Victim and Offender Correlates of Elder Abuse and Mistreatment: Research for Future Prevention

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Victim and Offender Correlates in the Commission of Elder Domestic Abuse and Mistreatment: Research for Future Prevention

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Abstract: Elder abuse is a crime that is often misunderstood, under detected, and improperly processed. While definitions of this abuse are clear within most states, the knowledge that most elder abuse occurs at the hands of those the victim most trusts—their friends and family—is seldom understood by the public. Further, many professionals lack the training to effectively assess and detect elder abuse. Most underlying indicators of such abuse have specific correlates based on both victim and offender characteristics. Persons in various human service professions must be trained on those characteristics and the dynamics that tend to enable an abusive relationship to occur. Effective means of assessing elder abuse are presented as well as arguments for improved training among human service professionals.

Victim and Offender Correlates in the Commission of Elder Mistreatment: Research to Aid in Future Prevention

The primary purpose of this manuscript is to identify factors associated with elder abuse so that this phenomenon can be prevented in the future. With this in mind, it quickly becomes necessary that a baseline of information be provided to set the ground-stage for a more detailed analysis of this social problem. This paper will first provide basic definitions of elder abuse and will then explore characteristics common to both victims and perpetrators of elder abuse. The final section of this paper will provide a discussion of an identified risk-vulnerability model pertaining to elder abuse; highlighting how such a model can provide a constructive framework for future preventative efforts.

Throughout the literature, three basic forms of elderly mistreatment are frequently identified. These three broad categories include neglect, abuse, and exploitation. All fifty states have some form of elder abuse prevention laws (Regan & Fisher, 2007). Most all state laws provide explicit and detailed definitions for each of these categories of mistreatment (Regan & Fisher, 2007). In general, states define elder abuse as abuse against a person aged sixty of older who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for his/her own care or protection and who is (1) being abused physically or (2) sexually, (3) exploited financially, (4) neglected, or (5) has been abandoned by a caretaker (Bonnie & Wallace, 2002; Regan & Fisher, 2007).
Generally speaking, abuse is considered to be the infliction of physical or mental injury on an adult. Neglect, on the other hand, entails the failure of the responsible caregiver to provide proper or necessary support and/or care that is necessary for the elderly person. Whereas financial exploitation refers to the illegal or improper use or management of an elder person’s financial or material assets (Governor’s Office of Elderly Affairs, 2001). Each of these prior definitions are paraphrased from Louisiana statutory sources as a means of clarifying the otherwise detailed definitions provided by these legislatively driven documents. These definitions are roughly equal to or similar to definitions in other states throughout the nation (Jackson, 2007). However, as one can tell from the definitions provided above, there is no specific detail on the nature of abandonment, and this is sometimes a problem in differing state statutes. In general, civil liability can ensue (and even criminal liability) if one can demonstrate that some sort of special relationship exists between the person charged and the elderly victim (such as with domestic arrangements where a particular person is a caretaker or among employees in a nursing home).

When discussing neglect, it is important to note that this can come in the form of both physical and psychological neglect. Physical forms of neglect occur when the caretaker fails to provide goods or services necessary to avoid physical harm to the elderly person (Anetzberger, 2005). This may include issues such as leaving the elderly person in unsafe environmental conditions, depriving the victim of basic life-sustaining necessities, or failing to provide appropriate hygiene and/or sanitary conditions for the victim. In addition, neglect can also occur through psychological/emotional forms where mental anguish or mental illness might manifest (Anetzberger, 2005; Fulmer, Paveza, VandeWeerd, Fairchild, Guadagno, Bolton-Blatt, & Norman, 2005.). Such psychological neglect tends to revolve around some failure to provide the dependent elderly victim with social stimulation and might include deliberately ignoring the elderly victim or maintaining silence as a form of punishment, or failing to provide any sort of companionship (Fulmer et al., 2005).

Abuse tends to more readily surface in the mind of the public. As with neglect, this also comes in the form of both physical and psychological maltreatment. Abuse may include any type of deliberate physical injury, the use of unreasonable confinement and/or forms of restraint, intimidation, or cruel forms of punishment (Anetzberger, 2005; Barnett, Miller-Perrin, Perrin, 2004). This is particularly true if these acts result in physical harm, pain, or mental anguish to the victim (Anetzberger, 2005). Naturally, sexual assault and molestation of the elderly would be encompassed within this category as well (Anetzberger, 2005).

