

# Vulnerability In Elderly Community Care Clients

## A Literature Review

Dr June Hazzlewood  
Dr Peter Orpin

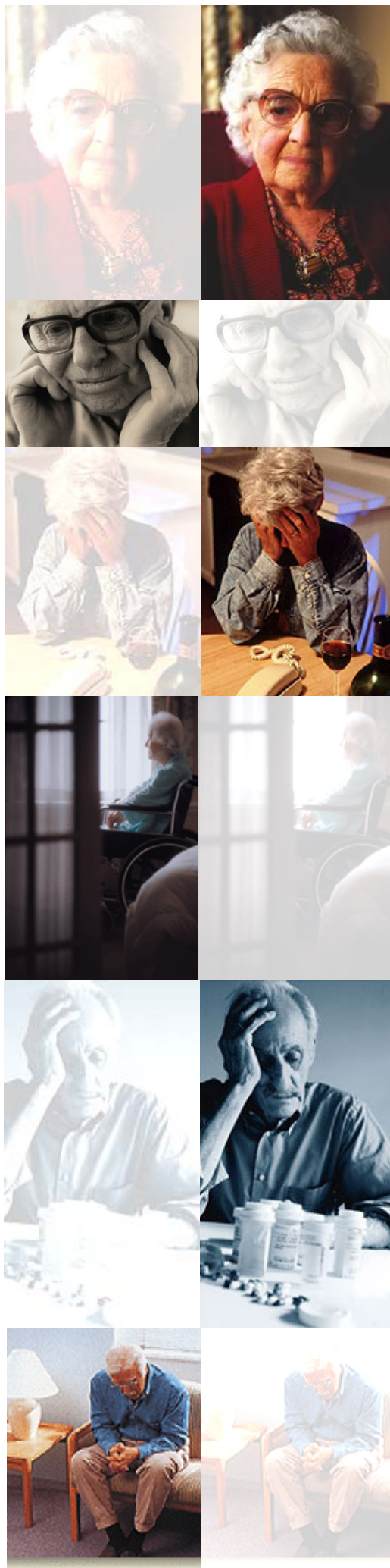
University Department of Rural Health  
Tasmania

February 2007

for the  
Tasmanian Council of Social Service Inc



ISBN 978-1-86295-390-1



## Key Words

Vulnerability; elder abuse; mistreatment; domestic/family violence; neglect; exploitation; carers; ageing; ageism; frailty; later life dependence; coping capacity; empowerment; prevention; intervention.

## Glossary

ABS	Australian Bureau of Statistics
ACAT:	Aged Care Assessment Team
ADVO	Apprehended Domestic Violence Order
ARAS	Aged Rights Advocacy Service
COTA	Council on the Ageing
EPA:	Enduring Power of Attorney
HACC:	Home and Community Care
ICT	Information and /Communication Technology
INPEA	International Network for the Prevention of Elder Abuse
IYOP:	International Year of the Older Person
NGO	Non Government Organisation
ODPM	Office of the Deputy Prime Minister (UK)
PADV:	Partnerships Against Domestic Violence
PEAT:	Prevention of Elder Abuse Team
SAMHSA:	Substance Abuse and Mental Health Services Administration
UNESC:	United Nations Economic and Social Council
WEAAD	World Elder Abuse Awareness Day

## TABLE OF CONTENTS

INTRODUCTION.....	1
SECTION 1: Contextual Factors underlying Vulnerability and Abuse .....	3
1.1 Background and Context.....	3
1.2 Demographics – an Ageing Population.....	3
1.3 The effects of social change on vulnerability.....	4
1.4 Ageism Issues .....	4
1.5 An Inadequate Knowledge Base .....	5
1.6 Tackling the Problem .....	6
SECTION 2 Theoretical Approaches and Definitional Issues .....	7
2.1 Theoretical Approaches .....	7
2.2 Old-age vulnerabilities: Exposure, Threats, Coping Capacity and Outcomes .....	7
2.3 An Ecological Social Development Model.....	8
2.4 Bronfenbrenner’s Five Systems .....	8
2.5 The Gatekeepers.....	9
2.6 Definitional Issues relating to Elder Abuse.....	11
2.7 Elder Abuse/Domestic Violence Paradigms .....	12
2.8 Vulnerability, Dependence, Frailty and Elder Abuse .....	13
2.9 Gender Issues .....	14
SECTION 3: Main Forms of Elder Abuse and Causal Theories.....	15
3.1 Main Forms of Elder Abuse .....	15
3.2 Physical and psychological abuse, intentional or unintentional neglect .....	15
3.3 Economic or financial abuse .....	16
3.4 Legal and Ethical Issues.....	18
3.5 A Review of Causal Theories of Elder Abuse .....	19
3.6 Perpetration of Elder Abuse .....	20
3.7 Family Member Care Dyads .....	21
3.8 Spouse/Partners and Adult Children .....	22
3.9 Grandchildren.....	23
3.10 Vulnerability, Risk Factors and their Reduction.....	24
SECTION 4 Vulnerability and Elder Abuse Policies and Interventions .....	27
4.1 Identification, Reporting and Intervention .....	27
4.2 Protection and Prevention – Reducing Vulnerability Risk .....	28
4.3 Protective Schemes and Programs. ....	29
4.4 Mandatory Reporting .....	30
4.5 Alternative Responses to Elder Abuse .....	31
4.6 New Technology .....	32
CONCLUSION .....	34
REFERENCES.....	37
APPENDICES .....	42
APPENDIX A .....	42
Queensland Elder Abuse Symposium .....	42
APPENDIX B.....	44
Older People and Crime .....	44
Women and Crime .....	44
APPENDIX C.....	45
NCEA FAQ Web Addresses.....	45

## INTRODUCTION

This literature review is designed to complement and inform a Tasmanian Council of Social Service research project looking into issues of age-related vulnerability and mistreatment of clients of the Home and Community Care (HACC) program.

The numerical ageing of the Australian population means that we are facing a steady rise in the numbers of people with an age-related vulnerability to abuse. Whether or not this translates into a rise in the already unacceptably high prevalence and/or rate of actual abuse will depend very much on the degree to which all those with a duty of care are able to strengthen vigilance and increase both the resources available to the vulnerable aged and protections against abuse.

Elder abuse has its roots in age-related vulnerability:

Understanding vulnerability matters because being vulnerable represents a profoundly undesirable state. People who experience vulnerability in old age are of obvious humanitarian concern, as their insecurity and heightened exposure to certain threats is likely to be compounded by reduced capacities for coping independently. Schröder-Butterfill and Marianti, (2006, p.3.)

These authors contend that “identifying vulnerable older people and understanding the causes and consequences of their vulnerability is of human concern and an essential task of social policy” (p.9). This task requires considerable strengthening in both the research effort to build a better evidence base (Brandl and Cook-Daniels, 2002) and in the development of better policy and service delivery models. It requires “adequate prevention strategies that will address both general and culture-specific risk factors that contribute to elder abuse” (Patterson and Malley-Morrison 2006, p.1) and these need to be built on a multi-dimensional understanding of the factors which influence elder maltreatment.

The present evidence base has significant gaps. While there is a general consensus in the literature reviewed on the main causes and types of elder abuse, there is insufficient reliable current or trend data on the prevalence, incidence and extent of abuse and little of the rich in-depth qualitative data needed to inform effective policy and service models. A number of factors complicate the research task. Chief among these are definitional issues, particularly in terms of the relationship between elder abuse and domestic violence, and the fact that vulnerability – and its corollary, abuse - are not the simple product of the development of age-related disability but a complex, multi-faceted interaction of personal, social, cultural and ecological factors (Schiamberg and Gans 2000;.Hendy 2005).

This review begins the task of addressing these gaps by reviewing the state of contemporary knowledge in the area, highlighting major issues and suggesting theoretical frameworks for structuring our evidence and understandings. It is designed to inform the eventual development of consistent strategic frameworks for prevention, identification, reporting and protection that can be used by policy makers, government departments, public and private health professionals and non-government community organisations

(NGOs). It is broadly structured in four sections. The first sets the scene in terms of the contextual factors underlying vulnerability and abuse. The second examines theoretical and definitional issues. The third looks at abuse itself; its main forms, causal theories and perpetration and the final section examines issues relate to the design of policies and interventions to address vulnerability and abuse.

## **SECTION 1: Contextual Factors underlying Vulnerability and Abuse**

### **1.1 Background and Context**

While there is not yet enough evidence to say convincingly that overall either the prevalence or intensity of elder abuse is changing, it is inevitable that changes in the wider society - demographic, social, economic, political, globalisation – will impact on the incidence and nature of age-related vulnerability and abuse. Schiamberg and Gans (2000) state that elder abuse in family settings has increased in recent years and suggest that one reason for this is the increasing proportion of older adults in the total population, with others being the increase of disabling diseases in later life and the increase in family involvement in elder care. The major effects of this ageing process are yet to be fully felt in Australia.

### **1.2 Demographics – an Ageing Population**

Our global population is ageing (Toomel 2001), the combined result of numerical ageing, an increase in the **numbers** of older people in the population flowing from decreased mortality, and structural ageing; an increase in the **proportion** of older people due primarily to a falling fertility (Jackson 2005). Patterson and Malley-Morrison (2006) quote World Health Organisation statistics that the world population of 600 million people over 60 in 2004, would double by 2025, and that in the over 60 age group, the oldest old, those over 80 years of age, are increasing the most rapidly. Caccamise (2006) confirms these global statistics and adds 2001 figures for Australia – total population, 20,000,000 with a median age of 35.2 years. He gives the proportion of adults over 60 years of age as 12% of the population, a figure which is projected to be 24-27% by 2050. Caccamise gives the current median age of older adults as 75.6 years of age, claiming that those over 80 are abused and neglected at three to four times their proportion of the total elder population. Chan (2000) and Ochiltree (2006) claim that more people are now living healthier lives and entering retirement with higher education levels and that the sheer numbers living longer mean that eventually there will be a great many more frail aged people. The claims by researchers such as Chan and Ochiltree that with the greying of the populations, there will be more grandparents living than in previous generations, with some people living until a hundred, raise important questions about the relationship between the generations.

Australia in general, and Tasmania in particular, mirror this trend. Jackson (2005) writes that the Tasmanian population shows a significant and sustained rate of growth largely in older age-groups. The brain drain caused by the departure of younger people for interstate and overseas destinations is being more than compensated for by the arrival of post-World War II baby boomers and older adults. For example, in 2003, almost 50% of the 29 to 65 age group, who arrived in Tasmania, were aged between 50 and 64. Jackson reports that 10,000 more adults over 65 are added to Tasmania's population every five years by both natural addition and new arrivals and the state has now overtaken South Australia as the Australian State with the highest proportion of people over sixty years of age. Despite this demographic trend, government policy and service provision remain skewed towards a shrinking youth market rather than to increasing the choices available to the growing majority of adults over 65 years of age trying to adapt to a constantly

changing society. A rapidly ageing population, where women outnumber men, signals a need for education around issues related to ageing to cater for a new, unprecedented later lifespan stage. High among these will be the issues of aged related vulnerability and abuse. Findsen (2001) contributes a commonly held and often articulated view that an ageing population is a 'social problem' where older adults are seen as a burden and an impending crisis for society.

### **1.3 The effects of social change on vulnerability**

Wider social changes are also having an effect on the vulnerability of older adults to the risk of elder abuse and neglect. This is borne out in a study (PADV 2000) by Morgan Disney & Associates, Cupitt & COTA, commissioned by PADV, the Partnership Against Domestic Violence, a federal government program designed to raise public awareness and knowledge about domestic violence across Australia. PADV has since been replaced by the Women's National Safety Agenda.

PADV (2000, p.22) points out that a woman aged 60 in 2000, would have been 35 when the 1975 Family Law Act, providing for legal divorce, was passed. The heading 'It Was Different for Us' sums up the responses by many of the older participants in the study. In the foreword to the study which listened to older women who were victims of family abuse, Senator Jocelyn Newman refers to the change which affects the older adult cohort, who grew up in the era of corporal punishment and acceptance of familial violence, as she comments "our world has changed. Australian society no longer tolerates people who use violence" (PADV, p.iii).

Increased geographic and career mobility associated with globalisation are significant factors in the social isolation of vulnerable older people. As adult children and grandchildren move interstate or overseas especially in connection with their employment, elder care is increasingly delegated to paid carers or premature residential care. The now socially acceptable options of changed living arrangements of older adults, where adult children move in with the parents or encourage the building of a granny flat without adequate financial compensation, expose elderly parent/s to the threat of familial elder abuse. In some cases, the role of grandparents changes over time as issues within families result in partial or full custodial responsibility for dependent children and grandchildren (Ochiltree 2006). Findsen (2001) contends that the changing structure of intergenerational family relationships and living arrangements result in greater isolation and economic vulnerability for older women than in earlier times.

