A Brief Summary of Research and Commentary

about the Abuse and Mistreatment of Older People in Care (Elder Abuse)

Hayden Brown, Updated January 2022

**Definition of Elder Abuse**

The World Health Organization (WHO) defines elder abuse as 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." (2020).

Several features of elder abuse, such as the nature of the relationship to the caregiver, definition of trust, the actions that fall within the scope of ‘abuse’, and the intention of the person perpetrating abuse or neglect, are the subject of some differences of opinion (Dow and Brijnath, 2019; Adler and Centofanti, 2016). Some writers therefore propose that the definition of elder abuse be reviewed, to help bring consistency to policy, research and practice (Clare et al, 2009), though Dow and Brijnath (2019) caution that such difficulties should "...not necessarily prohibit developing a common language and understanding of elder abuse."

**Types of Abuse**

Elder abuse may include physical, sexual, psychological/emotional, social or financial, abuse, as well as neglect and abandonment (Human Rights Commission, undated; Kaspiew and Carson, 2018).

* Physical abuse is any action which "…causes physical pain or injury to another person "…such as hitting, pushing or kicking (National Institute on Ageing, undated) or improper use of physical or chemical restraint (Dean, 2019), including locking them in a room or tying a person to furniture” (National Institute on Ageing, undated).
* Sexual abuse is generally characterized as any nonconsensual sexual interaction or non-contact acts (American Psychological Association, 2021; Dean, 2019).
* Psychological or emotional abuse is the infliction of emotional pain or distress (Joosten et al, 2020) which may include "...insulting or threatening a person, acts of humiliation or disrespect, and controlling behaviors including confining or isolating a person" (Dean, 2019).
* Social abuse is characterized as “…preventing a person from having contact with relatives, friends, service providers and other people or restricting the person’s activities, thereby increasing their sense of isolation.” (Seniors Rights Victoria, undated). Examples include denial of access to an older person's grandchildren (2015) and restrictions on visitation (Australian Law Reform Commission, 2016).
* Financial abuse is the theft or misuse of an older person's money, property or other assets, and may include taking a person's financial payments; accessing credit or bank accounts; or amending a will, bank account, title to a house, or other documents, without permission (Kaspiew and Carson, 2018; American Psychological Association, 2021; Dean, 2019).
* Neglect is generally defined as a failure to meet basic personal needs, such as food, water, medication, access to health care, warmth and other comfort, social and emotional needs (National Institute on Ageing, undated; Dean, 2019; Royal Commission into Aged Care Quality and Safety, 2020).
* Abandonment is described by American Psychological Association (2021) as: "Desertion of an elderly person by an individual who has physical custody of the elder or…who has assumed responsibility for providing care to the elder".

*Institutional Abuse*

A variety of such abusive practices have been documented in institutional settings; among them: neglect of medical needs such as bedsores or infection, access to doctors and other health professionals or of personal hygiene and their environment; inadequate assistance with eating, showering, toileting, grooming or mobility – often by underpaid, overworked or ill-trained staff; over- or under-medicating, or withholding medications; applying inappropriate physical or pharmaceutical restraint; depriving individuals of choice and personal control in their day-to-day affairs; verbal abuse and disrespect; disregard of a person's gender or sexual identity; denying visitors or otherwise leaving people without social support or contact; and others (Power, 2020; Barret, 2019; Meyer, 2011; Gutman et al, 2017).

A further important type of abuse within aged care institutions is abuse by other residents, a relatively prevalent form of abuse in some settings (Castle et al, 2015).

Notably, research and practical experience demonstrate that older people often endure several kinds of abuse at the same time, and that such abuse is often part of an unrelenting pattern of abuse, ill-treatment and sub-standard care (Adler and Centofanti, 2016; Joosten et al, 2015B; Dean, 2019).

**Elder Abuse and Family Violence**

Elder abuse shares some features in common with violence within family violence, including its occurrence within households; the predominance of women among its victims - though largely due to their higher population among older age groups; the imbalance in power between the victim and perpetrator; a common reluctance to report abuse; adverse attitudes towards its victims - though in the case of older people, due to disparaging perceptions of older people; and abuse by an intimate partner – as in some instances of elder abuse (American Psychological Association, 2021; Dean, 2019).

Opinion is divided among experts about the practical implications of these considerations, with some commentators maintaining that elder abuse should be treated as a form of family violence and encompassed in policy responses to this issue, while others contend that elder abuse warrants a distinct response (Clare et al, 2009; Dow and Brijnath, 2019).

**Impact of Abuse**

Elder abuse may lead to pain, injury, hospitalization, disabling injuries or impairments, prolonged convalescence and premature death (Dean, 2019; Joosten et al, 2015B), while psychological consequences may include anxiety, depression, fear, feelings of worthlessness and despair, often accompanied by declining health and diminishing ability to manage personal care (Kaspiew et al, 2016).

