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Bagshaw, D., Wendt, S., & Zannettino, L., 2009. Preventing the abuse of older people by their family members. Australian Domestic & Family Violence Clearinghouse Stakeholder Paper, 7, 1-16.

PREVENTING THE ABUSE OF OLDER PEOPLE BY THEIR FAMILY MEMBERS

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INTRODUCTION

In Australia, the abuse of older people was recognised by some health professionals as a problem in the late 1980s but there is still a general lack of professional and public awareness, underreporting and poor recognition of the problem by many service providers in spite of nearly two decades of overseas research which has confirmed its significance as a social, medical and legal problem (Kurrle 2004). The increasing ageing population in Western societies and increased demand for family care-giving are likely to contribute to a rise in all forms of abuse of older people (Walsh *et al*. 2007). Globally, the proportion of people aged sixty years and older is expected to double in the next fifty years, with older women outnumbering older men (United Nations Economic and Social Council 2002). The factors contributing to the increase in the abuse of older people in Australia include: increasing numbers of older people in the next 15 years, in particular people aged seventy-five years and above; increasing longevity and increasing numbers of people with dementia (Report of the Elder Abuse Prevention Project 2005, p.14).

The causes of abuse of older people are complex and multifaceted, and may encompass physical, psychological, social, medical, legal and environmental factors and multiple systems. Recent South Australian research identified many barriers older people face in reporting abuse and in fleeing abusive situations, including: diminished cognitive capacity; mental or physical disability; restricted mobility; lack of awareness of what constitutes abuse; lack of knowledge of their rights or resources; social isolation or fear of alienation; the need to preserve a relationship; dependency on others; stigma and shame; literacy and language barriers; religious, generational and cultural barriers; fear of reprisal from the abuser; and a perceived or actual lack of options or access to services (Bagshaw, Wendt & Zannettino 2007). Abuse of older people requires psychological, medical, social, political and legal interventions and actions (Wolf 2000; Kurrle 2004).

Due to the complexity of the issue, we argue that when considering policy and practice responses to the abuse of older people by their family members, there needs to be increased dialogue between the domestic violence sector and the ageing sector in Australia, as the dominant approaches to research, definitions and intervention can differ markedly and lead to inadequate and inconsistent responses (see

Bagshaw & Chung 2000). In North America, since the 1990s, there has been a major paradigm shift from protection to empowerment of older people at risk of abuse, which has drawn from the fields of domestic violence and victims' rights, and stresses that 'elders, including those with diminished capacity, have the right to live free of abuse, neglect, and exploitation, while maintaining their autonomy' (Nerenberg 2008, p.5). Conventional understandings of domestic violence, research and practice draw attention to the power and control dynamics operating in abusive relationships and to the social, economic and cultural barriers that some victims face (Nerenberg 2008).

This paper provides a brief overview of the international and national literature addressing the abuse of older people by family members and focuses on definitions and understandings of this abuse, the types, prevalence and the nature of the abuse, the links between domestic violence and abuse of older people, and the effects of abuse on older people. The aim of the paper is to briefly summarise some of the key issues identified in the literature, including the impact of ageism, gender, rurality and culture on the abuse of older people by their family members, and to identify some best practice approaches and principles for early intervention and prevention.

The gendered nature of the abuse of older people is still relatively invisible in Australia in spite of evidence from the Australian Bureau of Statistics (2006) that one in four women who have experienced an incident of physical violence is aged 45 years and older, a finding supported by other Australian research (e.g. Morgan Disney & Associates 2000). Until recently, the family violence sector has tended to focus on younger women and their dependent children and has not paid as much attention to older women experiencing ongoing domestic violence. In addition, the dominant definitions of 'elder abuse' in the ageing sector do not draw from feminist explanations of family violence and do not address issues of gender, power and control (Bagshaw, Wendt & Zannettino 2007). Morgan Disney and Associates (2000) explored the frameworks used to explain domestic violence and the abuse of older women and raised concerns about the tensions between the two fields

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of research, which offer different explanations and, therefore, different responses to family violence. Bagshaw and Chung (2000) raised similar concerns about the gender politics reflected in different theoretical approaches used to explain and respond to family violence. In this paper, the authors strongly recommend that there be increased dialogue between the ageing and domestic violence academic, research, policy and service delivery sectors. Our premise is that each sector has important lessons to learn from the other.

Rather than using the term 'elder abuse' in this paper, wherever possible we use the phrase 'abuse of older people' as a mark of respect for the elders in our Indigenous communities.

DEFINITIONS AND TYPES OF ABUSE OF OLDER PEOPLE

In Australia, the age which determines when a person is defined as 'old' varies from 45 to 65 years depending on the researcher, organisation or service involved. For example, the Australian Bureau of Statistics' *Personal Safety Survey* (2006) selected 45 years and older, which reflects the lower life expectancy of Indigenous adults, however, the eligibility for the Commonwealth Government Age Pension is 65 years or older for males, and between 60 and 65 years for females, depending on when they were born[1] (Centrelink website, viewed July 2009 <http://www.centrelink.gov.au/>).