### **1.4 Ageism Issues**

Ageism feeds into elder abuse in a number of ways through stereotypes and assumptions about the position of aged people in society. Sidotti (1999, p.48) writes that ageism is "all pervasive in our society . . . elderly people are expected to be muddled or confused". Carp (2000) notes that ageism stereotypes older people as frail, stupid and mentally and physically incompetent and that it is 'functional', or convenient, for a community to perpetuate this tradition. Carp suggest that one explanation of why a family member, or a person in a position of trust, would commit acts of elder abuse may stem from stereotypical perceptions surrounding older people. Tilse, Wilson & Setterlund (2003) refer to assumptions that older people have large amounts of disposable cash and easily

liquidated assets which their relatives or close family friends feel they are entitled to, that the older people do not contribute to society and that they have no real need for money. Tilse, Wilson & Setterlund, point out that it is not uncommon for family members to feel a sense of entitlement to their relatives' assets through an early inheritance which, they observe, is a view that the older person, who is often asset rich but income poor, commonly shares.

### **1.5 An Inadequate Knowledge Base**

The PADV (2000) project report states that reliable data on the prevalence and incidence of domestic violence are “notoriously difficult to establish” (p.2). This position remains valid in 2006 in reference to any or all of the forms of elder abuse, the umbrella term which includes domestic violence, exploitation and neglect in later life.

PADV attributes this lack of data on the incidence rates of elder abuse and neglect to:

- collection difficulties related to low rates of disclosure,
- definitional issues in the various studies and across States and Territories, and
- detection rates in the various professional settings at which women and men present, such as hospitals, doctor's surgeries etc.

The Prevention of Elder Abuse Task Force, known as PEAT Force, derived from the Queensland Law Society, was established in February 2000 as a result of the perception by health care professionals that 3% to 7% of older adults in Queensland are subject to one form or another of elder abuse (PEAT 2001). Jones and Powell (2006) stress the importance of understanding the policy, theory and practice informing the actions of those professionals who seek to assess and help to alleviate elder abuse. Pinkerton James (1992) suggests that a wider responsibility lies with the community as a whole, an opinion which foreshadows Setterlund's call for an inclusive society free from abuse and neglect in her foreword to the PEAT (2001) project report. Setterlund writes “we all have a part to play in developing and implementing preventative strategies and providing effective responses”. This sentiment also fits neatly with the PADV (2000) framework that nominates community generalist and prime ‘gatekeepers’ to help identify and locate support and services for vulnerable older men and women.

The vision statement of PEAT Force (PEAT 2001) echoes both the call for local action and acknowledgement of the global International Year of the Older Person (IYOP) theme with their aim to contribute towards a society in which older people are valued and unconstrained by abuse. Brandl and Cook-Daniels (2002) join with PADV (2000) as they argue that significant differences may exist among racial and ethnic groups' definitions of what behaviours constitute elder abuse. Brandl and Cook-Daniels suggest one reason may be that different cultures have “a range of expectations about the responsibility of grown children and elders to provide care, financial assistance, and emotional support to one another” (p.4).

Mears (2003) echoes the comments of the majority of researchers that until the late 1990s, little or no research focused on older women and violence in Australia. She adds that it has been quite a struggle to get this issue onto the research and policy agenda. Mears records the recognition by the New South Wales government of the problem of the

abuse of older people with the setting up in 1993, of the Advisory Committee on Abuse of Older People in their Homes. This committee confirmed that there was a paucity of literature and resources in this area and commissioned several discussion articles to fill this gap. Paucity is a word that appears in much of the literature about elder abuse reviewed – for example paucity of data and paucity of rigorous evaluation studies (Grundy 2006).

A number of research projects involving older women themselves emerged in the mid to late 1990s. A South Australian study (Schaffer 1999) documents older women telling their stories about elder abuse, some dating back forty years, and giving their views on how to support their peers. Mears (2003, p. 2) cites Schaffer as she reports an unexpected outcome of this study - that the women found telling their stories empowering, as “they shared painful memories of violence and abuse to provide information that would improve the lives of others” (Schaffer, 1999, p. 63).

## **1.6 Tackling the Problem**

In the 1999 International Year of the Older Person (IYOP), the UN General Assembly articulated the principle that the older person should be able to live in a ‘Society For All Ages’ in “dignity and security and be free from exploitation and physical and mental abuse” (Smith 1999, p.1). Understanding and addressing the issues that threaten that right – freedom from vulnerability to abuse and neglect – requires a concerted effort from researchers, theoreticians, policy makers and practitioners. The International Network for the Prevention of Elder Abuse Bulletin (INPEA 2006) reports the launching of the first UN World Elder Abuse Awareness Day (WEAAD) in New York on June 15<sup>th</sup> 2006, the slogan ‘Many Voices, One Song’ signalling a great step forward. A significant Australian presence at the launch of global recognition of the problem of elder abuse was that of the Federal Minister for Ageing, Senator Santo Santori.

It is clear from the literature that vulnerability and abuse in the elderly is not a simple issue of age but is rooted in the personal, social and cultural history of both abuser and abused and the relationship between them. Tackling the problem requires a deep understanding of the underlying contexts of abuse which is at present largely missing from the literature.

## **SECTION 2 Theoretical Approaches and Definitional Issues**

### **2.1 Theoretical Approaches**

This review primarily relies on two theoretical approaches to structure the understanding of the literature. These approaches are the framework for understanding age-related vulnerability presented by Schröder-Butterfill and Marianti (2006) and the social development framework of Bronfenbrenner (1990) employed by Schiamberg and Gans (2000) in their research. Both these frameworks are closely allied to the PADV (2000) gatekeeper concept. Although the concepts explored below are not the only elder abuse theoretical perspectives, they provide clear insights into the issues and it was judged that a wide review of alternative theoretical perspectives would not add substantively to the primary purpose of the review. Several other approaches are touched on later in this review and links to these are provided in the Appendices.

### **2.2 Old-age vulnerabilities: Exposure, Threats, Coping Capacity and Outcomes**

Schröder-Butterfill and Marianti (2006) offer a framework which captures those aspects of a vulnerability approach which are most relevant to the study of ageing. The framework disaggregates vulnerability into its constituent domains: **exposure, threats, coping capacities, and outcomes.**

These four domains are used as filters in this review to focus attention on aspects of the vulnerability of older adults to various forms and degrees of elder abuse and neglect. Schröder-Butterfill and Marianti (2006, p.17) see vulnerability as the incremental outcome of a set of distinct but related risks, namely: “the risk of exposure to a threat, the risk of a threat materialising, and the risk of lacking the defences to deal with a threat”. They suggest that there are degrees of vulnerability and therefore a range of good or bad outcomes as a result of the older adult’s individual lifespan characteristics and current circumstances and their interaction or lack of it with family, friends, informal and formal networks, and with a range of health and aged care professionals and service providers and with the wider community.

Schröder-Butterfill and Marianti (2006) concede that the lines separating the four domains may be blurred and that some domains are very closely linked. This is the case with ‘exposure’ and ‘threats’, which are considered together in the text in this paper. Schröder-Butterfill and Marianti consider the nature of the threats older adults are likely to encounter and what factors increase or decrease their exposure to such threats. They contend that exposure to threats is uneven in older adults as the type and extent of the threat encountered is dependent on intrinsic individual circumstances and extrinsic societal pressures. Both internal and external threats are subject to individual lifespan variables, which mean that exposure to some threats can be avoided and some cannot, being beyond the control of the individual, despite a high level of coping capacity. Schröder-Butterfill and Marianti (p.11) refer to coping capacities as “the set of assets and relationships that allow people to protect themselves from a ‘bad end’ or to recover from a crisis”. They observe that relational resources, be they social networks or links to

formal sources of support, are usually most effective in lessening the risk of exposure to threats.

### **2.3 An Ecological Social Development Model**

Schiarnberg and Gans (2000) base their study on elder abuse by adult children on Bronfenbrenner's (1990) social development ecological model, which they write treats human development and ageing as the "outcome of the reciprocal interaction between the person and the significant contexts of life" (p. 330). While the ecological model was originally applied to children - the social contexts in which they live, and the people who influence their development - when asked up to what age these principles apply, Bronfenbrenner replied "anytime up to the age of, say, 99". Bronfenbrenner structures his analysis in terms of four nested environmental systems, the inner personal microsystem and the linked mesosystem, the impersonal exosystem and the outer community and global macrosystem. These four systems are encompassed by a fifth over-arching temporal chronosystem and together can be used to explicate the systemic influences on age-related vulnerability and abuse. The roots, contexts and potential avenue for intervention can be found in the conditions and dynamics within, and the interactions between these various levels.

### **2.4 Bronfenbrenner's Five Systems**

#### **The Microsystem**

The innermost level of the environment is where the individual spends time in close family, spouse and children, peer and neighbourhood reciprocal interaction. It is in the microsystem where individuals link with individuals in other microsystems to form a reciprocal mesosystem.

#### **The Mesosystem**

Connections among and linkages between the older adult's and others' microsystems form the mesosystem where individuals' development is established and fostered, for example, between children, older adults and carers.

#### **The Exosystem**

This system contains contexts in which individuals take no active part, but whose lives are directly affected for better or worse, for example, the impersonal one-way, top down government departments and service providers.

#### **The Macrosystem**

This is the outermost layer, which includes community attitudes reflecting the laws, values, customs, and resources of the broader ethnic and socio-economic culture.

#### **The Chronosystem**

The temporal dimension of this model across the lifespan marks environmental and socio-historical changes due to the ageing of the population and the emergence of generations with different attitudes, values and lifespan agendas, including care for their elderly parents. Of all the systems, it is the chronosystem that has a major effect on the

exposures, threats, coping capacities and outcomes described by Schröder-Butterfill and Marianti (2006).

## 2.5 The Gatekeepers

A third analytical concept, that of the role of ‘gatekeepers’, while not a model as such, links usefully into the preceding two models. Researchers conducting the PADV (2000) survey developed a framework based on the work of Schaffer (1999) for mapping the different types of groups or gatekeepers in the overall community who are in contact with both the older adult victim of abuse and the perpetrator/s. These gatekeepers operate within, and have the power to influence, all four domains outlined by Schröder-Butterfill and Marianti (2006) by the degree to which they either open the gate to information and services or deny access by keeping it closed. The significance of the gate analogy is that the closing of the gate may be intentional as in the case of abuse or neglect for financial gain, or unintentional in that the gate may remain unopened due to a feeling of helplessness on the gatekeeper’s part, which often matches the powerlessness of the abused. The four gatekeeper categories (PADV 2000, p.51) matched with ecological social development environment systems (Bronfenbrenner 1990) are:

- **Immediate family and close friends** – both individual and shared by both partners in the microsystem;
- The network of microsystems inhabited by **acquaintances, community groups and community gatekeepers** without a formal duty of care – members of churches and clubs, hairdressers, paid and unpaid helpers, real estate agents, small shopkeepers etc., within the mesosystem;
- the **community organisations with a duty of care**, such as pharmacists, nurses, therapists and counsellors - ‘generalist’ gatekeepers; and
- exosystem **specialist service providers and ‘prime’ gatekeepers**. Service providers include police, courts, refuges, domestic violence services and perpetrator programs.

**TABLE 1: Linking theoretical approaches described in sub-sections 2.1 to 2.5**  
Bronfenbrenner's Systems - Schröder-Butterfill & Marianti's Framework – Gatekeepers

<b>Systems/Gatekeepers</b>	<b>Exposure to Threats</b>	<b>Coping Capacity</b>	<b>Outcomes &amp; Consequences</b>
<p>Microsystem</p> <p>The immediate family and friends inner circle</p> <p>Generalist and Prime Gatekeepers have power to open or refrain from opening gate to allow for adequate physical, mental and social care to ensure optimum quality of life</p>	<p>Vulnerable - those whose reserves fall below the threshold needed to cope with threats successfully</p> <p>Lack of family, Childless, Never married, Loneliness, social isolation</p> <p>Lack of mobility</p> <p>Age-related impairments</p> <p>Physical/mental illness</p> <p>Dementia/Trauma</p>	<p>Friends, neighbours and peer group</p> <p>Physical activity and exercise</p> <p>Mental stimulation</p> <p>Empowerment to enable self-help - drawing on bank of lifespan reserves as hedge against reduced capacity to cope independently</p> <p>Strategies devised to guard against insecurity and exposure to threats</p>	<p>Good outcomes</p> <p>Empowerment and freedom from fear</p> <p>Safe removal from spousal or other familial abuse situation</p> <p>Bad outcomes - fear, depression, bad death</p>
<p>Mesosystem</p> <p>The sum of the Microsystems</p> <p>Wider informal network/circle of discretionary friends</p>	<p>Demographics - Increase in proportion of older adults</p> <p>Decrease in proportion of younger adults</p>	<p>Local interaction</p> <p>Generalist and Prime gatekeepers</p>	<p>No duty of care</p> <p>Support by others</p> <p>Exosystem role-awareness programs</p> <p>Helplessness or Confidence in coping skills</p>
<p>Exosystem</p> <p>Prime gatekeepers - Aged care service providers, policy makers, government departments, those health and legal professionals with a duty of care,</p>	<p>Health professionals medical, legal, service providers who lack education and training that is appropriate to the understanding of lifespan changes</p> <p>Dominating/over protective carers</p>	<p>Questions for stakeholders and gatekeepers</p> <p>1 level of awareness of elder abuse?</p> <p>2 Are the terms understood?</p> <p>3 Is elder abuse reported?</p> <p>4 how can it be addressed?</p>	<p>Duty of care –</p> <p>Doctors, lawyers, health professionals with duty of care have important multi-discipline</p>
<p>Macrosystem</p>	<p>Community perception of ageism stereotypes</p>	<p>Peer support group funding and grass roots awareness</p>	<p>Community values &amp; attitude change -education programs</p>

Prime gatekeepers are doctors, ministers of religion, relationship and crisis counsellors, community care workers, staff in emergency wards and women's health centres. The focus of the research relating to the elder abuse and neglect identification, intervention and prevention is on the importance of agreement on the parameters and collaboration and cooperation between all stakeholders and gatekeepers.