Exploitation tends to consist of the unlawful or improper act of using an elderly person’s financial resources and/or assets for personal gain (Anetzberger, 2005). In addition, exploitation can also occur when an elderly person is denied rights that are conferred to them by law or through the legal process (Anetzberger, 2005). Thus, the caretaker that commits this type of maltreatment will tend to either misuse the elderly person’s assets or financial income in a self-serving manner or they will deny the elderly person their essential individual rights that are given by power of law.

Research on elderly maltreatment has tended to be somewhat localized and based largely on reporting data within specific jurisdictions (Anetzberger, 2005). Much of this type of research has been implemented to target rates of prevalence and incidence of abuse (Anetzberger, 2005; Barnett et al., 2004). However, there has been a lack of national level research on elder mistreatment (Barnett et al., 2004). What is more, this type of research simply develops awareness but does not provide specific input and/or guidance on how this type of victimization can be prevented (Fulmer et al., 2005). Thus, there is a clear need for more qualitative and/or experiential research in this area to provide richer research into the causation of elder mistreatment (Fulmer et al., 2005). This
type of research, when combined with quantitative approaches, can be focused on specific factors that can increase the likelihood of elder abuse and therefore holds promise for those that would seek to prevent such occurrences in the future (Beach, Schulz, Williamson, Miller, Weiner, & Lance, 2005). It is with this last point in mind that this investigation into elder abuse will proceed. Essentially, the point and purpose of the remainder of this draft will be to demonstrate the means by which research can (and has) identified various characteristics of both victims and offenders associated with elder maltreatment (Beach et al., 2005; Fulmer et al., 2005).

Before delving into the characteristics of victims and offenders typically involved in elder abuse, it is first important to note that it will become clear to the reader that many of the dynamics the lie with undetected elder abuse are those that occur in the domestic environment rather than the hospital or nursing home environment. The reasons for this will become apparent in later sections of this manuscript, but before exploring these dynamics, it is perhaps first important to provide a clear definition of what is known as domestic elder abuse. Domestic elder abuse "generally refers to any of the several forms of maltreatment of an older person by someone who has a special relationship with the elder. This may be a spouse, a sibling, a child, a friend, or a caregiver in the person’s own home or in the home of a caregiver" (Regan & Fisher, 2007, p. 277). It is with this definition of domestic elder abuse that we proceed in illustrating the dynamics associated with such criminal behavior.

**Elderly Victim Characteristics**

According to Anetzberger (2005), the research and reported cases produce a profile for the typical elder abuse victim. This victim tends to be female and around the age of 75 or older who is widowed and lives in her own home. However, some exceptions were likewise found by Anetzberger if one considers the specific type of mistreatment (2005). For instance, victims of physical abuse tend to be a bit younger, still married, but in poor emotional health. In contrast, victims of passive neglect tend to be older, unmarried, functionally impaired, with little social support (Anetzberger, 2005).

One general finding associated with the majority of victims is a tendency to have more health problems and limited activities (Beach, et al., 2005). This is not necessarily surprising because these same elderly persons are likely to be much more dependent upon their caretakers, leading to an increased level of demand from and, stress upon, their respective caretakers (Anetzberger, 2005). This then can increase the likelihood of caregivers to loose their patience and their sense of obligation as they grapple with the frustrations and challenges of caring for their elderly dependents. Further still, the fact that these individuals may be less mobile with limited activity levels can make these individuals less able to report their mistreatment; serving to increase their vulnerability to mistreatment.

One interesting finding is that mistreated elders have the highest representation among the Latino American population (Beach et al., 2005). This finding is based on self-report data, however, and should therefore be received with a bit of caution. However, there is some reason to believe that this might be a legitimate finding despite the variable nature of self-report studies, since the Latino community does tend to be reserved and unwilling to typically report to various official authorities and/or research groups (Shusta, Levine, Wong, & Harris, 2005). Though this same observation has been made with other minority groups, the Latino American population has been noted to be particularly unlikely to report (Shusta, et al., 2005). Thus, it may be that these results may not only be reflective of the current level of mistreatment among the elderly Latino population, but this data may actually underreport the current incidence of such activity. This
would then mean that Latino American elderly are at a disproportionate and inflated risk of being victimized.

Though not a specific characteristic of the victim, it has been found that when fewer people live in a given household, elderly are less likely to be victimized (Beach, et al., 2005). Though speculative, this could be true due to a couple of reasons. First, it may well be that as there are more members within a given household, there is a decreased ability for perpetrators to victimize the elderly member and avoid detection; thus, the other members within the household act as a deterrent. On the other hand, it may be that with the larger number of household members, caregiver responsibilities are divided between more members; thereby reducing the stress associated with caring for the elderly and the resultant likelihood of elder mistreatment.

