ELDER ABUSE

The elderly are at risk of abuse not only by partners but also by adult children and caregivers in the community. If an elderly person accesses a shelter it is likely that she will require supports that will differ somewhat from those that are typically provided to younger women experiencing intimate partner violence. It is helpful to have an understanding of the unique issues that the elderly face in order to provide the best possible support to those accessing shelters.

LEARNING OBJECTIVES:

- To understand the issue of abuse of elderly women
- To understand the needs of elderly women and be able to respond to these needs.

ELDER ABUSE DEFINED:

Elder abuse is any action or inaction that can harm an older person’s health or well-being. Abusive behaviour is used to control, harm, or frighten an individual. In 2002, the World Health Organization defined abuse and neglect of older adults as “single or repeated acts, or lack of appropriate action, occurring within a relationship were there is an expectation of trust, which causes harm or distress to person” (World Health Organization & International Network for the Prevention of Elder Abuse, 2002. p.6)). Abuse can be physical, emotional, financial, spiritual, neglect or spiritual.

SCOPE OF THE PROBLEM:

- In 2007, in Canada, seniors (65+) accounted for 14% of the population. The seniors population is expected to exceed the population of those less than 15 years of age by 2015 and this rate will continue to grow reaching nearly one quarter (24%) of the population by 2031 (Family Violence in Canada: A Statistical Profile, 2007).

- Statistics Canada (1999) reported that 7% of seniors experienced some form of emotional or financial abuse in the five year period preceding the survey.

- Between 1998 and 2005, police in Canada reported violence against seniors increased by 20%. Most family violence against seniors is committed by an adult child and homicides are most likely committed by an adult male child (Family Violence in Canada: A Statistical Profile, 2007).

- In 2002, in Alberta, seniors comprised 10% of the total population. By 2016, seniors will make up 14.5% of the total population (Austin, Hartley & Donahue, 2002).

- Since 1998, there have been more than 4000 allegations of abuse and neglect reported under the Alberta Protection for Persons in Care Act. Most of these allegations involved abuse of seniors in long-term care facilities.

- 18% of 800 Albertans surveyed by telephone in 2003 indicated that they knew a senior who had experienced abuse (Alberta Elder Abuse Awareness Network, 2003).
• Research indicates that older women (2 out of 3 victims) are more likely to experience abuse than older men (National Centre on Elder Abuse, 2006). Older women are more likely to experience abuse and neglect by their spouse or adult children, whereas older men tend to be abused by adult children or friends (Elder Abuse Prevention Studies, 2005).

• Women are more likely to be victims of neglect, while men are more likely to be victims of physical abuse (Boyack, 1997).

BARRIERS TO DISCLOSING ABUSE:

Elder abuse is often hidden as the elderly are frequently reluctant to speak out. The following have been identified as barriers for the elderly to report abuse: (Alberta Elder Abuse Awareness Network)

1. Fear of being punished, of institutionalization, of rejection or abandonment by family members, of losing their caregiver, of losing access to family members, including grandchildren.
2. Love for the abuser
3. Lack of understanding or impairment
4. Shame and/or guilt. Victims of elder abuse may blame themselves for the violence and neglect they experience. They may feel ashamed of what has happened to them.
5. Unaware of resources and options.
6. Acceptance of abuse or neglect as normal.

THEORIES OF ELDER ABUSE: (from the Alberta Elder Abuse Awareness Network)

Research in the area of elder abuse is relatively new but a few theories have emerged that address the cause of elder abuse. These include:

1. Learning Theory: Learning theory or transgenerational violence theory is based on the belief that violence is a learned behaviour. Based on this theory a child observes violence and learns that violence is an acceptable reaction to stress and internalizes this as an acceptable behaviour. The abused child becomes the adult abuser of the parent.
2. Physical/mental dependence: This theory is based on the belief that elderly persons who have a severe mental or physical impairment are most vulnerable to being abused. In relationships where one individual is dependent on another for care, there is a potential for misuse of power by the caregiver.
3. Pathologic Abuser: This theory suggests that abusers have personality flaws that cause the abuse. Caregivers with substance abuse issues or mental illness or inabilities are more likely to be abusive.
4. Stressed caregiver: This theory proposes that the stress associated with caring for the elderly can result in violence.
5. Societal attitudes: Negative societal attitudes towards the elderly may make it easier for abuse to occur without remorse on the part of the caregiver. Societal attitudes can result in devaluation and lack of respect for the elderly as they are often stereotyped as frail, incompetent and powerless.
TYPES OF ABUSE EXPERIENCED BY THE ELDERLY: (from Canadian Network for the Prevention of Elder Abuse and Alberta Elder Abuse Awareness Network).

Elder abuse may take several forms, often with more than one type of abuse occurring simultaneously. National and provincial statistics indicate that the two most common forms of elder abuse are financial and psychological.

