



Abuse in the caregiving relationship between older people with memory disorders and family caregivers: A systematic review

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Abstract

Aim: To synthesize what is known about elder abuse and relationship factors associated with abuse between caregivers and older people with memory disorders at home.

Background: Concerns about abuse in the caring relationship between older people with memory disorders and family caregivers have increased. Abuse is associated with negative outcomes on older people's health, quality of life, and zest for life. Abuse in the caring relationship manifests in financial exploitation, neglect, mistreatment, and physical issues.

Design: Systematic review.

Data Sources: Databases including Scopus, PubMed/Medline, SveMed⁺, Cinalh, SonINDEX, and ProQuest were searched using keywords about abuse in the caring relationship between older people with memory disorders and family caregivers at home. Articles published between 2005–2019 were retrieved and underwent data analysis and knowledge synthesis.

Review Methods: The review was presented under the categories of the dyadic approach of elder abuse in connection with the role of caregiver (risk) and care recipient (vulnerability) by Fulmer et al. (2005).

Results: The search process led to 12 quantitative studies, including an intervention, a prospective, nine surveys, and a cross-sectional structural interview. Findings were synthesized and presented under 'personal', 'physical and psychological', and 'social' domains indicating the bilateral roles of caregiver and care recipient leading to abuse.

Conclusion: This review depicted factors influencing abuse in the caring relationship between older people with memory disorders and their family caregivers at home. They included family caregivers' psychological issues, knowledge of memory disorders and modifications, previous caring relationship, social support, number of care recipients, and care recipients' functional level.

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Impact:

- This review identifies what influences elder abuse by family caregivers using the dyadic approach and explains how abuse can be prevented through suggested strategies.
- The review findings are relevant to multidisciplinary healthcare providers and can guide the provision of support, screening and assessment, educational programs, and legislative initiatives.

KEYWORDS

abuse, caregivers, dyad, memory disorder, nurse, older people, systematic review

1 | INTRODUCTION

Although abuse of care recipients by their caregivers has been identified as the main health concern (Kohn & Verhoek-Oftedahl, 2011), there is scarce evidence on how abuse occurs in the dyads of older people and their family caregivers at home. Abuse is a complex phenomenon consisting of various levels of actions. The meta-analysis by Yon, Mikton, Gassoumis, and Wilber (2017) shows that one in six older adults experiences abuse with a global prevalence of 15.7%. Typically, elder abuse is defined as a single or repeated act or lack of appropriate action (WHO, 2018), which occurs in any relationship where there is an expectation of trust and can cause harm or distress in older people. It is characterized by physical, sexual, psychological, or emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. Psychological abuse has the highest prevalence rate, followed by financial abuse, neglect, physical abuse, and sexual abuse (Yon et al., 2017). Psychological abuse, including swearing and personal insults, is the most common type of studied abuse. Physical abuse and neglect are more sensitive forms of abuse and are very challenging for detection in family care settings (Fang & Yan, 2018). Standardized tools for estimating the prevalence of material exploitation or misappropriation of older people's money or property are lacking. (Pillemer, Burnes, Riffin, & Lechs, 2016). The concept of elder abuse refers to elder abuse, neglect, or mistreatment.

1.1 | Background

Abuse in the caregiving relationship is a complex health and social challenge in families. In the caregiving context, abuse happens at home, where formal and informal social control is relatively low (Goergen & Beauieu, 2013). It has been suggested that caregiver factors are more likely to predict abusive behaviours than care recipient factors (Kohn & Verhoek-Oftedahl, 2011). A previous review identified family caregivers' psychosocial stress-related characteristics and dysfunctional coping to associate with abusive behaviours (Fang & Yang, 2018). The care recipients' risk factors were cognitive impairment, behavioural problems, functional impairment, and psychiatric illnesses or psychological problems (Fang & Yan, 2018).

Interactional factors contributing to abuse in the caregiving relationship have not been identified in the international literature.

Previously, the heterogeneous characteristics of study populations have resulted in the identification of different risk factors and the caregiver's appraisal of stressors (Fang & Yang, 2018). For instance, Coyne, Reichman, and Berbig (1993) found that 33% of caregivers reported patient-directed abuse towards them at least once during the provision of care. Care recipients' actions were pinching, shoving, biting, kicking, and striking the caregiver. Caregivers who had been abused by the care recipient were more likely to have directed abuse towards the patient (Coyne et al., 1993). A review by Dong (2015) identified the physical impairment on the part of the older person as a particular risk factor, and elders with Alzheimer's disease were reported as being 4.8 times more likely to have experienced abuse. It is noteworthy that protective factors against the abuse of people with disabilities have received limited attention in research.

