Rights Focussed Advocacy and Elder Abuse

Aged Rights Advocacy Service
Abuse Prevention Program
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Objective: To study the effectiveness of the rights focussed advocacy model in supporting older people to overcome instances of elder abuse.

Method: 100 case records were retrospectively analysed, which represented approximately 20% of total clients over an eighteen-month period (since the inception of the Abuse Prevention Program). Data recorded included: type of abuse, risk factors (for older person and abuser) and outcome (ie. whether or not abuse had ended).

Results: 100 older people experienced 267 situations of abuse. The rights focussed advocacy model enabled older people to take steps to stop abuse in 50% of those instances, and to take some action in 34% of instances. No change was recorded in 16% of cases.

Conclusion: Rights focussed advocacy is a holistic model that is effective in supporting older people to take steps to overcome the abuse that they experience.

Introduction

The Aged Rights Advocacy Service (ARAS) in Adelaide provides an advocacy service for older people who are experiencing, or believe they are at risk of experiencing, abuse. ARAS also advocates for consumers of Home and Community Care services and Commonwealth subsidised residential care services. ARAS is funded by the Commonwealth Department of Health and Aged Care, Office for the Ageing, SA and the Home and Community Care program.

ARAS defines elder abuse as ‘…any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect’. It follows from this definition that abuse comes from someone close to the older person, with whom they are connected by ties of mutual expectation. Typically, the abuser is a family member or a friend.
ARAS employs a rights focussed advocacy model in elder abuse. The model consists in advising an older person of their rights and supporting them to uphold them, in a process of overcoming abuse (as the case study illustrates). The advocacy model works at the level of the individual, and his or her concerns. At the same time it seeks to redress ‘macro’ level disadvantage the older person may have experienced, for example in relation to their age or frailty, that may have contributed to the abuse. Its focus is supporting an older person to assert themselves, in order to redress the abuse they are experiencing and uphold their rights (eg. to live free of the fear of violence). The approach provides older people with strategies, and choices to overcome the abuse, tailored to their individual circumstances. Advocates support older people to implement the choices they make.

An advocate’s task is to act as an agent of change. ARAS advocates seek to assist the older person to identify strengths in their networks of self, family, friends, service providers etc. Advocates also assist older people to identify strengths in their potential networks, eg. through involving lawyers, counsellors, Powers of Attorney, South Australian Guardianship Board etc. Advocates assist the older person to identify what steps can be taken to trigger the network around them into action, in assisting them to involve the network to overcome the abuse.

Case Study, Mrs Border

Mrs Border (a fictional name) contacted ARAS following an assault by her son, who lived in her house with her. The son had an alcohol management problem. When drunk he asked Mrs Border for money, she refused, whereupon he hit her. Mrs Border hated this abuse, and felt embarrassed by it. However, she also felt responsible for her son, and was providing him with practical help in the form of cooking, cleaning and shopping.

The advocate discussed Mrs Border’s situation with her, identifying a number of choices:

1. Improve the relationship between them, perhaps through mediation and alcohol recovery services for him.
2. Redress isolation that had occurred with the abuse, through involving services.
3. Sell her house and move somewhere else, too small for her son to live in.
4. Her son leaves home.

Mrs Border felt the first option impractical, particularly when the advocate enabled her to get information about the cycle of violence that inheres in family violence situations. She did not want to leave her home, nor did she feel strong enough to ask her son to leave. Instead she opted to follow the second option, which would leave her feeling stronger and better supported, with the fourth option as the ultimate goal if the abuse didn’t stop.

The advocate supported Mrs Border to access domiciliary services and domestic violence counselling. Her network was further enlarged through seeing a police officer from the Domestic Violence Unit (initially this was just for advice). Mrs Border eventually stopped the abuse by enlisting the help of the police officer to take out a restraining order, and requiring her son to leave her property.
The important principle of advocacy to draw out in this context is that it aims to be an empowering process. The advocate assisted Mrs Border to be better informed about, and supported in, her situation. Moreover, at each stage, Mrs Border remained responsible for decisions as to what action to take. The advocate’s role was to enable her to implement her decisions. It can be seen that an element of flexibility is built into advocacy that gives it the ability to respond to the nuances of each case as it develops.

