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Abuse of Older People: Crime or Family Dynamics?

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The prevention and control of violence is an important policy goal in Australia. Violence is an undesirable affront when seen as a solution to problems, but a particular affront when committed against vulnerable members of society such as elderly people.

This paper reports research which estimates that about 4.6 per cent of older people are victims of physical, sexual or financial abuse, perpetrated mostly by family members and those who are in a duty of care relationship with the victim. It raises for discussion whether, because of a person's age, we might be comfortable in redefining criminal acts such as assault, sexual assault and theft as "abuse". Further, it examines intervention issues in domestic violence and child abuse and points out that an older person in an abusive situation has virtually no choice, as the alternative—moving to an institution—is what they desire least. If we were to go down the child abuse path of mandatory reporting, would this be of benefit to the elderly victim?

The way forward is to collect data to identify the extent of the problem and risk factors to permit better intervention, and debate the desirability of using the full resources of the criminal justice system. The Australian Institute of Criminology will be publishing further reports on crime and older people during 1999—the International Year of Older People (IYOP).

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Caring for Older People in Australia

Although research suggests that older people are less at risk of criminal victimisation than other age groups, the incidents which do occur, as well as the fear of such events, can have a dramatic impact on the quality of life of those older people, especially those who are vulnerable due to physical frailty, dependency or social isolation. Of course not *all* older people are frail, dependent and vulnerable—most remain independent and active community members for the latter years of their lives. Nevertheless, frailty, dependence and vulnerability do structure the lives and living patterns of a significant percentage of older people.

Those who do experience the challenges of ageing invariably require support and assistance from families or professional service providers. In most cases this care is given routinely and without undue concern. However, in some instances, the relationship between dependent older people and their carers is marked by physical violence, emotional manipulation, deliberate neglect, psychological disorders and financial exploitation. All of these problems have been referred to under the single term "elder abuse".

Abuse of older people occurs both within residential care facilities and in private domestic settings. Although sharing some common features, each setting presents different problems, issues and policy responses. This paper concentrates upon older people

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who live in the community and rely principally upon assistance from the informal care network.

Most older people in Australia live independently. In 1993, 94 per cent of people 60 years and over lived in private dwellings, either with their spouse, on their own or with other relatives or friends (ABS 1996, p. 150). In contrast to this, only 5 per cent of older people lived in health establishments (nursing homes, hospitals, hostels and retirement villages with a supported living facility on site) (ABS 1996, p. 150). Government policy over the past decade has favoured the expansion

An 86-year-old man had lived alone until he became ill. He moved in with his extended family temporarily until he recovered. As he began to improve, he was perceived as a nuisance and was shut in his room in the early evening. He was assaulted and sustained severe bruising.

Kurrle et al. 1991

sion of support for older people at home rather than in residential settings. As a result, more and more older people (approximately 70 per cent) with “moderate” or “profound or severe” disabilities (as defined by the ABS) now live in the community rather than in residential care (ABS 1996, p. 154). The proportion of older people living in the community decreases with age, but not significantly, with almost 84 per cent of men and nearly 75 per cent of women who are 80 years and over still living in the community (ABS 1996, p. 150).

In 1993, 267,500 carers were providing primary assistance to people aged 65 and over (AIHW 1997, p. 252). The informal network—family, friends and neighbour—is overwhelmingly the principal source of assistance to older people living in the community, whilst the formal care network, organised mainly through the Home and Community Care (HACC) program, plays a significantly smaller and usually supplementary role. Only a small proportion of older people rely exclusively on formal care. Even amongst those with a severe or

profound handicap, over 90 per cent receive assistance from the informal care network (AIHW 1999). It is important to realise that not only are older people the recipients of care, but a significant number of older people (at least 42 per cent of people over 60), often themselves with disabilities, also have responsibility for the care of an elderly person (ABS 1996, p.154).

