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# Elder Abuse — An Ethical Dilemma for Caregivers

by Linda Carter

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*The mistreatment of elders by their adult children, spouses, or other caregivers is a problem of increasing magnitude. We have few laws and even fewer policies to help caregivers identify and prevent abuse, partly because it has no common pattern, and partly because it so often goes unreported. Abuse can be intentional or unintentional, and as often results from failing to act, as from acts of anger or cruelty. Therefore, we must do a better job of enforcing mandatory reporting and educating and supporting our caregivers to prevent stress and burnout. Above all, we must seek an ethical course of action, knowing that there are legal, personal, and professional ethical ideals and standards that can guide us, whether the elderly are being cared for in their own homes or in nursing homes.*

The moral quality of nations and individuals can be measured by how they treat the very old and the very young. Abusive behavior toward children is never tolerated, and remedial action is usually strict and immediate; but as a nation, we have not yet settled on ways to protect the elderly. Indeed, providing adequate care for the elderly is a growing problem in all parts of the world.

In the United States, we often refer to the later years of life as the “golden years”; however, the gold is not without tarnish. A growing number of the elderly are abused each year. The U.S. Department of Justice estimates that more than 500,000 elderly people are maltreated each year, and the number may be three times higher since few cases of abuse are reported or investigated (Axmaker 2003).

Other nongovernment sources cite an even higher number of abuse cases. Some experts estimate the number of older adults who are mistreated annually at more than two million

(Swagerty 1999, p. 2804). A U.S. National Elder Abuse Incidence Study confirms that reported elder abuse cases are only the “tip of the iceberg” (National Center on Elder Abuse 2003). The study also reports that two-thirds of the perpetrators of abuse are adult children or spouses. The elderly are abused in nursing homes, hospitals, or other institutions. In one study, 36 percent of nursing home staff stated that they had witnessed at least one physical abuse incident with an elderly patient (Nelson 2002). Clearly, mistreatment or abuse of the elderly is a growing social phenomenon.

Elder abuse is not a new problem, though we have only recently begun to recognize the nature and extent of the problem. We have few laws to govern this type of abuse and even fewer national policies to direct those who work in the field. Only a small number of agencies have protocols for workers dealing with elder abuse. Consequently, individual workers often lack sufficient guidance to make practical and ethical decisions. Nevertheless, they must determine which interventions are

preferable and what outcomes must be pursued to enhance the well-being of the elders in their care.

## Defining Abuse

Elder abuse is defined as representing all types of abusive behavior or mistreatment toward an older adult, which, of course, includes acts that are either intentional or unintentional. Elderly people are considered easy targets because they are perceived to be fragile and defenseless.

Abuse takes many forms ranging from financial exploitation and scams to physical acts of violence, to neglect, and psychological abuse. Gray-Vickrey (2001) reports that neglect occurs in 49 percent of substantiated elder abuse cases; emotional abuse in 35 percent of cases; financial abuse in 30 percent of cases; and physical abuse or use of physical force in 25 percent of cases.

This definition may appear simplistic, but the difficulties in identifying and dealing with abuse are far from simple. Many difficulties arise from practical considerations, but others involve a myriad of ethical dilemmas. Workers in elder care community service will not find a common pattern in elder abuse. Abusive acts can be performed by strangers, by caregivers, and by family members. The abuse results in suffering, injury, pain, violation of human rights, and a decreased quality of life.

Insufficient laws or resources and uncaring or cruel caregivers indicate a lack of ethics and morality in the larger society and represent a serious social problem. Ethical conduct consists of right conduct and actions, so doing harm or doing nothing may be viewed as wrong conduct. As this article will indicate, a lack of right conduct and ethical behavior is at the core of elder abuse.

According to "Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America," (Committee on National Statistics 2003), "elder mistreatment is a recognized social problem of uncertain, though probably increasing magnitude." The responsibility for addressing elder care,

however, most often falls to family members of the affected persons. While some countries, such as Sweden and Germany, have formulated and implemented effective programs to deal with this problem, other countries such as the United States have yet to come up with an adequate solution to protect the elderly from various forms of abuse and enable them to live out their lives in safety and dignity. The lack of prevention programs is a serious problem because,

[T]he frequency of occurrence of elder mistreatment will undoubtedly increase over the next several decades, as the population ages. Yet little is known about its characteristics, causes, or consequences or about effective means of prevention" (CNSTAT 2003, p. 15).

As I read the statistics: by 2030, the United States will be home to about 70 million older persons, more than twice the number in 1990. Persons over 65 represented 13 percent of the population in 2000; in 2030 they will represent 20 percent of the population. The population above age 85 is expected to more than triple between 1980 and 2030, and to be nearly 7 times larger in 2050 than in 1980. Providing elder care during times of such growth will involve many dilemmas.

