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Elder Abuse in the Community: Prevalence and Consequences

Hannie C. Comijs, MSc,* Anne Margriet Pot, PhD,[†] Johannes H. Smit, PhD,[‡]
Lex M. Bouter, PhD,* and Cees Jonker, MD, PhD*

OBJECTIVES: (1) To assess the prevalence and the consequences of chronic verbal aggression, physical aggression, financial mistreatment, and neglect in a community-based sample; (2) to investigate the circumstances that led to the abuse and the ways in which the victims handled the problem.

DESIGN: Prevalence was assessed in a population-based sample of 1797 older people living independently in Amsterdam, the Netherlands. In a follow-up study 1 year later, the victims were questioned again about the background and consequences of the abuse.

RESULTS: The 1-year prevalence of elder abuse was 5.6%. The prevalence of the various types of elder abuse was: verbal aggression 3.2%, physical aggression 1.2%, financial mistreatment 1.4%, and neglect 0.2%. Most victims reported emotional reactions immediately after the abuse. Seven of 36 victims experienced physical or financial damage as a consequence of the abuse. More than 70% of the victims were able to stop the abuse, either by themselves or with the help of others.

CONCLUSION: The rate of occurrence and the consequences of elder abuse in the Netherlands was established. Elder abuse is more widely spread if not only close relatives or people with whom the older person lives are considered as possible perpetrators but other familiar and trusted people are considered as well. Intervention should be focused on the roughly 40% of victims who were not able to stop the abuse. *J Am Geriatr Soc* 46:885–888, 1998.

Abuse of older people by those who have a personal or professional relationship with them increasingly draws the attention of politicians and social and healthcare practitioners to the problem. To be able to react adequately to the problem of elder abuse, it is necessary to identify the problem and to examine its magnitude. Four categories of elder abuse are commonly distinguished: (1) physical aggression, (2) financial or material mistreatment, (3) neglect, and (4) psychological mistreatment or chronic verbal aggression. The prevalence rates of elder abuse have been studied in only a few

countries. In a community survey in the US,¹ the prevalence of elder abuse was 3.2%. The prevalence of physical aggression was 2.0%, 1.1% experienced verbal aggression, and 0.4% of the respondents were victims of neglect. Financial mistreatment was not a part of this study. Other studies^{2–4} found comparable prevalence figures of abused older adults in Canada, Australia, and Great Britain, with the exception of the prevalence of chronic verbal aggression, which was highest in Great Britain (5.6%). In addition, these studies^{2–4} showed a prevalence of financial mistreatment of 1.1 to 2.5%.

Elder abuse refers not only to unacceptable behavior but also to behavior that causes damage to the victim. However, in the studies noted previously, only the frequency of neglect, verbal aggression, physical aggression, and financial mistreatment determined if the behavior was considered elder abuse, whereas the damage caused by the abuse was not part of the criteria. As a consequence, the behavior reported was not, in all cases, abusive in terms of severity and intensity.⁴ Although it is important to be able to compare the results of the various prevalence studies, for healthcare measures we need to know the number of people who need help. In this respect it is also necessary to know what generally leads to the abuse and whether victims are capable of solving the problems that lead to the abuse.

The first aim of the present study was to assess the prevalence of physical aggression, chronic verbal aggression, financial mistreatment, and neglect in a community-based sample of independently living older persons in the Netherlands. Subsequently, we studied the consequences of the abuse in order to explore the severity of the reported abuse. Finally, we investigated the circumstances that led to the abuse and how the victims handled this problem.

METHODS

Sample

The participating subjects were respondents in the Amsterdam Study of the Elderly (AMSTEL), a community-based, follow-up study of cognitive functioning and decline in noninstitutionalized older people (≥ 65 years of age) in Amsterdam, the Netherlands. In 1990, a fixed proportion of respondents was selected randomly from each of four 5-year strata (65–69, 70–74, 75–79, and 80–84) to form equal-sized strata.⁵ The first part of the study on elder abuse was carried out in 1994, at which time the respondents of the AMSTEL baseline sample ($n = 4051$) were approached. One year later, in 1995, the older people who had reported chronic verbal aggression, physical aggression, and financial

From the *Institute for Research in Extramural Medicine, [†]Department of General Practice, Nursing Home Practice, and Social Practice, and [‡]Department of Sociology and Social Gerontology, Free University, Amsterdam, the Netherlands. This research was funded by the Ministry of Health, Welfare and Sports of the Dutch Government.