## **2.6 Definitional Issues relating to Elder Abuse**

Elder abuse [is] a 'catch-all' phrase used to describe many different forms of abuse of older people and includes abuse by adult children, partners, carers, and other family members in care relationships (PADV 2000).

Ellison, Schetzer, Mullins, Perry & Wong (2004) claim that the lack of a common definition of elder abuse among policy makers and researchers leads to difficulties in assessing both its prevalence and the adequacy of the law to address it. They also point out, however, that the flexibility provided by the lack of precise definitions is also a safeguard against the possibility of one rigid definition leading to the overlooking of abuse which is not in the textbook. The way in which the concept is defined has important implications for how it is dealt with. In the search for an over-arching construct of elder abuse, Carp (2000) offers the comment that elder abuse is a complex, multi-faceted phenomenon and defining it is the first step in understanding and conceptualising it.

The terms 'vulnerability in ageing' and 'elder abuse' are inextricably linked within the literature. The understanding informing this review is that the former is a strong risk factor frequently, but not inevitably, linked to the latter. Collins Dictionary (1992, p.899) defines 'vulnerable' as someone who is weak and easily hurt, physically or emotionally. The entry under abuse includes the following: "Abuse of something is the use of it in a wrong way or for a bad purpose. e.g. the uses and abuses of power" (Collins Dictionary, 1992, p.4), and goes on to note that elderly people, living alone, are especially vulnerable. Expressing similar views, Grundy (2006, p.107) defines vulnerable older people as "those whose reserve capacity falls below the threshold needed to cope successfully with the challenges that they face". In her paper giving European perspectives on ageing and vulnerable elderly people, Grundy considers the processes and circumstances that create vulnerability among older people, "specifically to a very poor quality of life or an untimely or degrading death" (p.105).

The terms which are used interchangeably in the literature to suit the context of the argument include vulnerability, elder abuse, domestic violence in later life, neglect and self-neglect. Definitions vary as to what actually constitutes elder abuse, which term Kinnear & Graycar (1999) write dates from the mid 1980s. Faye and Sellick (2003, p.6) report that a definition of elder abuse that the UN puts forward is particularly appropriate because it takes variations into account:

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.  
United Nations Economic and Social Council (2002, p. 4).

This definition, however, by its very breadth leaves a number of crucial questions unexplored. One such question pertains to the blurring of the definitions of elder abuse and domestic violence in later life. PADV (2000, p.20) concludes that the literature on the topic of domestic violence and older people is caught between the two paradigms, one positioning older women and men as frail aged and vulnerable to familial abuse, the other positioning older women and men in a “heavily gendered power relationship” with women the main victims and men the main perpetrators. Brandl and Cook-Daniels (2002, p.1) suggest that the lack of a standard definition of elder abuse has resulted in research which varies in the type and extent of the abuse studied and in issues surrounding cases being “lost in the cracks between the domestic violence and elder abuse service systems”. The question may be asked if domestic violence becomes elder abuse as the victim reaches the age of 65? Ellison et al. (2004) query whether it is the age of the victim or the nature of the act that determines the term used. They point out that the problem of the difference between violence and care is one of perspective and the political and legal implications of the language used.

## **2.7 Elder Abuse/Domestic Violence Paradigms**

A study by PADV researchers in 2000 found that literature in the two inextricably linked fields of elder abuse and domestic violence in later life comes from very different perspectives situated at opposite ends of a continuum with little common ground. A polarisation of views between the two paradigms results in a lack of agreement about definitions, prevalence rates and appropriate methods of analysis of the nature and extent of violence between partners. The two perspectives can result in quite different views on the underlying factors in abuse. Elder abuse studies locate domestic violence in later life as a subset of elder abuse, attributing the abuse to the stress of caring for an ageing infirm partner and listing risk factors as frailty, dependence and age related physical and mental impairment. Domestic violence studies, on the other hand, are written from a feminist perspective which sees the roots of elder abuse in gender power imbalances. Both paradigms essentially treat the response by the abused, to the abuse, as the major focus – that is, dealing with the situation itself rather than the underlying dynamics. This has the danger of generating a rescue mentality that may dis-empower older people (Ellison et al. 2004). In their comprehensive report, Ellison et al. quote from a Blue Mountains Community Legal Centre document, which states that 6% of their domestic violence clients are over the age of 65, and that they have encountered a divide between violence and care perspectives. Meredith Osborne from the Centre comments that there “needs to be a connection between the health and welfare sector and the criminal justice system”. Osborne, for example, comments on the surprising amount of ignorance in the aged care sector about ADVO’s (Apprehended Domestic Violence Orders) and how to use them. She states that:

In the domestic violence sector, there seemed to be not enough sensitivity to the issues confronting older women, but in the aged care sector, there’s not enough knowledge about the legal options that are available. (Ellison et al. 2004, Chapter 8, p.8).

PADV researchers conducted an extensive qualitative interview and phone-in study and listened to the stories of the men and women victims of elder abuse and domestic violence in later life. The term 'domestic violence' was found overwhelmingly to be unacceptable to the victims, preferred terms being 'abuse' and 'abusive relationship'. They report that "almost all of the women interviewed did not, at the outset, think of their situation as domestic violence" (PADV, 2000, p.33). PADV also point out that in some ethnic communities, there are no words for domestic violence and that the adoption of the term 'family violence' by some Australian States more accurately conveys the nature of the abuse in some context, for example, in indigenous communities, but may not suit all.

## **2.8 Vulnerability, Dependence, Frailty and Elder Abuse**

Increased dependency of older people, due to physical or cognitive deficits and impairment, is recognised as a major causative factor of elder mistreatment and neglect. Dependency on family members, particularly on adult children or grandchildren for personal care and support can in some cases can be exacerbated by reverse dependency as younger family member care-givers become financially dependent on the older care-receiver. Bergman, Béland, Karunanathan, Hummel, Hogan & Wolfson (2004) use the term 'frailty' to describe dependent older persons at risk, who are vulnerable, or exposed to threats which have the potential to produce negative outcomes and who are seemingly unable to withstand 'insults' like environmental stresses and acute illness. They see frailty as an enigmatic but increasingly important concept from both the standpoint of the clinical care of older individuals and research on ageing. They state that factors that impact on frail aged dependency are also vulnerability risk factors and include acute or chronic health conditions, mental health state, cognitive deficits, social isolation and loneliness, lack of close family and friends, lack of mobility and alcohol and substance abuse.

Like other forms of violence, elder abuse is more likely to occur where there is a dependency on alcohol or other addictive substances according to Sykes (2003) who adds that since the 1970s, researchers have noted the prevalence of alcohol abuse among elder abuse perpetrators. Schröder-Butterfill and Marianti (2006) contend that individual coping capacities, the skills which in earlier years allow people to successfully negotiate Bronfenbrenner's (1990) micro, meso and macrosystems, are rarely sufficient for dealing with the challenges of old age and result in powerlessness in the one-way impersonal exchanges involving the bureaucratic exosystems. The increased age-related vulnerability, the dependent nature of the relationship and the reluctance of victims to request assistance, make elder abuse of particular concern at this level.

Older people are amongst the most vulnerable in the community and consequently the responsibility on government and the wider community to respond effectively to situations of abuse as a consequence of frail aged dependency, is critical. In relation to situations of possible self-neglect by a vulnerable person, it is important to assess personal competence and where the person competent, to respect their wish to live in the way they do. While this section is about dependency, it is important to note that in some cases, for those older adults who prefer independence and, despite some evidence of frailty, exhibit high levels of coping skills and a low level of exposure to threats, the provision of home-based support can result in favourable outcomes, particularly in the case of older women. Schröder-Butterfill and Marianti (2006) point out that while the main focus of their framework for understanding

vulnerability in old age is on the less than desirable outcomes that arise from inadequate coping capacities in the face of exposure to threats, it also assists in assessing those who continue to obtain successful outcomes.

## **2.9 Gender Issues**

There are two main issues in considering gender and elder abuse. One issue is the gender imbalance in the lifespan; the other issue is the perception that the services to support victims of abuse are less available for men than for women. The potential effects of gender on elder abuse are influenced by a number of factors (Penhale 2003, p.169).

These include the type of abuse and the occurrence of a greater number of older women than older men in the population, which leaves many older women living alone or with adult children. One result of this gender imbalance can be to move domestic violence to other family members or unrelated carers:

The “gender gap” in survival rates of older adults, with women living longer than men by seven years on average, creates a demographic context in which care-giving and the risk of elder abuse shifts from the spouse of the older adult to the adult children (Schiamberg and Gans 2000, p. 330.)

Findsen (2001) calls the significant gender difference in longevity the ‘feminisation of old age’ and suggests that this can result in a poor quality of life for large numbers of older adults with a significant period of lives to live beyond retirement, the tendency being for social structures not to keep pace with people’s actual lives. Brandl and Cook-Daniels (2002) write that while older abused or ‘battered’ women, in theory, have at least two systems they can turn to, domestic violence and elder abuse services, this is not the case in practice. They attest that systems in place to date to deal with domestic abuse in later life have not been successful in meeting the needs of older women and to a lesser extent older men, who are abused by intimate partners, family members and/or care-givers in ongoing trusted relationships. Women in the PADV (2000) did not generally feel that the services available to them were appropriate. They resented the feminist language employed, their problems being lumped together with child abuse and also the prevalence of younger staff who were unable to understand their situation. The majority of men who participated in the PADV study, voiced their anger at what they perceived to be a lesser level of support being available to them than to women. This dissatisfaction at such imbalance was expressed by both male victims and perpetrators.

On the other hand, elderly men living alone and those living with a spouse/partner are an under-researched group of abuse victims and highly invisible according to Kosberg (1998) despite the victimisation surveys targeting all elderly. Having never married or being childless and living alone does not necessarily imply a greater vulnerability as outside care is more likely to be available than for those co-living with partners or others, however there are more negative implications for older men living alone, including lack of support, compared to that available to older women (Grundy 2006). She reports that never-married older men are also at much higher risk of reporting poor social support than married men. Grundy posits that it is possible that men who never married may have “particular psychological characteristics that reduced their chances of both marriage and of forming other close relationships” (p.117).

## **SECTION 3: Main Forms of Elder Abuse and Causal Theories**

### **3.1 Main Forms of Elder Abuse**

McCallum, Matiasz & Greycar (1990, p.11) define elder abuse simply as “a pattern of behaviour by a person that results in physical or psychological harm to an older person”. They list the main forms that this takes as psychological (including verbal) abuse, physical (including sexual) abuse, economic abuse and both active and passive neglect. Despite definitional issues, there is some consensus among researchers over the range of acts which may be encompassed within definitions of elder abuse. Pinkerton James (1992), Smith (1999), Kurrle (2003), Faye and Sellick (2003) and Ellison et al. (2004) agree that elder abuse includes one or a combination of the following abuses and their subsets:

- physical abuse,
- psychological abuse,
- financial abuse, and
- neglect and self-neglect.

This last category is often excluded from Australian definitions of elder abuse, along with crimes committed by strangers (Ellison et al. 2004). A PEAT Force (2001) survey found that psychological abuse heads the list of elder abuse with financial abuse quickly catching up.

### **3.2 Physical and psychological abuse, intentional or unintentional neglect**

Physical elder abuse is generally understood as inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, e.g. hitting or slapping, restraining, deprivation of a basic need, over medicating or withholding medicine. Kurrle (2006, p.1) points out that while taking medication is part of life for most older people, the question must be asked “when does treatment become abuse?” Kurrle identifies a worrying problem in the treatment of older people in residential care or at home, where, she contends that the use of medications can actually become mistreatment or a form of 'elder abuse'.

Sexual abuse is implicit in the term physical abuse and Jones and Powell (2006) suggest that sexual violence, which includes non-consensual sexual contact of any kind, is often overlooked and is marginalised in mainstream criminology. There appears to be difficulty in deciding whether the elder abuse constitutes a criminal act or private behaviour within a relationship according to Ellison et al, (2004), who ask when low level physical and sexual abuse become assault and rape.

Psychological elder abuse involves inflicting mental pain, anguish or distress on an elder person, through verbal or non-verbal acts, causing fear or shame, intimidation, humiliation, or making threats. Another definition of psychological abuse is the wilful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct (Caccamise 2006). Cultural values and expectations play a significant

role in how psychological abuse is manifested and how it affects its victims (PEAT 2001). Social abuse, a sub-set of psychological abuse, is the deliberate prevention of social contact with family or friends, or placing barriers in the way of participation in community social activities, thereby socially isolating the victim. Women in the PEAT Force survey (PEAT 2001) reported that psychological abuse was harder to cope with than physical abuse. For example, it is easier to pass off physical abuse as accidental damage, while social abuse, the withdrawal from social and recreational contacts, is harder to explain.