In the 1990s, Australian researchers came to a general consensus that the abuse of older persons involves harm 'by someone with whom they have a relationship involving trust' (which has been contested), and that the abusive behaviour may also be directed towards the older caregiver or abuse of the care-receiver (Helmes & Cuevas 2007, p.120). The most commonly used definition of abuse of older people has been developed by the Australian Network for the Prevention of Elder Abuse (ANPEA):

> Any act occurring within a relationship where there is an implication of trust, which results in harm to the older person. Abuse can include physical, sexual, financial, psychological, social and/or neglect (ANPEA 1999).

However, a review of the literature reveals many variations in definitions. Definitions can focus on the victims' vulnerability and dependence, mental illness, developmental disabilities, as well as the characteristics of the perpetrator. Mistreatment can involve an act of commission (abuse) or omission (neglect) which can be intentional, wilful, deliberate or malicious, or unintentional, benign, passive or recklessness (Glendenning 1997). Perpetrator behaviour can be labelled as abusive, neglectful or exploitative, depending on its frequency, duration, intensity, severity, consequences and the cultural context (for examples, see Biggs, Phillipson, & Kingston 1995; Nerenberg 2008; Wolf 2000).

There is a need to expand community and professional understandings of the various forms of abuse and to raise awareness that abuse of older people involves an abuse of power, which can give rise to fear and intimidation.

What the array of definitions show is that 'elder abuse' has been defined either by typologies of various kinds of abuse and neglect and/or by attempting to contextualise the abuse and neglect (Glendenning 1997). For example, physical abuse can include being hit, sexually assaulted, burned or physically restrained; while psychological abuse can include humiliation, insults, fear, or being treated like a child. Neglect can include passive neglect, which refers to older people being left alone, isolated, or forgotten and active neglect, which is the withholding of items that are necessary for daily living, such as food and medicine (Glendenning 1997). Medical abuse can include the inappropriate use of constraints and withholding or careless administration of drugs; social and environmental abuse can include a failure to provide human services and involuntary social isolation; and material or financial abuse can include misuse of property or money, theft, forced entry of an older person into a nursing home by a family member, financial dependence, and exploitation (Glendenning 1997; Kurrle 2004).

Australian researchers have found that the most common form of reported or suspected abuse of older people is financial abuse and the older person's adult daughter or son are most likely to be the abusers (Brill 1999; Cripps 2001; Boldy, Webb, Horner, Davey & Kingley 2002; Faye & Sellick 2003; James & Graycar 2000; James, Graycar & Mayhew 2003).

The misuse or abuse of power and control are rarely mentioned in definitions and discussions of abuse of older people, which is of major concern. Domestic violence research has shown that all forms of abuse are often interconnected and are part of a 'complex, shifting, kaleidoscope or mosaic' of abuse, often with the misuse or abuse of power and control at the centre (Bagshaw 2004, p.27). Bagshaw and Chung (2000) highlight that the failure to view family violence through a gendered lens ignores the social, political and economic context of family violence, in particular the structural inequality of power between men and women in intimate relationships, and can place many older victims who have experienced a lifetime continuum of family violence in a dangerous and fearful position. They note that attitudes to women, their status and position in society, social and cultural constructions of gender and gender roles, and the privacy accorded to home and family relationships, all act to prevent individuals, professionals and communities from recognising, disclosing and responding appropriately to family violence.

Australian research has demonstrated that it is likely that many members of the community may not have heard the term 'elder abuse' and/or are likely to only associate abuse with physical violence. Despite increasing awareness of abuse in families, non-physical forms of abuse are less likely than physical forms of abuse to be perceived by the public as 'domestic' or 'family violence' (Bagshaw *et al*. 2000). There is a need to expand community and professional understandings of the various forms of abuse and to raise awareness that abuse of older people involves an abuse of power, which can give rise to fear and intimidation (Bagshaw *et al.* 2000; Bagshaw 2004; Bagshaw, Wendt & Zannettino 2007). Public and professional education and other awareness-raising initiatives are necessary to help family, friends, neighbours, professionals and significant others in communities to recognise and respond appropriately to disclosures of abuse by family members, as older victims commonly report that they do not tell anyone because of fear, shame and embarrassment (Morgan Disney *et al*. 2000; Bagshaw *et al.* 2000).

THE PREVALENCE OF ABUSE OF OLDER PEOPLE

Different definitions of abuse of older people and different research methodologies make it difficult to measure prevalence, so the estimates are varied. Because of the hidden nature of abuse it is, therefore, unrecognised, unreported and hard to detect. While there are national surveys of victims of crime and violence (e.g. the ABS 2006 *Personal Safety Survey*), such surveys rarely focus on the experience of older people. Currently there is no central register of statistics for this group in Australia.

In their international review, Cooper *et al.* (2008) reviewed forty-nine studies that estimated the prevalence of abuse of older people or neglect, either reported by older people themselves, or by family and professional caregivers or investigated by using objective measures. They searched multiple databases to October 2006 and reported that in the general population, an estimated 6% of older people reported significant abuse in the last month and 5.6% of couples reported physical violence in their relationship in the last year. Significant abuse was defined as one abusive act occurring two to three times per month.

