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Crime and Older People, ISBN 0 642 22739 X

An Analysis of Situations of Elder Abuse and Neglect in Brisbane, and Other Australian Studies

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

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There has been little research conducted on practitioner issues concerning elder abuse. The present study was designed to investigate the nature of elder abuse in Brisbane and to discover the practice responses of service providers in assisting the older people affected. What types of abuse did they see? Who is affected by abuse and neglect in our local population of older people? What interventions are available to service providers and what are the likely outcomes for older people? Selected data from this study are compared with findings in the three Australian studies which are currently found in the literature (i.e. Barron et al. 1990; Kurrle et al. 1992; McCallum et al. 1990).

Literature Review on Service Providers

Despite mandatory reporting, elder abuse remains a hidden problem in the US (Pillemer & Finkelhor 1988) and research has shown that detection, intervention and prevention by community agencies depends on professionals' awareness that the problem exists (Plotkin 1988; Podnieks 1990). Identifying elder abuse poses many difficulties for service providers and one of the greatest barriers appears to be inattention to the problem. Cases

may be overlooked, especially amongst aged care services, if they are not recognised as a form of intra-family violence (Rathbone-McCuan 1980). Alternatively, if too many clients of an agency are labelled as potential victims of abuse or neglect, a plethora of ethical, moral and legal implications may arise.

Professional attitudes, managerial systems, and professional helplessness (Ronalds 1989) have been found to underlie the continuing existence of institutional abuse of the elderly. Similarly, where an intimidation case is identified in the community, the complexities are such that the situation can go on for months without redress and defy solution. Such strong reaction can be engendered in the worker, that effective coping mechanisms are required over prolonged periods (Quinn & Tomito 1986, p. 5) and commitment can be frequently tested. In practice, service providers, in order to protect themselves, may need to rely on more powerful others to determine if the proof of abuse or neglect in a situation warrants action (Phillips & Rempusheski 1986).

Other barriers to intervention can be practitioner attitudes (Fine 1986, p. 28) which see elder abuse as a family responsibility, and violence as the norm, or that it is due to an uncooperative evasive carer. Agency resources may also be scarce. Assessments that provide an adequate basis for making judgements about a victimised status are complex. The relatives' explanation of physical signs of trauma must be taken into question; proof found that the injury is non-accidental; periodic observation of serious physical deterioration must be noted over time; an extensive family history is required; multiple dimensions of family interaction among the various family sub-systems must be assessed; and a trusting relationship with the victim is also necessary (Rathbone-McCuan 1980). Financial abuse can be hard to prove as many elderly people do not take full responsibility for their cash or their pension book. It is possible that the label of abuse is reserved for special cases, and that neglect is seen to be less serious with decisive intervention considered to be less critical or important. In practice, then, situations confronting service providers are much more complex than simple definitions suggest.

Research Study in Brisbane

Data were gathered from selected service providers in Home and Community Care (HACC) funded agencies such as community health, domiciliary nursing, respite care centres and community options. In addition, public hospitals in the area were also approached. Forty-four direct service agencies were contacted. The majority of agencies provided casework, or professional services, on a short-term or long-term basis to elderly people living in the community. Contact with 22 (50 per cent) agencies provided data for the study.

The definition of elder abuse in this study is similar to that used in Adelaide (McCallum et al. 1990, pp. 11-13), with the addition of the abuse of carers, and is set out in Table 1:

Table 1. Brisbane Study: Definitions of Elder Abuse

Elder abuse is any pattern of behaviour by a person or persons that results in physical or psychological harm to an older person

Type of Abuse	Definition
PHYSICAL	Non-accidental use of physical force or coercion to inflict bodily harm; includes inappropriate use of medication; sexual abuse
FINANCIAL	Illegal or improper use of an older person's money, property or other assets by someone other than the owner
PSYCHOLOGICAL	Denied caring, withholding affection, treating older person as child
VERBAL	Being caused distress by threats, words of abuse, humiliation, scolding
NEGLECT	Essential and basic needs unmet, either deliberately or unwillingly - may be active or passive
CARER ABUSE	Carers of elderly people who are distressed by abuse behaviours of the caree

A snowball sampling method supplemented by a phone-call survey was used. The 22 agencies reported 61 victims of abuse. Those who did not report incidents of elder abuse could be classified into several categories - firstly, constrained by agency-related policies or practices; secondly, no current or recent situations existed, although the agency was aware of elder abuse as a problem; thirdly, service providers described examples of abusive behaviours directed at older people, but expressed reluctance to label these as 'abuse'.