Neglect in the context of elder abuse is the intentional refusal or unintentional failure by those responsible to provide necessities of life:

- food, shelter, health care or protection for a vulnerable elder,
- abandonment – the desertion of a dependent older person by anyone who has assumed the responsibility for care or custody of that person, and
- self-neglect – not eating properly or following health and hygiene regimes. Active abuse and passive neglect or self-neglect are referred to by Pinkerton James (1992) as covert phenomena in contrast to the crimes of robbery, theft, fraud, rape and homicide.

### **3.3 Economic or financial abuse**

Financial abuse exposes older adults to threats of fraudulent exploitation by those with a duty of care, whether family members or professional service providers. Financially naive older adults, usually the surviving marital partner, are highly susceptible to economic or financial abuse or exploitation which is a violation of trust. Financial abuse involves the illegal taking or improper use, of an older person's money or possessions, including misuse of general or enduring powers of attorney without his or her knowledge and permission, or concealment of funds, property, or assets of a vulnerable elder.

“Abuse of elderly on rise in State” is the headline of an article in the Launceston Examiner of October 17th 2006, which quotes the chief executive of the Public Trustee, Peter Maloney as saying that financial elder abuse covers a wide range including taking money from bank or security accounts, selling property or using credit cards without permission, refusing to return borrowed money or property and forcing changes in wills to benefit the abuser. Mr. Maloney also warns of the dangers of allocating powers of attorney to other than known trustworthy people.

In discussing financial abuse Tilse (2006) refers to the need to assess both the situation of the abuse and the impacts of interventions in cases of financial elder abuse. The former involves the identification of the characteristics of the alleged abuse, the older person, the alleged abuser and the relationship between abused and abuser. The latter means assessing referral or intervention options, the financial and emotional impact on the older person and the long term carer/client relationship.

Field (2006) warns that where there is familial elder financial abuse there is a loss of trust of loved ones and this together with the associated shame can cause depression and health problems. Field, an elder law specialist, is calling for the setting up of specialist legal centres for seniors to help combat the growing incidence of financial abuse and to avoid

the vicious circle which can develop when there is no money left for legal action. Tilse (2006) refers to current projects in Queensland which focus on the context and complexity of financial abuse, including growing family and outsider carer asset management responsibility. She identifies a range of risky practices for older people and their carers and lists the following as warning signs pertaining to home-based older adults:

- lack of money or assets to pay for care or services;
- neglect of physical/psychological needs regardless of assets;
- use of older person's assets (e.g. car and home) without evidence of compensation or agreement;
- unusual activity in bank accounts (large withdrawals);
- granny flat arrangements breaking down and older persons being moved without compensation;
- loans or gifts to family members without records;
- undue influence – attempt to gain EPAs, or undue pressure to change will;
- failure to pay bills, especially aged care facility fees; and,
- removal of assets from older people in care or at home by family or others.

Laszlo (2004), a retired solicitor, looks at how the power of attorney has evolved over time in her submission on behalf of a national NGO addressing the March 2004 Issues Paper ACT Government Review of the Powers of Attorney Act, 1956. Laszlo differentiates between the *purpose* – to delegate power to do specified things for the donor - and the *use* of the power of attorney - to enable the donee to deal with property where the donor was unable to do so by reason of geography or other circumstances. Laszlo refers to amendments in 1989 and 1992 that incorporated a number of changes, including the creation of the 'enduring power of attorney' (EPA), designed to continue despite the incapacity of the donor, and a general power of attorney, giving blanket authority to the donee. This last change extended, and in Laszlo's opinion, distorted the powers of the donee by including personal decisions, medical treatment and medical donations. Laszlo (2004, p.5) states that registration of the power of attorney is, of itself, not a safeguard against fraud and advocates the need for a preventive measure against abuse in the case of an EPA coming into effect on the incapacity of the donor, stressing that "the frail aged are vulnerable to abuse and unlikely litigants if wronged . . . there is no dispute that they need protection greater than that afforded to other members of the community".

Smith (1999) and Ellison et al. (2004) suggest that the use of EPAs, often on the recommendation of lawyers, require scrutiny as one of the areas where family-generated fraud or other violation of trust is more likely to occur. Ellison et al. discuss what may be thought of as asset mis-management as they write about unconscionable conduct, the obtaining of an advancement of benefit from a person with a special disability as a result of that disability and undue influence, which does not take into account the frailty of old age as a reason for special protection from financial abuse. Ellison et al. express concern

at the present doctrine of undue influence, commenting that it is an outdated concept in relation to 'old old' people who are not in a position to establish actual undue influence and who are unable, afraid, or not asked to report. Outright fraud and theft, which are reportable criminal offences, are not the focus of this review.

In another viewpoint, Pinkerton James (1992) and Smith (1999) discuss what they see as the misconceptions around financial elder abuse. They assert that older persons are not necessarily more vulnerable to fraud and financial abuse than those in other age groups and that old age does not pre-dispose people to being deceived and defrauded any more than does gender or nationality. Smith reports that there is a perception that older persons have declining mental abilities and a dependence on others due to their physical fragility or mental deterioration yet, Smith argues, many older people are able to draw on a lifetime of experience to recognise and reject fraudulent proposals and avoid the negative consequences. Smith is, however, in agreement with Kinnear & Graycar (1999) in the importance of not minimising either the irretrievable monetary loss, or the adverse emotional and psychological consequences of fraud for older people. Smith (1999) and Field (2006) point out that older victims of financial exploitation and fraud frequently depend on savings to fund their retirement years and are not able to 'start again', as can younger victims.

### **3.4 Legal and Ethical Issues**

Smith (1999, p.3) writes that "an area of increasing concern is financial abuse carried out by those who act in a fiduciary capacity as legally-appointed agents for older persons". Financial fraud and economic abuse of older persons are more likely to be perpetrated by a relative with a legal power of attorney than a stranger. Vulnerable victims, for example, are persuaded to change their wills in favour of specific individuals such as care providers or relatives, and/or denied access to their money and assets. Julian Gardner (2006), the Public Advocate for Victoria, agrees with Smith in that he says the sad truth is that abuse of the frail elderly is more likely to occur at home than in an aged care facility and the perpetrator is more likely to be a family member than an aged care worker. Gardner (2006) reports that a recent Queensland financial abuse study, suggested that some 80% of suspected financial abuse cases were from close family members. When asked how widespread the problem was, Gardner conceded that it is difficult to put a number on it stating that "our best estimate is that about eighty thousand people nationally each year suffer some form of elder abuse. But we can't be precise on the figures". Reed (2005, p.365) is of the opinion that for the health provider elder financial abuse is one of the most difficult types of elder abuse to diagnose "given its lack of overt physical symptomatology". He adds that although criminal and civil legal remedies are available, financial exploitation causes long lasting trauma. Ellison et al. (2004) contend that many older women are unaware of the legal means available to them and that in most cases older people did not want the police involved and that therefore much elder abuse goes unreported and unresolved.

Multiple abuse occurs when there is a combination of two or more of the above abuses. Ellison et al. (2004) express a view generally held by researchers that different types of abuse often occur together. For example, psychological abuse often involves an assault

together with financial abuse. Multiple abuse has legal consequences as different legal processes often have to be accessed to address each form of abuse.

### 3.5 A Review of Causal Theories of Elder Abuse

Just as no one definition fits all forms of abuse in later life, so no one theory can conclusively explain the cause of this largely hidden social problem of elder abuse and neglect.

Rosalie Wolf, a pioneer in the field of elder abuse wrote a decade and a half ago that there seemed to be no scarcity of ‘theories’ encompassing factors that contribute to elder mistreatment, but she noted the lack of rigorous scientific studies to test the theories. It appears that there is little change in either this commonly accepted list of causal ‘theories’ or in the allocation of funds for large quantitative and qualitative research to test them. The eight theories of elder abuse documented by Wolf (1992) are:

- **The Psychological Model**  
Researchers have looked at psychological factors to explain a correlation with elder abuse, such as the relationship of violent behaviour and aggressive personality traits, and the proportion of abusers with mental illness and/or substance abuse problems. This interaction takes place in the **microsystem** section of the social development framework (Bronfenbrenner 1990) which was discussed earlier and is mentioned in relation to some of these causal theories.
- **Social Learning Theory**  
This theory states an individual adult's behaviour relates to the social environment of childhood and views violence as a learned behaviour. For example, a child observing an adult using violence to cope with conflict may revert to the same pattern as an adult. This theory relates to the lived experiences in the **micro-, meso- and macrosystems** and to the lifespan passage of time in the **chronosystem**.
- **Situational Theory**  
This early theory of elder abuse focused on the role of stress and the burden of care-giving in leading to elder mistreatment and neglect. According to this theory, reducing the level of care-giving stress is one way to reduce the likelihood of elder abuse. Linking carer-stress with elder abuse perpetration has lost support in recent times as interpersonal relationships and other factors are thought to be more significant causal factors.
- **Symbolic Interactionism**  
This theory notes the importance of an individual's expectation of his or her role when interacting with an older person in a **micro- or mesosystem**. The level of stress related to dependency tasks, therefore, is subjective. According to this theory, behaviours in an older person consistent with individual expectations and roles result in less conflict than in situations in which a discrepancy exists in expectations.
- **Social Exchange Theory**  
This theory is based on the premise of reciprocity: when individuals contribute

equally, a fair exchange results. If one person in a **microsystem** becomes disabled, it upsets this balance of power. Power is an important aspect of this theory, suggesting abuse can occur as a response to perceived powerlessness.

- **Feminist theory**, based on **microsystem** domestic violence models where men are the perpetrators in the context of a gendered power relationship.
- **The Ecological Model** looks at individual characteristics and behaviour in social **micro-** and **mesosystem** contexts (family, work, school, and peer relationships) as described in detail in section 2.2.
- **The Political Economy Model** refers to society's **macrosystem** marginalisation of older people as a cause of elder abuse. **Macrosystem** stereotypes, cultural values and societal factors impact on the **exosystem** and therefore affect all the other systems directly or indirectly.

Wolf contended in her 1992 article that elder abuse theory was still evolving. Since then a number of variations on the above causal 'theories' have been aired. Current theory focuses on the dynamics of the relationship between the perpetrator and the older adult victim, the characteristics and behaviours of both the care-giver and the care-receiver. The theoretical frameworks outlined in Section 2 fit well within this overall theoretical approach. An analysis in terms of the interaction between the inhabitants of the various ecological social development systems (Bronfenbrenner, 1990 as applied by Schiamberg and Gans, 2000) is a useful tool seeking to understand the wider context of an abusive situation. Similarly, Schröder-Butterfill and Marianti's (2006) four-domain framework of vulnerability – exposure, threats, coping and outcomes – can be used to analytically 'unpack' the chain of factors and events that contribute to specific outcomes, good or bad, and to locate points for intervention.

### 3.6 Perpetration of Elder Abuse

Perpetrators of elder abuse and neglect include family - spouse/partners, including same sex partners, adult children and non-family formal and informal dyads. Mears (2003) reports that the stories women told in a study of violence and older women were drawn from across their lifespan and were not just about abuse experienced in later life, many recalling violence as children and younger women. The findings confirmed the generally held perceptions that violence in the home is a major problem for many older women, that most perpetrators were men, and that abuse had generally occurred over a long period of time. The abusers nominated by the older women were primarily partners, with some accounts nominating sons, brothers and uncles. There was also occasional mention of perpetration of violence by women—mothers, daughters, daughters-in-law, and care-givers. A related study found that spouses were the perpetrators in only 1.5 percent of financial exploitation cases as opposed to 13.8 percent for elder abuse cases of all other types. Choi and Mayer (2000). found in their study that non-relatives were the perpetrators in 38.8 percent of the financial exploitation cases in contrast to only 14.7 percent of all other elder abuse cases.

### **3.7 Family Member Care Dyads**

Family member care dyads are the primary care-giving and social support resource for older people (Hansson, Nelson, Carver, Neesmith, Dowling, Fletcher and Suhr 1990) but are also high on the list of elder abuse perpetrators (Kinnear and Graycar 1999; Ellison et al. 2004; Sanders 2005). Many adult children of frail older adults are being called on to fill what can be considered to be a case management role. Hansson et al. suggest that tensions can arise in this role from considerable uncertainties that attend it such as when to begin, what kinds of support should take priority and what levels of support appropriate for the needs of what is a very heterogeneous group. As Hansson et al. (1990, p.153) point out for adult children with frail elderly parents who are drawn into the care-giving process that it is as important to ‘avoid a too comprehensive care-giving response’ as to avoid an inadequate one. They stress the need to encourage older parents to maintain their coping skills to foster a sense of independence.

