

GUEST EDITORIAL

Understanding elder abuse: a social rights perspective

Elder abuse is generally understood in terms of the types of abuse that older people can be subjected to – financial, physical, psychological, sexual, and neglect. However, these definitions often fail to take into account the broader social context in which elder abuse is allowed to occur. Older people are rarely asked about what elder abuse means to them but when they are, they define it in societal terms – social exclusion, the belittling of their views and contribution, and violation of their rights. An effective approach to elder abuse requires intervention at a societal level to combat ageism and age discrimination.

Much progress has been made in identifying and attempting to prevent elder abuse since the concept was first described in the 1970s (Baker, 1975), and these efforts have resulted in wider recognition, understanding, and regulation of the issue. In recent years there has been greater recognition of the complexity of elder abuse as a social problem (van Bavel *et al.*, 2010). There is an increasing understanding that elder abuse needs to be approached on a societal level, not just an individual one, and a move towards a public educative approach that encourages social cohesion and solidarity across generations (O'Brien *et al.*, 2011; WHO, 2011) is required. However, government responses still mainly focus on the individual and familial aspects of the problem (van Bavel *et al.*, 2010), and there is only limited research examining possible links between societal ageism and elder abuse as experienced by individuals (Phelan, 2008; O'Brien *et al.*, 2011).

The most widely accepted definition of elder abuse or maltreatment is “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” (WHO/INPEA, 2002). It is usually seen as having various manifestations including psychological, physical, financial, sexual, and social abuses, as well as neglect. Regulatory bodies and policy-makers in countries such as Australia, the UK, and the USA use the above definitions (with slight variance) when considering how best to identify and prevent incidents of abuse, and to support those who are victims of maltreatment.

Defining elder abuse as the occurrence of specific acts has encouraged better regulation and, in

many cases, more direct support, but it risks limiting responses to being only interventions at an individual or family level. At this level, the focus is mainly on carer stress or family dysfunction and thereby fails to address the systemic context in which elder abuse is allowed to occur. This focus also encourages an acceptance of the victim–perpetrator dichotomy, and does not take into account the complexity of relationships between two adults, or the societal pressures and assumptions that affect individuals. The danger of limiting understanding of abuse to include only those actions that are perpetuated at the individual level upon vulnerable elders is that it runs the risk of also limiting our view of older people. Rather than seeing older people as having distinct identities and a variety of valuable roles that they fulfill in society, elders are seen only in regard to the aspects of their self that may be protected from or suffer abuse. In a circular manner, this serves to promote negative stereotypical beliefs that society holds about older people, which manifest as ageism and are felt in the withdrawal of respect and recognition deemed abusive by older people (O'Brien *et al.*, 2011).

Biggs and Haapala (2010) note that elder abuse always involves interpersonal relationships negotiated between adults where the abuse is directed at someone over a certain age (generally 65 years, or the age of retirement). However, the circumstances surrounding each individual occurrence of elder abuse can be very different. The circumstance of a person experiencing dementia and their carer (Cooney and Mortimer, 1995; Sadler *et al.*, 1995; Cooney *et al.*, 2006; Selwood *et al.*, 2009) is very different to that of an older person facing the continuation of family violence experienced at earlier life stages (Penhale, 1999; 2003; Lundy and Grossman, 2004). It would be a mistake, considering the complex and ambiguous nature of the care relationship, to assume that elder abuse is a consequence of dependency. It is important to note that elder abuse occurs in only a minority of care relationships and not only those older adults who are in a position of direct care dependency experience elder maltreatment. The view of dependency as negative, and as a failure of autonomy and independence, must be challenged (Nolan, 2001). A broader response to elder abuse should highlight the interdependency of people

over the life course, acknowledging the value and contribution of the older person being cared for, and should not allow a person's increased need for assistance to be perceived as directly inverse to their worth as a person.

