Elder Abuse and Neglect: A Survey of Irish General Practitioners

JAMES G. O'BRIEN, MD, FRCPI
Institute for Sustainable Health and Optimal Aging, University of Louisville, Louisville, Kentucky, USA

AILIS NI RIAIN, MB, BCH, CLAIRE COLLINS, PhD, and V. LONG, MSc
Irish College of General Practitioners, Dublin, Ireland

DESMOND O'NEILL, MD, FRCPI
Trinity Centre for Health Sciences, Adelaide & Meath Hospital, Dublin, Ireland

The objective of this study was to survey general practitioners (GPs) in Ireland regarding their experience with elder abuse. A random sample of 800 GPs were mailed a survey in March 2010, with a reminder in May 2010, yielding a 24% response rate. The majority, 64.5%, had encountered elder abuse, with 35.5% encountering a case in the previous year. Most were detected during a home visit. Psychological abuse and self-neglect were most common. Most GPs in Ireland have encountered cases of elder abuse, most were willing to get involved beyond medical treatment, and 76% cited a need for more education.

KEYWORDS Ireland, elder abuse, neglect, Irish general practitioners

INTRODUCTION

Elder abuse is not new and has probably been present since antiquity. It occurs in all societies and crosses all socioeconomic, racial, and religious lines. Elder abuse did not appear in medical journals until the 1970s, when the term "Granny Battering" was coined by Baker (1975). Since that time

Address correspondence to James G. O'Brien, MD, FRCPI, Director of the Institute for Sustainable Health and Optimal Aging, University of Louisville, 501 E. Broadway, Suite 240, Louisville, KY 40202, USA. E-mail: james.obrien@louisville.edu

it has remained the least publicized, the least reported, and perhaps the least understood when compared with other types of abuse such as child abuse and domestic violence. The consequences of elder abuse cannot be underestimated, as victims experience a significantly increased morbidity and mortality (Lachs, Williams, O'Brien, Pillemer, & Charlson, 1998).

It would appear that physicians, particularly in the United States have played a minor role in the reporting, detection, management, and research of both elder abuse and self-neglect despite being in an ideal position to do so (O'Brien, 2010; Taylor, Bachuwa, Evans, & Jackson-Johnson, 2006). Ireland differs from the United States in two significant ways. First, the majority of general practitioners (GPs) perform home visits as a significant portion of their practice, in contrast with their counterparts in the United States where the vast majority no longer conduct home visits (Driscoll, 1991; Landers et al., 2005). Second, Ireland does not have a mandatory reporting law as do most states in the United States.

This study hypothesized that since GPs in Ireland are more likely to perform visits in the home, the usual site of abuse, they would be more likely to be involved in detecting, reporting, documenting, and managing elder abuse, and would also encounter self-neglect. Ireland has a relatively new (2007) system for investigation of elder abuse cases, using senior case workers in all Health Service regions. The system created to combat elder abuse in Ireland followed the recommendations of a working party on elder abuse, which resulted in programs being piloted in various regions in the country. Following analysis of the pilot programs, a senior case worker was appointed in each region, charged with the investigation of suspected cases (Clancy, McDaid, O'Neill, & O'Brien, 2011). GPs in Ireland have never been surveyed regarding this subject. The primary purpose of the study was to describe Irish general practitioners' experience, attitudes, and insights concerning elder abuse.

The objectives of the study were:

1. To ascertain past experience and exposure of general practitioners to elder abuse and self-neglect
2. To document the types of abuse and self-neglect encountered by GPs
3. To discover barriers and supports in the detection and management of elder abuse cases
4. To identify referral pathways and interventions of GPs in Ireland who have encountered cases of elder abuse and self-neglect
5. To document recommendations from GPs to enhance detection and intervention

In order to successfully accomplish these objectives, a two-stage approach was adopted. First, a survey of general practitioners was undertaken to create a picture of general practitioners' encounters with elder

abuse. The findings were also used to inform the interview schedule for the second stage of this study, which consisted of a series of qualitative in-depth interviews with GPs. This article reports on the survey findings.