Edwards and Chapman (2004, p.1) focus on role expectation awareness in contending that dysfunctional patterns of communication can develop in aged care dyads in response to stereotypical role expectations in the care-giving/care-receiving relationship, giving rise to a ‘role predicament of caring’. They further argue that it follows that more productive and effective forms of communication and relationship are dependent upon both members of the aged care dyad understanding the expectations of their role and if necessary reconstructing them. Edwards and Chapman highlight domination as a major component of communication between care-givers and care-receivers, regardless of gender. Brandl and Horan (2002, p.44), in asking why spouses and other family members hurt older women, argue that domestic abuse in later life is “most likely an issue of power and control”. They find that familial elder abuse often reveals a pattern of “coercive acts to control, dominate and/or punish the victim”. Edwards and Chapman cite Edwards (1996; 2001) and Edwards & Noller (1998), who report a pattern of dominating verbal and non-verbal communication behaviours by care-givers and passive subservient behaviours by care-receivers. Overly protective communication in family care-giving situations can become patronising, and can be construed as having two dimensions, overly concerned and/or overly directive. Data from Edwards' (1996) study suggests that:

an overly concerned tone was more likely when the care-giver has negative feelings about the care-giving role, while overly directive communication was more likely when the care-giver had high autonomy in their earlier relationship with the care-receiver (p.3).

Kinnear and Graycar (1999, p.2) point out that the informal network of family, friends and neighbours is “overwhelmingly the principal source of assistance to older people living in the community”, with the formal agency care programs playing a less significant supporting role. Ellison et al. (2004) note that while carers and others in a relationship dyad are sometimes abusers of older people, they are also sometimes victims themselves of abuse by care-receivers. Kurrle (2003) makes the point that it is important to take a non-judgmental view of each case, looking at the situation as involving two victims rather than abuser and victim. Ellison et al. balance the argument as they cite a November 2002 consultation with Robyn Sedger from the Western Sydney Aged Abuse

Monitoring Project, who observed that “family care can be the very best or worst experiences human beings can devise for each other” (p.1).

### **3.8 Spouse/Partners and Adult Children**

Brandl and Cook Daniels (2002) cite a number of studies comparing spouse abuse in later life to parent abuse, including those of Wolf and Pillemer (1997), Lithwick, Beaulieu, Gravel & Straka (1999) and Crichton, Bond, Harvey, and Ristock (1999). In these studies, spouses were found to be more likely than adult children to physically abuse, and adult children were found to be more likely than spouses to financially abuse. Brandl and Cook-Daniels point out the difficulty in separating domestic violence in later life and elder abuse, defining domestic abuse in later life as “male and female victims, age 50 and older, abused by someone in a trusted, ongoing relationship such as spouse, partner or other family member, and/or some care-givers” (p. 1). ‘Elder abuse’ could be substituted for ‘domestic violence’ in the above definition as these terms are interchanged freely in research studies, government documents and community-based reports. Penhale (2003) attempts to assess the strengths and weaknesses of each argument by providing an overview of elder abuse knowledge and reviewing the similarities and differences between the two. Brandl and Cook Daniels (p.3) report that it appears that homicide-suicide among elders is higher than previously reported, stating that men are the perpetrators in the vast majority of these homicides. They cite Malphurs, Eisdorfer, and Cohen (2001) who write that a need to control the relationship appears to play an important role leading to spousal homicide/suicide.

### **Carer Overload**

There are arguments for and against carer stress as a tipping point exposing the care-receiver to the threat of elder abuse or neglect. Anecdotal evidence suggests that carer overload is a significant factor in the perpetration of elder abuse, particularly in the case of spousal caring of a partner suffering from a long drawn-out physical or mental illness. A report from the Office of the Deputy Prime Minister, UK (ODPM 2006) would appear to confirm this, as an extensive UK study finds that caring responsibilities take their toll in creating isolation and loneliness as family carers report they are on call 24 hours and day and never get a break. Pinkerton James (1992, p.4) highlights this factor in the vulnerability of older people to abuse as she comments that the added stress placed on the family when caring for an older person can lead to maltreatment, intentional or unintentional acts of commission abuse or of omission neglect. Ellison et al. (2004) support this view as they cite Kinnear and Graycar (1999, p.2), who argue that “the stressful nature of the caring role, complex family dynamics and a loose and largely unregulated system of support provide an environment in which abusive situations arise”.

On the other hand, Brandl and Cook-Daniels (2002) are among those researchers who refute the commonly held view that carer stress is a primary cause for elder abuse. They argue that more rigorous research is needed into domestic abuse in later life, that research and services must be culturally competent in order to meet the needs of a diverse community and that service delivery should focus on victim safety, support and services that are age-appropriate. The long held assumption, however, that family care of older people is good for the care-receiver and stressful to the care-giver is being qualified by

research (Edwards and Chapman 2004) that finds that there are also emotional costs associated with receiving the care. Some of the less than positive effects associated with care-receiving have been identified by Edwards and Chapman as depression, decline in morale and relationship quality. They state that the focus is changing toward finding ways to empower older people by enhancing the quality of life for both care-giver and care-receiver. Ellison et al. (2004) report that an analysis of studies by the NSW ACAT, Aged Care Assessment Team and the Adelaide-based Aged Rights Advocacy Service (ARAS) confirm that while carers are sometimes abusers of older people, they can be abused themselves by those in their care.

### 3.9 Grandchildren

A significant change in recent years is the increasing numbers of grandparents providing informal or more formal child care for their grandchildren (Ochiltree 2006). Ochiltree cites Goodfellow and Lavery (2003) who identify four styles of grandparent caregivers, which impact on the grandparent/grandchild dyad:

- **Avid caregivers** whose lives revolve around their grandchildren;
- **Flexible caregivers** who while concerned with family, give some priority to their personal time;
- **Selective caregivers** who do not want to be categorised simply as grandparents; and
- **Hesitant caregivers** who did not anticipate caring for grandchildren and recognise the need to balance multiple roles.

In the three decades since the appearance in the literature of the phrases ‘granny bashing’ (Baker 1975 cited in Kosberg and MacNeil, 2003) and ‘granny battering’ or ‘battered older person syndrome’ (Butler 1975; Burston 1975 cited by Choi and Mayer 2000, p.6), a body of knowledge relating to the grandparent-grandchild care dyad has been built up. Choi and Mayer report that in the majority of cases, there is a loving, caring relationship where one or both custodial grandparents care for grandchildren. This is borne out by Brownell, Berman, Nelson and Fofana (2003, p.6) who find that most grandparents who provide formal or informal care, seek to build a new family founded on “love, trust, familiarity, and commonality of culture”. They cite Holman (2001), however, who contends that in some grandparent/grandchild dyads there are underlying tensions from family secrets that are being masked and physical and psychological scars remaining from disappointment and anger at the perceived failures of the missing parents.

Instances of abuse by grandchildren claimed to endanger the physical, mental or financial wellbeing of the grandparents are reported by grandparents, an abusive situation often exacerbated by the permanent or intermittent presence of the parents of those children (Choi and Mayer 2000, p.6). Parents may be unable or unwilling to take responsibility for their children’s care due to being minors themselves, financially dependent on their parents or suffering from physical or mental illness or substance abuse. Kosberg and MacNeil (2003, p.41) report that various two and three generational living arrangements found in dysfunctional families are often causal factors in grandparent abuse. They cite

instances of intergenerational transmission of learned behaviours, cycles of familial violence and cultures of violence in racial and ethnic groups.

Kosberg and MacNeil report that the abuse of custodial grandparents is thought to be among the most invisible of social problems due to the reluctance of grandparents report abuse by their grandchildren. This view that older abuse victims will not speak for themselves is challenged by Brownell et al. (2003) however, who conducted focus groups with grandparents and child welfare workers in a search for victim-centred intervention and prevention solutions. One of their major findings was that grandparents and child welfare workers differ in their interpretation of acceptable child and adolescent behaviour in the contemporary social environment. This, in turn, leads to different interpretations of the level or seriousness of reported abuse. Behaviours reported by grandparents as annoying and disrespectful, such as loud music played incessantly, answering back and truanting from school, were considered by child welfare workers to be unpleasant but normative adolescent behaviour (Brownell et al. 2003, p.15). Grandparents, on the other hand, felt that these behaviours left unchecked or unpunished lead to more serious physical abuse and see acts such as petty theft from meagre funds as significant threats to their wellbeing. The study also noted resentment on the part of some grandparents who perceived interventions by young childless professional workers as telling them how to raise children. Both grandparents and welfare workers agreed on the need for respite for both grandparents and grandchildren, a greater recognition of the intergenerational care burden and professional help for troubled grandchildren.

### **3.10 Vulnerability, Risk Factors and their Reduction**

A range of risk factors, not directly related to age and frailty, have been identified as contributing to vulnerability among victims of elder abuse. These include: isolation, language and cultural barriers, family sense of duty, generational gaps, financial dependence, psychopathology, and stress due to a range of physical and mental illnesses, including substance abuse and dementia. These risk factors compound the problem of elder abuse. The informal care-giver is often a spouse who is as old and frail as the care-receiver and just as prone to exposure to threats, has varied but diminishing coping skills and is equally vulnerable to less than positive outcomes.

Schröder-Butterfill and Marianti (2006, p.17), in analysing vulnerability, introduce the concept of exposure as ‘susceptibility’ or a ‘risk factor’ which serves as “the link between a threat and a person or group at risk of the threat by virtue of having certain characteristics or inhabiting certain environments”. The link between exposure and outcome is, however, mediated by coping skills. For example, they draw on demography and social gerontology life-course approaches to contend that insecurity in later life often has its genesis in less than desirable childhood and/or lifespan experiences. Being unmarried or childless, for example, are situations often linked with loneliness and poverty. However, not all unmarried or childless women succumb to an ‘outcome’ they term a ‘bad end’, as individuals with strong coping skills are able to arrange alternative support networks Schröder-Butterfill and Marianti (2006).

## **Common Risk Factors**

The following list of factors that place frail aged people at risk of vulnerability to elder abuse is compiled from a mix and match of the work of a range of researchers: Kinnear & Graycar (1999), Choi and Mayer (2000), PEAT Force (2001), Faye and Sellick (2003), Kurrle (2003), Brandl and Cook-Daniels (2004) and Grundy (2006):

- gender and age;
- living arrangements;
- acute or chronic health conditions;
- mental health status, cognitive deficits;
- existence and size of social support;
- alcohol or substance abuse;
- problem gambling;
- abuser psychopathology caused by alcoholism or drug abuse;
- family dynamics, where there is a history, and even an acceptance of, violence;
- carer stress, where this factor added to other causative factors appears to trigger the abuse; and,
- carer abuse or reverse abuse which occurs when the carer is abuse by the person he or she is caring for.

The PEAT Force (2001) report associates social isolation primarily with the mesosystem component of the elder abuse context; the collective microsystems of individual victims and perpetrators but also acknowledges social causal factors associated in the broader macrosystem such as ageism stereotyping and negative social attitude to ageing, acceptance of violence, increasing materialism and a lack of protective mechanisms. Changes associated with the passage of time (chronosystem) have brought an “erosion of adult children’s sense of response” (PEAT 2001, p.6) and a resultant change of attitude towards inheritance and the control of assets.

Grundy (2006, p.110) notes that in Europe the proportion of older adults in the workforce has fallen substantially. At the same time, the average age for retirement from paid employment has been lowered. This trend is seen in Australia where early retirement, whether chosen or forced, as in redundancy, is becoming the norm. Dubbed ‘cliff edge’ retirement by MacErlean (2005), the sudden loss of a longstanding significant workplace role can be considered to place women in a vulnerable position at risk of abuse from partners or other disempowered family members. In terms of the Schröder-Butterfill and Marianti (2006) framework, whether this results in an abuse outcome will depend on the coping skills of all parties and available protective supports. The rise of the men’s shed in Australia (Golding 2006), may be viewed one such measure.

Schröder-Butterfill and Marianti (2006) suggest that there are two points of intervention for optimum results between the recognition of exposure to a threat of abuse, and the

reporting of less than desirable consequences or outcomes. These points at which risk factors can most effectively be reduced are:

- before a threat occurs (prevention); and,
- after coping capacity is found to be inadequate (protection).

## **SECTION 4 Vulnerability and Elder Abuse Policies and Interventions**

### **4.1 Identification, Reporting and Intervention**

The ability to identify domestic violence, including abuse in later life, is an important skill for medical and health professionals, lawyers and police (Brandl and Horan 2002; Kurrle 2003). Brandl and Horan advocate the acceptance by health care providers of universal screening for every female patient and every person over the age of 60 and/or presenting with a disability. They advise that screening should take place in private and not in the presence of an accompanying family member. In establishing comprehensive intervention and prevention efforts Kurrle contends that all health professionals need appropriate education and training in the identification of cases of elder abuse. Brandl & Horan (2002), Kurrle (2003), Ellison et al. (2004), Jayawardena & Liao (2006) and Tilse (2006) are all advocates for multi-disciplinary research teams, involving social work, economics, finance, law and social policy and government agency and community non-government organisations in order to study elder abuse. Multi-cultural input is an important element in investigative teams as cultural values and backgrounds in ethnic and indigenous communities play important roles in identification and reporting of elder abuse (Schiamberg and Gans 2000; Brandl and Cook-Daniels 2002; Hendy 2005; NPEA 2006).

