

# Aged Maltreatment:

## *An Unexpected Outcome of Caring*

*By Sandra P. Hirst and  
Jean Miller*

**An 82 year-old widow, Mrs. Flood, has lived with her married daughter for five years, since she experienced a stroke which left her with some right-sided paralysis. When she moved in with her daughter, she was given the eldest grandson's room. Always an authoritarian individual, Mrs. Flood has not altered with time.**

**The daughter, Mrs. Mane, has difficulty adapting to the incessant talking, and demanding style of her mother. Mrs. Mane was already experiencing marital distress and the presence of her mother in the home has further strained her relationship with her husband.**

**Mrs. Mane found that working all day left little time to care for her mother. Every morning she left her mother in a chair in front of the television. Mrs. Flood was there until her granddaughter came home from school at lunchtime and helped her to the bathroom. At times, Mrs. Flood was incontinent. When Mrs. Mane returned home and discovered this, she would get quite angry. She has slapped her mother on a few occasions.**

Society assumes that families provide good care to its older members. Yet within the last two decades, maltreatment, or abuse and/or neglect, of older adults by their families has been acknowledged as a serious concern. This paper discusses the vulnerability of the older female to aged maltreatment. By addressing this issue, a conceptual model of understanding leading to health promotion and protection is presented.

Numerous problems exist in defining and documenting aged maltreatment as a societal concern. Incidence and prevalence are difficult to establish because of the social stigma surrounding it, the reluctance of health care professionals to get involved, and the lack of a universally accepted definition of maltreatment. Because there are many different definitions of abuse and neglect, the authors prefer the term 'maltreatment.' It is a global descriptor that includes the subcategories of abuse and neglect. Abuse is described as physically harming another, or placing one in fear of harm (psychological abuse). Neglect is an act of omission; for example, failure to meet basic nutritional needs, and may also be physical or psychological in nature (for example, ignoring the emotional needs of an older member).

### High Risk Profile

A review of the literature formulates a composite of the older female at risk for maltreatment. She is likely to be:

- over 80 years old
- cognitively impaired
- have communication difficulties
- be dependent
- exhibit severe physical and/or mental impairment

- live with the perpetrator
- have a history of family maltreatment

Aged maltreatment is distinct from wife battering in that the latter is a continuation of previously established behavioral patterns between spouses. However, most older females are widowed, and as age advances their numbers increase. Aged maltreatment is a complex phenomena that involves older adults and family caregivers, usually daughters<sup>2,3,4,8</sup>.

There is no single factor identified as the initiator of aged maltreatment. Though empirical evidence on its causation is limited, it may be a consequence of caregiver stress. As the caregiver faces escalating frustrations, maltreatment of the older female, who is viewed as a primary cause of these feelings, provides a temporary release from them.

It is an accumulation of stressors that triggers maltreatment. For example, the older female may have a cognitive or physical impairment leading to dependency upon family; it might necessitate her living with the caregiver. In addition, she is perhaps aggressive, a nocturnal wanderer or incontinent (often due to cognitive impairment). As Pearlin and associates wrote,<sup>6</sup> "it is difficult to imagine many situations that equal, let alone surpass, the stressfulness of caregiving to relatives ... with severe chronic impairments" (p. 584).

Another contributing stressor may be continuation of the authoritarian mode established by the mother in earlier years. For example, lecturing a daughter on how to perform a household task creates tension between the parent and the adult child. In support, the research of Albert and colleagues<sup>9</sup> found that daughters gen-

erally rated their mothers more negatively than themselves.

The immediate caregiver of the over 80 year-old adult is usually a daughter. Increasingly evident in the literature are empirical and hypothetical descriptors of this caregiver; many are stressors potentially contributing to aged maltreatment. For example, she may be unprepared to provide the care required by the mother.<sup>3</sup> As a result of the aging process and chronic illness, some older adults become dependent upon their children for help with daily living tasks. This often requires an inordinate amount of time. Shapiro and Tate identified this time requirement to range from nine to twenty-seven hours per week.<sup>5</sup> Such help may be difficult for the daughter to provide.

What leads some caregivers to maltreat and not others is poorly documented. The significance of trans-generational maltreatment as a stressor is unclear. Maltreaters may themselves have been neglected in their own childhood<sup>2,4</sup>. Their role models demonstrated that abuse/neglect solved problems. Taking the opposite position, Koin found no evidence that maltreated children would in turn abuse/neglect their older parents.<sup>7</sup>

Role responsibilities and living arrangements may be stressors. Middle-aged caregivers often are described as the "sandwich generation." Balancing the needs of a spouse, teenage children and those of an elderly mother can lead to resentment at having to "parent" the parent. If the parent's needs result in the incorporation of that individual into the nuclear family, conflict may arise.

Intergenerational living can produce overcrowding, resulting in a loss of privacy. As well, the older member creates additional work, leading to further tension. These antecedent stressors can initiate serious difficulties even within the most caring of families. Researchers have demonstrated that the mother-daughter relationship becomes strained when the latter provide extended care.<sup>10,11</sup>

### A Model of Understanding

The abuse of an older female can never be excused. The complexity of understanding maltreatment by a caregiver is demonstrated by the range of potentially contributing stressors. If the impact of the

stressors is reduced or eliminated, then ideally maltreatment will not occur.

What is unique to older females who are maltreated is that they are often unable to protect or defend themselves because of their health status. Additionally, the older female may accept partial responsibility for the maltreatment. She believes that the perpetrator loves her; she becomes an accomplice as she rationalizes that perhaps her maltreatment is deserved. As a victim, the older female is passive and powerless to control the situation. She may believe that if the caregiver abandons her, institutionalization is her only remaining option. She may refer to outside factors (the daughter's husband, for example) as the cause. This rationalization allows her to maintain a sense of balance in her life in spite of her situation.

