

OCSWSSW Educational Forum

“Elder Mistreatment: What Does It Mean? How
Should I Respond to It”

David Burnes, B.Sc., MSW, PhD

Assistant Professor, University of Toronto, Factor-Inwentash
Faculty of Social Work

Affiliate Scientist, Baycrest, Rotman Research Institute

<http://socialwork.utoronto.ca/profiles/david-burnes/>

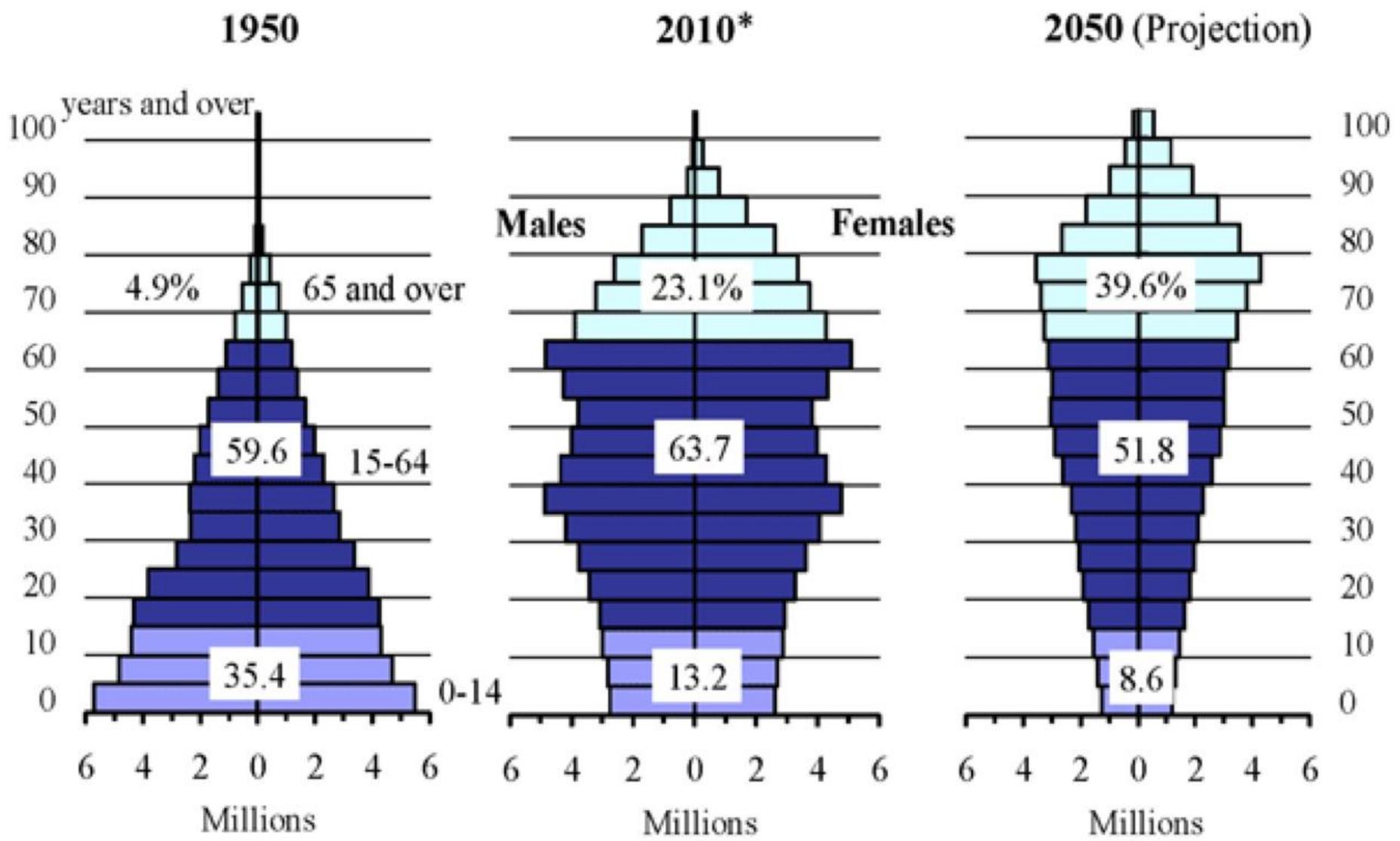
david.burnes@utoronto.ca

Presentation Overview

Elder Mistreatment (EM)

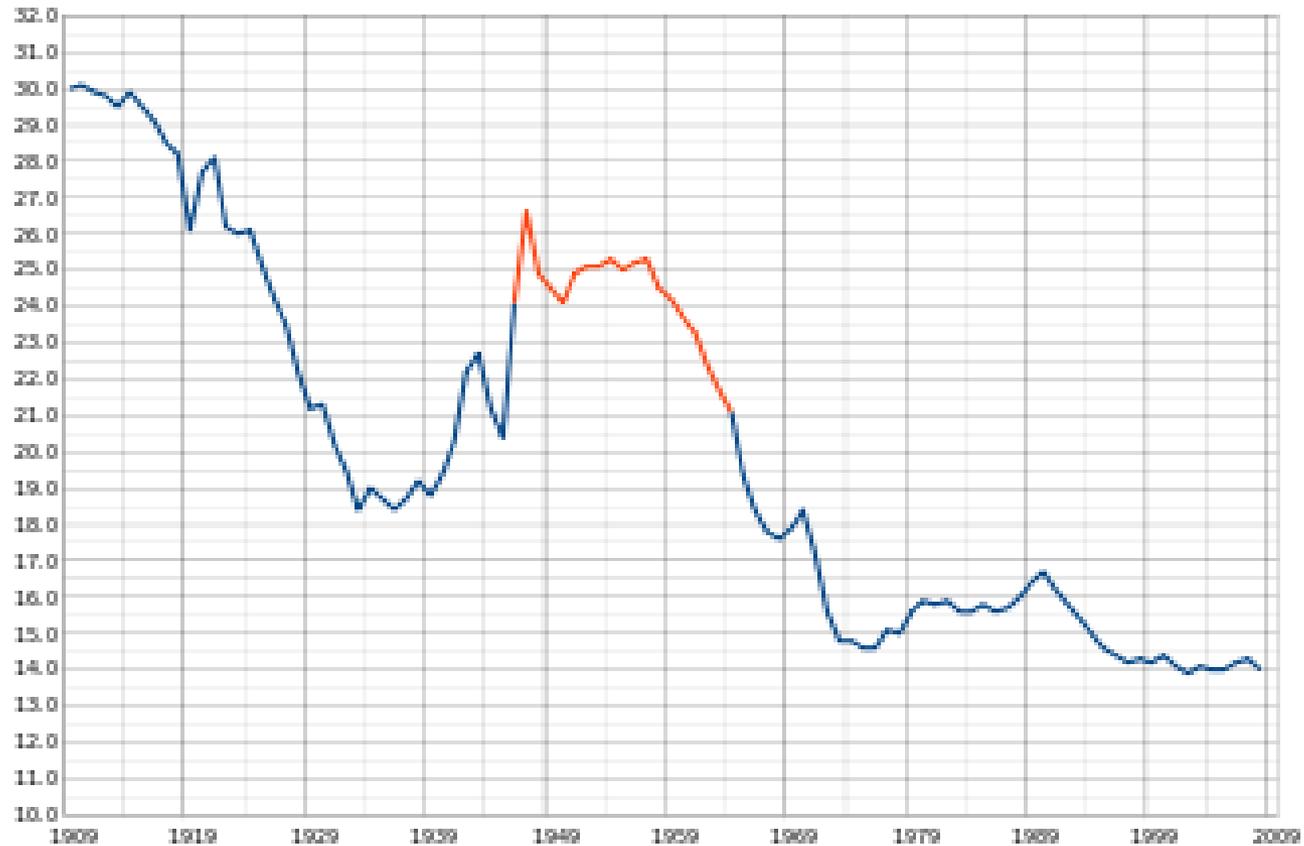
- A. Population demographic backdrop
- B. What Do We Know About Community-based EM?
- C. Implications/directions for Intervention

Figure 2.3
Changes in the Population Pyramid



Source: Statistics Bureau, MIC; Ministry of Health, Labour and Welfare.