Although reliance upon the informal care network can be indicative of strong family and community bonds, that network can vary in quality and strength. The stressful nature of the caring role, complex family dynamics and a loose and largely unregulated system of support provide an environment in which abusive situations can arise. These factors also mean that abuse is not always an uncomplicated or unidirectional interaction of “carers” who abuse dependent people. In some situations, especially where there is a history of family violence or child abuse or where dementia and other psychological disorders are present, the dependent elderly can also be “abusive” towards their carer.

What is Elder Abuse?

Broadly defined, elder abuse (a term in use for only the last 15–20 years) covers any behaviour or pattern of behaviour by a person or persons which results in harm to an older person (McCallum et al. 1990; Office of the Commissioner for the Ageing 1992; Office of the Ageing 1994). Little consensus exists on the range of harms which this broad definition should include. Definitional categories are often diverse, including combinations of physical abuse, psychological abuse, medical abuse, economic abuse, violations of rights, sexual abuse, neglect and self-neglect. These categories are often further modified by distinctions between intentional and unintentional acts, or passive or active abuse (acts and omissions); those which

A 75-year-old widow who lived alone in her own home developed moderate dementia. Her grandson moved in with her, promising that he would help her with her daily tasks. Other family members became suspicious that he was financially exploiting her and applied to have the Public Guardian appointed to manage her financial affairs. Other family members then moved in with her, but on a number of occasions, she was found lying on the floor after a fall whilst the family members were in the house.

Collingridge 1993

focus on the trust and obligation of care or on the relationship between the abused and the perpetrator; or which focus on the harm caused, regardless of the intention of the abuser.

In the main, Australian studies, working papers and policy documents have adopted a relatively straightforward multidimensional typology of abuse which includes categories such as: physical abuse; emotional or psychological abuse; neglect; and economic abuse (Barron et al. 1990; Kurrle et al. 1991; DSHS 1994). Some include an extra category of sexual abuse (NSW Task Force 1992; NSW Advisory Committee 1997). Unlike American analyses, Australian definitions tend to exclude categories of self-neglect (Dunn 1995, p.17). Instead, all Australian States and Territories can employ guardianship legislation to protect an older person who is incapable of making decisions (NSW Task Force 1992, p. 11).

McCallum has argued that these definitions can be broadly distinguished as those which **lump together** the broad range of harms to which older people are subject and those which **split** these harms into separate units for analysis (McCallum 1993, p. 75). There are benefits and limitations to each approach and each has corresponding implications for policy responses.

“Splitters” argue that an overarching term creates methodological problems. It:

- inhibits rigorous analysis of

the diverse and often unrelated types of problems to which older people are exposed;

- contributes to the inadequacy, inconsistency and non-comparability of prevalence and incidence data; and
- leads to fragmented understanding, thus potentially downplaying or overemphasising the extent of the issue.

In addition, it is argued that labelling harmful acts as “abuse” detracts from the criminality of the behaviour and degrades the experience of victims. The key labelling issue is whether criminal acts such as assault, rape or theft are redefined as physical, sexual and financial abuse, and thus removed from the criminal justice system. The well argued dilemma is whether a criminal act should be understood as private behaviour within a relationship.

On the other hand, “lumpers” argue that “elder abuse” is a useful term and should be treated as a single category (DHS 1994; McCallum 1993) because:

- qualitative distinctions between these and other harmful or criminal acts are spurious;
- where dependency is a major factor, the term “abuse” denotes a breach of the duty of care, whether formally or informally bestowed, and a violation of trust (Hugman 1995, p.497);
- the term “abuse” covers a range of harmful and undesirable behaviours which have grave impact on the quality of life of older people but which might not come under the strict rubric of the criminal law. These may be more usefully dealt with via a combined response from health professionals, community services and the legal system;

- older people in abusive situations often experience multiple and overlapping types of abuses; and
- the term “elder abuse” can be a useful “flag” to easily identify and denote, for reasons of public awareness, a set of behaviours with particularly serious consequences for older people.

