Elder abuse: a hidden wrong

Respect and care for the elderly is considered one of the key aspects of a civilised society, yet studies indicate that a significant number of older people are abused or neglected. What are the signs to look out for, and what can medical practitioners do? SA's Public Advocate, **Dr John Brayley**, reports.

ELDER abuse is a hidden and under recognised problem. Based on community studies, one in 20 older people will report significant abuse in the previous month if asked. For vulnerable people, in particular those who are physically dependent on others, cognitively impaired or have mental health problems the rate is higher – one in four report psychological abuse and one in five report neglect.

Health professionals have a critical role in preventing, detecting and reporting abuse. For doctors, abuse may be picked up in routine consultation with the victim. A disclosure is more likely to happen when there is good communication, and the doctor is prepared to ask questions about abuse and then follow it up with reports and referrals.

At other times medical practitioners will have older people referred to them because other professionals need an assessment of a person's unexplained physical injuries, or the significance of new psychological symptoms such as fear, depression, withdrawal or other behaviour change that may follow abuse.

The abuser themselves may also approach a general practitioner or specialist seeking a professional opinion that may have the unintended outcome of facilitating abuse – usually on the matter of legal capacity. Such opinions can be sought two ways. On one hand, a potential abuser may wish to have an older person declared legally capable so that wills can be altered and enduring powers prepared. On the other hand, at a different time the objective may be to obtain an assessment of incapacity so that powers of attorney can be activated and money controlled. The majority of people who bring elderly family or friends for assessment are well motivated and wish to do the right thing; however, the possibility of abuse cannot be ignored.

Practitioners need to have a considered approach to capacity assessments, and to know when they might refer

to specialists – geriatricians, psycho-geriatricians and neuropsychologists. A useful guide is a Capacity Toolkit prepared by the NSW Attorney General's Department and available on the web (type "NSW Capacity Toolkit" into your search engine).

Abuse can take different forms. It may be financial, physical, sexual, or emotional abuse, neglect by other people or self neglect. Financial abuse, in particular, can be difficult to detect, but there may be other evidence of a person's lifestyle becoming constrained as their money is redirected elsewhere. Abuse can occur in any setting – at home, in residential care or in other community locations. It is often linked to social isolation, which may reflect a person's age and decreasing mobility, but also may be the result of decisions made by an abuser to keep the person separated from others.

Abuse can be insidious. For example, accommodation decisions that may seem superficially innocuous may be made for ulterior motives. A person may be kept at home when they should be in residential care as a way avoiding payments to enter nursing homes and preserving future inheritances. In other cases, people may be directed into a nursing home as a way of having the family house vacated and sold, so that others can use the assets.

In elder law there has been much interest in "granny flats". While many a ▶

caring family may set up a granny flat, exploitation can also happen when the flat is substandard, and assets are taken over after the sale of the older person's home.

The table below summarises some of the key risk factors that may contribute to elder abuse or neglect.

In responding to abuse, there is a contrast between the old way, that focuses exclusively on the victim, and modern thinking, that says that abuse can only be properly assessed by looking at the social circumstances surrounding the victim, and the characteristics of the abuser.

In the outdated model, if abuse has occurred the system intervenes in the victim's life and takes little other action. Should the person retain their adult decision making rights or do they need a guardian? Does the person need to move to residential care? The deficit in this model is that one person, the victim, loses their rights and sometimes their home as a solution to a problem created by the behaviour of another person, the abuser.

The modern approach to adult protection is no different to the response to other forms of abuse, such as domestic violence. Wherever possible, legal interventions are directed at prosecuting the perpetrator and practical social work solutions should be provided to help keep a person safe, leaving guardianship as a last resort.

The United Kingdom and the United States have progressive adult protection systems. For example, in England there is a national approach called "No Secrets" that requires highly coordinated agreements in each local area linking health, social services, police and justice. If a doctor detects abuse they can make a report to a designated officer, usually a social worker, and know that the matter will be followed up systematically. In the United States, there are adult protection professionals who respond to reports and visit people at home.

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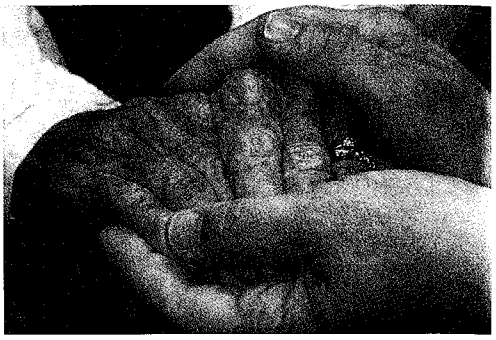
In Australia we are yet to have a fully developed system. South Australia is similar to other states in what we have available. However, we are very fortunate to have the South Australian office of the Aged Rights Advocacy Service (ARAS), which has been leading work in the elder abuse prevention area and can be contacted by older people and their families. This service will also provide advice to professionals if called. When there is a concern about mental incapacity, queries can also be made to the Office of the Public Advocate.

In addition, a number of key South Australian organisations working in this area have joined together to form APEA – the Alliance for the Prevention of Elder



Abuse. The APEA website (www.apea.org.au) has helpful pamphlets on the topic of safeguarding finances. For concerns regarding an Australian Government-subsidised aged care service, you can contact the Aged Care Complaints Investigation Scheme on 1800 550 552.

More needs to be done to improve our responses to elder abuse. Internationally, research is still at an early stage. The evidence base for intervention is limited when compared with the evidence in similar areas such as child protection and domestic violence. Nevertheless, a critical step is to maximise the identification and reporting of abuse. This can be achieved best when practitioners are aware of the possibility of abuse, are prepared to ask questions, and then make a report, seek advice or arrange a referral so that abuse can be stopped, and the older adult kept safe.

For further information, contact the Aged Rights Advocacy Service on (08) 8232 5377, or the Office of the Public Advocate on (08) 8342 8200. You can also visit www.apea.org.au.

Elder Abuse	Victim Risk Factors	Abuser Rick Factors
Including: *Financial abuse* *Physical abuse* *Sexual abuse* *Emotional and psychological abuse* *Neglect by others* *Self neglect*	Cognitive impairment Physical impairment Decreased functional ability Dependency on others for care and food Dependency on others for the management of finances Depression >80 years of age Victim behavioural problems, such as physical assault and aggression Self neglect – 70% have a psychiatric disorder, mostly dementia, alcohol-related brain damage, schizophrenia and obsessive compulsive disorder	Perceived carer burden Lack of professional support and respite options Alcohol problems Anxiety and depression Financial difficulties, and inheritance impatience For spouse carers: poor premorbid relationships Antisocial personality