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Elder Abuse

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Abstract

A distinct characteristic of this century has been the increase in population of individuals 60 years of age and older (Galbraith, 1986). Recent medical advances have enabled more people to live longer, healthier lives (Galbraith, 1986). Most affected by these advances have been individuals 75 years and older. The United States Bureau of Census (1973) reported that between 1960 and 1970 the number of persons in the 75 years and older category increased at nearly three times the rate of those in the 65-75 age group. Between 1970 and 1980, the 75 years and over population increased an additional 2.4 million. With nearly 16 percent of the total population, or 36.5 million persons, 60 years and over, "a graying" of America is occurring (U.S. Census, 1982). It is projected that by the year 2030, 17 percent of the total American population, or 52 million people, will be age 65 or over (U.S. Bureau of Census, 1975).

ELDER ABUSE

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A distinct characteristic of this century has been the increase in population of individuals 60 years of age and older (Galbraith, 1986). Recent medical advances have enabled more people to live longer, healthier lives (Galbraith, 1986). Most affected by these advances have been individuals 75 years and older. The United States Bureau of Census (1973) reported that between 1960 and 1970 the number of persons in the 75 years and older category increased at nearly three times the rate of those in the 65-75 age group. Between 1970 and 1980, the 75 years and over population increased an additional 2.4 million. With nearly 16 percent of the total population, or 36.5 million persons, 60 years and over, "a graying" of America is occurring (U.S. Census, 1982). It is projected that by the year 2030, 17 percent of the total American population, or 52 million people, will be age 65 or over (U.S. Bureau of Census, 1975).

Accompanying this population increase and change is the growing awareness of a social concern and problem known as elder abuse. "Elder abuse" is a term that evokes disturbing images of the vulnerable elderly, mistreated by those who care for them. There is a growing awareness of social concern that has captured public interest for the problem known as elderly abuse, serving as a painful reminder that caregiving families are not always loving and sometimes fail tragically (Brody, 1985).

Abuse of the elderly has been referred to as "granny bashing" (Renvoize, 1978), the "battered elder syndrome" (Block & Sinnott,

1979), or elder abuse in most of the domestic violence literature. Victimization of the elderly occurs within institutional settings, in the home by family members, informal caregivers, friends and neighbors, as well as through fraudulent and deceptive schemes through the mail by strangers. Recognizing that various types of abuse occur, victimization of the elderly is a serious social, political, economic and legal problem that confronts our society (Galbraith & Zdorkowski, R. T. 1984a).

The purpose of this paper is to identify the types of abuse, characteristics of the abused elderly and their abusers, and the stressors encountered in their interaction, and techniques for effective resolution.

Types of Abuse

Abuse of the elderly includes physical, verbal and psychological assaults, financial abuse, the misuse of belongings or property, and violation of their rights. These types of abuse can and do occur within the context of the family and are not limited to caretakers or strangers (Lau & Kosberg, 1979).

Research studies on elder mistreatment (Lau & Kosberg, 1979, Block & Sinnott, 1979, Boydston & McNair, 1981) have shown psychological abuse to be the most common type. The majority of victims reported by Lau & Kosberg (1979) were also subjected to more than one form of abuse, as were victims in other studies (Steinmetz, 1981). Psychological abuse may be, but not limited to, intense verbal abuse, infantilization, threats of nursing home placement,

isolation, and lack of sensory stimulus. Lau & Kosberg (1979) reported 51% of all abuse to be psychological, while Block and Sinnott (1979) reported 58% and Boydston & McNair (1981) 85%.

Statistics on physical abuse have been equally alarming. In "Elder Abuse in Massachusetts: A Survey" (Costa, 1984), the physical trauma constituted 71% of all reported injuries. Thirty-four percent of the injuries were minor trauma, such as bruises, welts, cuts or punctures, and 7% were major trauma, including skull or other fractures and dislocations. In the afore mentioned studies, the physical abuse range ran from 75% (Lau & Kosberg, 1979), to 38% (Block & Sinnott, 1979), to 62% (Boydston & McNair, 1981).

This data indicates that visible injury to the elder may be present in a large number of abuse cases and could serve as a clue for identifying cases. Intimidation, threats, and fear are all very commonplace tactics used by caregivers to keep an aged person from revealing his or her plight. When investigators inquire about mistreatment, they are confronted with silence or denial. As a result, many serious cases of neglect and abuse go undetected until they reach a point of crisis and are reported by someone outside the family (Milt, 1986).

