

# Elder Abuse

## *Strategies for Change*

**By Denise Koster**

***As family patterns change under the demographic pressure of an aging population, and families are faced with the day to day challenge of meeting the physical and psychological needs of an aging family member, there is a build-up of stress which leaves the aging adult open to neglect and abuse. This problem is increasing at a rapid rate. Lack of outreach services to abusers and unavailability of trained elder abuse professionals have a direct influence on the quality of care elders are receiving. Unless governments at all levels make a genuine commitment to the prevention of elder abuse, the future of our aging population looks bleak.***

There is a growing population of elderly persons across Canada. It has been found that one in ten Canadians is currently over the age of 65, and over the next 30 years this percentage will more than double (Podnieks, 1990). Furthermore, there is an emerging trend in which there is an increase in the average life expectancy of individuals, which consequently means a dramatic surge in "older" older adults (seniors 85 years of age and over). As the life span of the population increases, there will be additional pressure placed on the family to provide care to elderly family members as an alternative to institutionalization.

Traditionally, women have been expected to fill numerous family roles. They have taken on additional roles without

being able to give up some of the traditional ones. An example of this is the fact that more and more women are choosing to be part of the work force. Despite this involvement, women are still responsible for the upkeep of the home and the rearing of the children. As a result of the aging demographic structure, yet another role has surfaced for women — that of primary caregivers to elderly family members. Research shows that approximately 80 per cent of older adults living in the community receive their primary care from a family member. Moreover, an estimated 75 per cent of the caregivers are women between the ages of 55 and 60, many of whom are suffering from their own ailments (Fengler and Goodrich, 1979). In short, as women fight for equality, they are holding down full-time employment, taking care of their children and taking responsibility for older parents or relatives.

Older adults may be better off receiving care from a loving family member — in most cases, that responsibility will be a woman's, but with the increasing number of roles that women are taking on, who will take care of the needs of the caregiver? As the result of these neglected needs, the stress on the caregiver is mounting. Consequently, this stress reaches a point where it may be released, not at the society for its lack of assistance, but at the elderly who are victims of society's failure to meet the needs of the caregivers, and the demands of its aging population. This may result in elder abuse.

In order to fully comprehend how and why elder abuse takes place, one must not only understand what is is, but examine the programs and services in place; uncover the service gaps; and determine what recommendations or strategic changes can be instigated that can help the

older adults of our future live a violence-free life.

The term elder abuse has been defined in countless ways. For the purpose of this article, the broad definition of elder abuse will be used:

*Elder abuse is an action by a person in a position of trust — a friend, family member, neighbour or paid caregiver — which causes harm to a senior (Toronto Mayors Committee on Aging, 1987).*

Elder abuse encompasses the following categories: physical abuse, psychological abuse, neglect, financial abuse and exploitation. This crime against the elderly affects individuals from all ethnic backgrounds and socio-economic classes. Furthermore, with the emergence of ethno-sensitive programs and public education, the reporting of elder abuse is becoming more prevalent in all cultures. Metropolitan Toronto has a wide range of elder abuse programs, awareness projects and counselling services which reach a wide range of multi-cultural groups and is available in 16 languages (Directory of Community Services in Metropolitan Toronto, 1990).

The increase in cases reported may also be a reflection of the broader definition which now acknowledges abuse as being more than just physical assault. Although the reporting of elder abuse has increased to the point of becoming a part of societal violence, there are also many reasons why an elderly victim of abuse may be reluctant to seek assistance or refuse service altogether. This may be caused by feelings of fear, self-blame, embarrassment, hopelessness and pride. Moreover, denial is a dominant reaction in cases of abuse, due to the following factors: they would

rather live in peace than go through the stress of intervention; they are severely depressed and feel that nothing can be done to rectify it; they have lived in an abusive environment for such an extended period of time that they no longer see it as being aberrant; or they find it difficult to accept help because they at one time were self-sufficient and held stature in the community (San Francisco Institute on Aging, 1987). Hence, this relatively new phenomenon is a complex issue in which the

which monitors elder abuse cases;

*Service Planning Committee.* This committee coordinates support systems for victims of abuse and their caregivers. It identifies gaps and informs others of available services;

*Policy and Legislative Committee.* This group reviews existing and emerging policies and legislation; identifies areas for change; and advocates to government

Services in Metropolitan Toronto, 1990).

Equally important, community services are available which provide relief or respite for the family and/or caregivers. Furthermore, vacation care is available which places the older adult in a facility during family vacation periods. For example, the Metro Toronto Community Services Department, Homes for the Aged Division, has beds available that can be used for a two-week period of time to give relief to caregivers. In addition, they also have short term emergency care beds which can be used in physically abusive situations where the elderly person is in danger of further harm (Directory of Community Services in Metropolitan Toronto). Despite the fact that the government and community agencies are collaborating in an attempt to decrease the incidence of elder abuse, the problem is still increasing. Although services and programs are available, they are not being utilized to the fullest capacity, due to the numerous service gaps which contribute to the problem. These gaps exist in the following areas:

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legislators, service providers, and public have had a difficult time comprehending and more importantly, accepting.

In the past ten years there have been an escalating number of committees and networks that are working towards meeting the needs of the abused and neglected elderly. For example, at the Federal level, the Family Violence Prevention Division of Health and Welfare Canada have been active in the area of elder abuse since 1987. Through meeting with agencies, the nature, incidence and prevention of family violence was discussed in order to review proposals and set priorities. As a result, a clearinghouse was established, which has over 3000 reference papers focusing on child, wife and elder abuse. In addition, audio-visual references are also available (CCSD, 1988).

