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Older Adults Abuse and Neglect



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Synonyms

[Domestic violence](#); [Elder abuse](#); [Intimate partner violence](#); [Older adults maltreatment](#); [Older adults mistreatment](#)

Definition

The National Academy of Sciences in the United States has recommended a broad definition of abuse and neglect of older adults as “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (National Research Council 2003, p. 40). This definition excludes self-neglect and victimization of older adults by strangers. Researchers and practitioners have generally focused on the following types of abuse and neglect of older adults:

- (a) Physical abuse, including acts that inflict physical pain or injury. The most common acts of physical abuse include slapping, punching, or hitting with objects.
- (b) Sexual abuse, including rape or other non-consensual sexual contacts.
- (c) Psychological abuse, including acts causing psychological distress. Examples of these acts are cursing, ignoring, humiliating, and threatening.
- (d) Financial abuse, including the misappropriation and/or unauthorized use of the older person’s money or property.
- (e) Neglect, including the failure of a caregiver to meet the needs of a dependent older person (see ► [“Abuse and Caregiving”](#); Pillemer et al. 2016; Schiamberg and Gans 2000).

Overview

Abuse and neglect (or mistreatment) of older adults exist across social classes, racial/ethnic groups, and geopolitical regions. With the aging of populations and the corresponding increase in caregiving needs, mistreatment of older adults is now recognized as a serious and growing problem in the United States and globally (see ► [“Abuse and Caregiving”](#)). However, it is challenging to define what constitutes abuse and neglect in different sociocultural contexts. In the United States, legal definitions of abuse and neglect vary from

state to state, posing problems for comparing statistics collected by different state agencies.

Most abuse and neglect of older adults occurs in a community setting, specifically in families. Approximately 10% of older adults in the United States have experienced some form of abuse and neglect. Prevalence rates vary, however, depending on the definition, setting, population type, data source, and research methods. There is consensus in the United States that studies based on data collected from Adult Protective Services may have underestimated abuse and neglect among older adults (Laumann et al. 2008; Dong 2015b). About 90% of the abusers of community-residing victims are family members, and two-thirds are either a spouse or an adult child, typically representing the primary caregiver of the abused older adult (Institute of Medicine 2002; Schiamberg and Gans 2000).

The conflict tactic scale (CTS) is often used in community-based surveys to screen for abuse of older adults, while most researchers use their own questions to screen for neglect. Multiple types of abuse and neglect of older adults are found in family settings. For example, victims' experiences include financial exploitation, neglect, emotional abuse, physical abuse, and sexual assault (Lachs and Pillemer 2004). Based on large-scale population surveys of community-dwelling individuals in the United States, financial exploitation is one of the most common forms of abuse that older adults face over a 1-year period (4.5%), followed by psychological abuse (1.5%), physical abuse (1.4%), neglect (1.1%), and sexual abuse (0.5%) (Pillemer et al. 2016).

It is difficult to collect accurate data on the prevalence of abuse and neglect of older adults for multiple reasons. First, researchers often ask older adults about their experience of abuse and neglect directly, yet victims tend to be reluctant to report such occurrences because they are afraid of stigma or potential retaliation from the perpetrators, who are often their primary caregivers. Second, victims may also be incapable of reporting the abuse and neglect due to serious physical, mental, or cognitive illness (Institute of Medicine and National Research Council 2014). Finally, the sociocultural backgrounds of

older adults and family members can affect the reporting of abuse and neglect (Dong 2015a).

A substantial number of older adults abuse and neglect cases occur in institutional settings such as nursing homes. Older adults in nursing homes are especially vulnerable, as most of them rely heavily on their caregivers for daily assistance due to more severe physical, mental, and cognitive impairment compared to community-dwelling older adults (Hawes 2003). In a nursing home setting, the perpetrators are primarily staff or other residents. More recent studies on nursing home abuse have focused on resident-to-resident abuse (Lachs et al. 2007; Zhang et al. 2011), which refers to any aggressive or negative physical, sexual, or verbal interaction between nursing home residents (Institute of Medicine and National Research Council 2014).