Abuse in the dementia caregiving relationship is best conceptualized as resulting from an interaction between the care recipient and caregiver, which is influenced by dementia-related characteristics, quality of the relationship, and the social and cultural environment. Focusing on care relationships requires paying more attention to the interactions and relationships that dominate social life. When it comes to people with dementia, such relationships of dependency are precisely those at stake. Ideally, such relationships are good care relationships, but they can also be abusive and exploitative (van Drenth & de Haan, 1999; Svensson, 2002), and have negative impacts on personal autonomy (Harding, 2012; Herring, 2013). Hence, the role of power in care relationships should be acknowledged so that measures against the opportunity of exploitation and neglect can be developed (Feder Kittay & Feder, 2002).

The concept of abuse in the context of the care of older people and living at home needs further exploration. Therefore, there is a need to move beyond the technical definition of abuse and find related clinical examples and factors influencing it (Ayres & Woodtli, 2001). Accordingly, the Fulmer et al.'s (2005) dyadic approach for risk and vulnerability has been used for elder abuse by Frost and Willette (1994) as an application of the Rose and Killen (1983) model. While risk refers to stressors in the environment, vulnerability describes the characteristics of the individual. Risk domains in the dementia caregiving context are caregiver-related domains such as psychosocial stressors, social support, and life history. Vulnerability refers to care recipient domains such as cognitive status, behavioural symptoms, and ability to perform

the activities of daily living (Fulmer et al., 2005). The dyadic approach of elder abuse about factors influencing abuse of older people in community settings in connection to the role of caregiver (risk) and care recipient (vulnerability) has been categorized into 'personal', 'physical and psychological', and 'social' domains (Figure 1). They are considered the prerequisites and preventive domains of abuse in the relationship between the family caregiver and the care recipient.

Despite the impact of abuse on the well-being and quality of life of both older people and their family caregivers at home, little attention has been paid to understanding the nature of abuse and relationship factors associated with risk. Therefore, this systematic review answered the following question: what is the nature of elder abuse and relationship factors associated with abuse between caregivers and older people with memory disorders?

2 | THE REVIEW

2.1 | Aim

This study aimed to synthesize what is known about elder abuse and relationship factors associated with abuse between caregivers and older people with memory disorder at home.

2.2 | Design

This study used a systematic review method as the top hierarchy of evidence to provide comprehensive and collective knowledge of the study phenomenon (Higgins & Green, 2011; Liberati et al., 2009). It

helped with the provision of both description and in-depth synthesis of knowledge to answer the study question (Evans, 2001).

2.3 | Search strategy

Holding frequent discussions, and the authors' previous experiences with the study phenomenon, helped with devising the study question. In addition, consultation with an expert librarian and a pilot search in general and specialized databases led to finding appropriate keywords, which were used through the Boolean search (Appendix 1).

All articles published between January 2005–May 2019 in scientific journals and English and Nordic languages covered by the databases of Scopus, PubMed [including Medline], SveMed⁺, Cinahl, SocINDEX, and ProQuest were incorporated into the search process. Inclusion criteria were those articles that focused on elder abuse by a caregiver at home and that were published in peer-reviewed scientific journals. Those articles on elder abuse in nursing homes and older people with diseases other than memory disorders or cognitive impairments were excluded. PRISMA statement (Liberati et al., 2009) was used to guide this review.

2.4 | Search and data extraction

Each step of the systematic review study was conducted independently by the authors (TV, MV) by applying the inclusion criteria to the titles, abstracts, and full texts of studies. Cross-referencing from bibliographies were assessed to improve the search coverage. The

