Abuse and Neglect of Older People in Ireland

REPORT ON THE NATIONAL STUDY OF ELDER ABUSE AND NEGLECT




Report Summary

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Introduction

The abuse and mistreatment of older people has existed throughout the ages but its formal recognition as a societal problem requiring dedicated action has only occurred over the last 20 to 30 years. The mistreatment of older people is now viewed beyond isolated family violence and is identified as a human and civil rights issue in its own right (World Health Organisation 2002). In order to address elder abuse effectively as a societal problem within Ireland the extent to which older people are experiencing abuse and neglect needs to be identified. This study addresses that need and is the first to measure the prevalence of abuse and neglect of older people in Ireland.

The survey focused on community-dwelling older people's experiences of abuse or neglect, and provides information on the type, frequency and impact of mistreatment on older people. It also outlines a profile of demographic, socio-economic, health and social support characteristics of those who have experienced mistreatment compared to people who have not, and includes a profile of those who were identified as perpetrators of mistreatment.

Elder abuse is defined as:

> *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 or violates their human and civil rights* (World Health Organisation 2002).

The current study into the prevalence of elder abuse and neglect in Ireland broadly adopted the World Health Organisation (WHO) definition in identifying abuse in community-dwelling older people aged 65 years and older. Adopting the WHO definition of elder abuse facilitated comparison with previous international surveys completed in the United Kingdom, Spain, Israel and the United States. The study captured data on older people's experiences of physical, psychological, financial and sexual abuse, and neglect within inter-family relationships, by care workers or close friends, and also by those in the wider community (neighbours and people distantly known to the older person), and by strangers.

The estimated prevalence of elder abuse reported in international studies varies widely with the lowest reported prevalence rate in Spain (0.8%), for family abuse (Marmolejo 2008), and the highest rate in Israel, at over 18%, rising to 35% when neglect was included (Lowenstein *et al*. 2009). The majority of studies have measured four types of mistreatment (physical, psychological, financial abuse and neglect). Sexual abuse has only been explicitly examined in three studies and contributed less than 1% to the overall prevalence rate.

Previous research has identified a number of risk factors for elder abuse. Physical impairment and dependence on others for assistance with activities of daily living are the most consistently identified risk factors, followed by older people co-habiting with family and being socially isolated. There is also some evidence that being female, of advanced age and lower socio-economic status may be risk factors.

A number of adverse consequences of the abuse of older people have been identified in the literature including premature mortality (Lachs *et al*. 1998), increased experiences of fear and grief (Comijs *et al*. 1998), anger and upset, and isolation from family and friends (O'Keeffe *et al*. 2007). Furthermore, abuse resulted in the older person experiencing emotional distress, and loss of self-confidence and self-esteem, while more significant psychological impact, such as depression and thoughts of suicide or self-harm were associated with longer-term and more severe abuse (Mowlam *et al*. 2007). A key theme emerging in the qualitative literature is the lasting effects of violence on older people. Some older people who have been abused described their experiences as 'devastating' with many feeling they would never fully recover (Mears 2003).

Aims and Objectives

With the support of the Health Service Executive, the National Centre for the Protection of Older People (NCPOP) undertook a national prevalence survey of elder abuse in Ireland to provide statistics on overall rates of abuse and individual types of abuse experienced by older people. The study focused on community-dwelling older people and excluded those living in residential settings.

The objectives of the study were to identify in community-dwelling people aged 65 years and older:

1) The prevalence of overall abuse and individual types of abuse in the previous twelve months, perpetrated by those in a 'position of trust' (family, care workers, close friends), the wider community (neighbours, people distantly known to the older person), and strangers.
2) The prevalence of overall and individual types of abuse since the age of 65 years, perpetrated by those in a 'position of trust'.
3) The demographic, socio-economic, health and social network characteristics of people who have experienced abuse within the previous 12 months, compared with those who have not.
4) The profile of perpetrators of abuse as described by older people who have experienced abuse.
5) The impact of mistreatment and the responses of older people.