In studies involving dependent older people, that is, people aged 60 years and above who were partially dependent on a carer or were cognitively or physically impaired, nearly a quarter reported significant levels of psychological abuse. Significant levels were defined, using the Psychological Elder Abuse Scale, as endorsing more than 10 out of 32 items. 5% of caregivers reported physical abuse towards care recipients with dementia in a year.

Other studies suggest that people aged 65 years and over are most likely to report psychological and financial abuse - non-physical forms of abuse (Schofield *et al.*2002, p.25; Cohen *et al.* 2007). The Aged Rights Advocacy Service annual report for 2002–2003 supports this finding, reporting that that psychological abuse represented 33% and financial represented 36%, together comprising 69% of all alleged abuse; physical abuse comprised 13% and sexual abuse comprised 0.6% (see also Cripps 2001; Livermore *et al.* 2001).

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Australian and overseas studies have estimated that between 3 and 5% of older people aged 65 years and over and living at home suffer from various forms of abuse or neglect (Kurrle 2004, p.809). Similarly, the Australian Institute of Criminology found that '4.6% of older people are victims of physical, sexual or financial abuse, perpetrated by family members and those in a duty of care relationship' (Kinnear & Graycar 1999, p.1).

When looking at prevalence rates of abuse of older people, we can learn much from domestic violence research. Feminist, qualitative researchers have argued that while quantitative surveys that attempt to measure the incidence and prevalence of violence and abuse provide insight into the magnitude of the issue, they can mask the context and complexity of abuse, and in particular, do not account for attempts by a person to control another (see Bagshaw & Chung 2000). Power and control, fear and intimidation are difficult to measure quantitatively yet cannot be ignored in informing understandings of abuse.

Qualitative research is needed to explore older people's experiences of abuse so that the social and cultural context and the diversity of experiences can be recognised and appropriate responses can be tailored to meet the specific needs of individual victims and to address the behaviour and attitudes of abusers and bystanders (Bagshaw & Chung 2000).

ABUSE OF OLDER PEOPLE BY FAMILY MEMBERS

The majority of abusers of older people (80-90%) in Australia are close family members (Kurrle 2004, p.809). Kinstle, Hodell and Golding (2008) point out that adult children or other family members are most likely to provide the assistance required by the disabled or dependent elderly person and, although the vast majority of families provide their ageing parents or relatives with a safe haven, it is also true that family members perpetrate the majority of reported incidents of abuse of elderly individuals (Johnson 1995; Cripps 2001; Boldy *et al.* 2002; Cavanagh 2003).

Kurrle (2004) states that the personality of the abuser, psychopathology, alcoholism, drug abuse, psychiatric illness, cognitive impairment

or dementia, are major factors that contribute to abuse. Ramsey-Klawsnick (2000) points out that there are a variety of theoretical explanations for abuse of older people by their family members which give rise to various descriptions of the abuser; for example, an overwhelmed caregiver (situational model), a dependent elder or perpetrator (exchange theory), a mentally/emotionally disturbed person (psychopathology) or a person who experienced a childhood of abuse and neglect (social learning theory). Other explanations have focused on structural forces, such as the imbalance of power within family relationships (feminist), or the marginalisation of elders within society (political economic theory, social constructivism) (see Biggs, et al; 1995; Penhale & Kingston 1997; Wolf 2000; Ramsey-Klawsnik 2000). The overwhelmed caregiver, situational model, has been given the most attention.

Antezberger (2000) points out that caregiver stress and burden which arise from juggling multiple conflicting roles and a lack of resources have been regarded as major precipitating factors to abuse of older people. This explanation can be misleading as it brings with it empathy, understanding and a belief that a simple form of intervention will stop the abuse. However, it implicitly blames the victim for being too needy and relieves perpetrators of responsibility for abuse. Collusion by service providers with the perpetrator is more likely and interventions then focus on taking care of the perpetrator and ignore the safety of the victim (Antezberger 2000; Brandl 2000; Wolf 2000). It is important to engage with domestic violence theories and research to understand abuse of older people and to avoid simplistic medical labels and caregiver stress explanations.

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We argue that the aetiology of abuse of older people is complex, multifaceted, involves the exercise of power and cannot be divorced from its context. Therefore, in our research we draw upon a number of theoretical approaches including social ecology models (Bowes & Hayes 1999); critical theory (Allan *et al*. 2003; Fook 2002; Ife 1999) and post-structuralist feminist theories (see Bagshaw *et al*., 2000, Bograd 1996; Dobash and Dobash 1998; Weedon 1987) as, in combination, they focus attention on the context and on the historical,

social, legal and cultural constructions of gender and address the diversity of women's and men's experiences, taking into account factors such as culture, religion, ethnicity, gender, age, locality, sexuality and class.

