Detecting elder abuse

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Three studies asking about abuse, with:

carers of people with dementia

and doctors

care home workers
Asking dementia carers: the CARD study

• First study of rates of abuse and what is associated with abuse in a representative population of dementia carers
<table>
<thead>
<tr>
<th>Carer</th>
<th>Care recipient</th>
<th>Situation</th>
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</thead>
<tbody>
<tr>
<td>Socially isolated</td>
<td>More disruptive, abusive behaviour</td>
<td>Living together</td>
</tr>
<tr>
<td>Higher burden</td>
<td>Younger</td>
<td>Poor relationship</td>
</tr>
<tr>
<td>More anxious/depressed</td>
<td>Male</td>
<td>Spouses</td>
</tr>
<tr>
<td><em>Better</em> physical health</td>
<td>Cognitively impaired</td>
<td>More hours care</td>
</tr>
<tr>
<td>Unhappy with help received</td>
<td>Functionally impaired</td>
<td><em>More</em> respite care</td>
</tr>
<tr>
<td></td>
<td>Depressed</td>
<td>Past relationship abusive</td>
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</tbody>
</table>
Main hypothesis

- Carers of people with dementia who are more anxious report more abusive behaviours, and that dysfunctional coping strategies and carer burden explain this relationship
Participants

• New referrals to five CMHTs
• Family carers of people with dementia
  ...providing at least 4 hours a week care
  ...for someone living at home
Informed consent

• The information sheet specified that “we respect confidentiality but cannot keep it a secret if anyone is being seriously harmed.”
Carer Interview

- Sociodemographic details
- Zarit Burden Interview
- Brief COPE to measure:
  - Emotion-focused
  - Problem-focused
  - Dysfunctional coping
- Hospital Anxiety and Depression Scale
- Neuropsychiatric Interview
- Bristol ADL scale
- Modified conflict tactics scale
<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Most of time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screamed and yelled at person you care for</td>
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<tr>
<td>Used a harsh tone of voice, insulted, swore at or called them names</td>
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<td></td>
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<tr>
<td>Threatened to send them to a care home</td>
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<tr>
<td>Threatened to stop taking care of, or abandon them</td>
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<td></td>
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<tr>
<td>Threatened to use physical force on them</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Verbal abuse did any of these happen 10 times in a year (Pillemer)
## Physical abuse

### Did any of these happen, even once in a year

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Most of time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid you might hit or try to hurt them</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Withheld food from them</td>
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<td></td>
<td></td>
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<tr>
<td>Hit or slapped them</td>
<td></td>
<td></td>
<td></td>
<td><strong>MCTS caseness</strong></td>
<td></td>
</tr>
<tr>
<td>Shaken them</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Handled them roughly in other ways</td>
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</tbody>
</table>
Results

- 220/319 (69%) eligible carers participated
- participants and non-participants similar in gender, relationship to care recipient
Rates of abuse using different definitions of abuse

- 52% for Any abusive act
- 34% for MCTS abuse case (at least sometimes in 3 months)
- 21% for Pillemer criteria
- 6.80% for Professional panel
Figure 1: Proportion of family carers who reported that each abusive behaviour was happening "at least sometimes" in 3 months.
Over 50% of carers admit to elder abuse (guardian 23/1/09)

More than half of carers admit abusing relatives with Alzheimer's (Daily Mail 23/1/09)

Dementia relatives 'admit abuse‘ (BBC News on line)
Predictors of abuse score

Higher carer anxiety → $\hat{\beta} = 0.27$, $p < 0.001$ → Higher carer abuse score
Predictors of abuse score

Higher carer anxiety

Carer uses more dysfunctional coping strategies

\[ \beta = 0.16, \ p = 0.02 \]

Higher carer abuse score
Predictors of abuse score

- Higher carer anxiety
- Carer uses more dysfunctional coping strategies
- Higher carer burden

β = 0.28, p = 0.002

Higher carer abuse score
Predictors of abuse score

- Higher carer anxiety
- More abuse by care recipient towards carer
- Carer provides more hours care
- Carer uses more dysfunctional coping strategies
- Higher carer burden
- Higher carer abuse score

\[ \beta = 0.26, p = 0.003 \]
\[ \beta = 0.31, p = 0.001 \]
\[ \beta = 0.31, p = 0.001 \]
\[ \beta = 0.21, p = 0.001 \]
• We weighted the physical abuse items. The MCTS was most effective as a screening tool when we weighted by multiplying x4 physical abuse items and used cut point of 4/5:
  – Sensitivity 100%
  – Specificity 98%
How could we reduce abuse?

- Higher carer abuse score
- Higher carer burden
- Difficult to change
- More abuse by care recipient towards carer
- Carer provides more hours care
- Respite?

- Treat carer mental illness
- Promote more helpful coping strategies
- Carer uses more dysfunctional coping strategies
- Higher carer anxiety

- Treat neuropsychiatric symptoms
  - Behavioural interventions?