Method

ARAS designed a retrospective casework schema that sought to test whether or not the model is effective. Data was gathered on 100 older people for whom the outcome was known (i.e. whether the abuse had stopped, and whether it had not). These 100 clients represent approximately 20% of total caseload over an eighteen-month period. Data was gathered on the older person’s circumstances, which looked at questions of age, gender, type of abuse, risk factors that contributed to the abuse and whether or not the older person was living with the abuser. ARAS also gathered data on the choices made by the older person (with ARAS support), the strategies that followed the choices, and their effectiveness in overcoming the abuse.

The chi square test was used to test for statistically significant differences between group proportions. Where appropriate, significance is reported at the 0.05 level.

Results

Descriptive Data

The mean age of people in the ARAS study was 79.8 years, with a standard deviation of 2.4 years. Women comprised 76% of the total sample, men 24%. This compares to the overall state average of 59.6% women, and 40.4% men (n=72164 [1]) aged 75 - 84. Women seem to be over represented in the ARAS sample. Further general population based studies on elder abuse and gender would seem to be warranted.

100 people experienced 267 situations of abuse. Psychological abuse was most commonly reported by both men and women, in 34.5% of instances. Financial abuse was reported in 33.5% of instances, physical abuse 15%, social abuse 10% and neglect 7%. Chi square testing revealed no significant difference in distribution of abuse types between the genders (=7.93 with 4 df.).

18% of the sample were of non English speaking backgrounds, primarily from East and South European regions. This is consistent with the state-wide average for these groups of 17.5% [2]

39% of the sample lived alone in their own homes. 56% lived with the abuser and 5% lived in an aged facility. Adult child was the most common form of abuser relationship, 53% (sons 29%, daughters 24%), followed by multiple family (11%), spouse (8%) and grandchild (7%). Friends comprised 6% of total abuser relationships, with the remainder being made up of other family relationships (e.g. niece).
Table 1 shows that the majority of types of abuse were more likely to be reported when the older person lived with the abuser than where they did not. Experience of financial abuse suggests that where the older person lives with the abuser, their income may become merged with family income, thus making financial abuse harder to detect. Neglect was also less commonly reported where the older person lived with the abuser, frailty being a potential factor in this.

A number of risk factors contributed to the abuse older people experienced. Dependence was the most common (58%), followed by isolation (29%), dementia (22%), family conflict (22%) and physical illness (22%). Other commonly reported risk factors were lack of service (21%), emotional problems (13%) carer stress (11%). Risk factors for abusers were: family conflict (28%), unemployment (25%), alcohol or drug management problems (23%), inadequate income (18%), emotional problems (15%), carer stress (10%). Note that multiple risk factors might be present for both older person and abuser, so percentages do not add up to 100%.

**Strategies to overcome abuse**

There were particular patterns to the choices about action made by older people in relation to the abuse they experienced. In financial abuse, the majority of strategies were in the area of protective measures (ie, legal advice, donating Power of
Attorney, Guardianship Board hearing, changing bank accounts, police involvement). The most popular for women were seeking legal advice, (31%), rights information in relation to financial abuse (22%), donating Power of Attorney (18%). Guardianship Board Orders were made in 5% of instances of financial abuse against women. Women also made choices in the area of involving formal service providers and moving into alternative accommodation (note that numbers recorded were too small to permit discussion).

The most popular strategy was assisting the older person to understand their rights in relation to financial abuse (35%), followed by legal advice (24%), Guardianship Board Orders (18%), police involvement (12%) and donating Power of Attorney (6%). There were no significant differences between the choices that men and women made.

For the remaining abuse types, individual cell numbers were small, so discussion of trends is preferred to any presentation of percentages. In psychological abuse, strategies chosen were spread evenly across informal (eg. friends, family), formal (eg. HACC services), move to alternative accommodation (eg. hostel, independent accommodation) and protective measures (eg. restraining orders, guardianship).

In relation to social abuse, action within an older person’s informal network appeared to be more popular than strategies in any other area. Formal service provision and moving to alternative accommodation were also popular choices for women. In relation to neglect, the most popular strategies for women came from the area of formal service provision.

