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Caregiving and Elder Abuse and Neglect—Developing a New Conceptual Perspective

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Abstract Although in recent years more prevalence data on elder abuse is available, especially from Europe, there is lack of a consistent conceptual paradigm which might help in developing more unified definitions and understanding of the factors related to elder abuse and neglect, especially in domestic settings. The paper attempts to develop a new conceptual perspective to understand this phenomenon of elder abuse in familial settings, based on linkages between the paradigms of intergenerational family solidarity-conflict and intergenerational family ambivalence, and stress theories especially the ABCX model of coping with stress situations.

Keywords Elder abuse and neglect · Caregiving · Solidarity-conflict · Ambivalence · Stress

Introduction

The paper focuses on an attempt to develop a conceptual framework linking care giving and elder abuse. This is imperative in view of the fact that although in recent years more prevalence data on elder abuse is available, especially from Europe, there is lack of a consistent conceptual paradigm which might help in developing more unified definitions and help in understanding the factors related to elder abuse and neglect, especially in domestic settings.

The paper contains five parts. First, some background information is presented on the issues involved in populations ageing and the need for care. Second, the meaning and outcomes of family care giving for frail elders is discussed, especially focusing in the third part on abuse occurring in informal care settings, mainly within family systems. Taking on a care giving role might necessitate renegotiation of family relationships. Thus, a need emerges for developing conceptual frameworks to better understand this phenomenon. Accordingly, in the fourth part some theoretical

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positions are presented and analyzed, encompassing intergenerational solidarity-conflict and intergenerational ambivalence, linking them with stress theories and especially with the ABCX model of coping with stress situations, to suggest a conceptual framework for understanding elder abuse in familial settings. Finally some conclusions are drawn.

Background

The following section presents the importance and the need for providing care to a growing number of frail elders. Such care is still mostly provided by unsupported family caregivers. The impetus for interest in elder abuse stems from the phenomenon of population aging, changing social structures, increase of professionals concerned about issues facing older people who are in need of care and the discovery of overlooked family violence victims. Therefore, elder abuse and neglect in family and community settings is a growing social problem.

Debates on ageing societies still predominantly focus on elder care but the phenomenon of population aging has already given rise to a new architecture for social relations and has made extended family patterns and other intergenerational milieux more complex (Kinsella 2000). In most nations, declines in fertility, improved health and dramatic increases in life expectancy have generated growing numbers and proportions of older people. Such social change challenges existing social priorities concerning individual and familial lives and the societal fabric. The ageing of the population is a global phenomenon, even if its pace varies in different countries (Kinsella 2000).

These changes represent fundamental challenges to social integration and social policies in all countries in the Western World, as well as in developing countries where the ageing of populations is just starting. It will, though, affect these nations much more quickly. Ageing and longer life spans are transforming the age structure of societies from a triangle into a rectangle. This transformation shows that the proportion of children, young, mid-life and older persons will be approximately the same (Bengtson and Lowenstein 2003). Moreover, ageing affects all age groups and there are critical interdependencies between family generations along different stages of the individual and familial life course (Hagestad 2003). This phenomenon of global aging poses challenges to families, organizations and states (Lowenstein 2005).

Greater longevity causes also a secondary aging process: an increase in the number of disabled elderly who may need more care and support. Older dependency rates will rise substantially and increasingly fewer adults will care for a growing number of older persons (WHO 2002). This process adds burdens to families and states, the two major pillars of support in old age, especially in light of constraints in state spending. The global political and economic climate seems to suggest that in the future we should expect less government responsibility for elder care, together with increased pressure on families. However, the inability or unwillingness of societies to continue to meet the needs of older cohorts, as well as the inability or unwillingness of work places to relate to needs of working carers, alters the balance between family and societal systems in terms of responsibility for elder care (Lowenstein and Daatland 2006; Walker 2000).