- Treat carer mental illness
We asked carers about abuse a year later

• Abuse (MCTS caseness) increased – from 48% to 62%

• Increase in abuse was predicted by an increase in anxiety and depressive symptoms and by less domiciliary care at baseline
Detecting abusive behaviour by dementia carers

- Most report if you ask
- Very few reported physical abuse or abuse at level professionals considered abuse case
- Abuse predicted by burden, anxiety, depression and being abused
The effect of adding an elder abuse session to mandatory education for junior doctors on knowledge and detection

• Elder abuse is often unreported, undetected and underestimated by professionals.
• We found that around 40% of doctors working with older people had detected a case of elder abuse in the last year. About half of the detected abuse cases were reported.

Aim

• To report the effectiveness of an educational elder abuse intervention over three months and its impact on professionals’ practice for the first time
Method

- 40 trainee psychiatrists in two London NHS trusts
- Completed outcomes before and immediately after a brief group education session
Measures

- KAMA (Knowledge and Management of Elder Abuse)
- CSQ (Caregiver Scenario Questionnaire)
- how often they considered, asked about, detected and managed elder abuse and their confidence in doing so, at baseline and 3 months post-intervention
Results

• Immediately after the training, compared with baseline:
  – participants scored higher on the KAMA (paired t=3.4, p=0.002)
  – identified more definitely (t=3.0, p=0.003) and possibly abusive (t=2.1, p=0.043) items
Results (2)

- Three months later compared with baseline:
  - 24 (60%) participants reported higher confidence in managing abuse (Wilcoxon signed ranks test $z=3.7, p<0.001$)
  - considering it more frequently ($z=2.8, p=0.006$)
  - but not asking older people and their carers about abuse more frequently ($z=1.2, p=0.24$)
  - Reasons for not asking were:
    - fear of causing offence
    - harming the therapeutic relationship
    - being unsure how to ask people with dementia.
Results (3)

- 2 (5%; 95% CI 2-17%) participants detected abuse in the 3 months before the intervention, compared with 2 (8%; 2-26%) in the same period afterwards.
Conclusion

- This brief educational intervention increased trainee psychiatrists’ knowledge and vigilance for abuse immediately and after three months.
- They remained reluctant to ask about it.
- Changing doctors’ behaviour may require a more complex intervention, focusing on communication skills.
Care workers’ abusive behaviour to residents in care homes: a qualitative study of types of abuse, barriers and facilitators to good care and development of an instrument for reporting of abuse anonymously

• Cooper C, Dow B, Hay S, Livingston D, Livingston G
  (International Psychogeriatrics, 2013)
Background

- a quarter of relatives of older people in care homes have reported at least one incident of physical abuse
- 16% of long term care staff have reported committing significant psychological abuse
- over 80% of nursing home staff have observed abuse although far fewer were willing to admit to acting abusively.
Method

- Design: Qualitative study using focus groups
- Participants: 36 care workers from four care homes
- Setting: Care homes in community settings in London
Results – waiting for personal care

• “you’re dealing with one person, suddenly there’s something over there … so one person’s going to get fobbed off … you can quite easily give the impression that you don’t care … it’s like a regular thing.” [Focus group 1]
Shortcuts

• “I’ve seen cases where with lifting a resident… you could probably break the arm… you probably should’ve used a hoist-but that would’ve taken up too much time so you know, shortcuts.” [Focus group 2]
Neglecting residents’ emotional needs

- “sitting down and having a five minute chat with [residents] all those kinds of things go out the window.” [Focus group 1]
Making threats

• “I’ve heard [carers] threat[en] to send them to hospital, I’ll send you to your room, … because they don’t want to go to their room … [or threatened to send them] to another care home” [discussion between three participants in focus group 2]
Restraining

• one of us restrained them to change, it is forced … I’m not leave them like that. …we are forcing [care] in a way-but for their own good and we take care of everything-we … have to do it.” [Focus group 2]
Risking falls

- I know that if we start using the hoist all the time with this individual he’ll completely forget how to walk altogether and he’ll never walk again—... I would rather risk my back so that this guy doesn’t forget how to walk “ [Focus group 1]
Not having enough to eat

• “because we have to get them out--Breakfast and lunch-is coming… they will give them two spoons and the food will be chucked-- I’ve seen this”
Physical abuse

• “[The carer] would just go over to her... drive the resident-to the shower and she didn’t even want a shower she probably just wanted a wash, ... if the resident tries to resist ... the resident hitting the carer—or the carer hits the resident ...[the resident] keeps thinking ... I upset her so she hit me, she thinks it’s her fault ... she doesn’t want to get this carer in trouble, she’s scared of her” [Focus group 2]
Conclusion

• First study to ask care workers to describe abusive behaviour towards residents in care homes.

• Lack of resources, especially care worker time and knowledge about managing challenging behaviour and dementia were judged to be important underlying reasons behind the abuse described.

• We are developing the first instrument designed to measure abuse by care home workers anonymously.
Final thoughts

- Older people and their carers commonly report abuse when asked.
- Professionals remain reluctant to ask about it.
- Abuse is probably more prevalent in care homes.
- Causes of abuse are often complex.