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Elder Abuse in Care Facilities: Current State and Suggestions for Preventive Measures

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Introduction

Elder abuse and the rights of older persons have become issues of growing public interest since, with the amendment in 2004 to the Welfare of Senior Citizens Act, provisions were laid down for the prevention of elder abuse. However, cases of elder abuse—acts that pose a threat to the safety and rights of older persons—have continued to increase since 2005, when the data were first collected. According to the Elder Abuse Report published by the Ministry of Health and Welfare, the number of elder abuse counselling cases handled at 34 local elder protection agencies nationwide doubled to 5,243 in 2019 from 2,674 in 2009. In that 10-year period, residential facilities including long-term care homes saw a nine-fold increase in the number of elder abuse cases. Victims of elder abuse in residential care facilities are among the most vulnerable in society, who, mostly aged with dementia or little ability to express themselves, require increased attention and active intervention. This study examines the current state and causes of institutional elder abuse and discusses what should be done to prevent abuse from occurring in elder facilities.

Definitions of elder abuse

Researchers have been using various definitions in their studies of elder abuse, as currently there is no generally agreed-upon definition of elder abuse. The Welfare of Senior Citizens Act of Korea defines elder abuse as "any act of physical, mental, emotional, and sexual violence, and economic exploitation of, or atrocities against, or desertion or neglect of, older persons." This definition is merely an enumeration of types of elder abuse and, as such, lacking as it does an intrinsic description of what elder abuse is, fails to provide a unitary yardstick against which to determine whether or not a reported incident of harm done to an older adult constitutes elder abuse. There are many other definitions of elder abuse, one among which is the WHO's: "elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." Meanwhile, Bonnie and Wallace have pointed out in their book, Elder Mistreatment, an encompassing compilation of elder abuse literature, that any effective elder prevention must involve looking into not only clear-cut abuse, but also mistreatments and harm suffered that may not be readily apparent. In a similar vein, the present study considers it necessary to broaden the definition of elder abuse so as to allow effective preventive intervention. This study also finds it important to take the quality and environment of care into account in the making of intervention strategies for elder abuse prevention.

Elder abuse in institutional settings

With the elderly population growing, the number of reported cases of institutional elder abuse has been on the increase since 2005, when the data were first collected, marking a record high of 617 in 2019 (see Table 1). Institutional abuse as a share of all elder abuse cases has increased from 2.7 percent in 2009 to 11.8 percent in 2019. More elder abuse cases were attributed to 24-hour residential care than to daytime care. "Neglect" has accounted for the largest percentage of all institutional elder abuse cases from the year 2009 on. The number of cases of neglect in institutional settings rose all along, from 99 in 2012 to 352 in 2019 (see Table 2). "Physical" was the second most reported type of abuse after neglect, followed by emotional abuse, sexual abuse, and financial abuse.

Most of the 617 cases of institutional elder abuse were of repeated acts of abuse that occurred at varying frequencies (see Table 3). Abusive acts that occurred at the rate of "once a week or more often" accounted for the largest percentage of these cases. The next most common cases were those of abusive acts that occurred "every day". The findings suggest that once abuse occurs in a facility setting, it is likely to happen again and become routinized. In 2019, a year that saw a markedly sharp increase year-on-year in the number of cases of facility elder abuse, the number of cases involving abusive acts of "every day" occurrence also increased to a significant extent, from 80 the previous year to 213.