This healthy unwillingness to label (McCallum et al. 1990, p. 22) may have several justifications - the behaviours are due to disease processes, the service provider lacks convincing evidence, of differing perspectives of a situation are provided by family members involved. A similar range of service provider attitudes has been found in other Australian and overseas studies. It seems likely that many more instances of elder abuse exist in Brisbane than became evident in this study.

Service providers were wary of inflicting their values and opinions on families whose caring motivations, caregiving style and socioeconomic status were different to their own. They were obviously wary of attacking the autonomy and privacy of older people and their carers (McCallum 1992). Another reason why abuse situations may not be identified as such, or may not be occurring amongst an agency's client group, is that many clients live alone.

On the basis of the above definition, information on 61 victims was classified. Identifying abuse as having the major impact on an older person can only be subjective as types of abuse coexist with at least one or more other forms of mistreatment. For instance, verbal abuse usually causes psychological abuse, and financial or physical abuse would be associated with other forms. It must be emphasised, however, that the findings of this study may not, of course, be generalised to a wider population.

Findings in the Brisbane Study

The results of the study showed that the most frequently occurring type of abuse was psychological with 15 victims identified (*see* Table 2). For easier comparison with other studies, verbal abuse is included in psychological abuse.

Table 2. Brisbane Study: Types of Abuse identified

Types of Abuse	Number	per cent
PSYCHOLOGICAL	15	25 per cent
ABUSE OF CARERS	13	21 per cent
NEGLECT	12	20 per cent
PHYSICAL ABUSE	11	18 per cent
FINANCIAL ABUSE	10	16 per cent

Very little variation is noted in the frequency of types of abuse. Fifteen people (25 per cent) were victims of multiple abuse for example, an older woman was a victim of active neglect as well as financial, physical and psychological abuse. She was also suspected of being sexually abused and service providers had been trying to assist her unsuccessfully for approximately five years. There were 40 female and 21 male victims in the Brisbane study, a ratio of almost 2:1, and this is similar to the Hornsby Ku-ring-gai study (hereafter referred to as Hornsby.

Abuse of Carers

The Brisbane sample had higher numbers of carer abuse when compared with other Australian studies. The greater number of abused carers may be due to three factors:

- Carers' needs have received increased attention in recent years in Queensland
- service providers identified carers as abused and,
- gave them supportive assistance.

The critical factor seemed to be that these carers were crucial in maintaining independent living for the older person. To demonstrate how service providers may seek to maintain independent living in the community where a carer is abused, one paid live-in carer was given access to 24-hour service provider support so that his caring role may be maintained for as long as possible. Where dementia was not a factor, an older couple were abused by a disabled son; there was mother/daughter and aunt/niece conflict; and a step-mother was psychologically abused by her husband's children. In three cases here the carers were not resident with the caree.

Dementia as a Factor

Dementia was likely to be a factor in approximately 50 per cent of situations of abuse of victims and carers in the Brisbane study. The prevalence of dementia is said to increase markedly in people over the age of 70 (Jorm & Henderson 1990, p. 8). In this sample a label of dementia was applied to 29 of the carees and to six of the 13 abusers, a total for the sample of 35 (57 per cent) older people. Included in this number were two situations where two older people in each case were said to have dementia - a husband and wife in one, and two siblings in another. There is however, a need for caution, I believe in the use of this label with older people (Glassman 1987, pp. 138-44; Bowers et al. 1990, pp. 192-6) as a variety of reversible physical and psychological reasons can cause confusion, and the effects of labelling are associated with society's negative attitudes to older people.

Relocation as a Possible Risk Factor

There were four examples of older people recently relocating interstate for family care where the move did not turn out as expected. Three older women and one man (two mothers, one father, and one grandmother) relocated interstate and subsequently

experienced abuse in the home of their Brisbane relatives. In addition, a demented man was relocated from overseas by his family; this move resulted in extreme distress for all concerned. Two additional cases of relocation (one of which included a married couple) from overseas occurred within the previous four to eight years. Themes common to most of these seven cases were financial and psychological abuse. Relocation as an antecedent to elder abuse has been noted in at least one overseas study (Steinmetz 1983, p. 138).