An example of abuse, likely to have occasioned both physical and psychological harm, is given in the report of the Royal Commission into Aged Care Quality and Safety (2021), which recounts the testimony of a student at an aged care facility, who witnessed the abuse of an older patient: "One of the staff was trying to undress a very frail lady who only weighed about 45kgs. Her night dress was literally being yanked off her. The lady was wincing in pain and was thrown around like a rag doll. Arms and legs were flying in all directions and she was picked up and literally thrown down on the bed. All the time she was yelled at. The lady was whimpering like a wounded animal."

Evidence of abuse or neglect in older people varies widely. Psychological signs may include a dwindling interest in activities which they normally enjoy, withdrawal, agitation, anger, depression or fear. Physically, evidence of abuse may include declining personal hygiene or care; physical deterioration, such as the development of bedsores; signs of inadequate nutrition such as weariness, susceptibility to cold, thinning of the skin or hair loss; declining mobility or vitality; and unexplained trauma such as bruises, scars or burns, or signs of having been restrained. Circumstances such as unpaid bills - despite seemingly having sufficient financial resources - may suggest the possibility of financial abuse (National Institute on Ageing, undated; Nursing Home Abuse Centre, undated).

**Prevalence of Elder Abuse**

Overseas measures and estimates of the proportion of older people who have experienced elder abuse, vary widely, in the range of 2% to 18% (Lacey et al, 2017; Adler and Centofanti, 2016; Kaspiew and Carson, 2018; World Health Organization, 2020; Council of Attorneys General, 2019; Dow and Brijnath, 2019), and in any case, should be interpreted with circumspection, since they may not reflect Australian conditions (Dean, 2019).

Australian investigations though, have also produced a variety of estimates, ranging from 2.3% to 10% among a selection of inquiries surveyed here (Lacey et al, 2017; Clare et al, 2009; Baker et al, 2016; Kurrle and Naughtin, 2008; McCallum, 1994, Sadler, 1994; NSW Task Force on Abuse of Older People, 1992 - cited in James, 1994).

Unfortunately, such studies often differ from each other in the source of their information (as for instance, population surveys, reports made to a helpline or formal complaints), the range and type of incidents counted (some omit particular kinds of abuse owing to difficulties in inquiring about, or documenting, such incidents), the ages of the older people investigated, whether they are documenting abuse *ever experienced* or only incidents *in the past 12 months* or so, and in the inferences used to generate their conclusions. Such discrepancies in the manner in which research is conducted make it difficult to interpret these findings.

A more rigorous study though, was the 2014 Australian Longitudinal Study of Women's Health, which, alone among the research reviewed here, traced the experience and circumstances of individual Australians, over time. Among 5,561 people born between 1921 and 1926 - and aged 85-90 when interviewed in 2011 - 8% stated that they had experienced abuse, chiefly psychological or emotional. This percentage is equivalent to 86,000 older people in Victoria in 2021.

More recently, the 2020 National Elder Abuse Prevalence Study Phone was Commissioned by the Commonwealth Government, featuring phone interviews of 7,000 Australians aged 65 years or more and living in the community, and was the first large-scale Australian study of the prevalence of elder abuse. Approximately one in seven (14.8%) of older people who participated in the survey stated that they had experienced abuse in the past year, including 15.9% of women and 13.6% of men - the equivalent to approximately 600,000 Australians.

*Prevalence in Institutional Settings*

Evidence suggests that rates of abuse in institutional settings may be substantially higher than in the community (World Health Organization, 2020), though most formal reports tend to under-estimate its prevalence.

In 2014 approximately 1% of aged care patients in Australia were the subject of reportable physical or sexual assault (Adler and Centofanti, 2016). Such figures though are likely to be a marked underestimate, as elder abuse includes a wider range of incidents than those to which mandatory reporting applies, and many older people are wary of, or effectively unable to, report institutional abuse in any case (Adler and Centofanti, 2016; (Australian Law Reform Commission, 2016; Pagone and Briggs, 2021).

A more realistic measure of the true prevalence of elder abuse is furnished by the findings of an Australian survey of residents of aged care facilities, which recorded a prevalence 39% (Royal Commission into Aged Care Quality and Safety, 2020) – the equivalent of nearly 700 older people in Greater Dandenong[[1]](#footnote-1). This too, may understate the actual prevalence of abuse however, for the Commission concedes that inquiries about financial, social and sexual abuse were omitted in the survey.

*Prevalence by Type of Abuse*

Among some studies, psychological and financial abuse are the more prevalent forms of abuse (Adler and Centofanti, 2016; World Health Organization, 2020; Australian Longitudinal Study of Women’s Health, 2014).

A random phone survey of 1,158 South Australian residents aged 65 years or more, 58% of those who stated that they had been abused reported experiencing psychological abuse, 22% financial, 12% physical, 5% neglect, 3% sexual abuse and 0.9% social restrictions (Lacey et al, 2017) (diagram, right).