## Identifying Abusers

The government is not the only entity exhibiting a lack of moral or ethical concern and action. We are increasingly aware that some elderly persons are physically abused and neglected by relatives and nursing home and hospital staff. A substantial portion of the elderly population, though not all, require constant and continual services that they are unable to provide for themselves (Wolf 1992). Care alternatives for these people range from home care to community-based care facilities to institutional settings.

Research has frequently found home care to be superior to care delivered in other environments (O'Connor 1992). Providing long-term home care requires that a caregiver live in the home with the

patient (Wolf 1992). In most cases, such caregivers are family members; however, some in-home caregivers are employed to perform that function.

For many people, providing care for an elderly family member can be a personally rewarding and a valuable experience, as younger people willingly give back to a beloved spouse or parent. In other cases, however, family caregivers may need to give up their jobs, limit their social activities, and take time away from spouses or children to care for an elderly relative (Larson 2000).

The stress that accompanies this responsibility, which entails giving up much of one's personal life, can obviously have an adverse effect on the family caregiver. However, the breach of ethical responsibility on the part of family members, who should be held to a higher standard of duty, is a profound moral dilemma.

One in twenty-five elderly persons is victimized. Almost one-third of this maltreatment is by adult children of the elderly, according to the National Aging Resource Center on Elder Abuse (Arbetter 1995). The maltreatment or abuse consists of neglect (caretakers failing to provide services necessary to avoid physical or psychological harm such as withholding medical care or food); physical abuse (willful infliction of pain or injury); financial exploitation (improper use of an older person's resources, with or without their consent); emotional or psychological abuse (inflicting mental or emotional anguish through humiliation, intimidation or threats); sexual abuse (the forcing of nonconsensual sexual contact of any kind) (Axmaker 2003).

Serious cases of maltreatment have been reported in nursing homes. There are nearly 17,000 nursing homes in the United States that care for 1.6 million residents, and the figure is expected to rise to 6.6 million residents by 2050 (Nursing Home Abuse 2003). A report on nursing home abuse commented that "eye witness accounts and surveys have sadly shown that nursing home abuse and neglect is a serious problem, and that there also is significant underreporting" (National Center

on Elder Abuse, 2003, [www.elderabusecenter.org/default.cfm.statistics.cfm](http://www.elderabusecenter.org/default.cfm.statistics.cfm)). The underlying causes of mistreatment, according to this report, are staff shortages, stressful working conditions, staff burnout, and inadequate staff training. The problems of stress and burnout are similar in cases involving family caregivers.

The forms of elder abuse in nursing homes are similar to those found in domestic settings. They include physical and sexual assault, neglect, inappropriate restraint, financial abuse, isolation, verbal threats, and even murder (Nerenberg 2002). More subtle forms of abuse also border on unethical behavior. According to Meddaugh (1993), nurs-

### Case Histories — Physical Abuse

- A certified nursing assistant (CNA) who was under the influence of methamphetamine was prosecuted for sticking a rag down the throat of a patient because he was complaining of pain while he was being cleaned.
- A nurse was prosecuted for pouring water down the throat of a patient to stop her from screaming.
- A CNA was prosecuted because he kicked and beat a 92-year-old patient who was lying on the floor.
- A CNA was prosecuted because she stepped on the face of an elder resident.

### Case Histories — Sexual Abuse

Sexual abuse cases are on the rise, most particularly those cases involving the unpermitted touching of females during moments such as bathing, feeding, dressing and bedtime. For example,

- An individual who was visiting his grandmother sodomized a nonambulatory head-trauma patient who had limited verbal abilities.
- An NCA was convicted of rape in a case where he dragged a female patient in a wheelchair into a room where he coerced her into having sex with him.

### **Case History — Emotional Abuse**

A CNA was convicted of teasing and taunting an 85-year-old nursing home resident who suffered from dementia.

In upholding the lower court conviction, the Delaware Supreme Court recognized that elder nursing home residents are often at the mercy of their healthcare workers and are often afraid to report them for fear of retribution.

The court went on to say that the nursing home was the "home" of the resident and as such, the resident had the right to be treated with the dignity and privacy that she would have received or been entitled to in her own home. In California, a case was successfully prosecuted against a healthcare worker who repeatedly insulted an elderly patient because her son was gay.

ing home residents are denied the right to exercise personal choice in such matters as when they want to eat, get up, or go to bed; residents are also pressured to participate in activities against their will. Residents considered troublesome are "labeled," and the result is depersonalized treatment and exclusion (Meddaugh 1993, pp. 21-23).

Meddaugh also reported the findings of a 2002 survey administered to 577 long-term care staff by the Joint Commission on the Accreditation of Healthcare Organizations, in which 10 percent admitted to having perpetrated physical abuse on nursing home residents, and 40 percent admitted to psychological abuse. Organizations that are not vigilant, that do not monitor for such incidents, and that do not explore the roots of such problems allow the risks to exist unchecked.