Extent of the Problem

It is difficult to know the full extent of elder abuse, partly because of methodological inconsistencies and the non-comparability of research findings. As with similar social problems in the domestic or private arena, there are likely to be high levels

A frail elderly man lived on a remote rural property with his extended family. He was kept all day on an open verandah in all types of weather. He was rarely provided with food and often only had a glass of water beside him during the day.

McCallum 1993

of under reporting. Very often older people themselves may not regard the behaviour as a crime, or something serious enough to warrant public intervention. In addition, many feel shame and have a fear of retaliation or of institutionalisation as an alternative to their current care arrangements.

Some, especially those with extreme physical or mental impairments as well as those who are socially isolated, may have no opportunity to report abuse or no one whom they can tell. This is compounded by a lack of systematic structures within the health and criminal justice systems for detecting and reporting possible cases, and a lack of knowledge on the part of professionals about those systems which do exist. The community in general also tends to resist issues which challenge cherished beliefs about the home

and family as a source of nurture and support rather than, in some cases, a setting for abuse and violence.

The first Australian studies (Barron et al. 1990; McCallum et al. 1990) sought to establish the existence of elder abuse in the Australian community and to explore the range of the problem, but made no claims to making reliable statistical estimates of the extent of abuse. In 1992, Kurrle, Cameron and Sadler made the first and only systematic attempt to establish a prevalence rate for Australia, estimating that approximately 4.6 per cent of older people are abused in some way. This rate broadly corresponds to similar overseas studies (Pillemer & Finkelhor 1988) which, depending upon definitional and methodological approaches, vary between approximately 3 and 7 per cent (Kurrle et al. 1991, p. 150).

In order to increase our understanding of the problem, two main directions are usually proposed: focusing on prevalence and developing appropriate data sources; and identifying risk factors and intervening to minimise risk.

Why Does Elder Abuse Occur?

Most of the research on risk factors has concentrated upon identifying individual pathologies, either on the part of the victim or of the perpetrator, or pathologies of the family environment. Studies have shown the important influence of dependency of the abused upon the abuser. In some cases, this is due to some form of cognitive or physical impairment of the abused (Kurrle et al. 1992; Sadler 1994). Carer stress, the most common early explanation for the existence of elder abuse, appears to be a less influential factor than first thought. Rather, where carer stress is a contributing factor, it is usually associated with dependency or other mediating influences. Predisposing individual factors in the abuser, such as

dementia, substance abuse or psychiatric illness, have also been identified (Kurrle et al. 1992; Sadler 1994; Sadler & Weeks 1996).

Elder abuse is also very often the result of long-term family conflict between parent and child or between spouses.

A 66-year-old woman had severe arthritis, which restricted her mobility and ability to care for herself. She lived with her husband, who had a history of psychiatric illness and was verbally and physically aggressive towards her. She had no independent financial resources and felt that she had no option but to remain with her husband.

Kurrle et al. 1991

Increasingly, the relationship between domestic violence and elder abuse is understood to be important. In the few studies which examine the phenomenon as a specific category, domestic violence accounts for a significant percentage of cases identified as “elder abuse”. In many of these cases, the abuse is the continuance of long-term domestic violence into old age. With the onset of disability and the intervention of community services, behaviour which has long been carefully concealed is exposed and labelled as “elder abuse” (Mears 1997, p. 8). However, once again, the relationship is not straightforward. In some cases, the situation is reversed—the long-term perpetrator becomes dependent upon their victim and the domestic violence victim now becomes the abuser under changed power relations.

As well as domestic violence, a history of other forms of family violence such as child abuse plays an important role. An abusive carer may also be the victim of domestic violence or the adult survivor of child abuse who is now in a position of power over their past perpetrator.