Psychological abuse was also the most common type of abuse reported by older members of the community in the Australian Longitudinal Study of Women's Health (Australian Longitudinal Study of Women’s Health, 2014).

In their review of 2,385 calls to the state-wide Seniors Rights Victoria Helpline, relating to abuse, in the period 2012-2019, Joosten et al (2020) report that nearly two-thirds (62%) of callers were experiencing psychological abuse and the same proportion reported financial abuse. The authors surmise that neglect and sexual abuse – each reported by just 1% of callers – may generally be brought to the attention of alternative services or else are unreported.

The 2020 National Elder Abuse Prevalence Study found that psychological abuse was by far the most common type of mistreatment experienced by older people.

Prevalence of abuse by type of abuse

(As some experienced more than one type of abuse, percentages exceed 100)

*The Rising Importance of Elder Abuse*

The proportion of the Australian population aged 65 or more rose from 5% in 1927, to nearly 17% at present, and a forecast level of 24% by 2070 (Dean, 2019; Dept. Environment, Land, Water and Planning, 2017). Therefore, regardless of the actual prevalence of elder abuse, the rising proportion of the Australian population which is aged over 65 years will make this issue a concern of increasing magnitude and importance (Clare et al, 2009, Dow and Brijnath, 2019).

**Characteristics of People who Experience Abuse**

Investigators have inquired into the extent to which the prevalence of the abuse of older people differs with age, gender, birthplace, household composition and other circumstances.

*Age*: The limited amount of information which has emerged from Australian inquiries indicates that the average age of people who experience elder abuse may be approximately 80 years, with one investigation of helpline callers finding that 67% were aged in the range 70 to 90 years (Joosten et al, 2020), while an inquiry into financial abuse by State Trustees reported an average age of the older people who formed the subject of their investigation, of 81 years (Wainer et al, 2021).

The recorded prevalence of abuse *declined* with increasing age in the National Elder Abuse Prevalence Study, from 20.3% of people aged 65 to 69, to 9.4% of those aged 85 or more. However, authors of the report cautioned that the fall in recorded prevalence of abuse with age may not accurately portray the true state of affairs, since more infirm people – who tend to be older – may be less well represented in the survey due to practical difficulties in contacting them or enlisting their participation; a lesser tendency to recognize or perceive behavior as abusive; and, as older, more dependent, people, a greater reluctance to disclose abuse by a person who is a source of indispensable support. If it were supposed that indeed, the proportion of older Australians who had experienced abuse during the previous 12 months actually does not decline with age, but is similar to the rate recorded among 65 to 69 year-olds, then the estimated rate of abuse would rise to approximately 20%. If, on the other hand, the true prevalence of abuse actually *rises* with age, then this actual prevalence of elder abuse would be higher.

*Gender*: Surveys and the experience of support agencies consistently show that women account for most victims of elder abuse (American Psychological Association, 2021), perhaps two-thirds, according to some estimates (Adler and Centofanti, 2016; Joosten et al, 2015), due largely to their greater numbers among the older population (Kaspiew et al, 2016; Dow and Brijnath, 2019). The predominance of women among victims of elder abuse approaches their representation among the older population - of two-thirds of Victorians aged 85 years or more in 2020 (Australian Bureau of Statistics, 2021) - making the actual risk of women or men experiencing such abuse similar.

This pattern echoes the finding of a 2020 analysis of calls to the Senior Rights Victoria Helpline, which found that 72% were women - a figure which only slightly exceeds their representation among the older population. The authors of the report concluded that “...gender inequality is not always the primary driver of such abuse.” (Joosten et al, 2020).

The National Elder Abuse Prevalence Study found that 15.9% of older women and 13.6% of men stated that they had been abused. The prevalence of psychological and sexual abuse, as well as neglect, was slightly higher among women.

*Birthplace*: An analysis of calls to the Senior Rights Victoria Helpline, found that 48% were overseas-born (Joosten et al, 2020), matching the representation of such residents among the Victorian population aged 65 years or more, of 47% (Australian Bureau of Statistics, 2017A).

*Household Circumstances*: A substantial proportion of people experiencing elder abuse live with the perpetrator. A 2020 analysis of Senior Rights Victoria Helpline calls determined that approximately one-third (36%) of victims were residing with their abuser (Joosten et al, 2020), while an earlier review of calls received in the period 2012-14, concluded that more than half of the people reporting, physical, social, emotional or psychological abuse were living with the perpetrator, though most reporting financial abuse were not (Joosten et al, 2015).

