Prevention of Elder Abuse Project
for UnitingCare Ageing
& St Ives Uniting Church

Literature Review on Elder Abuse

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Introduction

Abuse within interpersonal relationships is an internationally recognised phenomenon. It has been labelled a hidden phenomenon because within the family structures where abuse occurs the key to maintaining abusive relationships is to regard the abuse as a “private family concern” and keep it hidden from those outside the family (Se’ver, 2009). Abuse of children and women have been extensively recognised and researched for many years, whereas abuse against elders was first identified in 1975 by British gerontologists. At that time it was labelled as “granny battering” (Baker, 1975, Burston 1975).

The British report led to extensive research into elder abuse in the United States in the late 1970s and 1980s. Australia, Canada, China, Norway and Sweden reported research into elder abuse to the United Nations in the 1980s, while Argentina, Brazil, Chile, India, Israel, Japan, South Africa, Great Britain and European countries reported research into elder abuse in the 1990s (WHO/IPNEA 2002). The definition of “elder” changes according to the social context. In developed nations an elder is identified as someone who has retired and is usually over the age of 65 years (Kurrle et al., 1992) but some developed nations define a person as being elderly from as young as 60 years of age (Doe et al, 2009). Indigenous women in Australia are classified as elderly from the age of 45 years due to their lower life expectancy in comparison to the life expectancy of non-indigenous women (McFerran, 2008).

1999 was declared by the United Nations as the International Year of the Elderly. Issues of physical and emotional abuse against the elderly and street violence against the elderly began to be discussed and addressed in that year, as of concern to the world as a whole and not just to developed or developing nations as individuals (WHO/INPEA, 2002).

Background

The statistics on elder abuse show that it is low, somewhere between 4% and 6% of the elderly population (Al-Baho, 2003, Biggs et al., 2009, Kurrle et al., 1992, Kurrle et al., 1997, NCEA, 1998, Sadler, 1992, WHO/IPNEA, 2002). However, O’Connor et al (2009) suggest that the statistics are so low because elders are afraid of reporting abuse and that many do not have the opportunity to report abuse even if they wanted to.

Research into elder abuse has focused on individual and familial rather than on societal factors. The focus is often on the characteristics of abusers e.g. overstress on carers, addictions to drugs or alcohol, psychopathological factors e.g. dementia and psychiatric disorders; or the characteristics of the abused e.g. physical dependence, dementia, vulnerability, “not taking full responsibility for their cash or pension book”, gender, whether they live alone or with a partner (Roberts, 1993, WHO, 2002).

Biggs et al. (2009) report that 51% of abuse incidents are committed by a partner or spouse, 49% by another family member, 13% by a care worker, and 5% by a close friend or neighbour. The effect of analysing the problem in this fashion means that abuse is viewed as a family problem and is not a societal concern. Very little research has been done into societal disrespect and ageist attitudes. Much of the literature shows that victims are feeble minded, vulnerable, a burden and frail (Keyes and Brown, 2009), that they are unable to participate in and contribute to society as a whole. Depicting the elderly in this fashion fuels societal ageist attitudes and disrespect.

Economic abuse is one of the most frequently reported forms of abuse, followed by neglect, psychological or emotional, and finally physical abuse. Sexual abuse of elders is not reported as frequently as any other type of abuse. (Roberts, 1993).

Lack of respect for elders is reported in both South Africa and China as having a significant impact on elder abuse (WHO/IPNEA, 2002). It is not noted whether this is considered to be a
disrespect of elders permeates society as a whole and leads to abuse, exploitation and neglect within the Kenyan Health Care system. Disrespect for elderly people is encountered at all levels of society within developed and developing nations, including government and commercial institutions. It has particularly been reported as a societal problem in Canada, Lebanon, Kenya, Austria and Brazil where it is generally agreed that social values and attitudes of respecting the elderly have changed dramatically for the worse, especially in younger generations (WHO/IPNEA, 2002).

Definition of Elder Abuse

There is considerable debate as to the definition of elder abuse because some cultures endorse and encourage behaviour that may be viewed as abuse within a different cultural context. Some cultural contexts refer to mistreatment rather than abuse, for example, India and South Africa. In Australia, the term “elder” popularly refers to older Indigenous people who hold specific positions of power within Indigenous tribes. This means that the term “elder abuse” in Australia could be misconstrued as only referring to Indigenous populations (Leveratt, 2005). It is therefore a recommendation of this report that the term “elder abuse” be replaced with “senior abuse” in an Australian context.

The World Health Organisation has categorised abuse of the elderly into three bands: neglect, which includes isolation, abandonment and social exclusion; violation of human, legal and medical rights, which includes violence; and deprivation of choices, decisions, status, finances and neglect. (WHO, 2002).