AGEING, GENDER AND DOMESTIC VIOLENCE

Ageing and gender are important aspects to consider in understanding abuse of older people. Ageing is a gendered process, which men and women experience differently. For example, older women tend to live longer than men and are more likely to be financially abused after their partner dies (Brozowski & Hall 2004) and to be abused by a broader range of family members than men (Livermore, Bunt & Biscan 2001). They are less likely to have access to superannuation and, therefore, more likely to rely on the Aged Pension (Association of Superannuation Funds of Australia 2008). The patriarchal power structures in society infiltrate personal lives and intimate relationships and so the issue of power is crucial to understanding the role of age and gender in the abuse of older people (Whittaker 1997; Sengstock 2001).

Some studies have found that abuse of older people within the family is still largely the abuse of older women by older and younger men, and that older women are particularly at risk of financial abuse, physical abuse, and sexual abuse (Penhale 1999; Boldy *et al.* 2002; Faye & Selleck 2003; Nerenberg 2008). Researchers have argued for the need to explore older women's experiences of abuse and how they make sense of their experiences (Cavanagh 2003, p.232; Penhale 1999). Older women experiencing abuse are an invisible group because they fall into the gap between two overlapping definitions of family violence, namely elder abuse and domestic violence, and the two government sectors responsible for policy development and service delivery for each – the domestic violence sector and the ageing sector (Straka & Montminy 2006; Morgan Disney *et al.*2001/2; McFerran, 2009).

Lundy and Grossman (2004) examined the experiences of 1,057 women aged 65 years and older who sought refuge, support, and services from domestic violence programs in the United

States. They found that the percentage of older women reporting physical, emotional, and sexual abuse in their study was much higher than the proportions usually found in data from Adult Protective Services; 37.6% were abused by a current husband or ex-partner, 34.4% were abused by a male relative, and 12% by 'other' males. They highlighted that the picture of abuse of older people derived from domestic violence service data is somewhat different from the picture of abuse of older people derived from adult protection services data, which has implications for how we research, understand and respond to abuse of older women (see Bagshaw & Chung 2000).

Some researchers have recognised that abuse of older people is highly likely to be 'spouse abuse grown old' (Nerenberg 2008). Harris (1996) found that, although the incidence of spouse abuse in older couples is significantly less than that of younger couples, many of the risk factors present in abusive couple relationships are the same. She found that more than half of the older respondents reporting physical abuse had been abused for many years. More recently, when investigating the sexual abuse of older people, Ramsey-Klawsnik (2003) found that long-term domestic violence was the most commonly observed pattern, multifaceted abuse was typical and perpetrators were overwhelming male.

Domestic violence researchers have shown that issues of patriarchy, power and control cannot be ignored when examining abuse of older women (Morgan Disney *et al* 2000). Studies suggest that the long-term or pre-abuse nature of relationships between caregivers and care recipients may be an important factor in predicting abuse of older people by family members and have explored potential contributions from studies of domestic violence and child abuse (Morgan Disney *et al*. 2000/1; Walsh *et al*. 2007). For example, Canadian researchers have argued that family violence, despite its different forms, is often associated with circumstances where there is power imbalance and despite the differences in women's experiences in violence across the lifespan, similarities between

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spouse abuse among young and older couples have been identified, including the abusers' need to maintain control over victims (Walsh *et al.* 2007).

Understanding the dynamics of power and control in cases of abuse of older people is vital in breaking the fear-filled isolation of victims and for effective intervention to ensure their safety (Brandl 2000; Bagshaw, Wendt & Zannettino 2008). What domestic violence research emphasises is that perpetrators have a larger power base than victims across the lifespan (Bagshaw & Chung 2000b; Bergeron 2001). Abusers harm older people to meet their needs, believing they are entitled to use any means to achieve their goals. Brandl's research found that abusers justify their behaviour by asserting they have a right to control an older family member and most hold rigid stereotypes about the person over whom they have power. Some control an older person's finances for their personal gain, or control how the household is run; others enjoy humiliating their victims, dominating and instilling fear (Brandl 2000).

If the issue of abuse of power and control is not recognised and labelled as domestic or family violence, other family members, friends, practitioners, and service providers can unwittingly blame the victim, collude with the perpetrators' excuses and discourage the involvement of the justice system (Brandl 2000; Bagshaw *et al.* 2000; Yllo & Bograd 1996). Perpetrators are not held accountable if the abuse is defined or understood as a medical, individual or family issue. It is a public issue requiring a community response and in serious cases a criminal justice response. In the United States, growing numbers of cases involving the abuse of older people are given increased penalties and or prosecuted due to new techniques, procedures and statutory innovations and to a wide range of professionals receiving training in abuse detection and response (Heisler 2000; Nerenberg 2008).

EFFECTS OF ABUSE ON OLDER PEOPLE – WITH CAPACITY AND WITHOUT CAPACITY

Wolf (2000) points out that research on the effects of abuse on older people's psychological and physical status is rare, as disentangling the effects of the aging process and disease from the effects of abuse is difficult and costly; however research has suggested that samples of abused older people contain higher proportions of people with depression or psychological distress than are found among their non-abused counterparts. Wolf (2000) also notes that it is difficult to conclude whether these conditions preceded or resulted from the mistreatment. Other identified effects include learned helplessness, alienation, guilt, shame, fear, anxiety, denial, and post-traumatic stress disorder.