Other types of abuse which many times accompany psychological and physical abuse are financial abuse and violation of rights (Lau & Kosberg, 1979). As described by Lau & Kosberg (1979), financial abuse occurs when the custodial caregiver takes the

financial resources of the elder and puts them to personal use. A case of violation of rights can be demonstrated by an elderly person being forced out of his or her own home into nursing home placement against his or her will.

One of the problems in identifying elder abuse (Hickey & Douglas, 1981), has been the variance in the definition of abuse from study to study. The meaning of the term abuse is sometimes confused with the term neglect since this term has been used in domestic violence literature (Hickey & Douglas, 1981). In the Lau & Kosberg (1979) study, the predominance of physical abuse was emphasized. However, some of the reported abuse cited in this study could have been termed neglect if the Michigan study (Hickey & Douglas, 1980) definition was used. In the Michigan study (1980), the action or inaction of the caregiver formed the basis of the definition used. Behavior viewed as abusive was active and intentional, while behavior viewed as neglectful was either passive or active and usually was an act of omission. A conclusion of the Michigan study (1980) was that any of the active or passive, abusive or neglectful forms of mistreatment could result in serious or life threatening consequences to a frail and dependent adult.

Characteristics of the Abused

Seventy-five percent of all victims are women 75 years old or older and dependent on others for some basic survival need (Lau & Kosberg, 1979). Many of these women are forced to live

with their families (Boydston & McNair, 1981). Collectively, over three-fourths of the abused women studied by Block & Sinnott (1979) had at least one major physical or mental impairment. Pillemer & Wolf (1986) did find that this abused group had a high incidence of mental impairment, especially in orientation and memory. Physical impairments noted included urinary incontinence, poor vision, deafness, problems with locomotion and endurance. Many are over medicated, depressed and in a state of confusion and bewilderment. This is sometimes mistaken for senility. As the days, months, and years of boredom and mental isolation pass, growing unhappiness increases the drift into senility (Renvoize, 1978).

Characteristics of the Abuser

Pillemer & Wolf (1986) noted that the abuser is most often a relative of the victim and has been the caretaker for a number of years. The abuser is either a married or single white male of the low socio-economic class and typically a blue collar worker. The abuser has less than a high school education and a mean age of 50 years (Chen, Bell, Dolinsky, Doyle & Dunn, 1981). The most common relationship of the abuser to the victim is that of child (son or daughter), followed by spouse and other relatives (Levenberg, Milan, Dolan, and Carpenter, 1983). In many cases, the abuser is not socially integrated (married or employed). The average length of time the abuser has provided care was 9.5 years and 10% provided care for twenty years or more (Cantor, 1983).

Boydston & McNair (1981) showed that the abuser often has a problem with substance abuse or has a personality disorder. While all the data indicates that relatives are more likely to be abusers than non relatives, it may be that the living arrangement is a more pertinent variable than relationship in explaining the abusive situation (Boydston & McNair, 1981). In that case, results indicating that a high proportion of abusers tend to be relatives may only reflect the fact that elders, especially elders requiring care, tend to live with their families.

Stressors

Most people will help their parents willingly when need be and derive satisfaction for doing so. However, when there is an increase in reliance on family to meet a parent's dependency needs, the family homeostasis must shift accordingly. These shifts have potential for stress, particularly because they signal increasing dependency in the future (Brody, 1985).

In a report submitted to the Health Care Financing Administration DHHS, May 1982, A. Horowitz indicated that some people experience financial hardship and declines in their physical health from the task of caring for an elderly parent. The most common and most severe consequence is that of emotional strain. Mental health symptoms of depression, insomnia, anxiety, helplessness, lowered morale and emotional exhaustion are present. These symptoms are related to restrictions on time and freedom, isolation, conflict from the competing demands of various responsi-

bilities, difficulties in setting priorities, and interference with lifestyle and social and recreational activities (Horowitz, 1982).

There are also negative effects on the entire family, such as interference with lifestyle, privacy, socialization, vacations, future plans and income. There is also the diversion of the caretaker's time from other family members. Support from spouses and other relatives certainly eases the caretaker's burden, but changes in the family homeostasis seems to stimulate interpersonal conflicts, and relationships between husband and wives, among adult siblings and across generations are affected negatively (Brody, 1985).