Declining Birth Rates



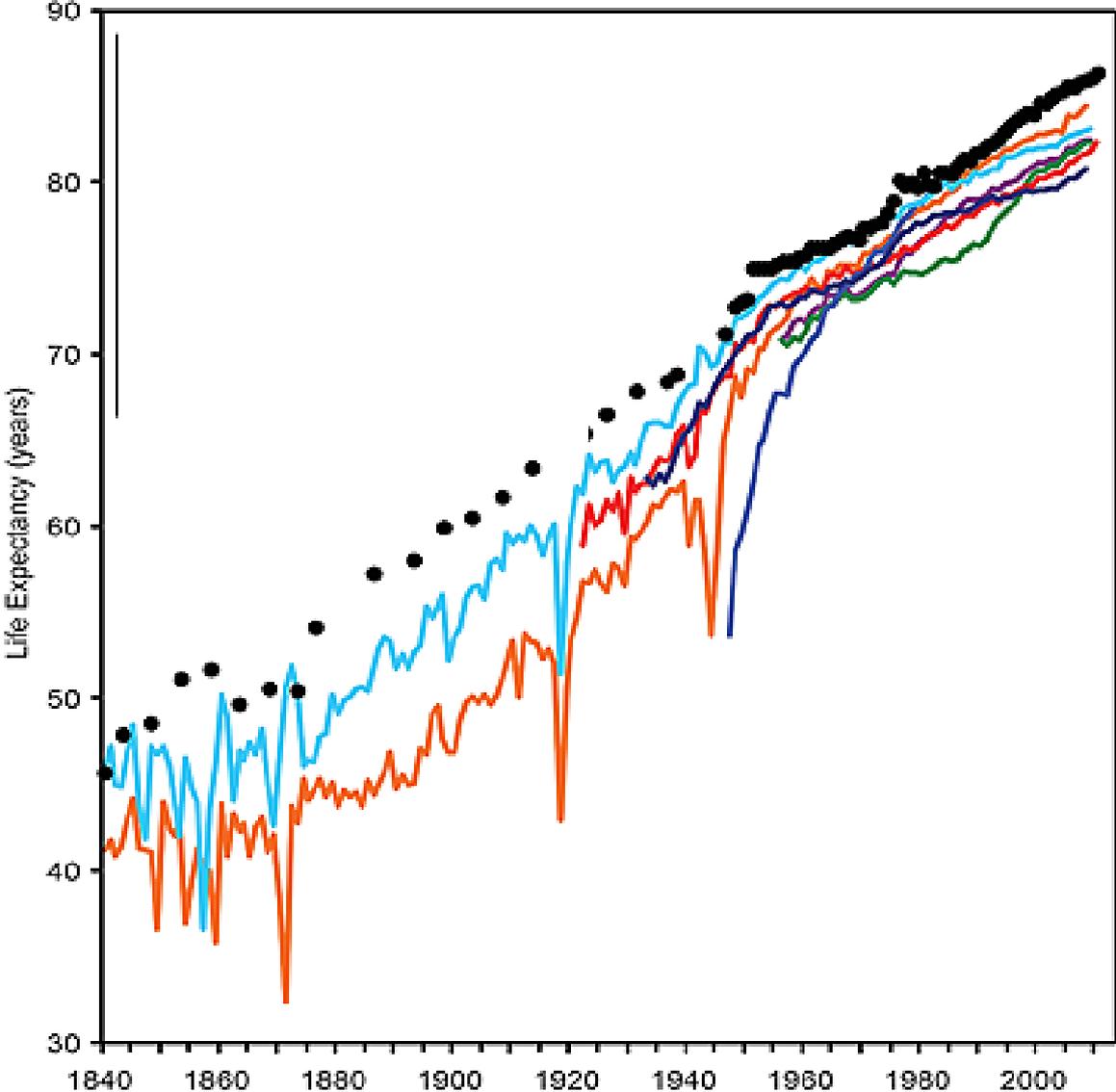
Increasing Life Expectancy

Most babies born in 1900 did not live past
age 55

Current life expectancy is approximately 82
years of age:

- Females - 84
- Males – 80

Global Female Life Expectancy

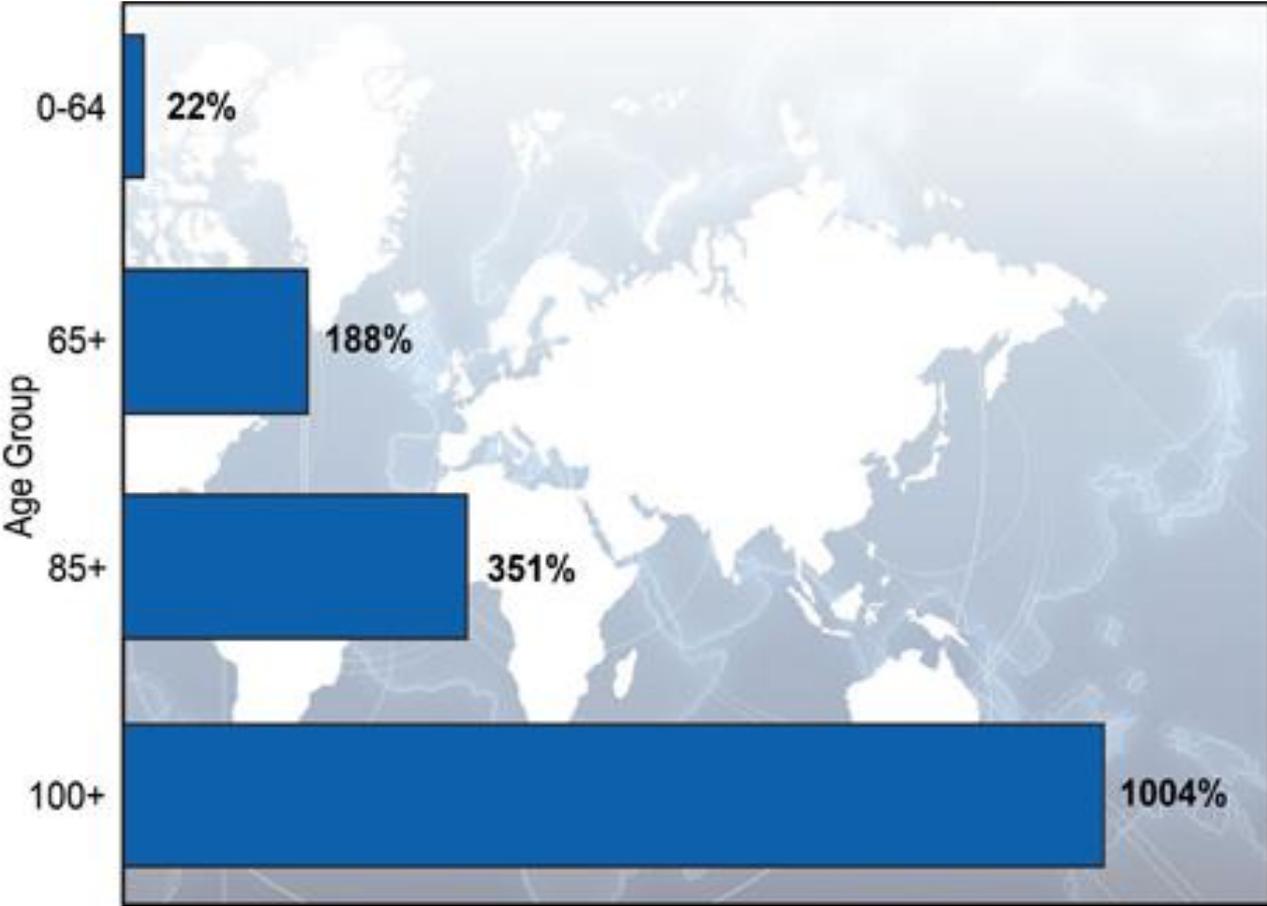


Can life expectancy keep going up? How high can it go?

Increasing Life Expectancy

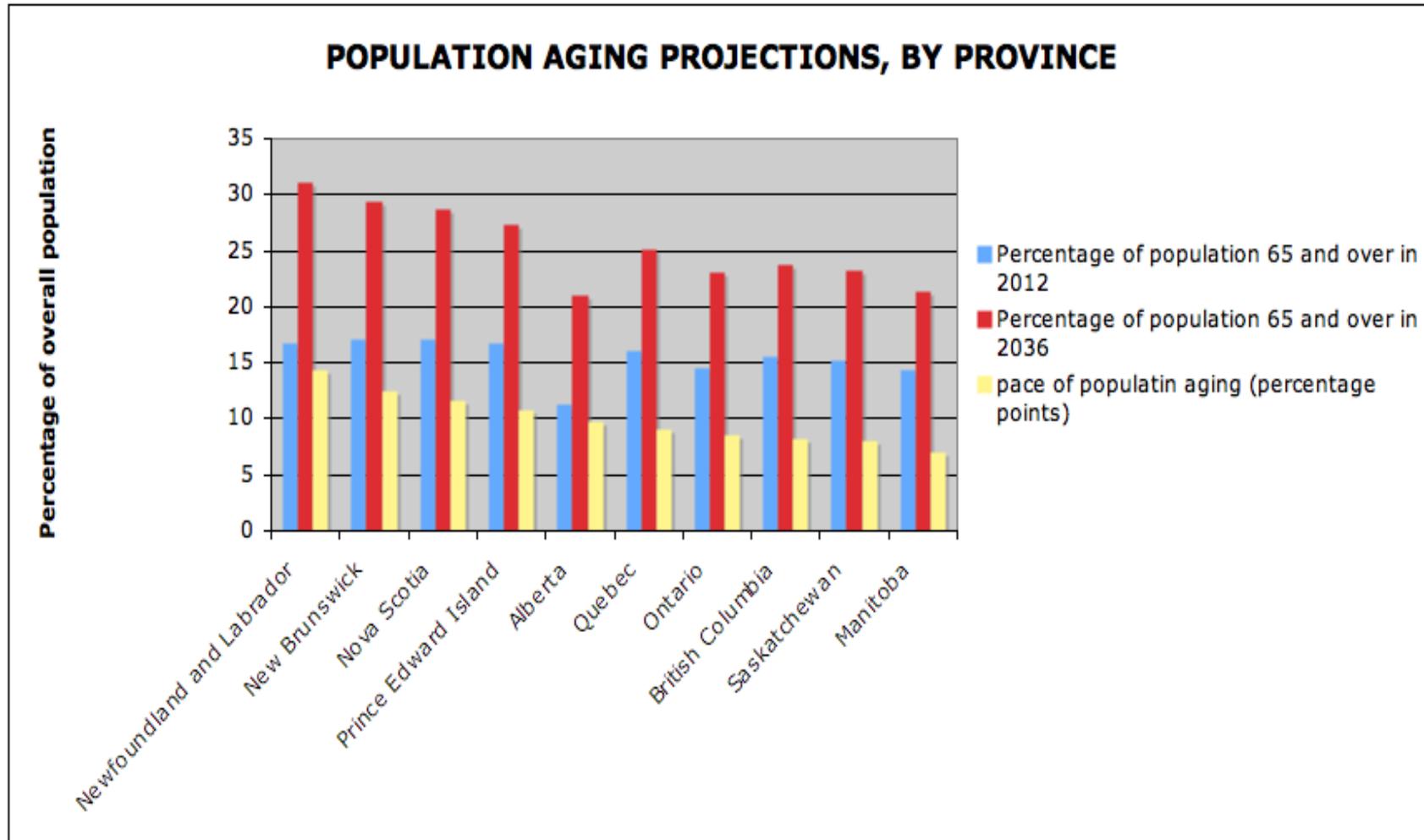
- Increased life expectancy in old age was not anticipated by demographers
- Some demographers believe we are reaching an upper limit
- Others note the steady average increase of 3 months per year since 1840 and do not see why it would stop