Where the person with dementia is the abuser, the reason for the abuse is often conceptualised as a behavioural or psychological symptom of dementia (Bottrill & Mort 2003). However, Penhale and Kingston (1997) found in their review of the mental health literature that there is no absolute evidence that dementia results in abuse by older people, although it is an important factor in a number of abusive situations. They point out that the exact nature of the link between dementia and abuse of older people is still uncertain, although it appears that those with dementia who become aggressive and or violent may well be at increased risk of abusing others. They also found that the risk appears to be high in the presence of other pre-disposing factors, such as a history of problematic relationships, substance misuse, or psychiatric illness on the part of the carer.

In reviewing the Australian and international literature and conducting interviews with key stakeholders, Weeks and Sadler (1996) found a strong link between abuse and dementia. They found that people with dementia are particularly vulnerable to financial abuse and neglect; carers are especially vulnerable to physical and psychological aggression from older people with dementia and in situations where abuse is occurring, often require higher levels of service.

Domestic violence researchers have shown the complexity of factors which act as barriers to the reporting of and escaping from abusive family situations as well as the issues that are unique to particular groups and/or communities (Kinnear & Graycar 1999; Bagshaw *et al.* 2000; Wendt 2009). While these issues are outside the scope of this paper, the effects of rurality, culture and race are briefly discussed.

Rurality

Very few studies have focused on abuse of older people in rural settings, yet there are unique economic and social factors. Social and community cohesion, management and inheritance of farm assets, farming family arrangements and lack of communication have been identified as factors that place older people at risk of being financially abused (Tilse *et al.* 2006). Older people in rural communities often prefer having local people assist them with the management of their assets and finances (Tilse *et al.* 2006). However, this closeness and local familiarity raises questions about access to independent financial advice and protection of older people's concerns about how their assets are being managed. The dual relationships and intimacy amongst people in rural communities is a factor that may influence financial decisions and the potential for abuse. Furthermore, due to local social cohesion, there may be reluctance on the part of older people to report financial abuse. Limited referral networks and the density of social networks are the main factors identified as impacting on the reporting of concerns of financial abuse (Tilse *et al.* 2006).

The management and inheritance of farm assets are issues that also need recognition and warrant further consideration. The issues of asset sharing, succession and intergenerational transfer, the complex and protracted nature of these processes and the multiple interests involved in generational family farms, patrilineal land transfer, and shared income all pose questions and complexities for older persons who are a part of family farming properties (Tilse *et al.* 2006). These issues raise particular challenges and conflicts for family members assisting older farmers. The risk of financial abuse may be exacerbated when assets are complex, there is limited assistance for carers,

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the quality of legal or financial advice is poor or relevant advice is unavailable or hard to access (Tilse *et al.* 2006).

Recognising that rural communities are diverse and complex in terms of population, industry, and the services available, there are issues pertaining to rural contexts that need to be explored when focusing on financial abuse. Succession and inheritance are issues that many rural families face and the complexities and management of these processes, if not handled properly and sensitively, can increase conflict and hardship amongst families and the potential for abuse becomes a concern (Tilse *et al.* 2006).

Wendt (2009) found in her study of domestic violence in a rural community in South Australia that the importance of family name and intergenerational property transfer were major reasons for victims' decisions to keep domestic violence hidden from the community and women's decisions to remain in abusive relationships. The values of family privacy, family status, extended family, and family property may also contribute to keeping the abuse of elderly people hidden.

Culture and race

The 2006 Census indicated that the distribution of the migrant population in South Australia across age categories is more concentrated in older age categories than Australian-born South Australians. Nearly half (45%) of South Australian migrants were in the 55 years and over age group, more than double the proportion of Australian-born persons within this age group (21.7%) (Census of Population and Housing 2006). While there are no statistics of this kind available for other states and territories in Australia, the SA figures are likely to be typical of the Australian population overall. Figures released by the Australian Bureau of Statistics (ABS) in July 2009 indicate that as at June 2008, 5.5 million migrants from over 200 countries living in Australia were born overseas. In addition, those born in the UK declined in the last 10 years from 6.1% of Australia's population in 1998 to 5.4% in 2008. At the same time, there has been an increase in the numbers of migrants born in China (from 0.7% to 1.5%) and India (from 0.5% to 1.1%). Given that

currently over a quarter of Australians are migrants and that there has been an increase in recent years of migrants from non-English speaking countries, it is reasonable to conclude that our older population in the future will be even more culturally and linguistically diverse than it is at present.

While this is the case, both nationally (and internationally) there is a paucity of research focusing on the manifestations of and responses to abuse of older people in culturally and linguistically diverse (CaLD) communities. A small number of publications in this area mainly focus on the experiences of domestic and family violence for specific cultural groups or countries rather than on understandings of, and responses to, the abuse of older people from culturally and linguistically diverse backgrounds living in multicultural societies like Australia (see for example: Lee 2008; Soeda & Araki 1999; Montoya 1997; Pablo & Braun 1997; Kwan 1995; Lowenstein 1995; Shah, Veedon & Vasi 1995). It has been noted that the dearth of research literature on the issue of elder abuse in CaLD communities is largely due to the communities' emphasis on family privacy, as well as fears by older people that disclosure of abuse will lead to their being cut off from their cultural communities (Patterson & Malley-Morrison 2006; WA Office of the Public Advocate 2006).

