# National Ageing Research Institute and Australian Association of Gerontology

The National Ageing Research Institute (NARI) is recognised as a leading research institute in the area of ageing including falls and balance, pain, dementia, physical activity, healthy ageing, public and preventive health, and health systems evaluation. NARI also conducts a broad range of other clinical and psychosocial research including a focus on wellbeing, mental health and elder abuse.

The Australian Association of Gerontology (AAG) is Australia's peak national body linking professionals working across the multidisciplinary fields of ageing. The AAG's goal is to expand knowledge of ageing in order to improve the experience of ageing.

NARI and the AAG have decided to make a joint submission to the Australian Law Reform Commission inquiry into Elder Abuse Law Reform. In line with these organisations’ expertise, the following submission focuses on questions 1 and 4, regarding the definition of elder abuse, where the gaps in evidence are, and what further research is needed.

## What is elder abuse?

The terminology used to describe elder abuse has changed since the issue was first recognised in the late 1970s. While earlier phrases focused on aspects of protection and later vulnerability, the more contemporary description of ‘elder abuse’ is recognised around the world. The most commonly used definition in Australia is the one recognised by the World Health Organization: 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.

While this overarching definition has drawn focus to the mistreatment of older people, it fails to recognise the complex nature of the issue and the varied contexts in which abuse can occur. Without an agreed definition, it is impossible to measure elder abuse and difficult to address it. The term ‘elder abuse’ is perhaps best used as an umbrella term that draws attention to the wider issue of mistreatment of older people, with the acknowledgment that there are many types of abuse relating to different risk factors, settings and contexts, and which require different preventions and interventions.

When trying to understand what elder abuse is, the following points should be considered:

* **Age** – Should age (and what age) be a defining feature, or should the definition focus on frailty, dependence, vulnerability or other similar factors that may contribute to power imbalances between the parties? Advanced age is not, in and of itself, an impairment and some research suggest a definition of elder abuse should concentrate on issues of vulnerability, isolation and dependence rather than age (Clare et al., 2014).
* **Intent** – Does the definition need to consider whether the abuse is caused by intent, negligence, inaction or accident?

This may apply to caregivers of older people, who could cause abuse without intending to do so; and also situations where the perpetrator has limited capacity or cognitive impairment, such as a person with dementia, or an adult child with a disability.

Intent should also be considered in situations of negligence where duty of care has been breached and the older person has suffered loss or been harmed as a result of that breach.

* **Neglect and self-neglect** – Neglect has long been recognised as a category of elder abuse, but as neglect is caused by an act of omission, it is different to other forms of abuse. It may not always be intentional on behalf of the perpetrator, or there may not be an identifiable perpetrator or person who has duty of care towards the older person. In cases of self-neglect, where the older person may be in a situation of distress or harm due to their own inability to care for themselves, there is no relationship (as per the definition) with an expectation of trust, so consideration should be given to its inclusion in a definition of elder abuse.
* **Harm and distress** – How are harm and distress to be measured? Is an action considered abusive if it has not caused direct harm acknowledged by the victim? (For example, a door locked ostensibly for the safety of someone with dementia? The person may not have been directly harmed but has lost their freedom of movement, whether they wish to exercise it or not.)
* **Setting** – Does the definition need to reflect the variety of settings (private home, residential care, health service, hospital, non-residential aged care service providers within the private home, etc.) where elder abuse may occur, considering that the setting may affect duty of care or who might be ‘responsible’ for the older person and the perpetrator?
* **Relationship of trust** – Is this a necessary part of the definition or should it be removed? How is it established? Can elder abuse be committed by someone with little or no relationship to the older person? Don’t all relationships between two adults involve an expectation of trust? If the aspects of frailty, dependence and vulnerability were included in the definition, is it still necessary to include ‘an expectation of trust’?

Or should the definition of ‘relationship where this is an expectation of trust’ be refined to include three specific types of relationships:

* Family and other personal network relationships
* Paid carer and service provider relationships
* Relationships cultivated for the purposes of fraudulent or scamming activities?
* **Collective responsibility** – Does the definition include abuse perpetrated by an institution rather than an individual? For example, a care facility whose staff collectively don’t allow a person freedom of movement.
* **Family violence** – How does elder abuse sit within understandings of family violence? The recent Victorian Royal Commission into Family Violence found that elder abuse should be considered a form of family violence, with particular regard to the fact that it often happens in the privacy of one’s home, and that the perpetrator is often a family member. However, there are unique aspects to elder abuse – its intergenerational nature, that it is less gendered than other forms of family violence, and that it often involves financial abuse – that mean it requires unique understanding and responses.