Moreover, the demographic shifts and the post-modern approach to the study of social reality confront us with the need to rethink concepts of social solidarity, obligation, and mutuality between generations. In particular, the physical, mental and financial vulnerability and dependency of many seniors, compared to younger adults, continue to give rise to concerns over the risk of abuse that older populations may face. An increasing stress on family members caring for older adults may result in rising levels of abuse and neglect.

Family Caregiving

Elder abuse is still the most hidden form of mistreatment, and a key to governmental responses to an ageing population. It is an important facet as a family violence problem, an intergenerational concern, as well as a public health, justice and human rights issue. Elder abuse is also a known social welfare issue, similar to other forms of family violence, and is a significant problem of the aged (Krug et al. 2002). The UN Report (2002) lists the outcomes of elder abuse refering to: *Direct costs*—for prevention and intervention, services, criminal procedures, institutional care, education and research. *Indirect and human costs*—resulting from reduced productivity, diminished quality of life, emotional pain and suffering, distress and loss of self-esteem, disability and premature death.

There is currently an increase in prevalence and incidence studies from both sides of the Atlantic and especially from Europe (Czech Republic—Lorman 2008; Germany—Goergen et al. 2006, 2008; Israel—Lowenstein et al. 2009; UK—O'Keeffe et al. 2007; Spain—Iborra 2008;) as well as from North America (US e.g. Thomas 2000; Canada—Bunge 2000) demonstrating that in domestic settings the main perpetrators of elder abuse and neglect are family members, mostly spouses and adult children, many of whom had to take on the care giving role. Thus, issues around care giving might shed light on factors leading to abuse and neglect of elders in the community. In general, the incidence of elder abuse and neglect ranges from 3% to 18.5%, depending on the country and research method (The Second World Assembly on Ageing 2002; Thomas 2000). Although the rate of reported elder abuse and neglect is significant, according to the "iceberg" theory, the number of unidentified, unreported elder abuse and neglect cases are much higher (Tatara et al. 1998).

While prevalence studies provide base-data on numbers, little is known about key conceptual issues for policy, practice and understanding different forms of abuse and neglect. Theoretical under-development hampers the collection of systematic cumulative knowledge, which is based on universally agreed upon and standardized tools, and reduces the ability to discover unifying themes and their relationship to local idiosyncrasies existing in the field. Difficulties also exist in constructing a unifying research framework in order to study the phenomenon due to lack of comparison groups, lack of representative national surveys and difficulties in measurement. Additionally, there has been no attempt to develop theoretical knowledge grounded in data from the study of elder abuse itself (Lowenstein 2009) and many of the existing theories have not been empirically tested (Fulmer et al. 2004). Accordingly an attempt would be made in this paper to develop a theoretical perspective tying more closely elder abuse, care giving and intergener-

ational family relations, looking at solidarity-conflict and ambivalence and tied also to stress theories.

Families today are entering into new intergenerational caring relations with regard to intensity and duration, necessitating a renegotiation of relationships (Biggs and Lowenstein, in press). Thus, the changes in the demographic maps of the developed societies and in family relations and behaviors impel a reassessment of familial responsibility for its older members (Biggs and Powell 2001; Lowenstein et al. 2004). Moreover, care giving is becoming a normative role along the life course, in a way a 'career', especially in mid-life. The transition into a care-giving situation, though, can be highly stressful when conditions requiring care are chronic and progressive, as is the case with most later-life illnesses, and have implications for elder abuse (Aneshensel et al. 1995).

The family-care giving literature, however, remains ambiguous on three salient questions: (a) what is care giving? (b) What are the negative and positive outcomes of care giving? (c) What are the relations between informal and formal caregiving? Walker et al. (1995) define care giving with the criterion of dependence on another person for any activity essential for daily living, including ADL and IADL. With increased life expectancy care giving is turning into a life-course role identity, a role that one is likely to enter into and exit from once, or several times during adulthood (Piercy 1998). The question is whether we can view care giving as an extension of long-established patterns of help and support between family generations. If so, Connidis (2001) showed that shifts in support exchange as parents age is a key transition with major consequences for parent–child ties. The central notion behind the concept of informal care and support is the provision of assistance by the family network during times of crisis and transitions. However, as frailty sets in the demands are higher. Working as a carer is unpaid and brings little status (Millward 1999)