Percentage Change in the World's Population by Age: 2010-2050



Aging Population in Canada

Population aged 65+ expected to double over next 25 years – 5M to 10.5M

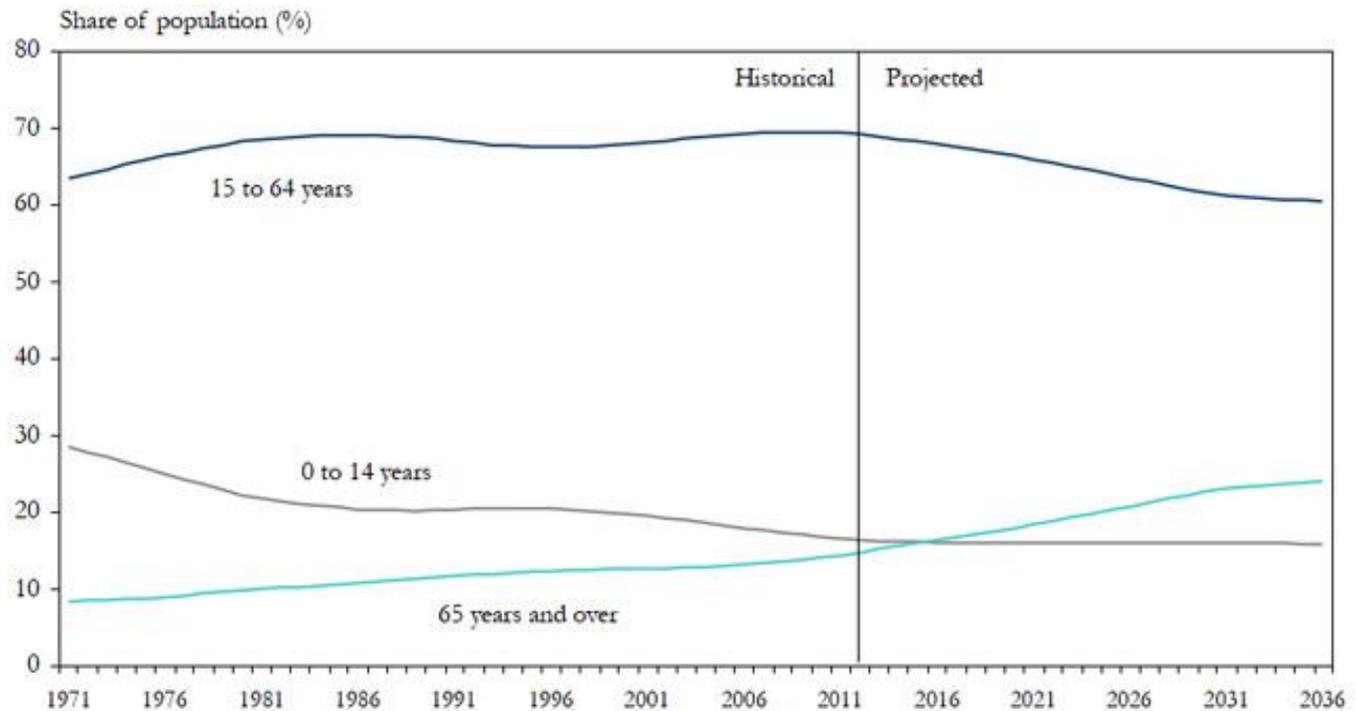


Ontario

Population 65+ expected to double over next 25 years – 2M to 4.2M

Chart 5

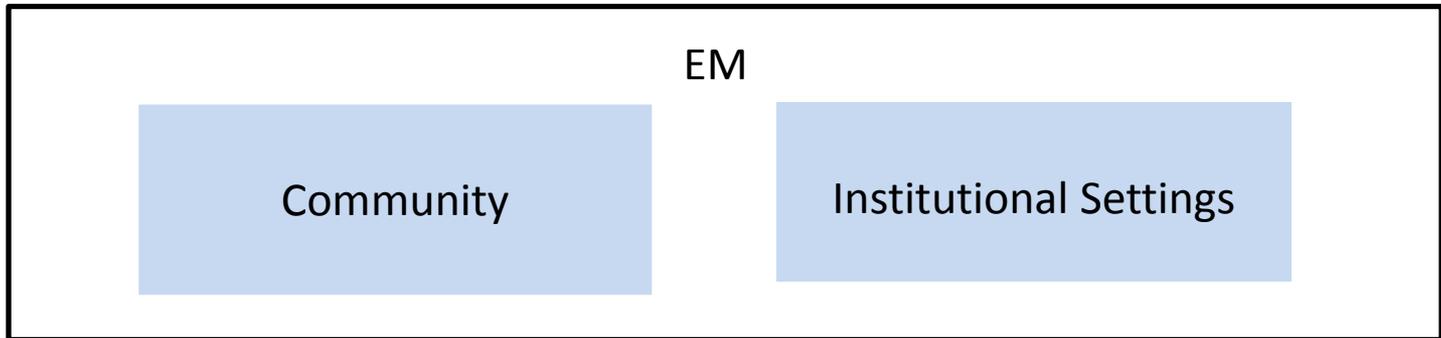
Proportion of population aged 0–14, 15–64 and 65+ in Ontario, 1971 to 2036



What does this mean for EM?

Scope of EM will keep getting
bigger, bigger, bigger

EM Typologies



Community Elder Mistreatment

An intentional act or omission occurring in a relationship of trust, which causes harm or serious risk of harm (whether or not harm is intended) to a vulnerable older adult or deprives an older adult of basic needs.

Emotional

Physical

Sexual

Financial

Acts

Neglect (**Omission**)

(National Research Council, 2003)

Common Aspects – Key Concept

Expectation of Trust

The rational expectation or belief that a relative, friend, caregiver, or other person with whom a legally defined professional relationship exists can or should be relied upon to protect the interests of an older adult and/or provide for an older adult's care. This expectation is based on either the willful assumption of responsibility or expectations of care or protection arising from legal or social conventions. The expectation that the aforementioned persons will perform actions that benefit the older adult, regardless of whether the behaviors are controlled or monitored, creates a condition of vulnerability (Hall, Karch, & Crosby, 2016).

Who would this include/exclude?

In what ways could this concept become blurred?

Common Aspects – Key Concept

Intentionality

The term “intentional” limits [elder mistreatment] to acts purposefully, deliberately, and consciously taken by another or others. Intentionality is tied to actions taken regardless of the possible or actual outcomes of the action. In other words, actions should be classified not on the consequences of the act, but on the nature of/motives for the act itself. The harm or injuries produced intentionally and unintentionally may be nearly indistinguishable (Hall, Karch, & Crosby, 2016).

