

© In compilation Australian Institute of Criminology 1996
© In text Justin McDermott

The contents of this file are copyright. Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the *Copyright Act 1968* (Cwlth), no part of this file may in any form or by any means (electronic, mechanical, microcopying, photocopying, recording or otherwise), be reproduced, stored in a retrieval system or transmitted without prior written permission. Inquiries should be addressed to the publisher, the Australian Institute of Criminology, GPO Box 2944, Canberra ACT 2601.

Crime and Older People, ISBN 0 642 22739 X

Elder Abuse: Eight Scenarios in Search of a Construct

[Unedited. Paper as presented at Conference of 23-25 February 1993]

Justin McDermott
Policy Officer
Aged Care Services Division
Department of Health & Community Services
Victoria

The term 'elder abuse' has been widely accepted in the fields of aged care and protective services to describe certain social ills. But the term can be rather misleading. Uncritical use of the term can suggest forms of intervention that would be counter-productive. Nevertheless, whatever we choose to call these social problems, they are real and must still be confronted. What then is the best way to proceed?

This paper argues that 'elder abuse' is not a sufficiently coherent construct to act as a guide for policy makers or people working in aged care or adult protective services. It might have been better if the term had not been developed in the first place. But given that the concept already has fairly wide currency, the best course is to abandon the search for a concise and self-contained definition of elder abuse. The various forms of behaviour encompassed by elder abuse are best understood as other things - for example, as domestic violence, embezzlement, medical malpractice, or caregiver stress. Elder abuse is *not something different* from all of these.

In 1992 the Victorian Government convened a working party to advise on a strategic response to the maltreatment and neglect of older people. David Green, the Director of the Older Persons Planning Office, was the chairperson, and the present writer was one of the project officers, together with Marion Champion of the Office of the Public Advocate. The working party has now been reconvened by Victoria's new Minister for Aged Care, the Hon. Rob Knowles, MLC, and has been asked to recommend a plan of action to the government.

One of the first tasks of the working party was to define its subject-matter in a more satisfactory way.

We thought about the connections between elder abuse and related concepts, such as domestic violence. Why was it that some of the cases of elder abuse described in the literature could equally well be described as domestic violence? Perhaps we should construct a definition that classified elder abuse under the broad heading of domestic violence. That would solve one problem but create others, such as the problem of treating neglect by a caregiver as a case of family violence. Or should we, on the contrary, sharply distinguish the two concepts by defining domestic violence as something that stops at fifty-five, sixty or sixty-five years of age, when elder abuse takes over?

Or consider fraud. Does the age of the victim turn a case of embezzlement or extortion into a case of elder abuse? Many elderly people have substantial assets. Some elderly people become targets for unwelcome pressure from the family. They need all the usual protections which the law offers all adults. Do they need anything more?

History

The comparatively short history of the phrase 'elder abuse' holds the key to our problem. The concept seems to have surfaced in its present form in the mid-1970s in America, with suggestions that certain incidents of the mistreatment of elderly people resembled the

phenomenon of child abuse. According to Rosalie Wolf (1988), a 1975 letter to the *British Medical Journal* describing 'granny battering' was followed by a chapter on the 'battered older person syndrome' in a book with the strangely pessimistic title of *Why Survive? Being Old in America*. There were said to be two sorts of resemblance between elder abuse and child abuse: firstly, the victim was a dependent and vulnerable person in need of special protection by the state. Secondly, the mistreatment was occurring in the very private realm of family life, hidden from public scrutiny.

The point to note is how quickly the concept of 'elder abuse' spread into public consciousness. In the US, there was a Congressional hearing in 1978; research was funded; model legislation was drafted; and within a few years most of the American states had set up special agencies, or expanded the existing functions of Adult Protective Services, to deal with the newly-recognised social problem. Mandatory reporting is now said to be on the statute books in most of the United States. (A detailed chronology is given in Peter Dunn's paper for the present conference.)

