

## **Evaluation of Elder Abuse Prevention Unit database**

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This report aims to evaluate whether the elder abuse prevention unit database gains valuable information about callers who are victims of or know someone who is a victim of elder abuse and the factors involved in the elder abuse situation. It also aims to suggest what changes could be made to increase the effectiveness of this database for ease of use and in light of current research in the elder abuse field. The elder abuse prevention unit operates from Lifeline Brisbane. The database described in this report is the one staff fill in when they receive a call about elder abuse, which is later used to provide valuable statistics on elder abuse. This report will describe the different sections of the database and then comment on the strengths and limitations of the database and provide recommendations for improvements.

### **Primary Abused**

The first page of the database includes the following three sections of information which refer to the primary abused: background details, wealth/income measure and living arrangements and risk factors present. The first section, background details, includes the following information: date, gender, age (includes a drop-down selection in which the options include less than 20yrs then occur in five-yearly increments eg. 20-24yrs.. till 85-89yrs and the last possible selection is 90+yrs), postcode, country of origin, English used as a first language (select if true), English used as a second language (select if true), Language used at home (insert text as necessary) and community identified with (includes a drop-down selection of the following: English speaking background, non-English speaking background, Aboriginal, Torres-Strait Islander or unknown). This section also includes a box to be ticked if multiple people are being abused (e.g. residents) and the staff member who

takes the call (selected from a drop-down menu of staff names). This section appears to be adequate in gaining appropriate background information.

The second section, wealth/income measure and living arrangements attempts to collect the following information: income source (with a drop-down selection of the following options: Centrelink, veteran affairs, paid work, self-funded retirement or unknown), accommodation type (with a drop-down selection of the following options: house/unit, mobile home, retirement village, boarding house, homeless, unknown, aged care facility), aged care (with a drop-down selection of the following options: high, dementia specific, low, unknown), ownership (with a drop-down selection of the following options: owner, private rental, public rental, boarding) and living with (insert text as necessary). This section appears to be adequate in gaining appropriate wealth/income and living arrangement information. One thing that could be clarified is aged care (e.g. does this refer to in an aged care facility or generally?).

The last section refers to risk factors for the primary abused. Under the heading of financial risk factors there is primary and secondary risk and the following drop down selection menu for both: gambling, debt burden, dependence on others, dependence by other, insufficient income and other. One critique of this section is that although it has the option of other, it does not include a section where the staff member can type in the other risk factor. Under the heading of health risk factors there is requires care (with a drop-down selection of the following options: full-time, part-time, none), physical (with a drop-down selection of the following options: frailty, illness and disability), mental/psych (with a drop-down selection of the following options: dementia, mental illness, intellectual disability, severe distress), substance abuse (with a drop-down selection of the following options: alcohol, drug illicit, drug prescription) and other (insert text as necessary). Under the heading of

environmental risk factors there is isolation (with a drop-down selection of the following options: unable to access services, lack of services, lack of support networks and isolation), family conflict (with a drop down selection of recent or ongoing), inadequate accommodation (which can be selected), dependency (which can be selected) and other (inset text as necessary).

### **Secondary Abused**

The second page of the database refers to the secondary abused, where applicable, and collects background information and current risk factors. Background information is collect with the following sections: gender, age, postcode, English first language, English second language, language used at home, country of origin and community identified with. This information is collected in an identical manner to that described previously for the primary abused. Risk factors are listed under the headings financial, health and environmental with identical subheadings a scroll down selections to those described previously for the primary abused.

### **Primary Abuser**

The third page of the database refers to the primary abuser and collects background information, type of abuse and risk factors. Background information includes the following sections: relationship (with a drop-down selection of the following options: son, daughter, partner/spouse, grandchild, friend, other relative, worker, neighbour, self, other, intimate personal), other relationship (where the staff can insert text), family relationship (with a drop-down selection of the following options: step, in-law, adoptive, other), gender, age (collected in the same way as for primary abused), informal carer (with a drop-down selection of the following options: full-time, part-time, none), carer's pension allowance (can select if relevant), carer stress (can select if relevant) and living with the abused (can select if relevant). Under

type of abuse the following sections are included: primary abuse (with a drop-down selection of physical, sexual, psychological, financial, social, neglect), secondary abuse (where the above categories can be ticked if necessary and has an additional option of intentional neglect), POA/EPOA (refers to power of attorney, enduring power of attorney and can be ticked as necessary and amount (which can be entered)).

Risk factors are then divided into financial, health and environmental.

Financial risk factors include the following sections: primary risk (with a drop-down selection of gambling, debt burden, dependence on others, dependence by others, insufficient income, other) and secondary risk (with an identical drop-down menu).

This section could be improved by adding in a section for other where the staff can enter free text. Health risk factors include the following sections: physical,

mental/psych, substance abuse and other. The drop-down selections for these headings are identical to those previously described in the primary abused section.