Other data of equal importance cited in "Elder Abuse in Massachusetts: A Survey" (1984), showed that other stressors could be any life crisis situation. A family that is already at the brink of crisis for any reason will only be more quickly thrown into a disasterous chain of events when a frail and dependent parent imposes unexpected problems and demands on the family's resources (Kosberg, 1979).

Another contributing factor cited by Kosberg (1979), was substance abuse by the victim, perpetrator, or both. In all cases cited, almost without exception, this referred to alcohol abuse. More than one-third of the abused studied by Kosberg (1979), indicated that alcohol and substance abuse was a high stressor in most cases.

Todd Zdorkowski (1986) assumes that seeds of elder abuse exist in some of our most common experiences, and that the experiences of non-abusive caregivers can provide some insight into the types of interactions that lead to and trigger abuse. In the cases of abuse that Zdorkowski reviews there is one common theme that unites them. Each case describes an interaction in which a caregiver's and a carereceiver's purposes, perceptions, and behaviors are opposed in a complex manner. These examples suggest that the creation of elder abuse progresses through a series of opposed purposes, perceptions, and behaviors, and that abuse may be exacerbated or triggered by the barriers to communication that the caregivers and carereceivers erect to protect themselves from one another.

Possible Techniques for Effective Resolution of Abuse

The treatment of violence and neglect in families involving elder abuse is undergoing rapid development (Kinney, Wendt & Hurst, 1986). In terms of direct intervention, it appears that family level approaches hold the most promise for success involving crisis interventions and long term treatment.

Treatment approaches traditionally have focused on changing the individual who is the abuser, while offering support to the victim. Recently there have been attempts to broaden this perspective by focusing less upon intrapsychic factors of behavior and placing greater emphasis upon interpersonal and systemic causation of behavior and upon familial and intergenerational

factors (Kinney, Wendt, and Hurst, 1986). While certain personality variables are linked to abusive behavior, understanding the family relationships from a systems perspective is a necessary step to providing effective interventions (Kinney, Wendt, & Hurst, 1986). Elder abuse, as well as any form of family violence, operates in terms of circular causations of behaviors (L'Abate, 1976). L'Abate (1976) stated that behaviors within violent families involve circular patterns of behavior which are rigid and repetitive involving the whole family. Therefore it is important to view elder abuse as one component of interaction between family members.

Several factors substantiate the need for family intervention. First of all, multiple generations are often involved in the abuse of the elder. Secondly, the stress level within the family is high and has been for sometime. This has affected the family's ability to cope. In addition, there is a lack of resources to cope with the stress of caring for the needs of the elderly and the rest of the family (Kinney, Wendt, and Hurst, 1986).

Tomita (1982) feels a family oriented assessment is a necessary prerequisite for the formulation of each case plan. All factors must be considered from the perspective of the victim, abuser, and other family members. The participation of the entire family in the home setting with a family therapist is preferred.

In many cases, when a family is at a crisis point and the

abuse is affecting the physical well-being of the elder, immediate intervention may be necessary. A therapist who is a neutral expert, with implied legal and professional power, has the leverage to impose rules and make them work. A backup facility for separating the elder or the abuser should be available (Tomita, 1982).

The second form of intervention is the development of support groups. Support groups provide a way for the abuser or abused, and the professionals interacting with them, to reach out to the community for assistance. Support groups, facilitated by trained therapists, focus on material support, honest feedback, acceptance, help, guidance, empathy and encouragement last because of rejection by formerly supportive people (Rueveni, 1985). Support groups for the abused focus on their needs for companionship, affection, comfort, guidance and help. Such groups provide a wide range of opportunity for developing social support networks for individuals who need nurturance and help with coping with day to day life (Rueveni, 1985).

The wider community can provide the tone and general support for abusive families. When individuals have a sufficient network of support, then counseling, therapy and educational programs can focus on helping elderly people and others to communicate, give and receive support, cope with problems and expand their resources (Pearson, 1982). It is important to focus attention on the need for networks of support and cooperative efforts across groups.

Conclusion

Elder abuse is a symptom of the disturbed interactions that occur between some older individuals and their caregivers. In order to end elder abuse, it is necessary to go beyond the assumptions as to how and why the abuse occurs. Professionals must work with families, develop support groups and other community support. Productive growth can occur by utilizing methods that are developed for use with families and apply them to the needs of elder abuse families. By mustering all resources, the overall effectiveness in dealing with abuse will increase, and in some instances may be prevented.

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