Contemporary Comment

Best Practice for Estimating Elder Abuse Prevalence in Australia: Moving towards the Dynamic Concept of 'Adults at Risk' and away from Arbitrary Age Cut-Offs

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Abstract

In June 2017, the Australian Law Reform Commission ('ALRC') released the *Inquiry on Protecting the Rights of Older Australians from Abuse*. A national elder abuse prevalence study was a key recommendation to: (1) measure the extent of this problem within Australia; (2) help arrange availability and demand for resources, and responses delivered by statutory authorities and organisations; and (3) evaluate the effectiveness of services designed to prevent elder abuse (ALRC 2017). In the past, elder abuse prevalence research has relied on age 'cut-offs' to determine the older population and what proportion of this population has experienced abuse. This comment questions the validity of using static age 'cut-offs' in measuring elder abuse and suggests a move forward to dynamic measures of risk for adults in prevalence studies.

Keywords: elder abuse – older people – age – prevalence – adults at risk – policy – Australia

Introduction

The abuse and mistreatment of older people has been brought to the forefront of Australian social policy recently, with the Australia Law Reform Commission ('ALRC') releasing the *Inquiry on Protecting the Rights of Older Australians from Abuse* in June 2017 (ALRC 2017). Further, various state governments have extended their focus on elder abuse through creating and extending interagency policies, undertaking prevalence studies, and developing specific elder abuse prevention services and hotlines (see Kaspiew, Carson & Rhoades 2016). With an ageing population, such government action is promising, as elder abuse is foreseen to

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become a bigger problem. Numerous state and federal reports have recommended a national prevalence study of elder abuse (ALRC 2017; New South Wales Legislative Council 2016; The Special Taskforce on Domestic and Family Violence in Queensland 2015). One critical issue in measuring elder abuse prevalence is the age used to define 'older' (Clare, Blundell & Clare 2011; Kaspiew et al. 2016). This comment argues that studies investigating elder abuse prevalence should move from criterion based on age towards 'at-risk' characteristics. The use of existing frameworks from the United Kingdom ('UK') could be adopted in Australia to assess the extent of those living in the population with dynamic risk factors who are victims of abuse. Such a framework could meet the recommendation to undertake a national prevalence study and help develop appropriate policy and prevention responses, as well as encompassing a broader group of vulnerable adults rather than just the 'aged'.

Defining 'elder abuse'

Definitions of elder abuse vary; however, the Australian Network for the Prevention of Elder Abuse (1999) defines it as 'any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, social, and/or neglect'. There is significant debate about how elder abuse should be defined and what it encompasses. Contested issues include: (1) how elder abuse falls within a domestic/family violence or criminal offence framework; (2) what age should be used to define 'older'; and (3) how types of abuse should be defined, that is, what behaviours constitute physical or verbal abuse and so on (Brammer & Biggs 1998; Goergen & Beaulieu 2013). There are no clear-cut answers, but we argue that a distinct classification of elder abuse may be questioned, as types of abuse that are encompassed within this framework are often crimes in their own right (for example, fraud, assault) (Sacco 1993). As victimisation can occur at any time over the life course, it is argued there is no benefit reconceptualising domestic/family violence or other crimes types as elder abuse simply because the victim reaches an arbitrary age (Sacco 1993; Goergen & Beaulieu 2013). Although the term 'elder abuse' may be useful for service delivery and specific action-based policy, our position asserts that specifying and measuring this as a distinct problem is not required. This argument mirrors recent developments in UK social policy, where the focus has shifted from 'elder' to 'at-risk adults' (Office of the Public Guardian 2015). While these debates are ongoing, the critical element of focus in this comment is how age in elder abuse in research is, and should be, defined, particularly in the context of conducting a national prevalence study for Australia.

Measuring elder abuse

It is widely acknowledged that Australia has an ageing population (Australian Institute of Health and Welfare ('AIHW') 2017). Between 1996 and 2016, the proportion of older Australians (classified as those 65 and above) increased from 12 per cent to approximately 15 per cent (Australian Bureau of Statistics ('ABS') 2016). The proportion of those aged 85 and older doubled to 2 per cent within the same time frame, while the proportion of those aged 15–64 decreased approximately 1 per cent. The median age has increased by almost a decade, from 28.5 years in 1964 to 37.3 years in 2014 (AIHW 2017). Such trends are predicted to continue based on improved life expectancy and a lower fertility rate since the 1960s (ABS 2016).

