

Preventing Elder Mistreatment in the United States: Literature Update 2005

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Scope and Nature of the Problem

Mortality and Morbidity

- In a probability sample of non-institutionalized elders in Boston, researchers found an overall prevalence rate for mistreatment of 3.2%.
- International prevalence estimates in Canada, the Netherlands, Denmark, and Sweden range from 4% to 8%.
- Elder abuse occurs often enough that social service and health professionals who serve older adults are likely to encounter it routinely.
- Based on these estimates, a clinician seeing between 20 and 40 older adults a day could encounter at least one clinical or sub-clinical victim of elder abuse daily.

Risk Factors

- **Living arrangements:** Research suggests that a shared living situation is a major risk factor for elder mistreatment, with older persons living alone at lowest risk.
- **Social isolation:** Having a “poor social network” significantly increases risk of mistreatment.
- **Dementia:** Evidence suggests that dementia places elderly persons at greater risk of mistreatment.
- **Psychological problems and substance abuse:** Perpetrators of elder abuse often have a history of mental illness and abuse alcohol.
- **Abuser dependency:** Findings suggest that perpetrators tend to be dependent on the individual they are mistreating.
- **Health and functional status:** Increased frailty in the elder plays at least some role in abuse.

Types of Prevention Interventions

The interventions discussed in this chapter have not yet been found by scientific studies to be effective or promising. Interventions discussed include screening programs, mandatory reporting, adult protective services, professional education, caregiver support interventions, education of potential victims, and legal and victim advocacy services. The authors of the chapter suggest a number of directions for future study, which are outlined in the following table.

Directions for Future Study of Elder Mistreatment Prevention

1. Scientifically credible prevention research is greatly needed.

The elder mistreatment research literature does not yet provide consistent guidelines for prevention programs. Promotion of research on this topic using accepted scientific designs is critically important to improve prevention practice. Longitudinal studies, case-comparison designs, and carefully controlled intervention studies are particularly needed.

2. Multicomponent interventions are needed.

Research suggests that physical elder abuse is most likely to occur in situations in which several characteristics are present: 1) a shared living situation; 2) an older person with some degree of physical vulnerability; 3) a family member who has psychological and/or substance abuse problems; 4) a family member who is to some degree dependent on the victim; and 5) a context of relative social isolation. Each of these risk factors could be addressed individually, but a multicomponent intervention that addresses some or all of these factors will likely be more effective.

3. Intervention programs should target abusers.

Prevention programs aimed at abusers may be effective. Counseling for the abusive (or potentially abusive) relative could be explored, and the effectiveness of mental health treatment for abusers could be tested to determine if it prevents re-victimization. A further prevention program could be targeted toward reducing the relative's dependence on the older person; this might involve aiding the relative in establishing an independent living situation or finding employment (to reduce financial dependency).

4. Translation of validated prevention programs from other fields should be tested for elder abuse.

Few successful strategies for preventing other forms of family violence have been translated to elder abuse prevention. One frequently used universal prevention effort for intimate partner violence is public awareness campaigns. Recently, campaigns have been adopted for elder abuse prevention, such as in Vermont and California. Although evaluation data for the public awareness campaigns targeted at elder abuse are not available at this time, such campaigns are feasible and merit testing.

5. The development of prevention programs specifically for caregivers of dementia patients is warranted.

Several programs exist to reduce behavioral symptoms among dementia patients; these strategies should be systematically evaluated for their potential to prevent elder abuse. Promising intervention programs for caregivers in general would benefit greatly from evaluation studies that measure caregiver stress and anger as well as abusive behavior (e.g., from caregiver self-reports, or care-recipient reports).

To Learn More

National Center on Elder Abuse.

<http://www.elderabusecenter.org/>

National Committee for the Prevention of Elder Abuse and Neglect.

<http://www.preventelderabuse.org/>

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