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## Elder Abuse

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Linda Juma and Booker Juma

*The great majority of older people live on their own or with their spouses, children, siblings, or other relatives—not in institutional settings. When elder abuse happens, family, other household members, and paid care givers usually are the abusers. There is no single pattern of elder abuse in the home. Sometimes the abuse is a continuation of long-standing patterns of physical or emotional abuse within the family. Perhaps, more commonly, the abuse is related to changes in living situations and relationships brought about by the older person 's growing frailty and dependence on others for companionship and for meeting basic needs.*

The population of Americans over the age of 65 has grown considerably compared to other age groups. Researchers predict that by the year 2050 one in five Americans will be over the age of 65 (Administration on Aging, 1996). In that same period of time, the number of people over the age of 85 will go up by 400%, which will be an increase from its current level of 1 % of the population to 5% of the population. Canada expects a similar change in population (Hornick, McDonald, & Robertson, 1992). The life span of the elderly has increased due to improvements in the standard of living, the quality of public health services, and the availability of excellent medical care.

Abuse of the elderly is becoming more obvious in U.S culture. The National Center on Elder Abuse (NCEA, 1998) reported that 3% of adults over 60 in the United States are victims of elder abuse or neglect. Data from Canada estimates the incidence of elder abuse at 4% of the population (Hornick et al., 1992). This translates into at least 560,000 incidents of elder abuse in the United States in 1996 and more than 100,000 annually in Canada. If that rate holds steady, by 2050 there will be nearly 2 million incidents annually in the

United States. The mean age of those who have been abused is 76.5 years (Tatara, 1996).

### **Forms of Abuse in Older Adults**

Elder abuse takes several forms and is identified as “any act of commission or omission that results in harm or threatened harm to the health and welfare of an elderly person” (American Medical Association Council on Scientific Affairs, 1987, p. 966). Elder abuse occurs both in institutional settings, such as hospitals and nursing homes, and in the community. There are five major forms of elder abuse that are cited in the literature.

### **Neglect**

The most common form of elder abuse is neglect, which involves failure to provide necessary physical or mental care for an older person. Physical neglect includes withholding necessary nutrition, not providing adequate hygiene, or neglecting to offer physical aids or safety precautions. Neglect need not be intentional; it sometimes occurs when the caregiver is unable to provide the older person with proper care (Lachs &

Pillemer, 1995). Overall, 49% of the reports of elder maltreatment involve neglect, either intentional or unintentional (NCEA, 1998).

### **Physical Violence**

Physical violence involves acts of violence that may result in pain, injury, impairment, or disease. Pushing, striking, slapping, pinching, force-feeding, or improper use of physical restraints or medications are all examples of physical abuse. Overmedication to keep an older person from interfering also fits under this category. Sexual assault, a problem not usually associated with older adults, also occurs, accounting less than 1% of reported elderly violence against older people is surprisingly high. Approximately 26% of elder abuse cases documented in 1994 fell into this category (NCEA, 1998). Those with dementia are especially vulnerable to physical abuse by caregivers.

Psychological abuse include such actions as verbal berating, harassment, causing fear, threats of punishment, deprivation, or humiliation of the older person (often by treating him or her as a child). Threats to institutionalize or abandon the older person are common manifestations of psychological abuse, and real abandonment is also on the increase.

### **Financial Exploitation**

Financial exploitation is defined as the misuse an older person's income or resources or the personal gain of another most of the time a caretaker. The term material abuse is also used to refer to this problem. Financial exploitation can take different forms: from denying an

older adult things to which the person is entitled, to stealing possessions, or forcing him or her into signing contracts or entering into forced financial agreement (Podnieks, Pillemer, Nicholson, Shillington, & Frizzel, 1990).

The most common occurrence of financial exploitation is the theft of the older person's money. Perpetrators sometimes gain power of attorney to get legal control of resources or open joint bank accounts. Although greed motivates a substantial proportion of financial exploitation, family members who are unemployed or suffer other financial problems may also be motivated to take control of an older person's money. Abusers frequently threaten abandonment if the older person fails to cooperate. NCEA data show that financial exploitation accounted for 30.2% of the reported cases of elder abuse in 1996 (Podnieks et al., 1990). Common than reports indicate because it is so difficult to detect.