Comparisons Between Australian Elder Abuse Studies

The data gathered in Brisbane is comparative with those of the three Australian studies currently found in the literature. The following paragraphs and Tables condense the findings from Adelaide, Melbourne, Hornsby and Brisbane. A feature of all studies is that data on elder abuse situations were gathered from service providers. There were strong similarities in the source of definitions. A unique action research approach in arriving at a final definition was adopted in Melbourne. Major differences between the studies do exist, however, in the means by which data were collected:

- The Adelaide study, utilising a snowball sampling methodology, was not a prevalence study, instead it set out to determine the range of the problem. This goal was indicated when reported cases achieved a consistency in the types of abuse discussed with researchers.
- The Melbourne study analysed data collected by survey forms giving information on 43 situations of abuse in private homes and 12 situations in institutional settings during a three to six month period in 1989. This study was not intended to estimate the extent of abuse of older people in Victoria.
- Researchers examined 12 months of medical records at Hornsby Ku-ring-gai Geriatric and Rehabilitation Service and set out to establish the rate of occurrence of elder abuse from 1 July 1990 amongst patients 65+ years of age living privately in the community. Cross-checking with the medical or paramedical staff involved with elder abuse situations was possible.

- The Brisbane study set out to examine situations of elder abuse as perceived by service providers and data were acquired mainly by phone calls to widely dispersed agencies during a period exceeding 12 months from May 1991. A mixture of snowball sample and a survey of HACC funded and hospital based agencies identified health workers in contact with elder abuse situations who provided services to older people living at home.

Table 3 condenses the findings on types of abuse as reported from Adelaide, Melbourne, Hornsby and Brisbane. The figure under the study site is the number of older people identified as victims in each study.

Economic abuse was found to be the most frequently reported type of abuse in Adelaide and Melbourne due, perhaps, to greater ease in recognising this form of abuse. Psychological (or emotional) abuse was also most frequently noticed in Melbourne as well as in Hornsby and Brisbane. It seems likely that the values and observational strengths of service providers and researchers are at least two of the factors influencing a decision as to which type of abuse is most notable in any given situation.

Physical abuse, which may be more likely to be reported because of evidence such as bruising, has a high rate of occurrence in both Adelaide and Hornsby studies. The frequency of neglect appears approximately mid-way in each of the study samples. The frequency of complex or multiple abuse situations as they are noted in the Adelaide, Hornsby and Brisbane samples appears to be a known phenomenon, and no doubt presents a complex set of dilemmas for service providers.

Table 3. Australian Studies: Findings on Types of Elder Abuse

Study Site	Type of Abuse	Number
Adelaide	Economic	34
(121)	Physical	27
	Psychological/Verbal	25
	Neglect	22
	Carer	15
	Complex	20
Melbourne	Emotional	29
(55)	Economic	29
	Neglect	27
	Physical	14
*Hornsby	Psychological	29
(54)	Physical	25
	Neglect	16
	Material/Financial	13
	Multiple Abuse	21
	Reverse Abuse	4
Brisbane	Psychological/Verbal	15
(61)	Carer Abuse	13
	Neglect	12
	Physical	11
	Financial	10
	Multiple Abuse	15

*Prevalence amongst the service's patient population: 4.6 per cent

Demographic Background of Victims

Table 4 sets out background data on victims in the four studies where it is available. In each study, women were most frequently reported as victims of elder abuse. In both the Hornsby and Brisbane studies, the ratio of females to males was approximately 2:1. People of non-English speaking background (NESB) were represented in all the studies, with the Adelaide researchers noting that incidence of verbal abuse seemed stronger in this group. A similar relationship was not apparent in the Brisbane sample where differing types of elder abuse were reported amongst the NESB communities. The number of NESB victims identified in Brisbane may have been partly influenced by a group interview of service providers.

The age range in Brisbane includes two younger victims who were recipients of HACC services and younger carers as victims (from 40 years), whereas the Adelaide and Hornsby studies indicated older people.