Estimating the exact number of elder abuse victims is difficult for a number of reasons. Conceptualising who is 'older' and what constitutes 'abuse' are both problematic, and due to the trust relationship between victim and perpetrator, it is generally accepted that elder abuse is under-reported (Pillemer & Finkelhor 1988). However, recent systematic reviews of elder abuse research offer some insight into its prevalence. Pillemer et al. (2016) conducted a scoping review of 20 international studies examining elder abuse prevalence and risk factors. Across all studies and all types of abuse, elder abuse was estimated to affect, on average, 14.3 per cent of older adults (with a range of 2.2–36.2 per cent). In another review, vast differences emerged, with prevalence estimates ranging from 0.5–44.6 per cent (Sooryanarayana, Choo & Hairi 2013). In Australia information on elder abuse prevalence is limited (ALRC 2017). However, current knowledge suggests prevalence estimates vary by abuse type, with psychological abuse and financial abuse most commonly reported (see Clare et al. 2011; Kaspiew et al. 2016). Prevalence estimates around the country suggest that elder abuse affects 0.6 per cent of Western Australians over the age of 60 (Boldy et al. 2005) and between 1.2% and 5.4% of those aged 65 and above on the Central Coast (Kurrle et al. 1997; Livermore, Bunt & Biscan 2001). To ensure appropriate responses and interventions occur, accurate and consistent parameters must be established to enable valid and reliable measurements.

Age 'cut-offs'

Definitions and measurements of elder abuse are varied and inconsistent, resulting in large discrepancies in the prevalence globally (Dixon et al. 2009; Pillemer 2016). The majority of elder abuse prevalence studies have used age cut-offs of either 60 or 65 (see Cooper, Selwood & Livingston 2008; De Donder et al. 2011; Pillemer et al. 2016; Sooryanarayana et al. 2013 for reviews of elder abuse prevalence research and measurements), with others using age cut-offs of 55 and above (Pittaway & Westhues 1994), 57 and above (Laumann, Leitsch & Waite 2008), 70 and above (Lowenstein et al. 2009), and 75 and above (Garre-Olmo et al. 2009). Limited research into elder abuse in nursing homes has focused on 'adults at risk', with no age demarcations (Fulmer et al. 2000; Goergen 2001).

Age cut-offs are problematic in this field of research, and there is no common law definition of 'elderly' (Office of the Public Advocate and Queensland Law Society 2010). Current ways to operationalise 'older' in Australia include (ALRC 2013; Clare et al. 2011):

- mature aged worker (45)
- access to senior's insurance (50)
- access to superannuation (60)
- access to a Senior's Card (60 or 65)
- age of retirement (60 or 65)
- access to a government pension (65)
- access to aged care services (70).

Importantly for the Australian context, Aboriginal and Torres Strait Islander peoples have significantly lower life expectancies — 45–50 years old is generally used to classify 'older' Indigenous Australians (Clare et al. 2011). Overall, 65 is the most commonly used age for status as 'older' by the ABS, as this is the age where pensions can be accessed (Kaspiew et al. 2016).

Accepted operational definitions and measurements in elder abuse research are required to better understand and respond to this problem (National Research Council 2003). Age cut-offs used to define 'elder' are arbitrary, creating problems in measuring the prevalence of this issue (Dixon et al. 2009). As the National Research Council (2003) argues, categorising 'elder' as 65 would be both over-inclusive and under-inclusive—many people over 65 are not vulnerable, and many under 65 are, due to physical and intellectual disabilities, degenerative disease, and early onset dementia. During the reporting year of 2014–15, the Elder Abuse Prevention Unit (2015) in Queensland received reports of victims in their 40s, 50s and early 60s that would not be captured if 65 was used as an age cut-off for elder abuse. While age can be correlated with increased frailty and dependence on others, age is not the only determinant of risk of abuse (Goergen & Beaulieu 2013). Further, Harbison et al. (2012) acknowledge that the term 'elder abuse' was created in an era where older people were recognised as a homogenous group characterised by decreased capacity and labour market exclusion. This is no longer the case, with increased diversity apparent in older populations (Goergen & Beaulieu 2013). The application of a uniform static criterion (such as age) to a heterogeneous population has been questioned in its sufficiency to accurately capture potential victims of abuse. Work on redefining elder abuse has suggested a framework around 'risk' may be more applicable.