Operational Definition

This study focused on five forms of elder abuse perpetrated by those in a 'position of trust' (e.g. a family member, close friend or care worker) in the previous 12 months. These included:

Physical abuse: One or more incidents of physical abuse (e.g. slapped, pushed, physically restrained).

Psychological abuse: Ten or more incidents of psychological abuse (e.g. insulted, threatened, excluded), or any incident that had a serious impact on the older person.

Financial abuse: One or more incidents of financial abuse (e.g. stolen money or possessions, forced to sign over property).

Sexual abuse: One or more incidents of sexual abuse (e.g. talked to or touched in a sexual way).

Neglect: Ten or more incidents of neglect (e.g. refusal or failure of carer to help with activities of daily living such as shopping, washing or dressing), or any incident that had a serious impact on the older person.

The findings in this report are primarily based on this operational definition of elder abuse and neglect. However, results based on broader definitions, examining mistreatment since age 65 years, and within the wider community are also presented.

In this report the term abuse is reserved for physical, sexual, financial and psychological experiences. Neglect is not included under this general term as in the majority of cases older people did not perceive the deficits in their care as acts of abuse. The term mistreatment is used to refer to all five types. Interpersonal abuse is the term used to collectively describe psychological, physical and sexual abuse.

Methods

This survey focused on community-dwelling older people's experiences of mistreatment. People aged 65 years and older were interviewed in their own home between April and May 2010 using face-to-face interviews. All the interviewers were older women and all interviews were conducted in private with the older person.

In order to obtain an accurate estimate of the level of elder abuse, it was estimated that 2,000 completed interviews were required. To ensure a nationally representative study population, a multi-stage cluster random probability sample was used, with quota controls for age and gender. The first stage was to stratify the population into seven regions. The number of clusters in each of the seven regions was calculated to be proportional to the number of persons aged 65 years and over in each region, based on 2006 census data (CSO 2007). The cluster boundary was taken to be an Electoral Division (ED). A total of 150 EDs were selected with a target of 14 individual interviews in each ED. A random route finding methodology with a randomly selected starting address was used within each ED to identify households with an eligible older person. Quota sampling was used to obtain a representative sample of older people in relation to age and gender. The quota was stratified into male and female, and three age groups: 65-69 years, 70-79 years, and 80 years or older. The questionnaire used in the survey examined the following areas:

- Socio-demographics
- Social support
- Health and functional status
- Incidents of financial, physical, psychological and sexual abuse, and neglect
- Impact and reporting of mistreatment
- Perpetrator characteristics

Findings

Completed interviews were conducted with 2,021 older people, giving a response rate of 83%. The characteristics of the survey population were compared to the 2006 census data (CSO 2007) and the Survey of Lifestyle, Attitudes and Nutrition in Ireland, SLÁN 2007 (Morgan *et al*. 2008).

Thirty-seven percent of the study population lived in a rural location (population <1500), just over 20% lived in Dublin city or county, and the remaining respondents lived in a small, medium or large urban setting. The vast majority of the sample were identified as white Irish (98%). The remainder described themselves as Irish travellers (0.25%) or from other backgrounds (1.4%), mainly 'other white non-Irish'. The majority of the study population were women (55%) and 45% were men. The mean age of the study population was 74 years, with ages ranging from 65 to 98 years. The age and gender profile of the study population closely matched that of the national population (CSO 2007). Over 40% of participants lived alone with slightly more women than men in this group. Approximately 36% lived with a spouse or partner and the remaining 20% lived in intergenerational households or with extended family.

Forty-five percent of participants described their general health as good or excellent and 5% described their health as poor or very poor. The level of reported poor health was similar to that in the SLÁN 2007 survey (Morgan *et al*. 2008). Eighteen percent of participants indicated that they needed regular help with activities of daily living such as shopping, preparing meals and transport. Four percent required regular help with personal care activities such as washing, using the toilet or mobilising. Four percent of people aged 65 years or older provided regular help and care for a dependent, and a further 3% of participants indicated that their primary carer was aged 65 years or older.