The concept soon reached Australia. In Melbourne, a public seminar was held in 1986, jointly organised by the Community Policing Squad, the Health Department and the Alheimers Society. The seminar received extensive press coverage, and was the stimulus for the formation of an Aged Abuse Working Party, which proposed some research. The research was carried out in 1989 by the Office of the Public Advocate, and published as *No Innocent Bystanders* (Barron et al. 1990). Now the Victorian Government is considering its response.

Similar things have happened in the other Australian States, according to different timetables.

Explaining the Popular Response

Why did the concept take off so fast? It was not due to any measurable rise in the incidence of abuse itself, because no such studies had been done. Perhaps it was the effect of the publicity given to a few startling cases, or at least reports of cases from overseas. Media coverage always focuses on the disturbing and the apparently new. An intriguing feature of our society is its constant search for new social trends, which are invariably interpreted as symptoms of decline. Indeed, one of the most enduring themes in Western civilisation is the theme of a decline of social values of respect for older people. Perhaps the resonance of elder abuse in the popular imagination should be seen as a new manifestation of a perennial anxiety, exemplified by certain dramatic incidents of abuse or neglect of defenceless people, but not necessarily related to real social trends.

Misleading use of research data can also contribute to a popular perception that 'this is only the tip of an iceberg'. For example, the study carried out by Dr Susan Kurrle, Paul Sadler and Ian Cameron in Hornsby, NSW, was reported in the *Medical Observer* as finding that:

A staggering 4.6 per cent of people over the age of sixty-five seen by the service were physically, psychologically or financially abused or simply neglected (Edwards 1993).

Similar accounts have appeared in the major newspapers:

Dr Sue Kurrle says abuse of the elderly is believed to affect almost 5 per cent of all people over the age of 65 who live at home (*Weekend Australian*, January 1993).

Up to 5 per cent of elderly Australians are being subjected to abuse and neglect in their own homes, according to a study released by the New South Wales Office on Ageing (*The Age*, February 1993).

But these figures are a distortion.

The Hornsby study is valuable as being the first systematic research into the prevalence of elder abuse in Australia (Kurrle 1992). The methodology relied on a fairly large sample of older people in the region, drawn from the files of all patients referred to the community team at the Hornsby Ku-ring-gai Hospital Geriatric and Rehabilitation Service in the twelve months to June 1991. The sample was reduced to 1176 patients after excluding people in institutions. Of these 1176, the researchers identified fifty-four cases of abuse, using a variant of the standard definition in the American literature. Thus 4.6 per cent of the sample were classified as victims of abuse.

However, it cannot be concluded that 4.6 per cent of the region's population aged sixty-five plus were abused. The geriatric assessment team in Hornsby did not see a cross-section of the population aged sixty-five plus. It saw a sample of a much older and numerically smaller population. Eighty per cent of the sample population were aged seventy-five plus. The average age of those abused was almost eighty years. Let us assume that the people seen by the team were representative of all people aged seventy-five plus. If 4 per cent of this group were abused, that is equivalent to only 1.6 per cent of the population aged sixty-five plus, not 4.6 per cent.

The Assumption of Dependence

There is an intuitive understanding of elder abuse which is hard to distinguish from a kind of ageism. It is the view of old age as second childhood. It is the assumption that most elderly people are feeble-minded, vulnerable, a burden on their long-suffering caregivers, and *therefore* at risk of abuse.

It should be admitted that this description is accurate enough *in some cases*, such as frailty and dementia that are frequently seen by Aged Care Assessment Teams, for example. So

it should be possible to construct quite a narrow definition of 'elderly people at risk of abuse'. It would define a group of people who, for reasons of physical or mental incapacity, were highly vulnerable to abuse or neglect, and who were unable to look after their own interests. Outside intervention and protection would therefore be indicated.

