

Policy Implications of Recognizing that Caregiver Stress Is *Not* the Primary Cause of Elder Abuse

Studies show the causes of elder abuse to be wide-ranging—and not necessarily an outcome of caregiver stress. Seeing caregiver stress as a primary cause of abuse has unintended and detrimental consequences that affect the efforts to end this widespread problem.

Each year, millions of older adults are abused, neglected, or financially exploited (Lifespan of Greater Rochester et al., 2011; Acierno et al., 2010). In 2009, an estimated \$450 billion was spent on providing care for older individuals (Feinberg et al., 2011). Burdened caregivers who do not have adequate support and resources often experience stress. Would preventing caregiver stress eliminate or reduce elder abuse?

When studies were first done, there were no good baseline data or definitions for elder abuse.

Early elder abuse research suggested that caregiver stress was the primary cause of elder abuse. According to this model, “the elderly victim is viewed as very dependent on the caregiver, usually an adult daughter, who becomes frustrated, angry and sometimes abusive or neglectful because of the continuous caretaking needs of the infirm parent” (Wolf, 2000). But is caregiver stress the primary cause

of elder abuse? And what are the unintended consequences of focusing on stressed caregivers to prevent and alleviate elder abuse?

The Dynamics Of Elder Abuse: Historical Perspective and Evolving Analysis

While early elder abuse research was linked to caregiver stress, later analysis of the methodologies identified several limitations that potentially skewed the findings.

An historical perspective

In chapter six of *Elder Abuse: Conflict in the Family*, Hudson (1986) examined research on elder abuse from 1979 to 1985. In her review of seventeen studies, she documented twelve that list caregiver stress or claim stress as a cause of elder abuse. Some of the cites from the chapter include the following:

- “Most (75 percent) abusers were experiencing some form of stress” (O’Malley, 1979).
- “Abuse was cyclical and precipitated by stress” (McLaughlin, Nickell, and Gill, 1980).
- “The elder was a source of stress to the abuser,

who was experiencing a variety of stressors” (Boydston and McNairn, 1981).

- “These families were under stress 80 percent of the time, with the elderly person being the scapegoat for the caregivers’ frustrations” (Chen et al., 1981).
- “Abusers.... 67 percent were under stress” (Department of Aging, 1981).
- “The most frequently reported cause of elder abuse was frustration of the caregiver due to change in lifestyle and burden of the elder” (Levenberg et al., 1983).

After reviewing these studies, Hudson concluded that elder abuse researchers in the early 1980s faced significant challenges: they were studying a problem that was rarely discussed and poorly understood. There were no baseline data for or common definitions of elder abuse. Sample sizes were often small, and still the results were frequently generalized. Most research consisted of retrospective studies that used convenience samples and were dependent on voluntary responses (Hudson, 1986).

Also, older victims often did not want to be interviewed about abusive incidents they perceived as shameful or embarrassing; most studies gathered information from professionals and abusers—not the victims themselves. Yet results derived from abusers’ perspectives need to be interpreted with caution since abusers are known to lie, minimize the abuse, and justify their behavior (Hudson, 1986; Bancroft, 2002; Stark, 2007). Therefore, Hudson concluded that “stress could easily mask the discovery of other significant contributing or causative factors. Stress does seem to be an intensifier of potential mistreatment, but it is not a clear predictor, since most families providing eldercare experience stress and yet do not mistreat their elders” (Hudson, 1986).

Evolving analysis: providing care—satisfying for some, stressful for others

Caregivers are as diverse as the older adults in their care. The perceived and actual stress level

of the caregiver is often based on previous family history, the amount of care required, and the perceptions of the partner or family member about caregiving (Brintnall-Peterson, 2012). “Family members often undertake caregiving willingly, and many find it a source of deep satisfaction and meaning” (Feinberg et al., 2011). Rather than focusing on what they may be missing, they concentrate on the gains that may occur, such as in richer relationships or enhanced skills. According to Feinberg and colleagues, “Those who take on this unpaid role risk the stress, physical strain, competing demands, and financial hardship of caregiving, and thus are vulnerable themselves.”