In this study population, 59% of people felt they received a high level of support within their communities and 91% felt well supported by their families. Five percent felt they had poor community support and 2.5% felt they had poor family support. Men tended to report lower levels of support than women.

Prevalence of Elder Abuse and Neglect

The overall prevalence of mistreatment in the previous 12 months was 2.2%. Applying these statistics to the general population of people aged 65 years or older (CSO 2007), the number of older people who have experienced mistreatment is estimated at 10,201.

In the previous 12 months, financial abuse at 1.3% was the most frequent type of abuse reported, followed by psychological abuse (1.2%), physical abuse (0.5%), and neglect (0.3%). Sexual abuse at 0.05% was the least common type of reported abuse (Figure 1). In relation to financial abuse, the most frequently reported behaviour was being forced to give money or property to someone in a position of trust. The most frequent types of psychological abuse reported included verbal insults, followed by being excluded, undermined and threatened verbally. The majority of the physical abuse reported related to being pushed, followed by being threatened or hit with an object, kicked, and denied access to equipment such as a walking or hearing aid, or being restrained.

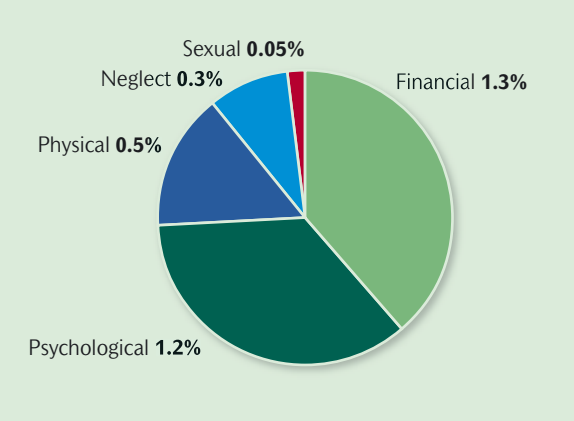

Figure 1 **Frequency of mistreatment types**

Clustering of Abuse

Twenty-five percent of the sample who reported that they had been abused in the last 12 months experienced more than one type of mistreatment and 14% experienced three or more types of mistreatment. In particular, psychological abuse was likely to accompany other forms of abuse such as physical abuse, financial abuse and neglect.

Demographic Characteristics of People who Reported Mistreatment

Women (2.4%) were more likely than men (1.9%) to report experiences of mistreatment in the previous 12 months, in particular financial and interpersonal abuse. People aged 70-79 years and aged 80 years or older experienced similar levels of overall mistreatment, double that of people aged 65-69 years (Figure 2). Those aged 70-79 years experienced more interpersonal abuse, while financial abuse was more common in the other two age groups. Financial abuse increased for both men and women in the 80 years and older age group.

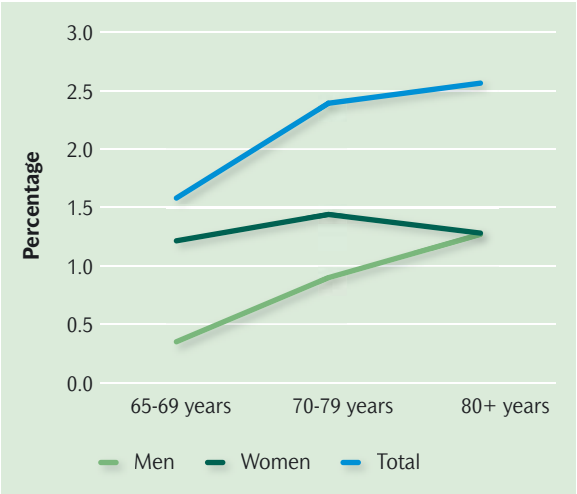

Figure 2 **Any mistreatment stratified by age and gender**

Overall, the highest level of mistreatment occurred in people who were divorced or separated. People who were widowed had the second highest risk of mistreatment, while older people who were single (never married) reported the lowest level of mistreatment.