There is an emphasis on the fact that whatever the definition of abuse is, that it occurs within a relationship where there is an expectation of trust (WHO, 2002). However, research on domestic violence against elderly women, shows that it is different from other forms of elder abuse because it is based on unequal power relations and traditional devaluation of women, not on relationships based on trust (McFerran, 2009). The World Health Organisation definition of elder abuse, therefore does not account for physical abuse in the form of domestic violence that has been ongoing for many years, possibly even many decades.

Recent studies (Beaulaurier, Seff & Newman, 2008, O’Connor, Hall & Donnelly, 2009, Se’ver, 2009) have deconstructed the WHO definition of abuse into five different categories of abuse against elders: psychological, physical, sexual, economic and neglect. For the purpose of this report, therefore, elder abuse will be defined by these five categories and includes physical abuse (or violence), financial abuse, sexual abuse, psychological/ emotional/ social abuse, and neglect (which is omission rather than an act of commission). The WHO report on violence and health states that “Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person” (WHO, 2002, p 126).

Furthermore, the literature suggests that abuse perpetrated against an individual elder is often not limited to only one form, for example, physical violence is often accompanied by psychological abuse, and financial abuse may be accompanied with neglect or physical abuse. (Elkins, T. and O’Neill, C. 2009).

Quality of Life

The World Health Organisation (2002) report states that “a decreased quality of life for the older person” results from abuse. Studies in the UK, US, Kuwait and China show that elders who are subject to abuse are adversely and severely impacted in emotional and mental well-being and in physical well-being; while those who are abused financially are also severely impacted in their financial, medical and life-style needs (Alves and Wilson, 2008; Dong et al., 2008, WHO/ IPNEA, 2002, Al-Baho, 2003).

A study in New Haven, CT, USA showed that the mortality rates for elders who suffer abuse are significantly higher than those who do not suffer abuse. Thirteen years after the study
began 40% of the group where no abuse or neglect had occurred were still alive, compared to 9% of the elders who had suffered abuse or neglect (WHO, 2002).

Dong et al (2008) postulates that there is a relationship between elder abuse and neglect and depression in elders, although they are unclear as to which condition causes the other, while Al-Baho (2003) shows that depression is prevalent amongst the elderly population in Kuwait who have been abused and that it is clearly associated with morbidity and mortality.

The above mentioned studies all show that abuse of the elderly severely impacts their quality of life and increases their mortality rates.

Perpetrators

There is disagreement between various studies as to who are the main perpetrators of elder abuse. However, all the studies agreed that the main abusers were family members of the victims. The NCEA in the US (1998) found that 47.3% of abusers were adult children, 30.3% were spouses, 8.8% other relatives, 8.6% grandchildren and 5% were non-family members. Australian statistics are similar: 43% adult children, 38% spouses, 10% other relatives and 9% were non-family members (Kurrle et al. 1997). Whereas in 1992 Kurrle et al. reported that 51% of abusers were spouses, 24.5% were adult children, 18.8% were other relatives and 5.7% were non-family members. Sadler (1992) found that 49% of abusers were spouses, 27% were adult children, 18% other relatives and 6% were non-family members. In the UK 51% of abuse was found to be partner or spouse, 49% other family members, 13% non-family members and 5% close friends (Biggs et al. 2009). However, all studies found that the majority of abusers were male (Biggs et al., 2009, Kurrle et al., 1992, Kurrle et al. 1997, NCEA, 1998, Sadler, 1992), reporting a 56% to 44% split between male abusers and female abusers.

Gender

The World Health Organisation’s IPNEA study of elder abuse in 2002 found that “two key factors emerged as underpinning virtually all forms or contexts of abuse: Gender and Socio-Economic Status. …there was a prevailing view that women, particularly the [poor] childless and widow, are the most affected.” (WHO/IPNEA, 2002).

Se’ver (2009) suggests that women are the main victims because they live longer than men and that the poverty rate of elderly women is double that of men and that elder abuse is not merely “wife abuse that has gone old”.

O’Connor et al (2009) suggest that elderly women in abusive situations do not feel comfortable making decisions that would lead to better care away from their abuser. They suggest that victims of abuse believe that making such a decision would be regarded as assertive by the perpetrator and therefore lead to further abuse. This is backed up by statistics from studies that show that many elderly women continue to suffer abuse for more than two years (Kurrle et al., 1992, Kurrle et al., 1997, Sadler, 1992).