In fact, in Victoria, there are two important institutions dedicated to precisely this sort of intervention - the Guardianship Board and the Office of the Public Advocate. The role of the Guardianship and Administration Board is to protect the interests of adults who, because of a disability, are incapable of making reasonable decisions and who are in need of a guardian or an administrator. A guardian makes decisions about lifestyle matters, and an administrator makes decisions about money matters. The powers of the Board are set out in the *Guardianship and Administration Board Act 1986*.

These agencies have considerable power to intervene to protect the interests of vulnerable adults of any age over eighteen. This kind of policy response works because it defines quite narrowly the proper grounds for intervention, in terms of the individual's disability and vulnerability. For example, 'disability' is defined as intellectual impairment, mental illness, brain damage, physical disability or senility. But a Guardianship order cannot be made unless the Board is satisfied that the person is unable to make reasonable judgements *by reason of the disability*, and that the person is in need of a guardian.

However, the standard definitions of elder abuse in the literature are not limited to this kind of case in which the victim is vulnerable due to disability. Instead we find an effort to construct quite broad definitions of abuse and neglect.

Consider a typical definition (Hudson 1989, p. 5). This careful definition distinguishes the 'critical attributes' from the 'empirical referents'. The critical attributes are as follows:

Elder Abuse: Destructive behaviour through the use of physical or psychological force - with improper or indecent use of an elder's person or property - resulting in harmful physical, psychological, economic and/or social effects and unnecessary suffering in the elder.

Elder Neglect: Carelessness in behaviours (commission) - or omission of behaviours which are reasonably warranted by the elder's unmet basic needs and are implicit or explicit in the obligation of the relationship and which result in unnecessary suffering as demonstrated by harmful physical, psychological, financial and/or social effects in the elder.

The 'empirical referents' are signs such as bruises, unpaid bills, depression, paranoia, never or rarely being able to participate in one's groups, and so on. The signs of abuse and neglect are described as being too numerous to list in their entirety.

The trouble with this kind of definition is that it is far too inclusive. Virtually no known category of harm or unpleasantness that could be experienced by an older adult has been left out. The class of potential victims is very broad; it includes any adult over a given arbitrary age, and is not limited to that class of older people who are unable to defend their own interests on account of physical or mental disability. Nor is the category of abusive or neglectful behaviour limited by any explicit measure of the seriousness of the harm done; it could range from a shouting match to a murder.

An Alternative Approach to Definition

This paper began by describing how the Victorian working party grappled with the dilemmas over whether, for example, elder abuse should be distinguished from domestic violence.

On reflection, it was clear that such demarcations are not helpful. We did not want to perpetuate an artificial and ageist notion that family discord and violence, including violence between spouses, is of a completely different nature if it involves elderly people.

This was not merely an academic point. On the contrary, we thought it was very important that the agencies who deal with marital discord and domestic violence should be ensuring that their services are accessible to older people. Our enquiries told us that there was very little communication between the professionals and advocates concerned with domestic violence and those concerned with aged care. As a result, the services for women escaping domestic violence are probably seen as irrelevant or inaccessible by many older women, not to mention a grandfather harassed by an abusive grandson.

Despite this lack of recognition, it seems that at least some older people are already making use of the Intervention Orders available in Victoria to deal with domestic violence. The official monitoring data show that 3 per cent of the people seeking intervention orders under the *Crimes (Family Violence) Act* are aged sixty plus.

Although caution is required in generalising from these fairly small numbers, there do seem to be some interesting differences between the older people taking out intervention orders and the non-aged majority. The proportion of men in the older group is noticeably higher (32 per cent) than in the whole population of people taking out orders (14 per cent male). Most of these older men are apparently taking out orders against their children or grandchildren. This emphasises the point that domestic violence should not be regarded solely as a matter of abuse between non-aged spouses, with the woman as victim, though this is very much the dominant pattern. Of the older women using this Act, half are taking out an order against their husband, and half against their children or grandchildren. In short, the committee thought that elder abuse should be recognised as one of the forms of family violence.