Education and support strategies for improved recognition and response are outlined by Tilse (2006), including improvement to safeguards in relation to the awarding of general and enduring powers of attorney - both indiscriminately referred to as EPAs - and access to legal and financial information and advice. Tilse (2006, p.31) advocates a whole of community response, respect for cultural sensitivities around intergenerational transfers and protection for older people while “fiercely maintaining their right to make frivolous and imprudent decisions about their own assets”.

Pinkerton James (1992, p.2) states that many elderly Australians are aware that involvement in reporting abuse “may entail great inconvenience and discomfort” and that there appears to be a reticence among older people to draw upon available community resources for protection and advice. Pinkerton James and Brandl and Cook-Daniels (2002, p.7) provide some reasons reported by researchers for non self-reporting of elder or domestic abuse. They state that many older victims do not seek help from agencies for a range of reasons such as shame, embarrassment, self-guilt, not knowing where to seek help, a perception of long waiting lists for services, not seeing themselves as being abused, not wanting to create conflict in the family and, paradoxically, a wish to protect and/or seek help for their abuser.

Jayawardena and Liao (2006) contend that health professionals have an ethical and legal responsibility to both report and work to prevent suspected abuse. Kurrle (2003) refers to an ethical dilemma that may arise in respect of this responsibility where the medical team has to balance their duty of care with the right of the older person to refuse any assistance. She outlines several options for intervention: the provision of crisis care, community support services, respite, counselling, alternative permanent accommodation and last resort legal interventions. Kurrle acknowledges the large amount of stress placed

on health care workers dealing with elder abuse cases and recommends the availability of adequate support and counselling and the involvement of two case management clinicians.

The roles played by a range of gatekeepers, family, friends, policy makers, medical and legal professionals, aged care agencies and service providers, are the subject of a considerable body of research. Pinkerton James (1992) contends that the drain that the involvement of a range of agencies and professionals places on the physical, financial and psychological resources of the family has to be acknowledged as it is claimed to be responsible for stress, isolation, confinement, fatigue and financial sacrifice. Ellison et al. (2004) suggest that lawyers need to listen and take older people seriously, that they need to ascertain the true wishes of their elderly clients, and that they should support older people to be medically assessed by an appropriate professional for legal capacity. Field (2006) expresses the hope that elder law will become a major legal area in Australia as it is in the US, raising the legal standard of service available to older people.

Ellison et al. (2004) report that ARAS, the Aged Rights Advocacy Service, has adopted a 'Rights Focused Advocacy Model' victim-centred program aimed at assisting all older people who are experiencing abuse. The program has three tiers of intervention which involve linkages, which may be seen to mesh with the first four of Bronfenbrenner's (1990) social developmental systems. The ARAS program links the victim to informal networks of family and friends, as advocated by Kinnear & Graycar (1999), in micro and mesosystems, to formal aged care service providers in exosystems and sets up protection measures which may crossover in the meso and the macrosystems and, it can be argued that all three approaches are influenced by the rapid changes occurring within the family and community and in the wider global society chronosystem.

#### **4.2 Protection and Prevention – Reducing Vulnerability Risk**

A Queensland study (Setterlund 2006) mirrors concerns expressed nationally and internationally by researchers, health professionals and aged care service providers, that issues surrounding older people, such as vulnerability to abuse and neglect, have increasing implications for society as a whole. Setterlund reports that elder abuse affects approximately three to seven percent of the population and this percentage is expected to rise with the ageing of the population. Kinnear & Graycar (1999) foreshadowed the current focus on raising community awareness of elder abuse, suggesting that this would create a widespread intolerance to such behaviour and by adopting a social capital approach, would foster social bonds, social trust and mutual reciprocity. Brandl and Cook-Daniels (2002) reinforce this view as they contend that adult protective services and the ageing network must learn to recognise the dynamics of abuse in later life and offer services that focus on safety, support and breaking the isolation of the victims. Faccinetti (2002) strongly urges elder abuse prevention organisations to speak with one voice in a partnership to ensure transparency and consistency of approach, using mainstream marketing and communications methods to raise awareness of the issues in the community. The promotion of healthy lifestyles and the acquisition of coping skills, strong family ties, active interest and savings and assets are advocated by Grundy (2006) to develop reserves and ensure that older people are strong in later life.

Hardin and Khan-Hudson (2005, p.91) describe elder abuse as the ‘scourge of society’ and ‘society’s dilemma’ as they point out the need for training in the “proper care and treatment of our elder citizens, with a special responsibility resting with care-givers, emergency medical, nursing and health care workers”. They also advocate enhancing quality of life, preventing family breakdown and keeping older people in their own homes, if this is their wish for as long as possible. Current research, in light of the widely publicised rise of elder abuse in both residential care and ‘ageing in place’ situations, suggests that there is a need for older adults to learn about discouraging violence against self. To counter elder abuse, Smith (1999), for example, advocates avoidance of vulnerability to elder abuse through awareness and education strategies. Strategies for protection of older adults from abuse and prevention measures suggested by researchers include:

- empowerment of older adults;
- enhancing quality of life;
- preventing family breakdown;
- self-help – education and counselling;
- community awareness information;
- community support;
- home security;
- communication and negotiation;
- advocacy;
- respite options;
- transparent standards; and,
- rigorous regulation.

Brandl and Cook-Daniels (2002) contend that adult protective services and the ageing network must learn to recognise the dynamics of abuse in later life and offer services that focus on safety, support and breaking the isolation of the victims. PEAT (2001, p.7) advocates addressing family violence and elder abuse in an indirect way, reporting that a number of government departments are doing this. These initiatives include Indigenous Healing Centres, Safe Families, Our Shared Future and the Queensland Crime Prevention Strategy, Building Safer Communities.

#### **4.3 Protective Schemes and Programs.**

PEAT (2001) reports that a Queensland Department of Justice and Attorney General initiative is the appointment of the Adult Guardian, an independent statutory officer, who acts as a gatekeeper for those with impaired capacity, a sub-group who are particularly vulnerable to abuse. The Adult Guardian has investigative and protective powers and is able to act in relation to allegations of neglect, exploitation and abuse. The Adult Guardian can obtain information about abuse and require witnesses to give evidence and conduct an audit. He can make an application to the Guardianship and Administration

Tribunal for a warrant to remove a person to a place of safety “where there are reasonable grounds for suspecting that there is an immediate risk of harm because of neglect, exploitation of abuse” (PEAT 2001, p. 8).

Accreditation and standards monitoring processes for Commonwealth aged care facilities, along with the HACC Program’s Standards Instrument serves to protect older people from abuse and aims to ensure that they are receiving high quality care in community and residential settings.

#### **4.4 Mandatory Reporting**

While mandatory reporting does not currently exist in Australia, it has done so for some years in the US, where elder abuse refers only to those with reduced capacity, with all other adults considered to be in the domestic abuse category. Sanders (2005) states that in Australia, there is currently no elder abuse legislation in existence, but that the debate on this matter has resurfaced with mandatory reporting forming a part of the opposition Victorian Liberal Party’s election policy for the 2006 state government elections. Ellison et al. (2004) argue that a lack of mandatory reporting means unclear, incomplete and inconsistent reporting. This inconsistency in Australia is also in part from the result of split responsibilities between federal and state governments, with the states and territories having responsibility for carrying out strategies devised by the federal government, the body responsible for the aged.

Members of PEAT Force (PEAT 2001) do not support mandatory reporting as they contend that this would take away the older persons’ right to make decisions for themselves, however they point out that support and service professionals, whether primary or generalist gatekeepers, already have a legal ‘duty of care’ responsibility. Gardner (2006), in an ABC Radio National interview with Peter Mares, in agreeing with this view states that he has not found anybody, other than journalists, calling for mandatory reporting. He points out that while the important thing is that a way is found to protect older people who are vulnerable and need protection, mandatory reporting is just one policy option. Gardner, in this quote from the transcript, gives three reasons why mandatory reporting is not only not the best solution, but that in fact, it is a bad one:

- Firstly, there's no evidence from around the world of where it's been implemented that it's been beneficial;
- Secondly, if we're going to make it a crime for you to fail to report something, then we're going to have to be very careful about what it is you need to report and don't report, and there are real problems about that;
- And thirdly, whilst it's appropriate to talk about mandatory reporting for children who are deemed to be incompetent, it can be seen as an insult to the dignity and rights of an adult to say, 'Well you have now reached the age of . .' - and nobody seems to be brave enough to say whether it's 65 or 70 or 80 - 'we're going to deem you incompetent, and we're going to report any suspicion we have which is going to be investigated, simply because you're old'. Now that's a gross violation I think of people's right to dignity. (Direct Quote)

Kurrl (2003) joins a number of researchers who feel that mandatory reporting is not convincing and adds that legal intervention, necessarily the first resort in criminal and fraud cases, is hopefully a last resort with elder abuse. Kurrl (2003, p.5) argues that mandatory reporting represents an invasion of privacy, endangering autonomy and denying older people the right to make decisions for themselves and also creates expectations that when a report of abuse is made, demands for services and other resources will be met. Unlike other countries who have introduced mandatory reporting, the general consensus among Australian researchers and policy makers has been to oppose this. The Australian approach favours the direction of resources to research, education and prevention rather than legislation, and for the provision of adequate community services, including awareness and knowledge dissemination in both the community and in the medical profession.

#### **4.5 Alternative Responses to Elder Abuse**

A number of writers identify the need for an approach to addressing elder abuse that emphasizes coping skills and empowerment rather than victimhood and rescuing. Ellison et al. (2004, p.10) suggest a more integrated third approach to bridge the two disempowering 'rescue mentality' paradigms that characterise current approaches to domestic violence and elder abuse. This approach places the victim, rather than the response to the abuse, at the centre of the problem, with the focus on empowerment. An example given by Ellison et al. of this bridging approach, is a New South Wales Forum hosted by the Blue Mountains Legal Centre. A conclusion of the Forum was that there is not enough communication between the domestic violence and the aged care sectors and while still firmly dedicated to the domestic violence framework, the Centre is also committed to extending their networks with other disciplines to achieve a more integrated approach. The PADV (2002) study recommends a new needs-based approach incorporating an understanding of age and lifestage as significant variables in elder abuse/domestic violence. Grundy (2006) advocates the promotion of healthy lifestyles through the life course, including the acquisition of coping skills, the building of strong family and social ties, adoption of active interests, and building savings and assets to develop reserves to ensure strength in later life.

A further example of an alternative way to approach the problem of identifying and preventing further abuse is a program developed by the European Older People's Platform (AGE 2006). The AGE "Tool-kit for Organising Meetings of Vulnerable Older People" is based on listening to the victims in an informal non-threatening environment and promoting their participation within policy-making processes. The purpose of the workshop is to ask participants about their lives and communities and to bring out their experiences of situations affecting older adults in later life such as, for example, poverty. The Schröder-Butterfill and Marianti (2006) framework could well be applied here to help in the understanding of the participants' exposure to threats and their capacity to cope to avoid a bad outcome. Details of the workshop are accessible online at ([http://www.age-platform.org/EN/article.php3?id\\_article=353](http://www.age-platform.org/EN/article.php3?id_article=353)).

The online workshop developers for the program suggest that questions should always include what is working or not working and how things should be done differently. The accent in the workshop is on encouraging individuals from different and minority groups

to express their views so that the issues that impact on these disparate groups can be heard and group-appropriate solutions aired. These groups include women and men in a range of socio-economic circumstances, people with physical or mental disabilities and members of ethnic and indigenous groups. The focus in the workshop design is on thinking both about what already works well and about solutions to existing problems. The developers warn that a tendency to simply describe problems should be avoided. A reflective evaluation by facilitators and participants that includes documentation of future expectations can be used both to help preparations for future meetings and to plan follow-up to the meetings.

Schröder-Butterfill and Marianti (2006) identify with this listening – asking people directly what they want and need - rather than telling approach, which might be considered to be a novel third, empowering, approach. They cite recent UK research which highlights the importance of social relationships and participation, safe and pleasant neighbourhood environments, health and mobility. These priorities change with the composition of the sample groups, particularly those that contain members from different cultures and ethnic origins.

#### **4.6 New Technology**

As the greying of society is a focus in many countries and many sectors, and the technological age is giving way to the global connectivity age (Davis 2003), the need for ICT literacy for older adults and their carers intensifies. The Australian Bureau of Statistics (ABS 2000) provides the following items relating to information and communication technology:

- As age increased, the likelihood that an adult was either a computer user or an Internet user decreased.
- Older adults were more likely to use a computer or access the Internet at home, younger adults at sites other than home or work and the remaining adults either at home or work.

Although the uptake of ICT decreases with age, those older adults who do use computers, tend to do so at home with little gendered difference in use. The implication here is that access to information and communication technology, ICT, is a valuable way of disseminating information about elder abuse.

ICT introduces both a new liberation and an insidious vulnerability dimension to elder abuse. The number of older adults in Australia accessing new technology is increasing with the ageing of the population and the entry of the first of the baby boomers into the third age. This has implications for 21<sup>st</sup> century policy makers, health professionals and service providers particularly in the area of health, where in one hand there is increased access to health information, and on the other, an increased risk of cyber fraud as quick ‘miracle’ cures are often promoted on the Internet in an attractive and persuasive easily accessible form. While older people are arguably the fastest growing market segment in the uptake of new computer technology and Internet access, this can have both positive and negative outcomes.