Environmental factors include the following sections: isolation (with a drop-down selection of the following options: unable to access services, lack of services, lack of support networks and isolation), family conflict (recent, ongoing), inadequate accommodation, dependency and other (where free text can be entered). At the end of this page are options to be selected if the abuse does not occur within a relationship of trust and include the following: self-neglect, neighbourhood dispute, a worker abusing people, unknown abuser, dispute or general complaint about an agency, scam or financial dispute, accommodation dispute or accommodation request. This is useful information to gather as not all calls refer to elder abuse which occurs within a relationship of trust and it allows the Elder Abuse Prevention Unit to determine the number of calls that do not occur within a relationship of trust and what these calls are typically about.

## **Secondary Abuser**

On the fourth page details of the secondary abuser are collected. These include relationship, family relationship type, gender, age, informal carer, carer stress, living with abuser (which can be ticked), and other. These headings have drop-down selection options identical to those described in the primary abuser section previously.

## **Other pages on the database**

The fifth page of the database includes a list of many common referrals (e.g. Alzheimer's association, Department of Housing) made to callers from elder prevention unit staff during the phone call. The sixth page of the database includes details of the notifier. It includes the following: relationship (with a drop-down selection of the following options: son, daughter, partner/spouse, grandchild, friend, other relative, worker, neighbour, other), referral source (with a drop-down selection of the following options: telephone directory, media-print, media-electronic, internet, word of mouth, promotional material, professional knowledge, other) and postcode. This section also records the duration of the call.

## **Research on Victims of Elder Abuse**

Research on elder abuse follows the World Health Organisations definition of elder abuse as "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." The relationship of trust includes family, friends, paid workers and volunteers and excludes neighbours, strangers and acquaintances (Mowlam et al, 2007). The prevalence of elder abuse is 2.6%, using the definition provided above and increases to 4% - 10% when people not in a relationship of trust are included (O'Keefe et al, 2007, Taylor et al, 2006). More than half of those experiencing elder abuse have suffered from more than one form of abuse (Glasgow & Fanslow, 2006;

Boldy et al, 2005). A Western Australia study by Boldy et al (2005) found a markedly higher prevalence of elder abuse in the Aboriginal community and commented that perhaps desensitisation had occurred in this group. Victims of elder abuse suffer severe emotional distress and have higher levels of depression than non-abused comparisons and often respond to abuse with learned helplessness and alienation (Wolfe, 1997). Mowlan et al (1997) found that elder abuse can lead to depression and that having social support can increase one's ability to cope with elder abuse. Lachs et al (1997) speculated on social networks as a protective factor against elder abuse.

Five categories of elder abuse typically studied in research are: physical abuse (e.g. causing injury, inflicting pain, medication abuse, inappropriate use of restraint or confinement), sexual abuse (e.g. forced, coerced or exploitive sexual behaviour towards an older person or sexual acts imposed on an older person lacking the mental capacity to understand or give consent), psychological abuse (e.g. behaviour that causes stress or fear including verbal abuse, intimidation, threats of other forms of abuse, damage to property, removal of decision-making powers), financial/material abuse (e.g. illegal or improper use of funds or other resources and/or exploitation) and neglect (e.g. failing to meet the physical or emotional needs of an older person). Other categories that can be used are abuse of enduring power of attorney and spiritual abuse (Glasgow & Fanslow, 2006). Boldy et al (2005) also puts forth social abuse, which is restricting the social connections of an older person and in their study they found it to be more common than sexual abuse. In that Western Australian study they found the most common form of elder abuse to be financial abuse, followed by psychological abuse. Mowlan et al (2007) found that abuse can be one off or ongoing, can be one type of abuse by several people, can be several forms of abuse by one

person and can involve recent different experiences of different types of abuse by different people.

The current research identifies the following risk factors for elder abuse: dementia, difficulties communicating, history of family and/or partner violence, dependency (emotional, social, physical, or financial), cognitive impairment (e.g. memory loss, confusion), decision-making disabilities, poverty, poor or failing health, lack of financial support, lack of community support, dependence on one person for care, exhibiting difficult, abusive or inappropriate behaviour, low self-esteem, long-standing negative personality traits, limited social contacts, physical disabilities and depression (Age Concern Elder Abuse and Neglect Prevention Services, 2007; Boldy et al, 2005; Glasgow & Fanslow, 2006; Lachs et al, 1997; Mowlan et al 2007; O'Keefe et al, 2007; Wolfe, 1997). While these risk factors apply to all types of abuse, O'Keefe et al (2007) found that for financial abuse, risk factors also include separated or divorced women and people living alone and that for neglect, additional risk factors include being female, being over 85 years old and that in this instance having very bad health or depression is a highlighted risk factor. Abuse by someone who has enduring power of attorney is more common when the older person suffers dementia (Age Concern Elder Abuse and Neglect Prevention Services, 2007).