A full understanding of elder abuse must also move beyond individual risk factors, and concentrate upon the problem as a function of broader social structural issues such as

poverty, isolation, ethnicity and gender. However, research to date has not been successful in identifying theoretical frameworks that are useful in understanding the issue as a social phenomenon.

Responses to Elder Abuse

Prevention and alleviation of elder abuse can be tackled through formal and informal mechanisms.

Informal

As with other social problems, the ideal prevention strategy is to effect long-term change in community attitudes which directly or indirectly sanction such behaviour. Raising community awareness and creating a widespread intolerance to the behaviour can be encouraged through a “social capital” approach—fostering social bonds, social trust and mutual reciprocity. This perspective emphasises a “bottom-up” model—from self and community education/resolution, through increased support services and ultimately to a “last resort” legal intervention (McCallum 1993, p. 81). Community education, initiatives which reduce isolation of older people in their communities, the encouragement of the view that elder abuse is a mainstream issue on a par with other forms of family violence, and campaigns which emphasise more positive images of older people can all assist with developing a broad based, active community intolerance to elder abuse. However ideal such an approach, though, more immediate and formal responses are also necessary.

Formal responses and the role of legal interventions

Instances of elder abuse very often first come to the attention of health and geriatric services and are mainly the responsibility of Aged Care Assessment Teams (ACATs). Thus, the major emphasis in response tends to be located firmly within a “care” model

rather than a “violence” or criminal justice model (Collingridge 1993). This is in contrast to the United States, where many states have statutes targeted specifically to elder abuse as a discrete category—many including the use of mandatory reporting.

In response to many criticisms and difficulties with this system (Kurrle et al. 1991, p. 153), Australia has adopted a more cautionary approach. Other than guardianship legislation and disability acts in various Australian States, to protect the decision-impaired older person, no Australian legislation specifically deals with the abuse of the elderly. Legal options are available within the existing criminal justice framework: reporting directly to the police to be dealt with as crimes or obtaining an Apprehended Violence Order (AVO) where there is immediate danger or threat of danger. This absence of specific legislation in Australia is not an oversight, but the result of considerable community consultation on the part of various government inquiries and working groups. They have particularly recommended caution in relation to mandatory reporting. Results from this strategy overseas have been mixed; not enough is known to justify such an intrusive response, and one which requires substantial resourcing. Also, there are ethical difficulties where a victim is a competent adult.

As an alternative, Australia has preferred to develop protocols and guidelines that emphasise a multi-disciplinary approach and effective cooperation between health services,

A 68-year-old woman lived alone in her own home. She had a respiratory illness, was frail, malnourished and drank alcohol to excess. She had no family in the town. The only visits she had were from a town resident who had been harassing her on a regular basis to make him the beneficiary of her will and also to gain control of her financial affairs.

NSW Task Force on the Abuse of Older People in their Homes 1992

medical services, housing assistance services and voluntary organisations. Further work at the Australian Institute of Criminology will develop an inventory of such protocols around Australia.

Lessons from domestic violence or child abuse responses

Arguments about the proper role for legal interventions in elder abuse echo similar debates in the fields of domestic violence and child abuse. Although there are many similarities between elder abuse and other forms of family violence, there are also important differences.

A domestic violence model of elder abuse would prioritise the safety of the victim, emphasise the criminality of the behaviour and attach responsibility to the perpetrator (Collingridge 1993, p. 33). Responses under this model are to remove the victim

A 78-year-old woman with mobility problems lives with her son who suffers from schizophrenia and has a gambling problem. The son regularly assaults his mother and often uses her pension without her permission.

NSW Task Force on the Abuse of Older People in their Homes 1992

from the source of the threat, either by removing the perpetrator or by providing support and opportunities for victims to escape. Applying a domestic violence legislative model to elder abuse has many advantages, particularly in its prioritisation of the victim's safety but, especially where dependency is a factor, encouraging the person to leave the situation invariably means establishing some other form of care. More often than not, the alternatives are those which older people claim to desire least—institutionalised care (Kurrle et al. 1992, p. 676). It is highly likely that the lack of alternatives for care prevents abused older people from seeking help. Creative alternatives developed in close consultation with older people themselves must take priority in assisting victims of

elder abuse to seek safety with the minimum personal distress and disruption.