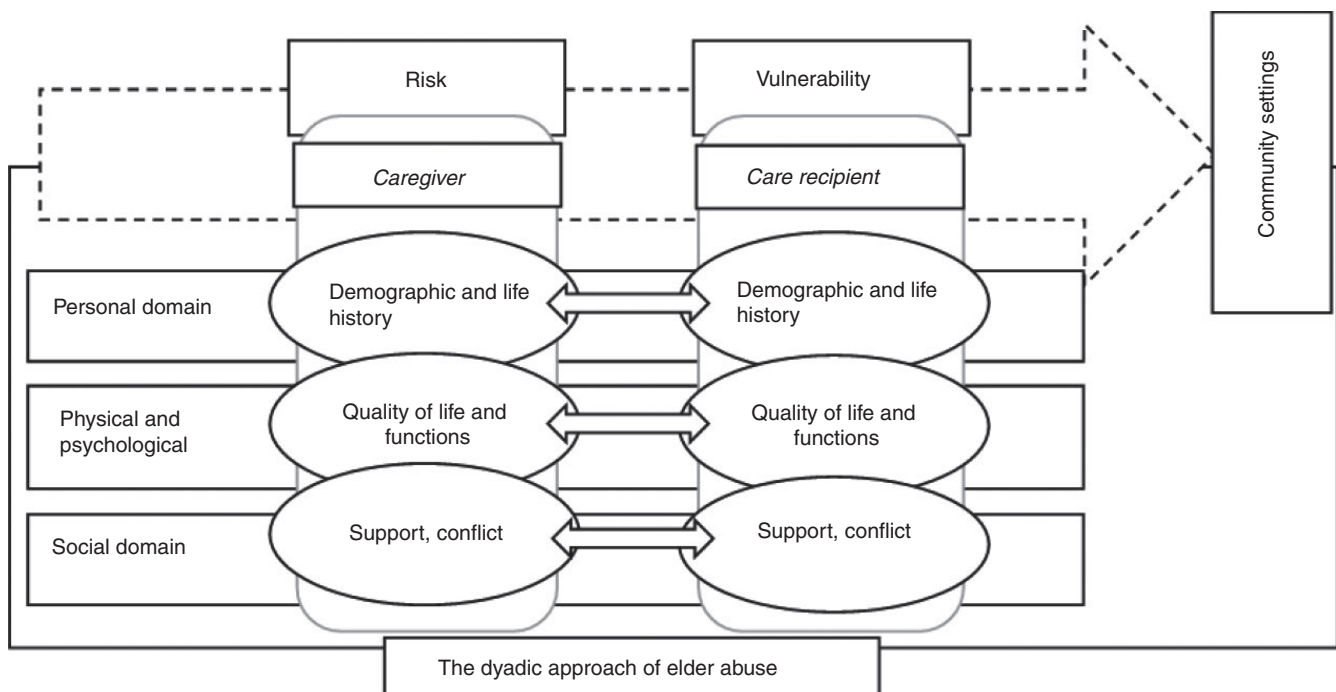


FIGURE 1 The schematic model of the dyadic approach of older people abuse

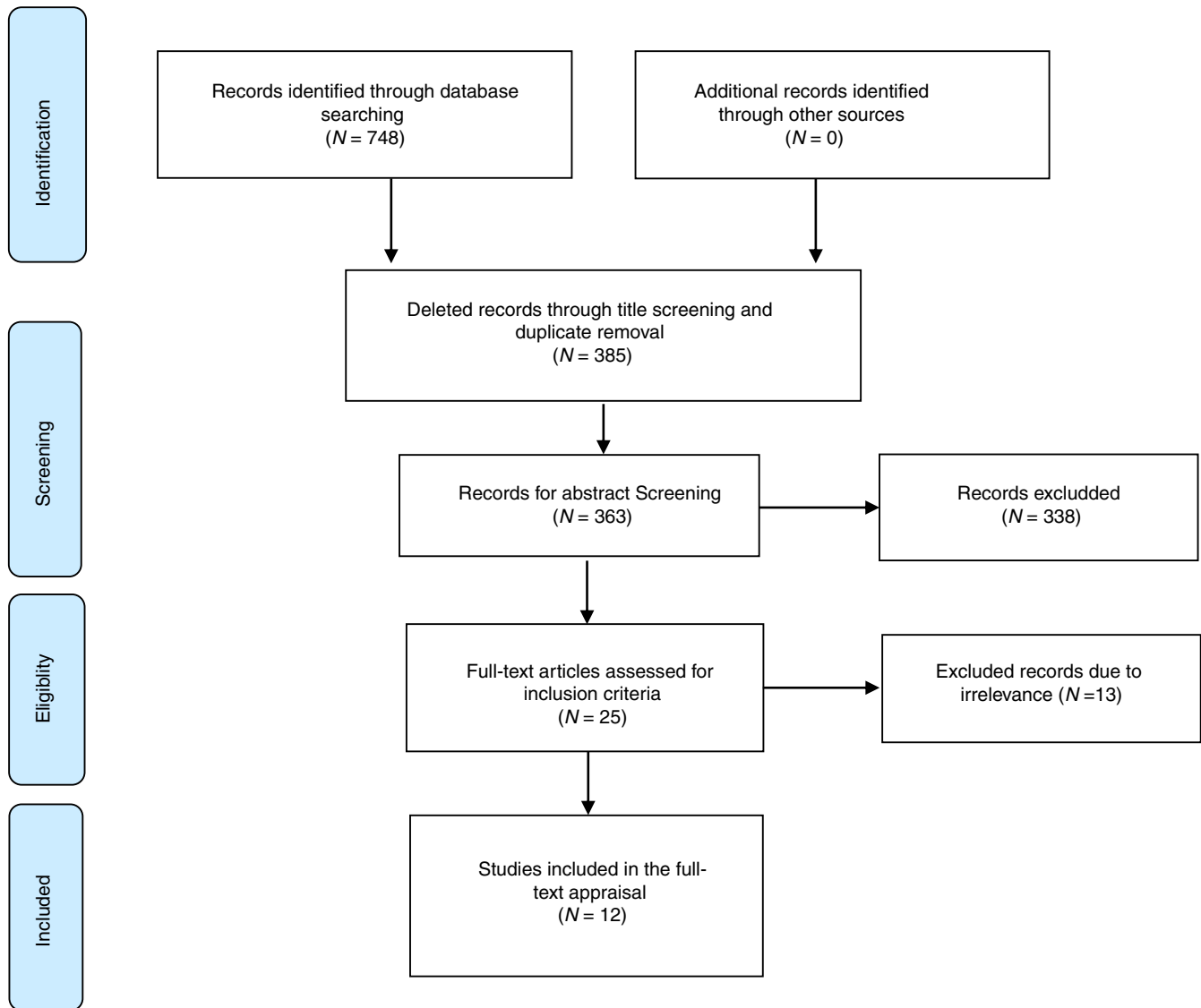


FIGURE 2 The study flow diagram according to the PRISMA [Colour figure can be viewed at wileyonlinelibrary.com]

authors had frequent discussions to resolve discrepancies and reach an agreement on the selection and inclusion of studies. A pre-piloted data extraction table was used to collate the included studies' core details, including authors' names, publication year, country, study's design, sample size, setting, and elder abuse in the relationship between caregivers and older people with memory disorders at home.

2.5 | Quality appraisal

The selected articles were carefully assessed in terms of the above criteria to select only those articles that precisely focused on the study phenomenon, and had a sound and logical research structure using the Enhancing the QUALity and Transparency Of health Research (EQUATOR) website tools (EQUATOR, 2019). Appraisal tools appropriate to each study's methodology including the STROBE [for cross-sectional, survey, observational, and prospective studies] and the CONSORT [for interventional and randomized clinical trials]

were used to evaluate the suitability of the articles in the final analysis in terms of research structure, explicit theoretical/conceptual research framework, and explicit conclusion. Instead of the scoring system, yes/no was used to answer the appraisal tools' questions because the researchers believed that the quality appraisal items did not have equal weight for scoring. Also, researchers discussed the importance and quality of each article to make the final decision on the inclusion and exclusion of studies.

2.6 | Data abstraction and synthesis

The Fulmer et al.'s (2005) dyadic approach for risk and vulnerability was used to connect the review findings to the international notion of abuse in caregiving for patients with memory disorders in community settings. Accordingly, the review findings about the role of caregiver (risk) and care recipient (vulnerability) were categorized into 'personal', 'physical and psychological', and 'social' domains. All

TABLE 1 Summary of selected studies for data analysis and synthesis (n = 12)

Authors/country	Aim	Methods & participants	Results
Cooney et al. (2006) (Ireland)	To explore possible associations between characteristics of carers, dementia sufferers and the caring situation and the presence of abuse that was acknowledged by carers.	A survey study of 82 carers (55% married couples) of dementia sufferers was interviewed in their homes.	Fifty-two percent (n = 43) carers admitted to having carried out some form of abuse.
Cooper, Blanchard, et al., 2010 (UK)	To examine that carers' reports of abusive behavior would increase over time, and that change in abuse scores would be predicted by change in anxiety and depression scores.	A survey of 131 family/friend (56% married couples) dementia carers.	Sixty-three (48.1%) of the carers reported any abusive behavior at baseline compared with 81 (61.8%) a year later.
Cooper, Selwood, et al., 2010 (UK)	To examine that more anxious dementia carers report more abusive behaviors, and dysfunctional coping strategies and carer burden mediate this relationship.	A survey of 220 family/friend dementia carers.	More anxious and depressed carers reported more.