A study conducted by the Office of the Public Advocate in Western Australia (2006) found that CaLD older people are at risk of abuse for a range of reasons including: poor English skills, social isolation and dependency on family members, an unwillingness to disclose abuse because of concerns about stigma and shame; and cross-generational factors which result in differing expectations of care and support. Fear of being shamed by and excluded from their communities may prevent these older people from accessing services and assistance (Bagshaw, Wendt & Zannettino 2007; Patterson & Malley-Morrison 2006; Kosberg, Lowenstein, Garcia & Biggs 2003; Montoya 1997; Pablo & Braun 1997). Older people in new and emerging population groups in Australia face additional challenges in re-settlement, such as family unemployment, poverty, the changed

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roles and rights of older people (particularly older women), lack of family support and intervention, social isolation, and inter-generational conflicts (WA Family & Domestic Violence Unit 2006).

Lack of knowledge of Australian law and services, as well as communication and language difficulties, can result in older victims tolerating abuse (Bagshaw, Wendt & Zannettino 2007; WA Family & Domestic Violence Unit 2006). In some cultures, this tolerance is reinforced by traditional expectations of older people, which can be highly gendered and classed. For example, in some communities, older widows are subject to abandonment and 'property grabbing'. Mourning rites of passage for widows in most of Africa and South Asia can include cruelty, sexual violence, forced marriages and eviction (WHO 2002, cited in Malley-Morrison *et al.* 2006, p.4). In Australia, these issues are further complicated by a lack of multi-lingual and culturally appropriate information about legal entitlements and processes, and a lack of awareness of what constitutes 'elder abuse' in CaLD communities (Bagshaw, Wendt & Zannettino 2007; WA Family & Domestic Violence Unit 2006; WA Office of the Public Advocate 2006).

APPROACHES AND PRINCIPLES FOR THE PREVENTION OF ABUSE OF OLDER PEOPLE

Schofield *et al.* (2002, p.24) highlight that 'elder abuse goes largely undetected by service providers' and, therefore, service providers (e.g. doctors, carers, household help, police, clergy) need education and resources to assist them to identify abuse, establish or adhere to appropriate protocols, respond effectively and make appropriate referrals. Walsh *et al.* (2007) stress that raising awareness of the problem is the first step towards reducing it and suggest that public education will help combat ageist beliefs. Secondly, specific education for legal, health care and social service providers is important 'to reduce the risk associated with ageism and other societal beliefs that contribute to abuse of older people, to reduce the stigma associated with disclosing abuse and to increase the detection of elder abuse among professionals to reduce the harm associated with elder abuse' (ibid, p.508). Thirdly, there is a need for family and other informal forms of social support for older people to maintain their independence and quality of life. Finally, they argue that participatory models hold the most potential to address the ageist context

in which abuse occurs, allowing older people to own responses instead of relying on professional expertise.

Various service models have been used for many years to prevent abuse of older people at the primary, secondary and tertiary levels in North America and the United Kingdom. Nerenberg (2008, p.35-74) explores the strengths and limitations of seven models – Adult Protective Services, Victim Advocacy, Public Health, Restorative Justice, Domestic Violence Prevention, Family Caregiver Support and Family Preservation and provides examples of each. She describes their common and distinctive features, and stresses that more evaluation of these approaches is needed.

Here we provide brief exemplars of some of these models and also stress the importance of interagency collaboration, networking, understanding and cooperation.

In relation to *Adult Protective Services*, Heisler (2001, p.52) argues that in the last decade criminal justice interventions have been increasingly used in serious cases of abuse of older people in the United States 'as only the criminal justice system is capable of stopping the abuse, protecting the victim, and holding the offender 'accountable''. She describes 'promising practices' that jurisdictions across the country are developing, including: case-building, specialised court procedures, the enactment of specialised laws, the creation of special units, increased specialised and mandated training for volunteers and legal professionals and specialised elder-abuse responses, including vertical prosecution and victim-witness assistance programs. However, she also notes that 'prosecution remains an exceptional outcome' (ibid, p.52).

On the other hand, Nerenberg (2008) urges extreme caution before using criminal justice interventions as there may be unintended negative consequences for the older person. In 2005, the Victorian Government Report of their Elder Abuse Prevention Project found that mandatory reporting and statutory adult protection services were not supported in its consultation process, nor by evidence of their effectiveness for older people. They suggested that interventions in suspected elder abuse situations should be based on an understanding of the rights and decision-making capacities of the older person. Where older people lack capacity, policies should be in place to ensure that the safety, interests and rights of the older person are respected and protected. In March 2006,

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the Elder Abuse Prevention Unit (EAPU) agreed that mandatory reporting of elder abuse will divert resources from addressing this issue and deny the rights of seniors to make their own decisions, thereby reinforcing ageist stereotypes. They stated that reporting of abuse of people without decision making capacity should be compulsory, but does not warrant specific legislation. The obligation for a worker to report abuse of an individual with impaired capacity is clear under duty of care requirements. Mandatory reporting breaches rights and new legislation would not necessarily improve or prevent abuse of people whose decision-making capacity is considered to be diminished by family violence.