'Adult at risk'

It has been proposed that risk should be the determinative concept for elder abuse, rather than age (National Research Council 2003). The term 'adult at risk' was introduced in the UK's *Care Act 2014* (UK), and is used in its latest Safeguarding Policy (Office of the Public Guardian 2015). The ALRC (2017) report discusses the possibility of broadening conceptualisations of abuse from an age range to a focus on frailty, vulnerability, and diminished capacity. Specific definitions around who should be considered at 'at risk' adult need to be developed for Australia (Clare et al. 2011), which can then be used to determine the prevalence of this type of abuse within Australia. The UK *Care Act* defines those to safeguard from risk as adults who: have need for care and support; are experiencing, or are at risk of, abuse or neglect; and, as a consequence of the needs for care and support, are unable to protect themselves against actual abuse or neglect or the risk of it. As there are overlaps between elder abuse and other areas of abuse (such as people with disabilities), broadening the focus from those over a certain age to those at risk may be beneficial, as this can target the abuse of younger and older adults together. Importantly, unlike the static nature of age cut-offs, the concept of 'risk' should be considered dynamic and multi-dimensional, taking into consideration both internal and external risk factors (Goergen & Beaulieu 2013). Consistent risk factors for elder abuse are presented in Table 1, and categorised by victim, perpetrator and contextual characteristics.

Table 1: Risk factors for elder abuse

Victims	Perpetrators	Context
Cognitive impairments and developmental disabilities Poor physical health and disability	Caregiver burden and stress Caregiver mental illness or psychological problems Substance abuse	Past abuse and history of family violence Crowded and shared living arrangements

Victims	Perpetrators	Context
Mental illness or psychological problems	Financial difficulties and dependency	Low social support and social isolation
Disadvantage and low income	Lack of experience and support	Poor family relationships
Dependency (social, emotional, physical)		Ageism
Ethnic minority		

Sources: National Research Council 2003; Payne 2005; Pillemer et al. 2016.

The National Disability Services ('NDS') (2016) in Australia developed a checklist to quantify and operationalise 'at risk' adults for disability service providers and organisations. Such a checklist could be adapted for research to identify at-risk adults and capture the number of them who have experienced, or are experiencing, forms of abuse. In its Vulnerability Indicator Guide, the NDS defines four types of vulnerability: (1) decision-making; (2) financial; (3) social; and (4) health and wellbeing. However, to ignore age completely in this line of research would be a mistake (Goergen & Beaulieu 2013); therefore, we have adapted this checklist to include age 'sub-groups' from gerontology literature, as it is accepted that as age increases, frailty and dependency increase (Hughes & Heycox 2010). Generally, physical deterioration and increasing dependence on others for care and support begins between 75–84 years old, with those aged 85 plus having a greater likelihood of physical and decision-making impairments and dependence. For each type of vulnerability, scores range from 0–4 and each type of vulnerability is scored out of 24, as shown in Table 2. Vulnerability is then categorised as below:

- not vulnerable: 0–4
- low vulnerability: 4–9
- moderate vulnerability: 9–16
- high vulnerability: 16–24.

Indicators of age have been added, with vulnerability risk increasing with age. This checklist presents age as only one indicator of vulnerability to abuse, intermixed with a variety of psychosocial and physical factors. However, we acknowledge limitations exist with this approach. Attempts to target and research at-risk populations are challenging, particularly for those in the oldest age sub-group who are at highest risk of cognitive impairments and dependence on others. Further, in extreme circumstances of control and abuse, at-risk adults may be unreachable (Sacco 1990). And, of course, this approach would not be exempt from limitations of prevalence studies in general. The terminology of 'at-risk adults' has also been critiqued. As Sherwood-Johnson (2013) argues, unhelpful assumptions about older people and those with disabilities can still be made, with policy surrounding this group of citizens tending to be more paternalistic than other policies targeted towards other vulnerable groups, such as domestic violence victims.