Several studies have shown that input for unpaid caring for frail elders from anyone outside the family, like friends and/or neighbours is marginal in terms of the total volume of informal care. Data in the US, for example, show that, in 2007, about 34 million family caregivers provided care at any given point in time, and about 52 million family caregivers people provided care at some time during the year (AARP 2008). Most care is provided by spouses and adult children, with the later constituting 41.3% of all informal carers (Wolff and Kasper 2006) About 22% of caregivers provided between 9 and 20 h care per week but 24% provided more than 40 h care per week (National Family Caregiving Survey; Arno 2002). Of these caregivers 9.4 million were between the ages of 46–64 and 5.9 million of care recipients were 65+ (Schulz and Martire 2004). A report by AARP (2008) reveals that the economic value of the above care increased to $375 billion in 2007, up from $350 billion in 2006. Similar data in the UK estimated that close to 6 million adults (about 15% of the adult population) provided some regular service for a sick or older person. The equivalent cost of this care in formal services could be estimated at 2.4 billion pounds (Sinclair et al. 1990).

Abuse and Informal Care Settings

It emerges clearly from the above that informal care giving is primarily a family issue. It is also often an intergenerational family issue. Both women and men act as

caregivers, but the intensity and length of care differs. Women provide more hours and higher levels of care and are given less choice in taking on care, compared to men. Many of them tend to leave the workforce because of care obligations which has implications for post care. These factors increase a woman's risk for emotional stress, encountering economic hardships and lower quality of life (McDonald et al. (forthcoming); National Alliance for Caregiving and AARP Report 1997).

Care giving by adult children to their older parents is, thus, a major social issue because families in modern societies are still the main source of care and support for older people (e.g., Lowenstein et al. 2008). While the family continues to carry the major responsibility for elder care in most modern welfare states (e.g., Katz and Lowenstein 2003), patterns of intergenerational transfers and support are becoming more complex. Thus, the issue is not simply one of demographics. It also requires a re-examination of the cultural and intellectual tools we have available to respond positively to these changes.

Intergenerational relations and support exist at the interface between private and public spheres (Biggs 2007). They are *public* in that they are subject to social policy and influenced by social perceptions of old age and generational conduct expectations. These relations are also performed in the public arena such as the work-place, though rules guiding intergenerational conduct are often implicit. They are *private* in so far as generations are commonly thought of and highlighted within the interpersonal family sphere. These distinctions are marked by expectations of care and material transfers that are often explicit. Family members providing care may have not had any family or societal role models, necessitating a renegotiation of relationships (Biggs and Lowenstein, in press). Moreover, it is important to estimate the availability of adult children for elder care, their lifetime risk in taking on parent care responsibilities and the extent to which other siblings share or replace each other in elder care, as this process demands again renegotiation of family and sibling relationships.

The two spheres come together, for example, when people have to decide how to balance between work and other life-activities. Intergenerational relations then become the ground upon which competing demands are played out and in some families abuse and neglect might be the outcome.

Typically elder care in the public sphere is not linked to family policy but discussed under "health policy". Such a view disregards complex interdependencies across generations. There is only limited literature recognizing interdependencies, often under such headings as "sandwich generation" and "generational squeezes" (e.g., Agree et al. 2003; Evandrou and Glaser 2004), especially with the growing labour participation rate among women, who are still the traditional family carers. Thus, problems in combining work and family commitments are increasing because women may become less able or willing to assume family care responsibilities. In a survey conducted in 2004 by the NAC/AARP in the US, it was found that the vast majority of those caring for family members were simultaneously gainfully employed which impacts family solidarity and might create situations of conflict.