In similar manner, the child abuse model, with its focus upon risk assessment and tightly controlled bureaucratic procedures has some benefits for identifying and intervening in situations of elder abuse. However, the principal difficulty with adopting a child abuse model of legislation for elder abuse is that, unlike children who are deemed to be legally incompetent, the abused older person is, unless there is decision making impairment, a mature adult with full citizenship rights. Unless the older person is under a guardianship order, it is inappropriate to make decisions about what might be in the person's "best interest" (Stevenson 1996). Once again, this should not deter policy makers and service providers from establishing appropriate methods of identifying those at risk and conducting effective and timely assessment of the situation, and doing this with a balance of vigilance, creativity and collaboration with older people.

Further analysis of the similarities and differences between domestic violence, child abuse and elder abuse has the potential to guide the development of the optimum mixture of responses in this highly complex area.

The Way Forward

This paper has highlighted complexities that to some extent inhibit progress on this issue. In order to go forward, we must progress beyond the limitations of definitional debates, identify and fill existing gaps in research, and re-evaluate current policy responses.

Defining the problem

Definitional debates which concentrate upon the benefits and limitations of "lumping" or "splitting" the types of harms experienced by older people can

be defused by a realisation that this is not necessarily an either/or choice. In order to maintain the issue upon the public agenda, it seems useful to have a "catch-all" phrase which politicians and the general public can readily identify. However, for research purposes, where greater specificity is required, an approach which disaggregates the concept is more useful.

Researching the problem

Prevalence or population surveys can be helpful, but the sparse and contradictory nature of these results means that a quality evidence base must incorporate more situational and disaggregated methods of research. Elder abuse is not limited to situations of dependent elderly people being abused by a stressed or malevolent "carer". In order to fully understand the phenomenon of "elder abuse", we must ask:

- How much of that which is currently identified as "elder abuse" is actually domestic violence which predates the onset of age and dependency? Should such cases be considered as a sub-set of elder abuse or of domestic violence?
- To what extent are carers subject to abuse by dependent relatives—in what situations and to what type of abuse are they subject?
- What is the impact of abuse of older people upon their long-term quality of life and ultimate survival?
- What is the influence of cyclical family violence?
- How do abused older people themselves perceive their situation and what sort of response do they desire?
- Should financial abuse be included as a category of elder abuse?
- Should deliberate neglect be included as a category of elder abuse?

- How does elder abuse manifest in non-mainstream communities—indigenous, NESB and rural? How does the prevalence and incidence compare with the broader picture? What contributes to any differences which may be observed?
- What is the relationship between gender and elder abuse?

These questions must be tackled with a combination of quantitative and qualitative research utilising, as far as possible, primary sources—older people, their relatives and carers.

Responding to the problem

Poor data hinders effective policy and suitable intervention. Policies therefore have to be, at once, cautious but effective. There is little doubt that, over the past 10 years in Australia, the issue of elder abuse has gained a firmer place on the social policy agenda. As a result, a range of protocols and guidelines have been developed, many of which are sensitive to the complexities of the issue. In the absence of legislation, the challenge is to maximise the visibility of elder abuse; ensure that all involved in the protection of abused older people are fully trained and informed of guidelines; and work to established protocols.

Public debate in Australia needs to examine the adequacy of current responses and determine whether modifications or new approaches are necessary. In doing so, special emphasis must be given to the safety and wellbeing of older people who require care. Dilemmas such as the lack of alternative care arrangements must be resolved. Older people must be provided with options in which they can find safety, but which can take account of the relationships involved and empower rather than disempower victims.

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