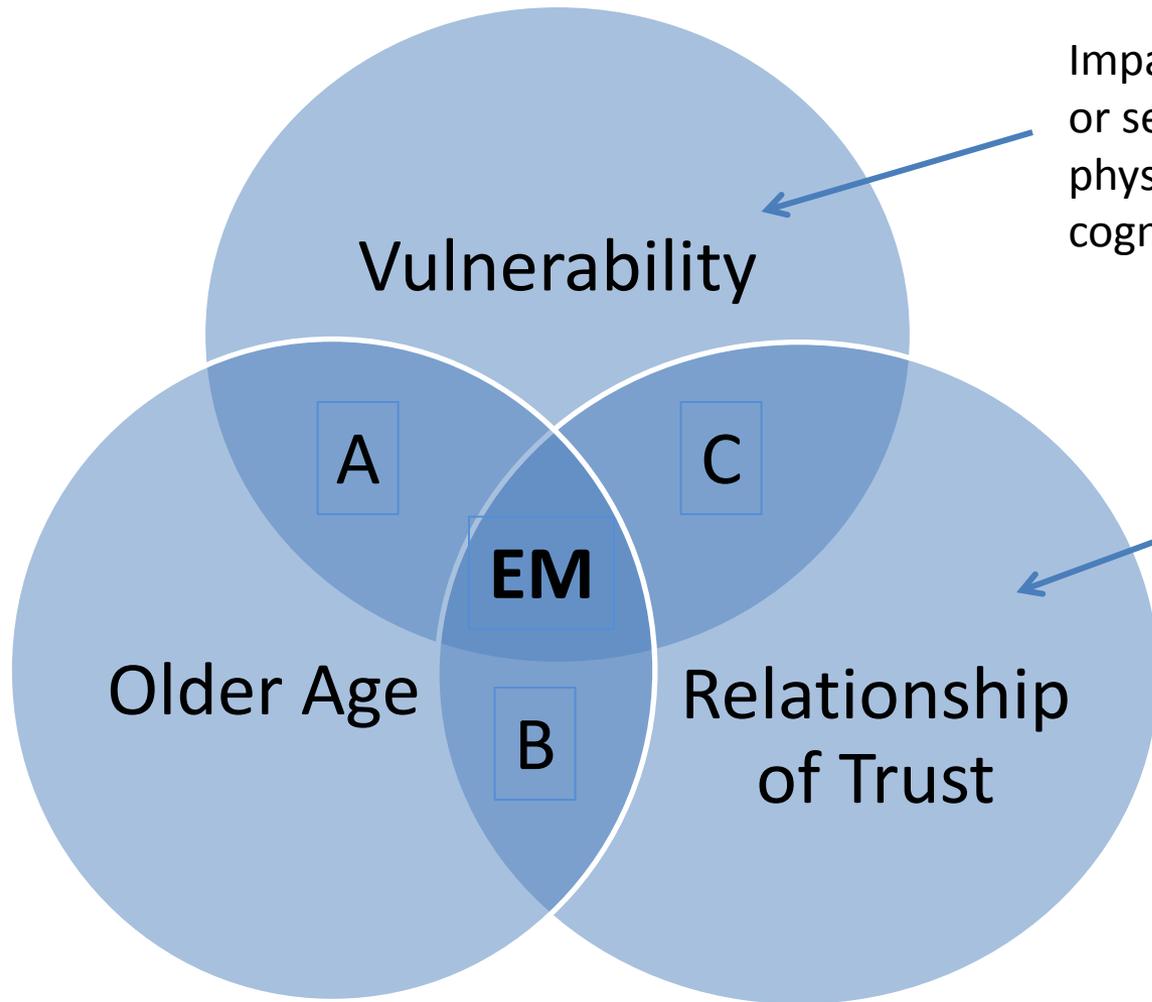
Consequences/Costs

Individual

- Mortality
- Psychological distress (e.g., anxiety, depression)
- Poor physical health
- Injury (e.g., upper extremities)
- Financial loss

Societal Costs

- Hospitalization
- Nursing home placement
- Emergency room use
- Social service, legal, and law enforcement



Impaired capacity for self-care or self-protection (financial, physical, functional, mental, cognitive, emotional, etc.)

Expectation of trust arises from law or social convention:

- Family
- Caregivers (paid)
- Friends/Neighbours
- Professionals

Blurred?

A = Self-Neglect or Stranger-Perpetrated Events (crime, scams)

B = Domestic or Intimate Partner Violence

C = Mistreatment of Adults with Disability

What do we know about EM in
the community?

Consequences/Costs

Individual

- Mortality
- Psychological distress (e.g., anxiety, depression)
- Poor physical health
- Injury (e.g., upper extremities)
- Financial loss

Societal Costs

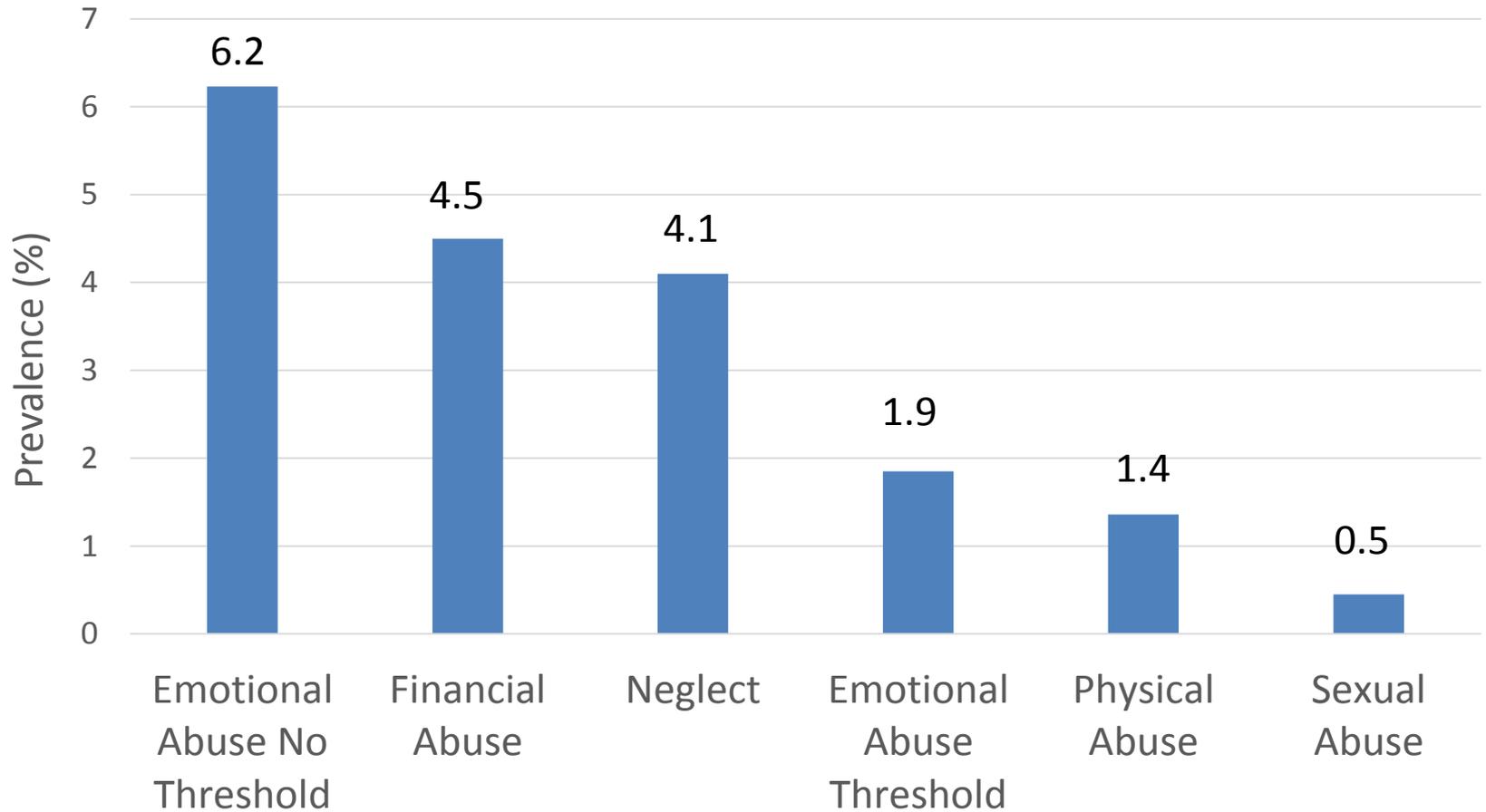
- Hospitalization
- Nursing home placement
- Emergency room use
- Social service, legal, and law enforcement

Strong EM Risk Factors

Victim	Trusted Other
Functional Impairment	Mental Illness
Poor Physical Health	Substance Abuse
Cognitive Impairment	Dependency (financial)
Poor Mental Health	Abused by Older Adult as Child
Low Income	
Lower Age	
Low Social Support	
Prior Exposure to Interpersonal Violence	

Pillemer, Burnes, Riffin, & Lachs (2015)

One-Year Elder Mistreatment Prevalence in NA



Overall Elder Mistreatment Prevalence

All Studies

- Global: 14.3%
- North America: 9.5%

Studies Using Emotional Abuse Threshold Criteria

- Global: 7.1%
- North America: 7.6%

1-Year Prevalence

Approximately **1 out of every 10** adults aged 60 or older experiences some form of EM each year

- 475,000, Canada
- 190,000, Ontario

Under-estimated prevalence:

- Under-reporting among elders
- Excludes cognitive impairment
- Excludes older adults in institutional settings

Hidden Problem

The majority of EM victims remain hidden and never interface with formal support

- USA - Acierno et al. (2010): 1 out of every 6 (18%)
- NYS - Lachs and Berman (2011): 1 out of 24 (4%)
- SC - Amstadter et al. (2011): 1 out of every 8 (13%)
- Boston - Pillemer & Finkelhor: 1 out of 14 (7%)

Only 4% to 18% of victims seek formal support

Hidden Problem – Why?

- Fear of perpetrator retaliation
- Prioritizing family preservation over personal needs
- Guilt, shame, denial, Stigma
- Economic/functional dependence on perpetrator
- Economic/functional dependence on victim
- Desire to maintain status quo at later stages of life
- Fear of LTC/nursing home placement
- Distrust towards social service system
- Language barriers
- Vulnerability attached to immigration status
- EM grounded and normalized in long-standing power and control or unequal family dynamics
- Instincts to protect child/grandchild offspring

Prevalence Studies

EM measured as a dichotomous outcome

NO

YES

Prevalence Studies

NO



Move Towards Understanding EM in Terms of “Severity”

As a phenomenon, EM exists with tremendous variation in severity

- Subjective appraisal, perception and interpretation of the problem
- Frequency of mistreatment behaviours
- Multiplicity of behaviours with a given mistreatment type
- Multiplicity of mistreatment types

Original Article

Varying Appraisals of Elder Mistreatment Among Victims: Findings from a Population-Based Study

