Background
With the growing proportion of people aged 65 years and older worldwide and a desire by older people to remain living at home for as long as possible, there is an increasing reliance on families to provide care to older people living in the community.

For many carers, providing care to a family member can be a positive and enriching experience. However, taking on the role of caregiver can bring with it a number of challenges. Carers who experience poorer psychological wellbeing and physical health problems and higher levels of burden may be at increased risk for engaging in abusive behaviours towards the older person in their care.

Recent studies have tended to focus on less severe abusive behaviours, involving ‘potentially harmful behaviours’ by family carers (Beach et al. 2005; Sasaki et al. 2007; Cooper et al. 2009; Kishimoto et al. 2013).

Potentially Harmful Behaviours (PHBs)
These are behaviours directed towards an older person that may be deemed potentially harmful and may compromise the quality of care provided by carers, but that may not require formal service intervention. Such behaviours may serve as a precursor to abuse or as ‘early warning signs’ that may be amenable to early, preventive intervention efforts.

Overall Aim
The overall aim of the study was to examine family carers’ experiences of caring for an older person and explore the impact of caregiving on the carer and the conflict that may arise within the caregiving relationship.

Methods
The study design involved a cross-sectional national postal survey of family carers in receipt of a carer’s allowance for care provided to a person aged 65 years and older. The survey was conducted using an anonymous self-completion questionnaire measuring stress, conflict and coping. A total of 2,311 carers completed and returned questionnaires, yielding a 58 per cent response rate.

Findings
Profile of Carers
• Carers were aged 19 years to 92 years, with a mean age of 57 years.
• Almost half of the carers were in the 46 to 64 years age category (48%) and a third was aged 65 years and older.
• The majority of carers were female (72%) and lived with the care-recipient (72%).
• The vast majority of carers were white Irish (95%), married/in a civil partnership (63%) and had no other dependants (62%).
• Over half of the carers (52%) were adult children to the older person for whom they cared and almost a third was spousal carers (31%).
• Almost half of carers (48%) provided care for more than 80 hours a week.
• The majority of carers described their health as good or very good (69%).
• More than 2 in every five carers (44%) were at risk of developing clinical depression.
• Approximately a third of carers reported that they experienced moderate to severe or severe burden.
• In general, carers reported that they found caregiving to be a positive experience.
• The majority of carers (85%), reported that
they felt that they ‘often or always’ coped well as a caregiver and over three quarters indicated that they ‘often or always’ found caregiving worthwhile (79%).

More than 2 in 5 carers (43%) reported that they never or only sometimes felt supported in their caregiving role.

Over two fifths of carers (43%) reported that they never or only sometimes felt appreciated as a caregiver.

Profile of Care Recipients

• The majority of carers (59%) provided care to an older female care recipient.
• Carers indicated that they provided care to older people, aged 65 years to 103 years, with a mean age of 80 years.
• The largest group of care recipients was in the age category 75 to 84 years (40%).
• Just over a fifth of carers provided care to a person with dementia (22%).
• Carers indicated that the care recipients had moderate to high levels of dependency.

Mistreatment Experienced by Carers

• More than half of carers (56%) experienced some form of mistreatment by the care recipient in the previous three months.
• More than half of carers (56%) reported that they experienced some form of psychological mistreatment and 1 in 7 carers (13%) reported being physically mistreated by the care recipient in the previous three months.

Potentially Harmful Behaviours (PHBs) Engaged in by Carers

• Overall, a third of carers (37%) reported engaging in PHBs in the previous three months, with 17% reporting that they did so at least sometimes.
• The prevalence of potentially harmful psychological behaviours was similar to that overall, with 36% of carers reporting that they engaged in any potentially harmful psychological behaviour in the previous three months, and 17% of carers indicating that they engaged in these behaviours at least sometimes in the previous three months.
• A smaller proportion of carers indicated that they engaged in potentially harmful physical behaviours, with a total of 8% of carers reporting that they engaged in any potentially harmful physical behaviour, and 2.7% reporting that they engaged in such behaviours towards the care recipient at least sometimes in the previous three months.
• Verbal abuse was the most commonly reported form of abuse engaged in by carers.

Factors Associated with PHBs

Carer Factors Associated with PHBs included:
Living with the care recipient, age of the carer (≥ 65 years), gender of the carer (being male), depressive symptoms (higher levels of depressive symptoms), self-rated health (poor/fair health), ethnic/cultural background (non-Irish), social class (professional/managerial), rural vs urban (urban area), carer burden (higher levels of burden).

Caregiving Factors Associated with PHBs included:
Perceived quality of caregiving relationship (poor/fair), relationship to the care recipient (spousal carer), duration of care (providing care for longer), hours of care provided a week (greater no. of hours), levels of help provided (higher levels of care provided), appraisal of the caregiving experience (less positively valued), perceived adequacy of social and professional support (perceived less adequate).

Care Recipient Factors associated with PHBs included:
A dementia diagnosis, age of the care recipient (64 to 74 years), and higher dependency levels.

Implications of the Study Findings

Carer burden, being a male carer and having a poor perception of the quality of the carer-care recipient relationship were the strongest predictors of PHBs. Preventive intervention efforts need to focus on alleviating carer stress through the provision of support services, respite services and financial assistance. Routine screening of both the carer and care recipient is necessary to identify carers at risk of engaging in abusive behaviours. Family carers should be supported in having their own physical and mental health assessed, so that they are best able to cope with the challenges of caregiving. Furthermore, efforts need to be directed at promoting a healthy relationship between the family carer and the older care recipient.

Conclusions

Preventive intervention efforts need to focus on alleviating the pressures experienced by many carers as a result of the difficult and demanding work of caregiving. In doing so, cases of potentially harmful carer behaviour may be prevented from escalating into more serious cases of elder abuse, and consequently, both family carers and dependent older people can benefit from an improved quality of life.

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