At the Municipal level, the Elder Abuse Action Committee of Metro Toronto, a group made up of older adults, community agencies and organizations, deal with issues which pertain to the following four sub-groups:

*Public, Education and Awareness Committee.* This committee educates and trains service providers on all aspects of elder abuse;

*Research and Information Committee.* This committee collects, records and publicizes information. It also has a system

bodies for change (The Elder Abuse Action Committee of Metro Toronto, 1989).

At a community level, a few networks have developed which attempt to deal with the elder abuse issue. For example, the Downtown Elder Abuse Service Network, was formed out of concern for victims of elder abuse living in the Toronto area. This group shares information; identifies service gaps; and develops appropriate strategies for victims. This group is mandated to educate the general public and government agencies on the subject of elder abuse (Downtown Elder Abuse Service Network, 1988).

Due to an increasing trend among families to provide more primary care for their elderly family members many services are becoming available to reduce the stressors for the caregiver, which may result in a decrease in the incidence of stress-induced abuse. One such emerging service is home support. This service provides long term support in the home for those individuals who require assistance with daily activities. These services consist of: home help which includes light housekeeping, laundry, simple meal preparation, banking and shopping; meals-on-wheels or wheels-to-meals which provides nutritious meals in the home or out in the community; and volunteer services which includes friendly visiting, telephone reassurance, minor maintenance and escorting to medical and other essential appointments (Directory of Community

- a) well coordinated and adequately funded services for the elderly and their caregivers;
- b) adequate and appropriate housing for older adults;
- c) professionally trained elder abuse workers;
- d) immediate intervention for those in crisis, which includes the lack of 24 hour services;
- e) public and professional awareness of services available which deal directly or indirectly with victims of abuse;
- f) emergency placements and care alternatives;
- g) assistance for mentally incompetent elderly in abusive situations;

With better implementation and follow-up of care, the incidence of elder abuse could be reduced.

Policy makers, service providers and the general public should be educated on the elder abuse issue on an ongoing basis. This could be accomplished through the use of written materials, visual aids, public forums and workshops. Professionals and non-professionals working with the elderly should be required to attend mandatory information and training sessions on elder abuse, including what it is and how to detect it (i.e. unexplained welts and bruises; missing pension cheques). In

short, there should be more involvement and commitment from all levels of government to address the issue.

There is a need for existing services to be publicized and made readily accessible to caregivers.

Appropriate referrals should be made to community health nurses, social workers, financial advisors, occupation counsellors, family counselling services, clergy, police officers, lawyers and mental health clinics when potential, suspected and actual abuse may be evident.

Relief from financial strains should be available to caregivers. The government should have special funding that would give caregivers a pension that would help to meet the financial needs of caring for an elderly family members.

Hospitals should have a floating bed that can be used in an emergency situation in which the victim must be immediately removed from a violent situation.

There should be mandatory reporting of elder abuse cases, in which professionals, such as hospital personnel or social workers, should be legally obligated to report incidents of physical and financial abuse, in addition to cases of neglect to the police. This would ensure that each case would be investigated.

There should be the establishment of community geriatric teams consisting of physicians, nurses, and social workers, that would be readily accessible to be dispatched to the scene of abuse on a 24-hour basis.

Work places should make special considerations for those employees that have taken on the caregiving role. This could be implemented as part of the employee benefit package, and include such services as daycare for the elderly or flexible working ours for the caregivers.

There should be support groups available for caregivers where they can discuss issues which they are faced with on a daily basis. More importantly, there should be support groups and counselling services that are available to potential and actual abusers. These services should be non-threatening and meet the needs of the individual caregiver.

There is an expanding need for more housing for the elderly which meets the needs of the expanding population. This would incorporate all levels of care, and meet the physical requirements of the elderly.

There should be support groups for

victims of past and present elder abuse. In addition, these individuals should be encouraged on an ongoing basis to unite and fight for their rights to live a violence-free life.

There must be a great deal of work done in the area of elder abuse, including research and data collection, program planning and implementation, evaluation and follow-up. In short, elements of a better care system can only be achieved by the enforcement of policies which focus upon the short and long term fundamental needs and problems of the older population. Moreover, policies must encompass the aspects which are specific and relevant to the challenges that female caregivers are faced with when providing primary care to an elderly family member.

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*Denise Koster has her B.A. in Food, Nutrition, Family and Consumer Studies, and is recognized as a Professional Home Economist. She also has a Certificate in Gerontology and is working on a degree in Social Work. She has worked in the field of elder abuse for approximately six years and is presently Co-chair of the Downtown (Toronto) Elder Abuse Service Network. Currently, Denise is completing a final draft of an Elder Abuse Manual for Service Providers.*

## BETH GOOBIE

### mental health is a product

mental health is a product:

it is sold in the family for saying, "yes, mama", good diaper control.

it is sold in grade school for sharpened pencils, ruler rigid posture, clean ears.

it is sold at girl guides and scouts for wrinkle free uniforms and badges.

it is sold in high school for teacher's autograph on student thought.

it is sold in church for four part harmony and ten percent.

it is sold in marriage for the same present, the same future.

it is sold in the work place for smiling at the customers, for smiling at the routine.

it is sold in old age for loving shuffleboard, being active.

not everyone buys.  
one in two hundred and thirty eight  
has a mouth too big  
for the one size fits all  
smile,  
the generic mind.