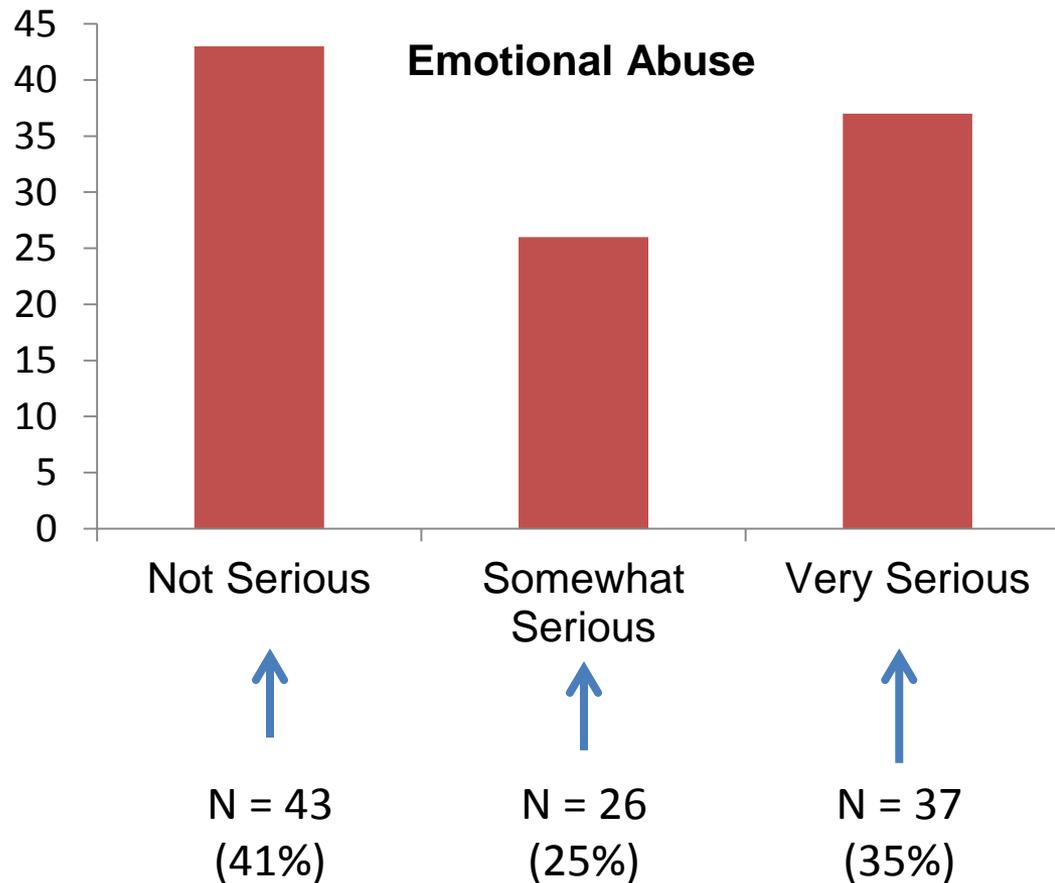
David Burnes,¹ Mark S. Lachs,² Denise Burnette,³ and Karl Pillemer⁴

¹Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada, ²Weill Cornell Medical College, Cornell University, New York City, ³School of Social Work, Virginia Commonwealth University, Richmond, ⁴Department of Human Development, Cornell University, Ithaca, New York.

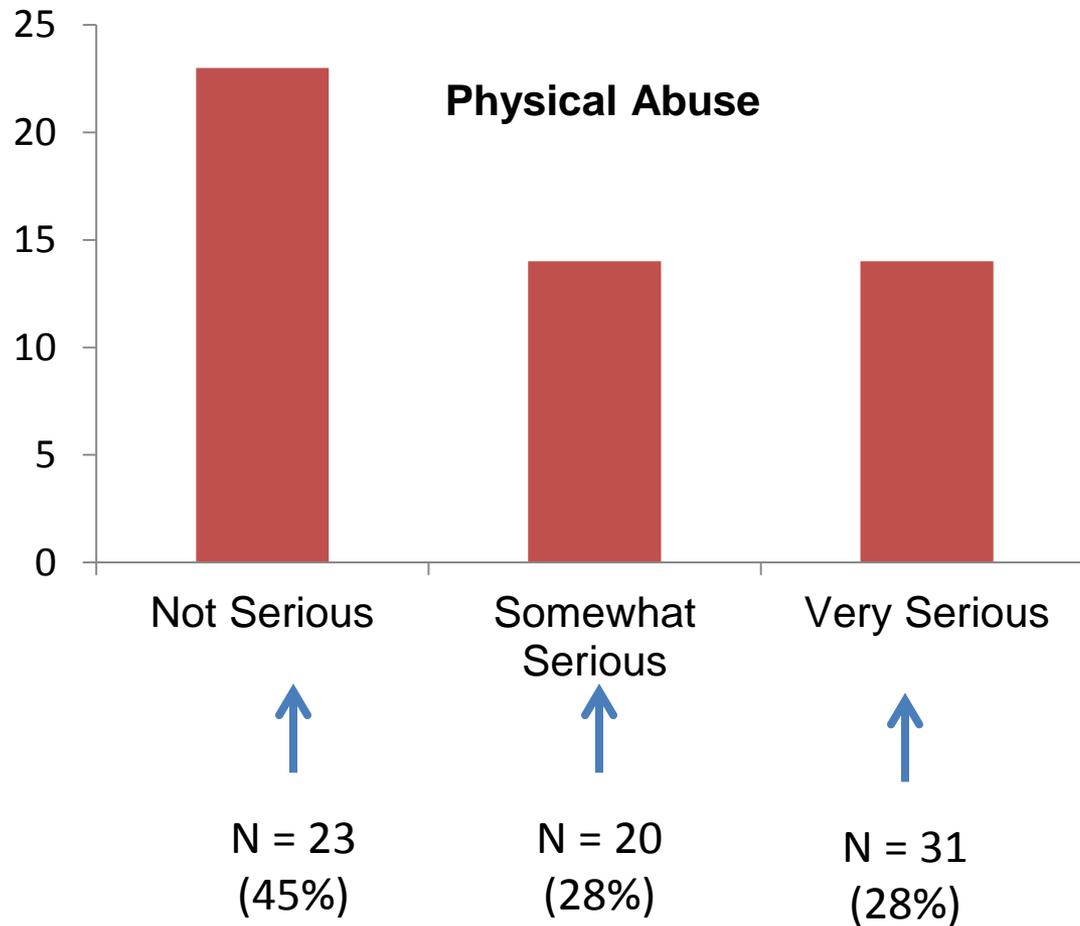
Correspondence should be addressed to David Burnes, PhD, Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Room 338, Toronto, ON M5S1V4, Canada. E-mail: david.burnes@utoronto.ca

Based on data from the large-scale, population-based New York State Elder Mistreatment Prevalence Study – a random sample of EM victims

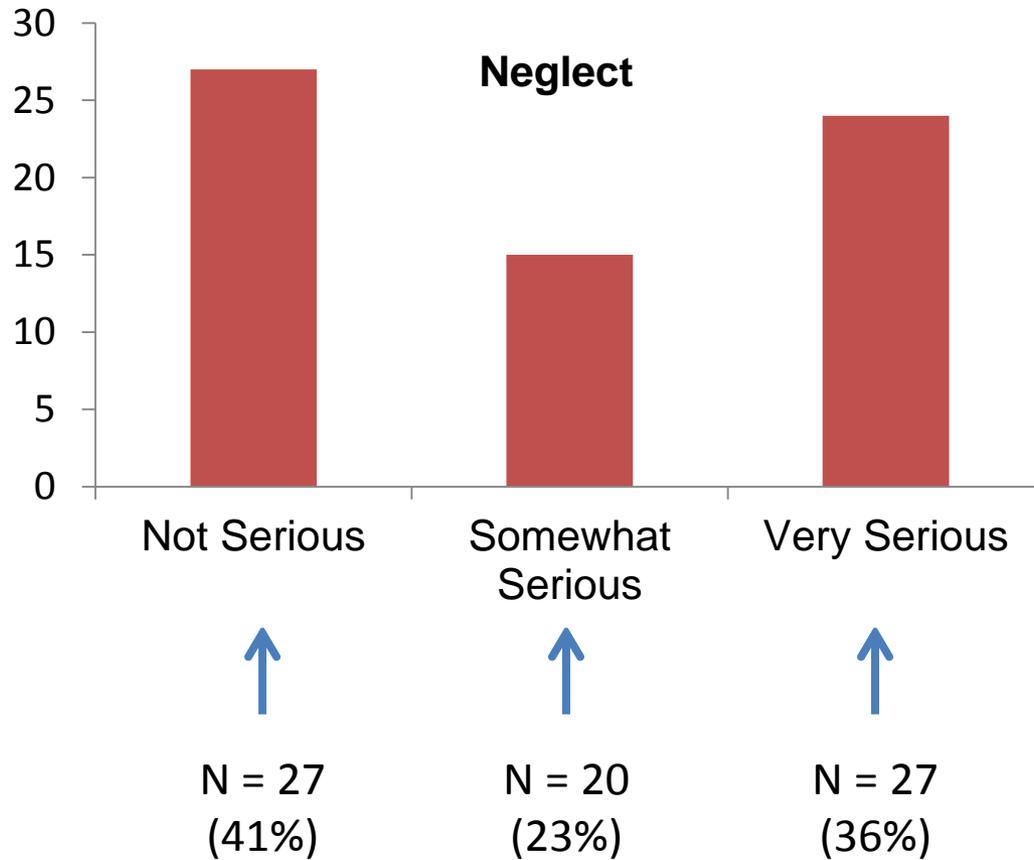
Emotional: N = 106 older adults who reported 10 or more emotional abuse events in past year (CTS items)



Physical: N = 51 older adults who reported at least one physical abuse event in past year based on CTS items



Neglect: N = 66 older adults who reported at least 2 to 10 neglectful events in past year



What Predicts Subjective Appraisals?

