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# **Rise Of Elder Abuse Cases In Australia: A Study Of Aged Care Facilities In South Australia**

## **Introduction**

Australia has a high life expectancy, at 84 years for women and 80 years for men resulting in a significant proportion of elderly persons in Australian society ('Older Australia at a glance, Aboriginal and Torres Strait Islander people - Australian Institute of Health and Welfare', 2018). The report found that in 2017, 1 in 7 Australians were above the age of 65 years and looked into the older citizen demographic, to providing insight into their characteristics, health status and role in society. The institute also found that more than a quarter million (259,000) of these older people were using either permanent or respite residential care or alternatively using home care or transition care services ('People Using Aged Care - AIHW Gen', 2017).

Older members of society have the right to be treated with dignity and respect. They should also reserve the right to make decisions about their lives such as their finances, homes, healthcare and lifestyle. However, reports of elder abuse in elder care institutions such as the 2017 Estia Health facility incidence in Australia has become a prevalent and rising social problem (Browne, 2017). The World Health Organization (WHO), during the Toronto Declaration on the Global prevention of Elder Abuse described 'elder abuse' as "". Elder abuse is the least reported form of family violence, occurring at the hands of family members in homes or caregivers in elder care facilities, usually due to fear or shame.

## **Objectives and Aims**

The main objective of the proposed study is to determine why elder abuse is on the rise in residential elder care facilities in South Australia and also establish its prevalence in both public and private run facilities. The secondary objective is to explore the risk factors that have contributed to the rise in elder abuse, with the aim to draw an informed conclusion and make recommendations to lower abuse in elder care institutions.

## **Literature Review**

The earliest scientific record of elder abuse was made in the Journal of Modern Geriatrics by Scientist A. Baker, who termed it "granny-battering" (Jamaluddin, Chuan & Taher, 2015). Elder abuse is a form of oppression as a result of intergenerational conflict in society. Conflict theory as described by Karl Marx is a social perspective that suggests that stratification in society is a form of inequality perpetuated by struggle between social groups for resources (Ferraro, & Wilmoth, 2013). Intergenerational conflict between older and younger generations occurs as they compete for resources and opportunities, fueled by the need by each group to pursue their own divergent and competing interests. Conflict theory also states that social groups will use their power and resources to their own advantage in pursuit of their own goals, even if it means exploiting another group of people. Elder abuse is not solely borne out of a struggle for resources, but one for power. In this case, the younger generation holds power over the older generation as they become dependent on the younger generation and are unable to care for

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themselves.

The World Health Organization reports that elder abuse rates have been on the rise in institutions such as nursing homes and long-term care facilities with 2 in 3 staff reporting that they have committed abuse in the past year (“Elder Abuse”, 2019). Yongjie Yon, PhD, a former policy analyst for the Federal Government of Canada before joining the World Health Organization, has published in leading journals on research relating to public health including ageism and elder abuse. Yon, Mikton, Gassoumis & Wilber (2017) carried out a meta-analytical evaluation of literature available on elder abuse. Out of 415 potentially relevant independently reviewed articles, 234 studies provided data that shed light on the prevalence of elder abuse. Pooling the prevalence estimates of elder abuse reported in 52 publications published between 2002 and 2015, they estimated its global prevalence to be 15.7%, translating to about 141 million victims of elder abuse annually. In 2018, Yon, Ramiro-Gonzalez, Mikton, Huber, & Sethi conducted a systematic review and meta-analysis of prevalence of elder abuse in institutional settings and found that that 64.2% of staff admitted to perpetrating abuse in the preceding year.

The Australian Longitudinal Study on Women’s Health [ALSWH] (2014), found that the prevalence estimates for abuse subtypes were highest for psychological abuse, followed by financial abuse, neglect, physical abuse, and sexual abuse. The study also contrasted abuse between the two genders, finding that older women are significantly more likely to be victims than their male counterparts, with a prevalence of 20%. The study is based on a random sample of women with the oldest group of women being born between 1921 and 1926. It involves measures relevant to vulnerability, coercion, dependence and dejection with findings which suggests that 8% of women in the oldest cohort had experienced vulnerability to abuse. Strydom (2014) found that other than gender, there existed other risk factors for elder abuse. Among them were chronological age, marital status, presence of chronic health problems, cognitive disorders or mental illness. Among the caregivers, Strydom outlines risk factors for abusive caregivers to be gender, chronological age, presence of psychological or emotional problems, substance abuse, inexperience or reluctance, financial difficulties and living arrangements.

The former Office for the Ageing partnered with the Department of Health, South Australia and the University of South Australia (2017) to undertake a study on the prevalence of elder abuse in South Australia from 2014 to 2015. The study was hindered by difficulties in obtaining data from key agencies to measure the prevalence of the abuse. This led to a focus on understanding the data collection practices of governmental and non-governmental organizations and included recommendations to improve data collection practices in South Australia.

The gap in consistent data collection systems for social issues, specifically for the prevalence of elder abuse at both the South Australian and National levels is widely confirmed. This data is crucial to the support of research and control of the issue, creating a need for statewide data collection mechanisms.

## **Methodology**

The aim of the proposed research is to investigate the rise in abuse in elder care institutions care in South Australia and assess the risk factors that are contributing to this rise. The research

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to be conducted will be qualitative and the data collection method will be through use of interviews. The interview method has the advantage of yielding an almost perfect sample of the target population and is not restricted to the literacy of the respondents. The interview method will also result in higher accuracy as the interviewer maintains the freedom to clear up seemingly ambiguous or irrelevant responses given during the interview. The greatest shortcoming of the interview method, however, is the social desirability effect. This refers to the presumed tendency among respondents to distort their 'true' feelings by answering questions in a socially acceptable manner, resulting in inaccurate data.

The target sample population is caregivers in elder care facilities. Respondents will be picked from an elder care facility picked randomly. Among the personal information relevant to the research will be caregivers' gender, chronological age, and living arrangements in respect to the elders they care for.

The research will be conducted within international standards of ethical concerns pertaining to moral values including dignity, respect for privacy, anonymity and informed consent. All communication in relation to the research will be done with honesty and transparency and any works of other researchers and authors used in the research process will be duly acknowledged. Representation and interpretation of data will be objective and void of any biases. Participation of respondents in interviews will be on the basis of informed consent on the implications of their participation and they will retain the right to withdraw from participation at any time of the research and suffer no coercion or pressure to undertake in activities against their will. The language used in the research process and particularly with interviewees will be respectful and non-discriminatory at all times.

## **Conclusion**

The Australian aged care system delivers services through a variety of institutions and care types within residential and community-based aged care programs. Elder abuse is an important issue within the Australian aged care system, which has serious legal, socio-economic and health consequences. There exists minimal documented evidence-based descriptions of the nature and prevalence of elder abuse in Australia and the risk-factors contributing to its rise. This necessitates further research and analysis into elder care abuse in elder care facilities, to establish an informed understanding of the nature of the issue, which will aid the development of policies and frameworks to properly address it through both active and preventive measures.