

# Elder abuse and its prevalence

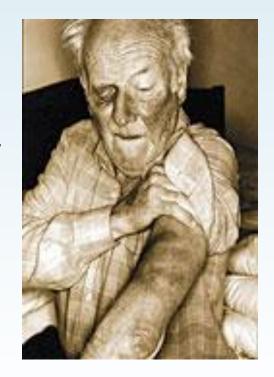
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• UCL



### **Older Adult Abuse**

- ""a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.""
  - WHO 2002
- By its nature often secret and hidden





# Measuring abuse

- What is it
  - Cultural differences "disrespect and isolation in Chinese"
  - Legal differences
  - Opinion differences
- Who should be asked?
  - Adult Protective Services
  - Third party assessment of abuse
  - Older people
  - Family or professional carers
  - Police

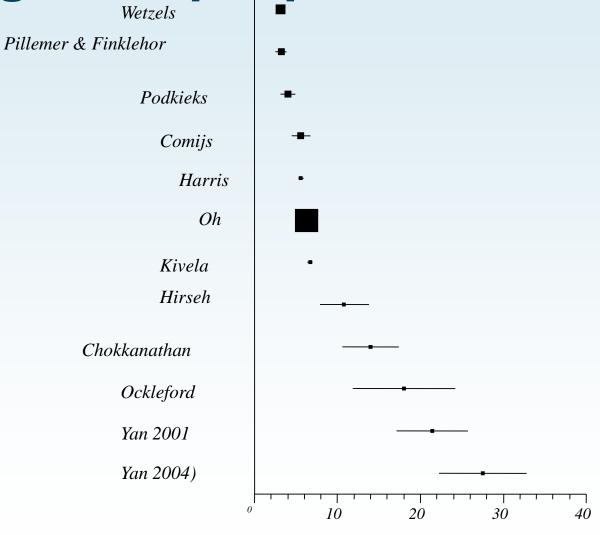


# Third party assessment

- Two studies used the Minimum dataset Healthcare (MDS-HC), It asks:
  - Fearful of a family member or carer
  - Unusually poor hygiene
  - Unexplained injuries, broken bones, or burns
  - Neglected, abused, or mistreated
  - Physically restrained
- Prevalence of elder abuse 4.7% (USA: Shugarman et al, 2003); 4.6% (Europe- Italy & Germany higher: Cooper et al, 2006)
- It is reliable (test-retest). Estimates too low



Asking older people about abuse



% older adult abuse



# Asking older people

- Ogg and Bennett (1992)interviewed 589 people 60+ in UK; 6% any verbal abuse, 2% physical abuse occurred "recently".
- Pillemer et al (1988) interviewed 2020 people 65+ in Boston, USA; 3.2% any physical abuse, or verbal abuse or neglect at least 10 times in a year; 2% physical abuse
- So most studies seem to agree that about 5% of general older population at risk of abuse
- Most exclude adults with dementia



# Asking vulnerable older people about abuse

 Beach (2006) reported that about a quarter of vulnerable older people with physical disability screened positive for abuse.

Validated MCTS measure by comparing care recipient and family carer reports



Never (0)	Almost never (1)	Sometimes (2)	Most of time	All of the time
			(3)	(4)

#### Verbal abuse

Screamed and yelled at person you care for

Used a harsh tone of voice, insulted, swore at or called them names

Threatened to send them to a care home

Threatened to stop taking care of, or abandon them

Threatened to use physical force on them

#### Physical abuse

Afraid you might hit or try to hurt them

Withheld food from them

Hit or slapped them

Shaken them

Handled them roughly in other ways

We recorded total score, caseness according to MCTS (at least sometimes on one question)

Caseness according to Pillemer criteria: any of verbal abuse items at least 10 times, or physical abuse items at least once in a year? Abusive behaviour judged by our panel of professionals to be of potential clinical concern