Address correspondence to Hannie Comijs, Amstel-project, Vrije Universiteit, Faculteit SCW, De Boelelaan 1081 C, 1081 HV Amsterdam, The Netherlands.

mistreatment ($n = 99$) were contacted for further questioning about the consequences and motives of the abuse. Older people who were only victims of neglect were excluded because of low prevalence ($n = 2$).

Measurements

Abuse was defined as all acts or the refraining from acts toward older persons (>65 years of age) leading to (repeated) physical, psychological, and/or material damage by those who have a personal or professional relationship with the older person. The study focused on four types of elder abuse: chronic verbal aggression, physical aggression, financial mistreatment, and neglect. Chronic verbal aggression was defined as repeated yelling, insulting, and threatening and was measured by several items of a revised and translated version of the Conflict Tactics Scale⁶ complemented by some items of the Measure of Wife Abuse.⁷ Physical aggression was defined as the infliction of physical injury and was assessed with items of a revised and translated version of the Conflict Tactics Scale,⁶ items of the Measure of Wife Abuse,⁷ and the Violence Against Man Scales.⁸ Financial mistreatment was defined as the illegal or improper use of one's finances or the theft of property. It was measured by two questions of the Measure of Wife Abuse⁷ and some newly developed questions. Neglect was defined as deprivation of assistance needed for activities of daily living (ADL) and was evaluated on the basis of items of a modified version of an ADL questionnaire.⁹ In the interview, questions were asked about the frequency of the abuse in the year before the interview. For the purpose of calculating 1-year prevalence figures, the cut-off score of neglect and chronic verbal aggression was defined as occurrence at least 10 times in the past year; physical abuse and financial mistreatment were defined as such if they occurred at least once in the past year.¹ To be able to compare our results with other prevalence studies,^{1,2} we also asked how often physical aggression and financial mistreatment took place from the time the respondents reached 65 years of age.

In the second part of the study, questions were asked about the reasons for and the consequences of the abuse: (1) some newly developed questions were asked to assess physical and financial damage; (2) to measure psychological consequences, the respondents were asked for their emotional reactions immediately after the abuse; (3) by means of open ended questions, the victims were asked what preceded the abuse and (4) what they did to prevent it from occurring again.

Analyses

One-year prevalence figures have been computed using the sample in the first part of the study ($n = 1797$). The number of abused independently living older people in Amsterdam (range 69 to 89 years of age) is estimated on the basis of 95% confidence intervals. Specific prevalence figures have been computed for age and gender and explored for differences by means of chi-square statistics.

RESULTS

Characteristics of the Sample

In 1994, 1954 people from the original AMSTEL baseline sample ($n = 4051$) were willing and able to participate in the interview. Reasons for non-response were death (10.1%), serious illness or cognitive dysfunction (8.6%), refusal (16.3%), and unable to contact (5.7%). Non-response was higher for women ($P < .01$), mainly because of poor health ($P < .001$). Of the 1954 respondents who participated in the interview, 149 had been institutionalized, and an additional eight persons were not able to answer the questions regarding elder abuse because of fatigue; thus 157 respondents were excluded from analysis. Consequently, the sample on which the prevalence rates were computed consisted of 1797 respondents. In 1995, 73 of the 99 victims of abuse (72.3%) were willing and able to cooperate in the second part of the current study. Reasons for not participating in the second part of the study were serious illness or cognitive dysfunction, death, or refusal.

The mean age of the respondents in 1994 was 77.2 (SD 5.5) years. The youngest respondents were 69 years of age, and the oldest were 89. The age distribution was the result of the stratification procedure of the AMSTEL baseline sample. Overall, 62.8% of the sample were women.