It has also been found that victims of mistreatment are more likely to be recipients of Medicaid (Beach, et al., 2005; Fisher, Zink, Pabst, Regan, & Rinto, 2004). From the research, it is not entirely clear why this finding might exist, but Anetzberger (2005) did find that victims of passive neglect tended to have caregivers that were not financially dependent. These caregivers found the victims to be a source of added stress during the time of personal loss (Anetzberger, 2005). Thus, it may be that victims with nondependent caregivers do not find the need to keep their behavior in check due to financial concerns, thereby making the Medicaid income a non-relevant factor in their mistreatment of the elderly family member. This tends to fit with the general findings of perpetrators (discussed in the following section) that tend to be younger, male, and financially self-sufficient (Anetzberger, 2005).

Lastly, it has been found that when elderly persons report childhood trauma, they are more likely to be diagnosed as suffering from neglect (Fulmer et al., 2005). This finding provides a particularly insightful glimpse into the development of potential victims of elder abuse since it demonstrates a history of victimization. This is not at all to say that the elderly victim is destined to be a victim if they have been abused as a child, and it certainly is not meant to indicate that the elderly victim causes their own mistreatment. Rather, this demonstrates an antecedent that may make older adults that suffered from childhood abuse more likely to tolerate mistreatment later in their life (Fulmer et al., 2005). Fulmer et al. notes that such care may be seen as normal by the victim or that the victim may give in to despair and the belief that such treatment is inevitable (2005). Thus, prior childhood abuse may be a factor that can predispose a person to later elderly mistreatment, if not appropriately addressed.

Perpetrator/Caretaker Characteristics

According to Anetzberger (2005), elder mistreatment is first a function of the perpetrator characteristics and secondarily a function of the victim’s characteristics. One key finding has been found to be statistically significant, caregivers that mistreat their elderly dependents tend to be spouses of that dependent (Beach, et al., 2005). Indeed, the reported rates put caregivers married to the care-recipient at being three to four times likely to commit some form of mistreatment (Beach, et al., 2005). This mistreatment does tend to be limited to verbal interactions, such as screaming or yelling in the majority of the cases (Beach, et al., 2005; Barnett et al., 2004). This is not necessarily surprising since such dyads will be familiar with one another and since the majority of violence (and abuse) in society tends to be at the hands of persons that know one another.

In addition, it would appear that caregivers with cognitive impairments and/or physical impairments tend to be more likely to mistreat their elderly dependent. To a large extent, this is not at all surprising. In fact, one would actually have to question the wisdom of having a person with such impairments placed in the role of caregiver. Though this may seem obvious, the
reality is that in many cases there may simply be no choice, particularly among married couples that do not have other forms of social support and therefore must rely upon one another. This then creates the dynamic whereby one spouse takes care of another and thus explains much of the reason that victims tend to be married to their mistreating caregiver. Naturally, the extent of mistreatment tends to vary with the extent of cognitive and/or physical impairment; the more serious and severe the type of impairment, the more likely and the more serious the type of mistreatment.

Another primary characteristic of caregivers that mistreat elderly dependents is the presentation of depression. It has been found that caregivers with clinical depression are much more likely to engage in mistreatment of their elderly dependents than those that are not so afflicted. Though speculative in nature, it can be surmised that among men, depressive symptoms might include acting out in angry outbursts, since there has been substantial evidence that men tend to use more aggressive forms of negative emotional expression, largely as a means to mask their depression (Dutton & Golant, 1995). This same dynamic has been noted among domestically abusive men, particularly those that are physically abusive (Dutton & Golant, 1995). This then matches the point regarding physically abusive caretakers, since it was earlier noted that elderly female dependents that are physically abused (a minority sample of the mistreatment cases but a nonetheless important subgroup) do tend to still be married rather than widowed (Anetzberger, 2005). Thus, in these specific cases, the dynamics associated with a mistreating caregiver and an elderly dependent could actually be a carry-over from what was nothing less than a previously abuse husband-wife relationship.

This last point deserves some bit of further discussion since it essentially means that the elder abuse itself is but a mere extension of earlier behavioral interactions in the relationship. Among those couples where domestic abuse is known to have existed, both professionals and family members should be particularly alert for recidivate acts of abuse. One should not simply presume that the abuser will ‘age out’ of the abusive behavior. In fact, there is all the likelihood that the abuse, though not necessarily lethal, may become ever more frequent as the victim becomes increasingly dependent upon the perpetrator. One theory in particular, presented by Wallace (2007), seems to demonstrate that the cyclical abuse pattern will continue to be exacerbated as the victim becomes ever more dependent and unable to act independently. This theory is known as social exchange theory, in which it is assumed that dependency in relationships contribute to elder abuse (Wallace, 2007).

