

The Relationship Between Dementia and Elder Abuse

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***Objective:** Alzheimer's disease and other dementias may be associated with greater risk for physical abuse than other illnesses of the elderly. The authors examined the relationship between dementia and abusive behavior in a group of demented patients and their caregivers. **Method:** An anonymous questionnaire was distributed to 1,000 caregivers who called a telephone help line specializing in dementia. Demographic characteristics of patients and caregivers were assessed, the occurrence of abuse was examined, and caregivers completed the Zarit Burden Interview and the Zung Self-Rating Depression Scale. **Results:** Questionnaires were completed by 342 caregivers. The mean age of caregivers was 56.1 years; 163 (54.5%) were adult children caring for parents, 111 (37.1%) cared for spouses, and 25 (8.4%) cared for other relatives. Thirty-three caregivers (11.9%) reported that they had directed physically abusive behavior (e.g., pinching, shoving, biting, kicking, striking) toward the dementia patient in their care. These caregivers had been providing care for more years, cared for patients functioning at a lower level, displayed higher burden scores, and displayed higher depression scores than caregivers who reported no abuse. In addition, 92 caregivers (33.1%) reported that the patient directed abuse toward them during the course of providing care. Caregivers who had been abused by patients, in comparison to those who had not, were more likely to direct abusive behavior back toward the patient in their care. **Conclusions:** These results support the hypothesis that abuse involving cognitively impaired older adults and their caregivers may be associated with the relatively high psychological and physical demands placed on family members who care for relatives with dementia.*

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The issue of elder abuse has been increasingly brought to the attention of health care professionals, social service professionals, and lay persons in recent years (1, 2). While elder abuse is not a newly emerging phenomenon (3), the combination of an aging population and redefinitions of what constitutes abuse have produced a greater level of societal awareness of abusive behavior directed toward the elderly. With this awareness has come further research into the prevalence of abuse, its predisposing factors, and the efficacy of interventions designed to limit its extent (2). However, elder abuse remains an "invisible" problem, with

limited reporting and a failure by health care professionals to realize that older adults may be at risk (1).

Elder abuse may be conceptualized in terms of injury, mistreatment, or neglect involving one or more of the following domains (4): physical, psychological, sociological, and legal. Such abuse may be inflicted by other individuals, including family member and non-family member caregivers, or may be self-inflicted. While estimates of the prevalence of abuse vary, researchers have typically cited figures ranging up to 4% (2). For example, a study by Pillemer and Finkelhor (5) of abuse among community-residing older adults in the Boston metropolitan area yielded a prevalence rate of 32 abused elderly per 1,000 population. Similarly, Gioglio and Blake-more (6) reported a prevalence rate of roughly 1% for physical abuse, psychological abuse, financial exploitation, and neglect among a stratified random sample of New Jersey residents.

In addition to examining prevalence data, previous studies have also considered factors that may contribute to abusive behavior (1, 5). Typically, the roles of stress, dependence, physical health, family member psychopathology, alcohol and other drug abuse, family relationships, and living arrangement have been cited in relation to the occurrence of abuse. One contributing

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