In relation to physical abuse, the most popular strategies came from the areas of moving to alternative accommodation and formal service provision for women. Protective measures, particularly police involvement, were also popular strategies for women.

Older people asked ARAS to represent their case to a significant other in their actual or potential networks in 49% of situations. In a further 26% of situations, advocates supported older people to represent themselves in their networks. In 22% of situations older people asked advocates to explore strategies with them. The remainder was comprised of referring on to other agencies and advising clients about their rights.

**Outcomes**

Abuse was stopped in 133 (50%) of total situations (n=267). Older people were supported to take some action (that went some way towards stopping abuse, but did not stop it entirely) in 93 situations (34%). There was no change in the abuse in 41 (16%) of situations. This last category is comprised of people who did not wish to progress their case beyond the initial stage. People in this category are always advised they can contact the agency at any time they need to, to discuss their situation further.
Discussion

Descriptive Data

The ARAS findings generally support the findings of other Australian and overseas research about those most at risk of elder abuse. Those most at risk of elder abuse in this study were older old people. The mean age of 79 is nearly identical to a NSW study [3], and similar to a SA study [4]. Similarly, dependence and living circumstance (ie. with the alleged abuser), the two strongest indicators of abuse, are as reported elsewhere [6], [3], [5].

This study also supports recent literature that has refined the role ascribed to carer stress and dependence as a causal factor for elder abuse [6], [7], [8]. The ARAS data point to abuser psychopathology (eg. alcohol management issues, emotional problems) and social/economic circumstance (unemployment, inadequate income) as contributing to the abuse as directly as carer stress.

Another theme that runs through the ARAS data is that some abusers are dependent on the elder whom they abuse. 11% of older people were abused by people who were in turn dependent on them. This figure seems to be significantly correlated with substance abuse problems (in 8 of 11 cases), and with abuser relationship. Abuse came from a son living with his mother in 7 of 11 cases. Typically, the care giving in this context was in the form of meal preparation, shopping, cleaning etc. This leads to an important point, namely that older people either are, or feel as if they are, responsible for the abuser to some degree. Experience suggests that older people are unlikely to take action unless they really have to, and want strategies that consider the impact on the abuser.

Strategies to overcome elder abuse

This study both confirms and enlarges on the existing literature about responses to elder abuse, which stresses that it is important to understand the dynamics in each case [9], and that different types of abuse and abusive situations demand a variety of responses [10], [11], [12]. The resources that older people used in this study are similar to those reported elsewhere: for example counselling, community services, alternative accommodation, legal interventions [12], [13].

What is distinctive about this study, however, is that it shows the choices older people make for themselves, what they define as useful to them in overcoming abuse. ARAS is not a traditional service provider, and does not have to manage resources. Its principal function is to enable older people to assert themselves where they can make the biggest difference, be it informal network, network of services or the formal network of legal and financial interventions. This may account for the most significant difference between this study and others, namely the success of action in the older person’s informal network of friends and family to counter social abuse. The existing literature seems to focus almost exclusively on formal service provision, with little discussion of the part an informal network can play.

ARAS has two strengths in this respect. All of its consumers are informed that the service has no interests at heart other than their rights, and that the purpose of the
organisation is to support the older person to uphold their rights. This prioritises the control of the older person (particularly in relation to decisions as to what strategies to take), as the case study illustrates. Secondly, the primary focus on individual rights, rather than on service provision, serves to keep the rights focussed advocacy approach grounded exclusively in the concerns of the older person. It is arguably this factor which permits a broad focus, facilitating consideration of the informal network of the older person.

An additional and distinctive feature of ARAS is that it offers a free, confidential and statewide service for all older people experiencing elder abuse. There is some recognition in the literature (eg. [14]) of the benefits of a single referral point, which allows for development of knowledge and experience in the complexity of the issues around elder abuse.

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Key Points

- Rights focussed advocacy offers an effective support model to older people experiencing elder abuse.
- Older people do take pro-active measures to overcome abuse, when appropriately supported.
- This study has enabled ARAS to refine its service, and incorporate knowledge gained in direct work with consumers.

References


