Perspectives on Elder Abuse
Theory and Practice in Australia

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Key Assumption

The manner in which you conceptualise the nature of elder abuse frames the way public policy and practices responses are formulated.
Thinking *about elder abuse in Australia*

- The conceptualisation of the problem of elder abuse in Australia has taken a different path to the conceptualisation in other developed countries.
- Theory played a strong role in early evolution with Australia being different to US and UK.
- Early thinking - more problematic construction of the problem with major debates between “minimisers and maximisers”.
- Rejection of the practice of mandatory reporting until 2006.
International Context

- Identified by WHO as significant international issue.
- Emergence of strong advocacy groups and networks
  - International Network for Prevention Elder Abuse
  - Action on Elder Abuse (UK),
  - Helping Aged (UK),
  - Elder Justice Alliance (US),
  - AARP (US).
- Emergence of elder law as a new stream of professional practice.
- Increased focus on abuse in residential care in UK, Europe, US and Canada.
# Theoretical Frameworks

<table>
<thead>
<tr>
<th>Framework</th>
<th>Theoretical Explanations</th>
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<tbody>
<tr>
<td>SOCIAL SCIENCE</td>
<td>Social situation, symbolic interactionism, social constructionism, cultural context, ecological</td>
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<tr>
<td>FEMINIST</td>
<td>Domestic violence, patriarchy and societal tolerance of violence towards older people</td>
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<tr>
<td>CRIMINAL</td>
<td>Criminal law, neutralisation theory, routine activity theory</td>
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<tr>
<td>RISK</td>
<td>Risk management (Beck &amp; Giddens), regulatory theory (Rothstein, Huber &amp; Gaskel, 2006)</td>
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## Explanatory Perspectives

<table>
<thead>
<tr>
<th>Explanation</th>
<th>Key Concepts</th>
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<tr>
<td>Psychopathology</td>
<td>Abuser pathology and drug addiction</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>Breaking the law, prosecution and punishment</td>
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<tr>
<td>Carer Stress</td>
<td>Over-burdened carer. Provision of support services.</td>
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<tr>
<td>Domestic violence</td>
<td>Reporting, Intervention, Legal remedies, alternative accommodation.</td>
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<tr>
<td>Ageism</td>
<td>Ageist attitudes lead to negation of experience</td>
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<tr>
<td>Economic</td>
<td>Abuse related to poverty, greed and wealth</td>
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<tr>
<td>Cultural and social values</td>
<td>Social values tolerate or negate abuse. Decline in respect for older people</td>
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</tbody>
</table>
Social Embeddness
Ties to Family and Friends
Stakeholders of Subject

Individual Level Factors (Subject)

Master Social Statuses
wealth, race, ethnicity, religion, kinship status.

Physical Health Status
Chronic diseases, diabetes, heart or acute illness.

Personality Characteristics and Mental Health Status
Dementia, depression, social competence, intelligence, personality.

Beliefs and Attitudes about ageing, kinship and care-giving obligations.

Status Inequality
Differences in gender, age, race, education

Relationship Type
Whether noncoresidential, cohabitional or marital partnership or alone

Individual Level Factors (Trusted Other)

Master Social Statuses
wealth, race, ethnicity, religion, kinship status.

Physical Health Status
Chronic diseases, diabetes, heart or acute illness.

Personality Characteristics and Mental Health Status
Dementia, depression, social competence, intelligence, personality.

Beliefs and Attitudes about ageing, kinship and care-giving obligations.

Power and Exchange Dynamics
Negotiation of care-giving scripts (e.g. complete, moderate or limited dependency and need for assistance in performing daily living routines)

Outcomes
1. Physical and emotional health/happiness of subjective/trusted other(s)
2. Elder mistreatment- recurrent vs episodic vs crisis-centered events leading to physical, mental or social harms.
3. Durability of care-giving relationship (i.e. likelihood of termination.)
Features of Australian Practice

- Major role of national government in directly monitoring abuse in residential care
- Dual track approach with national government responsible for residential care and state government for elder abuse in the community
- Practical rather than theoretically informed response in recent years
# Policy Responses to Elder Abuse

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Objective</th>
<th>Policy</th>
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<tbody>
<tr>
<td>Professional Intervention</td>
<td>Detection and intervention by trained professionals</td>
<td>Protocols and guidelines Professional education Alternative accommodation Provision of respite and community support services</td>
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<tr>
<td>Community and Personal Support</td>
<td>Reducing social isolation</td>
<td>Support Groups Telephone networks</td>
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<tr>
<td>Empowerment and self directed decision making</td>
<td>Supporting older people to act</td>
<td>Information Telephone information and referral services Legal assistance Self help strategies</td>
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| Legal Protections and administrative mechanisms | Improved access to domestic violence, police, guardianship, intervention orders | Guardianship legislation  
Compulsory staff screening  
Intervention orders  
Improved POA arrangements  
Mandatory reporting  
Increased police role |
| Advocacy                                      | Provide personal and systemic advocacy                                     | Funding specialist advocacy programs  
Individual support  
Access to legal advice and court representation |
| Co-ordination mechanisms                      | Improve co-ordination across Departments and inter-agency cooperation      | Joined up and whole of Government approaches.  
Extension of family violence strategies to include older people  
Encouraging inter-agency cooperation. |
First Generational Approach

- Single dimension
- Catching Criminals
- State and professionals intervening on behalf of suspected abused older people
- Health and welfare agency responses
- Case management and community support responses
- Focus on detection and intervention

Emerging Approach

- Multi-dimensional responses
- Engagement of older people in decision making
- Responses from health, community care, legal, justice and financial sectors
- Continuum of responses from prevention to protection
- Recognition of barriers to decision making
- Building capacities rather than stating responsibilities
- Recognition of significance of financial and emotional abuse
- Focus on abuse in residential care
- Emphasis on elder law
- Reform of guardianship legislation