Cooper et al. (2016) (UK)	To investigate whether START (STrategies for RelaTives), a psychological intervention which reduces depression and anxiety in family carers also reduces abusive behaviour in carers of people living in their own homes.	An interventional study on 260 family carers.	No evidence was found that abusive behaviour levels differed between randomization groups or changed over time.
Kishimoto et al. (2013) (Japan)	To assess how often does abusive behavior by the caregivers of elders with clinically mild cognitive dysfunction occur and what risk factors affect abusive behavior.	A survey of 123 caregivers and care recipients. No information on carers' demographics.	The prevalence of abusive behavior was 15.4% – caregivers of the elderly with even clinically mild cognitive dysfunction exhibit abusive behavior toward them.
Lee and Kolomer (2005) (South Korea)	To identify characteristics that would increase the likelihood that a Korean older adult with dementia being cared for by a family caregiver is at risk of being abused.	A survey of 481 primary family caregivers from the data of the Comprehensive Study for the Elderly Welfare Policy.	The degree of elder abuse was significantly associated with caregiver burden, mental impairment, the dependency of daily living of care recipient, and the use of formal services.
Orfila et al. (2018) (Spain)	To estimate the prevalence of risk of abuse against community-residing elderly with moderate to severe dependency whose caregivers are relatives.	A cross-sectional study of 72 Primary Health Care teams, caregivers n = 829.	A prevalence of 33.4% (95% CI: 30.3–36.7) of abuse risk by the caregiver was reported.
Selwood et al. (2009) (UK)	To ask carers to report any abusive behaviour in the previous three months to select from a list of services and potential interventions those that they thought might help to reduce or prevent this abusive behaviour.	A survey of 220 family carers of people with dementia referred to secondary psychiatric services.	113/115 carers, who reported any abusive behaviour answered questions about possible interventions.
Vande Weerd and Paveza (2005) (USA)	To examine verbal aggression in a sample of community-dwelling older adults with Alzheimer's disease using the risk and vulnerability model as a means for identifying factors associated with verbal mistreatment in caregiver/patient dyads.	A survey study of 254 caregivers who completed both a questionnaire and an in-home interview between the years 1998 and 2002.	Verbal aggression as a conflict resolution style was self-reported by 60.1% of caregivers and was reported as a technique used against them by 74.8% of family members with Alzheimer's disease.
Wiglesworth et al. (2010) (USA)	To investigate the characteristics of people with dementia and their caregivers that are associated with mistreatment to inform clinicians about screening for mistreatment.	A survey of a convenience sample of caregiver-care recipient dyads (n = 129).	Mistreatment was detected in 47.3%.
Yan (2014) (Hong Kong)	To examine the association between care recipients' agitated behaviors, family caregivers' burnout, and abuse in community-dwelling older Chinese with dementia.	A prospective study of 149 caregivers.	The single most significant variable in predicting abuse at 6-month follow-up was abuse at baseline.
Yan and Kwok (2011) (Hong Kong)	To examine the prevalence and risk factors for elder abuse in older Chinese with dementia by their family caregivers.	A survey of 122 family caregivers of older persons with dementia.	Sixty-two and 18% of the caregivers reported having verbally or physically abused the care recipients in the past month.