The alleviation of social isolation through computer use and Internet access has an obvious social network benefit, but the negative aspect is the increased risk of exposure to a range of fraudulent and deceptive practices (Smith, 1999), despite older people being more cautious of dubious schemes, by virtue of their lifespan experience and wisdom. Chronological age is not an indicator of ICT literacy acquisition, however, older people who have not grown up with new technology do not have the same confidence as younger computer users. Older people in abusive situations are less likely to have the skills or the opportunity to access online information, thus their isolation is a primary factor in lack of awareness of referral services.

## CONCLUSION

You may never know what results come from your actions. But if you do nothing there will be no results. M. Gandhi. (Caccamise 2006).

Elder abuse is set to become an increasingly important issue in Australia over the foreseeable future simply because demographic trends mean a steadily increasing number and proportion of the population will be living with aged related disabilities and vulnerabilities. The problem is likely to be exacerbated by the effect of rapid social changes such as the disruption of multi-generational family structures as the result of increased geographical mobility, increases in ageist attitudes and in the wide diversity of living and care arrangements for the dependent or partly-dependent aged. This review of the literature indicates that while there is a reasonable amount of documented knowledge around the threats facing the well-being and safety of the elderly, and their vulnerabilities in the face of those threats, there is less knowledge around the overall size of the problem and, in particular, effective strategies and models for reducing the translation of threat and vulnerability into actual abuse.

Increasing ageing brings increasing vulnerability through a combination of losses in physical and/or cognitive capacity and the disruption over time of the social and economic structures underpinning older people's lives – loss of partners, family structures, income, social networks and homes. The theoretical structure proposed by Shröder-Butterfill and Marianti (2006) provides a useful tool for analysing the nature of the relationship between this vulnerability and actual abuse. The outcome (abuse) occurs when an individual is open to threat (exposure), that threat materialises and the individual has inadequate coping capacities to deal with the threat. Intervention at any point, to reduce exposure, divert threats or build coping capacity has the potential to break the link between vulnerability and abuse.

The actual forms that elder abuse can take – alone or in combination - are well understood: physical (including sexual) abuse, psychological (including verbal) abuse, legal/financial abuse and neglect and self-neglect. The last is perhaps less recognised than the others and financial abuse considerably more complex and widespread than acknowledged, and difficult to detect, especially when perpetrated by family members and under the cover of gifting or Enduring Powers of Attorney. There are concerns about the adequacy of current law in all cases but particularly in respect of financial and legal abuse.

Moving beyond the forms of abuse, the picture becomes much more complex because the issues of vulnerability, perpetration, coping and intervention generally lie within the detailed multi-level contexts of the relationship between abuser and abused. While at times the nature of this relationship is distant or impersonal, perpetrators in all forms of abuse overwhelmingly have an existing close social relationship with the abused - most often a close kinship bond (partners, children, grandchildren) or a carer relationship. The abuse has its origins in the tensions arising from the interaction between the historical contexts and dynamics of the relationship and the changes flowing from age-related incapacities and vulnerabilities. This understanding is reflected in one way or another – although generally one dimensionally – in almost all of the currently available causal

models identified in this review. Any potential remedies need to take into account and address this complexity.

Principal among these complexities is the relationship between elder abuse and existing patterns of family violence, particularly spousal or partner violence. Conceptual issues around the domestic violence–elder abuse nexus have far more than simple definitional consequences. Firstly they complicate the task of identifying and quantifying elder abuse. Secondly, and more importantly, the discrepancies and disjunctions between the underlying theories and social and legal intervention strategies around domestic violence and elder abuse lead to problems in identifying, and appropriately addressing the latter and a splitting and duplication of resources. This is despite that fact that elder abuse in many cases simply reflects another phase of a pre-existing pattern of familial violence or mistreatment. Most of the identified risk factors of elder abuse: social psychopathology, inadequate social support structures, issues around power and control and social, financial and accommodation stress are those found more widely in the family violence literature and form the basis for intervention strategies in that area yet are not being successfully translated into addressing elder abuse.

Even in previously harmonious relationships, tensions arising from carer stress and overload and role disruption and confusion precipitated by the age related decline of one party may disrupt the existing balance between exposure, threat and coping capacity for one party or the other. In an increasing number of cases this role disruption and its accompanying tensions are spreading beyond the partner or parent-child relationship to the grandparent/grandchild relationship as older individuals take on the parenting of grandchildren in the face of parental incapacity.

Addressing the issue of elder abuse requires both better identification of the problem when and where it occurs and interventions which take into account the psycho-social multi-dimensionality of the phenomenon. A range of recent reports have identified the need for greater knowledge, awareness and responsiveness to the problem among all those with some duty of care to the older person. There have been scattered legislative protections – for example Queensland Adult Guardianship legislation (PEAT 2001), and strong and quite polarised debate around the need for, and likely effectiveness of mandatory reporting.

The literature suggests an increasingly awareness of the need for interventions that take into account the multi-dimensionality of the issue. This means models which address the issue of exposure through strengthening family, home, community and bureaucratic support structures, seek to reduce threats through legislative protections and to build coping capacity by empowering individuals (both vulnerable older people and potential perpetrators). While this complex multi-dimensionality precludes a ‘one size fits all’ model, the theoretical framework proposed by Schiamberg and Gans (2000), drawing on Bronfenbrenner’s (1990) work on an ecological model of social development, hold promise as a tool for the systematic design of interventions. This approach of analytically dividing the social context of personal development into five nested environmental systems: a microsystem, mesosystem, exosystem, macrosystem and chronosystem, allows for systematic analysis of vulnerabilities, threats and coping strategies and the design of systems to address these at the levels at which they occur.

In summary, while the literature identifies the major issues around elder abuse, sheds some light on the its nature and context and makes a loud call for action, in terms of preventions and interventions it delivers only the raw ingredients for the formulation of effective models of intervention.

A decade on from its writing, a quote from a 2006 World Elder Abuse Awareness Day presentation encapsulates the essence of this review:

The community has the obligation to make sure that elderly people live free of abuse, violence, neglect and exploitation.  
(Cupitt 1997).

## REFERENCES

- ACT Office for Ageing. (2006). *Elder Abuse Prevention & Assistance*.  
<http://www.ageing.act.gov.au/elderabuse>
- Baker, A. A. (1975). Granny Battering. *Modern Geriatrics*, 8, 20-24.
- Bergman, H., Béland, F., Karunanathan, S., Hummel, S., Hogan, D., & Wolfson, C. (2004). Développement d'un cadre de travail pour comprendre et étudier la fragilité. English translation of article published in "Gérontologie et société", 109, 15-29.
- Brandl, B., & Cook-Daniels, L. (2002). *Domestic Abuse in Later Life*. Applied Resource Forum. National Electronic Network on Violence Against Women. December.  
[www.ncall.us/docs%5CDV\\_in\\_Later\\_Life\\_Bibliography.pdf](http://www.ncall.us/docs%5CDV_in_Later_Life_Bibliography.pdf)
- Brandl, B., & Horan, D. L. (2002). Domestic violence in later life: An overview for health care providers. *Women & Health*, 35(2-3), 41-54.
- Bronfenbrenner, U. (1990). *Discovering what families do: Rebuilding the Nest. A new commitment to the American Family*. Family Service America.  
<http://www.fcs.utah.edu/~rathunde/UUweb/1500/lecture2.html>
- Brownell, P., Berman, J., Nelson, A., & Fofana, R. C. (2003). Grandparents raising grandchildren: The risks of caregiving. *Journal of Elder Abuse & Neglect*, 15(3-4), 5-31.
- Burston, G. R. (1975). Granny Battering. *British Medical Journal*. September.
- Butler, R. N. (1975). *Why Survive? Growing old in America*: New York: Harper & Row.
- Caccamise, P. (2006). Elder Abuse: A community responsibility. *Lifespan of Greater Rochester Inc.*
- Carp, F. M. (2000). *Elder Abuse in the Family – an Interdisciplinary Model for Research*: New York: Springer Publishing Company.
- Chan, A. (2002). *On the Grapevine: Inter-generation Programmes*. In C. C. Liang (Producer). Singapore: News Radio 938.
- Choi, N. G., & Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. *Journal of Gerontological Social Work*, 33(2), 5-25.
- Crichton, S., Bond, J., Harvey, C., & Ristock, J. (1999). Elder Abuse: Feminist and ageist perspectives. *Journal of Elder Abuse & Neglect*, 10(3/4), 115-130.
- Cupitt, M. (1997). Identifying and Addressing the Issues of elder Abuse: A rural perspective. Study of elder abuse in rural NSW. *Journal of Elder Abuse and Neglect*, 8(4).
- Davis, D. (2003). The Greying of Society in the Age of Connectivity. *Development Gateway*. <http://topics.developmentgateway.org/ict/sdm/previewDocument.do~activeDocumentId=544884>

- Dunlop, B. D., Rothman, M. B., Condon, K. M., Hebert, K. S., & Martinez, I. L. (2000). Elder abuse: Risk factors and use of case data to improve policy and practice. *Journal of Elder Abuse & Neglect*, 12(3-4), 95-122.
- Edwards, H. (1996). *Communication between older people and their family carers*. University of Queensland, Brisbane.
- Edwards, H. (2001). Family caregiving, communication and the health of care receivers. . In M. L. Hummert & J. F. Nussbaum (Eds.), *Aging, Communication, and Health: Linking research and practice to successful aging*. (pp. 203-224). Mahwah, NJ: Lawrence Erlbaum Associates.
- Edwards, H., & Chapman, H. (2004). Communicating in family aged care dyads Part 1: The influence of stereotypical role expectations. *Quality in Ageing: Brighton*, 5(2), 3-9. [http://findarticles.com/p/articles/mi\\_qa4131/is\\_200410/ai\\_n13506516](http://findarticles.com/p/articles/mi_qa4131/is_200410/ai_n13506516)
- Edwards, H., & Noller, P. (1998). Factors influencing care giver-care receiver communication and its impact on the well-being of older care receivers. *Health Communication*, 10(4), 317-341.
- Ellison, S., Schetzer, L., Mullins, J., Perry, J., & Wong, K. (2004). *The Legal Needs of Older People in NSW. Chapter 8. Elder Abuse*. Sydney: Law and Justice Foundation. <http://lawfoundation.net.au/report/older>
- Faccinetti, J. D. (2002). Making strategic communications work to prevent elder abuse. *Journal of Elder Abuse & Neglect*, 14(4), 11-20.
- Falk, I., Sefton, R., & Billett, S. (1999). What Does Research Tell Us About Developing a Training Culture? In K. A. C. Robinson & K. Arthy (Eds.), *Lifelong Learning: Developing a Training Culture*. (pp. 95-121). Adelaide, South Australia: NCVER, National Centre for Vocational Education Research.
- Faye, B., & Sellick, M. (2003). "SOS" on Elder Abuse. Perth, Western Australia. Advocare Abuse Prevention Program. [www.advocare.org.au/documents/Final%20APP%20Survey%20Report.pdf](http://www.advocare.org.au/documents/Final%20APP%20Survey%20Report.pdf)
- Field, S. (2006). *SeniorLink Newsletter, The Sentinel*, Edition 4. April.
- Findsen, B. (2001). *Older Adults and Learning: Challenges for the future*. Paper presented at the U3A Auckland Network Conference., Auckland. August 29.
- Gardner, J. (2006). Abuse of the elderly - what's worse nursing homes, or homes? On *In the National Interest: ABC Radio National*. Interviewer Peter Mares. February 26.
- Golding, B. (2006). *Shedding Some Preconceptions about Men's Learning*. Paper presented at the Adult Community Education Conference, Launceston. November 15.
- Goodfellow, J., & Laverty, J. (2002). Grandparents supporting working families: Satisfaction and choice in provision of child care. *Family Matters*, 66, 14-19.
- Grundy, E. (2006). Ageing and vulnerable elderly people: European perspectives. *Ageing and Society*, 26, 105-134.