## Prevalence

Most data about the prevalence of abuse comes from phone lines, longitudinal studies (physical abuse of women) and individual research projects, which makes it impossible to extrapolate to wider population.

In establishing a prevalence study some things to be considered are:

* Data collection needs to distinguish between suspected, reported and confirmed abuse and consideration of who is reporting the incident. Initial reports or suspicions may prove to be untrue. In practice, interventions frequently introduce protective strategies without the need to ‘prove’ occurrence of abuse, therefore suspicions that a person may be at risk may never be formally confirmed.
* Elder abuse occurs in a variety of settings (home, community, aged care, hospitals, etc.) and each have unique challenges for data collection.
* Lack of awareness around what constitutes elder abuse – some older people may not recognise their situation as abusive, while some professionals may not be able to identify abuse being experienced by their clients.
* Staff from agencies identifying potential abuse can be reluctant to label a situation abusive without further investigation or evidence, which could lead to under reporting.
* How to identify occurrence of neglect and self-neglect.
* How a person’s cognition and capacity can affect their ability to identify and act on abuse.
* Diversity of older people and communities (including people in rural and regional areas; people with diverse gender and sexual identities; people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people with disabilities) – What is considered abusive behaviour may differ depending on cultural norms of different communities, which can affect knowledge of extent. Members of each of these communities, and the communities themselves, may face unique challenges and issues to do with identifying and responding to elder abuse, which would need to be considered in regards to establishing prevalence and enacting interventions.
* The consequences of reporting abuse – the inherent power imbalance between individuals and institutions may discourage people from reporting abuse, making it difficult to accurately measure.
* Types of abuse – prevalence is likely to vary between different types of abuse.
* Any attempt to establish prevalence of various types of elder abuse should also try to gather as much information about perpetrators or potential perpetrators as possible.

## Types of abuse

* Different types of abuse require different interventions/supports/timeframes.
* Similarities to family violence, yet not as gendered and higher rates of financial abuse. Data gathered from the Seniors Rights Victoria helpline suggests that women are 2.5 times more likely to experience abuse than women, and this is not accounted for by the fact that women comprise more of the elderly population. It is important to consider the role that gender (and societal expectations and cultural norms of gender) may have in any situations of elder abuse.
* Different expertise is required by the people who are assisting with elder abuse compared to inter-spousal or other family violence.
* What about situations where the perpetrator is an older person with dementia (e.g. in a residential care facility or at home)? Elder abuse, or simply abuse?
* Financial abuse in particular is a complex area, as it can involve coercion and improper use of legal documents such as power of attorney – there seems to be a lot of misunderstanding about power of attorney documents and what they encapsulate.
* What is the effect of increasing gap between generational wealth? How do issues of financial security, employment and housing affect intergenerational wealth transfer and expectations?
* Neglect within a hospital setting – many acts within hospital and residential care settings can be considered abusive and neglectful, even though they are the result of disregard and external pressures rather than intent to harm. For example, situations where an older person is served a meal they cannot eat because they cannot reach it or open the packets of food, unanswered call bells, scheduled toileting and a lack of respect for a person’s needs and desires.

## Risk factors

While an underlying culture of ageism is considered a cause of elder abuse, there are a number of identified risk factors for different types of elder abuse. Analysis of calls to Seniors Rights Victoria found:

* Victims are more likely to be women, and perpetrators more likely to be men
* Living with the perpetrator is a likely risk factor for many types of abuse (except financial abuse). Approximately 28% of people reporting abuse to SRV lived with a son or daughter (not necessarily the perpetrator), compared to 7% of the wider population of people aged 65 years and over.
* Living alone can be a risk factor for financial abuse. The number of SRV clients living alone who reported abuse was higher than expected when considering how many older people live alone in the wider population.
* Owning own home
* Disability
* Family conflict
* Lack of information about rights
* Substance abuse, gambling addiction and mental health issues of perpetrator (Joosten et al., 2015).

Debt or financial stress faced by the perpetrator has also been identified as risk factors, as has the older person being physically, culturally or socially isolated. Disability, including vision and hearing impairment, can make a person more vulnerable to elder abuse, while a low level of education, literacy problems or a lack of English may make it difficult to access assistance in Australia. While substance abuse, gambling addiction, financial stress, and mental health issues have all been identified as risk factors for perpetrators, there needs to be more research done in these areas to understand when their existence leads to elder abuse.