One particular aspect of social exchange theory contends that the victim’s increase dependence on the abuser results in further acts of abuse. Interestingly, the abuser does not necessarily kill the victim, but instead continues with non-lethal violence as a means of maintaining the exchange between the two partners. At the base of it, “this theory holds that when there is a loss or mutual sharing of resources between the elder and the intimate caretaker, the quality of the relationship degenerates” (Wallace, 2007, p. 286). This then leads to the caretaker perceiving the relationship as unfair, leading to further hostility. Among batterers, there is a distinct tendency to be hypersensitive to concerns with ‘fairness’ as well as a pathological concern with equity; equity that is only such within their own perception, being quite lopsided to most rational individuals that are not obsessed with maintaining power and control over a significant other (Dutton & Golant, 1995; Groetsch, 1996). Having such power over another person is beneficial to the batterer since it is their own needs that are met and that drive the relationship. However, as the couple ages, the focus shifts from their own needs to those of the victim. Naturally, this does not mesh well with prior learning in the couple’s relationship since it is the abuser that is used to being the benefactor of the
caretaking. Such a swap in roles serves as a new reason for continuing the abuse—no longer are jealousy issues and fear of partner abandonment the psychological impetus of violence in the home, but now such violence is rooted in resentment of the victim’s helpless state.

**Combined Dynamics, Prevention, and Intervention**

From the previous discussion, it is clear that there are both risk-factors (associated with the potential perpetrator) and vulnerability factors (associated with the potential victim) that come into play. Risk factors for perpetrators include cognitive deficits, the level of caregiving burden, caregiver depression, and caregiver health status (Fulmer et al., 2005). For victims, risk factors include racial/ethnic demographics, childhood trauma, health of the dependent elder, and the number of members in the household (Fulmer et al., 2005). The extent to which these factors occur determine the likelihood of potential elder dependent mistreatment. Thus, it would appear that there is fertile ground for prevention and intervention efforts. These intervention efforts should include both individualized efforts and programs that integrate multiple household members (since the number of household members serves to directly decrease the likelihood of mistreatment). If the elder and caregiver are the only household members, other family members living outside the household, friends, and/or external volunteers or professionals should be integrated into the process.

In addition, there is clear need for clinical tools that can help identify caregivers at risk for providing poor-quality care. In particular, “depressed older spouses who occupy the caregiving role may be particularly appropriate targets for screening and intervention efforts” (Beach et al., 2005, p. 260). With this in mind, clinicians should naturally address the depression but they should also make a point to focus on a wide range of corollary issues that can help alleviate both the depression and the strain of the caregiver role. Examples might include support group referral, arranging for assistance from other family members and/or friends, or having volunteers and/or formal service-providers provide assistance (Beach et al., 2005). Naturally, a caregiver that is clinically depressed should also be given some form of direct intervention for their depression, whether this come in the form of psychotherapy, medication, or both. In addition, interventions should be multimodal in approach, combining family counseling, case management, skills training, as well as behavioral and environmental modification strategies (Beach et al., 2005).

These same interventions should include the person that is at-risk of victimization as well. This is particularly important given the fact that a high number tend to also report trauma due to childhood abusive experiences. Thus, the use of various forms of family counseling (i.e. with the potential victim’s children and grandchildren), symptom management, and marital therapy for spouses that care for one another, can all be used to either prevent potentially abusive circumstance or to provide an intervention that alleviates the effects of mistreatment that has occurred.

Further still, there is in all likelihood, a need for culturally competent interventions (Dana, 1993). This is particularly true since the Latino American community has been noted to have a higher than average self-report response rate. This actually should be a primary consideration whenever family-based interventions are utilized since this will be a key variable of the family’s development (Dana, 1993). Naturally, racial or cultural identity will also be a key variable in the identity of the individual as well (Dana, 1993). The effective integration of cultural norms, mores, traditions, and customs can serve as a familiar sense of continuity that can buffer against life-course stressors, including those associated with caregiving of the aging. Thus, when and where appropriate, family dynamics should always be integrated and the intervention should be suited for a specific family’s demographic orientation.
The Need for Improved Training

Knowledge can only be helpful if it is disseminated to those that can benefit from it. This is an important point because all too often incidents of domestic abuse go unreported even though tell-tale signs may exist. Indeed, the simple requirement that professionals report elder abuse and neglect does not then translate to possession of the necessary assessment skills to know when reporting may be necessary (Bergeron, 2007). Therefore, professionals must fully understand who may be more likely to be perpetrators of abuse and neglect of the elderly as well as the key factors in assessing for possible abuse when interacting with the elderly and those related to them and/or sharing the same household (Bergeron, 2007; Barnett et al., 2004). Further, it will obviously not do to simply ‘expect everyone’ as that would lead to a flurry of false allegations arising from the false positives in detection that would occur. This can obviously have detrimental effects for the elderly person, their family, and for the agency that generates perpetually incorrect suspicions. Thus accuracy in detection is important, both for public safety and agency liability purposes.