METHODS

A questionnaire (see online Appendix) was developed based on those used previously in the U.S. (Krueger & Patterson, 1997; Kennedy, 2005; O'Brien, 1989) and adapted to reflect practice in Ireland. The survey was piloted among a small number of GPs and modified. A random sample of 800 GPs from the Irish College of General Practitioners (ICGP) membership database were mailed the questionnaire, with one reminder issued. A postal survey was chosen to increase response rate (Maheux, Legault, & Lambert, 1989; VanGeest, Johnson, & Welch, 2007). The final survey was mailed in late March 2010, and a follow-up survey was mailed in early May 2010. The survey was publicized in advance in the ICGP Journal, FORUM. A monetary incentive for participation was not offered. Respondents were provided with a list and definitions and asked to record what types of elder abuse and self-neglect they had encountered both ever and in the past year. A total of 191 completed questionnaires were returned, representing a 24% response rate. Given this topic, the 24% response rate is typical of surveys of physicians with few exceptions (Jones, Veenstra, Seamon, & Krohmer, 1997; Rosenblatt, Cho, & Durance, 1996). The analysis below is based on 186 received before analysis commenced and to meet a deadline for the sponsoring agency.

SPSS (SPSS, 2010) version 19.0 was used to analyze the data. Descriptive statistics including frequencies, percentages, means, and standard deviations are reported for most analyses. For select analyses, chi-square and 95% confidence interval are calculated.

DEMOGRAPHICS

Of 186 cases, 83 (44.6%) practices were located in urban areas, 53 (28.5%) in suburban areas, and 48 (25.8%) were located in rural areas. The majority of respondents, 63 (33.9%), were aged between 50 and 59 years. Over half of respondents, 96 (51.6%), had been in practice between 11 and 25 years, 39 (21.0%) for greater than 25 years, and the remainder less than 10 years. There were 99 (53.2%) males and 87 (46.8%) females. These GP demographics are consistent with those of Irish GPs published elsewhere (O'Dowd, O'Kelly, & O'Kelly, 2006). In terms of completing a report to the funding agency, the analysis was conducted on the original 186 received by the deadline, excluding 5 that were received later.

Respondents estimated that on average 27.6% of their patients are over 65 years of age ($n = 167$, $SD = 16.0$, range 0 to 80). The Irish Central Statistics Office (CSO) reports that 11% of the population is aged over 65 (Central Statistics Office, 2006); however, the profile of patients attending general practice is likely to be different. Layte and Wiley (2009) projected that 33.7% of the overall GP consultations would be from those over 65 years.

RESULTS

Almost two-thirds of GPs, 120 out of 186 (64.5%, 95% CI: 57.6–71.4), reported they had encountered elder abuse, and of that group 66 (35.5%, 95% CI: 28.6–42.4) encountered a case in the past year, with 64 having encountered one to five cases, while two had encountered five or more cases. Of the 66 GPs who reported seeing a case in the past year, 38 (57.6%) reported that they were involved in the detection of the case (Table 1). Of 120 respondents where abuse or neglect was identified by the GP, the most common location where detection took place was at the time of a home visit (91; 75.9%), followed by "in surgery" (office) (77; 64.2%), and a nursing home (46; 38.3%). After elder abuse was identified, the majority of GPs (87; 72.5%) believed that the outcome for the older patient was improved. The geographic location of the GP's practice had no effect on the likelihood of encountering elder abuse or self-neglect ($p = 0.680$).

Respondents were asked to rate each category of elder abuse they had ever encountered on a scale ranging from most common (score 1) to least common (score 8), and most difficult to manage (score 1) to least difficult to manage (score 7) (Figure 1). Respondents reported psychological abuse and self-neglect as the most common types of abuse and the most difficult to manage. Physical abuse and sexual abuse were identified as least common and surprisingly least difficult to manage. Sixteen respondents (13.3%, 95% CI: 7.3–19.4) had been threatened by the suspected perpetrator or family member when attempting to intervene.

TABLE 1 Cases of Elder Abuse Seen in the Last Year and How They Were Brought to the General Practitioner's Attention ($n = 66$)

	Freq (%)
Detected by you or another/another member of the practice	38 (57.6)
Reported by family member	31 (47.0)
Report by neighbor/other individual	19 (28.8)
Reported by victim	18 (27.3)
Reported by a case worker	14 (21.2)
Other	5 (7.6)
Reported by Garda (police)	4 (6.1)

