Age Differences in Ratings of Elder Abuse
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Summary
This article is about elder abuse, which remains an enduring and evolving concern in senior care. Based on what may be the most inclusive data set in Canada on ratings of abuse, the findings show abuse categories of threats to autonomy, mental well-being, and physical well-being. Seniors rated threats to their autonomy as more severely abusive than did younger people, who rated physical and mental threats more severely than did seniors. The findings have relevance for strategies to combat elder abuse.

INTRODUCTION
Elder abuse may affect seniors living outside the context of continuing care, those in receipt of community care, and residents of long-term care homes or other assisted living dwellings. Efforts to combat elder abuse include collaboration between government, health care providers, social services, financial agencies, legal services, police, and the voluntary sector. An example from Ontario is the Provincial Strategy to Combat Elder Abuse that complements efforts by agencies, facilities, and community organizations to deal with such problems (Stones, 2005). The aims of this strategy include coordination of community services, training of frontline staff, and education to raise public awareness.

Definitions of elder abuse cite behavior that violates precepts of social tolerability by someone an older person has reason to trust (Hudson, 1991; Pillemer and Bachman-Prehn, 1991). The World Health Organization (WHO) uses a definition of this type, which the Ontario strategy adopted to guide its mission. Although commonly classified as physical, emotional, social, and financial abuse, neglect, and the violation of rights, most examples of abuse do not fall discretely into such categories. It is difficult to imagine, for example, that an older person subjected to financial abuse would not also experience emotional harm. The aim of the research reported here was to examine ways to classify examples of abuse more discretely. An approach favored within the behavioral and social sciences uses statistical means to identify the number of categories with discrete content.

The data used in the study is probably the most inclusive in Canada on ratings of abuse. A full literature review, focus groups with seniors, and pilot testing contributed to the development of a 112-item tool known as the Elder Abuse Survey Tool (EAST). The EAST contains 112 simply worded items each denoting a different form of abuse or neglect. The response scale consists of alternatives scored from 1-5 from definitely not abusive to very severely abusive. Subsequent ratings on the EAST were from 572 people including seniors and younger people working on behalf of seniors (Stones and Pittman, 1995; Stones & Bédard, 2002). The analyses reported here (1) attempt to classify EAST items based on statistical relationships between responses and (2) assess differences between age cohorts in the mean ratings across categories.

METHODS
Participants were seniors and younger people working with seniors from three regions of a province in eastern Canada. The sampling plan incorporated deliberate sampling for heterogeneity (Cook & Campbell, 1979). Recruitment of the seniors was from seniors’ clubs,
seniors' residences, seniors' resource centres, long-term care, and referral from home care agencies or other sources. The younger people were professionals sampled for diversity across occupational groupings. Their main fields of employment were health care, home care, and social services. All the younger people worked directly with seniors or had knowledge about elder abuse because of their vocation.

The total sample size was 572 persons, comprising 339 seniors and 233 younger people. The mean ages were 73.8 years (s.d.=6.8 years) and 38.8 years (s.d.=9.6 years), respectively. The distribution by sex included 260 female seniors (71.4%) and 155 (74.5%) females in the younger cohort. Not surprisingly, the younger cohort had more years of education than did the seniors (14.8 versus 9.4 years; \( p<.001 \)) and their occupations were of higher status than the (former) occupations of the seniors (means of 2.9 versus 2.4 on a 5-point index; \( p<.001 \)).

**Procedure**

Administration of the EAST with seniors included standardized interviews at the seniors' residences. The assessor attempted to ensure that each senior understood the item content and rating scheme, and knew that abuse refers to behavior by someone a senior has reason to trust. A cue card containing the response alternatives was in clear view throughout the interview. Administration with the younger cohort was by a mail-out survey, with an adequate return rate of more than 60% of respondents.

**RESULTS**

Preliminary analyses included examination of the response distribution for each item in order to select those rated as abusive by at least 80% of respondents. Seventy-three items passed this criterion for inclusion in subsequent analysis. The procedure used to classify the 73 items is termed factor analysis with principal components extraction and varimax rotation. It aims to find common relationships among items based on the correlations among the responses. Analyses were computed with similar findings for respondents aged <65 years, respondents aged >65 years, and all respondents regardless of age. A procedure known as scree plotting showed three main factors that accounted for an acceptable 49% of the variance in the responses. Based on the correlation of items with these factors, the names assigned to the categories were threats to autonomy, mental well-being, and physical well-being, respectively. Thirty-two items had high relevance to threats to autonomy, 15 to mental well-being, and 15 to physical well-being. Only 2 items had relevance to more than one category, with 10 items having low relevance to any category. Consequently, the classification aligned the majority of items discretely with a category. Table 1 shows the 10 items with the highest relevance to each category.