A recent study identified that the research and literature pertaining to elder abuse rarely solicits the views of older people themselves (O'Brien *et al.*, 2011). Some studies have presented older people with a number of scenarios and asked them to identify incidents of abuse (Helmes and Cuevas, 2007; Hempton *et al.*, 2010), comparing older people's perceptions to those of other groups such as medical students, caregivers, and health professionals, but these questionnaires operate within the definition of elder abuse as discussed above; older people have rarely been asked open-ended questions about what they see as constituting elder abuse. In a series of peer-led focus groups, O'Brien *et al.* (2011) found that many older people see elder abuse or maltreatment as being more wide ranging than individual acts involving a perpetrator and a victim. They identified societal concerns such as the withdrawal of respect and recognition, and the reduction of the roles and opportunities for participation, as being elder abuse. These findings were reflected in the World Health Organization's 2002 report *Missing Voices: Views of Older Persons on Elder Abuse*, which found that older people's perceptions fall under three main areas: neglect, including isolation, abandonment, and social exclusion; violation, of human, legal, and medical rights; and deprivation of choices, decisions, status, finance, and respect.

The above studies show that older people's views of elder abuse are closely linked to ageism. Ageism devalues older people and leads to prejudiced attitudes, actions, and social marginalization, with the negative views expressed against older people making elder abuse and neglect more tolerable to society (Phelan, 2008; Peri *et al.*, 2009; WHO, 2011). Negative attitudes towards any group in society serve to dehumanize the members of that group, and the view that people become physically weak and dependent on others as they age makes it easier for older people to be maltreated and exploited. The agist stereotypes used in the media, families, and the workplace, encourage and allow elder abuse to occur, as they strip away the dignity and humanity of the individual and encourage the process of "othering." An individual's sense of self plays a large part in the creation of a personal identity and the maintenance of well-being, and self-worth is often measured in relation to the perceptions others form in view of the societal roles an individual inhabits (George, 1998; Siebert *et al.*, 1999). Therefore, an attack on the self – such

as happens when an older person is continually exposed to agist attitudes, or their role in society is seen as limited and valueless – can have a detrimental effect on well-being. This can lead to a loss of confidence and increased vulnerability, and research has demonstrated the self-fulfilling nature that negative agist stereotypes have on older people (Levy, 1996; Whitbourne and Sneed, 2002).

Little information is available on how the community context can affect the occurrence of elder abuse, and more research must be done. There is strong evidence to support the view that social isolation is a key risk factor, with older people who experience abuse often lacking social connection (WHO, 2011). Again, it is not just the lack of interaction on a personal level that can cause feelings of isolation and disconnection, but also the lack of recognition of personal worth in the eyes of society. This lack of recognition of personal worth also affects those engaged in the care of older people, and in this way elder abuse is indicative of the lack of societal support for carers, and the lack of choice in care options. On the other hand, treating older people with respect and improving the public's understanding of the aging process can act as preventative factors of elder abuse (Peri *et al.*, 2009), and there is strong evidence to show that programs that facilitate intergenerational relationships improve participants' attitudes to older people (WHO, 2011).

In light of the above, it is clear that current responses to elder abuse do not adequately address the issue from the point of view of older people. While our current understanding of elder abuse, with its focus on individual and familial factors, allows some of the above concerns to be addressed, it does not cover all. A more effective understanding of elder abuse is necessary – one that directly addresses the societal and individual risk factors of elder abuse and the concerns of older people, and that acknowledges the detrimental effects of ageism. In this way, elder abuse services can more ably support those who are experiencing maltreatment, while developing more effective preventative methods.

Any response to elder abuse must encompass a broad, societal approach that empowers older people by recognizing their inherent value and the contribution they make to society, and by acknowledging that as we age we maintain vibrant identities and a variety of roles. This will only be possible by recognizing the detrimental effect of ageism experienced at the societal level, which can manifest as elder abuse at the personal level, and by working to combat age prejudice and agist stereotypes. A response to elder abuse must recognize the ambiguity and emotional ambivalence

of familial care situations and acknowledge older people's right to self-determination (Biggs and Haapala, 2010).

Elder abuse is a human rights issue (van Bavel *et al.*, 2010), and any response must be framed by the understanding that people have a right to freedom from violence and exploitation, and the right to dignity and respect, regardless of age. A comprehensive response to elder abuse must address ageism in society, and while this broader approach is more difficult to implement and evaluate than a focus on elder abuse at an individual level, this does not mean it should be evaded.

Conflict of interest

None.