Emotional	Physical	Neglect
Frequency of mistreatment behavior(s)	Frequency of mistreatment behavior(s) ⁺	Frequency of mistreatment behavior(s)
Victim-perpetrator relationship type		Victim-perpetrator relationship type
Victim-perpetrator living arrangement		
Functional capacity x dependence		
Victim age		Victim gender

Research Article

Elder Abuse Severity: A Critical but Understudied Dimension of Victimization for Clinicians and Researchers

David Burnes, PhD,*¹ Karl Pillemer, PhD,² and Mark S. Lachs, MD, MPH³

¹University of Toronto, Factor-Inwentash Faculty of Social Work, Toronto, Ontario. ²Department of Human Development, Cornell University, Ithaca, New York. ³Weill Cornell Medical College, Cornell University, New York.

*Address correspondence to David Burnes, PhD, University of Toronto, Factor-Inwentash Faculty of Social Work, Room 338, Toronto, Ontario M5S 1V4, Canada. E-mail: david.burnes@utoronto.ca

Based on data from large-scale, population-based New York State Elder Mistreatment Prevalence Study – a random sample of EM victims

Capture the full spectrum in variation of severity for each EM type

One behaviour event
in past year



Multiple behaviour types
once in past year

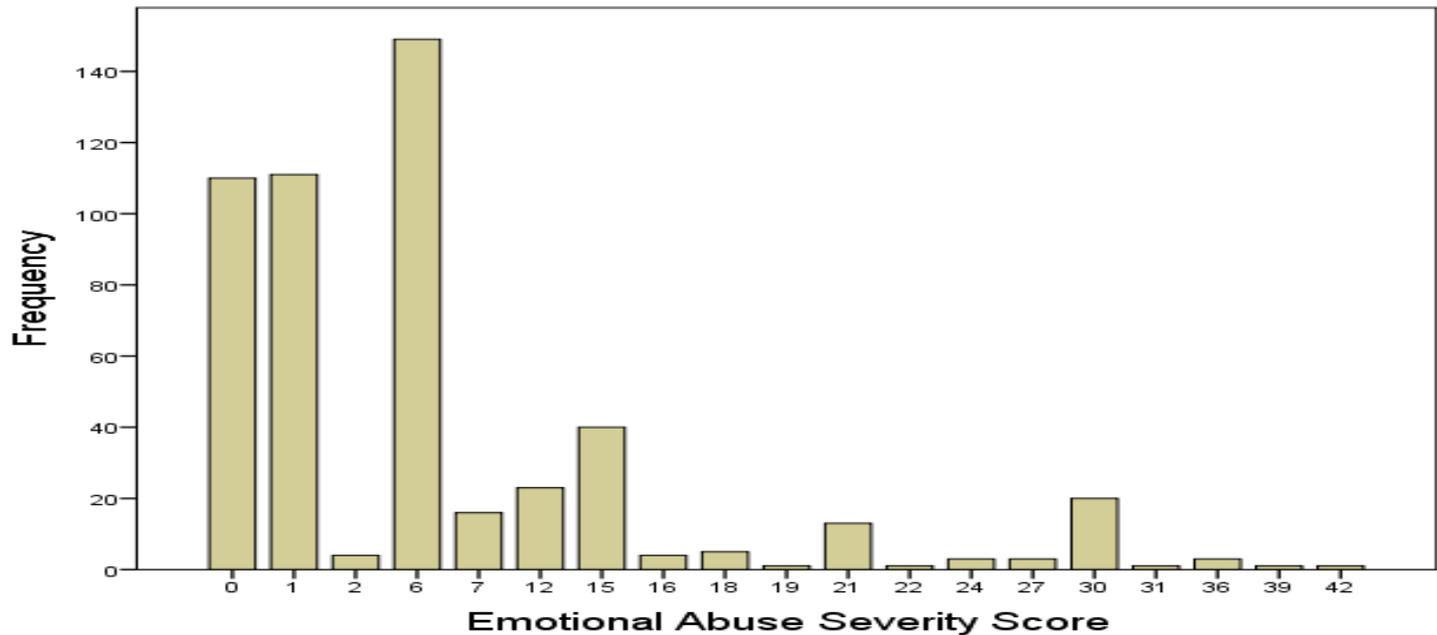


↑
Event since age 60
but none in past
year

↑
One behavior
several times in
past year

↑
Multiple behaviour
types several times in
past year

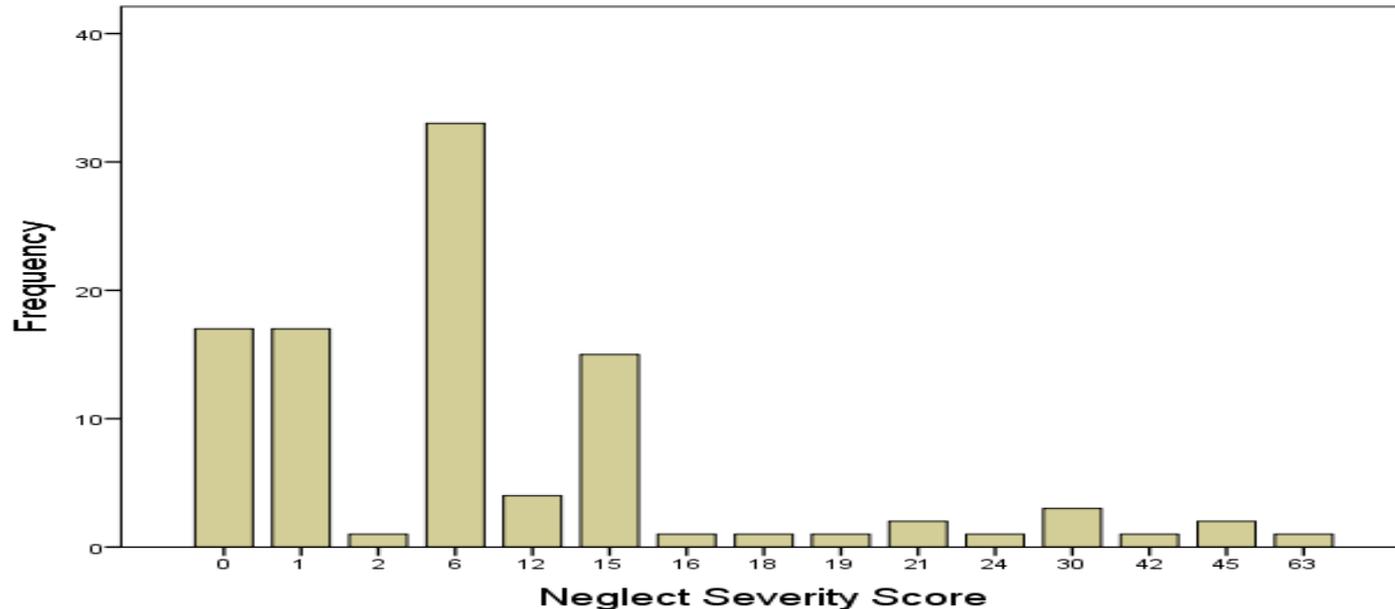
Distribution of **Emotional** Abuse Severity Scores N = 509 (12.2%)



- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 mistreatment events per year
- 2-10 times past year (33.2%)
- >10 times past year (23.4%)

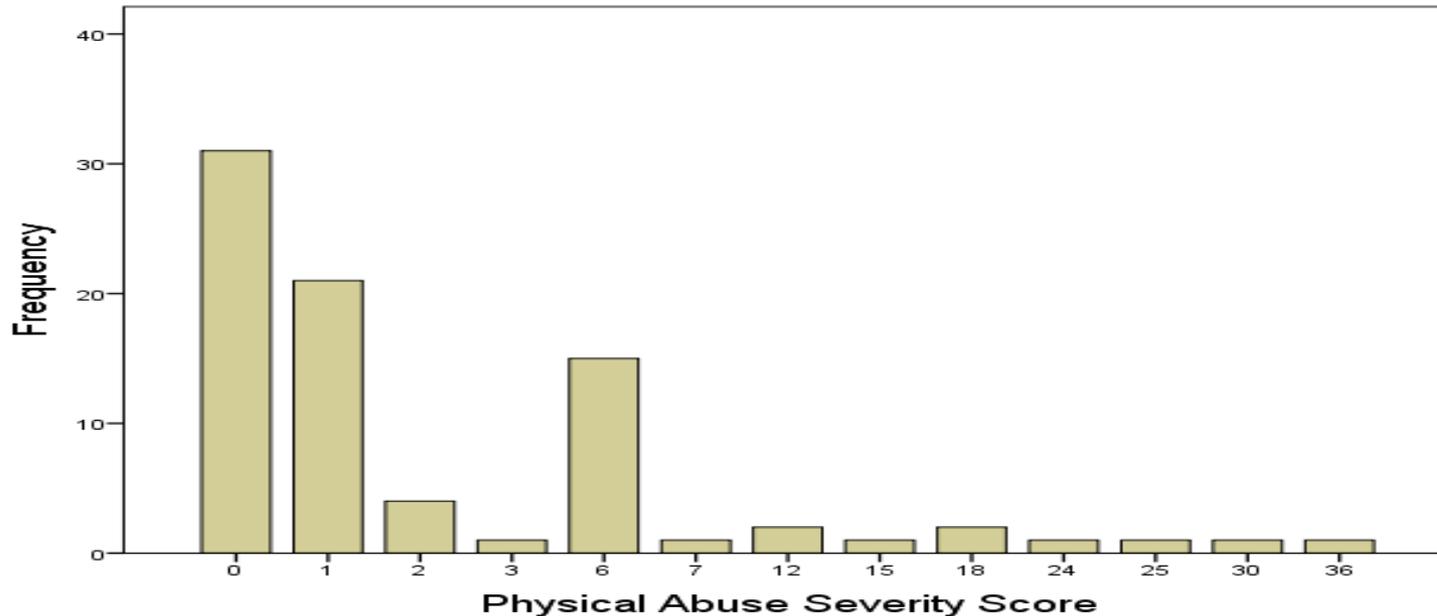
Distribution of Neglect Severity Scores

N = 109 (2.6%)