The highest levels of mistreatment (3.4%) occurred in intergenerational households or complex household structures where the older person(s) shared the house with an adult child and their family or other relatives, compared to 1.9% for older people living alone or with a spouse/partner.

Socio-economic Characteristics of People who Reported Mistreatment

There was an inverse relationship between level of mistreatment and level of education. Higher levels of mistreatment were reported by those who had lower levels of education, with the lowest level of mistreatment occurring in older people who had degrees or higher awards. This trend was particularly evident for women (Figure 3).

As with level of education there was an inverse relationship between level of overall mistreatment and weekly income. People living on less than €220 per week, reported the highest level of mistreatment, followed by those living on €220-€438 per week. There was a significant decrease in the levels of mistreatment in the higher income groups.

Lower socio-economic status was also associated with higher levels of mistreatment. Older people in the skilled manual, or semi-skilled/unskilled/never worked social classification experienced higher levels of mistreatment compared to the professional/managerial or non-manual social groups.

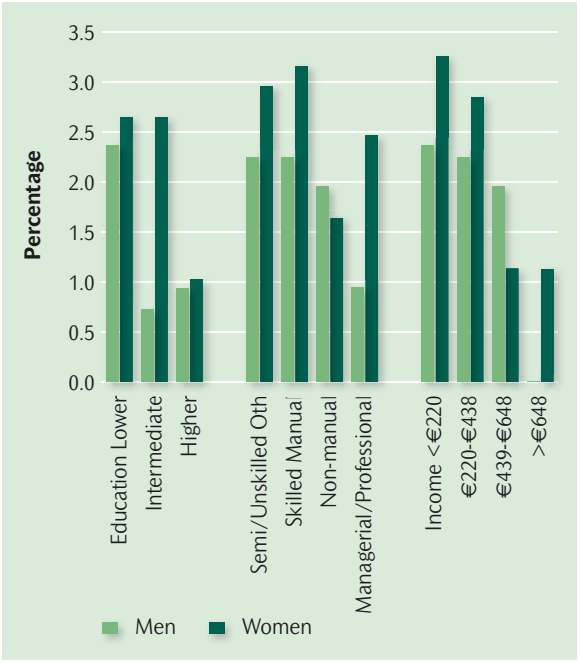

Figure 3 **Any mistreatment for men and women, and socio-economic markers**

Health and Service Use of People who Reported Mistreatment

There was a distinct trend in relation to self-reported health status and prevalence of mistreatment, with increased levels of mistreatment related to decreasing levels of health. Respondents in the 70-79 years age group who identified their health as poor or very poor reported the highest prevalence of mistreatment. Measures of physical and mental health using the Short Form 8 (Ware *et al*. 2001) showed a similar pattern. Older people with below average physical health scores were over three times more likely to report mistreatment, while those with below average mental health scores were nearly six times more likely to report mistreatment (Figure 4).

