

# The intersection between dementia, caregiving and elder abuse

Approximately 10 percent of senior citizens are victims of elder abuse, neglect and exploitation (National Center on Elder Abuse).

Elder abuse is most frequently at the hands of family members, particularly adult children who are providing some form of elder care.

Dementia is a major risk factor for engaging in self-neglect or for being victimized — psychological or emotional abuse, physical or sexual abuse, neglect, abandonment and financial exploitation.

Abuse of individuals with dementia by professional caregivers as well as resident-to-resident abuse (frequently associated with dementia among the victim and/or the perpetrator) are serious problems in nursing homes.

However, this article focuses on individuals with dementia who dwell in the community.

■ Facts about dementia — Individuals with dementia demonstrate progressive deterioration in cognitive, social and behavioral functioning.

Degenerative changes in the brain affect judgment and insight, memory, reasoning, communication skills, comprehension and ability to attend to activities of daily living (e.g., eating, toileting, grooming, bathing).

Personality and mood are affected, too.

Individuals with dementia will become increasingly dependent over time, requiring more intensive and extensive assistance from caregivers.

■ Self-neglect among Individuals with dementia — Inability to adequately

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meet personal needs for safety, medical care, consistent and appropriate medication use, food, shelter, clothing and personal hygiene.

The individual with dementia may not have the ability to understand the potential for negative, even harmful, consequences.

■ Prevalence rates of abuse against community-dwelling residents with dementia — The National Center on Elder Abuse reports that estimates of abuse among individuals with dementia range from 34 percent to 62 percent.

The most common form of abuse against care-recipients with dementia is psychological abuse, with estimates ranging from 28 percent to 62 percent (Downes et al., 2013).

While individuals with dementia are particularly at risk for financial exploitation — due in part to their inability to handle financial matters on their own or to speak for themselves in some instances — research on this form of abuse is very limited.

■ Risk factors for engaging in elder abuse (Downes et al., 2013) — The strongest factor associated with acts of elder abuse by caregivers against individuals with dementia is being psychologically or physically abused by the care-recipient.

In other words, abuse may be reciprocated between the caregiver and

the individual with dementia, potentially resulting in a “cycle of violence.”

Other contributing factors include lower quality of the dyadic relationship before the onset of dementia, caregiver burden and caregiver mental health problems.

■ Issues with reporting elder abuse by individuals with dementia — Dementia patients may be too impaired to report acts of elder abuse or to ask for help, may be isolated, may be very dependent on the abuser and fear the loss of further independence or retaliation, may be unaware or not understand that they are being victimized and may not be believed due to episodes of confusion (“she doesn’t know what she is talking about”) or apparent paranoia.

Thus, suspected acts of elder abuse against those with dementia may need to be reported by individuals other than by the vulnerable victims.

■ Caregiver stress and need for support — Taking care of individuals with dementia or Alzheimer’s disease can be very stressful, exhausting and emotionally painful.

Caregivers are encouraged to (1) maintain friendships and supportive relationships with others, (2) care for themselves (physical health, mental health, overall well-being), (3) request assistance and support from outside agencies, family members and friends, (4) seek and access respite care, (5) attend sessions with support groups, (6) be informed about the symptoms and course of dementia, (7) learn how to deal

effectively with aggression and other problematic behaviors, (8) seek professional help and trauma-informed care from counselors or therapists when needed.

It may be very difficult for the caregiver to retain a sense of hope, of control over unpredictable problems that may need to be addressed immediately, and of joy during meaningful moments when she/he is able to “reach” a care-recipient with moderate-to-severe dementia.

■ Ashland County elder abuse and caregiver support resource initiative — Recently, the Margaret Clark Morgan Foundation provided funding to the Mental Health and Recovery Board of Ashland County and the Ashland County Older Adult Behavioral Health Coalition. As part of Project RESOURCE (R = Resilience, E = Empowerment, S = Support, O = Organization, U = Understanding, R = Respect, C = Coping, E = Education), books will be donated and placed in up to four locations, including Ashland Public Library, Loudonville Public Library, Ashland County Council on Aging and the Salvation Army Kroc Center.

One core set of books will focus on caregiving for care-recipients who have dementia or Alzheimer’s disease, educating seniors and caregivers about these diseases and associated behavioral problems, how to cope and be resilient, and how to provide quality care during a unique, challenging caregiving journey.

The community will be informed when resources

are readily available at various locations and posted on the MHRB website (www.ashlandmhrb.org).

For more information about Project RESOURCE, call David Ross, associate director, or Hillary Wertman, special projects coordinator, MHRB, at 419-281-3139.

■ Reporting suspected elder abuse and asking for help — Help is available for individuals encountering or confronted by elder abuse, neglect and exploitation issues.

To report suspected elder abuse, call Adult Protective Services at 419-282-5001.

Ohio, Adult Protective Services is only required to investigate such reports for people 60 years old and older.

Help is available for caregivers who are approaching burnout and are at risk of verbally lashing out or becoming abusive to dementia patients.

In Ashland County, struggling caregivers can receive assistance from the Ashland County Council on Aging (419-281-1477),

Area Agency on Aging, District 5 (800-860-5799), MHRB (419-281-3139) or the Crisis Line (419-289-6111, toll-free 888-400-8500).

If help is needed immediately for the safety of either the caregiver or the care-recipient, call 911.

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