No reliable prevalence studies of older adults abuse and neglect in institutional settings have been conducted due to various challenges (Pillemer et al. 2016). Older residents' self-reports of abuse and neglect are often viewed as unreliable given that a significant proportion of the residents have limitations in physical, mental, and cognitive functioning (Harris and Benson 2006). Family members' reports tend to be underestimates because they may be unaware of the problem until it reaches advanced stages, and they may also be reluctant to complain (Zhang et al. 2011).

Despite the paucity of data, however, regional surveys of nursing home staff and family members indicate that abuse and neglect of older adults represents a serious problem in nursing homes. For example, 37% of certified nursing assistants reported that they had witnessed neglect of residents (Hawes 2003). In a survey of family members of older adults aged 65 and older in Michigan nursing homes, 24.3% of respondents reported that their relatives were physically abused by nursing home staff on one or more occasions in the last 12 months (Schiamberg et al. 2012).

Key Research Findings

To understand why the abuse and neglect of older adults occur, Schiamberg and colleagues

(2000, 2011) developed a comprehensive ecological model of older adults' mistreatment, which builds on theoretical frameworks of domestic abuse, human development, and the life course. One distinctive feature of the model is that it is bifocal, focusing on the older adult and the caregiver (either in the family or institution) as a dyad. Furthermore, it suggests that the interaction within the older adult-caregiver dyad should be examined in "multiple contexts — biological, physical/ecological, interpersonal, sociocultural, political, economic, and historical" (Schiamberg and Gans 2000, p. 338). The ecological model provides a powerful tool to examine the risk factors of older adults' abuse and neglect at the individual, family, community, and societal levels.

A variety of individual-level risk factors for abuse and neglect have been identified in community settings. Research has shown that the demographic, socioeconomic, and health characteristics of victims are associated with abuse and neglect found in the family. Demographic risk factors include gender, age, and race/ethnicity. For example, older adults who are women, aged 80 and above, and who belong to specific racial/ethnic groups are at greater risk of being abused and neglected (National Research Council 2003; Fulmer et al. 2005). More specifically, Black older adults in the United States experience higher rates of financial exploitation and emotional abuse than do White older adults. On the other hand, Latino older adults have lower rates of financial and verbal abuse than do White older adults (Beach et al. 2010; Laumann et al. 2008; Peterson et al. 2014). As for socioeconomic status, poverty is associated with higher risks of neglect, financial exploitation, and emotional and physical abuse (Burnes et al. 2015; Peterson et al. 2014). In addition, older adults' health is an important risk factor for abuse and neglect. In particular, those who have a physical impairment (e.g., disability or functional limitation), psychological distress (e.g., depression), or cognitive impairment (e.g., Alzheimer's disease) are at greater risk of being abused and neglected (Pillemer et al. 2016). Other risk factors include shared living

arrangements and social isolation. Shared residency increases the opportunities for tension and conflicts among family members, especially between the caregiver and care recipient (Pillemer and Suito 1992). Older adults who feel socially isolated are also more likely to be abused and neglected (Lachs et al. 1994; Luo and Waite 2011).

Characteristics of family caregivers constitute another key set of risk factors for the abuse and neglect of older adults. The risk of abusive behaviors and neglect significantly increases when family caregivers have a mental illness such as depression, anxiety, or substance abuse problems. Abusers are also more likely to have hostile personality traits, poor interpersonal relationships, their own marital or family conflicts, or childhood trauma (e.g., childhood physical neglect). Furthermore, abuser's financial dependency on the victim is strongly associated with the abuse of older adults (Fulmer et al. 2005; Pillemer et al. 2016; Reay and Browne 2001).

Based on the ecological model, the risk factors of older adults' abuse and neglect in nursing homes can be evaluated from multiple levels: individual characteristics of both residents and staff, family-nursing home staff interactions, and key characteristics of the nursing homes (e.g., location, size, ownership status, staff resident ratio, and turnover ratio). Because the prevalence of cognitive impairment among nursing home residents is so high, researchers often rely on proxy reports of abuse and neglect from family members and nursing home staff (Institute of Medicine and National Research Council 2014; Lachs and Pillemer 2004; Zhang et al. 2011).