In parallel with the added burden of elder care on families, marked changes have occurred in the timing of family transitions, family structures, patterns of family formation and dissolution, and the ensuing diversification of family and household forms. This diversity is related to what Stacey (1990) labeled the postmodern family,

characterized by "structural fragility" and a greater dependence on the voluntary commitment of its members, which creates uncertainty in intergenerational relations. Additional structural changes include a growing number of elderly single households, increase in the proportion of childless women, and increased mobility of adult children. Other trends are changing employment patterns, especially of women, that impact family relations and care giving. All these contribute to a shrinking pool of family support. Family solidarity and care may also be at risk because of the rise in divorce rates and expansion of new and possibly weaker family and household forms (cohabiting couples, single generation households, single parent families).

Data show that the family, and not the welfare system, continues to take principal responsibility and provide most of the care for older parents (Abel 1991; Lowenstein et al. 2008). Data from the OASIS cross-national five countries (Norway, Germany, England, Spain and Israel) study showed that intergenerational solidarity was substantial in both the northern and southern welfare states. Moreover, the data indicate that more welfare state services did not seem to replace or push the family out, but contribute to change how families relate and contribute, which is in the areas of emotional support and care management (Daatland and Lowenstein 2005).Thus, for elders who are interested and/or need family help, their families should be encouraged and supported by formal services to enhance their ability to provide the needed assistance and maybe avoid the probability of occurrence of elder abuse.. Finding from several cross-national studies (for example OASIS, SHARE [Survey of Health and Retirement in Europe]), indicate that family relations and exchange of support between family generations is still strong but may seek other expressions when circumstances change (Silverstein and Bengtson 1997; Boersch-Supan et al. 2005; Katz et al. 2005, Lowenstein and Daatland 2006; Lowenstein 2007). Some of these expressions might be reflected in incidents of abuse and neglect in elder care.

Theoretical Positions

Several theoretical paradigms were advanced to capture the complexity and multi-faceted nature of intergenerational family relations in later life, related also to intergeneration family transfers and care giving issues. A central paradigm during the past four decades has been the Intergenerational Solidarity paradigm, later expanded into the Intergenerational Solidarity-Conflict paradigm, that guided much of the research on the topic (Bengtson and Roberts 1991; Silverstein and Bengtson 1997). During the last decade intergenerational ambivalence challenged the solidarity-conflict paradigm (Luescher and Pillemer 1998).

The goal of this article is, therefore, to suggest a conceptual framework based on the two paradigms of solidarity-conflict and ambivalence combined with parameters of the ABCX and double ABCX models (Hill 1965; McCubbin and Patterson 1983) as they relate to care giving and its outcomes, some negative outcomes might lead to abuse and neglect. The ABCX model postulates that an event like accumulation of frailty and disability—component A—might cause a crisis situation which in our case might be elder abuse—component—X. The associations between these components are mediated by B—personal, familial and social resources of a person/family and by C—the perception of the situation.

While Bengtson and colleagues in the intergenerational solidarity paradigm emphasized close emotional relations, contact and exchange of resources between family members, Clarke et al. (1999) note that research on later life family relationships has not adequately addressed questions about conflict. One of the reasons is that conflicts in later-life families are often perceived as relatively unimportant, particularly when compared to levels of conflict reported earlier in the family life course. Related to it is the fact that parents' reports of their relationships with their children tend to be more positive than their children's reports, at all stages of the life course—the intergenerational stake hypothesis (Giarrusso et al. 1995). Clarke's et al. (1999) work, however, revealed that two thirds of parents and children in their sample reported strife in their relationships. Conflict theory focuses on isolation, caregiver stress, family problems, and abuse. Strauss (1979) notes that conflict has been used to describe three different phenomena in analyses of family interaction and violence: (1) the collision of individuals' agendas and interests; (2) individuals' tactics or responses to conflict of interest; and (3) hostility toward others.

