

The Relationship between Elder Abuse and Caregiving

This research includes six quantitative studies about elder abuse and caregiver interaction. According to the 2004 Survey of State Adult Protective Services, the majority (89.3%) of elder abuse occurs in a domestic setting, and 52.7% of alleged perpetrators are females (Administration on Aging, 2004). Elder abuse is defined as a single or repeated act or a lack of appropriate action occurring in any relationship where there is an expectation of trust which can harm or distress an older person (Dyer & Rowe, 1999).

Domestic elder abuse refers to physical, psychological, and sexual abuse; financial or material exploitation, and neglect of an older person by a spouse, sibling, child, friend, or caregiver in the elderly person's residence or the home of a caregiver (Duncan & Thobaben, 2003).

One study focused on the extent of different types of abuse, repeated and multiple abuse experienced among women age 60 and older, and the effects of the abuse on the women's self-reported health. From a phone survey of 4,261 phone numbers, nearly half of the women had experienced at least one type of abuse, psychological/emotional, control, threat, physical, or sexual abuse. Women who experienced psychological/emotional abuse repeatedly with other types of abuse reported significantly higher cases of bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems (Fisher & Regan, 2006).

PRIMARY FINDINGS OF ELDER ABUSE

The majority of care giving occurring in the home is provided by women who are unpaid (Koenig, Lutz & Rinfrette, 2006). Care giving can bring the caregiver and care recipient into closer contact as the result of assistance with daily living activities; closer contact can result in old conflicts returning to the surface (Anetzberger, 2000). Most studies have focused on the older adult being victimized and protected, and the focus should remain on prevention of abuse; however, little information is known about perpetrators. More data collection about the perpetrator, as well as the older adult being abused, can improve methods of prevention, intervention, and advocacy (Administration on Aging, 2004).

Because elder abuse involves the caregiver the majority of the time, social workers need to be aware of the fact that they will come into contact with caregivers who may have experienced domestic violence from the frail elder; therefore, caregiver stress and decision-making may be poor at the time of assessment. All assessments need to address the quality of the relationship prior to the incident of abuse. Development of caregiver options such as the use of sitters and the use of resources such as formal and informal support groups may be beneficial to help empower the caregiver; as a result, intervention measures will benefit the older adult as well.

RECOMMENDATIONS

1. Social support should be given both the older adult and caregiver through resources.
2. Boundary setting skills should be worked on by the older adult toward perpetrators.
3. Caregivers and care recipients should maintain outside relationships.
4. Assessments should address past abuse issues.
5. Use care giving options such as a sitter or aid if possible.