But it was just as clear that several other forms of maltreatment or neglect of older people could not be regarded as forms of family violence, without serious distortion. For example, consider the question of maltreatment by a home-care worker, or a financial fraud by a family member. Although such cases fit the broad definition of abuse given by Margaret Hudson (1989), they do not correspond to any normal definition of family violence.

Given these problems of definition, it seems that 'elder abuse' is not a sufficiently coherent construct to act as a guide for policy makers or people working in aged care or adult protective services. In some ways it would have been better if the term had not been introduced in the first place. But given that the concept already has fairly wide currency, the most useful course is to show that the various forms of behaviour encompassed by the term elder abuse can also be properly understood as other things - for example, as domestic violence, embezzlement, medical malpractice, or caregiver stress. Elder abuse is not something different from all of these.

Eight Scenarios

The next step was to draw up a list of 'typical situations' in which cases of maltreatment or neglect are known to occur. We rapidly developed a list of eight situations or scenarios:

1. Maltreatment or neglect by a family caregiver, friend or neighbour (often regarded as the typical case, where the elderly person is frail and dependent on the caregiver).
2. Domestic violence, or a destructive family relationship (often between spouses, and often a long-standing situation).

3. Maltreatment or neglect by a dependent adult (often an adult child with a psychiatric disability).
4. Conflict in a shared household (e.g. where an older person has moved into their adult child's household, or vice versa, and irreconcilable tensions result).
5. Financial exploitation in 'non-commercial' relationships (e.g. an adult child's misuse of an elderly parent's assets).
6. Maltreatment by staff in residential care.
7. Professional malpractice, or maltreatment of an older person by a paid caregiver.
8. Self-neglect (e.g. a demented elderly person who lives alone and is ignoring proper food and hygiene).

These eight scenarios do not exhaust the possibilities. Nor are they intended to be mutually exclusive. Observers may differ in their opinion of the best way to categorise a given situation. A single case of abuse may be judged to fit into more than one scenario.

It does not greatly matter whether a particular case is judged to be 'physical abuse' or 'psychological abuse' or 'neglect'. What matters is that professionals operating in different service systems are able to recognise the range of quite different situations in which older people may be vulnerable.

Indeed, from this point of view, little is gained from the use of the label 'elder abuse', rather than simply focussing on whichever aspect of a given case is most relevant for

intervention. If a case is mainly about fraud, call it fraud. If it is about domestic violence, call it that.

Successful Intervention

We come now to the last point - successful intervention. Victoria's working party was convinced that the task is to find ways of enabling the existing range of services, agencies and forms of legal intervention *to deal more effectively with the situations which they already encounter.*

We agreed that Victoria's existing health, welfare and protective services are appropriate to address these problems. There was no need for a specialised protective service for older adults. Instead, the priority was to get these various agencies to consider more carefully their relation to older people.

We did not want the agencies to start redefining cases as being 'elder abuse' and referring them elsewhere to be dealt with by 'the specialists'. But we did think that agencies often needed to develop protocols with each other, to make sure that vulnerable people were not being left unsupported.

For example, Susan Kurrle's research shows that some elderly people are being maltreated not because they are helpless dependents, but on the contrary because they feel themselves responsible for an adult child with alcoholism or a psychiatric disturbance and violent tendencies (Kurrle 1992).

Karl Pillemer's study in America found that this was actually the commonest scenario in cases which he classified as 'physical abuse'. Here is an example (Pillemer 1985, p. 154):

An elderly couple were both victims of their son's violent behaviour. He was thirty years old and had lived on his own until he suffered a serious head injury with

resulting brain damage ... His behaviour was erratic and he shouted at his parents ... His mother was injured trying to intervene in physical conflicts between father and son.

In such cases, it is clearly the responsibility of the psychiatric service to ensure that it has correctly assessed the situation. It must take into account the predicament facing the elderly parents of its brain-injured or psychiatrically ill client. It would be absurd to hand over the file to another agency on the grounds that this was a case of 'elder abuse'. Certainly, it is relevant to know that the victim is elderly. But it is unlikely that this fact completely changes the nature of the problem or the kinds of intervention that will be appropriate.