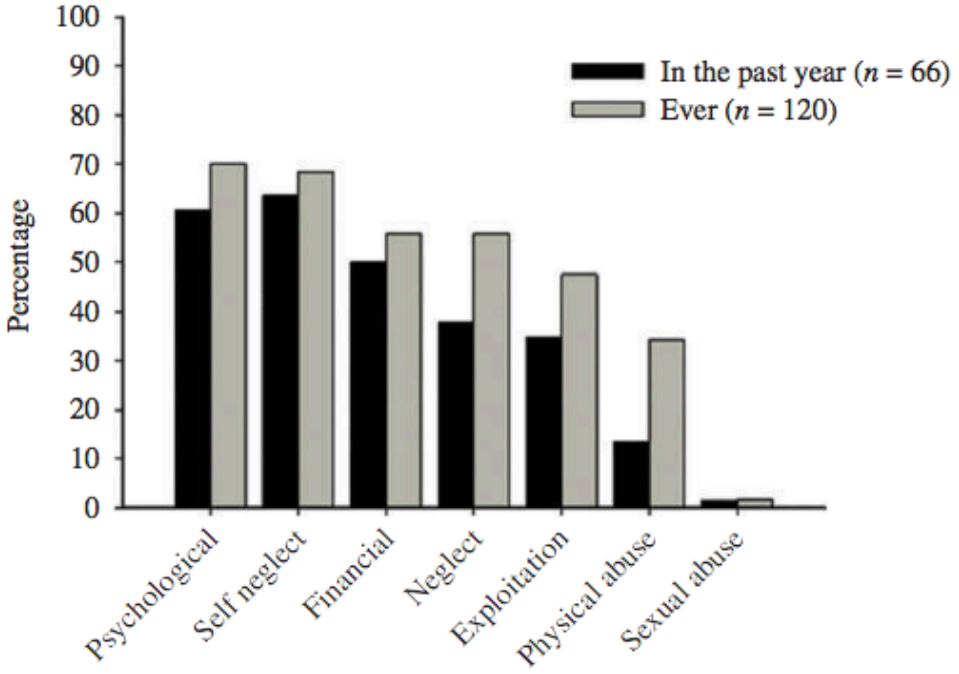

FIGURE 1 Percentage of types of elder abuse general practitioners encountered in the past year and ever. The most common forms of abuse encountered were psychological and self-neglect.

In terms of perceived barriers to identification of abuse, GPs considered concealment by the victim to be the greatest barrier to identifying victims, cited by 61.4%, followed by concealment by the perpetrator (51.1%), refusal of help (49.5%), lack of resources for victims (35.3%), low profile of senior case workers (29.5%), lack of time (23.4%), and inadequate training (17.4%). Senior case workers were only introduced to regions beginning in 2007 without much fanfare.

Only about one-third of the sample, 66/184 (35.9%, 95% CI: 28.9–42.8) were aware of the existence of senior case workers, who had been operational for the previous 2 years; 43 (35.8%, 95% CI: 27.3–44.4) had been in contact with a senior case worker; and when asked about their overall experience of using the senior case worker, of 43 who answered, only 5 (11.6%) were dissatisfied.

In terms of awareness of family and social situation of their patients, the majority knew some or all information regarding living conditions, support, and family dynamics but knew the least about the financial situation. Overall, 83 respondents out of 180 (46.1%) strongly agreed that elder abuse and self-neglect was an important issue for GPs to address, with an additional 90 (51%) agreeing with this statement and only seven (3.9%) disagreeing. According to 184 respondents, 168 (91.3%) considered the GP's role with respect to elder abuse and self-neglect to involve referral to a case worker, 155 (84.2%) noted their role should be providing medical treatment, and 135 (73.4%) recommended involvement in solution/intervention. The items GPs

TABLE 2 GPs' Opinions On What Would Improve the Situation of Older Victims

	Freq (%)
Increase the availability of home care nurses?	163 (88.6)
Increase public health awareness?	158 (85.9)
An education program for GPs, home help nurses, and the public?	140 (76.1)
Mandatory reporting of nursing home elder abuse?	136 (73.9)
Provide a guide similar to the Domestic Violence Guide for General Practice	128 (69.6)
Increase payment for GPs to diagnose and manage cases of elder abuse?	63 (34.2)
Other	8 (4.3)

selected as most likely to improve the situation for older victims were public awareness and the availability of home care nurses (Table 2). GPs identified elder abuse as the most difficult to address when compared with child abuse and domestic violence; 41.2% were most confident in managing domestic violence, 39.0% child abuse, and only 14.1% elder abuse.