Several studies, especially in the area of care giving, show that the ability of the family to cope with conflicts arising from care giving responsibilities affect the quality of the care provided, and the quality of relations between the caregiver and the care receiver (e.g., Lieberman and Fisher 1999; Merrill 1996) which in certain instances might lead to abuse and neglect. Studies on family relations, care giving and well-being of family members living in multigenerational households also present issues of family conflict (e.g., Pruchno et al. 1997; Lowenstein and Katz 2005). Findings by Webster and Herzog (1995) reveal that memories of early family conflict have an enduring effect on family relations, and frustration and conflict over parental favoritism has been shown to predict the quality of adult children's bonds with their parents (Bedford 1992).

Thus, Bengtson and others have incorporated conflict into the study of intergenerational family relations and into the solidarity paradigm, arguing that as a normative aspect of these relations it is likely to influence the perception of the relationship, and the willingness of family members to assist each other (Parrott and Bengtson 1999; Bengtson et al. 2000). Their view is related to the basic assumption inherent in conflict theory, that conflict is natural and inevitable to all human life. Social interaction, such as experienced within family units, always involves both harmony and conflict (Sprey 1991); groups cannot exist in total harmony, or they would be completely static (Klein and White 1996).

Luescher (1999) has proposed ambivalence as an alternative to both the solidarity and conflict perspectives to serve as a model for orienting sociological research on intergenerational relations. Ambivalence in a social science perspective, as defined by Luescher evolves when dilemmas and contradictions in social relations and social structures are interpreted as being basically irreconcilable. Moreover, it points to a pragmatic necessity for researching strategies that shape intergenerational relations.

Regarding care giving outcomes, intergenerational ambivalence has been proposed as an alternative to solidarity-conflict paradigm for the study of parent–child relations in later life, especially in situations of elder care (Luescher and Pillemer 1998). It is suggested that intergenerational relations might generate ambivalence between family members. Postmodernism and feminist theories of the

family have the potential to capture sociological ambivalence (Luescher and Pillemer 1998). In Stacey's (1990) explicitly postmodern perspective contemporary family relationships are diverse, fluid and unresolved. Feminist theory challenges the assumption that a harmony of interests exists among all members of the family. Evidence of sociological ambivalence comes, for example, from the feminist literature on household division of labor (Thorne 1992) and on contradictions involved in women's caring activities versus their other family roles (Abel 1991). Such contradiction might be the ground for development of abuse of neglect in elder care.

Thus, based on the post-modernist and feminist theories of the family, this approach contends that family life today is characterized by plurality and a multiplicity of forms, such as divorce, remarriage, or blended families that impact on family relationships. It is proposed that the term intergenerational ambivalence reflects contradictions in relationships between parents and adult offspring on two dimensions: (1) contradictions at the macro-social structure in roles and norms; and (2) contradictions at the subjective level, in terms of cognitions, emotions and motivations. Three aspects of family life are suggested as being likely to generate ambivalence (Luescher and Pillemer 1998, p. 417): (1) Ambivalence between dependence and autonomy, like in adulthood the desire of parents and children for help and support and the countervailing pressures for freedom from the parent–child relationship; (2) Ambivalence resulting from conflicting norms regarding intergenerational relations for example, conflicting norms of reciprocity and solidarity in care giving, which become problematic in situations that involve chronic stress which might lead to elder abuse and neglect; and (3) Ambivalence resulting from solidarity for example, the web of mutual dependency, revealed in elder abuse case studies.

Chronic stress causes imbalance in the functioning of an individual and/or family (Pearlin et al. 1990; Aneshensel et al. 1995, Lazarus and Folkman 1984). Chronic stress related to continued care giving for a frail and dependent older person, where personal and familial resources are limited may cause changes in familial functioning (McCubbin and Patterson 1983, 1985) which might result elder abuse and neglect.

Conflicts between norms or positions and roles in the social structure are seen to result in feelings of ambivalence, which, in turn, have an impact on psychological well being, as well as on the decisions made to relieve ambivalence. Given that ambivalence has its basis in the tension between autonomy and dependence, it is not surprising that intergenerational relations are among the most ambivalent, extending well beyond the more obvious applications to adolescent children and their parents (Fingerman et al. 2004; Pillemer and Suitor 2002). Hence, the importance of looking at intergenerational solidarity-conflict versus intergenerational ambivalence as impacting care giving behaviors and care giving outcomes and the quality of life of elderly family members and their adult offspring caregivers (Lowenstein 2007).