- Distribution of severity scores across cases was positively/right skewed (not normal)
- Mean: 2 to 10 neglectful events per year
- 2-10 times past year (34%)
- >10 times past year (32%)

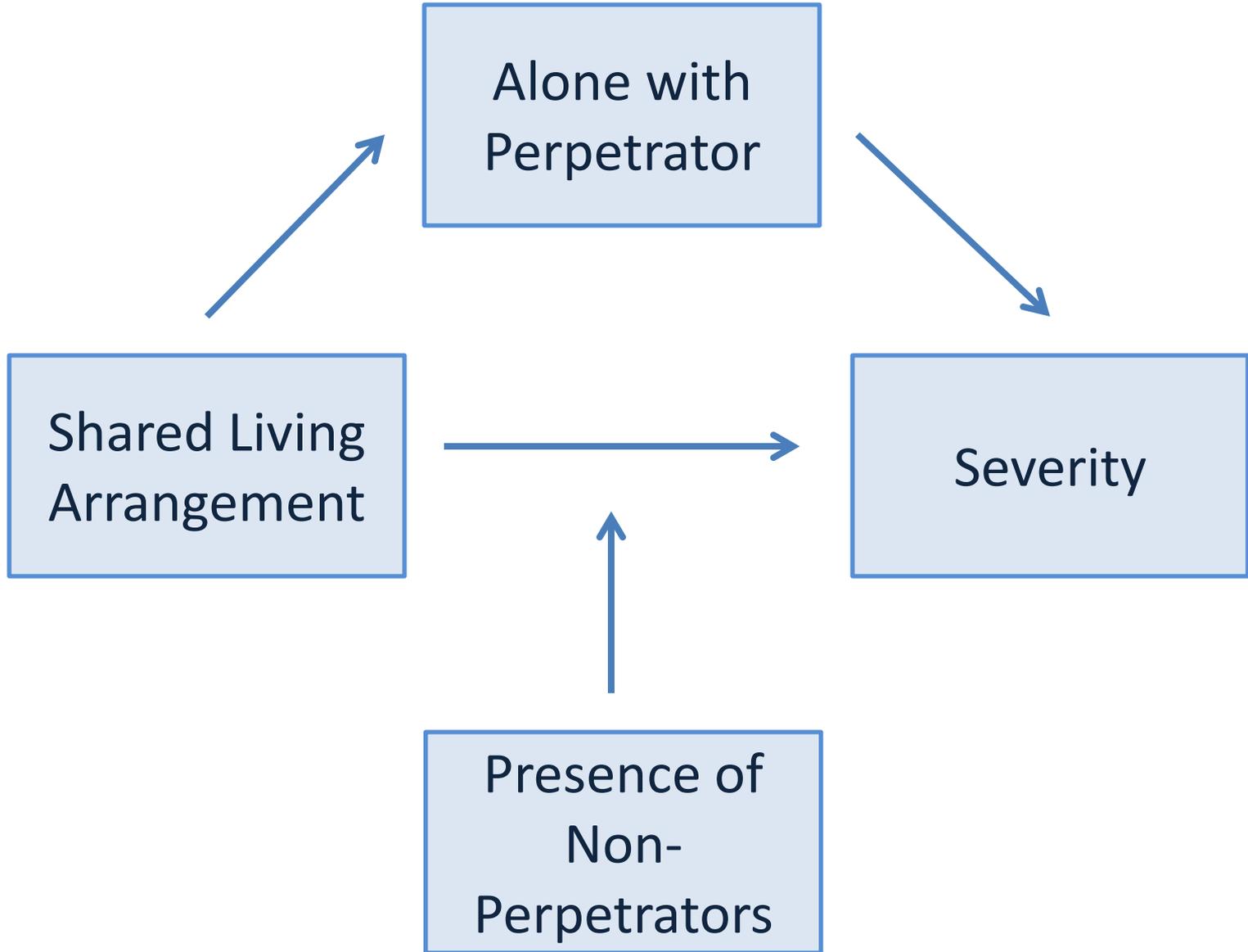
Distribution of **Physical** Abuse Severity Scores N = 89 (2.1%)



- Distribution positively/right skewed (not normal)
- Mean: 1 to 2 mistreatment events per year
- Once past year (26%)
- 2-10 times past year (26%)
- >10 times past year (11%)

Mistreatment Severity Correlates

Emotional	Physical	Neglect
Younger Age	Younger Age	Younger Age
Living <u>Alone</u> w Perpetrator	Living <u>Alone</u> w Perpetrator	Living <u>Alone</u> w Perpetrator
Higher Education		Lower Education
Hispanic		Lower Income
		Functional Impairment



Key Message

Severity offers a different framework through which to understand the problem of elder mistreatment

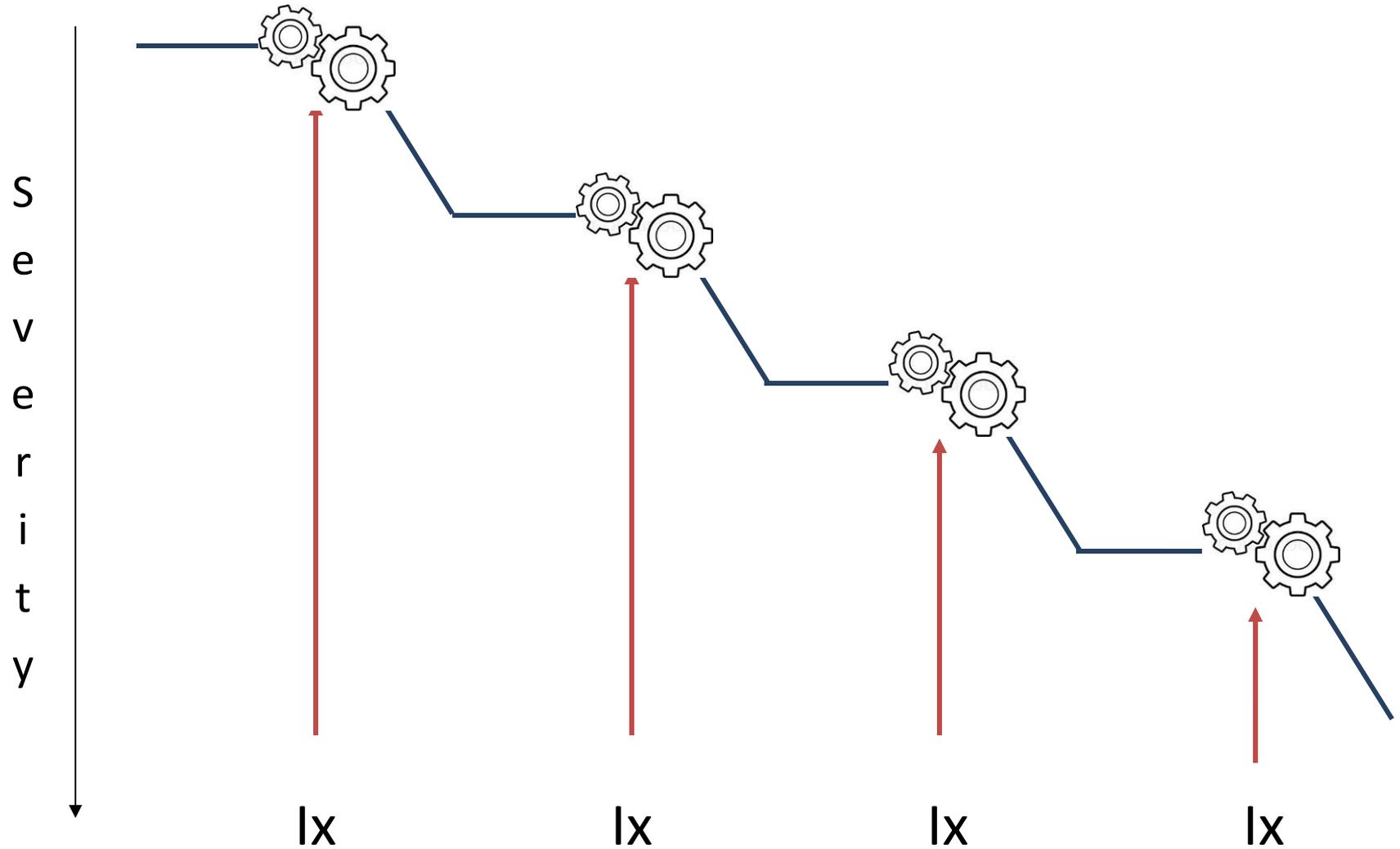
What are some implications for research and practice?

Clinical Practice

Consistent with the way clinicians and clients intervene with the problem of EM

- We rarely completely extricate a victim from their EM situation
- Idea of “complete” case resolution or “elimination” of the problem is not often realistic or desired by older adult
- Clinicians are not looking to move a case from a “yes” to “no” status
- Binary conceptualization is not how clinicians think

Targeted Interventions



Research/Evaluation/Measurement



100



0



T1

T2

100



0

Severity Measure

- Subjective victim appraisal
- Frequency
- Multiplicity
- Duration
- Intensity
- Specific nature of behavior
- Intrusiveness
- Extent of injury
- Fatality
- Age

Why Focus on Severity?