Most stressed caregivers do not hurt or harm older individuals. Although popular, the situational model does not explain why some stressed caregivers never harm or exploit older adults. More often, caregivers experience caregiver distress, which perhaps more aptly reflects the harmful effects, burden, and other symptoms of tension that challenge some caregivers (Brintnall-Peterson, 2012). Common symptoms of caregiver distress include engaging in behaviors that are not in the best interest of the caregiver, such as overeating; self-medication and substance abuse; and experiencing depression, anxiety disorders, social isolation, or chronic medical or mental health problems (Hoffman and Mendez-Luck, 2011).

Why Does Elder Abuse Exist and Persist?

Elder abuse presents in various forms such as physical, sexual and emotional abuse, neglect, and financial exploitation. Offenders can be spouses or partners, family members, caregivers, and other persons in positions of trust or authority. Given the complexity of these cases, no single intervention, response, or policy initiative is going to solely address the problem.

Anetzberger (2005) has observed that with “a problem as complex as elder abuse, it is unlikely that any single theoretical perspective could explain all forms and situations.” Most

researchers and practitioners have moved away from a single causation theory (NCJRS, 2010; Ramsey-Klawnsnik, 2000; Sklar, 2000). Ramsey-Klawnsnik suggests that a small percentage of abusers are overwhelmed or impaired caregivers; some caregivers have medical or mental health conditions that make it difficult or impossible to provide adequate care. In these situations, the older adult may experience abuse or neglect, but the harm is due to the inability of the caregiver to provide adequate care without assistance. The remaining offenders are narcissistic, domineering, or bullying and sadistic (Ramsey-Klawnsnik, 2000).

Some studies suggest the abuser is dependent on the victim in some way—perhaps financially or emotionally.

Several studies and articles have debunked the popular notion that elder abuse is primarily caused by caregiver stress (Acierno et al., 2010; Fischer and Regan, 2006). Vinton's 1991 literature review found that "there appears to be consensus in the areas of spouse and elder abuse that life stressors alone cannot account for violence." Reis and Nahmiash (1998) found that "the caregiver stress theory of abuse is not supported by the findings of this study. Nor does caregiver burden consequent to increased impairment or need for ADL (activities of daily living) assistance signal abuse." In their 2004 article, Lachs and Pillemer documented a similar finding: "...an old person's dependence on the carer and resulting stress has not been found to predict the occurrence of elder abuse in most studies to date. Case-comparisons studies have failed to find either higher rates of dependency in the old person or greater carer stress in elder abuse situations."

In fact, rather than the older adult being dependent on the caregiver or family member, some studies suggest that in many cases the abuser is dependent on the victim in some way—perhaps financially or emotionally

(NCJRS, 2010; Lundy and Grossman, 2004; Lachs and Pillemer, 2004; Wolf and Pillemer, 1997). Often the victim and abuser are living together, but the older individual is providing financial resources for food, clothing, and housing and taking care of the home. In some cases, the caregiver was the victim of the care recipient's abusive behavior—reinforcing that the adult who is often defined as "vulnerable or at risk" may not be the victim.

Penhale (2003) suggests that "the general concept of 'elder abuse' should be more closely examined and that more emphasis should be given to the nature of power within relationships." In some cases, elder abuse is intimate-partner violence or domestic violence, with all the classic dynamics, well into old age (Fisher and Regan, 2006; Zink et al., 2005; Zink et al., 2006; Lundy and Grossman, 2004). Other studies have suggested that the dynamics of elder abuse are similar to the power and control dynamics experienced by younger battered women (Harris, 1996). Similar to the experiences of younger battered women, often an offender is using a pattern of coercive tactics to gain and maintain control over the victim. Family members or caregivers will also use various methods of power and control over an elderly victim of abuse. Forms employed by abusers include isolation, threats, intimidation, taking charge of all household money matters, and physical, sexual, and emotional abuse. In addition, greed appears to be a primary driver in cases of elder financial exploitation (MMI, 2011).

Is Caregiver Stress an Explanation for Inexcusable Behavior?