Beaulaurier et al (2008) have studied the barriers that elderly women experience to leaving abusive situations. They conclude that there are three main reasons why elderly women remain in an abusive home environment: cohort effects, (that is, lack of job skills, lack of finances, lack of accommodation); period effects, (that is, unsuccessful attempts earlier in life to gain help); and finally, ageing effects wherein physical, emotional and functional challenges increase with age and ageing decreases options for changing relationships. Elderly women also have a generational understanding that their role is to keep peace and order in the household and that it is their duty to be obedient to their spouse even when their spouse is physically violent, and that they need to keep their families intact in spite of danger to themselves and their children. Domestic violence also increases feelings of powerless, self-blame, shame, hopelessness and the need to keep abuse secret in order to protect their family (Beaulaurier et al., 2008). Older women also report that their families do not support them if they discuss leaving violent and abusive home situations (Morgan & Disney 2000).
Older women have fewer options when confronted with domestic violence and other forms of abuse. There are no shelters for older, single women, and they are therefore confronted with choices between homelessness and accepting abusive behaviour (McFerran, 2009).

Domestic violence, however is not the abuse most commonly suffered by elderly women. Statistics suggest that elderly women are more commonly subjected to financial abuse than physical abuse, that emotional abuse is the next common type of abuse of elderly women and that neglect and isolation follow. Physical abuse and sexual abuse are statistically less likely to occur (Kurle et al., 1997; Sadler, 1992; Elkins, T. and O’Neill, C, 2009) than the other types of abuse.

**Cross-Cultural Research**

Research into elder abuse shows that it occurs in all nations around the world, both developing and developed. It occurs in nations where familial piety is a way of life such as in China, Taiwan and Korea and in nations where familial piety is not an important aspect of culture. However, the definition of abusive situations can change according to cultural context.

Se'ver (2009) suggests that Canadian and US populations are ageist and that the cultures marginalise the aged and that this leads to high incidences of abuse whereas Asian cultures respect their elderly and therefore lower instances of abuse are reported.

Brown (1989) studied elderly abuse in a Navajo Native American Indian tribe and discovered that abuse was common in the form of neglect and also financial abuse. The Navajo culture emphasises the importance of cooperative relationships and mutual helping patterns. This therefore led to the elderly reporting neglect in much higher percentages (45.9%) than is usual in Western cultures. 21.6% of the elders were regarded as having been financially abused whereas they did not report this themselves because it was regarded as a cultural privilege and duty to share financial resources with their extended families (Brown, 1989).

In India and South Africa elderly widows are driven out of the villages because they are a drain on resources and in the United Republic of Tanzania five hundred elderly women are accused of witchcraft and murdered each year when something unusual or destructive occurs in the village (WHO, 2002). These acts of violence and abuse against elderly women are considered cultural norms in those societies and are therefore not reported as abuse. Also, in India the elderly may be subject to legal abuse. Daughters-in-law who have been subjected to verbal and psychological abuse for their entire lives report that their dowries have been stolen and the elderly parents-in-law are immediately prosecuted. Elderly parents-in-law believe they are being reported out of a desire for revenge and they regard this as abuse (WHO/ IPNEA, 2002).

It has been suggested that Asian countries are not as likely to acknowledge elder abuse because of a belief that the Confucian ethic of filial piety prevents elder abuse form occurring (Doe, et al, 2009). However, an Adult Protective service was started in Korea in 2004 due to the phenomenon. In China, where filial piety is a cultural norm elderly people who do not receive housing and food from relatives are regarded as being neglected and therefore caregiver neglect is the most common form of reported elderly abuse (Dong et al., 2008).

**Conclusion**

Early theories of elderly abuse associated physical dependency with increased risk of abuse, however, later studies have identified “a web of interdependency – a strong emotional attachment between the abused and the abuser that often hindered efforts at intervention.” (WHO, 2002). Dong et al (2008) noted that people with no available emotional support and people who did not have a relationship with a trusted person often were those people who reported abuse and neglect.
These are the only mentions of emotional attachment as part of the problem of elderly abuse. The World Health Organisation (2002) report acknowledges that emotional dependency on abusers can be a problem for the elderly, particularly in separating the elderly victim from their abuser but there appears to be no research that effectively shows a link between elderly abuse and the emotional dependence of the elderly victim on their abuser. This is a gap in the research and an opportunity for research into the elderly victim’s emotional dependence on an adult child perpetrator, as a predictor of elderly abuse.

Although elder abuse is becoming more widely recognised, society is a long way from dealing with it effectively (Moraru, 2006). Elder abuse is in part a consequence of the relationships between the elderly victims and their carers, but there are also societal and structural problems that encourage elder abuse. Elderly people are not regarded as capable human beings who can contribute to society. They are regarded as frail, vulnerable people who are on a similar level in society as children. Respect for the elderly is not part of Australian culture and this leads to senior abuse. Even when filial piety is a strong value in a culture elder abuse still occurs because respect for elders in these cultures has diminished. Establishing adequate systems of prevention of elder abuse should be a long term goal of all governments.
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