Prevalence

As shown in Table 1, the 1-year prevalence of elder abuse in a population of independently living older people was 5.6%. The prevalence of the various types of elder abuse was: verbal aggression 3.2%, physical aggression 1.2%, financial mistreatment 1.4%, and neglect 0.2%. Some of the victims (0.4%; 95% CI: 0.1%–0.7%) were confronted with more than one type of abuse. The prevalence rates showed no differences of age and gender. The prevalence of physical aggression and financial mistreatment for the period since the respondent reached 65 years of age^{1,2} was 3.9% for physical aggression and 4.8% for financial mistreatment.

Table 1. One-Year Prevalence of Elder Abuse (in Percentages)

	69–73 $n = 572$	74–78 $n = 467$	79–83 $n = 442$	≥ 84 $n = 316$	Total $n = 1797$	95% Confidence Interval	No. in Amsterdam Population*
Neglect	0.3		0.5		0.2	0–1.9	0 to 267
Chronic verbal aggression	3.3	3.9	3.2	2.2	3.2	2.4–4.0	1603 to 2671
Physical aggression	1.7	1.1	1.1	0.3	1.2	0.7–1.7	467 to 1135
Financial mistreatment	1.4	1.1	1.6	1.9	1.4	0.9–1.9	601 to 1269
Overall prevalence†	6.3	5.8	5.4	4.4	5.6	4.6–6.6	3072 to 4407

* The Amsterdam population consists of 66,776 independently living older adults aged 69 to 90.

† The total number of cases in specific categories exceeds the overall prevalence rates because sometimes more than one type of abuse was present.

More than 96% of the victims of chronic verbal aggression reported being yelled at, almost 34% had been insulted, and nearly 13% had been verbally threatened with violence. The severity of physical aggression was diverse: 10 of 21 victims had been pushed or grabbed, five victims reported having had something thrown at them, and five victims had been slapped. Six persons had been pinched, kicked, bitten, or hit with an object. One person had been beaten up, and one person had been threatened with a knife or gun. Sixteen of 26 victims of financial mistreatment reported having money taken from them, and 11 victims reported that possessions had been taken. Three victims reported that someone had purchased things at their expense, and three victims had been financially mistreated by the person who took care of the victim's financial affairs.

Reasons

The victims were asked for the immediate reason for the abuse. In 30 of 43 cases, the victims of verbal aggression and physical aggression stated the aggression was the result of an argument, tension, or jealousy, whereas for 10 victims, the aggression was unexpected. Sixteen of 22 victims experienced unforeseen financial mistreatment. Approximately 6% of all abuse was, according to the victims, related to the perpetrators problems (financial problems, health problems, or addiction). A total of 19.5% of all victims reported aggression or exploitation in a private setting before the age of 65.

Consequences

As a reaction to the abuse, most victims reported anger, disappointment, or grief. Eleven of 43 victims of verbal aggression and physical aggression responded aggressively themselves. Five of 14 victims of physical aggression reported being scared after what had happened. Three of 14 victims reported bruises as a consequence of the physical aggression, and one victim suffered no specified injuries. Two of 22 victims of financial mistreatment reported loss of considerable property or money: one victim had to economize for a period of time, and one victim had to buy new things.

Almost 70% of all victims have tried to prevent recurrence of the abuse (see Table 2) by attempting to solve the problems with the perpetrator or by withdrawing from the situation in which the abuse generally occurred. Nine of 45 victims broke off contact with the perpetrator. Six victims asked friends or relatives for help, and eight victims asked professional workers for help. The actions undertaken to prevent recurrence of the abuse were effective in 21 of 45 cases. For 11 victims, the chronic verbal aggression, physical aggression, or financial mistreatment continued.