### **Reporting Abuse**

For several reasons, a large amount of abuse cases are not reported. For one thing, our terminology is problematic, and this problem affects our statistics and the number of incidences reported. For another,

as I noted in earlier paragraphs, mistreatment and abuse have been poorly defined, particularly with respect to the elderly. Still another factor is that the field of elder abuse research is relatively young compared to the field of child abuse research, for example, so both the public and professionals need to be educated to recognize the problem. The older adult's complex reaction to abuse is perhaps the most important barrier to reporting abuse. It is often a combination of dependency, shame, and fear of retaliation by offenders or fear of disrupting their current living situation.

Another explanation for underreporting abuse is that many physicians routinely fail to recognize elder mistreatment. They cite a variety of reasons, from lack of awareness to reluctance on behalf of the elderly to admit abuse. Though physicians are mandated reporters of abuse in most states, fewer than 25 percent on average have been trained to recognize abuse. It is likely that fewer than 10 percent of abuse incidents are even reported, notwithstanding that the vast majority of victims must seek medical care at some point during the course of the abuse. Physicians must, therefore, increase their awareness of elder abuse and carry out specific procedures to help them determine when abuse is occurring.

Many physicians, for example, take the Hippocratic Oath: "I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone." Their ethical duty is clear: nonaction represents a form of harm. In an effort to help make physicians more aware of elder mistreatment and abuse, the American Medical Association published its definition of abuse in 1987. It is "an act or omission which results in harm or threatened harm to the health or welfare of an elderly person" (Swagerty 1999, p. 2,805).

### **Prevention**

Elder abuse is against the law in all fifty states. Nevertheless, abuse against older Americans is on the rise. Preventive measures will start with the implementation of laws to protect against

abuse and to make older adults, their families, and others who work with them aware of signs of abuse. Experts contend that effective prevention programs use a combination of strategies to protect vulnerable elderly adults. Nelson (2002) states that recommendations for prevention and intervention of elderly abuse fall into three service areas that include social services such as emergency shelters and telephone help-lines, healthcare, education, and public awareness campaigns. The National Center on Elder Abuse recommends the following strategies:

- coordination between law enforcement, adult protection, and advocacy groups;
- education and training for caregivers;
- improved working conditions in nursing homes and other long-term care facilities;
- compliance with federal requirements;
- strict enforcement of mandatory reporting;
- better screening of prospective employees; and
- support (Nursing Home Abuse 2003).

The support strategy requires that we recruit and nurture good clinical nursing aides and provide respite care for domestic caregivers. Both are crucial since stress and burnout can lead to abusive behavior. Given this situation, a society that seeks an ethical course of action will provide the funds to improve conditions and supply adequate help to care for the elderly.

Many organizations that work to prevent abuse and neglect also provide information to help caregivers better understand the issues. These groups include hotlines in almost every State, State Adult Protective Agencies, the American Association of Retired People (AARP), the National Long-Term Care Ombudsman Resource Center, the National Citizens' Coalition for Nursing Home Reform, and the U.S. Administration on Aging among others.

I know of no prescriptive rules to help caregivers make the difficult ethical decisions that arise

### Case Histories — Neglect

- A California board and care operator was successfully prosecuted for leaving two elderly female residents with Alzheimer's disease in a filthy room with blood spattered on the walls and the carpet caked with feces, vomit, and urine. The women were partially clad and one of them was tied with a sheet to a bed.
- A CNA was successfully prosecuted for failing to feed a resident who could not feed herself. A video camera caught the CNA dumping the resident's food into trash cans on different occasions.

### Case Histories — Financial Exploitation

Johnson County, Kansas, successfully prosecuted a family of six who befriended a 72-year-old recently widowed woman, and conned her out of approximately \$650,000. The elder was diagnosed as bi-polar, and the family took advantage of her inability to handle her own finances.

The charges ranged from theft to mistreatment of an adult. The individuals were prosecuted, ordered to pay full restitution, and served three years in prison.

when the "cared for" are elderly. Nevertheless, legal, professional, and personal ethical ideals and standards offer some guidance in elder care management. Although these standards offer some structure to the decision-making process, there are few absolutes in ethics, and community workers will often need to apply the moral ideals of autonomy, beneficence (goodness), and justice as guidelines in dealing with these ethical dilemmas.

### Conclusion

We admit that our society has not done enough to prevent neglect and abuse of the elderly. Unlike many Asian societies that have a long tradition of caring for their elderly citizens, the United States lacks such an ethical approach. Our admiration

for rugged individuals, like those who settled the frontier, and an emphasis on youth in our culture have made caring for the aged a low priority. In the United States people who "produce" are given a high priority. When the elderly can no longer be part of our materialistic democracy, they are generally viewed as useless. Caring for the aged and ill is, however, the moral duty of a society.

How shall it be for us, when we are old? In the Gospel of John (21:18), we read: "when you were young, you clothed yourself, and walked where you wanted; but when you are old, you will stretch forth your hands and another shall clothe you, and carry you where you would not go. . ."

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