- Hansson, R. O., Nelson, E., Carver, M. D., NeeSmith, D. H., Dowling, E. M., Fletcher, W. L. (1999). Adult Children with Frail elderly Parents: When to intervene? *Family Relations*, 39(2) pp. 153-158. National Council on Family Relations. April.  
<http://links.jstor.org/sici?sici=0197-6664%28199004%2939%3A2%3C153%3AACWFEP%3E2.0.CO%3B2-K>
- Hardin, E., & Khan-Hudson, A. (2005). Elder abuse - "Society's dilemma". *Journal of the National Medical Association*, 97(1), 91-94.
- Hill, J. R. (2005). Teaching about family violence: A proposed model curriculum. *Teaching and Learning in Medicine*, 17(2), 169-178.
- Holman, D. (2001). Reaching for Integrity: An Eriksonian life-cycle perspective on the experience of adolescents being raised by grandparents. *Child and Adolescent Social Work Journal*, 21(34).
- Horst, T. (1999). *The Dismal Scientist*. American Life League, Inc.  
<http://www.all.org/world/horst.htm>
- Howe, A. L. (2005). HACC Turns 20: The last and next 20 years of community care in Australia. *Australasian Journal on Ageing*, 24(2).
- INPEA. (2006). "Many Voices, One Song". World Elder Abuse Awareness Day (WEAAD) June 15. INPEA Bulletin. International network for the prevention of elder abuse. New York. July/August.
- Jackson, N. (2005). *Tasmania's Turnaround? Migration in the Apple Isle*. Recent patterns of migration within Australia, Dialogue 44(2). Eds. P. Job & G Hugo. University of Tasmania. Hobart.
- Jayawardena, K. M., & Liao, S. (2006). Elder abuse at end of life. *Journal of Palliative Medicine*, 9(1), 127-136.
- Jones, H., & Powell, J. L. (2006). Old age, vulnerability and sexual violence: Implications for knowledge and practice. *International Nursing Review*, 53, 211-216.
- Kinncar, P., & Graycar, A. (1998). *Abuse of Older People: Crime or Family Dynamics? Trends and Issues in crime and criminal justice*. Canberra: Australian Institute of Criminology, ACT. <http://www.aic.gov.au>
- Klatz, R. (2004). Management of Global Greying via Human Growth Factors. *American Academy of Anti-Aging Medicine Inc.*
- Kleiman, A. (1997). *Global greying: Successful strategies for bridging information gaps with the elderly*. Paper presented at the 63rd IFLA, International Federation of Library Associations, Copenhagen, Denmark. August 31 – September 5.
- Kosberg, J. I. (1998). The Abuse of Elder Men. *Journal of Elder Abuse & Neglect*, 9(3), 69-88.
- Kosberg, J. I., & G., M. (2003). The elder abuse of custodial grandparents: A hidden phenomenon. *Journal of Elder Abuse & Neglect*, 15(3-4), 33-53.

- Kurrle, S. (2003). *Elder Abuse: Position Statement No. 1*: Australian Society for Geriatric Medicine.
- Kurrle, S. (2006). *Treatment or mistreatment: Medication as an agent of abuse of older people*. The David Wallace Address presented at the AAG, Australian Association of Gerontology Conference. Sydney. November.  
[http://www.aag.asn.au/publications/pdf\\_docs/AAGNatApril2006.pdf](http://www.aag.asn.au/publications/pdf_docs/AAGNatApril2006.pdf)
- Lithwick, M., Beaulieu, M., Gravel, S., & Straka, S. (1999). The Mistreatment of Older Adults: Perpetrator-Victim Relationships and Interventions. *Journal of Elder Abuse and Neglect*, 11(4), 49-57.
- MacErlean, N. (2005). It's All Over for Retiring Types: Will You have to Work Till You Drop when Fixed Retirement Ages Become History? *The Observer*. March 6.
- Malphurs, J., Eisdorfer, C., & Cohen, D. (2001). A Comparison of Antecedents of Homicide–Suicide and Suicide in Older Married Men. *American Journal of Geriatric Psychiatry*, 9(1), 49-57.
- McCallum, J., Matiasz, S., & Graycar, A. (1990). *Abuse of the Elderly at Home: The range of the problem*. Canberra: National Centre for Epidemiology and Population Health.
- Mears, J. (2003). Survival Is Not Enough: Violence Against Older Women in Australia. *Violence Against Women*; 9, 1478-1489. University of Western Sydney.  
<http://vaw.sagepub.com/cgi/reprint/9/12/1478>
- ree, G. (2006). *A Report on the Changing Roles of Grandparents: AFRC Briefing 2*. The Australian Institute of Family Studies.
- ODPM. (2006). *A Sure Start to Later Life: Ending Inequalities for Older People*. A Social Exclusion Unit Final Report. London: The Office of the Deputy Prime Minister. London.  
<http://www.socialexclusionunit.gov.uk/downloaddoc.asp?id=797>
- PADV. (2000). *Two Lives – Two Worlds: Older people and domestic violence*. Canberra: Commonwealth Government.
- Patterson, M., & Malley-Morrison, K. (2006). A cognitive-ecological approach to elder abuse in five cultures: Human rights and education. *Educational Gerontology*, 32(1), 73-82.
- Penhale, B. (2003). Older women, domestic violence, and elder abuse: A review of commonalities, differences, and shared approaches. *Journal of Elder Abuse & Neglect*, 15(3-4), 163-183.
- Peut, A. M. (2004). *Elder Abuse: The abuse, mistreatment and neglect of older people*. Canberra, ACT: Office for an Ageing Australia.  
<http://www.socialexclusionunit.gov.uk/downloaddoc.asp?id=797>
- Phillips, L. R., de Ardon, E. T., & Briones, G. S. (2000). Abuse of female caregivers by care recipients: Another form of elder abuse. *Journal of Elder Abuse & Neglect*, 12(3-4), 123-143.

- Pinkerton James, M. (1992). *The Elderly as Victims of Crime, Abuse and Neglect*. Canberra, ACT: Australian Institute of Criminology No. 37.  
<http://www.aic.gov.au>
- Reed, K. (2005). When elders lose their cents: Financial abuse of the elderly. *Clinics in Geriatric Medicine*, 21(2), 365-+.
- Sanders, L. (2005). *Financial Abuse of Older People: A Queensland perspective*. A report for the Elder Abuse Prevention Unit (EAPU). September.  
<http://pandora.nla.gov.au/nla.arc-54651>
- Schiemberg, L. B., & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse & Neglect*, 11(1), 79-103.
- Schröder-Butterfill, E., & Marianti, R. (2006). A framework for understanding old-age vulnerabilities. *Aging and Society*, 26(01), 3-35.
- Sidotti, C. (1999). *Age Matters? A discussion paper on age discrimination*. Canberra: Human Rights and Equal Opportunities Commission, HREOC.
- Smith, R. G. (1999). *Fraud and Financial Abuse of Older Persons*. Trends and Issues: Canberra: AIC, Australian Institute of Criminology.  
<http://www.aic.gov.au/publications/>
- Sykes, D. (2003). *Elder Abuse: The hidden problem*. Office of the Public Advocate.
- Thosar, S. (2002). Unlocking equity with reverse mortgages. *Journal of Banking and Financial Services*, 116(1), 69-63.
- Tilse, C. (2006). *Financial Abuse of Older People: Building knowledge from recent Australian research*. Paper presented at the ARAS, Aged Rights Advocacy Service Conference. Hobart, Tasmania. June 15.
- Tilse, C., J., W., & Setterlund, D. (2003). The mismanagement of the assets of older people: the concerns and actions of aged care practitioners in Queensland. *Australasian Journal on Ageing*, 22(1), 9-14.
- Tilse, C., J., W., Setterlund, D., Robinson, G., & Rosenman, L. (2003). *Families, Asset management and care-giving: Developing issues in policy, research and practice*. Paper presented at the 8th Australian Institute of Family Studies Conference.
- Tilse, C., Rosenman, L., Peut, J., Ryan, J., Wilson, J., & Setterland, D. (Forthcoming). Managing older people's assets: Does rurality make a difference? *Rural Society*, 1-15.
- Toomel, K. (2001). The Social and Economic Impact of Ageing Populations. *Habitat Debate*. Vol. 7. No. 2.  
[http://www.Unhabitat.Org/hd/hdv7n2/social\\_and\\_econ\\_impact.htm](http://www.Unhabitat.Org/hd/hdv7n2/social_and_econ_impact.htm)
- Wolf, R. (1997). Elder Abuse and Neglect: Causes and Consequences. *Journal of Geriatric Psychiatry*, 30(1), 153-174.
- Wolf, R., & Pillemer, K. (1997). The Older Battered Woman: Wives and mothers compared. *Journal of Mental Health*, 3(3), 325-336.

## **APPENDICES**

### **APPENDIX A**

#### **Queensland Elder Abuse Symposium**

With community care reforms under discussion again, it is timely to revisit the origins of HACC and its achievements to glean some lessons for future policy and program development. (Howe 2005).

Howe records the one hundred and eighty nine presentations at the 2005 Queensland Symposium “HACC Turns 20” were five presentations, numbers 40 to 43, the first composed of four papers, These were:

Presentation 40. Three papers presented under the heading “Minding the money or mining it? Asset management and older people” were:

40a. Rosenman, L. (2005). Wealth and Ageing: a challenge for ageing policy?

- This paper sets the policy context in which asset management takes place to challenge current approaches to issues such as the economics of ageing and intergenerational relationships.

40b. McCawley, AL. (2005). Financial abuse of older people with impaired capacity: Who is minding the money?

- This paper focuses on the limitations of legal provisions for older people with impaired capacity and the underlying reasons for financial abuse.

40c. Jackson, L. (2005) The quest for the golden goose: financial exploitation of older people,

- This paper presents findings regarding financial exploitation of older people by family members, based on research and practice at the community level and discusses remedial and preventative responses to address financial abuse.

40d. Peut, J. (2005). Strengthening community capacity in asset management: linking research with outcomes.

- This paper reports on preliminary findings from a demonstration project involving older people, family members and public and private organizations in developing best practice responses for asset management.

Presentation 41. Rosenman, L., Tilse, C., Setterland, D. & Wilson J. (2005). Wealth and aging: a challenge for ageing policy?

- Current policies on support for older people are predicated upon assumptions of limited income and physical frailty, however the improving wealth position of

older Australians arising from asset accumulation through pension plans, increase in the value of housing and growth in equity ownership requires new approaches from policy makers and researchers.

Presentation 42. Cawley, AL., Tilse, C., Setterland, D. & Rosenman L. (2005). Financial abuse of older people with impaired capacity: Who is minding the money?

- Financial abuse of older people with impaired capacity is still a relatively under-researched area. With the ageing of the population and a corresponding growth in the proportion of older people who will have impaired capacity, it is important that the responses of government reflect this change.

Presentation 43. Jackson, L. & Procopis, C. (2005). The quest for the golden goose: financial exploitation of older people.

- The EAPU (Elder Abuse Prevention Unit) has found that while financial elder abuse situations vary, many involve an older woman with indeterminate capacity who requires legal assistance to recover lost assets but is without the funds or support necessary to undertake the civil action required. Knowledge drawn from calls to the EAPU Helpline and from other research shows that a multidisciplinary approach is required with a legal, health and social work combination that is not to be found in Australia.

Presentation 44. Setterland, D., Tilse, C., Wilson, J., Rosenman, L., Morrison D. & Peut, J. (2005) Strengthening community capacity in asset management: linking research with outcomes.

- Research conducted by the Queensland University Ageing and Assets Research Program has found that providing assistance with asset management is a common, and yet under-recognised task of caring undertaken by many adult Australians. In addition, the increasing importance of prudent management of older people's financial assets is recognised as older people and their families seek to provide for long periods of retirement and current and future health care and other costs in older age.

## **APPENDIX B**

### **Older People and Crime**

A search of AIC, the Australian Institute of Criminology online publications revealed fifteen reports on Older People and Crime between 1992 and 2006

1. Risk of fear and fraud among older (2006)
2. Preventing Crime Against Older Australians (2005)
3. A safe and secure environment for older Australians (2003)
4. Consumer fraud lower for older Australians (2003)
5. Older people and consumer fraud (2002)
6. The victimisation of older Australians (2001)
7. Victimization rate remains lower for older Australians (2001)
8. Preventing crime against older Australians (2000)
9. Abuse of older people: crime or family dynamics (1999)
10. Elderly inmates' issues for Australia (1999)
11. Fraud and financial abuse of older persons (1999)
12. Substitute decision making and older people (1999)
13. Homicide and older people in Australia (1999)
14. Crime prevention for older Australians (1993)
15. The elderly as victims of crime, abuse and neglect (1992)

### **Women and Crime**

A search of the AIC website using the descriptors Women and Crime revealed a rich research resource of 2151 fully matching documents plus 6973 partially matching documents, many of the former of particular relevance to the vulnerability of older women to abuse and neglect.

## **APPENDIX C**

### **NCEA FAQ Web Addresses**

Elder abuse is a growing problem. While we don't know all of the details about why abuse occurs or how to stop its spread, we do know that help is available for victims. Concerned people, like you, can spot the warning signs of a possible problem, and make a call for help if an elder is in need of assistance.

NCEA, the National Centre for Elder Abuse (2005).  
<http://www.elderabusecenter.org/default.cfm?p=faqs.cfm>

The following questions developed by NCEA, have been asked in part or in total by all those involved in the elder abuse area, whether care-giver or care-receiver, concerned family, friends and neighbours, health professionals, age care providers, politicians, public servants, medical and legal practitioners, researchers and members of the wider community. They are included in this review as an Appendix to provide a quick link to a body of online literature relating to vulnerability and elder abuse.

**[What is elder abuse?](#)**

**[What are the warning signs of elder abuse?](#)**

**[What is self-neglect and what are the signs?](#)**

**[What makes an older person vulnerable to abuse?](#)**

**[Who are the abusers of older people?](#)**

**[Are there criminal penalties for the abusers?](#)**

**[How many people are suffering from elder abuse in the US?](#)**

**[Who do I call if I suspect elder abuse?](#)**

**[What should I expect if I call someone for help?](#)**

**[How can elder abuse be prevented?](#)**

**[What is being done to stop elder abuse?](#)**

**[How can I help stop elder abuse?](#)**