*Other Conditions*: The 2020 National Elder Abuse Prevalence Study found that an elevated risk of abuse was associated with a range of conditions:

* *Limited formal education*: chiefly in relation to sexual or psychological abuse
* *Low income and socioeconomic status*: at 17% among most disadvantaged and 12% among the least
* *Renting accommodation*
* *Being divorced*
* *Poor health*: with a prevalence of 20.8% among those with ‘poor’ or ‘fair’ health, compared with 11.3% among those with ‘excellent’ or ‘very good’ health
* *Disability*: 20.6% of those with a disability or long-term health condition and 9.8% of others
* *Limited social support or contact with family and friends*: 17.8% among those who see family less often than once a week, compared with 13.7% of those who have face-to-face contact at least a few times a week.

*Perpetrators*: These may include family members - including spouses, children and others - friends, formal or informal carers, health professionals. (Dean, 2019), though practical experience shows that family members – chiefly adult children (American Psychological Association, 2021) form the majority of perpetrators of abuse in community settings (Adler and Centofanti, 2016). This trend appears to be confirmed by formal investigations: a 2020 analysis of calls to Senior Rights Victoria helpline found that 91% of perpetrators were family members; among them: sons (39%), daughters (28%), partners (10%), as well as in-laws and grandchildren (Joosten et al, 2020).

Similarly, friends, children (including in-laws) and partners accounted for nearly half of the perpetrators of abuse, in the findings of the 2020 National Elder Abuse Prevalence Study.

Relationship of older person to perpetrator

For neglect and physical abuse, partners and children were the main perpetrators; for financial abuse the son or daughter; and for sexual abuse friends were the largest category of perpetrator.

Perpetrators were largely middle-aged, not employed, living with the older person, and often had serious personal problems. Their main characteristics included:

* similar proportions of males (55%) and females (45%)
* over half (52%) aged 35 to 64 years
* more than half (53%) not employed
* over three-quarters (77%) living with the older person; and
* nearly half (46%) had mental or physical health concerns, issues relating to alcohol or other drugs, finances, family or gambling, or other personal problems, according to the survey participants.

**Risk Factors for Elder Abuse**

Circumstances associated with elevated risk of abuse to older people include physical or cognitive impairment, social isolation, current or past family conflict, poverty, homelessness and others.

*Poor health*: Frailty, poor health and cognitive impairment are among the conditions identified as being associated with a high risk of abuse (Joosten et al, 2015B; Dow and Brijnath, 2019; Kaspiew et al, 2016). A further risk factor is family discord or conflict, including a history of family violence preceding an older person's decline in health (American Psychological Association, 2021; Adler and Centofanti, 2016; Dean, 2019), which may exacerbate the stress experienced by a relative in their caring role (World Health Organization, 2020).

*Social isolation*: Often associated with loss of contact with friends, owing to declining health and mobility (Adler and Centofanti, 2016; Joosten et al, 2020), social isolation may expose older people to a higher risk of exploitation and make them less able to secure assistance from others (Kaspiew et al, 2016). Indeed, Johannesen and LoGiudice (2013) concluded that: "...relationship quality and social supports are the principal factors influencing the risk of abuse."

*Living circumstances*: Residing in the same home as the abuser may also accentuate risk (World Health Organization, 2020), with an analysis of reports of abuse documented by the Victorian Senior Rights Helpline in 2012-2014 revealing that, while 28% of abuse was inflicted upon older people living with a son or daughter, only 7% of older Victorians live with their children (Joosten et al, 2015), with the implication that living with an adult child may entail a four-fold increase in the risk of abuse for an older person.

*Financial hardship*: Further risk factors include poverty, financial stress and homelessness (Dean, 2019; Dow and Brijnath, 2019) as well as lack of familiarity with potential sources of assistance or support (Joosten et al, 2020).

*Culture*: Circumstances relating to culture or to settlement experiences, may also exert an influence upon the likelihood of an older person being exposed to abuse, with World Health Organization (2020) contending that a lower value and status accorded to women in some cultures increases the likelihood of abuse. Limited English fluency – most prevalent among older people – (Australian Bureau of Statistics, 2017C) - may predispose to social isolation and dependence upon family members (Dean, 2019; Dow and Brijnath, 2019). Joosten et al (2015B) therefore urge that efforts be made to learn more about the interaction of culturally-specific values and patterns of behavior, with elder abuse.

*Gender*: Gender may also be a risk factor, since women account for the majority of victims of elder abuse. However, as evidence reviewed earlier shows, the disparity appears to be largely due to the higher population of women among older people. Accordingly, Joosten et al (2015B) observe that as men form a substantial proportion of the victims of elder abuse, such acts are not "as starkly gendered as family violence”.[[2]](#footnote-2)

*Risk Factors among Perpetrators*

Circumstances which increase the likelihood of an individual abusing an older person include poor mental health, and drug- or alcohol-related problems (Adler and Centofanti, 2016). Financial difficulty or dependence upon the older person for financial support or housing - often related to unemployment, mental health concerns or gambling - may also accentuate the risk of abuse (Kaspiew et al, 2016; Joosten et al, 2020), particularly that of a financial nature. Dean (2019) describes 'inheritance impatience' where the children of an older person employ deceptive or otherwise improper means to acquire their ageing parents' assets.