More recently, Connidis and McMullin (2002a, b) propose that ambivalence can be viewed as a brokering concept between the solidarity model and the problematization of family relations and offer a critical perspective through their work on the impact of divorce on intergenerational relations. They go on to argue that ambivalence should be reconceptualized. One of their central tenets is that individuals experience ambivalence when social structural arrangements prevent

them from their attempts to negotiate within relationships. For example, women have societal pressures to care and less opportunity to resist, despite the entry of women into the labor force. Hence they are more likely than men to experience ambivalence. Thus, women negotiate their care giving situations and ambivalence created by competing demands on their time in order to manage work, family life and caring but many times failing, which might cause elder abuse and neglect.

Several stress models regarding health crises of family members guide the literature like that of Lazarus and Folkman (1984, 1986) and the ABCX (Hill 1965), and the double ABCX models (McCubbin and Patterson 1983). According to the ABCX model an event—A—like an onset of illness or frailty, might trigger or cause a crisis situation—X—which could be expressed in physical and mental health outcomes of a caregiver. This crisis is mitigated by personal, familial and social resources—the B component, and by the perception of the situation—C—whether the family can achieve a balance between the demands of the event with its current resources, or not. The interactions between these variables form the basis for whether the stressful situation will turn into a crisis. The double ABCX model incorporates pre-crisis situations as well as accumulated stress over time. According to this model family distress would result from the perception that the family does not have enough resources to cope with the new stressful situation.

Concluding Comments

In sum, my contention here is that when one incorporates the perspectives of solidarity-conflict-ambivalence as both personal and familial resources and subjective perceptions of a care giving situation (the B and C components of the ABCX model), outcomes of elder abuse and neglect can be better understood. Continued care over time, with depleting resources, affects solidarity and exchange, causes more conflicts and ambivalence which might lead to negative care giving outcomes resulting in abuse and neglect. In mature parent–child relations, ambivalence levels are elevated when parental health is poor (Fingerman et al. 2006; Willson et al. 2003), as parents become increasingly reliant on their adult children to whom they were formerly providers (Willson et al. 2006). Accordingly, part of the problem of negative care giving outcomes is related to the complexities of elder abuse and escalation of abusive behaviors, resulting from conflictual intergenerational relations and continued stresses of care giving.

Looking at the future one might conclude that families and the balance between family care, health and welfare support are key components in the maintenance of interegenerational solidarity within families and in removing the circumstances within which mistreatment may arise. Family relations form a continuum from supportive and caring to dysfunctional and even toxic family structures and environments. Thus, in order to examine the conceptual perspective presented for understanding the phenomenon of elder abuse and neglect as related to negative outcomes of caregiving we need to generate empirical evidence about the dynamics of families with older members in need of care and identify risk factors for mistreatment. This is particularly true of the multiple and interacting factors that influence intergenerational solidarity, conflict and ambivalence and well-being in

later life. Understanding the systems and dynamics influencing behavior in care situation which might be stressful is much more advanced for other parts of the life course- for example childhood- and it is time for old age to catch up.

Such an understanding might help in facilitating families in their care giving roles and help develop appropriate policies and services to support such families. Such policies should combine family policy, health policy and aging policies. The most effective way in which a pluralistic system of care can enhance the ability of the family to meet the care needs is for formal providers to work in partnership with families—a model of shared care. Partnership arrangements between public, private and voluntary agencies are almost non-existent but it is an area ripe for development (Walker 2000). Within such services, special units on elder abuse should be introduced with an interdisciplinary staff with special knowledge in aging, elder abuse and treatment in crisis situations. Such a model was developed, for example, in Israel and is highly successful in identifying and treating elder abuse cases as well as raising community awareness (Berg and Alon 2008).

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