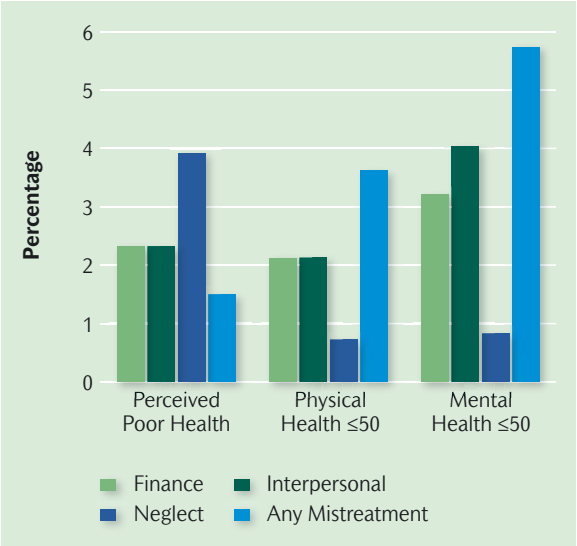

Figure 4 **Health status and prevalence of mistreatment**

All participants who experienced mistreatment had accessed some kind of formal health or social service within the previous six months. By far the most likely point of contact was the older person's General Practitioner (GP), with all but one participant who disclosed mistreatment visiting their GP practice in the six months prior to the survey. Over three quarters of older people who experienced mistreatment had high frequency contact with their GP (>two visits in six months). People who had disclosed mistreatment were significantly more likely to contact additional health or social services compared to participants who had not experienced mistreatment.

Social Support Characteristics of People who Reported Mistreatment

Older people with poor levels of community support were five times more likely to report mistreatment compared to those with strong or moderate levels of community support. Women with poor community support were particularly vulnerable to interpersonal and financial abuse. People who reported poor or moderate levels of family support were over three times more likely to report mistreatment compared to those with strong family support.

Perpetrator Characteristics

Older people who reported acts of mistreatment most frequently identified adult children as perpetrators (50%), followed by other relatives (24%), and a spouse/partner (20%) (Figure 5). Adult children were equally likely to be implicated in financial and interpersonal abuse, while spouse/partners were more frequently involved in interpersonal abuse. Those identified as 'other relatives' were more likely to be involved in financial abuse. People aged between 30 and 64 years were most frequently identified as perpetrators of abuse, however younger adults or teenagers and older adults (≥65 years) were also identified. Particular risk factors were living with the perpetrator (37%), the perpetrator being unemployed (51%) and the perpetrator abusing alcohol (19%).

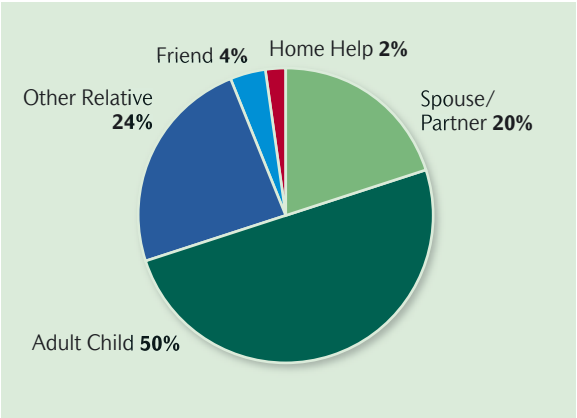

Figure 5 **Relationship between perpetrator and older person**

Impact of Mistreatment

The vast majority of older people who reported mistreatment identified physical and financial abuse as having a serious impact on their lives. Between 50% and 58% of people who reported neglect or psychological abuse also described the impact as serious, with the remainder identifying the impact as moderate. When clustering of mistreatment is taken into account, 84% of this population felt their experiences of abuse or neglect in the last 12 months had a serious impact on them, with 14% describing the impact as moderate.

Over one third of participants did not report the abuse or neglect to anyone. In the case of people who did report mistreatment, other family members were the most likely people to be told about the abuse (41%), followed by a GP (11%). In 9% of cases the police were told about the abuse. A quarter of those who reported abuse stated that mistreatment was ongoing at the time of the survey.

Mistreatment Since 65 Years

Broadening the definition of mistreatment to include any episode of financial, physical, sexual, psychological abuse, or neglect since 65 years, perpetrated by a person in a position of trust, the reporting of mistreatment nearly doubled to 4%. This would indicate that since the age of 65 years up to as many as 18,764 older people have had experiences that were potentially abusive.

