Elder abuse in Australia

Associate Professor Susan Kurrle
Curran Chair in Health Care of Older People
Faculty of Medicine, University of Sydney
Geriatrician, Division of Rehabilitation and Aged Care
Hornsby Ku-ring-gai Hospital, Hornsby NSW 2077
Australia

30 March 2011

THE UNIVERSITY OF SYDNEY

Overview

- How elder abuse is defined in Australia
- Images of elder abuse
- Different contexts in which elder abuse occurs
- Societal contexts influencing abuse

Definition of elder abuse

- **Any pattern of behaviour causing harm to an older person, and occurring within a relationship of trust**

- Causes harm to an older person
- Occurs within a relationship of trust

- Excludes self neglect or self harm
- Excludes harm from a stranger
- No explicit age criterion
- Can occur in any setting

Definition of elder abuse

- Can be acts of commission, or acts of omission
- Can involve intent to cause harm, or the harm may be unintentional
- Abuse can be physical, sexual, psychological, and financial, or it may be neglect
- No mandatory reporting of elder abuse in Australia except for physical and sexual assault in residents of aged care homes

Contexts of elder abuse

- Disease / disability context
- Social context
- Financial / economic context
- Family / relationships context
- Cultural context
- Institutional care context

- Elder abuse may occur within a single context but much more often several contexts combine

1. Disease / disability context

- More older people, and more older people with age-related diseases, for example:
  - Neurological and neurodegenerative diseases:
    - **Dementia**
    - Parkinson's disease
    - Stroke
  - Musculoskeletal disease
    - Arthritis
    - Frailty

Disease / disability context (cont)

- Older people with physical and/or mental impairments are likely to require assistance with activities of daily living
- This dependency on others for assistance means that they are vulnerable to abuse

- Acknowledgement of the role that disease and disability play is important as assessment and management of the disability may improve the abusive situation
- Dementia (and the consequent impaired capacity) is a major factor in the occurrence of abuse, and may often not be recognised

Case 1

- 81 year old lady, lived with husband, previously active and independent
- Had a stroke, severely physically impaired and required assistance with most activities of daily living, really wanted to go home
- Husband insisted on taking her home, he agreed to accept some services
- Readmitted after 2 weeks with pressure areas, dehydration, immobility

Case 2

- 78 year old lady with mild dementia and moderate cardiac failure, lived with daughter
- Several admissions to hospital with breathlessness
- Found to have pulmonary oedema despite cardiac medications being prescribed
- When contacted on the fifth admission, daughter was clearly uncomfortable with carer role, admitted to “mixing up” mother’s medications

Case 3

- 71 year old man referred with “mental and physical slowing”, and “carer stress”
- Wife very frustrated with his slowness in eating, drinking, dressing, and walking
- Admitted to often shouting at him and occasionally pushing him around, obvious bruising and grip marks on his arms
- Diagnosis of Parkinson’s Disease made, given exercise program and commenced on medication with good effect

2. Social context

- Government and community expectations that older people will stay in their own homes, rather than use institutional care
- More older people living alone in their own homes and receiving services there
- More social isolation and greater vulnerability to abuse and exploitation

Case 4

- 79 year old man lived alone, had moderate osteoarthritis
- 2 sons both lived interstate, only visited or phoned occasionally
- He had assistance with housekeeping from a private home help agency. One of the care workers befriended him, gradually worked her way into his life, helped him with his finances, took him to the bank etc.
- She convinced him that she would look after him and he didn't need anyone else.
- She moved a lot of his money to her account, and took him on expensive boat cruises, and arranged to sell his house

3. Financial / economic context

- In Australia many older people own their own homes, and older Australians hold about 25% of current wealth
- They may receive a pension from the government or have superannuation payments or other income
- Family members may have a sense of entitlement to this wealth, and may exploit older parents or relatives

Case 5

- 81 year old lady, had 2 strokes and a hip fracture, not able to mobilise independently, unable to return to living alone in home.
- High level nursing care recommended in a nursing home.
- Dtr refused and went home with mother, declined any assistance
- Dtr received carers pension, and had access to her mother's pension
- Mother lost weight, had pressure areas, GP arranged hospital admission, dtr took her home and changed GPs