The following risk factors were identified in a 2013 systematic review of abuse in community-dwelling adults (Mark Johannesen and Dina LoGiudice, 2013).

The older person:

* cognitive impairment
* behavioural problems
* psychiatric illness or psychological problems
* functional dependency
* poor physical health or frailty
* low income or wealth
* trauma or past abuse
* ethnicity (belonging to a non-dominant culture)

The perpetrator:

* caregiver burden or stress
* psychiatric illness or psychological problems

The relationship:

* family disharmony
* poor or conflictual relationships

The environment:

* low social support
* living with others except for financial abuse (Mark Johannesen and Dina LoGiudice, 2013).

## Relationships

Most elder abuse occurs within the family and across generations. Analysis of calls to Seniors Rights Victoria showed that 92% of alleged perpetrators where related to the older person (or in a de factor relationship) and 67% of alleged perpetrators where sons (40%) or daughters (27% of the older person). This suggests that elder abuse is primarily a family violence issue, and more research is needed into intergenerational relationships and family conflict, and how they are shaped by societal norms and values. When considering risk and protective factors for elder abuse, the question to ask is when does family conflict or disharmony escalate into abuse?

There has been research whether a person’s experience of or exposure to abusive behaviours in early life influences the perpetrating of these behaviours, however, this framework has not been applied to the behaviours of adult children against their parents. In understanding elder abuse the importance of the parent–child relationship cannot be underestimated. Such a relationship is unique to the individuals involved, and it evolves over the life course, particularly as roles and expectations change. The parent–child relationship can be influenced by the exercising of power and control, and by issues of bi-directional dependency; caregiving; longstanding or learnt abusive behaviour; and attitudes and expectations within families, communities and society.

An understanding of elder abuse needs to focus on family relationships and consider the following:

* How does the quality of the parent-child relationship relate to elder abuse?
* How do changing roles and expectations over the lifecourse affect the parent–child relationship?
* How do changing roles and expectations affect the parent–child relationship when the parent is reaching the end of their life?
* It is accepted that an older person may need more assistance as they age, and this assistance is often provided by, and expected from, their children. However, most parent­–child relationships are best described as interdependent, with the giving and receiving of assistance going both ways and there needs to be recognition that abuse happens between two adults, who may hold competing narratives, interests and needs. For example, there may be an expectation that an adult child will increasingly help a parent with physical tasks, and an agreed expectation that a parent might offer financial assistance to their adult children.
* Parents often want to help their child, even to their own detriment. How do parental responsibility and societal expectations affect the parent–child relationship, particularly in regard to the transference of wealth and assets?
* Older people may feel shame in reporting on their own child and worry about what the consequences of reporting will be to their own relationship and to other aspects of their child’s life.
* Abuse is not always perpetrated by an individual and consideration needs to be given to the involvement of other family members, such as in-laws, grandchildren etc. Each child will have a different relationship with their parent, and this multiplicity may cause family tension and conflict.
* How do other family relationships affect the parent-child relationship? What might influence some family members to fail to see or deny the existence of elder abuse? Or can longstanding family resentments and conflicts lead to accusations of abuse and mistreatment?

## Perpetrator

The biggest gap in evidence around elder abuse is to do with the perpetrator. A rights-based empowerment approach to intervening in elder abuse has meant that the focus, quite rightly, has always been on the older person. As a result, little attention has been paid to the risk and protective factors regarding the perpetrator, and the relationship between victim and perpetrator. Earlier research tended to consider the role of caregiver as synonymous with the perpetrator, but later research and practice suggests this is not often the case. In practice we know little about the motivations of perpetrators, and further research is needed in this area. Things to consider include:

* Whether the perpetrator is opportunistic or motivated by a desire for control, power or revenge.
* Whether the perpetrator is uninformed about care responsibilities and rights of older person, and how the burden and stress of their caring role is affecting the relationship.
* Whether caregivers have adequate support.
* Whether external needs regarding things like housing, finance, relationships, health, mental health and dependents are motivating the perpetrator’s abusive actions, and what supports the perpetrator might have in these regards.
* The influence of any sense of entitlement to family assets.
* The influence of sibling conflict and misunderstanding.

## Interventions

An understanding of effectiveness of interventions is lacking in all areas, particularly as studies have used different methods and measures, are often descriptive or retrospective rather than experimental, and involve small sample sizes (for further detail see O’Donnell et al. 2015 and Baker et al. 2016). However, what evidence and evaluation there is supports:

* Legal intervention on behalf of individual victims
* Counselling and behaviour change for individual victims
* Support services and case management for individual victims (to improve health, housing security, financial situation, etc.)
* Family mediation in cases of family conflict
* Facilitated family discussions (to plan for care and support of the older person).