**Financial Abuse** is the misuse of an older person’s funds or property through fraud, trickery, theft or force. It can also include convincing an older person to buy something or give away money, stealing money or possessions, misusing bank or credit cards, misusing joint banking accounts, forging a signature on pension checks or legal documents, misusing a power of attorney. Financial abuse can also include pressuring older persons to move from, sell or relinquish their home or other personal property; make or change a will; sign legal documents they don’t understand; care for children or grandchildren.

**Psychological or emotional abuse** may take the form of verbal aggression, humiliation, isolation, intimidation, threats and inappropriate control of activities. These actions diminish the identity and self-worth of individuals. Psychological abuse can result in fear, anxiety or debilitating stress. Psychological abuse can include removal of decision-making powers, withholding affection for manipulative purposes, refusing access to grandchildren, denying privacy in institutions, forcing older persons to do degrading activities, controlling activities, treating the elderly person as a child, attacking self-esteem, intentionally frightening an elderly person.

**Physical abuse** is the use of physical force causing discomfort which may or may not result in physical pain, injury or impairment. Physical abuse can include slapping, shaking, pushing, kicking, punching, striking with an object, deliberate exposure to severe weather, unnecessary physical restraint, forced confinement, failure to provide adequate health care.

**Sexual abuse** includes all unwanted forms of sexual activity, behaviour, assault or harassment. It can include verbal or suggestive behaviour, fondling, sexual intercourse, lack of personal privacy, being forced to commit degrading acts, and unnecessary help with dressing/hygiene.

**Neglect** is the intentional or unintentional failure to provide for the basic needs of an elderly person. It can include failure to provide a safe, warm and comfortable place to live, denial of social contacts, failure to provide personal hygiene, proper food, clothing, and aids for daily living, failure to prevent physical harm, and abandonment or desertion.

**Self-neglect** refers to a person’s inability to provide care and support for oneself. Self-neglect can occur as a result of an individual’s choice or the individual may be depressed, in poor health, have cognitive problems or be physically unable to care for his/herself.

**Abuse can involve the misuse of an elderly person's medications,** including withholding medication, overmedicating, use of sedation and not complying with prescription refills.

**Violation of Human Rights** is also a form of abuse and can include withholding information, denying privacy, visitors, and religious worship, restricting liberty, unwarranted confining to a hospital or institution and interfering with mail.
RISK FACTORS: (from Abuse and neglect of older adults: Resource and training kit for service providers, National Clearinghouse on Family Violence, 1994).

There are a number of risk factors that contribute to the abuse of the elderly. These include:

- **A history of spousal abuse.** In some situations there has been long term abuse present in the relationship and it continues as the couple ages.

- **Family dynamics:** The family’s method of dealing with issues that arise in the family may have always included forms of abusive behaviour. The family values and ways of managing stress and differences may result in adult children acting abusively towards their aging parents.

- **Social Isolation:** If an elderly person or couple tend to be isolated and have few supports the risk of abuse is greater.

- **Troubled caregivers** may not have the resources and capability to properly care for an elderly person

- **Ageism and lack of knowledge about the aging process:** a caregiver may lack knowledge about the aging process and not be tolerant of the behaviours and attitudes of an aging person in their care

- **Societal acceptance of violence.**

EFFECTS OF ELDER ABUSE:

Victims of elder abuse often feel ashamed and embarrassed about the abuse. They may be protective of the abusive individual, fearful of not being believed, afraid of revenge, fearful of being left alone or put in an institution or believe that they cannot do anything about their situation. The elderly often experience negative psychological effects such as a deep sense of disempowerment and rejection, loss of dignity and self-esteem or depression (Let’s talk about it: Tool kit to hosting an awareness café, 2007).

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

ASSISTING VICTIMS OF ELDER ABUSE – SOME POINTS TO CONSIDER

-victims of elder abuse may have been in long term partner relationships and may struggle with issues of separation and being on their own.

-when interviewing an elderly woman, be aware that she may have challenges with hearing or vision impairment that may need to be accommodated

-ensure that you check regarding any immediate physical needs that she may have – need to obtain medications, glasses, for example.

-it is likely that an elderly woman may require more of your time when completing an intake/and or during a counselling session
THROUGH HER EYES

CASE EXAMPLE #1:

Martha had been married to Bill for 48 years when she left him for the first time. Her doctor had told her about the shelter and Martha had kept the shelter's number tucked away in a safe place. Then one morning after Bill left the home to go to the store, Martha took the opportunity to call the shelter. She explained that Bill had started yelling at Martha early in the evening and this had continued for most of the night. Martha stated that she was exhausted and pleaded for someone to help her. The counsellor arranged for a cab to pick Martha up and bring her to the shelter. Martha was visibly upset and appeared very anxious about being in an unfamiliar setting. The counsellor determined that Martha had been very isolated for much of the 48 year marriage and had very few friends in the community. Her two adult children lived out of town and she had minimal contact with them. Martha explained that her husband had been angry a lot during their marriage but that as long as she did as he expected she was able to minimize the angry outbursts. Lately, she said, he appeared to be angry most of the time and Martha explained that she was finding that no matter what she did, he was angry. Martha stated that she felt that she needed to go home as she had never spent a night alone, away from home since she was married. She said that she needed her medication which she had not brought with her. She was interested in the information about abuse that the counsellor provided her with. Martha was also given information about a support group for elderly women impacted by domestic abuse. Martha was connected with an outreach counsellor who was able to help Martha develop a plan to minimize the impact of the emotional abuse inflicted by her partner. Although Martha chose to continue to live with her partner, she gained valuable information about abuse and gradually accepted that she was not to blame for the behaviours of her partner. She began to go out with the few friends that she did have and by decreasing her isolation she began to enjoy her life more.