Specifically professionals need to assess the older person’s family relationships. This is particularly true because most cases of elder abuse occur at the hands of relatives, ironically, those very persons that one would not typically expect to commit such crimes (Bergeron, 2007; Barnett, Miller-Perrin, Perrin, 2004). Professionals seldom understand that it is relatives own needs (not those of the elderly victim) that may often motivate his or her involvement with the elderly person. Thus, it is important that professionals probe behind the reason that a relative or friend is living with the elderly person and, more importantly, it is important that the professional interviews the elderly person to get their perception of the relationship that exists with that relative or friend. Many elderly may be intimidated into allowing the person to stay with them, and professionals must be receptive to this possibility (Bergeron, 2007; Barnett, Miller-Perrin, Perrin, 2004). Consider an example provided by Bergeron (2007) where “a homeless relative may seek shelter from an older, frail aunt; or an alcoholic adult son might steal his father’s money because he cannot maintain a job” (p. 282). In each of these cases the perpetrator may only need to make implicit threats, the rest being clearly understood by both due to years of prior relational dynamics and interactions. The odds of public service workers detecting such exploitation are slim unless they are particularly vigilant and deliberately look for such characteristics within the household.

Professionals should be particularly alert to the social networks that elderly persons maintain, with specific focus on assessing for isolation among elderly persons. Isolation is a key factor in abuse and neglect and may present in either of two forms; the isolation that occurs as a person becomes either physically or mentally unable to attain full mobility (as with walking or driving a car) or the isolation that is imposed on the elderly person by another person (Bergeron, 2007; Barnett, 2004). With this in mind, it should be remembered that “the former may indicate a self-neglect scenario or the possible vulnerability to victimization. The latter may indicate a currently abusive or neglectful situation with isolation as a means of the perpetrator to control the victim” (Bergeron, 2007, p. 282).

Other factors that might require increased attention is late-life marriages, particularly if the partner is significantly younger than the elderly person. Such situations can be due to the elderly person being manipulated through what initially appears to be a kind and warm relationship that later turns into one of exploitation, manipulation, and control. Often, older people may be embarrassed by what they consider to have been poor choices will then not be willing to disclose information to investigators or interviewers. This sense of shame and embarrassment is even more pronounced among different minority groups, such as those in the Asian American community. Thus, professionals should take time to show concern, empathy, and sincerity that is unhurried and
is not overly probative. Empathetic listening skills and the ability to talk about a given area of concern in indirect terms can lead to clues regarding abusive circumstances that may not ever be overtly disclosed, potentially giving professionals the grounds for further exploration. When considering the various aspects associated with the assessment and detection of elder abuse, Bergeron (2007) sums it up best by stating that:

Elder abuse requires an array of core competencies: understanding the laws in respective states, assessing for abuse and neglect, learning how to interview elders who have sensory impairments, and understanding how ethical principles of self-determination, client abandonment, and providing protection work together. Professional competency in understanding the older person’s cultural, ethnic, and family system is critical for presenting solutions and negotiating the client’s decisions with level of risk. Training may come from a variety of sources... professionals interfacing with older people must insist that their agencies of employment, professional associations, community organizations, government funding, and local universities and colleges provide and include ongoing training in assessment and intervention skills for working with clients vulnerable to elder abuse and neglect (p. 284).

Conclusion

The mistreatment of the elderly occurs through a variety of means that have been specifically defined and identified by state laws throughout the nation. Though it is good to have a clear sense of definition and it is likewise laudable to enforce state responses to such criminal acts, this by no means eliminates the problem. Such official response does not eliminate further recurrence of the problem nor does it necessarily aid the victim in obtaining appropriate care. This then requires a more in-depth understanding of both perpetrator and victim characteristics, with the goal of prevention being the primary target consideration. Further, for those cases that are not prevented, appropriate interventions should be implemented to reduce the likelihood of future victimization. Indeed, as has been seen, this is often the case with elder mistreatment, pointing toward the need for appropriate risk-prediction, professional training, and intervention skills among persons working in the human services arena.

References