Even with these studies on elder abuse, too often practitioners, researchers, and policy makers focus on remedies to address caregiver stress as if these interventions and policies will enhance older victim safety and hold offenders account-

able. This leads us to consider: Is stress an acceptable justification for abuse? Or is caregiver stress often used as “smoke and mirrors” to distract professionals from focusing on the needs of victims? Consider the following:

- Everyone experiences stress, yet few people, especially caregivers, respond by intentionally abusing, neglecting, or exploiting loved ones.
- Under stress, most people experience some anxiety and may be impatient or tense. When most people have a bad moment, for example, yelling at a family member, they apologize and make amends. They see others as deserving of respect and kindness, and do not believe it is right to treat others badly.
- Abusers who claim stress as an excuse generally do not lash out at everyone they meet. Often they are charming and kind to neighbors, friends, and professionals. Abusers who claim to be out of control due to anger or stress can control their behavior—it is rare for law enforcement to see enraged abusers. Typically the victim is hysterical and the abuser is calm as soon as law enforcement arrives on the scene.
- Abusers who claim to be out of control due to anger or stress are often strategic, hiding physical evidence of blows by directing them at areas usually covered by clothing so no one will see marks and bruises. For an offender who suspects his partner is having an affair, blows may be directed at the face so she will not go out in public.
- Often the abuse is not an isolated incident as reported by the offender but part of a larger pattern of behavior.
- Stress, anger, and substance abuse may coexist with abusive behavior. Abusers may have been abused or were child witnesses of domestic violence. None of these issues cause the offender to engage in abusive behavior.

Inaccurate Assumptions Can Cause Unintended Consequences

There are a number of unintended consequences when policy makers and practitioners create

policies and services based on an inaccurate assumption that caregiver stress is the primary cause of elder abuse. Some consequences include blaming of the victim, minimizing offender accountability, and devaluing social action that responds to the problem of elder abuse.

Blaming the victim

Linking caregiver stress to abuse implies that if older victims were easier to care for, not so sick, or not “demanding,” the abuse would not occur (Whittaker, 1995). Often, well-meaning professionals suggest that the older victims must change certain behaviors or be less difficult to avoid harm. For example, victims may be told to do more for themselves, be more patient with the caregiver, help the caregiver feel better, increase emotional closeness in the relationship, or provide extra help around the house (Williamson and Schaffer, 2001). This advice is not helpful, because the responsibility for the abuse is inaccurately placed on the victim rather than acknowledging that only abusers can choose their behavior, words, and actions.

Minimization of offender accountability

When service providers focus on “...provoking and controlling characteristics of ‘non-compliant’ dependent victims and ‘the caregiver is seen as driven to helplessness, rage and frustration,’ these indicators of carer stress can be used to explain and justify abusive behaviors and prompt compassionate responses which absolve the abuser from responsibility” (Whittaker, 1995).

According to Straka and Montminy (2006), “The caregiver stress model of elder abuse tends to promote quite a sympathetic view of overwhelmed caregivers who are provided with help and support, with a consequently lesser focus on victims and their need.”

Abusers know how to prey on the strengths and weaknesses, not only of their victims but also professionals, family, and friends. Abusers recognize it is part of peoples’ nature to see the

Excuses, Excuses: How Abusers Justify Their Behavior

Abusers do not want to get caught or be held accountable for their behavior. They lie, excuse their behavior, minimize the violence, blame the victim, and justify their actions. Common justifications may include the following assertions:

- “She is so hard to care for.”
- “It was an accident. I didn’t mean for it to happen.”
- “I was doing the best I could to provide care, but she [just] fell.”
- “This is the first time this ever happened. It will never happen again.”
- “She makes me so mad sometimes. She deserved it.”
- “I had to defend myself. See this scratch? She did that to me.”
- “I’m the victim here. You don’t know what I have to put up with.”
- “She gave me her money because she wants me to have it.”
- “That nurse needs to mind her own business.”

These justifications follow a pattern: they blame the victim or others for the behavior, or for reporting the incident. Abusers often portray themselves as victims and deflect responsibility for their behavior (Whittaker, 1995).

best in others—a human quality that can allow abusers to persist undetected. As early as 1978, there were more than 1,000 articles on “positive illusions”—the tendency of people to soften the world, ignoring and minimizing its bad aspects and over-generalizing its good ones (Salter, 2003). Research indicates that repeating a false assertion will increase the chances that people will believe it. Studies show that people immediately, automatically, and unconsciously assume statements are true, and only afterward do they evaluate them for possible falsehood (Salter, 2003). Therefore, one reason people are vulnerable to predators is because they think they can detect liars better than they actually can (Salter, 2003).