authors collaborated and made frequent discussions to reach agreements on the categorization of data to the domains.

3 | RESULTS

3.1 | Search results and study selections

After the thorough literature search, 748 articles were retrieved. Title screening and removing duplicates led to 363 articles that were entered into abstract screening using the inclusion criteria. After that, 25 articles were selected and underwent full-text screening to ensure their relevance to the study phenomenon, given the inclusion criteria. Their full texts were obtained from the Finnish and Norwegian libraries and underwent a careful assessment to choose studies with an exact focus on the review topic given the inclusion criteria. It led to the exclusion of 13 studies, because of their focus on paid caregivers such as immigrant workforces or something other than the abusive relationship between the caregiver and care recipient at home. Therefore, 12 articles were selected and considered for full-text appraisals, but no study was excluded due to poor quality, and all selected studies ($N = 12$) were included in the data analysis and synthesis process. Also, the reference lists of the selected studies were searched manually, and no more articles were identified. The PRISMA flowchart is shown in Figure 2.

3.2 | Characteristics of the selected studies

Included studies ($n = 12$, Table 1) were geographically diverse; four studies were from the UK (Cooper, Barber, Griffin, Rapaport, & Livingston, 2016; Cooper, Blanchard, Selwood, Walker, & Livingston, 2010; Cooper, Selwood, et al., 2010; Selwood, Cooper, Owens, Blanchard, & Livingston, 2009), two from the USA (Vande Weerd & Paveza, 2005; Wiglesworth et al., 2010), two from Hong Kong (Yan, 2014; Yan & Kwok, 2011), and one each from Ireland (Cooney, Howard, & Lawlor, 2006), South Korea (Lee & Kolomer, 2005), Japan (Kishimoto et al., 2013), and Spain (Orfila et al., 2018). One study (Cooper et al., 2016) used intervention, and one study (Yan, 2014) had a prospective design. The remaining studies ($n = 9$) used a survey design, and one study used a survey design besides structured interviews (Vande Weerd & Paveza, 2005). The selected studies reported a total of 2,307 participants, of which 90% were female. Caregivers' ages ranged from 17–93, but the majority of studies were conducted among retired married couples. Cultural diversity reflected the abundance of female caregivers, and both spouses and daughters took the caring responsibility.

3.3 | Categorization of findings using the dyadic approach to elder abuse

In line with the Fulmer et al.'s (2005) dyadic approach to elder abuse, factors influencing elder abuse in community settings and in

connection to the role of caregiver (risk) and care recipient (vulnerability) were divided into three domains of 'personal', 'physical and psychological', and 'social'. The personal domain consisted of the demographics and life history of both caregiver and care recipient. Quality of life and related functions were connected to the physical and psychological domain, but the social domain encompassed support and conflict. The question of what factors affected elder abuse at home as the focus of this review was answered through the classification of findings to the dyadic model.