The Aged Rights Advocacy Service (ARAS) in South Australia is one example of a rights-focused *Victim Advocacy* approach to the problem, whether or not victims have the capacity to make decisions on their own. ARAS aims to uphold the rights and entitlements of older people through an advocacy process, including supporting people to speak for themselves or representing them. ARAS works with older people using aged care services, or their representatives, where they are at risk or experiencing abuse by someone they should be able to trust. They support older persons to safeguard their rights, dignity and autonomy in decision making and link the victim to informal networks, formal networks and protective measures - legal advice, police assistance and the Guardianship Board. The range of options typically involves all three categories of intervention. One evaluation of the effectiveness of their approach showed that protective measures were favoured for financial abuse, an even distribution of using all three tiers of intervention for psychological abuse, and in cases of social abuse informal network interventions were favoured. In cases involving neglect or physical abuse, formal interventions were generally preferred, although protective measures were popular with women (Cripps 2001).

The *Public Health Model* assumes that governments must protect the public and focuses on surveillance, screening, public education and political and social action. It includes education about financial planning and advanced directives, encouraging doctors to universally screen all older patients and so forth; however, it depends on quality research to identify risk factors and tends to be politically vulnerable. Kurrle and Naughtin (2008) and Kurrle (2004 & 2006) have highlighted the importance of screening for abuse of older people in Australia,

in particular by general medical practitioners and there are now screening tools available and in use in New South Wales and elsewhere. In Canada, Reis (2000) developed, tested and validated a reliable and effective Indicators of Abuse (IOA) measure, or screening tool, to be used by a range of professionals. Her research to develop the appropriate indicators dispelled some myths and showed that a typical abuse case is characterised by a (1) troubled caregiver who had difficulty getting along with others and (2) a situation where the care recipient has been abused in the past and in which there is inadequate social support (Reis 2000, p.16).

Elder Friendly Communities (EFC) projects are examples of a *Public Health* approach. They are common in North America and assist older people to access social support in their communities. Research findings indicate that EFCs reduce the social isolation and increase the independence of older people thereby reducing the level of risk (EFC Reports 2009). EFCs aim to enhance the quality of life of older people, provide support in dealing with challenges and encourage meaningful participation in local neighbourhoods. EFC projects (based on the Calgary model) have recently been implemented by local councils in rural and urban South Australia[2] and extensive evaluations have demonstrated positive outcomes for older people (EFC Reports accessed 2009).

The *Restorative Justice Model* of prevention focuses on repairing family relationships and controlling risk. Victims, families, communities and offenders are involved, to the extent they want to be, in determining outcomes. The importance of supportive social networks is acknowledged and approaches include mediation, conferences (talking circles, accountability circles and responsibility circles) and community reparative or reparation boards. Many victims want to stop the abuse and neglect but also want to see their abusive family members helped, so criminal prosecution is rare, however it is important to hold the perpetrators accountable. The Centre for Social Gerontology (TCSG) in Michigan and the Georgia Division of Aging Services have pioneered the use of mediation as an alternative to guardianship where caregivers of older people are in conflict or have trouble making decisions, and educational materials are available on their websites. In 2001, a TCSG study found mediation to be effective in 75% of cases (Viewed 30 July 2009 http://www.tcsg.org). Family mediation has been found to be successful where families are in conflict over the care of their

older members (Gary 1997; Munro 1997; Parsons & Cox 1997; Schmitz 1998; Crawford *et al.* 2003), although there are a number of provisos, and critics suggest that restorative justice approaches should not be used or should be used cautiously and under special conditions where there is family violence (see Stubbs 2004; Bagshaw 2003; Nerenberg 2000).

We have recently received an Australian Research Council Linkage grant with six industry partners from the field of ageing[3] to develop, trial and evaluate models of older-person-centred family mediation to prevent the *financial abuse* of older people by their family members (Bagshaw, Wendt & Zannettino 2009). Our hypothesis is that mediation can assist families to be more resilient and with early intervention can form a buffer for older people who are vulnerable or at risk of financial abuse from a particular family member[4]. Based on evaluations of family mediation in family law cases where there is domestic violence (see Bagshaw, 2003 & 2009), our premise is that specialised family mediation models for the prevention of financial abuse of older people by a family member may be effective *in some cases*. That is, if the mediation is voluntary and older-person-centred, victim safety and protection is assured, power imbalances are addressed and advocates and other supports are used to ensure that the needs of the older person are central and the voices of older people, with or without capacity, are heard.