DISCUSSION

Almost two-thirds of physicians had encountered elder abuse and self-neglect, with 35.5% having done so within the last year. In terms of frequency of types of abuse and self-neglect ever encountered, psychological abuse was most common, followed by self-neglect, with sexual abuse being encountered very infrequently. Of note, according to GPs, the most common mechanism of detection of their cases was self-detection, occurring in 57.6% of cases, followed by a report by family member 47%, followed by a report by a neighbour 28.8%, with the victim reporting in only 27.3% of instances. The majority of cases were discovered by the GP during a home visit, which probably separates the Irish general practitioner from general practitioners in other countries, particularly the United States. It is interesting to note as well that of those general practitioners who had encountered a case of elder abuse, 13.3% had been threatened by the suspected perpetrator or family member when attempting to intervene, highlighting a potential hazard or deterrent to detection or intervention. It is equally noteworthy that over 70% of physicians felt that the situation for the victim had improved following their intervention.

The results tend to reverse a negative perception of the role of physicians in addressing the problem of elder abuse as noted by others (Lachs, 1995; O'Brien, 2010). The responders in this study were willing to confront the issue of elder abuse and neglect, sometimes at the risk of personal harm, and felt that the situation had improved for the victim as a result of their intervention. Rosenblatt et al. (1996) reported that less than 2% of reports of elder abuse and neglect come from physicians but did not identify other

actions by the physician. However, this study found that 57.6% of detection of abuse was by the physician but with no mandate to report. Furthermore, results from this study indicate that 73% of respondents perceive that the GP's role is not simply to provide medical treatment but also to be a part of the intervention and solution in abuse cases.

Abuse in nursing homes was cited as a major concern for GPs, who typically provide the bulk of care in those settings (Corroon-Sweeney, Murphy, & Collins, 2009); their concern was heightened following an expose of abuse in nursing homes after a formal well-publicized investigation by the state (O'Neill, 2006). Abuse in nursing homes is thought to be a significant problem. In the U.S., 82% of residents in the Atlanta Long Term Care Ombudsman study had either experienced or witnessed abuse or neglect in some form (Atlanta Long-Term Care Ombudsman Program, 2000). The involvement of GPs in nursing homes potentially provides a mechanism to detect and report abuse and neglect, and the strong support for mandatory reporting of elder abuse in nursing homes by Irish GPs is worthy of serious consideration.

Given that a formal program for responding to cases of elder abuse was only implemented in 2007 with the appointment of senior case workers regionally, it is not surprising that just one-third (35.5%) of GPs were aware of senior case workers. This might well have influenced the approach by GPs to the problem. GPs found elder abuse more challenging than child abuse and spousal abuse, thus verifying the particular challenges in addressing elder abuse. The most frequently cited barrier to detection was actual concealment by the victim, perhaps trying to protect the perpetrator, particularly if this was a family member. Second was concealment by the perpetrator, third was refusal of help, followed by a lack of resources.

The strengths of the survey relate to the use of questions from previous surveys and piloting the survey in advance with a small group of general practitioners. Weaknesses of the survey had to do with the low response rate. However, the respondents seemed to match the larger population of general practitioners in the country, thus assuring a representative sample.

CONCLUSIONS

This is the first survey by GPs regarding elder abuse in Ireland. General practitioners do play a valuable role both in the detection of and intervention in elder abuse cases, noting an improvement in the situation of the victim by the majority of physicians. Home visits provide access to cases that perhaps might otherwise go undetected. The vast majority of general practitioners, in total 96%, either strongly agree or agree that elder abuse is an important issue for them to address. In addition, almost three-quarters felt that beyond medical treatment or referral, they would get involved in resolution of the case. The study also lends support to the development of focused educational

and training initiatives in general practice, which compares favorably with studies by Kennedy (2005), where 96% of primary care physicians declared that medical training needed to include identification and management of elder abuse. Similarly, in McCreadie, Bennett, and Tinker's (1998) study, GPs suggested education of physicians at all levels, akin to successful programs undertaken for child abuse and domestic violence. Educational programs should not be limited to GPs but also made available to other specialties that have regular contact with older patients, such as emergency physicians, orthopedists, and gynecologists.

RECOMMENDATIONS

Recommendations from the study are to: (1) increase public awareness, (2) increase the availability of home care nurses, and (3) provide educational programs for general practitioners, other physicians, home health nurses, and the public. A future increase in the synergy between GPs, senior case workers, and public health nurses has the potential to result in a much more protective model for older people in Ireland.