3.4 | Personal domain

In the personal domain, demographics, and life history characteristics, including age, gender, and attitudes, were assessed. In general, caregivers' characteristics were associated with verbal abuse towards older care recipients. Verbal abuse such as swearing, insulting, shouting, and verbal threats of hitting or throwing something at a care recipient was more common than physical abuse (Yan, 2014). Two studies specifically reported verbal abuse, but verbal aggression was common among 40.3% (Yan, 2014) to 60.1% of caregivers (Vande Weerd & Paveza, 2005). Contradictory findings existed about the relationship between caregivers' gender and verbal abuse. In the study of Vande Weerd and Paveza (2005), female caregivers were 2.73 times more likely to use verbal aggression than men. However, no similar association was reported in other studies. On the contrary, male gender significantly contributed to the abusive behaviour in Japan (Kishimoto et al., 2013), while verbal abuse was reported as being more common than physical abuse.

Furthermore, the caregiver's negative and cynical attitudes towards the care recipient predicted verbal abuse (Yan, 2014). Those studies that analysed the association between the caregiver's age and abuse showed inconsistent results. Verbal abuse was more common among younger caregivers (Cooney et al., 2006) in the UK study, but it was reported in older adults with more severe cognitive impairments in the South-Korean study (Lee & Kolomer, 2005). In a longitudinal study, baseline abuse predicted abuse during follow-up (Cooper, Blanchard, et al., 2010), and it persisted or worsened in the following year (Cooper et al., 2016). While the START (STrategies for RelaTives) psychological intervention reduced the caregiver's anxiety and depression (Cooper et al., 2016), it did not affect the caregiver's abusive behaviour.

3.5 | Physical and psychological domain

The physical and psychological domain encompassed the elements of quality of life in all forms linked to abuse. Physical and psychological abuse was measured using both generic (Orfila et al., 2018), especially for caregivers (Cooper, Selwood, et al., 2010; Cooper, Selwood, et al., 2010; Kishimoto et al., 2013; Lee & Kolomer, 2005), and focused measurements for older

people (Wiglesworth et al., 2010). Cooper, Blanchard, et al. (2010), Cooper, Selwood, et al. (2010)) used the Modified Tactics Scale (Beach et al., 2005) to predict abuse in dementia care in the UK, and the majority of caregivers (65.5%) were female. In a cross-sectional study (Cooper, Selwood, et al., 2010), depressed and anxious caregivers reported more abuse. In the follow-up, psychologically distressed caregivers were more likely to act abusively, but this association was completely explained by the caregivers' coping strategies and burden (Cooper, Blanchard, et al., 2010). Similarly, Kishimoto et al. (2013) reported that the caregiver's burden predicted abusive behaviours using the Conflict Tactics Scale (M-CTS). Orfila et al. (2018) used the Caregiver Abuse Screen to measure mistreatment risk and reported physical and psychological abuse and neglect. The vast majority (82.8%) of caregivers were female, and a group of caregivers at a high risk of abuse or mistreatment in a relationship was detected. The caregiver's perception of burden (OR = 2.75) and anxiety (OR = 2.06) increased the risk of abuse. More specifically, neglect and physical/psychological abuse were both associated with the caregiver's perception of burden (OR = 2.67; OR = 2.33 respectively). Wiglesworth et al. (2010) identified a group of caregivers who mistreated care recipients that had worse emotional health and were more likely to have more depressive symptoms, a greater state of anxiety, and a higher perceived burden. In this study, caregivers' emotional distress and caregivers' behavioural problems existed at the same time. In other words, burdened caregivers were more likely to neglect their care recipients (Wiglesworth et al., 2010). The Korean study (Lee & Kolomer, 2005) assessed psychological abuse using a six-item scale. The majority of caregivers were female (81%), and only caregivers' burden was identified as a caregiver-related risk factor for abuse. Care recipients with more severe dementia (Cooper, Blanchard, et al., 2010; Kishimoto et al., 2013; Lee & Kolomer, 2005), lack of Alzheimer disease medication (Selwood et al., 2009), and low functional ability (Lee & Kolomer, 2005) increased the risk for abuse. In another study (Selwood et al., 2009), where there was a lack of Alzheimer disease medication, caregivers also prioritized medication and information about dementia as an important method to prevent caregiver abuse. Verbal abuse was associated with the caregiver's agitated behaviour, young age, and high levels of caregiver's burden (Yan & Kwok, 2014). Dementia-related neuropsychiatric symptoms such as verbal aggression towards caregiver (Vande Weerd & Paveza, 2005, Wigleworth et al., 2010), high level of agitated behaviours (Yan & Kwok, 2011), physical assault (Wiglesworth et al., 2010), care recipient depression (Vande Weerd & Paveza, 2005), and hassle towards caregiver (Vande Weerd & Paveza, 2005) increased the risk of caregiver's abuse. Vande Weerd and Paveza (2005) suggested that while dementia progressed the risk for verbal abuse, it might also increase the chance that caregivers might become more verbally and physically combative. However, as the care recipient dependency and severity of activities of daily living deficit increased, the caregiver's risk of abuse reduced in comparison to less dependent elders (Lee & Kolomer, 2005; Orfila et al., 2018).