[Table 1] Facility elder abuse in numbers, 2009~2019 (in %, cases)

	% of people aged 65 and older	Number of total elder abuse cases	Number of elder abuses cases in facility settings	Residential care		Non-residential elder care	
				Residential elder welfare facilities	Elder nursing/ welfare homes	Senior citizens' leisure welfare facilities	Non-residential welfare centers
2009	10.5	2,674	71	55		16	
2010	10.8	3,068	149	127		22	
2011	11.0	3,441	220	196		24	
2012	11.5	3,424	251	216		35	
2013	11.9	3,520	293	251		42	
2014	12.4	3,532	290	246		44	
2015	12.8	3,818	263	206		57	
2016	13.2	4,280	254	62	176	4	12
2017	13.8	4,622	343	35	292	1	15
2018	14.3	5,188	421	59	321	1	40
2019	14.9	5,243	617	54	432	3	128

Note: The figures for years 2015 and before do not distinguish between "residential elder welfare facilities" and "elder nursing/welfare homes" or between "senior citizens' leisure welfare facilities" and "non-residential welfare centers"; "% of people aged 65 and older" is based on the Population Projection (2020) of the Statistics Korea; the number of abuse cases is based on the Elder Abuse Report published by the Ministry of Health and Welfare and the Central Elder Protection Agency

[Table 2] Institutional elder abuse cases grouped into types (in cases)

	All	Physical abuse	Emotional abuse	Sexual abuse	Financial abuse	Neglect	Self-neglect	Abandonment
2012	310	81	93	16	13	99	-	8
2013	364	83	89	23	22	135	1	11
2014	384	81	93	66	9	121	2	12
2015	274	58	54	33	5	123	-	1
2016	300	87	48	35	7	122	-	1
2017	454	148	59	80	21	144	-	2
2018	534	107	41	138	6	242	-	-
2019	852	163	136	133	68	352	-	-

Note: The counts of elder abuse cases in this table includes duplicates; the numbers of institutional elder abuse cases for the period 2012~2016 are of abuse cases attributed to residential facilities; the numbers of institutional elder abuse cases for the period 2017~2019 are of abuse cases attributed to both residential and non-residential facilities

[Table 3] Distribution of elder abuse cases by frequency of abuse (in cases)

Year	All	Everyday	Once a week or more often	Once a month or more often	Once every three months or more often	Once every six months or more often	One-off
2012	216	53	77	32	6	6	42
2013	251	72	82	31	8	2	56
2014	246	63	74	46	4	9	50
2015	206	35	87	22	3	5	54
2016	238	80	57	28	5	7	61
2017	343	66	122	44	5	7	99
2018	421	80	171	37	12	2	119
2019	617	213	108	82	7	3	204

Note: the numbers of institutional elder abuse cases for the period 2012~2016 are of abuse cases attributed to residential facilities; the numbers of institutional elder abuse cases for the period 2017~2019 are of abuse cases attributed to both residential and non-residential facilities

The duration over which elder abuse in facility settings lasted was found to have increased over time, with the number cases of an abuse of “1 month~1 year” and “1 year~5 years” increasing sharply since 2012.

[Table 4] Distribution of elder abuse cases by duration of abuse (in cases)

	All	Less than 1 month	1 month ~ less than 1 year	1 year ~ less than 5 years	More than 5 years	One-off
2012	216	8	86	76	13	33
2013	251	22	98	71	9	51
2014	246	17	92	81	12	44
2015	206	13	86	56	4	47
2016	238	20	69	85	10	54
2017	342	35	119	96	15	77
2018	421	40	167	102	11	101
2019	617	33	193	164	36	191

Note: the numbers of institutional elder abuse cases for the period 2012~2016 are of abuse cases attributed to residential facilities; the numbers of institutional elder abuse cases for the period 2017~2019 are of abuse cases attributed to both residential and non-residential facilities

Facility elder abuse witnessed by facility staff

In a survey conducted of a total of 312 caregivers from 60 residential facilities for the elderly, participants were asked whether they had witnessed any abusive acts committed against residents in the facilities they were working for. As many as about 40 percent of the participants reported to have witnessed "ignoring the elderly person's requests for help" and as few as 1.9 percent said they had witnessed "kicking or hitting an elderly person." Acts of "not keeping up with the elderly person's hygienic needs", a type of neglect, were also found to have been witnessed by a large percentage of participants. Abusive acts that were most often witnessed next to "neglect" were "yelling in anger" (emotional abuse) and "excessive use of physical restraints" (physical abuse).