Most importantly, evidence suggests that each case of elder abuse requires an individual approach and support, which may require a combination of the above interventions. It should also be noted that one of the reasons legal interventions may appear to be so effective is that the results of legal proceedings are easy to measure, as opposed to, for example, the effectiveness of counselling supporting behavioural change. A recent review that evaluated various interventions found strong evidence supporting psychological and social support for at-risk older people, and education for older people; as well as strong evidence to support effectiveness of education for health professionals (O’Donnell et al., 2015). The authors stated, ‘Interventions in elder abuse require an individualised, tailored approach, which should identify the particular features of the alleged abuse, and respond with specific and targeted interventions.’

Things to consider regarding interventions:

* Elder abuse is a multifactorial issue, so a multidisciplinary approach to research, design, implementation and evaluation of interventions is required (e.g. involving a combination of academic, financial, legal, housing, medical, allied health, aged care and/or disability professionals).
* Older people will often seek or only accept a harm minimisation approach.
* When accessing information about intervention effectiveness it should be noticed that most evaluations only look at whether the abuse has ceased, but not whether there were unintended outcomes or whether things have been addressed to ensure that the abuse won’t happen again.
* Most interventions are short-term and aim to address the abuse itself, and not the multiple causes.
* Most interventions are crisis-based rather than ongoing – won’t necessarily stop abuse from happening again (e.g. intervention order).
* Empowerment approach works for people in position to advocate for self – doesn’t work for people with cognitive difficulties or limited capacity.
* Most interventions are aimed at changing the older person’s behaviour, rather than considering the context, the relationship between victim and perpetrator, and the perpetrator’s behaviour and motivation.
* Interventions should consider the relationship between the victim and perpetrator (often a parent and child) and also the relationships between other family members who may be able to support, intervene and influence outcomes.
* There are gaps in current intervention options where no agency has the capacity or authority to respond to a report of serious abuse of a vulnerable person. Legislative change may be required to confer powers to a specialist agency to respond. See the report Closing the Gaps: Enhancing South Australia's Response to the Abuse of Older People, 2011.
* Tight funding and competitive market models in the new Commonwealth aged care system mean that service providers are taking a narrower focus of their role with a client, do not build in costing for ‘extra’ services, and are less likely to have staff with the level of skill required to respond appropriately to complex abuse. Access to a specialist response agency is important to support initiatives to train aged care workers to recognise and report suspected abuse.

**The Older Person’s Experience: Outcomes of Interventions into Elder Abuse**

A recent study by NARI and Seniors Rights Victoria sought to understand the older person’s experience of abuse and, in particular, their experience of the intervention provided by SRV to address the abuse (Vrantsidis et al., 2016). While interventions primarily aim to halt the abuse, NARI was interested in what else the intervention achieved in the eyes of the older person, and whether there were any unintended or negative consequences.

It was found that while the abuse ceased or was partially resolved in a majority of the cases, there were a number of additional outcomes including:

* The older person feeling supported, informed and enabled to act
* A change in living arrangements, usually as a result of the perpetrator leaving
* Loans recouped, or findings in the older person’s favour even if the money was not recovered
* Loss of relationship with and concern for the perpetrator
* Improved relationship with the perpetrator and better dispute resolution skills
* Knowledge that SRV could assist in the future
* Increase in family conflict
* Fear of abuse re-emerging
* Ongoing financial hardship
* Concerns for other people in the perpetrator’s life.

## Compulsory reporting

Currently there is compulsory reporting of sexual abuse and serious physical abuse in residential care homes.

* What effect has this had on prevalence of abuse, staff behaviours, staff knowledge/skills?
* What are the outcomes of this reporting for individuals? For residential care homes?
* Do we need improved training, screening and/or monitoring for aged care staff and volunteers (in both residential and home care)?

## Current research

The National Ageing Research Institute is currently undertaking two projects in the area of elder abuse. The Elder Abuse Scoping Paper with Melbourne Social Equity Institute is a consideration of the research literature to understand how elder abuse is conceptualised, what interventions have been used to address it, and how effective these interventions have been. This research is expected to be concluded in September 2016.

Action Plan on Elder Abuse – NARI has recently begun scoping what is being done in Victoria at a research, policy and practice level. This project seeks to identify gaps in understanding and service, and identify the organisations or services that could potentially address those gaps. The research is expected to be concluded in late 2017.

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