3.6 | Social domain

The social domain included both informal and formal social support influencing abuse. About informal support, the social domain in the studies integrated the caregiver's and care recipient's related abuse risk domains. Those caregivers who experienced a less satisfactory previous relationship with a care recipient were more likely to reject them in their current relationship (Cooney et al., 2006), and a difficult previous relationship, that comprised regular arguments, predicted (OR 4.66) the risk of abuse during dementia care (Orfila et al., 2018). Both the hours of care provided by the caregiver (Cooper, Selwood, et al., 2010) and the number of co-residing days predicted abuse (Yan & Kwok, 2011). Also, the quality of the current relationship predicted the increased risk of abuse. One point in the Patient Rejection Scale (PRS) scale increased this odds ratio to 1.05 (Cooney et al., 2006). The increase in the abusive carer behaviour over a year was strongly predicted by an increase in depression and anxiety symptoms (Cooper, Blanchard, et al., 2010). Cooper, Blanchard, et al. (2010), Cooper, Selwood, et al. (2010) speculated that caregivers who felt that the care recipient lost personhood were more anxious and depressed and were more likely to abuse the care recipient.

On the other hand, Orfila et al. (2018) concluded that caregivers with a positive perception of care, and those who had a prior good relationship with the care recipient presented a lower global risk of abuse and diminished risk for the physical/psychological and neglect components. While anxiety and the feelings of burden were seen as risk factors of abuse, protective factors were loving, respectful relationships before the dependency, social support, and a greater awareness of the positive aspects of care. According to Lee and Kolomer (2005), activities of daily living, cognitive ability, caregiver burden, and formal social support were significantly associated with the degree of elder abuse.

While informal social support did not statistically mediate the degree of elder abuse, the use of formal services was significant. In particular, those caregivers who used any formal services during the past 6 months were less likely to abuse their care recipients with dementia. Social support was an essential factor since those caregivers who explained that they did not have any help were at a higher risk of perpetrating the abusive behaviour (Orfila et al., 2018). In Kishimoto et al.'s (2013) study, 90% of male caregivers did not use any social service. Also, many male caregivers might be in an environment in which such social services were unavailable despite the need for help. Such an environment might affect the incidence of male caregiver's abusive behaviour. Indeed, caregivers with low education levels or poor social connections or whose emotional problems affected their activities deserved screening for the prevention of elder mistreatment (Wiglesworth et al., 2010). Talking about abusive behaviours and offering support could help caregivers accept rather than act on negative feelings in caring relationships (Cooper et al., 2016).

4 | DISCUSSION

This systematic review described and integrated international knowledge about factors influencing the abusive caring relationship

at home. The Fulmer et al. (2005) dyadic approach of elder abuse described aspects influencing elder abuse in the roles of the caregiver and care recipient under the domains of 'personal', 'physical and psychological', and 'social.' Overall, the review findings suggest that abuse in the caring relationship is a broad phenomenon compared with what has been previously supposed. Accordingly, caregiver risk domains and care recipient vulnerability play the main roles in the development of the abusive relationship, but do not explain it completely (Dong, 2014).

Our review findings demonstrated that family caregiver stress did not predominately explain abusive behaviour towards the care recipient. However, the caregiver's anxiety and depression were significant in the occurrence of abusive behaviours. Moreover, the previous relationship had a great influence on the caring relationship. A less satisfactory caring relationship with the care recipient in the past increased the risk of elder abuse. Our review findings highlighted the need to take into account the long course of memory disorders and isolation in combination with a lack of social support. Unfortunately, less attention has been paid to the provision of appropriate medications, medicines management, and the provision of timely information about dementia to caregivers to prevent abusive behaviours (Lim & Sharmeen, 2018; McGrattan, Ryan, Barry, & Hughes, 2017). Also, the caregiving relationship suffers from comparable relationship problems to any other relationship, but social norms are directed to treat persons with memory disorders as vulnerable individuals (Grenier, Lloyd, & Phillipson, 2017). While our review showed the presence of verbal abuse and verbal aggression in a caregiving relationship, more research is needed to explore mutual abuse or mistreatment in caregiving relationships.