The *Domestic Violence Prevention Model* focuses on empowerment and *micro* and *macro* interventions to address power imbalances. Brandl (2000) recommends that professionals in the field of ageing who are responding to abuse of older people by family members contact domestic violence agencies, work collaboratively with them and bring challenging cases to multidisciplinary teams for review. Raising awareness of the connections between abuse of older people and domestic violence is important, including educating and training all staff working with older people and we suggest that more resources should be allocated for this to happen in Australia.

Finally, Caccamise and Mason (2004, p.49) from New York highlight the importance of interagency collaboration as the abuse of older people is a 'legal, medical, and mental health issue as well as a social phenomenon'. The Alliance for the Prevention of Abuse (APEA) is one example of a collaboration of South Australian agencies to challenge the way abuse is understood and responded to. The group

is comprised of the Legal Services Commission, South Australian Police, Public Advocate, Public Trustee and Aged Rights Advocacy Service. All are key stakeholders in relation to abuse, however we suggest that there may be some merit in including domestic violence professionals in such alliances and collaborations.

CONCLUSIONS

We agree with Nerenberg (2008) who stressed that no two cases of abuse of older people are alike and a variety of assessment tools and approaches are needed to meet the needs of each situation. Wolf and Pillemer (2000) caution that arriving at a desirable case outcome is difficult because of the need to balance the rights and preferences of the victim, the appropriate disposition of the abuser, and the preservation of the victim's family and living arrangements. However, we argue that victim safety and empowerment should be given the highest priority. In addition, although it may be possible to adapt mainstream 'Western' models to meet the needs of older people in CaLD communities, much of the literature suggests that it would be more appropriate to develop responses that are specific to each community (Bagshaw, Wendt & Zannettino 2007; Patterson & Malley-Morrison 2006; WA Family & Domestic Violence Unit 2006; Kosberg, Lowenstein, Garcia & Biggs 2003; Montoya 1997; Pablo & Braun 1997).

In the prevention of abuse of older people, there have been no attempts to offer guidance as to what factors predict various outcomes. Researchers have argued for rigorous research to evaluate the impact of models and interventions (Tilse *et al.* 2003; Nerenberg 2008). More recently there have been calls to explore risk factors associated with abuse and ways to respond to it, such as by developing models of practice that address the ageist context in which abuse occurs, minimise the risk of abuse and provide opportunities for older people to take ownership and be empowered in the process (Kinnear & Graycar 1999; Tilse *et al.* 2007; Walsh *et al.* 2007).

The abuse of older people needs interdisciplinary understanding and a coordinated, multiple service system response to the victim, the perpetrator and the social network surrounding the victim. A comprehensive service response system needs to draw from a range of theories and approaches – in particular holistic, critical (see Allan *et al.* 2003), feminist (see Brandl 2000; Bagshaw *et al.* 2000)

and strengths-oriented, empowering approaches (see Cox & Parson 1994), which address the social, political, economic, legal and cultural context and provide a continuum of service options tailored to meet the specific and unique needs of older people at risk. In particular, we have argued for professionals and researchers from the ageing and domestic violence sectors to engage in more dialogue and collaboration as they have much to learn from each other.

ACKNOWLEDGEMENTS

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ENDNOTES

1 Cooklin, S – Chief Project Officer for the South Australian Office for Ageing, 2009, pers. comm. 23 July: The Commonwealth Government recently announced in the budget their plans to start increasing the age pension age in 2017 to 67 years by 2023. Within the older population 80 years and over is used to inform Home and Community Care Program service planning for *frail older people*. The Commonwealth Department of Health and Ageing use the number of people aged 70 years and over as part of a planning benchmark under the *Aged Care Act* for a number of Commonwealth funded residential care places. Part of the eligibility requirement for the South Australian Seniors Card Program is to be aged 60 years or over. The Council on the Ageing includes people aged 50 years and over. For older Aboriginal people, the SA Office for the Ageing often use 45, 50 or 55 years and over. Overall, people aged 65 years and over is the most commonly used benchmark for 'old'.

2 With funding from the State Government in partnership with the ACH Group, Metropolitan Domiciliary Care, Council on the Ageing and the University of South Australia.

3 The UniSA ARC-Linkage grant Industry Partners include the Department for Families and Communities (SA), the South Australian Office for Ageing, Relationships Australia (SA), The SA Office of the Public Advocate, the Guardianship Board SA and Alzheimer's Australia (SA).

4 The concept of risk in relation to abuse is dynamic, complex and not always clearly defined. Bowes and Hayes link risk to vulnerability and resilience: 'Risk is really a probability statement about negative outcomes. … The extent to which people are susceptible to negative consequences depends on their vulnerability and reliance in those circumstances and at that time. Vulnerability is characterised by a reduction in flexibility and capacity to cope. … Resilience, by contrast, is the capacity to adapt and mobilise the personal and social resources to cope in the face of life's challenges' (Bowes and Hayes, 1999:16). Family resilience can be enhanced by improving the communication skills of family members, their commitment to the well-being of their older family members, their problem solving abilities and capacity to be flexible, their links to supportive social networks and their positive working relationships with key professionals (Bowes & Hayes, 1999, p. 16)

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