[Table 5] Abusive acts witnessed by long-term care workers (N=312) (in persons, %)

	% of long-term care workers
Physical abuse	
Inappropriate use of physical restraints upon residents	12.5
Pressing, squeezing, or pinching residents	5.4
Throwing objects at residents	1.6
Slapping or beating residents	6.4
Kicking residents	1.9
Striking or attempting to strike residents with an object	2.6
Emotional abuse	
Isolating residents for purposes of control	6.1
Yelling in anger at residents	5.8
Insulting or swearing at residents	19.6
Imposing restrictions on the rights of residents as a penalty	3.5
Financial abuse	
Taking valuable items from residents	2.6
Sexual abuse	
Touching residents private body parts in an inappropriate manner	2.6
Prompting residents to participate in an inappropriate conversation	4.2
Neglect	
Not changing the clothing or bed sheets of residents each time when they wet themselves due to incontinence	19.2
Ignoring residents' request for help	39.1
Not taking residents to toilet or bringing them a commode even when requested	18.9
Using drugs to sedate residents when unnecessary	10.3
Not keeping up with residents' hygienic needs	23.1
Not taking actions to fulfil residents' request for certain foods or snacks	22.1
Not trying to reposition residents to keep them free from bedsores	9.3
Improper care	
Unnecessary and improper use of a urinary catheter	4.5
Force-feeding	9.9
Unnecessary use of a nasogastric tube for nutritional feeding	2.6
Not providing laxatives as often as needed	19.6

Note: The figures represent % of respondents who witnessed abuse incidents "at times" or "often."

Causes of institutional elder care, its causes, and measures to prevent it

Elder abuse is likely occurring routinely and persistently in facilities. Preventing it requires, above all, understanding its causes and finding measures to remove them. Why institutional elder abuse occurs has in a broad sense to do with factors concerning the elderly person, the care worker, and the facility.[1)] Many studies have associated high levels of aggression in facility staff with the elderly person's physical limitation, functional dependency and cognitive impairment. Among the staff factors that are reported to increase the risk of institutional elder abuse include poor awareness of abuse (poor understanding of the human rights of those in elder care), lack of care skills training and education, and stress, and physical and mental exhaustion. Facility factors that are often reported as affecting institutional elder abuse include understaffing, work overload, a low resident-to-staff ratio, a culture that tolerates, condones and covers up abuse in facilities.

When, in another survey conducted as part of this study, participants—1,432 residential facility care workers and lay people—were asked what they thought causes institutional elder abuse, they cited "personal traits or aptitudes of the care worker" (23.8 percent), "personal characteristics and behavior of the elderly person" (23.1 percent), "understaffing and inappropriate staffing" (14.2 percent), "lack of education, expertise, and care skills on the part of staff" (13.5 percent), and "stress suffered by staff" (8.4 percent).

[Table 6] Causes of facility elder abuse (N=1,432)

	%
Characteristics and behavior of the elderly person (dementia behavior, uncooperative attitude, etc.)	23.1
Personal traits or aptitudes of care workers	23.8
Stress in care workers	8.4
Lack of skills training, expertise and education for care workers	13.5
Understaffing/ inappropriate staffing	14.2
Lack of shared sense of values for elder care provision	7.8
Conflicts among the staff	0.4
Organizational culture of tolerating accidents and incidents	5.7
Low wage and low reimbursement for services	3.1

1) Hawes, C. (2003). Elder abuse in residential long-term care settings: what is known and what information is needed?. In Elder mistreatment: Abuse, neglect, and exploitation in an aging America. National Academies Press (US); Yan, E., & Kwok, T. (2011). Abuse of older Chinese with dementia by family caregivers: an inquiry into the role of caregiver burden. International Journal of Geriatric Psychiatry, 26(5), 527-535; Phillips, L. R., & Guo, G. (2011). Mistreatment in assisted living facilities: complaints, substantiations, and risk factors. The Gerontologist, 51(3), 343-353; Botngård, A., Eide, A. H., Mosqueda, L., & Malmedal, W. (2020). Resident-to-resident aggression in Norwegian nursing homes: a cross-sectional exploratory study. BMC geriatrics, 20(1), 1-10; Lim, J. (2020). Factors Affecting Mistreatment of the Elderly in Long-Term Care Facilities. Healthcare, 8(3), 1-11.