At the individual level, previous studies have shown that older adults' functional impairments in activities of daily living (ADLs), previous victimization by non-staff perpetrators, and behavioral problems are associated with a higher risk of neglect and physical abuse reported by family members in Michigan nursing homes (Schiamberg et al. 2012; Zhang et al. 2011). Staff-to-resident mistreatment has also been associated with staff burnout, resident-to-staff aggression, staff conflicts with patients,

and negative attitudes toward residents (Pillemer and Moore 1990).

Although previous research has largely focused on older adults' abuse and neglect committed by staff members in nursing homes, recent research has shown that resident-to-resident abuse and aggression also pose a serious threat to older adults' physical and mental health. One study based on family members' reports has found that victims of mistreatment by other residents in nursing homes tend to be younger, female, to have behavior problems or to have a greater level of physical functioning. In this study, mistreatment can include physical, psychological, and financial abuse (Zhang et al. 2012). In terms of physical abuse that results in injuries, researchers found that the victims were more likely to be cognitively impaired, more prone to wandering, or verbally abusive to other residents or staff (Shinoda-Tagawa et al. 2004). However, it is important to emphasize that cognitively impaired individuals could be both perpetrators and victims of resident-to-resident abuse (Lachs et al. 2007).

Several institutional characteristics are associated with abuse and neglect of older adults in regional studies. For example, a higher number of residents, a higher number of certified beds, and location in metropolitan areas were found to be associated with higher incidents of older adults' abuse in Iowa (Jogerst et al. 2006). Other hypothesized institutional factors include poor staff screening practices, staffing problems, inadequate training, and lack of supervisory oversight (National Research Council 2003).

In recent years, researchers have gone beyond risk factors at the individual, family, and institutional levels and suggested that societal-level factors may also play a role in the prevalence of older adults' abuse and neglect. One important risk factor often discussed in the literature is ageism – “negative attitudes and behavior toward older adults.” In the United States, older adults are often stereotyped as “cranky, forgetful, incompetent,” dependent, burdensome, and noncontributing citizens (Levy 2018, p. 226; Nelson 2005, 2016). Researchers have often focused on the negative

aspects of aging instead of the positive ones, however, which may have contributed to the general belief that “getting older is inherently negative” (Levy and Macdonald 2016, p. 7). Pervasive ageism in the workplace, mass media, and healthcare settings may also contribute to societal tolerance of mistreating older adults in family and long-term settings (Phelan 2008).

Examples of Application

Most prior studies on the prevalence and risk factors for older adults' abuse and neglect have been conducted in developed countries and have focused on White older adults. Yet mistreatment of older adults is an international phenomenon, and it is important to understand cultural variations in the conceptualization of abuse and neglect as well as in the various risk factors so that culturally sensitive prevention strategies can be developed and implemented (Pillemer et al. 2016). The mistreatment of Chinese older adults warrants special attention, as it is estimated that by 2050 about 25% of the world's older population will be Chinese (Dong 2015a). Here, we briefly review the growing literature on abuse and neglect in Chinese populations.

Prior studies suggested that the mistreatment of older adults in Chinese societies is common but tends to be underreported and understudied due to stigma, low levels of awareness, and the cultural tradition of keeping family affairs within the family (Dong et al. 2011). The most commonly reported types of mistreatment in Chinese communities are psychological abuse, caregiver neglect, financial exploitation, and physical abuse. Due to the cultural tradition of filial piety, which dictates the responsibility of adult children to respect, obey, and take care of their parents in old age, many Chinese older adults hold high expectations of receiving care and support from their adult children. However, the younger generation tends to have a different interpretation of filial piety from their older parents. Some scholars argue that the discrepancy in cultural values may result in more family conflicts and stress in intergenerational relations and may

increase the risk of psychological abuse such as disrespect, cursing, and ignoring of Chinese older adults (Chang and Dong 2014).