Larue (1992) suggested that this form maltreatment might be even more. Interviews with people in their communities instead of abuse complaints filed with governmental agencies tends to support that view. For example, Canadian researchers who randomly sampled citizens at home showed financial exploitation to be more common than neglect (Podnieks, et al., 1990).

### **Violation of Rights**

Another type of maltreatment involves the violation of rights of the older adult. According to Vida (1994), "violation of rights includes depriving the elderly person of any inalienable or legal right, including personal liberty, personal property, assembly, free

speech, privacy, and voting” (p. 35). The violation of the rights of an older adult is sometimes subsumed under the category of psychological abuse.

### **Extent of the Problem**

The most common form of elder abuse is neglect, which involves failure to provide for basic needs. Elder abuse can affect people of all ethnic backgrounds and social status and can affect both men and women. Findings from the often-cited National Elder Abuse Incidence Study suggest that more than 500,000 Americans aged 60 and over were victims of domestic abuse in 1996. This study also found that only 16 percent of the abusive situations are referred for help while 84 percent remain hidden. (National Center on Elder Abuse, 2004).

Data from the Wisconsin Department of Health and Social Services for 1998 indicated the seriousness of elder abuse. The report showed ten percent of reports involved a life-threatening situation, and 12 deaths were recorded in a single year. Even when elder abuse does not result in physical harm, research has shown it to have serious consequences like effect on mortality and severe emotional distress (Wolf, 1997).

Depression, posttraumatic stress, learned helplessness, and alienation are common forms of psychological problems that come as a result of elder abuse (Wolf, 1997). According to Wallace (2002, one of the breakthrough studies of elder abuse, published in 1988 by Pillemer and Finkelhor involved 2,020 Boston elders, sixty-five and older, living on their own or with their families. The authors found a rate of thirty-two abused elders per one thousand, which translated into more than a million abused elders in the

United States in 1988.

The risk of being abused, neglected or taken advantage of is real for older people. The abusers are most of the time related to the older person. The problem can be found in all geographic, socioeconomic, racial, and ethnic groups (National Center on Elder Abuse, 1998).

The National Center on Elder Abuse (NCEA) (2004), reports that “Elder abuse in domestic settings is a widespread problem, possibly affecting hundreds of thousands of elderly people across the country. However, because it is still largely hidden under the shroud of family secrecy, this type of abuse is grossly underreported.” In fact, many experts agree that the reported numbers represent only the “tip of the iceberg.” It is estimated that only 1 out of 14 domestic elder abuse cases is reported to the authorities.

### **Possible Causes of Elder Abuse**

According to Wallace (2002) causes of elder abuse include caregiver stress, external stress and social isolation. Caring for a non-well older adult suffering from a mental or physical impairment is highly stressful. Individuals who do not have the necessary skills, information, resources, etc. and who are otherwise poorly prepared for the care-giving role may experience extreme stress and frustration. This may lead to elder abuse and/or neglect (Wallace, 2002).

It has been argued that as older adult dependency increases so does the resentment and stress of the caregiver. Studies have found that individuals in poor health are more likely to be abused than individuals who are in relatively good health. In addition, caregivers who are dependent on the older individual

financially are also more likely to be abusive towards the elderly (Wallace, 2002).

External stress such as financial problems, job stress, and additional family stressors have been suggested to also increase the risk for abuse. This connection has been clearly demonstrated in studies examining spousal or child abuse ([www.apap.org](http://www.apap.org), 2004).

**Social Isolation**

Abuse, whether spousal abuse, child abuse, or elder abuse occurs most often in families characterized by social isolation. Approximately two thirds of the individual who abuse older adults are a family member. Adult children account for 47% of the abuse of elders. Other relatives account for 24%, and spouses account for 19% (NCEA, 1998). Consequently, family members often worry about the repercussions of a disclosure and feel shame at their behavior. Both parties want to avoid damaging the family name. Of course, this may be both an indicator of potential abuse as well as a potential contributing cause of abuse. Individuals who are abused as children are hypothesized to become part of a cycle of violence. Violence is learned as a form of acceptable behavior in childhood as a response to conflict, anger, or tension. Thus, when these feelings arise during care giving, the caregiver is at risk for becoming a perpetrator of elder abuse or neglect. Some have also hypothesized “what goes around, comes around” theory of elder abuse. If the older person receiving the care previously abused their child, that child now in the role of caregiver simply is returning the abuse they suffered. For example, a caregiver

who suffers from such problems as alcoholism, drug addiction, and/or an emotional disorder (e.g. a personality disorder) is more likely to become an abuser than an individual who do not suffer from such problems (Wallace, 2002).