Table 2: The National Disability Services Vulnerability Indicator Guide adapted from National Disability Services (2016)

Decision-making vulnerability	Yes	Limited	No	Unsure
Has the person had limited education?	4	2	0	3
Has the person had experience in making-decisions in their life?	0	2	4	3
Can the person access information they need independently?	0	2	4	3

Decision-making vulnerability	Yes	Limited	No	Unsure
Can the person make sense of and interpret information independently?	0	2	4	3
Can the person manage or resolve problems?	0	2	4	3
Does the person require specific accommodations when making decisions?	4	2	0	3
	Score out of 24			
Financial vulnerability	Yes	Limited	No	Unsure
Does the person have a regular, stable job?	0	2	4	3
Do they earn an income?	0	2	4	3
Are they in receipt of a Pension or Welfare payment?	4	2	0	3
Can the person afford to pay for the things they need (eg food, rent/mortgage, bills, incidentals)?	0	2	4	3
Does the person have control over their finances?	0	2	4	3
Have they demonstrated the ability to purchase major items, get quotes for goods and services, or negotiate prices?	0	2	4	3
	Score out of 24			
Social vulnerability	Yes	Limited	No	Unsure
Does the person have people they can call on for help if needed?	0	2	4	3
Do they have regular contact with family and friends (ie do they have unpaid relationships)?	0	2	4	3
The person's main contacts are paid supports	4	2	0	3
Is the person regularly involved in and part of activities or interested in the community (eg recreation, social and/or work)?	0	2	4	3
Is the person accepted by others?	0	2	4	3
Is the person put at risk by those in their social networks (eg involving the person in poor decisions and high-risk behaviours?)	4	2	0	3
	Score out of 24			
Health and wellbeing vulnerability	Yes	Limited	No	Unsure
Does the person have a persistent and chronic illness?	4	2	0	3
Does the person have a diagnosed mental illness?	4	2	0	3
Does the person have physical and medical needs that require continuous support?	4	2	0	3
Does the person use high cost equipment or medication?	4	2	0	3
Are there concerns about drug and alcohol use?	4	2	0	3
Does the person need assistance to make medical decisions?	4	2	0	3
	Score out of 24			

Age sub-group	Vulnerability risk
'Older adult': <65 years old	Low
'Young old': 65–74 years old	Moderate
'Middle old': 75–84 years old	Moderate
'Old-old': 85+ years old	High

Moving forward

The ALRC (2017, p. 93) states that 'there should be a national prevalence study of elder abuse to build the evidence base to inform policy responses'. While data from prior elder abuse studies have served as a good starting point, such data lacks national generalisability and is likely an underrepresentation of the true extent of the problem (National Ageing Research Insitute and Australian Association of Gentrology 2016).

The need for a national prevalence study is apparent. However, prevalence studies are expensive and time consuming, and data collected are influenced by the methodology. A submission cited in the ALRC (2017) report stated that a prevalence study should utilise existing organisations, such as the Australian Bureau of Statistics ('ABS'). We assert that the ABS is best placed to conduct a national prevalence study of at-risk adults, which could be linked to its national annual Crime Victimisation Survey (a section of the Multipurpose Household Survey designed to provide statistics on a small number of topics). This approach would be cost effective and timely and, as the ABS already conducts surveys on sensitive issues including personal safety, the items focused on risk provided in this commentary could be added to determine the extent and types of victimisation that are occurring within this population. To our knowledge, no elder abuse prevalence studies using 'adult at risk' criteria, rather than age, have been conducted. Such data would be beneficial in informing the need for services and development of appropriate responses in Australia.

Conclusion

There are calls for a national elder abuse prevalence study to be conducted in Australia to provide an evidence base to anchor the development and provision of adequate support, resources and future planning to address this problem (ALRC 2017). In order to do this, the contested conceptualisation of 'older' must be addressed. Due to the static nature of age 'cut-offs' in defining the problem, this comment has argued that research into elder abuse should move forward to encompass dynamic measures of risk, and that distinct categorisations that remove elder abuse from other crime types is not required. The NDS has developed an index of vulnerability for adults which could be adapted by the ABS to uncover the proportion of the Australian population at risk for abuse and the extent in which this population is victimised. Overall, it is proposed that the ABS is best placed to conduct an affordable and effective national prevalence study of elder abuse victimisation in Australia.

Legislation

The Care Act 2014 (UK)

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