Another example: Suppose the supervisor of a Home Care service becomes aware that one of the home helps has befriended an elderly housebound lady, and has been doing the banking for her. It seems that the younger woman has been misappropriating money. Is it useful to classify this a case of elder abuse (sub-group: financial abuse)?

That is a matter of taste. What really matters is that the resulting intervention is not coloured by false assumptions about the victim's helplessness or the need to hush up the incident to protect the old lady from further unpleasantness. The appropriate intervention may simply be to call the police.

A third example:

Mr Washington, age seventy-four, was hospitalised for an infected leg ulcer ... Mrs Washington told the doctor that she frankly didn't want her husband to come home ... She had thought about divorcing him for most of their married life, and she had suffered a lot. To the social worker, Mr Washington screamed, 'Doesn't she know I could lose my leg? Doesn't she care? ... She slapped me around before but now

that I'm better, she's going to find out who's boss (Breckman & Adelman 1988, p. 101).

Any social worker or family therapist would recognise this as typical of a long-standing, dysfunctional marriage, with suspicions of domestic violence. Calling it 'elder abuse' because the parties are seventy-four is almost an impertinence. True, the options available to the unhappy couple may be limited because of their age and frailty. But fundamentally their predicament is not a function of age.

The final example is about professional malpractice:

A mildly confused eighty-two year old woman was referred to an Aged Care Assessment Team by the proprietor of the hostel where she lived. The woman's GP had prescribed three types of neuroleptic drugs and two minor tranquillisers for the treatment of her confusion. The mixture of drugs had caused symptoms of Parkinson's Disease and worse confusion (Barron 1990, p. 35).

Again, not much is gained by using the term elder abuse, though clearly it falls within the standard definitions. If the doctor has been negligent, the appropriate response will not be essentially different than if the patient had been a fifty-year-old.

Conclusion

Some elderly people are at risk of various forms of maltreatment or neglect. This is not acceptable to a civilised society, and government has a definite responsibility to act.

One of the things a government can do is to act as a catalyst, converting a strong but poorly-defined community concern into a coherent system of action on the part of all the relevant services.

The Victorian Government's working party has tried to map out such an approach. It has not pursued the notion of a new 'adult protective service' with specialist responsibility for dealing with all cases involving an older person. Rather, it believes that professionals in the existing range of health, welfare and protective services can and should take responsibility for dealing with the situations they already encounter.

This means creating the opportunity for the various services in a local area to get together to develop protocols defining their mutual responsibilities. And it means encouraging individual services to improve their own understanding of the kinds of stresses facing older people. Above all, it means recognising the underlying diversity of the situations that have come to be collectively defined as elder abuse.

References

- Barron, B., Cran, A., Flitcroft, J., McDermott, J. & Montague, M. 1990, *No Innocent Bystanders: A study of abuse of older people in our community*, Office of the Public Advocate, Melbourne, p. 35.
- Breckman, R.S. & Adelman, R.D. 1988, *Strategies for Helping Victims of Elder Mistreatment*, Sage Human Services Guide, California, p. 101.
- Edwards, K. 1993, 'Abusing the elderly: what can we do?' *Medical Observer*, 5-18 February 1993, p. 16.
- Hudson, M.F. 1989, 'Analyses of the Concepts of Elder Mistreatment: Abuse and Neglect', *Journal of Elder Abuse & Neglect*, vol. 1, no. 1, p. 5.
- Kurrie, S.E., Sadler, P.M. & Cameron, I.D. 1992, 'Patterns of Elder Abuse'. *Medical Journal of Australia*, vol. 157, November 16, p. 673.
- Pillemer, K. 1985, 'The Dangers of Dependency: New Findings on Domestic Violence against the Elderly', *Social Problems*, vol. 33, no. 2, p. 154.
- Wolf, R.S. 1988, 'Elder Abuse: Ten Years Later', *Journal of the American Gerontological Society*, vol. 36, no. 8, p. 758.