

# ELDER MISTREATMENT IN THE NETHERLANDS

## prevalence, risk indicators and consequences

Hannie C. Comijs

J.H. Smit & C. Jonker

Mental Health

EMGO Institute for Health and Care Research

# Dutch initiatives

- First studies on elder abuse from USA and UK – end eighties
- Dutch government initiated:
  1. A pilot study in two regions of the Netherlands: support offices where EA could be reported / judged and taken care off
  2. A population based study in Amsterdam on the prevalence, risk factors and consequences
- Study on elder mistreatment among informal caretakers of demented persons living at home [Pot AM, et al. Verbal and physical aggression against demented elderly by informal caregivers in The Netherlands. Soc Psychiatry Psychiatr Epidemiol. 1996;31(3-4):156-62]

# Design study

- In 1994, 1,797 persons from Amsterdam Study of the Elderly (AMSTEL) were interviewed at home
  - Age: > 69 yrs
  - Independent living
- In 1995, victims / matched controls (N=294) were interviewed again:
  - the motives and consequences of the mistreatment,
  - Personality characteristics: coping style, locus of control, perceived self-efficacy and hostility

# One-year prevalence of elder mistreatment

	Prevalence N=1,797	95% CI	# persons in Amsterdam
Neglect	0.2	0 – 1.9	0 -267
Chronic verbal agression	3.2	2.4 – 4.0	1,603 – 2,671
Physical agression	1.2	0.7 – 1.7	467 – 1,135
Financial mistreatment	1.4	0.9 – 1.9	601 – 1,269
Overall	5.6	4.6 – 6.6	3,072 – 4,407

Comijs HC, et al. Elder abuse in the community: prevalence and consequences. JAGS, 1998, 46, 885-888.

## Compared to other studies at that time

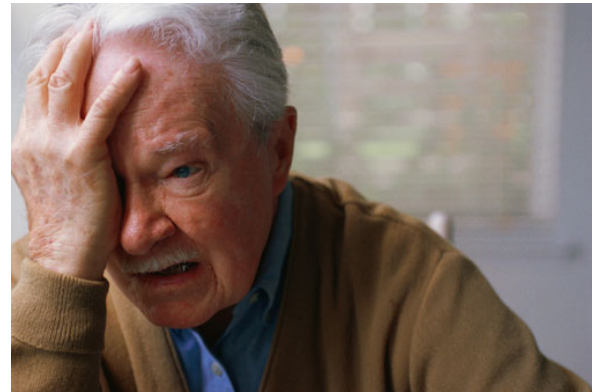
	Pillemer <i>et al.</i> (1988)	Podnieks <i>et al.</i> (1990)	Kurrie <i>et al.</i> (1992)	Comijs <i>et al.</i> (1998)
Physical aggression	2.0	0.5	2.1	1.2
(Chronic) verbal aggression	1.1	1.4	-	3.2
Psychological aggression	-	-	2.5	-
Financial mistreatment	-	2.5	1.1	1.4
Neglect	0.4	0.4	1.4	0.2
Overall prevalence	3.2	4.0	4.6	5.6

# Relation to the perpetrator

	Chronic verbal agression N=58	Physical agression N=21	Financial mistreatment N=26
(Ex) Partner	28	4	2
(Grand)children	13	6	6
Family, other	3	2	1
Other familiar person	14	8	5
Professional	-	-	5
No information	3	1	7

# Consequences

- Anger, disappointment or grief (most victims)
- Aggressive reaction (11 of 43)
- Scared (5 of 14)
- Bruises (3 of 14)
- Loss of a considerable amount money or property (2 of 22)



# Reasons

- **Unexpected:** 25% of verbal/physical aggression and 80% of financial mistreatment
- **Argument, tension of jealousy:** 75% of verbal/physical aggression
- **Problems perpetrator (financial, physical or psychological):** 6% of all