Examining the types of mistreatment using this broader definition, a different pattern emerged compared to the 12-month prevalence rate. Psychological abuse was the most prevalent type of abuse at 2.4%, with nearly double the number of people identified. Financial abuse was the second most common type of abuse at 1.4%, but there was only a marginal increase compared to the 12-month prevalence. Neglect was the third most common type of mistreatment at 1.2%, and had the largest increase in numbers of people identified compared to the 12-month prevalence. There was a slight increase in physical abuse (0.7%), and there remained a single episode of sexual abuse. The prevalence of interpersonal abuse was 2.6%, emphasising the clustering of these types of abuse.

Mistreatment Within the Wider Community

Including neighbours and acquaintances as perpetrators in a 12-month definition of elder mistreatment, the prevalence rate increased to 2.9%. Neighbours and acquaintances were implicated in 26% of the reported incidents, placing them second to adult children as the most frequent perpetrators of mistreatment.

The inclusion of strangers increased the mistreatment prevalence rate to 3%. However, even allowing for mistreatment by neighbours/acquaintances or strangers the majority of older people experienced mistreatment by people close to them (Figure 6).

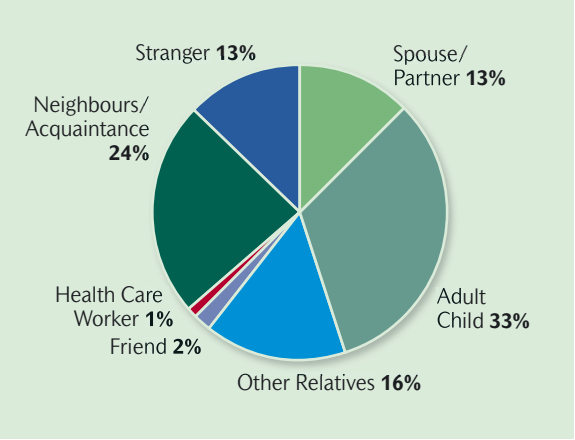

Figure 6 **Perpetrators of mistreatment including neighbours and strangers**

Conclusion

Using an international definition of elder abuse (WHO 2002), 2.2% of the study population experienced abuse or neglect in the previous 12 months. When extrapolated to the general population, this equates to 10,201 older people. Patterns of mistreatment varied between men and women and across the different age groups. Overall, women reported higher levels of abuse than men. With regard to age, men aged 80 years and older reported the highest levels of abuse, mainly financial, while women in the 70-79 years age group reported the highest levels of abuse, mainly interpersonal.

Socio-economic markers and health status were strongly correlated with prevalence of mistreatment, as was level of community and family support. Although there were identifiable risk factors, the mistreatment of older people was spread across all social groups and health status.

The 12-month prevalence rate of elder abuse and neglect identified in this study is relatively low but is similar to the prevalence estimates obtained in other studies, especially the UK study (2.6%) (O'Keeffe *et al*. 2007). The characteristics of the older people at higher risk of mistreatment, and the perpetrator characteristics identified in this study have also been reported in other studies.

This study, combined with international research and in-depth qualitative work on older people's and practitioners' experiences, can help to plan the way forward to address and manage elder abuse. Elder abuse and neglect are the potential outcomes of complex interactions between a multiplicity of social, economic, health, social isolation, education, environmental and possibly individual personality characteristics. Rarely is the mistreatment related to a single isolated factor. The interaction or mediating effects of multiple factors as identified in this study, makes it clear that no single government department or social service will be effective in reducing the annual incidence of elder mistreatment. The response needs to be multifaceted, targeting early risk factors with an emphasis on prevention, and later risk factors with a focus on resolving the mistreatment. The responsibility is shared across the whole of society including individual older people, families, communities, health and legal professionals, voluntary organisations, the media, policy makers, legislators, education, health, social and housing services, financial organisations, employers, academic and social policy institutes.

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Obtaining the Full Report of this Study

The full report of these research findings, Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect by C. Naughton, J. Drennan, M.P. Treacy, A. Lafferty, I. Lyons, A. Phelan, S. Quin, A. O'Loughlin, L. Delaney is published by the National Centre for the Protection of Older People.

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