Dysfunctional family relationships, often long-standing, may increase the risk of abuse. An example is an elevated risk of abuse of their mothers by adult daughters who had been neglected or abused in childhood reported by Joosten et al (2015B).

Many carers experience acute physical or psychological stress, often related to a heavy burden of care, including care of people with dementia (Teel and Press, 1999; Brodaty, 2009; Brodaty and Gresham, 1989), which for some, may result in a decline in their quality of care or abusive behavior (Power, 2020; Dean, 2019).

Evidence concerning gender as a risk factor for abuse does not paint a clear picture, with some evidence pointing to a higher incidence of abuse by males than females (American Psychological Association, 2021; Joosten et al, 2020) while other inquiries have produced no such finding (Johannesen and LoGiudice, 2013). The gender of perpetrators may vary with type of abuse, Adler and Centofanti (2016) reporting that men account for most perpetrators of physical and psychological abuse while women account for the majority in cases of financial abuse and neglect.

*Risk and Institutional Conditions*

Within institutions, conditions such as poor standards of health care; insufficient, ill-trained, poorly remunerated and carelessly selected staff; inadequate resources; and management resistance to efforts to prevent, expose and respond to abuse, may contribute to abuse by staff and other patients (World Health Organization, 2020, American Psychological Association, 2021, Nursing Home Abuse Centre, undated).

The World Health Organization (2020) adds that a particular risk factor for abuse is "...policies which serve the institution and not the individual". Notably, of one of many instances of abuse described to the Royal Commission into Aged Care Quality and Safety, the authors of its report remark that: "...beyond the indignity and criminality of the assaults committed against her father, Ms. Hausler had to contend with an organization determined to avoid accountability for its actions" (Pagone and Briggs, 2021). Similarly, a 2017 review of one aged care facility exposed “deliberate attempts by staff at the facility to conceal the true physical state of the facility and the care being provided” (Martin, 2019).

*Societal Conditions*

Some of the conditions which predispose to elder abuse may occur against a backdrop of societal attitudes which ascribe lower status and worth to older people, thereby contributing to conditions where those responsible for providing care do not understand the existence or impact of abuse, then neglect such incidents or fail to act when it is exposed (Council of Attorneys General, 2019; Kaspiew et al, 2016). Some propose efforts to increase levels of engagement of children, young people and others, with older people, as a basis for building trust, fostering mutual respect, sharing insights and inspiring confidence in older people (Government of South Australia, undated).

The report of the 2020 Royal Commission into Aged Care Quality and Safety concluded that governments too, are implicated, remarking that “It is impossible to escape that melancholy conclusion that aged care services and the people who receive them have simply not been seen as a priority by successive Australian Governments.” (Pagone and Briggs, 2021).

**Patterns of Reporting and Help-seeking**

In the findings of the 2020 National Elder Abuse Prevalence Study, approximately a third (36%) of the older people who had experienced abuse, sought help. The proportion who sought assistance ranged from 50% among those enduring physical abuse, to 20% of those experiencing neglect. Most requests for assistance were directed to family or friends.



People or agencies approached for assistance to prevent abuse

(Some people approached more than one person or agency, with the result that these percentages exceed 100)

It has been seen that about a third of the older people who participated in the survey sought help from *an external individual or agency* in relation to their experience of abuse. However, over four-fifths (82%) took some kind of action to stop the abuse, including speaking to the perpetrator (53%), breaking contact with them (42%), having a family member or friend speak to the person on their behalf (20%), withdrawing from social life (13%), seeking mediation or counselling (9.9%), obtaining legal advice (8.9%), having a medical professional speak to the person on their behalf (9.4%) and imposition of a restraining order (3.8%).

Most older people reported that their efforts were effective in ending the abuse, often finding that discussions with the perpetrator provided them with the means to resolve their concerns.

In about a third of instances though, the abuse was not curtailed, with the perpetrator unreceptive or unsympathetic to their concerns, inflexible, or afflicted with mental health, drug or other conditions.

Faced with these circumstances, many older people found that suspending their involvement with the perpetrator seemed a more feasible option. For some older people though, this did not end the abuse or else resulted in their estrangement from family members.

**Barriers to Reporting of Elder Abuse**

A variety of circumstances may deter or prevent an older person from reporting abuse or seeking assistance. Among these barriers are concerns about harming a family member, such as a child or spouse; feeling of responsibility for the actions of the perpetrator; shame or embarrassment; and the perception that the abuse is a private matter (Joosten et al, 2015B; Dean, 2019; Dow and Brijnath, 2019; Dow et al, 2020).