Foundation and the National Center on Elder Abuse (2004). describes certain societal attitudes that make it easier for abuse to continue without detection or intervention. These factors include the devaluation and lack of respect for older adults and society’s belief that what goes on in the home is a private, “family matter.”

Certain cultural factors, such as language barriers, make some situations more challenging to differentiate from abuse or neglect, and it is important not to ignore abuse by attributing the cause to cultural differences. It is vital that before reporting abuse, anyone working with older people should understand cultural differences. (Foundation and the National Center of Elder Abuse, 2004). When older people are regarded as disposable, society fails to realize the importance of assuring dignified, supportive, and non-abusive life circumstances for every older person (The Foundation and the National Center on Elder Abuse, 2004) Religious or ethical belief systems sometimes allow for mistreatment of family members, especially women. Those who participate in these behaviors do not consider them abusive. In some cultures, women’s basic rights are not honored, and older women in these cultures may not realize they are being abused. They probably could not call for help outside the family and may not even know that help is available (Foundation and the Nation Center on Elder Abuse, 2004).

Age bias is defined as “a process of

systematic stereotyping of and discrimination against people because they are old" (Butler & Lewis, 1973, p. 27). The report about the seriousness of the elder abuse indicates that social workers ought to routinely consider elder abuse as a possibility when dealing with an older client who is dependent on family or others for care. Considering elder abuse as a possibility must be able to identify that not all elderly people are mistreated or neglected (Myers & Shelton, 1987).

Social workers need to keep a balance, recognizing that elder abuse occurs more often and subtly enough for them to be continuously aware about its potential presence without stereotyping all older adults as victims simply because of their age or health status (Myers & Shelton, 1987). The literature on clinician age bias (the systematic stereotyping of and discrimination against people because they are old) against older clients suggests that it is a significant problem in the profession (Danzinger & Welfel, in press; James & Haley, 1995; Myers, 1989).

Social workers must provide an empathic and supportive environment in which to discuss the older person's problems. A warm, nonconfrontive and nonjudgmental environment are essential for the client to trust the social worker enough to reveal private information (Myers & Shelton, 1987). Myers (1989) emphasized that social workers should focus on helping older people and their families improve care and instead of conducting an inquisition-like inquiry into the facts of their lives, social workers need to ask for information related to the risk factors for abuse. The literature identifies many risk factors (Kapp, 1995). These include:

- the medical and cognitive condition

of the older adult

- the older person's tendency to act disruptively

- the emotional stability of the people caring for the older person (including their history of psychological disorders, substance abuse problems, and excessive levels of dependence on the older person).

Social workers also should interview family members separately. Interviews are more likely to produce honest disclosures than when there are less people. An older person may feel intimidated by the presence of a family member and may refuse to give important information because of fear. Some are not comfortable to express themselves due to the embarrassing nature of the disclosed material and would prefer privacy for that reason (Myers & Shelton, 1987) should educate clients about the services available to assist them. Support groups, specialized counseling services, financial advice, housing, and home care services are among the many resources of value in responding to elder abuse. Research suggests that many counselors are not familiar with many services in their community and that this ignorance is a serious problem for professionals who serve older adults and their families (Myers & Shelton, 1987).

## Conclusion

Abuse of the elderly is becoming more obvious in U.S culture. Services for the abusers can reduce their stress and give them alternatives that allow them to be come caregivers. While working with the elderly, social workers need to make special efforts to understand the social circumstances under which the elderly live (Pillari,

1994). Social workers should be aware of the elderly social support systems, such as family, friends, and neighbors, as well as professional, occupational, religious, and self-help networks (Pillari, 1998).

While working with older adults, social workers should make a special effort to involve family members whenever the older person specifies such a desire. The paper demonstrates the increasing number of elderly individuals in America and the problem of elder abuse. This increase demands social workers to become knowledgeable and competent about the needs of the elderly. Social workers must recognize and support the rights of the elderly.

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