When asked what strategies they felt should be taken to prevent institutional elder abuse, participants cited "sufficient training and education in care skills and in dementia care" (30 percent), "improved staff counselling and stress management" (9.9 percent), "a system allowing prompt reporting in the event of an accident" (10.1 percent), "workforce enhancement" (18.0 percent), and "increased punishment for perpetrators" (10.3 percent).

[Table 7] Strategies for elder abuse prevention (N=1,432)

	%
Sufficient training and education in care skills and in dementia care	30.0
Improved staff counselling and stress management	9.9
A system allowing prompt reporting in the event of an accident	10.1
Workforce enhancement	18.0
Wider use of aptitude tests for facility staff	8.1
Increased punishment for perpetrators	10.3
Promotion of monitoring by volunteers and guardians	4.1
Tightened abuse reporting mandates	3.0
Sufficient education for the staff on the values of care services	6.5

Concluding remarks

In most cases elder abuse in facilities occurs committed by facility staff. For this reason, it stands to reason that increased support for facility staff takes the first priority in the effort to prevent facility elder abuse. There is a need also to make changes at organizational and legislative levels, as institutional elder abuse comes about not caused by a single factor, but as a consequence of various factors at play in a multilayered way.

Firstly, care workers at facilities should be given a work environment that allows them to pull themselves briefly out of any situation that might develop into an incident of abuse and regain control of anger and aggression. It is important that care workers in burnout or under stress are provided with increased access to respite services and peer counseling.

Secondly, more staff training and education should be provided to ensure that staff attain improved care skills. Such effort should be accompanied by hiring temporary replacements who would stand in for staff members while they are off work taking an education program or training courses. Also, all hours spent by staff on education or training courses should be considered as hours worked.

Thirdly, there is a need to change the organizational culture of elder care facilities. With its culture of turning a blind eye to abusive acts, institutional elder care as it stands runs the risk of letting serious abuse incidents emerge by allowing low-severity mistreatments go on unchecked. Such a culture must

change so that any incident or accident, regardless of its severity, is promptly reported to the authorities concerned and measures are taken to prevent it from happening again. Every elder care facility should be encouraged to put in place an in-house committee specializing in risk management and abuse prevention, and a unit tasked with guiding, running and educating it.

Fourthly, local governments should reinforce their management and supervision—especially in setting up intervention strategies and monitoring their implementation—to safeguard against recurrence of abuse. Also crucial is to make changes to the legal framework so as to ensure that an elder abuse offender is restricted, in practice, from working at an elder facility. Consideration may be given to imposing penalties on both the offender and the facility (notifying the public of the identity of the offender facility or placing a fine on it) and a stepwise strengthening of administrative sanctions against facilities allowing elder abuse to continue.

Institutional elder abuse occurs in many forms at varying severity. This is to say that further research exploration into the extent and causes of institutional elder abuse should be conducted keeping in mind that elder abuse can occur in just about any care facility. It is likely that the number of cases of institutional elder abuse as announced by the Ministry of Health and Welfare and the Central Elder Protection Agency, estimated based only on reported allegations and thus leaving a large number of potential abuse cases uncounted, grossly underestimates the scale of elder abuse in Korea. There is a pronounced need for an extensive survey that looks into the actual scale of institutional elder abuse, based on which to build a comprehensive set of preventive intervention strategies.