

Older people

The most commonly used definition of elder abuse is the one recognised by the World Health Organisation (WHO): ‘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’ [World Health Organisation, 2020]. Australian research suggests that elder abuse is best used as an umbrella term. There are different types of abuse and mistreatment of older people, with different types of abuse sometimes happening simultaneously or changing over time. Abuse may be financial, physical, psychological, social and/or sexual, as well as neglect [Joosten et al 2017].

Evidence about prevalence in Australia is lacking, though based on international indications, it is likely that between 2% and 10% of older Australians experience elder abuse in any given year, with the prevalence of neglect possibly higher. The available evidence suggests that most elder abuse is intra-familial and intergenerational. Financial abuse appears to be the most common form of abuse experienced by elderly people. Psychological abuse appears to frequently co-occur with financial abuse, sometimes involving patterns of behaviour analogous to grooming in the sexual abuse context [Kaspiew et al AIFS Family Matters 2016].

Abuse of older people includes [Bagshaw et al 2009]:

- > **Financial abuse** such as misuse of property or money; undue influence over decisions about wills, powers of attorney, property or money; theft; forced or refused entry into a nursing home; financial dependence and exploitation; threats to not see grandchildren unless financial arrangements are agreed to.
- > **Psychological abuse** may include humiliation, insults, intimidation, excessive control, or being treated like a child
- > Neglect may include ‘passive neglect’ where older people are left alone, isolated, or forgotten; or ‘active neglect’ where older people are denied the support and care necessary for daily living
- > **Social abuse** may include a failure to provide support and care, or social isolation, for example denying access to the telephone, not permitting visitors or making visitors feel unwelcome or fearful
- > **Physical abuse** may include being hit, sexually assaulted, burned or physically restrained, or having aids and equipment removed such as walking sticks or spectacles
- > Medical abuse may include the inappropriate use of constraints, the mal-administration of medications and prescriptions [SA Dept of Health 2014], or the denial of medical consultation.

While elder abuse is often intergenerational, it can be perpetrated by any family member of the older person or other relationships of trust [Joosten et al 2017]. Intimate partner violence that occurs in later life is sometimes a continuation of abuse from a partner or spouse in a long-term relationship, or may occur within a new relationship [Roberto 2016]. As partners age, changing roles within the relationship and changing forms of dependency within the relationship can be a factor in abuse [Joosten et al 2017]. US research [Roberto et al 2013] indicates that, as people age and stressors such as ill health increase, gendered approaches to caregiving may become more entrenched, resulting in men being more likely to control or coerce their female partners, for example forcing her to shower or restraining her while he mows the lawn. Elder abuse is an acknowledged form of family violence, but research notes both similarities and differences to intimate partner violence [Joosten et al 2017]. See table below:

Similarities	Differences
Largely occurs within families	More often intergenerational than spousal
Power imbalance	Not only family, can include other persons in positions of trust
Reluctance to report Fear of consequences to self and perpetrator Fear of loss of relationship Lack of options	More dynamic power imbalance across the lifecourse
Sense of responsibility of person being abused	Not always driven by need to control
Many of the same risk factors	Financial most common
Negative stereotypes and discrimination against group involved	Often includes neglect

Research suggests that the existence of conflict within a family, including complex long-term problems and poor communication, can increase the likelihood of abuse of older people. Mistreatment of older people can take place as families negotiate wider family conflict, changing roles, changing care needs and financial pressures.

Like family violence, women are over-represented as victims of elder abuse, but older men also experience mistreatment and abuse [Joosten et al 2017]. Further **risk factors** include: ageism; dependency; family dynamics and living arrangements; an adult child in difficulty (such as marital breakdown, business failure, mental health issues or addictions); a strong sense of entitlement felt by adult children in relation to the older person's assets; gender; financial or economic hardship; low financial literacy; carer stress; dementia, or cognitive or communication impairments; social isolation; **substance misuse**; **Aboriginality**; and **mental or psychological ill health** [SA Dept of Health 2014].

Submissions and case studies presented to the Australian Law Reform Commission's inquiry into elder abuse described a range of situations where family conflict, family breakdown and domestic and family violence can be a factor in abuse of the older person. These include:

- Disputes concerning family agreements, where an older person transfers property to a trusted person in exchange for ongoing care, support and housing. Agreements are often oral in nature. Lack of documentation means there can be serious consequences for the older person, including homelessness and loss of all proceeds, if the promise of ongoing care and housing is withdrawn due to family conflict and relationship breakdown.
- Instances where adult children experiencing domestic violence (either the victim or perpetrator) move in with their parents, where ongoing behaviours and stresses related to domestic violence, impact on the safety of the older person [ALRC Report 2017].

Older people from **culturally and linguistically diverse backgrounds** appear particularly vulnerable to financial abuse and exploitation due to their likely dependency on others—often children and other family members—for help with translation and interpretation and management of financial matters [Zannettino et al 2014]. There may also be cultural expectations about how an older person is cared for in a family that increase their vulnerability, for example the eldest son may be bound by cultural practices to house or care for an aged mother, and yet he may also be abusive.

Older people may also face a range of barriers to reporting domestic and family violence, thus compounding their vulnerability. Some of these barriers include: diminished cognitive capacity; mental, physical or sensory 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; stigma and shame; **poor literacy and language skills**; religious, cultural or generational beliefs and practices; fear of reprisal; and perceived or actual lack of options or access to services [Bagshaw et al 2009]; and not wishing to tell authorities about abuse as they subscribe to generational beliefs about family violence as a private matter [Vic Royal Commission into FV, 2016].