# Longlasting patterns?

- 19.5% reported aggression or exploitation in private setting before 65 years



# Actions to prevent recurrence

- Nothing (15 – 27%)
- Solve the problems with perpetrator (18 -33%)
- Try to analyze and understand (3- 11%)
- Withdrawel from specific situation (33 – 48%)
- Break up contact (29 - 47%)
- Ask friends for help (15 - 18%)
- Ask professionals for help (12 - 18%)

# Did it help?

- No: 6 – 22%
- It became less: 6 – 44%
- It never happened again: 33 – 82%



# Determinants of elder mistreatment

1. Information available from AMSTEL: socio-demographics, physical and psychological health, (I)ADL
2. Coping style, locus of control, perceived self-efficacy and hostility

# Determinants (1)

	OR	95% CI
<b><i>Chronic verbal aggression</i></b>		
- Living with a partner or other(s)	1.61	1.22-2.15
- Poor or bad health status	1.55	1.19-2.03
<b><i>Physical aggression</i></b>		
- Living with a partner or other(s)	1.63	1.03-2.58
- Depression	1.74	1.11-2.73
<b><i>Financial mistreatment</i></b>		
- Gender (male)	1.85	1.21-2.82
- Living alone	1.95	1.19-3.20
- IADL	1.14	1.01-1.28
- Depression	1.87	1.24-2.83

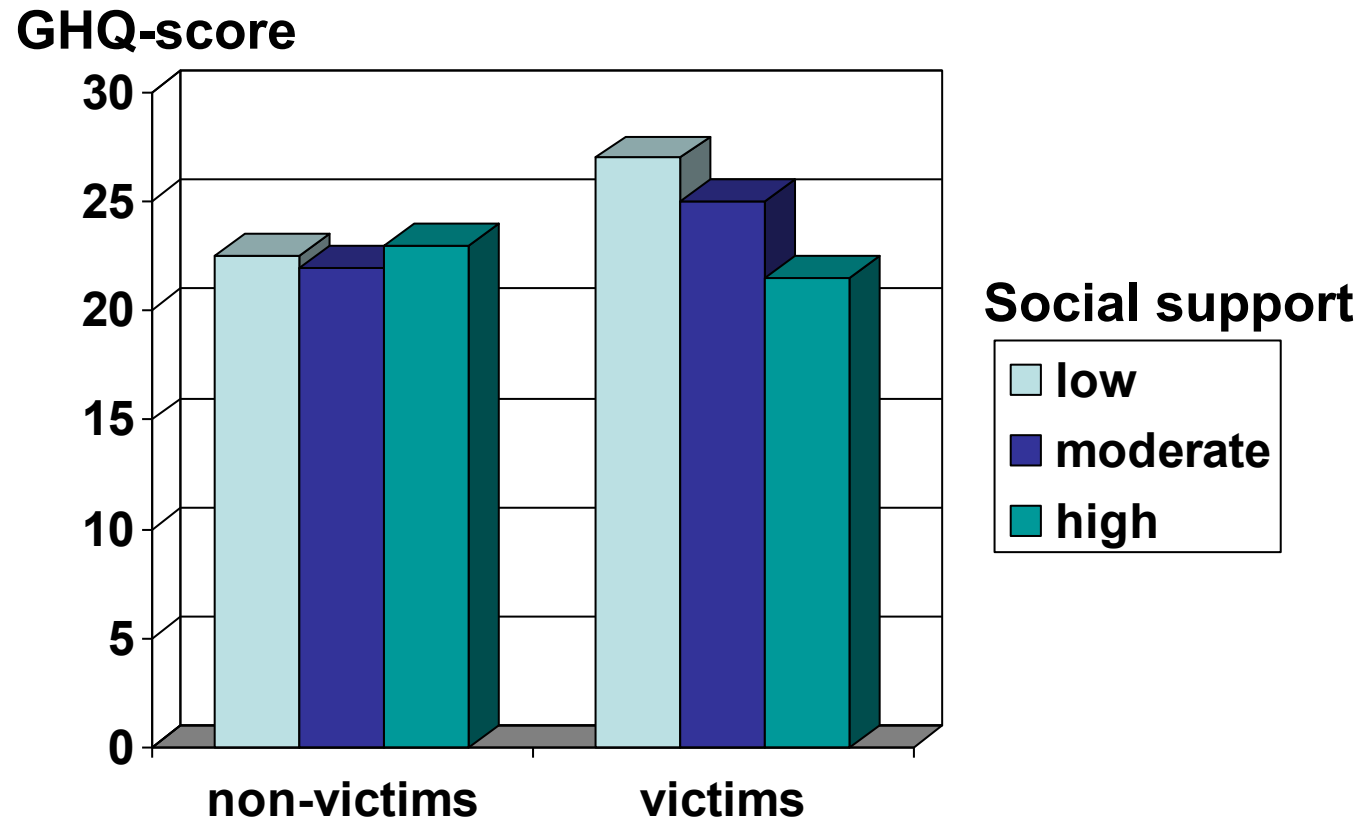
Comijs HC, et al. Risk indicators of elder mistreatment in the community. Journal of Elder Abuse and Neglect, 1998, 9(4), 67-76.

