

Detecting elder abuse in women

- and what to do about it



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The perpetrator is usually someone the elderly person knows and trusts.

ELDER abuse is any act that causes harm to an older person. Women are at greater risk of elder abuse than men. Data from elder abuse helplines in Australia indicate that about 70% of elder abuse victims are women.

While awareness of elder abuse is increasing, it remains one of the least investigated types of violence in national surveys in Australia, and one of the least addressed in national action plans.

Elder abuse includes direct physical, social, financial, psychological or sexual maltreatment, and coercive control, disrespect and neglect. In the community, the perpetrator is generally someone the elderly person knows and trusts, such as a family member or friend. In an aged-care facility, it may be the care staff who perpetrate elder abuse. Elder abuse not only has an adverse impact on the victim's mental health, but can also lead to serious physical injuries.

WHO IS AT RISK?

Gender is a key risk factor for elder abuse. Women's heightened vulnerability is attributable not only to physical frailty, but also to ageist stereotypes about their inability to make decisions or act autonomously, and gender-based socialisation that might limit their capacity to be assertive.

In addition, risks for elder abuse in community settings include:

- Lack of social connections and poor social support;
- Children, grandchildren and other family members believing they are entitled to the older person's financial resources, and conflicts over inheritance; and
- Insufficient financial ability to pay for care.

In nursing homes, the risk of elder abuse is higher in settings where there is insufficient staffing, poor staff training, inadequate care standards and a lack of supervision. Women are at particular risk of sexual assault in nursing homes; there were 396 reports of suspected unlawful sexual contact in Australian aged care settings in 2015-16.

Older women from immigrant and refugee backgrounds are at high risk of elder



abuse due to language barriers, social isolation and dependency on others to access social services.

RESEARCH INTO ELDER ABUSE IN WOMEN

An analysis of data from the Australian Longitudinal Study of Women's Health (ALSWH) illustrates how women are at risk of elder abuse.

A group of researchers recently assessed previously unanalysed ALSWH data about the positive aspects of mental health, such as life satisfaction, social participation, enthusiasm and level of energy.

The research, led by members of the Jean Hailes Research Unit, demonstrated that mental health among older women is clearly related to social relationships, general health, access to physical activity and healthy nutrition, recent or coincidental

Practice points

- Elder abuse is any act that causes harm to an older person. The abuse may be physical, social, financial, psychological or sexual, and includes disrespectful treatment and neglect.
- Women are at higher risk than men.
- Other risk factors include poor social support, sociocultural factors (the erosion of bonds between generations), conflicts over inheritance, and financial inability to pay for care.
- If there is a recent deterioration in the woman's mental health, it is appropriate to inquire about experiences of abuse.
- If abuse is confirmed, informal, formal or protective pathways can be pursued based on the woman's needs and preferences.

adverse life events and experiences of interpersonal violence, in particular elder abuse.

The group of women who were most likely to experience a sudden decline in mental health were those who reported experiencing financial, physical or emotional abuse. The research included more than 12,000 women born between 1921 and 1926, who were surveyed about every three years from 1996.

The data suggests 8% of women in Australia aged 85-90 have experienced abuse, with derogatory and disrespectful or patronising care being the most common form. Neglect was reported by 20% of women aged 70-75 and 85-90 years.

Mental health promotion specific to older women needs to involve much more than screening for, and treating, depression and anxiety. There are clear potential benefits to health education strategies that promote healthy assertiveness, the right to safety and autonomy, participation in regular meaningful social activities, the importance of respectful and confiding relationships, physical activity and healthy nutrition.

CONSULTATION

Clinicians caring for older women can use straightforward questions to inquire about mental health.

Examples include asking how much of the time the person feels energetic, enthusiastic about life, and able to participate in enjoyable activities.

If there is a recent deterioration in these states, then it is appropriate to inquire about experiences of abuse using the following screening questions:

1. Has anyone close to you tried to hurt you or harm you recently?
2. Are you afraid of anyone in your family?
3. Has anyone close to you recently called you names, put you down or made you feel bad?
4. Does someone in your family make you stay in bed or tell you you're sick when you know you're not?
5. Has anyone forced you to do things you didn't want to do?
6. Has anyone taken things that belong to you without your permission?

If older women are experiencing any of these behaviours, then it needs to be named and recognised as elder abuse.

There are multiple pathways to assist, and the responses to abuse can be informal, formal or protective, depending on the circumstances and the woman's preferences:

- Informal responses include advising the woman of her rights, determining if she can self-advocate, or determining whether family or friends can be trusted or can provide support.
- Formal responses can involve local community services (such as aged-care assistance service packages, counselling and mediation) to reduce dependence on the perpetrator, and advocating for the woman so that other agencies are aware of the need for potential housing, assessment for services, and financial or legal assistance.
- Protective responses include alternative accommodation, reporting the abuse to the police and encouraging the person to seek legal advice (such as intervention orders and welfare checks). ■

References on request

Resources

- My Aged Care list of hotline numbers: bit.ly/2tamuCT
- Senior Rights Victoria helpline: 1300 368 821 or see: seniorsrights.org.au
- NSW Elder Abuse Helpline and Resource Unit: elderabusehelpline.com.au
- liptember.com.au This campaign is supporting Jean Hailes to research the mental health of women as they age.

This column is supplied by Jean Hailes for Women's Health - a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au