In mainland China and Hong Kong, researchers have identified several important correlates of older adults' abuse and neglect. However, most of these studies are based on cross-sectional data and have limitations in terms of establishing causal links between potential risk factors and the mistreatment of older adults. Among community-dwelling Chinese older adults, indicators of lower socioeconomic status (e.g., illiteracy, lower levels of education, no income, and unemployment) are significantly associated with high risk of older adult abuse (Yan and Chan 2012; Dong and Simon 2013). In both mainland China and the United States, researchers have examined the role of psychological, cognitive, and physical health in the mistreatment of older adults. Those studies suggest that depressive symptoms are consistently associated with abuse and neglect of older adults in regional and clinical samples (Dong et al. 2008; Wu et al. 2012). Researchers have also found that physical disability is a risk factor for older adults' abuse in China, Hong Kong, and Taiwan (Dong 2015a; Wang 2006; Yan and Tang 2004). There is also compelling evidence that low cognitive function and declines in cognitive function are significantly associated with a higher risk of older adult abuse (Dong et al. 2014). Moreover, consistent with findings in the West, a lack of social support is strongly associated with the abuse of older adults in China, Hong Kong, and Canada (Dong 2015a).

Future Directions for Research and Summary

In the past few decades, researchers have made important strides in the study of older adults' abuse and neglect in community and institutional settings. Nevertheless, the mechanisms underlying the risk factors for abuse remain largely unknown, and many studies are descriptive and based on cross-sectional data. Here, we discuss what we see as the most promising directions for future research.

First, to establish causal relationships between sociodemographic, health, and economic risk factors and abuse and neglect, it is crucial that researchers collect and analyze longitudinal data using advanced statistical techniques such as growth-curve and structural equation modeling. Researchers need to know the pathways between the potential risk factors and the incidence of abuse and neglect. Furthermore, future research should also identify risk factors of specific types of abuse, because prior studies have demonstrated that some types of abuse may have different causes than others (Dong 2015b). There is also a pressing need to use innovative mixed-method approaches to assess the prevalence and correlates (resident, facility, and contextual-level) of abuse and neglect in nursing homes. Data should be simultaneously collected from multiple sources including residents, family members, staff, doctors and nurses, and Adult Protective Services.

Second, as the American older population becomes more diverse, evidence is mounting that the prevalence of abuse and neglect of older adults is higher among minority populations than among Whites. Some researchers suggest that we need to better understand cultural variations in the definitions of abuse and neglect among different racial-ethnic groups. For example, in Native American populations, being denied access to a traditional healer when one is sick is considered spiritual abuse (Jervis 2014).

Finally, a dearth of research on abuse and neglect among older adults in many developing countries persists, despite the rapid graying of their populations. A limited literature suggests that the prevalence of physical abuse of older adults is higher in developing countries (e.g., China, India, and Nigeria) than in developed countries, although Mexico has a lower rate of financial abuse of older adults than do the United States and Europe (Pillemer et al. 2016). Future research needs to go beyond prevalence rates of abuse and neglect and examine risk factors in different cultures with different levels of socioeconomic development. International comparative studies of prevalence and risk factors of abuse and neglect can highlight important societal-level factors of older adults' abuse and neglect.

The abuse and neglect of older adults is a global issue that threatens the health and well-being of a significant proportion of the older population around the world. National longitudinal research is needed to investigate the incidence and risk factors of abuse and neglect among older adults who live in nursing homes and less developed regions. More research is also needed to investigate abuse and neglect among diverse racial-ethnic groups. There is growing consensus that some risk factors of older adults' abuse and neglect are universal, while others may be culture specific. With more research, appropriate interventions can be developed to reduce the mistreatment of vulnerable aging populations in different contexts.

Cross-References

- ▶ [Ableism and Ageism](#)
- ▶ [Age Discrimination in the Workplace](#)
- ▶ [Age Stereotypes](#)
- ▶ [Age-Based Stereotype Threat](#)
- ▶ [Ageism Around the World](#)
- ▶ [Ageism in Healthcare](#)
- ▶ [Ageism in the Family](#)
- ▶ [Anti-aging Movement in the Mass Media](#)
- ▶ [History of Ageism](#)
- ▶ [Intergenerational Resource Tensions](#)
- ▶ [Self-reported Ageism](#)
- ▶ [Sexism and Ageism](#)

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