## Determinants (2)

	<b>OR</b>	<b>95% CI</b>
<b><i>Chronic verbal aggression</i></b>		
- Direct aggression	1.31	1.05-1.62
- Locus of control	1.19	1.01-1.41
<b><i>Physical aggression</i></b>		
- Palliative reaction	1.24	1.01-1.51
- Avoidance	1.26	1.08-1.47
<b><i>Financial mistreatment</i></b>		
- Indirect aggression	1.23	1.07-1.42
- Perceived self-efficacy	1.11	1.02-1.20

Comijs HC, et al. Hostility and coping capacity as risk factors of elder mistreatment. Social Psychiatry and Psychiatric Epidemiology, 1999, 34, 48-52.

# Social support buffers psychological distress



Comijs HC, et al. Psychological distress in victims of elder mistreatment: the effects of social support and coping. *Journals of Gerontology: Psychological Sciences*, 1999, 54B(4): 240-245.

## Limitations of the study

- Most vulnerable persons were not included
- Deliberately unreporting of mistreatment
- Recall bias due to memory problems



Underestimation of prevalence rates



# What followed?

- A central support office on elder abuse to support professionals
  - stimulate education of professionals: courses and educational materials
  - the founding of regional networks of professionals helping victims
- Funding by government stopped / care for victims had to be integrated in regular care
- Only very small support office remained/ limited staff
- Study on elder abuse in nursing homes not supported by central organisation of nursing homes

# 12 years later

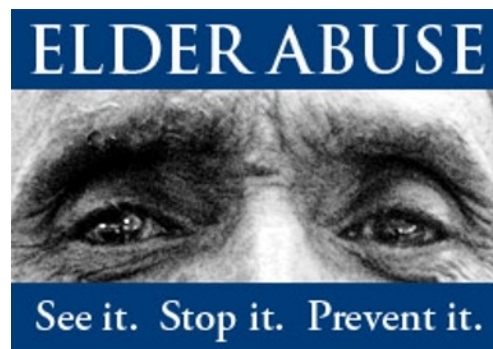
- An active central office: Movisie: Maria van Bavel ([www.movisie.nl/123575/def/home/ouderenmishandeling](http://www.movisie.nl/123575/def/home/ouderenmishandeling))
- EuROPEAN (European Reference framework Online for the Prevention of Elder Abuse and Neglect): Initiated by the ANBO/Movisie as research partner
- A lot of regional networks with expertise in the field elder abuse, but not in all regions in the Netherlands (see website Movisie)
- Still, a lack of knowledge among many professionals, policy makers and the Dutch population

# What do we need?

- Better care for victims of elder abuse in all regions of the Netherlands
- Public knowledge of helplines, hotlines and protective services – persons need to know where to go
- More training of professionals and policy makers
- Systematic registration of cases, background, consequences and interventions – collect in central databases - research
- Public awareness – because most victims do not report the abuse themselves



Thank you!



Contact: [h.comijs@ggzingeest.nl](mailto:h.comijs@ggzingeest.nl)