on the frequency of abuse
Critique of Available Instruments

• These instruments also do not provide information on the onset and offset of the events
  ▪ A necessary component if various prevalence periods are to be examined and incidence rates to be estimated

• Although some of the instruments have included known cases in their validation studies the sensitivity and specificity based on the type of abuse remains unknown

• There is a need to develop instrument that are diagnostic of elder abuse
  ▪ With acceptable sensitivity and specificity
  ▪ That evaluate the full spectrum of elder abuse
  ▪ That can be administered in a variety of settings using various methodologies
  ▪ That can tap abuse in both the cognitively intact and cognitively impaired
Goals of Our Research

• To develop measurable and verifiable definitions
• Develop instruments to use in epidemiological research for both victims and perpetrators, cognitively impaired and cognitively intact
• Develop linkage systems between statewide databases for better estimates