### **Research on Perpetrators of Elder Abuse**

Perpetrators of elder abuse are commonly family members. Boldy et al (2005) found a high percent of abusers were family members or other relatives. Glasgow and Fanslow (2006) found that in 40% of cases the abusers were sons or daughters and in 15% of cases they were partners or spouses. Other abusers may include friends, caregivers, support workers, health care providers, residential care facility owners and people managing the older persons affairs (Age Concern Elder Abuse and Neglect

Prevention Services, 2007; Glasgow and Fanslow, 2006; Mowlam & Tennant, 2007). O'Keefe et al (2007) found that 25% of abusers lived with the older person and provided them with care.

Research has identified the following risk factors for perpetrators of elder abuse: increased level of dependency (emotional, social, physical, financial) on the older person, lack of education into the older persons illnesses, lack of support or relief as a caregiver for the older person, history of violence, drug or alcohol abuse, poor health, isolation, lack of social networks or support, experiencing stress in other areas of life (e.g. unemployment, poor health), dementia, financial difficulties, relationship problems, gambling issues, low self-esteem and difficulties controlling anger (Age Concern Elder Abuse and Neglect Prevention Services, 2007; Glasgow & Fanslow, 2006). While these risk factors apply to all types of elder abuse, O'Keefe et al (2007) found that interpersonal abuse tended to be perpetuated by older men with dementia and also in long-term domestic violence situations. Perpetrators of neglect tend to be experiencing carer stress or stress in other areas of life (e.g. unemployment), addiction to gambling, alcohol or drugs and dependence on the older person for housing, financial and emotional support (Age Concern Elder Abuse and Neglect Prevention Services, 2007).

### **Application of research findings to evaluation of database**

With the current research in mind, the following recommendations for the database are suggested. Considering that more than several types of abuse may be encountered recently by several different perpetrators and that abuse may be one off or ongoing, it is suggested that the database more clearly highlight whether it is one off or ongoing abuse, what type of abuse it is (eg. Physical) and also the perpetrators for each situation. Because research highlights that abuse by enduring power of

attorney is becoming more common in countries around the world, it is suggested that this form of abuse be included under type of abuse or beside financial abuse as a specific type of abuse.

Also, as research has identified the following as risk factors for older people being abused, it is recommended that they be added in sections under risk factors for primary and secondary abused: separated/divorced, lives alone, depression, history of family/partner violence, difficulties communicating, cognitive impairment, decision-making disabilities and low self-esteem. It is also suggested that dependence in this section be more specific e.g. (emotional, social, physical, or financial). While it is understood that some of these risk factors may be slotted into pre-existing slots (e.g. depression under mental health), because these are more specific categories already determined to be risk factors in the research, it is recommended that they stand alone.

Research has also started looking at the effects of elder abuse (e.g. depression, alienation, low self-esteem) and ways to cope with it (e.g. withdraw, link in with community supports, rational thinking). It is suggested that pages exploring the effect of abuse and coping strategies employed be added to the database to further explore these areas. There will then be the potential to use the information gained to add to the research into elder abuse.

A strength of the database is that it explores whether or not cultural factors play a role in abuse by identifying the culture of the abused. It would be useful if the culture of the abuser could also be identified in the abuser sections. This is important considering the Australian study that found a markedly higher prevalence of elder abuse in Aboriginal communities.

With regard to the pages on primary and secondary abuser it is good that the questions of relationship with the older person, living with older person, carer stress

and carer for the older person are included in the database as research identifies these as risk factors. In the menu for relationship it is advised that self and neighbour are not included in the list as these do not refer to people the older person is in a relationship of trust with. Also, with regards to dependency it is advised that the more specific categories of emotional, social, physical or financial be added to give a more specific picture. It is also suggested that in line with research on risk factors for perpetrators, that the following be added to the list of risk factors: lack of education into the older persons illnesses, lack of support or relief as a caregiver for the older person, history of violence, experiencing stress in other areas of life (e.g. unemployment), relationship problems, gambling issues, low self-esteem, difficulties controlling anger and dementia. As well, it is recommended that on the secondary abuser page, the sections on type of abuse and risk factors for perpetrating abuse that are included for primary abuser with the suggestions made above are included, so that a clearer picture of perpetrators can be gained. It is not considered that gathering this additional information will take too much time and effort from staff. It will be useful information to gain if the service decides to use their data on primary and secondary abusers to identify the characteristics and risk factors of abusers and to identify which risk factors for perpetrators are linked to specific types of elder abuse.

Overall the database effectively obtains background information on victims of elder abuse, types of abuse occurring, risk factors for victims and perpetrators of elder abuse, living conditions of abused and whether the abuser is a carer and the type of relationship they have with the older person. As discussed, the database could be improved by adding to the list of risk factors for the abused and abuser, adding abuse by power of attorney into types of abuse, identifying the culture of the abuser, obtaining more information on the secondary abuser and more clearly highlighting

whether it is one off or ongoing abuse, what type of abuse it is (eg. Physical) and also the perpetrators for each situation. It is hoped that these recommendations are useful for the elder prevention abuse unit.

## References

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