BRIONY DOW^{1,2} AND MELANIE JOOSTEN¹

¹Health Promotion Division, National Ageing Research Institute, Royal Melbourne Hospital, Parkville, Victoria, Australia

²Department of Psychiatry, University of Melbourne, Royal Melbourne Hospital, Parkville, Victoria, Australia
Email: b.dow@nari.unimelb.edu.au

References

- Baker, A. A.** (1975). Granny battering. *Modern Geriatrics*, 5, 20–24.
- Biggs, S. and Haapala, I.** (2010). Theoretical development and elder mistreatment: spreading awareness and conceptual complexity in examining the management of socio-emotional boundaries. *Ageing International*, 35, 171–184.
- Cooney, C. and Mortimer, A.** (1995). Elder abuse and dementia: a pilot study. *International Journal of Social Psychiatry*, 41, 276–283.
- Cooney, C., Howard, R. and Lawlor, B.** (2006). Abuse of vulnerable people with dementia by their carers: can we identify those most at risk? *International Journal of Geriatric Psychiatry*, 21, 564–571.
- George, L.** (1998). Self and identity in later life: protecting and enhancing the self. *Journal of Aging and Identity*, 3, 133–152.
- Helmes, E. and Cuevas, M.** (2007). Perceptions of elder abuse among Australian older adults and general practitioners. *Australasian Journal on Ageing*, 26, 120–124.
- Hempton, C. et al.** (2010). Contrasting perceptions of health professionals and older people in Australia: what constitutes elder abuse? *International Journal of Geriatric Psychiatry*, 26, 466–472.
- Levy, B.** (1996). Improving memory in old age through implicit self-stereotyping. *Journal of Personality and Social Psychology*, 71, 1092–1107.
- Lundy, M. and Grossman, S.** (2004). Elder abuse: spouse/intimate partner abuse and family violence among elders. *Journal of Elder Abuse and Neglect*, 16, 85–102.
- Nolan, M.** (2001). Successful ageing: keeping the “person” in person-centred care. *British Journal of Nursing*, 10, 450–454.
- O'Brien, M. et al.** (2011). *A Total Indifference to our Dignity: Older People's Understandings of Elder Abuse*. Dublin: Age Action Ireland.
- Penhale, B.** (1999). Bruises on the soul: older women, domestic violence, and elder Abuse. *Journal of Elder Abuse and Neglect*, 11, 1–22.
- Penhale, B.** (2003). Older women, domestic violence, and elder abuse: a review of commonalities, differences, and shared approaches. *Journal of Elder Abuse and Neglect*, 15, 163–183.
- Peri, K., Fanslow, J., Hand, J. and Parsons, J.** (2009). Keeping older people safe by preventing elder abuse and neglect. *Social Policy Journal of New Zealand*, 35, 159–172.
- Phelan, A.** (2008). Elder abuse, ageism, human rights and citizenship: implications for nursing discourse. *Nursing Inquiry*, 15, 320–329.
- Sadler, P., Kurrle, S. and Cameron, I.** (1995). Dementia and elder abuse. *Australasian Journal on Ageing*, 14, 36–40.
- Selwood, A., Cooper, C., Owens, C., Blanchard, M. and Livingston, G.** (2009). What would help me stop abusing? The family carer's perspective. *International Psychogeriatrics*, 21, 309–313.
- Siebert, D. C., Mutran, E. J. and Reitzes, D. C.** (1999). Friendship and social support: the importance of role identity to aging adults. *Social Work*, 44, 522–533.
- van Bavel, M., Janssens, K., Schakenraad, W. and Thurlings, N.** (2010). *Elder Abuse in Europe: Background and Position Paper*. Utrecht, The Netherlands: MOVISIE, Netherlands Centre for Social Development.
- Whitbourne, S. K. and Sneed, J. R.** (2002). The paradox of well-being, identity processes and stereotype threat: ageism and its potential relationships to the self in later life. In T. D. Nelson (ed.), *Ageism: Stereotyping and Prejudice Against Older Persons* (pp. 247–273). Cambridge, MA: Massachusetts Institute of Technology.
- WHO/INPEA** (2002). *Missing Voices: Views of Older Persons on Elder Abuse*. Geneva: World Health Organisation International Network for the Prevention of Elder Abuse.
- WHO** (2011). *European Report on Preventing Elder Maltreatment*. Geneva: World Health Organization.