In April this year, DVRCV and CASA House held a forum on older women’s experience of family violence. One of the themes arising at the forum was the different approaches taken by the aged care sector and the family violence sector in relation to the abuse of older people. This is particularly evident where the perpetrator of the abuse is also the carer. In this article, Selina Nivelle from DVRCV explores these approaches.

Current thinking identifies stress as a contributing factor in instances of elder abuse but stress alone does not explain the phenomenon (Fallon, 2006: 4).

An elderly male tells a worker that he hit his wife. She has advanced Alzheimer’s disease. He is her carer, and says he promised her he would never put her in a nursing home. He says he regrets hitting her and that he has never done it before. Is this a case of carer stress or domestic violence?

The carer stress model

In the aged care sector, the abuse of older women is still largely understood by using the carer stress model. In the literature on elder abuse, this is also the most often cited explanation (Bergeron 2001: 53). According to this theory, stress stems from the physical, financial and emotional problems related to caring for an older person who has a physical or mental impairment. A lack of carer assistance and the fact that carers have to subordinate their own needs to take on the caring role are further complications to this situation (Gainey and Payne 2006: 247).

This explanation stems from earlier research into Alzheimer’s disease, which found that sufferers were 2.25 times more likely to be physically abused than were other older people (Paveza et al, 1992 cited in Gainey and Payne 2006: 247). The higher rate of abuse of people with Alzheimer’s was attributed to caregiver stress. However, there was little research into how the cognitive impairment contributed to the abuse.

A study in 2006 tested the relationship between caregiver stress and the abuse of people with Alzheimer’s disease or dementia (Gainey and Payne 2006). When cases of elder abuse were examined, it was found that caregiver burden or stress was no more prevalent in cases of abuse of people who had Alzheimer’s than in other cases of elder abuse. The authors conclude that ‘caregiver burden is not a primary cause of abuse in Alzheimer’s cases any more than it is a primary cause in other kinds of elder abuse cases’ (p. 254).
Further research has shown that cognitive impairment is a possible contributing factor, rather than a cause of abuse (Wolf 2000). Studies show that the previous nature of the relationship is an important factor in predicting mistreatment (Wolf 2000: 3).

The carer stress model ... assumes that if an individual experiences stress in a caregiving relationship they are likely to be abusive.

The carer stress model is a simple explanation for elder abuse — it assumes that if an individual experiences stress in a caregiving relationship they are likely to be abusive. However, this approach blames the victim for being too needy. The abuse is linked to the incapacity or the dependence of the older person. As a consequence, it relieves the perpetrator of responsibility for their actions and can be used by a perpetrator of domestic violence to justify the abuse.

The carer stress model is not dissimilar to the ‘dependency-stress’ model often used in the disability field to explain the abuse of people with disabilities. In this model, an individual’s disability increases his or her dependency on the carer, and the carer is perceived to respond to this stressful situation with abuse, which is temporarily supposed to reduce their stress (Sobsey 1994).

The carer stress model is not consistent with empirical findings regarding the abuse of people with disabilities, and neither is it supported by research on elder abuse, which has found that the level of dependency of the older person does not predict abuse (Sobsey 1994: 148).

Other variations of theories of elder abuse which focus on ageing and incapacity are applied in cases where the perpetrator of the abuse is the care receiver: an elderly man who is confined to a wheelchair due to a stroke, and who is receiving care from his elderly spouse (Bergeron 2001: 49-50). He may behave abusively towards his spouse, yet he is likely to be viewed as a vulnerable elder. His behaviour may be a continuation of years of abuse.

The general approach of those working in the aged care sector is not to focus on prosecution of the perpetrator, but to refer the perpetrator to services to support them, in the hope that this will help control the abusive behaviour (Bergeron 2001: 50). However, this approach ultimately relies on the perpetrator agreeing to such an intervention.

In some cases, sons or daughters are the perpetrators of abuse against elderly parents. This most commonly occurs in cases of financial abuse (Bagshaw et al 2009: 3). This abuse can occur even when the son or daughter is not in a carer role. These forms of abuse cannot be explained by carer stress.

... while types of abuse may change over the life cycle, abuse can be a constant form of control.

The family violence sector, on the other hand, regards violence as being a continuum of behaviours that occur over time. Violence is influenced by interpersonal relationships and social structures. It primarily relies on the concept that abuse is caused by unequal power. It recognises that while types of abuse may change over the life cycle, abuse can be a constant form of control.

What needs to be explored is a pattern of domination and control in the relationship and whether the woman is fearful of the family member.
Different sector responses

As a consequence of these different theoretical assumptions, the aged care and the family violence sectors often respond differently to cases of abuse of older people.

Aged care services are primary there to support the daily living needs of the elderly. They may lack an understanding of how to respond to the needs of elderly people who are victims of ongoing violence and who require protection, risk assessment, and support.

Using the carer stress approach, interventions often focus on assisting the perpetrator and maintaining the care in the home. The emphasis may not be on the older woman’s safety. If one acknowledges that carer stress is an inadequate approach for understanding of the abuse of older women, then supporting the carer to reduce stress is clearly a simple intervention for a complex situation.

Furthermore, by not holding the perpetrator to account for their abuse and involving the criminal justice system, the service provider colludes with the perpetrator (Bagshaw et al 2009: 5).

To understand the abuse of women as they age, we need a complex and multifaceted approach.

In addition, reducing carer stress does not address long-standing domestic violence between a husband and wife. In some situations, in older age, a victim of domestic violence has to become a carer for her violent partner. She may still be victimised by her partner. Intervening to reduce carer stress does not adequately deal with this situation.

On the other hand, family violence services respond to the abuse of older women by assessing risks to safety and offering support, outreach, legal remedies and safe accommodation. There are limitations to the family violence sector’s response to older women. Often refuge accommodation is not suited to the needs of older women. Furthermore, staff often lack knowledge of aged care issues and suitable services that can support older women with a chronic illness, disability or mild cognitive impairment.

The need for dialogue and collaboration

As noted by Dale Bagshaw, who spoke at DVRCV’s recent forum on the topic, our approach should be based on an ‘interdisciplinary understanding and a coordinated, multiple service system response to the victim, the perpetrator and the social network surrounding the victim’ (Bagshaw et al 2009:11).

To understand the abuse of women as they age, we need a complex and multifaceted approach. There needs to be more dialogue, coordination and coalition building between these two sectors, to enrich each other’s practice and to benefit older women.

Selina Nivelle is a trainer at DVRCV. She has previously worked as a professional development officer at Seniors Rights Victoria. She also teaches in social work at La Trobe and Melbourne University.

References

Bagshaw, D., Wendt, S., and Zannettino, L. (2009), Preventing the Abuse of Older People by Their Family Members, Australian Domestic and Family Violence Clearinghouse, Stakeholder Paper 7.p5