Case 6

- 83 year old lady, mild dementia, lived in her own home
- Daughter and grandson moved in with her
- Daughter organised power of attorney for herself, and persuaded her mother to change her will so that she was the major beneficiary
- Gradually moved mother's money over to her own bank account, and arranged a "loan" to the grandson to set up a new business
- Changes discovered when mother did not have enough money to pay for residential care entry

4. Family / relationship context

- Domestic violence, or partner to partner abuse, may continue into older age
- Patterns of abusive behaviour may occur within families where the abuser was abused as a child by the person they are now abusing

Case 7

- 82 year old lady, lived with husband in apartment, long history of “marital unhappiness”
- Admitted to mental health unit following mild overdose with sedatives and antidepressants
- Readmitted following major overdose 4 months later
- Staff contacted family, discovered that husband had taken wife’s ATM card, refused to allow her out of unit, criticised her constantly
- Wife felt worthless and guilty

Case 8

- 80 year old lady, quite frail, caring for husband with Parkinson's Disease
- She fell and fractured wrist, husband insisted she continue to assist him with personal care
- Wife fell again, presented with rib fractures, noted to have bruising over face, arms and trunk
- Admitted for pain relief and investigation of falls
- Eventually admitted that her husband often hit her and pushed her, this had been occurring for 50 years

Diverse cultural contexts

- Australia is a very multicultural nation with people from 160 countries, and more than 100 different languages recognized
- Australia also has an indigenous population whose members have experienced many problems with moving from their traditional culture to a modern urbanised lifestyle

Case 9

- 78 year old lady of Asian background, brought out by son to Australia to assist with looking after her grandchildren
- This lady had early dementia which worsened with the move, and family realised that the grandchildren were not safe with her. She continued to live with the family as that was the agreement to allow the mother in to the country.
- As she became more disabled by her dementia, her family locked her in the house or tied her to a chair when they were away from the house
- She came to medical attention when she was able to get out into the street and fell over

Indigenous issues

- In the indigenous community there is a culture of communal ownership so pensions often get shared around
- If money goes on alcohol then often this leaves older people without income and food for many days at a time. Houses might belong to one family, but several families might live there, often at the expense of the older owner
- In ‘town camps’ (temporary camps on the edge of a town) there is high consumption of alcohol, and child abuse, domestic violence, and elder abuse are common
- The respect traditionally shown to the elders has almost disappeared

Institutional care context

- Residential aged care
  - Subsidised by government depending on level of care needed
  - High level care (formerly known as nursing home care)
  - Low level care (formerly known as hostel care or assisted living)
  - Issue of “institutional neglect” with inadequate care and support, regimented care schedules, poor nutrition, poor medical care
  - Residents can be classified as high care but remain in a low care facility
  - Mandatory reporting for suspected sexual and physical assault
- Hospital care
  - Acute and sub-acute hospitals are dangerous and unfriendly places for older people with high use of restraints, chemical sedation, and poor nutrition

Case 10

- 90 year old lady, in low level care accommodation
- Presented to hospital with poor mobility following unwitnessed falls and found to have fractured pelvis, and healing fracture of left wrist (not previously treated)
- Admitted for assessment of falls, and BP medication reduced and commenced on treatment for osteoporosis, discharged back to facility, with reassurance of extra care and assistance
- Readmitted to hospital again 1 month later with fractured shoulder, no changes had been made to medication, no extra care provided
- GP stated he had no knowledge of first admission

Case 11

- 86 year old lady presented to hospital from dementia specific residential care unit with refusal to mobilise and pain on transferring. No history of falls
- Found to have bilateral fractures of pelvis, bruising over thighs
- Family did not want her to return to facility as they were unhappy with care
- Found to have been sexually abused, facility denied any problems, police were involved, with subsequent charging of a member of staff

Societal contexts

- The human rights context is important with elder abuse being viewed as a human rights issue. The ability of older people to make choices, to have control over their decisions, and to have access to justice is an essential part of ageing in Australia, and underpins most responses to abuse.

- The political context has shaped the development of laws on mandatory reporting in residential care, with minimal evidence of effectiveness

- Ageism: "We live in a world where we can ignore this issue without complaint" (Prof Laura Mosqueda)


THE UNIVERSITY OF
SYDNEY