Three studies (Melbourne, Hornsby and Brisbane) received reports of older couples who were victims of abuse.

As mentioned earlier, the 29 victims with dementia in the Brisbane study may represent a high rate of dementia when compared with the Hornsby sample which found 25 victims to have significant dementia.

Table 4: Australian Studies: Findings on Elder Abuse - Demographic Background of Victims

Study Site	Gender	Ethnic Background	Age Range Years	Dementia
Adelaide (121)	Majority Female	NESB people noted as victims of verbal abuse	58 - 96	Noted, not quantified
Melbourne (55)	F 35 M 19 Couples 1	33 per cent	60 - 90+	Noted, not quantified
Hornsby (540)	F 36 M 18 Couples 1	4 per cent (Low NESB use of the service)	67 - 95 Mean 79.3 years	Victims 25
Brisbane (61)	F 40 M 20 Self Neglect 1 Couples 3	31 per cent*	40 - 90+ Mean 73.8 years **	Victims 29

* Possibly inflated by a group interview.

** Mean age is skewed by inclusion of 2 victims younger than 60 years and younger carers as victims.

Demographic Background - Abusers

Information is available from three studies on the ages and gender of possible abusers. As Table 5 shows, the ages of abusers can begin from the mid-20s. Males were the most likely carers to be found as abusers in the Hornsby study, while the Brisbane and Melbourne samples showed an almost equal number of females. The Hornsby study found, and the Melbourne study marginally supports, that spouses may be identified as the most likely person to be abusing an older person.

Hornsby researchers were able to assess 18 (34 per cent) abusers and detailed medical knowledge was available in a further 28 cases (51.9 per cent) with the result that 24

abusers (45.3 per cent) were found to suffer from dementia, psychiatric disorders, or drug and alcohol abuse. In 4 cases of 'reverse abuse' at Hornsby, the caree had 'significant dementia' (Kurrle et al. 1992, p. 675). Carers of dementia sufferers were abused by their caree in 6 cases in the Brisbane sample.

The results show that family relationships of any type may be implicated in elder abuse. Non-relatives and trusted others were found to be abusers in the Adelaide study and this was supported in the other three study samples. In addition, couples or groups of multiple abusers were noted in the Adelaide, Melbourne and Brisbane samples. Two privately employed carers were reported to be abusing older people in the Brisbane sample.

Table 5: Australian Studies: Findings on Elder Abuse - Demographic Information on Abusers

Study Site	Age Range of Abusers	Gender	Relationships to Victims	Dementia
Adelaide (121)	Not specified	Not specified	Spouse Offspring Siblings Children-in-Law Grand-Children Non-relatives Trusted Others Multiple	Noted, not quantified
Melbourne specified (55 - included institutions)	> 39 - 80+ years	F 25 M 25 Couples 3	Spouse 12 Offspring 11 Other rel. 8 Non-relative 24 Multiple 5	Not
Hornsby (54) and	26 - 85 years	F 23 M 30	Spouse 27 Offspring 13 In-laws 6 Other rel. 4 Non-relative 3	Carers 24 Includes psychiatric disorders substance abuse
Brisbane (61)	30 - 91 years	F 24 M 25 Mixed groups	Offspring 23 Spouse 19 Other rel. 11 Non-relatives 7 (inc. 2 paid carers)	Carers 6

Outcomes for Older People as Victims of Abuse

A typology of outcomes for older people in the Brisbane sample was based on the Hornsby study and Table 6 sets out comparisons between the two study sites. Almost half (49 per cent) of the situations in the Brisbane study were continuing. Situations were judged to be resolved or lessened while the older person remains in the community, but the majority would seem to continue despite service provider efforts and, for some, nursing home placement is the only solution. The types of abuse continuing in the Brisbane study included all categories of abuse - physical, financial, psychological and verbal abuse, active and passive neglect, as well as abuse of carers. The decision of whether or not intervention resulted in a lessening or continuing of the abuse was determined by asking, 'Do the underlying dynamics of the abusive behaviours remain? Do services and interventions not change the dynamics, but assist the situation to continue?'