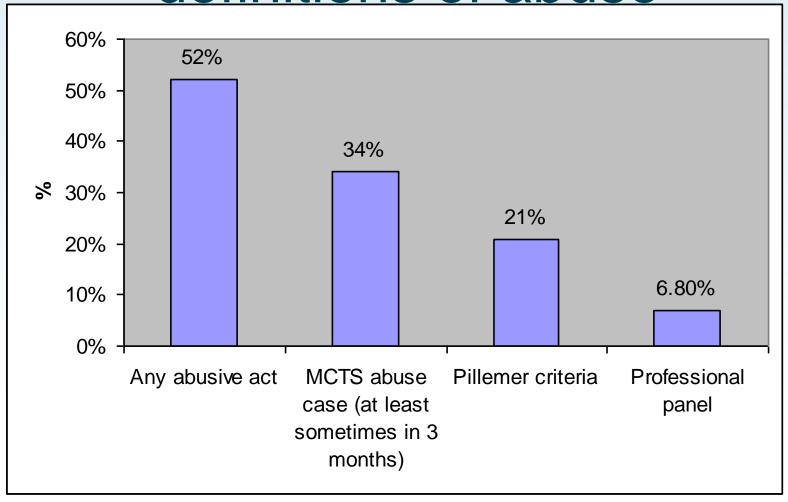


# Asking family carers about abuse

- In a sample of family caregivers of people referred for assessment of dementia in UK
- 74(33.6%) participants reported significant abuse
- 72(32.7%) psychological
- 8(3.6%) physical abuse

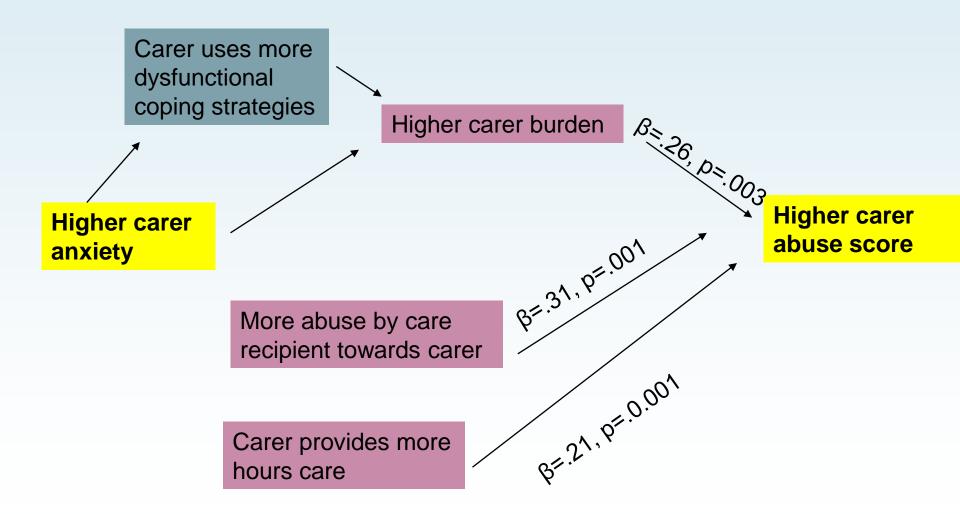


Rates of abuse using different definitions of abuse





### Predictors of abuse score





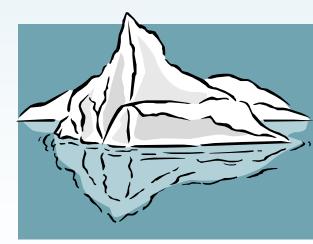
# **Asking Adult Protective Services about** abuse

 Adult Protective Service referrals have been analysed in USA, where some groups (clinicians, bankers) are mandatory reporters

Most found <1% of 60+ population reported</li>

to APS over a year

probably the tip of the iceberg





## **UK** adult protection referrals

- Reported abuse prevalence is similarly low 0.3%
- 64% abuse in care home
  - usually neglect (80%)
- 70% financial abuse was people living in their own home
- Perpetrators
  - 57% staff
  - 39% family
  - 4% other resident to resident abuse (Milne et al 2012)



### **Care homes**

- † abuse to older people in full time care,
- But Slovenia report it protects from physical and financial abuse (OR 0.1, 95% CI= 0.0–0.3)
- 577 nurses/ nursing aids in USA
  - 36% observed & 10% committed 1+ physically abusive act, most commonly excessive restraint.
  - 40% reported at least one psychologically abusive act. (Pillemer)
- Resident to resident aggression in 53 US nursing homes
  - Approx 1 episode per home per week (Pillemer & Lachs 2012)



## **Epidemiology of elder abuse**

- CR factors: dementia, psychiatric diagnosis, neuropsychiatric symptoms, alcohol problems, poor social functioning, dependence on the abuser, social isolation
- Family caregiver factors: depression/ anxiety
- Professional caregivers: burnout, dissatisfaction in role
- CR-caregiver: premorbid relationship, history of family violence
- Institutional features: poor staffing, isolation, training

## **UCL**

### Elder abuse is common

- Elder abuse difficult to detect by its nature
- Under-reported to authorities
- Under-detected by interviewers assessment
- Family carers tell more but may deny
- Takes place in vulnerable so excluding impaired populations underreports it
- Different definitions
- Different types in different settings
- minimum of 5% general population in a month
- >25% vulnerable
- About a third of people with dementia