Varying severity is predictive of adverse outcomes

Victims enduring more frequent and varied mistreatment behaviors more likely to experience:

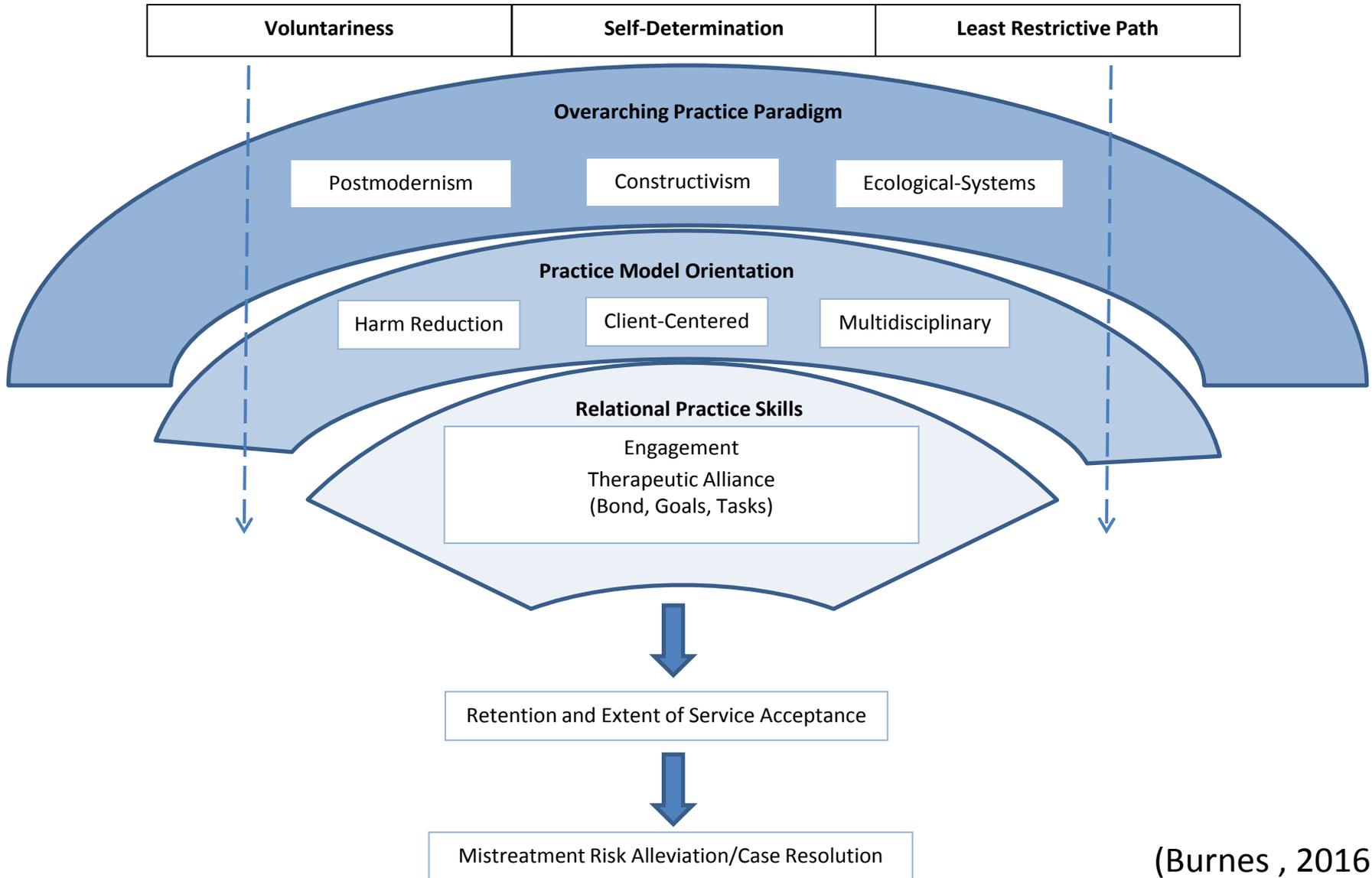
- **Poor mental health** (depression, anxiety)
- **Poor physical health** (digestive, bone and joint, high blood pressure, heart, lung, # of reported health conditions)
- **Chronic pain**

(Fisher et al., 2011)

Why Severity?

- More accurately reflects EM phenomena as they exist in reality
- Captures heterogeneity in lived EM experiences
- Aligns with way clinicians approach the problem in interventions
- Provides more sensitive framework through which to measure changes in EM status

Conceptual Practice Model – Cognitively Intact

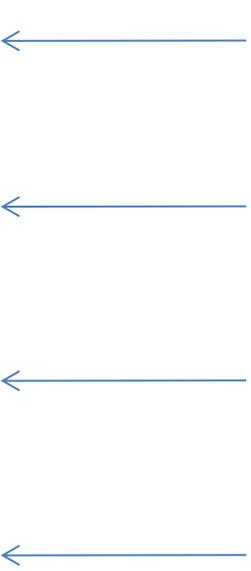


(Burnes , 2016)

Presenting Problem



Success



Step 1

Step 2

Step 3

Step 4

PP

PP

PP



S

S

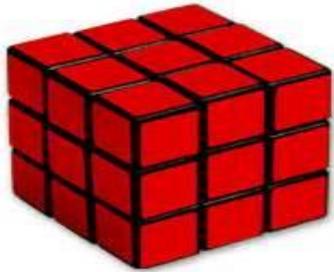
S

Case X

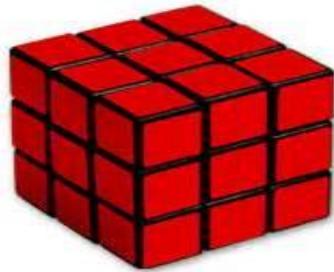
Case Y

Case Z

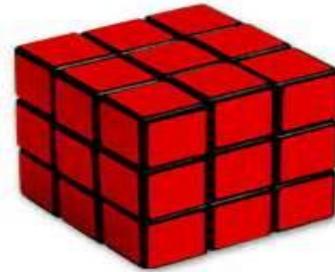
Case 1



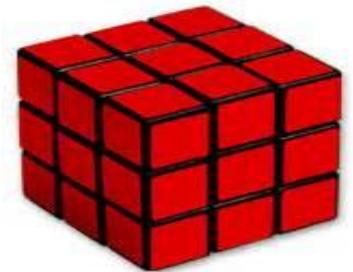
Case 2



Case 3



Case 4



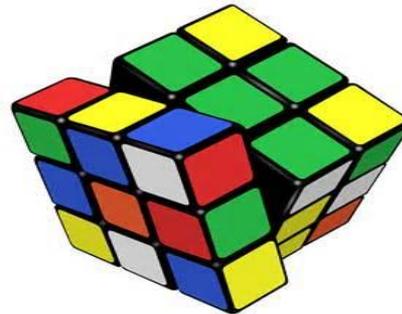
Case 1



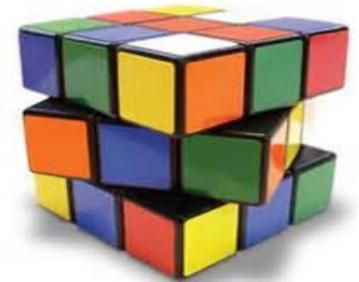
Case 2



Case 3



Case 4



“Promising” Intervention Approaches

- Caregiver support interventions
- Money management programs
- Emergency shelters
- Multi-disciplinary teams and services models
- Family-based cognitive behavioural intervention

See “Interventions” file

(Khanlary, Maarefvand, Biglarian & Heravi-Karimooi, 2016;
Pillemer, Burnes, Riffin, & Lachs, 2015)

References

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American journal of public health, 100*(2), 292-297.

Amstadter, A. B., Zajac, K., Strachan, M., Hernandez, M. A., Kilpatrick, D. G., & Acierno, R. (2011). Prevalence and correlates of elder mistreatment in South Carolina: the South Carolina elder mistreatment study. *Journal of Interpersonal Violence, 26*(15), 2947-2972.

Burnes, D. (2016). Community elder mistreatment intervention with capable older adults: Towards a conceptual practice model. *The Gerontologist*. Advance Online Publication, 1-8. doi: 10.1093/geront/gnv692.

Burnes, D., Lachs, M.S., Burnette, D., & Pillemer, K. (accepted for revise/re-submit). Varying appraisals of elder mistreatment among victims: Findings from a population-based study. *The Journals of Gerontology, Series B: Social Sciences*.

Burnes, D., Pillemer, K., & Lachs, M.S. (2016). Elder abuse severity: A critical but understudied dimension of victimization for clinicians and researchers. *The Gerontologist*. Advance Online Publication, 1-12. doi: 10.1093/geront/gnv688.

References

Khanlary, Z., Maarefvand, M., Biglarian, A., & Heravi-Karimooi, M. (2016). The effect of a family-based intervention with a cognitive-behavioral approach on elder abuse. *Journal of elder abuse & neglect, 28*(2), 114-126.

Lachs, M.S., & Berman, J. (2011). *Under the radar: New York State elder abuse prevalence study*. Retrieved from <http://nyceac.com/wp-content/uploads/2011/05/UndertheRadar051211.pdf>

National Research Council. (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an aging America*. Washington, DC: The National Academy Press.

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M.S. (2016). Elder abuse: Global situation, risk factors and prevention strategies. *The Gerontologist, 56*, S194-S205. doi:10.1093/geront/gnw004.

Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The gerontologist, 28*(1), 51-57