SUPPLEMENTAL MATERIAL

Supplemental data for this article can be accessed at http://dx.doi.org/10.1080/08946566.2013.827955.

REFERENCES

Atlanta Long-Term Care Ombudsman Program. (2000). *The silenced voice speaks out: A study of abuse and neglect of nursing home residents*. Retrieved from http://www.atlantalegalaid.org/abuse.htm

Baker A. A. (1975). Granny battering. *Modern Geriatrics*, *5*, 20–24.

Central Statistics Office (CSO). (2009). *Population by age 2006*. Retrieved from http://www.cso.ie

Clancy, M., McDaid, B., O'Neill, D., & O'Brien, J. G. (2011). National profiling of elder abuse referrals. *Age Ageing*, *40*(3), 346–352.

Corroon-Sweeney, E., Murphy, C., & Collins, D. R. (2009). Caring for nursing home patients—A primary care perspective. *Irish Medical Journal*, *102*(10), 317–320.

Driscoll, C. (1991). Is there a doctor in the house? *American Academy of Home Care Physicians News*, *3*, 7–8.

Jones, J., Veenstra, T., Seamon, J., & Krohmer, J. (1997). Elder mistreatment: National survey of emergency physicians. *Annals of Emergency Medicine*, *30*(4), 473–479.

Kennedy, R. (2005). Elder abuse & neglect: The experience, knowledge and attitudes of primary care physicians. *Family Medicine*, *37*(7), 481–485.

Krueger, P., & Patterson, C. (1997). Detecting and managing elder abuse: Challenges in primary care. The Research Subcommittee of the Elder Abuse and Self-Neglect Task Force of Hamilton-Wentworth. *Canadian Medical Association Journal*, *157*(8), 1095–1100.

Lachs, M. (1995). Preaching to the unconverted: Educating physicians about elder abuse. *Journal of Elder Abuse and Neglect*, *7*(4), 1–12.

Lachs, M., Williams, C., O'Brien, S., Pillemer, K., & Charlson, M. (1998). The mortality of elder mistreatment. *Journal of the American Medical Association*, *280*(5), 1–12.

Landers, S. H., Gunn, P. W., Flocke, S. A., Graham, A., Kikano, G., Moore, S., & Strange, K. (2005). Trends in house calls to Medicare beneficiaries. *Journal of the American Medical Association*, *294*(19), 2435–2436.

Layte, R., & Wiley, M. (2009). *Projecting the impact of demographic change on the demand for and delivery of healthcare in Ireland*. Dublin, Ireland: Economic and Social Research Centre.

Maheux, B., Legault, C., & Lambert, J. (1989). Increasing response rates in physicians' mail surveys: An experimental study. *American Journal of Public Health*, *79*(5), 638–639.

McCreadie, C., Bennett, G., & Tinker, A. (1998). General practitioners' knowledge and experience of the abuse of older people in the community: Report of an exploratory research study in the inner-London borough of Tower Hamlets. *British Journal of General Practice*, *48*(435), 1687–1688.

O'Brien J. G. (1989). Elder abuse and the physician: Factors impeding recognition and intervention. In R. Wolf & S. Bergman (Eds.), *Stress, conflict and abuse of the elderly* (pp. 51–60). Jerusalem, Israel: Brookdale Institute.

O'Brien, J. G. (2010). A physician's perspective: Elder abuse and neglect over 25 years. *Journal of Elder Abuse & Neglect*, *22*(1–2), 94–104.

O'Dowd, T., O'Kelly, M., & O'Kelly, F. (2006). *Structure of general practice in Ireland 1982–2005*. Dublin, Ireland: Irish College of General Practitioners and Trinity College.

O'Neill, D. (2006). *Review of the deaths at Leas Cross*. Dublin, Ireland: Health Service Executive.

Rosenblatt, D., Cho, K., & Durance, P. (1996). Reporting mistreatment of older adults: The role of physicians. *Journal of the American Geriatrics Society*, *44*(1), 65–70.

Taylor, D. K., Bachuwa, G., Evans, J., & Jackson-Johnson, V. (2006). Assessing barriers to the identification of elder abuse and neglect: A communitywide survey of primary care physicians. *Journal of the National Medical Association*, *98*(3), 403–404.

VanGeest, J. B., Johnson, T. P., & Welch, V. L. (2007). Methodologies for improving response rates in surveys of physicians: A systematic review. *Evaluation and the Health Professions*, *30*(4), 303–321.