Retaliation is a further deterrent, for a highly dependent person may not easily escape their assailant, nor feel assured of the intervention of others. The report of the 2021 Royal Commission into Aged Care Quality and Safety relates the testimony of an aged facility staff member concerning sexual abuse: "...she was repeatedly subjected to sexual assault by the night staff. She was so terrified of them that she would not tell me at first about what was happening. The men involved had threatened to kill her if she spoke about what they were doing." (Pagone and Briggs, 2021). In other instances, older people may receive less favorable or timely assistance, as retribution for complaining about their treatment (University of Wisconsin, 2016).

In addition, some older people may be concerned that disclosing abuse may lead to a withdrawal of care, upon which they are critically dependent (Kaspiew et al, 2016). Byrnes et al (2021) observe that "...cessation of elder abuse may be seen...as a desired outcome” yet "…may be perceived as an extremely undesirable outcome by an elder abuse victim who prefers to remain at home.”

Many older people may also be unable to report abuse, owing to physical or cognitive limitations (Dow and Brijnath, 2019; Kaspiew et al, 2016) or lack of awareness of the sources and nature of available assistance (Joosten et al, 2015B). This is scarcely surprising since, as Dean (2019) observes, reporting processes are "...complex and confusing both for members of the community and professionals." Moreover, as Kay Peterson, Aged Discrimination Commissioner at the Australian Human Rights Commission comments, people experiencing abuse at home have no staff members around to report the incident, as is sometimes the case in institutional settings (cited in Pagone and Briggs, 2021).

**Services to Address and Prevent Elder Abuse**

*Support for People Experiencing Elder Abuse*

A variety of services are available to assist older people who are experiencing abuse in community or institutional settings. These include phone helplines; specialist elder abuse legal services; health, social and other workers; specialist police law enforcement staff; family support services; and others.

In the provision of personal support to a person who is experiencing abuse, commentators favour an individualized approach, tailored to the needs of each individual, the specific types of abuse involved, the risk factors relevant to their circumstances, and their relationship to, and behavior of, the perpetrator (World Health Organization, 2020; Dean, 2019; Wilson and Micucci, 2003; Adler and Centofanti, 2016). Such an outlook recognises the often complex and labile circumstances associated with each instance of abuse (Joosten et al, 2015B; Vrantsidis et al, 2016).

Professional collaboration may also form an important ingredient of effective responses to abuse. Individual counselling is held to be beneficial (Alon and Berg-Warman, 2014), with a collaboration of social and health workers more effective than either operating alone (Joosten et al, 2015B).

Some draw attention to the possible benefits of interventions designed to improve family relationships, such as family mediation, (Dow and Brijnath, 2019), though Dean (2019) maintains that the efficacy of mediation, and family care conferences or counselling, is not yet supported by evaluations.

A further type of support, recommended by some experts, is the provision of financial management training to older people, to help protect them from financial abuse (Dean, 2019).

Other writers add that among the range of circumstances particular to each instance of abuse, cultural circumstances should be considered - as for example, the role of collective decisions making in some families (Joosten et al, 2015B) or the level of community participation in such matters favored among some indigenous communities (Dow and Brijnath, 2019).

Screening of older people for risk of abuse is also proposed (Adler and Centofanti, 2016; Dean, 2019), though Dow and Brijnath (2019) caution that such efforts would entail challenges, including their cost, the need for training in discerning signs of abuse, and the need to overcome institutional reluctance to report abuse.

Regardless of the type of support or other intervention involved, the importance of providing the means for older people to take their own informed decisions about abuse is a principle widely echoed among the views of experts in this field (Vrantsidis et al, 2016; Clare et al, 2009; Council of Attorneys General, 2019; Australian Law Reform Commission, 2017; Victorian Department of Health, 2009).

*Support for Caregivers*

Some programs are focused upon relieving stress experienced by caregivers, and feature respite care, assistance with housekeeping, carer support groups, stress management and other assistance (Dean, 2019; World Health Organization, 2020).

*Intervention for Perpetrators*

Counselling or psychological support for perpetrators, to enhance their coping skills and improve their management of anger, are proposed as further means to address elder abuse (World Health Organization, 2020; Joosten et al, 2015B). Evidence emerging from evaluations of such programs offers little encouragement though. Baker et al (2016) refer to the findings of an investigation of perpetrator support program featuring support groups, anger management and counselling, which concluded that the program enhanced the knowledge of caregivers but did not improve their behavior. A further inquiry, concerning an eight-week psychological and educational program for perpetrators, also failed to discern any reduction in levels of abuse (Panayioutiou et al, 2018).

Relevantly, Jackson (2016) emphasizes that responses to abuse should “…acknowledge the variations in perpetrator culpability and recognize the continuum of complexity among these cases.”