Analysis of the mean scores by age cohorts across the item categories was by a procedure known as analysis of covariance. This analysis controlled for any effects because of sex, community size, years of education, and status of (former) occupation. The findings showed significant effects for age cohort \( (p < .01) \) and age cohort by item category interaction \( (p < .01) \). Further analysis of the latter showed significant differences between age cohorts for all item categories \( (p < .01) \). Figure 1 shows the mean is higher for the older than the younger cohort on threats to autonomy, but lower on threats to mental and physical well-being.

**DISCUSSION**

Previous attempts to classify examples of elder abuse used conceptual rather than statistical means of simplification. A problem with this approach is that many or most examples of abuse fall into more than one category. The present findings may be the first to derive categories from covariation among responses of abuse severity. Because the factor analytic method tends to force items into discrete categories, it is not surprising that the juxtaposition of categories and items may seem unfamiliar.
The category that seems most familiar is threats to physical well-being, which relates to physical abuse. This category includes items like striking, tripping, burning, and sexual mistreatment, as well as misdemeanors with respect to food and medication. The feature common to these items is that the behavior is likely to cause pain or physical distress. Threats to mental well-being mainly include items relevant to emotional and financial mistreatment. Although conventional classification distinguishes between these categories, their common feature is that they elicit mental distress. On first impression, it might seem that spitting at a senior is misaligned within this category. Is spitting not a form of physical abuse? On reflection, however, spitting causes mental distress not physical pain. It is important to note in this regard that the commonalities within categories relate not to the origin of distress but rather the perceived effects on the victim.

What may surprise some readers is that seniors rated items within the threats to physical and mental well-being categories as less severe forms of abuse than did the younger cohort. However, other findings with these data showed similar trends (Stones and Pittman, 1995; Stones & Bédard, 2002). A probable reason is that the older generation, which experienced economic Depression and World War, is more conservative in its ratings of untoward behaviors than younger cohort.

Threat to autonomy was the only category for which the mean ratings were higher by seniors than by the younger cohort. A probable reason is that threats to autonomy are real and present for many seniors but have lesser relevance to younger people. The items within this category fall within several conventional categories (financial abuse, coercion, neglect, violation of rights) but linked by a common thread of threat to continued independence.

In conclusion, the findings reported in this article showed that statistically derived categories of abuse were similar between younger and older cohorts. The present taxonomy relates not to type of behavior but to the effects of that behavior on the victim. There were cohort differences between the category means. Seniors perceived threats to autonomy more severely than did younger people who work on their behalf, but rated threats to mental and physical well-being less severely. Professions and advocates might usefully incorporate these finding into their planning of ways to combat elder abuse.

References
Table 1: The 10 Items Most Relevant to Each Category

<table>
<thead>
<tr>
<th>Threats to Autonomy</th>
<th>Threats to Mental Well-Being</th>
<th>Threats to Physical Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to provide resources for locomotion in residence (e.g., ramps for wheelchair)</td>
<td>Sells a senior’s house or property without permission</td>
<td>Burns or scalds a senior</td>
</tr>
<tr>
<td>Failure to take institutional residents on occasional outings if such trips are possible</td>
<td>Intentionally starts regular arguments with a senior</td>
<td>Deliberately gives a senior the wrong dosage of medicine</td>
</tr>
<tr>
<td>Doesn’t provide a senior with safe and comfortable living conditions</td>
<td>Lies to a senior in a harmful way</td>
<td>Strikes a senior so that the person is bruised or cut</td>
</tr>
<tr>
<td>Tries to force an institution resident to give up money against that person’s wishes</td>
<td>Yells angrily at a senior for no good reason</td>
<td>Intentionally trips a senior</td>
</tr>
<tr>
<td>Pressures a senior into making a will or changing a will</td>
<td>Steals something a senior values</td>
<td>Strikes a senior so that the person feels pain but is not bruised or cut</td>
</tr>
<tr>
<td>Tries to pressure a senior to get divorced or married</td>
<td>Regularly ignores a senior when that person wants attention</td>
<td>Withholds food or other necessities from a senior</td>
</tr>
<tr>
<td>Doesn’t repay money borrowed from a senior if that person wants repayment</td>
<td>Criticizes a senior frequently so as to make that senior feel small</td>
<td>Handles a senior in a rough way that may cause pain</td>
</tr>
<tr>
<td>Doesn’t take a senior to place that person has to go (e.g., doctor’s appointment)</td>
<td>Spits at a senior</td>
<td>Forces a senior to engage in unwanted sexual acts</td>
</tr>
</tbody>
</table>
Figure 1: Mean Scores by Young and Old Cohorts Per Category

- Autonomy
- Mental W-B
- Physical W-B

Young
Old