DISCUSSION

In this sample of community-dwelling older adults in Amsterdam, the Netherlands, the 1-year prevalence of elder abuse was 5.6%: the prevalence of verbal aggression was the highest (3.2%), followed by financial mistreatment (1.4%), and physical aggression (1.2%). The prevalence of neglect was lowest (0.2%). The prevalences of physical aggression and financial mistreatment since the age of 65 were, respectively, 3.9% and 4.8%. Our prevalence rates are somewhat higher than those found in other studies.¹⁻⁴ There are several explanations for these differences. First, in the present study, all relatives, friends, or people familiar with the respondent are included as possible perpetrators of the abuse, whereas in

Table 2. Actions Taken by the Victims to Prevent Recurrence of the Abuse

	Chronic Verbal Aggression (n = 29)	Physical Abuse (n = 14)	Financial Mistreat- ment (n = 22)
None	7	4	6
No answer	1	1	1
Actions*	21	9	15
Solve the problem with the perpetrator	6	3	6
Try to analyze and understand	3	2	1
Withdrawal from specific situation	8	2	7
Break contact with perpetrator	5	2	2
Withdrawal from social life	1		
Ask relatives or friends for help	3	1	2
Ask professional workers for help	3	3	2
Were the actions successful?			
No	5	3	3
Yes, it became less	10	1	2
Yes, it never happened again	6	5	10

* More than one answer possible.

other studies, the category of perpetrators was limited to the partner, relatives, or other persons the respondents lived with. In our study, 40% of the perpetrators were a friend, housekeeper, or professional caregiver. Second, the respondents in our sample are relatively old. Only 35% of our respondents are between 65 and 74 years of age, and the other 65% are between 75 and 89 years old; in the other prevalence studies,^{1,2} 60% of the sample is between 65 and 74 years of age. If physical aggression and financial mistreatment are defined as at least one occurrence since the moment the respondent turned 65 years of age, the chance that this has ever happened increases with age, with higher prevalence rates as a consequence.

As a result of stratification, more older respondents are part of the sample than might be expected on the basis of population distribution. This could lead to an overestimation of the 1-year prevalence rates if elder abuse is more common in the oldest groups. In our sample, however, this was not the case. Therefore, we assume that the overrepresentation of older respondents has no influence on 1-year prevalence rates. In the non-response analyses however, we found a main effect for gender and health. Non-response was relatively high for older women and for people with bad health or cognitive problems. We know from other studies^{1,2,10-13} that poor health and dementia are risk factors for elder abuse. Thus, selective non-response in our study may have resulted in an underestimation of the prevalence figures of elder abuse.

Chronic verbal aggression and physical aggression appeared, in most cases, to be part of a conflict between victim and perpetrator. Although it seems reasonable to assume that aggression is part of family quarrels, it is striking that most of the victims do not report any aggression before the age of 65. This suggests an increase of conflicts and aggression between partners or relatives when they grow old. This assumption is supported by the findings of research on the risk factors of elder abuse. In these studies, factors related to the process of aging, such as poor health^{2,10,11} and social isolation,^{11,14} were found to be risk factors for elder abuse.

In the present study, we chose to define elder abuse in accordance with similar research elsewhere^{1,2} and did not include damage as a criterion. Almost all victims reported emotional reactions immediately after the abuse, and fewer than one-quarter of the victims reported physical or financial damage. This means that the concept of abuse may not be appropriate for all identified cases because the term abuse refers to behavior that, in most cases, is more severe and intense than reported here. However, we identified a group of older people facing mistreatment in daily life, only a part of which they can handle. More than 26% of the victims were not able to do anything to prevent recurrence of the abuse, and 11 of 45 victims who tried to prevent recurrence did not succeed. This means that 43% of the victims were not able to stop the abuse, and, therefore, intervention should be focused on these victims. It is important to identify these victims because most of them do not ask professional workers for help. General practitioners and other healthcare professionals who have access to independently living older people should be educated to recognize and manage elder abuse at an early stage.¹⁵

In conclusion, the prevalence of elder abuse in the Netherlands has been established. Elder abuse appears to be more common if close relatives or people with whom the older

person lives and other familiar and trusted people as well are considered as possible perpetrators of the abuse. Most victims reported emotional reactions immediately after the abuse; only a few victims reported physical or financial damage. Intervention should be focused on the approximately 40% of victims who were not able to stop the abuse.

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