*Professional Training*

Professional training to enhance the capacity of staff employed in providing care to provide sensitive, competent care, and to detect and respond to elder abuse, is endorsed by some commentators (Australian Law Reform Commission, 2016; Clare et al, 2009). Proposed features of such training include incorporation of relevant information into tertiary courses; clinical rotations which provide an opportunity for meaningful engagement with older patients; online education; the preparation of referral guides; and the establishment of elder abuse networks (Human Rights Commission, undated; Adler and Centofanti, 2016; Clare et al, 2009).

One study found that a professional education program improved detection of elder abuse by workers (Baker et al, 2016), though an inquiry into the effectiveness of professional development programs yielded equivocal evidence about their impact upon the actual conduct of health and aged care workers (Ploeg et al, 2009). It is possible that the efficacy of such training may depend not merely upon the nature of the training itself, but upon accompanying circumstances such as the resources and efforts of the aged care provider to achieve proper standards of care.

*Evidence concerning Supportive Practices*

The available evidence does not appear to clearly identify effective practices. A further review found limited evidence about the effectiveness of a variety of interventions, and where sufficient evidence was provided, it appeared that such efforts did not reduce the incidence of abuse and in some instances, may have actually aggravated it (Ploeg et al, 2009).

A contributing factor may be the indifferent quality of evaluations. One inquiry identified only seven evaluations which met a sufficient standard (Baker et al, 2016), and another concluded that it was difficult to draw any firm conclusions about the effectiveness of any of a range of interventions, based on their evaluations (Joosten et al, 2015B).

One obstacle to rigorous assessment of interventions is the ethical difficulty of instituting control groups – that is, groups of older people who receive no intervention, as a point of comparison to those who do receive assistance; while another is the practical challenge of securing the participation of older people in research (Dow and Brijnath, 2019) - a condition which often precludes the selection of a representative sample for research.

Reflecting upon the paucity of evidence, Baker et al (2017) observe: “Overall, the quality of the evidence available for decision-making is very low and there is little to guide practice. …front-line agencies be supported in undertaking comparative evaluation of their services. In light of these considerations, some experts offer the suggestion that research be conducted into the effectiveness of interventions to prevent and address elder abuse, to provide a firm foundation for policy and practice in this field (Byrnes et al, 2021; Joosten et al, 2015B; Wilson and Micucci, 2003; Australian Law Reform Commission, 2017).

**Government Responses and Proposed Reforms**

In 2003, the Office of the Public Advocate declared that insufficient efforts were being made to address elder abuse, and in its report, ‘Elder Abuse: a hidden problem’, urged a whole-of-government approach to the issue (Office of the Public Advocate, 2003).

In 2005, the State Government released the report, ‘Strengthening Victoria’s Response to Elder Abuse’ (Victorian Government, 2005), recommending improved collaboration, strengthened service responses, professional education, and the establishment of a state-wide information service – established in 2008, and drawing attention to the need for specialist legal services for older people.

In the following year, the Elder Abuse Prevention and Response Initiative was established to focus and co-ordinate its responses to elder abuse. Senior Rights Victoria was established two years later to provide advice and referrals, advocacy for individuals and legal assistance.

A subsequent report ‘With respect to age: Victorian Government practice guidelines for health services and community agencies’, released in 2009, sought to improve detection and responses to elder abuse by professionals involved in the care of older people, and recommended that the leading role in co-ordinating a whole-of-government response be assigned to the Department of Planning and Community Development – echoing a recommendation in the 2005 report; that a community awareness campaign be conducted; that a service be established to provide phone support and referrals; and proposing a variety of steps to improve collaboration of prevention and response services, participation of older people in community life and research about elder abuse (Victorian Department of Health, 2009).

The Victorian Government Elder Abuse Strategy encompasses some of these proposals, featuring efforts to reinforce the importance and impact of elder abuse, upon the public and service providers; the production of practice guidelines for service providers; and supporting older people and agencies to respond to abuse, including a grants program.

At a federal level, the National Plan to Respond to the Abuse of Older Australians 2019-2023 includes the conduct of a national prevalence survey and evaluation of current programs; and features measures to inform the public about elder abuse; improve access to information among professionals in this field; strengthen services which respond to abuse; and align and fortify financial protections for older people (Council of Attorneys General, 2019).

However, commentators claim that more needs to be done to prevent, detect and respond to, elder abuse.

*Consistent, National Approach*

Some propose a coordinated, national approach to elder abuse - suggesting a national policy framework and federal government agency be established (Dow and Brijnath, 2019; Royal Commission into Aged Care Quality and Safety, 2021; Adler and Centofanti, 2016; Australian Law Reform Commission, 2016). In addition, Clare et al (2009) for example, propose a system to properly assess risk, record relevant information on an inter-agency database, then ensure that services collaborate to ensure that vulnerable older people receive the support they require.

Strengthening of service delivery is also endorsed (Council of Attorneys General, 2019), with Dow and Brijnath (2019) urging the adoption of residential care policies to 'define and improve standards of care'.