Abuse and social isolation form a complex situation that could be attenuated by support from the community-based formal long-term care system (Robinson, Fortinsky, Kleppinger, Shugrue, & Porter, 2009; Wang, Sun, Zhang, & Ruan, 2019). But, the families of older people with memory disorders face constant pressure to avoid long-term placement even in the dementia phase. In most countries, the care policy about older people aims to promote community and home care even in severe dementia stages instead of hospitalization in long-term care facilities (Carnahan, Unroe, & Torke, 2016; Office for National Statistics, 2014; Statistics Norway, 2017). At the same time, the availability of long-term home care is limited. Therefore, current healthcare practices can influence circumstances in families and lead to abuse.

Several courses of action are needed. Systematic screening at the early phase of caregiving using valid risk measurement tools can help with detecting families at the high risk of abuse. Community services should be designed to fit the needs of family caregivers. For instance, case management supported by multi-disciplinary efforts can be useful (Yan & Kwok, 2011; Yan, 2014; Khanassov & Vedel, 2016). Interventions such as education and training, financial assistance for dependency cases, adequate social support, and respite periods for the caregiver can have significant impacts on the well-being of both caregivers and care recipients (Orfila et al., 2018).

According to this review, data about abusive behaviours were collected from the caregiver perspectives, and the conceptualizations of abuse were adopted in the studies demonstrating various measurement tools. Accordingly, abuse was understood as a violation of the caring relationship. Future studies need to explore a dyadic perspective on abuse using more sophisticated methods to assess the daily life process in caregiving families. Observational methods might also be useful to gain a deeper understanding of the abuse phenomenon. It is noted that the majority of studies have adopted the WHO definition of elder abuse and have applied it in the family caregiving context (WHO, 2018). Also, the definition of abuse varies in terms of frequency and severity. Therefore, the characterization of abuse needs a wide range of elements and domains, and operational definitions in clinical settings (Pickering, Ridenour, Salaysay, Reyes-Gastelum, & Pierce, 2017) with the incorporation of nurses who have the vital role in communication with families with memory disorders and are in the front line to detect early signs of abuse or mistreatment (Pickering et al., 2017). Family caregiving incorporates intimate and sensitive domains of life, but families seldom report sensitive, reprehensible, or illegal behaviours in the course of caregiving (Daly, Merchant, & Jogerst, 2011; Penhale, 2014). Abuse has legal consequences, and many countries, such as Finland, Sweden (Mäki-Petäjä-Leinonen, 2017), and Norway (Nasjonalt kunnskapssenter om vold og traumatisk stress, 2019) have mandatory reporting legislation that expects healthcare professionals to report any reasonable suspicion of elder abuse or mistreatment. Understanding whether mandatory reporting can help with identifying abuse or target sufficient actions to prevent it in the caregiving context needs further studies.

4.1 | Limitations and suggestions for future studies

As a limitation of this review, studies on abusive caregiving relationships at home were rare. Consequently, all available studies were included to demonstrate the state of research on this topic. This review highlights the need for large-scale comparative studies on the complex nature of the abusive relationship at home. Also, a grey literature search was not performed, but the wide search in the electronic databases convinced the authors that the review question was appropriately answered. In this review, studies on the prevalence of abuse in caregiving relationships were excluded. An additional limitation was the difficulty in categorizing data into single theoretical categories when they frequently overlapped and distinguishing categories from one another.

5 | CONCLUSION

The significance of attention to the abuse of older people with memory disorder has been emphasized, but there has been a lack of integrative knowledge of this phenomenon and related domains

in community settings. In this review, the dyadic risk-vulnerability model was used to summarize evidence about caregivers' and care recipients' and factors influencing elder abuse at home. The implications of this review for clinical practice and education are as follows:

- The improvement of coping strategies in family caregivers and improvement of nurse-led in-home services with the collaboration of all healthcare providers involved in care for older people with memory disorders at home;
- The development of screening activities for mistreatments and social support initiatives in home care and education on the legal rights and consequences of abuse to family caregivers;
- The encouragement of family caregivers to share their experiences and ask for support;
- The development of educational strategies by multidisciplinary healthcare providers, especially community nurses for empowering family caregivers to manage agitated behaviours;
- The development of interventions in education and training, and financial support aiming at the improvement of the well-being of both caregivers and care recipients;
- Establishment of acts and legislation to provide more support towards older people with disabilities and the prosecution of caregivers in case of abuse.

5.1 | Summary statement

Abuse in the caring relationship is an all-encompassing phenomenon compared with what has been previously supposed. For that reason, caregiver risk domains and care recipient vulnerability play the main roles in the development of the abusive relationship but do not explain it completely.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

AUTHORS' CONTRIBUTION

TV and MV were involved in study design. TV, A M-P-L, and MV were involved in data acquisition, analysis, and interpretation for important intellectual content, drafting the manuscript and revising it for intellectual content, and gave final approval of the version to be published in the journal.

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