Elder abuse in informal care settings: Literature review of prevalence and best practices for prevention

Alexander Hoffman, Department of Psychology. February 29, 2016.
Supervisor Dr. Scott Hofer, Department of Psychology

Purpose
As the population of elderly in Canada outpaces youth, the number of seniors choosing to remain at home is increasing, and a growing number rely on care from family or acquaintances rather than professionals. These individuals comprise a group which is understudied, and which may be vulnerable to increased instances of elder abuse.

Here we identify the specific needs of these elders. We examine information and knowledge gaps in Canadian reports, current research on prevalence, emerging social theories of prevention, best practices for prevention, and future uses for data from the Canadian Longitudinal Study on Aging (CLSA) in order to provide an illustration of complex issues facing older Canadians living at home.

Assessing Prevalence in Canada and British Columbia
Studies assessing elder abuse prevalence are typically based on police data or surveys of at-risk populations. Data from the US National Center on Elder Abuse and Bureau of Justice and Statistics Canada indicate:

- Elder abuse most often occurs in the home where the senior lives.
- An estimated 1 in 10 seniors will experience elder abuse.
- The most common form of abuse is financial exploitation, with physical abuse, neglect and emotional abuse following.
- For every reported incident of elder abuse, 5 cases go unreported.
- In 90% of elder abuse and neglect incidents, the perpetrator is a family member.
- Elder Canadians are least likely to report all types of abuse and neglect at 36-46% of cases.

Conversely, a study of caregivers for seniors with dementia in Essex, England found that 59% of family caregivers reported engaging in abusive behaviour “at least sometimes”, most commonly psychological abuse. The University of Toronto finds that psychological abuse is the most common form of elder abuse in Canada.

Identifying Best Practice - How can we do better?
Since the first Adult Welfare Act in 1973, Canadians have been instrumental in research and legislation for elder abuse prevention. The 1990s identified obstacles to prosecution: lack of police training, failure to appropriately interview seniors, lack of skilled lawyers, ageism, lack of victim support services, and lack of recognition by the crown and judges.

In BC, only the Seniors Abuse and Information Line, is dedicated exclusively to elder protection. It does not have a 24-hour hotline or law enforcement staff on hand. The BC government website which provides links and numbers to this line is understudied, and which may be vulnerable to increased instances of elder abuse.

Elder Abuse Definitions
Legal definitions of elder abuse differ across provinces and territories, although they generally refer to:

1. Willful or incidental cause of physical or mental harm.
2. Mismanagement of assets or daily personal needs leading to loss of basic rights or suffering.

Elder abuse can be:
- Physical: pain, injury, harm to health
- Financial: illegal misuse of funds or assets
- Psychological: emotional suffering or mental anguish
- Sexual: consent or harassment, and
- Neglect: care necessary to maintain everyday life, either self or caregiver neglect

The Criminal Code of Canada applies to all adults, and may be used in elder abuse cases. Laws governing mandatory reporting provisions and mental capacity definitions also exist for those individuals who may be unable to report for themselves, differing across provinces (reporting is not mandatory in BC).

A Social Problem
Recent research identifies both cultural and personal risk factors for elder abuse. Cultural norms of “family privacy” and filial piety may discourage older Canadians from seeking help, particularly in South Asian and First Nations communities. Abuse in all forms is most likely to be cyclical and intergenerational. In most abuse situations more than one type of abuse is likely to occur at a time.

Personal Risk Factors for Elder Abuse
Elders: isolation, cognitive impairment, frailty, low income, past abuse, female gender, dementia diagnosis.

Caregivers: stress, caregiver burden, family disintegration or poor relationship, low social support.

Future Efforts: The Canadian Longitudinal Study on Aging
A 2012 University of Calgary study finds knowledge gaps in Canadian research, citing lack of knowledge about correlates and risk factors, lack of prevalence data and psychometric testing. Studies of marginalized communities offer an explanation: up to one third of individuals were reluctant to disclose abuse due to fear of infringement of legal rights.

The CLSA is an opportunity to fill the gap. It aims to follow Canadians ages 45-85 for 20 years, and has amassed data from 50,000+ participants. Biological tests such as bone density, lung function, vision/hearing, blood and urinalysis, and psychometrics, plus medical history, income, social support networks, and elder abuse questionnaires develop a complete profile of participant psychological and physical health.

Although the CLSA does not directly address sexual abuse or identify exact time frames, it facilitates a safe, confidential method of obtaining information from previously overlooked elders. As the CLSA tracks the amount and type of care received (both formal and informal), it is an ideal tool to probe prevalence and risk factors. Social network and community involvement data may direct future research efforts, effective outreach programs, or training programs for responders.

Lastly, it may inform appropriate courses for legal intervention, current research suggests that overestimation of seniors’ competency and self-determination creates laws which allow victims to remain in abusive situations. With CLSA data we may finally begin to answer this, and other questions.