Table 6: Australian Studies: Findings on Elder Abuse - Outcomes for older People

Outcomes for Older People	per cent of Situations in each Sample
Situations continuing:	
.... Hornsby (54 cases in sample)	44.5 per cent
.... Brisbane (61 cases in sample)	49.0 per cent
Situations resolved or lessened:	
.... Hornsby	18.5 per cent
.... Brisbane	25.0 per cent
Nursing home placement as a solution:	
.... Hornsby	37.0 per cent
.... Brisbane	15.0 per cent

In the Hornsby study, response to interventions was measured by review of medical records 3 - 15 months after abuse was recorded. As can be seen, 44.5 per cent of the situations in Hornsby compared with 49 per cent in Brisbane were seen to be continuing.

Interestingly, a higher proportion of the people in the Hornsby sample were placed. This may have been due to any of several factors, amongst them being higher dependency levels in people attending the Hornsby Ku-ring-gai Geriatric and Rehabilitation Service; service providers' orientation towards placement versus community care; or even the availability of residential care beds in any study site. An additional factor to be considered is that Queensland does not have Guardianship Legislation, although substitute decision making provisions are currently under review.

Conclusion

All studies have confirmed that service providers in many areas of Australia are in contact with older people who are victims of some form of abuse. Given that there is also a continuum of attitudes to the phenomenon amongst service providers, it seems highly likely that a greater number of abuse situations exist than has actually been identified in these studies. The reluctance of service providers to apply a value-laden label such as 'elder abuse' in many cases emphasises both the complexity of situations and the range of differing perceptions and attitudes be found amongst service providers. The development of protocols and opportunities for awareness raising at a local level will contribute to addressing many of these discrepancies.

The Hornsby study has confirmed that a small but significant proportion of older people with dependency needs, due to physical and/or cognitive impairment, are at risk of abuse or neglect. The same findings are indicated in the other studies. However, service providers in Adelaide and Brisbane also reported cases of abuse where the victims were not affected by major health problems. It appears then that older people may be vulnerable to abuse in a range of diverse circumstances.

In identifying causes of abuse, Hornsby researchers found that in 19 of the 54 cases (35.2 per cent) (Kurrle et al. 1992, p. 676) abusers were suffering a disorder which was perceived to be directly contributing towards the abuse. Additionally, family violence was

perceived as the main cause in 14 per cent and carer stress in 5 per cent of cases. Dependency conditions (including dementia) appeared to be related to a large proportion (42.6 per cent) of victimisation of older people. A similar association between dementia and abuse was evident in the Brisbane sample. The identified causative factors in the Hornsby study would seem to indicate clear directions for policy makers and administrators to channel service provision and education.

In cases not covered by existing legislative provisions and which continue despite all service provider efforts, the desires of the victims themselves are best respected by practical and emotional support (Kurrle et al. 1992; Sadler 1992). This may result in higher levels of service provision than in non-abusive situations.

The above review of Australian studies has shown that service providers have identified abusers in situations of elder abuse to belong to the whole gamut of family relationships and to range across all adult ages. Indeed, non-relatives in caring roles, paid carers and people cooperating in family groups, work teams or community groups also appear to engage in abusive behaviours towards older people in some instances. Such diverse sources of abuse suggest that ageist attitudes, lack of awareness of the needs of older people, or skill deficits may lie behind some elder abuse situations. To address these issues, a focus on public and professional education is necessary (McCullum 1992).

In the meantime, the complexity of continuing abuse situations will take a toll on service providers and services. Where victims decline an offer of, or are not eligible for, institutional care or home care services, or where victims have no options due to poverty or lack of community alternatives, the resources of community and hospital based services continue to be accountable in providing support and intervention on a crisis basis. The increase in service provider awareness and development of protocols needs to be supplemented by a corresponding increase in information, and quantity and diversity of options for older people.

The promotion of positive images and an overall increase in societal valuing of older people would seem important strategies to pursue in addressing and preventing older abuse. Personal biographies are an important source for understanding the experience of victims and abusers (Sadler 1992) and for decision-making regarding client-lead intervention. Just as the role and needs of carers are now highlighted for policy makers, service providers, and the community at large, so might the needs of older people, particularly when dependency and isolation place them at risk. Coalitions between older people, policy makers, services and educators may act to raise general awareness of the issue and lead to greater understanding and to stronger tools for future prevention.

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