*Financial Law Reform*

Improved laws and processes are proposed, to strengthen protection of the financial interests and autonomy of older people. These include federal legislation to establish uniformity in enduring powers of attorney, coupled with a system for registering such arrangements, and steps to better inform older people and those acting on their behalf, of their respective rights and obligations (Clare et al, 2011; Council of Attorneys General, 2019).

*Inspection and Accreditation of Aged Care Facilities*

Martin (2019) cites the opinions of experts that audits merely require facilities to record details concerning their activities, which are not necessarily accurate in any case. She gives the example of one facility which met all 44 required standards, according to the report it submitted. However, following an incident it was inspected more closely, extensive defects were exposed, and it was shut down.

Instead, industry experts that more weight should be placed upon the results of unannounced inspections, conducted at any time of day, and interviews with staff and residents. For instance, Steven Curana, an inspection and research officer for the Office of the Western Australia Inspector of Custodial Services, states that aged care residents, their families and staff are often reluctant to report abuses or substandard care owing to concerns about punishment of patients or termination of employment. He maintains that inspections on the other hand, push past “...mere compliance with standards and regulations, to identify those issues that are not easily quantifiable” (cited in Gregoire, 2019). New Zealand High Court Judge Dame Lowell Goddard concurs, denouncing the ‘“tick box approach” as one which reveals little of the culture of an aged care facility, or of “how people are actually being treated” in such a closed environment.

*Law Reform and Enforcement*

Several Victorian laws relate to elder abuse, providing a basis, at least in theory, for the prosecution of alleged perpetrators, when such a course of action appears warranted.

The *Aged Care Act 1997* Section 54-3(2) states that reportable incidents in residential care or ‘flexible care provided in a community setting’ include unreasonable use of force, unlawful sexual contact, ‘psychological or emotional abuse, unexpected death, ‘stealing …, or financial coercion, neglect, use of physical or chemical restraint. Under the Crimes Act, 1958, causing serious injury, either intentionally, recklessly or negligently (S. 16, S. 17 and S. 24 respectively), intentionally causing injury, assault, sexual assault (S.40), conduct endangering life (S.22), theft (S.72), and fraud (S. 80-83), for example, are already crimes.

The *Summary Offences Act 1966* also identifies relevant offences, such as assault (S. 23, 24).

However, Senior Rights Victoria (undated) observes that cases of alleged elder abuse are seldom prosecuted due to difficulties in meeting the standard of proof and low rates of conviction. In 2009-2010, 1,488 assaults were recorded on aged care residents in Australia of which 80% were physical assaults or entailed ‘unreasonable use of force’, 19% sexual and 1% were both; and this figure grossly understates the true incidence of elder abuse, for reasons given earlier. However, only 13 people had been convicted of violence within aged care settings from 2007-10, when compulsory reporting came into effect (Office of the High Commissioner, undated). At the same time, Senior Rights Victoria (undated) adds, police often treat elder neglect as a low-level offence, and may perceive financial abuse as a civil matter, obliging the victim to seek a legal remedy at their own initiative. It instead favors mandatory reporting by police of elder abuse, continued involvement of police specialist units in such matters, and improved collection of forensic evidence to support more strenuous prosecution for elder abuse.

*Access to Advice and Support*

Advice and support for older people is mentioned as a priority, with elder abuse hotlines such as the Senior Rights Hotline cited as an essential resource for older people (Adler and Centofanti, 2016; World Health Organization, 2020; Australian Law Reform Commission, 2016).

Further efforts though, may be required to more inform older people of their rights and available sources of assistance. An analysis of reports received of elder abuse in the Victorian Senior Rights Helpline for the period 2012-2014 disclosed that about a quarter of those reporting abuse lacked information about their rights and options (Joosten et al, 2015). Moreover, the proportion of those older persons who are acutely dependent upon care, and therefore unaware of, or unable to call such a helpline in the first place, may be substantially higher than this figure.

*Public Education*

Several writers propose a public education campaign to increase familiarity with the nature of elder abuse (World Health Organization, 2020; Adler and Centofanti, 2016; Clare et al, 2011) and thereby improve the detection and alleviation of abuse, while elevating the status of older people in the public mind (Australian Law Reform Commission, 2017; Council of Attorneys General, 2019) – a condition presumably intended to contribute to their protection. A step in these directions is forthcoming, with the Australian Institute of Family Studies (2021) presently conducting a survey concerning "…knowledge of elder abuse, attitudes to older people and the extent to which participants in the survey provide assistance to older people".

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1. Based on the number of residents recorded in the 2016 Census as residing in ‘accommodation for the aged or retired’ or in ‘nursing homes’. (Australian Bureau of Statistics, 2017B) [↑](#footnote-ref-1)
2. Of which approximately three-quarters of victims are women (Australian Bureau of Statistics 2017; Victorian Crime Statistics Agency, 2020) [↑](#footnote-ref-2)