

Elder Mistreatment in African Americans: Opportunities for prevention and treatment



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Objectives

- To discuss the risk factors for EM in the African American community
- To illustrate the areas and opportunities for prevention and/or early intervention
- To detail options for intervention and prevention in the African American community

EPIDEMIOLOGY

- African American Women (50-79 yrs.) exposure to:
 - Physical Abuse - 0.7%;
 - Verbal Abuse - 8.5%;
 - Both - 1.8% (Mouton 2003)
- African Americans 1.77– 8.57 times more likely to experience financial abuse (Beach SR, Schulz R, Castle NG, Rosen J)
- African Americans 2.18– 2.30 times more likely to experience psychological abuse

Unique Risk Factors in US

- For AA (both urban and rural), the most prevalent form of abuse as financial exploitation (Griffin 1994, Brown 2006)
- Older adults in a shared living situation are at greater risk for abuse than those living alone (Burgess, Brown, Bell, Ledray & Poarch, 2005; Lachs et al., 1997; Pillemer & Finkelhor, 1988; Pillemer & Suitor, 1992)
 - AA more likely to be living with another relative/friend (Longres 1992)
 - Perpetrator more likely female
- Risk of abuse is greater for those who are socially isolated, have poor social networks, or have low social support (Acierno et al., 2010; Lachs et al., 1996).
- Alcohol abuse (Anetzberger, Korbin, & Austin, 1994) and exposure to a previous traumatic event (Acierno et al., 2010) place older adults at risk for abuse
 - For AA, Alcohol/drug problems more likely in perpetrators (Longres 1992)

Social Expectations and Filial Obligations

- Males and females are expected to adhere to traditional gender-defined roles (gender roles)
 - *... men don't like to cook, they don't like to clean, ...your home is usually the woman's place. The yard work that's the man...*
- Obligations to care for a family member take precedence over personal needs. (filial obligation)
 - *...a lot of these older people...want their children there. They know they're being abused....*
- Identifying abuse reflects poorly on the family
 - *Some of us know ...they've been abused. Especially the relatives, they don't want to talk if you do report it then... it will go against their kin.*

Characteristics of the Interaction

- Resistance to receiving care was a major issue discussed by all groups
 - *when you 're dealing [with it], it feels like mistreatment of the old person. Which to do? Hold them down and forcibly give them their meds ... The doctor says we have to take this. So, we have had to force it on him*
- Retaliation against a previous insult
 - *So she just reciprocated in the next event and breaks his wrists. That 's it. She is just kind of defending herself, isn 't she?*
- Determining severity of abuse was the repetitive (habitual) nature
- Intention to harm
 - *You must know what you are doing to be abusive*

Victim Characteristics

- Forcing medications was a “gray area”

- [if] the only way you are going to keep him alive, ... is to force it. Force him.

- Physical size is important to determining whether or not abuse has occurred

– The bigger person, their size can be intimidating and to factor into that physical size, what their demeanor is. If they are large and verbally aggressive, you can get really intimidated

- Complicity

– They know they’re being abused. Some of ‘em ... they want their child there. Even though they know its abuse

Unique Risk Factors Internationally

- Culturally-driven infantilization and overprotection
- Older widows are abandoned and their property seized.
- Mourning rites of passage for widows with sexual violence, forced levirate marriages (where a man is obliged by custom to marry the childless widow of his brother) and expulsion from their homes (Owen M 1996)
- Accusations of witchcraft, often connected with unexplained events in the local community, such as a death or crop failure, are directed at isolated, older **women** (Gorman M, Petersen T. 1999;)
 - In the United Republic of Tanzania, an estimated 500 older women accused of witchcraft are murdered every year

Prevention

- Prevention of elder abuse requires the **involvement of multiple sectors of society**. **Education and dissemination** of information are vital for health care professionals and for the general public.
- According to the National Research Council (2003) **no efforts** have yet been made to **develop, implement, and evaluate** interventions ...**no systematic research** has been conducted to measure and evaluate the effects of existing interventions.
- Unfortunately, only 14 elder abuse intervention studies have been conducted, with the majority focused on **education** interventions for caregivers (Daly, Merchant, & Jogerst, in press; Ploeg, Fear, Hutchison, MacMillan, & Bolan, 2009).
- Other interventions attempted were **support groups** for caregivers, which did not alleviate stress (Hsieh, Wang, Yen, & Liu, 2009), and daily **money management** for the older adults to hinder financial exploitation, which did not lessen financial exploitation (Wilber, 1991).
- Appropriate interventions for preventing elder abuse could include legislation, education, respite, social support, batterer interventions, and money management programs.

Prevention of elder abuse requires the involvement of multiple sectors

• Legislation

- Forty-four states and the District of Columbia have laws providing that individuals who assume the care or custody of older people are considered mandatory reporters, and 38 statutes specify a penalty for mandatory reporters who do not report abuse or suspected abuse. Higher abuse investigations rates are associated with a mandatory reporting requirement in the law (Daly, Jogerst, Brinig, & Dawson, 2003).

• Education

- Educational interventions range from 1 to 8 hours and are taught by many different methods, such as one-on-one instruction, in a classroom or at a conference, or with group support. Improvements after educational interventions were noted by increased knowledge (Désy & Prohaska, 2008), use of assessment tools (Désy & Prohaska, 2008), improved job performance (Goodridge et al., 1997), and declines in reports of abusive actions of staff (Pillemer & Hudson, 1993)

• Respite

- meta-analysis of respite intervention studies was conducted to determine its effect on caregivers (McNally, Ben-Shlomo, & Newman, 1999). Twenty-nine studies were usable for analysis but because of the variety of respite interventions offered, a true meta-analysis was not possible. It was determined that “although caregivers often exhibit improvements in well-being during respite periods, these gains are short-lived,” suggesting the respite does not provide a long-term social support system (McNally et al., 1999).

• Social Support

- A meta-analysis of 18 studies providing interventions for caregiver distress demonstrated that respite services and individual psychosocial interventions were moderately effective, and group psychosocial interventions were slightly effective (Knight, Lutsky, & Macofsky-Urban, 1993).

• Batterer intervention

- 88% of the 34 programs offering cognitive-behavioral therapy, the re-offense rates were significantly lower in the treatment groups when compared with groups receiving no treatment (U.S. Department of Justice, 2003).

• Money Management programs

- Sixty-three community-dwelling adults ages 60 to 96 were assigned to usual customary screening or to money management groups. After 12 months of intervention, no significant differences in rates of conservatorship were found between the groups, suggesting the individuals who require conservatorship may be different from those who need DMM services.

Interventions in African American Community

- Neighborhood-based Education
 - Barber shops
 - Beauty parlors
 - Churches
 - Community Informants
- Respite
 - Churches
 - Community centers
- Social Support
 - Fraternities/sororities
 - Social and Pleasure clubs
 - Alumni associations
- Abuser intervention/prevention
 - Caregiver training
 - Conflict resolution
- Money Management
 - Guardianship services
 - Black Chamber of Commerce
 - Churches/Community Centers

Interventions Internationally

- Establish advocacy in the African Diaspora
 - Nigerian Coalition on the Prevention of Elder Abuse
 - International Network for the Prevention of Elder Abuse
- Develop Legislative initiatives to codify appropriate treatment of older adults
- Address/redefine cultural stereotype and traditions
- Provide social support and training

CONCLUSIONS

- EM in the African American community has some unique risk factors
- Elements of prevention draw from the larger EM community
- Targeted Public Health strategies may be useful to address EM in this community