As a result, professionals too often minimize physical evidence and reports by the older adult victim of abuse, neglect, and exploitation. Instead, they believe abusers’ manipulative statements, not holding abusers accountable for their actions by involving the criminal justice system—even when crimes such as financial exploitation, physical assault, or sexual abuse have been committed. Instead abusers are offered stress reduction or anger

management counseling, respite care, or substance abuse treatment.

Devaluing social action that responds to the problem of elder abuse

While programs for stressed caregivers, such as support groups and respite care, are vitally important, they are not elder abuse prevention programs. Given the few resources allocated specifically for elder abuse prevention and intervention, it can be enticing to count the much more significantly funded caregiver support programs as efforts directly addressing elder abuse. But by doing so, funders and policy makers may rely on this falsehood to justify a current lack of action.

As M. T. Connolly wrote in “A Hidden Crime” (2008):

Why has there been no public outrage? Perhaps the twin culprits of ageism and denial are to blame. Perhaps the constellation of phenomena that make up elder abuse—elders beaten by crack-addled nephews, going unfed in assisted-living facilities, impoverished by sending checks to

Canada for mythical sweepstakes winnings—are so disparate that the problem lacks a coherent public identity. Perhaps, although millions of Americans are grappling with the challenge of protecting themselves, their parents and others, elder abuse remains relegated to a family predicament rather than a national one.

Which brings us to this question: How do we as individuals and as a nation measure the value of life in old age? And why have we not done more to protect and defend our most vulnerable elders?

Ultimately, to end elder abuse, commonly held societal values must be challenged through prevention, education, and social action. As a society, we must recognize that behaviors such as sexual abuse in nursing homes, threatening an older adult with a weapon, or stealing money and possessions are crimes—not the result of a caregiver who could not handle stress. We must understand that elder abuse can cause signifi-

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cant injury and death. As a society, it is time for us to respond to cases of elder abuse with the outcry and outrage we see when the victim is a child or a pet. Too often, with elder abuse cases, there is only silence.

When we continue to perceive elder abuse as primarily a family problem involving a few stressed caregivers, we focus on individual remedies rather than a social justice response. Yet current research and experience in the field do not support caregiver stress as a primary or sole reason for elder abuse. Therefore, it is not only dangerous, but also irresponsible for policy makers to continue to build and fund programmatic responses, and practitioners to provide

interventions, based on the false assumption that if you address caregiver stress you attend to elder abuse victims. For example, using monies allocated to elder abuse prevention to promote messages to caregivers about reducing stress is a misuse of the limited funding there is to address elder abuse, and may have minimal impact on preventing harm to older adults. Focusing interventions on anger management, stress reduction, or respite care for caregivers often does little to enhance victim safety or quality of life. Programs and prevention initiatives that truly address elder abuse, neglect, and financial exploitation would fund remedies such as victim-centered services and inter-disciplinary training and interventions.

Elder Abuse Is a National Crisis

As a society, we do not recognize elder abuse as a national crisis. In a 2000 study in Canada, when respondents were asked “What comes to mind when you think of family violence?”—81 percent indicated child abuse, 80 percent indicated partner abuse, while only 9 percent indicated the abuse of older adults (Bradford, 2000). We do not designate the resources necessary to enhance safety for older individuals and give elderly victims of abuse more viable options and choices (GAO, 2011)—a situation that will become more problematic as the baby boomers age and the number of older adults increases.

America must recognize that elder abuse is not caused by a few stressed caregivers: we must support a social movement promoting dignity, respect, and justice for all older adults. 

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Care Transitions and the Older Adult

Robyn Golden and Gayle Shier, **Guest Editors**

Over the past decade, transitions from one care setting to another have been associated with heightened risk, particularly for elders. Adverse events associated with poor care transitions can include medication errors; compliance and continuity of care problems; nursing home placement; caregiver burden; and increased healthcare costs. Complex care transitions—particularly those from hospital to home—can often result in re-admission—with a costly impact on Medicare. Now, transitional care interventions have emerged as an important strategy for improving health outcomes and preventing adverse events for elders; these interventions have also become critical for aging network providers who are seeking to effect much-needed change to the U.S. healthcare system. This issue of *Generations* will parse the myths, opinion, and realities of care transitions.

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