CASE EXAMPLE #2:

Guam was a 66 year old sponsored immigrant from China. Guam had been a university professor in China and was sponsored by her adult son to come to Canada to care for his two small children and to keep house. During the time that Guam lived with her son, his wife and two small children, she experienced a lot of physical and emotional abuse. She said, through an interpreter, that her son often became angry with her if the house was not spotless, or if the children misbehaved. She said sometimes he would slap her across the face when he was angry with her. She was told about the shelter by a woman she met while at a Chinese cultural event with her grandchildren. This same woman brought Guam to the shelter after Guam disclosed to her that her son was hitting her. Guam was very upset and concerned about where she could go to live in peace. Guam was assisted to get Income Support after proving that there was a sponsorship breakdown. She eventually was housed in a seniors’ complex near to Chinatown. She was connected to an outreach counsellor who though unable to speak Mandarin communicated with Guam using a Mandarin/English dictionary and drawing. The outreach counsellor connected Guam to the Chinese Cultural Centre and was able to find a Mandarin speaking counsellor for Guam.
SERVICES FOR THE ELDERLY

As the number of seniors increases, it is likely that the demand for services for the elderly experiencing abuse will also increase. In the larger centres, there are specific resources designated to serve the elderly. These include:

Edmonton:

1. Seniors Abuse Helpline: 780-454-8888
2. Elder Abuse Intervention Team: 780-477-2929
3. Edmonton Seniors Safe Housing: 780-702-1520
4. Alberta Elder Abuse Awareness Network: 780-496-5932

Calgary:

1. Kerby Elder Abuse Line: 403-705-3250
2. Kerby Rotary House: 403-705-3250
3. OWLS (Older Women’s Long-term Survival): 403-253-2923
4. Alberta Elder Abuse Awareness Network: 403-974-3128
5. AGEA – The Action Group on Elder Abuse – 403 – 283-3012

Fort McMurray:

1. Alberta Elder Abuse Awareness Network: 780-799-8673
2. Family and Community Support Services: 780-799-8673

Lethbridge:

1. Lethbridge Senior Citizens Organization: 403-320-2222 ext. 25
2. Community LINKS: 403-328-5465
3. Lethbridge Family Services: 403-327-5724
4. Alberta Elder Abuse Awareness Network: 403-329-7396

Medicine Hat:

1. Community response to Abuse and Neglect of Elders: 403-529-4798
2. Alberta Elder Abuse Awareness Network: 403-529-4798

Red Deer:

1. Red Deer Golden Circle: 403-343-6074
2. Alberta Elder Abuse Awareness Network: 403-343-6074

In smaller communities, local shelters provide services for individuals experiencing elder abuse and do not have the support of agencies designated to seniors. When working with an elderly individual that has been abused it is important to assist the individual to understand and cope with the crisis of the abuse. The individual may exhibit physical signs of being afraid and distressed. The individual may have difficulty
breathing and appear confused and distracted. It is important to take time to calm the individual down. When an elderly person arrives at a shelter, it is important to check to determine their immediate physical needs. Ensure that she has all her medications and determine what medical supports she may need. With the elderly person’s permission it may be helpful to connect with resources in the community that provide supports to the elderly in order to work collaboratively to address the multiple needs individuals may have.

**RESOURCES:**

Alberta Elder Abuse Awareness Network-  [http://www.albertaelderabuse.ca](http://www.albertaelderabuse.ca).

An Alberta Directory of Services for Older Adults.

Elder Abuse Intervention Team (Edmonton)
[http://www.police.edmonton.ab.ca/Pages/Elder/ElderAbuse.htm](http://www.police.edmonton.ab.ca/Pages/Elder/ElderAbuse.htm).


The Protection for Persons in Care Act makes it mandatory for anyone who has reasonable grounds to suspect a person in care is being abused by someone in a care facility to report their suspicions to the proper authority. The number to report possible abuse is 1-888-357-9339. This information may be useful to pass on if someone calls concerned about the treatment of a loved one that is in a care facility.


**REFERENCES:**


Alberta Elder Abuse Awareness network website:  [http://www.albertaelderabuse.ca](http://www.albertaelderabuse.ca)


Canadian Network for the Prevention of Elder Abuse website: [http://www.cnpea.ca/what_is_abuse.htm](http://www.cnpea.ca/what_is_abuse.htm)