### Pre-Maltreatment Stage

The primary goal of intervention is health promotion for both caregiver and older female; and prevention enhanced by public awareness which addresses the origins of aged maltreatment through campaigns focusing on its antecedents and consequence. Additionally, many members of the public are unaware of the normal aging process; such knowledge may contribute to prevention. Knowledge also reduces stereotyping of older females; the media must be censured for its continuing support of maltreatment, through the images it presents of older adults.

The development of community resources is a role for many, including health care professionals, social service personnel, and educators. These services must meet the needs of the older female and contribute to reduction of caregiver strain. Yet the availability of resources varies considerably among communities. They also vary in cost, availability of transportation to and from them, and in open hours. Consequently, usage of resources by caregivers may vary considerably. It is important to facilitate the use of needed services; this may reduce the isolation felt by many daughters.

### Maltreatment Stage

After maltreatment has happened, intervention is short-term, focusing on the immediate protection of the older female. To date, only Newfoundland, New Brun-

wick, Nova Scotia and Prince Edward Island have adult protection legislation, the intent of which is to protect any adult from maltreatment. Yet less than 50% of the provinces offer protection. Belief in the sacredness of the family contributes to this lack of action. Clear responsibility lies with government to provide leadership in combating this issue.

Protection of the vulnerable older female may include temporary removal from the home if there is a life-threatening medical problem, an unsafe environment, or an individual with unimpeded access to the older female who has seriously harmed her in past. However, it is not a decision lightly made. It is recognized that the older adult, who is capable of forming her own view of removal, has the right to express it freely; if she is not capable, she can be represented by an independent advocate.

### Post-Maltreatment Stage

Since many maltreated older women are cognitively impaired, it is difficult to assist them in regaining control of their lives. For this reason, the perpetrator becomes the focus of intervention at this stage. The caregiver needs to acquire adaptive responses for similar stressful situations in the future. Professional support may be required to facilitate the caregiver's understanding of the nature of the maltreatment and the events that precipitated it, to develop her own self-awareness and exploration of alternative ways of coping with the frustrations of caregiving.

It may include a contractual agreement between professional and daughter, identifying the rights and obligations of the caregiver and of the older female.

### Conclusion

Providing care to an older female is a potentially stressful experience, particularly when the caregiver is dealing with multiple life stressors. This experience, when compounded by ineffective coping mechanisms and inadequate personal resources, may lead to maltreatment of the older female.

The maltreatment of older females is a serious and potentially life-threatening health concern in Canada. Women themselves are in a front-line position to identify those who are in need of health promotion and protection.

## References

<sup>1</sup> Phillips, L.R. & Rempulsheski, V.F. (1986). Caring for the frail elderly at home: Toward a theoretical explanation of the dynamics of poor quality caregiving. *Advances in Nursing Science*, 8, 62-76.

<sup>2</sup> Powell, S. & Berg, R.C. (1987). When the elderly are abused: Characteristics and interventions. *Educational Gerontology*, 13, 71-83.

<sup>3</sup> Beck C. & Phillips, L. (1983). Abuse of the elderly. *Journal of Gerontological Nursing*, 9, 96-101.

<sup>4</sup> Lau, E. & Kosberg, J. (1979). Abuse

of the elderly by informal care providers. *Aging*, (299-300), 10-15.

<sup>5</sup> Shapiro, E. & Tate, P. (1985). Predictors of long-term care facility use among the elderly. *Canadian Journal on Aging*, 4, 11-19.

<sup>6</sup> Pearlin, L.I., Mullan, J.T. Semple, S.J. & Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30, 583-594.

<sup>7</sup> Koin, D. (1984). Abuse and neglect in the aged. *Geriatric emergencies*. Bowie, Maryland: Prentice-Hall, pp. 171-177.

<sup>8</sup> Hamilton, G.P. (1989). Using a fam-

ily systems approach: Prevent elder abuse. *Journal of Gerontological Nursing*, 15.3, 21-26.

<sup>9</sup> Albert, S.M., Litvin, S.J., Kleban, M.H. & Brody, E.M. (1991). Caregiving daughters' perceptions of their own and their mothers' personality. *The Gerontologist*, 31, 476-482.

<sup>10</sup> Brody, E.M. (1985). Parent care as a normative family stress. *The Gerontologist*, 25, 597-604.

<sup>11</sup> Horowitz, A. (1985). Family caregiving to the frail elderly. *Annual Review of Gerontology and Geriatrics*, 5, 194-246.

## ANNOUNCING

A SPECIAL ISSUE ON

# Theory and Methodology in Canadian Theatre Historiography

To highlight the change of

*Theatre History in Canada/Histoire du Théâtre au Canada*

to

*Theatre Research in Canada/Recherches Théâtrales au Canada*

After twelve years of publishing, *THC/HTC* is changing its name, and opening its pages to the broader mandate THEATRE RESEARCH implies. To inaugurate these changes, we welcome submissions for a special issue, volume 13 (1992), addressing issues of theory and methodology. Deadline for submissions is 31 May 1992. Diskettes should be on WordPerfect (or ASCII), IBM compatible and accompanied by a hardcopy.

Please send submissions to: The Editors  
Graduate Centre for Study of Drama  
University of Toronto  
214 College St., 3rd. Floor  
Toronto, Ontario M5T 2Z9