

## **FAMILY VIOLENCE AND ELDER ABUSE – AN INSIGHT ON CONCEPTS AND PRACTICES FOR CAREGIVERS**

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**RESUMO**

Este artigo visa clarificar os conceitos de violência familiar e violência contra o idoso. Ambos os fenômenos são de especial interesse para a comunidade acadêmica, bem como para os profissionais de saúde em geral, e para os cuidadores e gestores em saúde em particular. A perspectiva deste texto é uma perspectiva comparada, permitindo uma visão global sobre a violência familiar e a violência contra o idoso na Europa do Sul e nos Estados Unidos. O artigo propõe igualmente uma lista organizada de práticas para prevenir e melhor administrar as decisões em caso de violência contra o idoso.

**PALAVRAS-CHAVE**

Violência contra idoso, Cuidador, Trabalho Social, Saúde

**ABSTRACT**

This article intends to clarify the concepts of family violence and elder abuse. Both phenomena are of interest for the academic community, as well as for the health professionals in general, and for the health caregivers and health managers in particular. The text is written in a comparative perspective, allowing for a global vision on family violence and elder violence in Southern Europe and in the United States. It also proposes a list of organized practices in order to prevent violence and to better manage decisions in case of elder violence.

**KEYWORDS**

Elder Abuse, Caregiver, Social Work, Health

Violence chooses no age. Elder abuse is not an isolated phenomenon, as recent data shows in Southern Europe and in the United States (US). Although it is not new, elder violence is also increasing as a specific form of family violence. In Southern Europe, many families choose now to care for their elders at home, and oftentimes, it is not always for the best reasons: elders are providers of extra welfare incomes that are valued in a time of economic crisis. Furthermore, lack of support, stress, and a poor ability to meet the growing needs of dependent elders make caregivers susceptible to the frustrations of caring for increasingly vulnerable individuals. Health caregivers and social workers are thus challenged to monitor this new reality.

Sensitivity to elder violence is fairly recent among the health caregiver community. In the 1960s, the treatment of elders that was promoted by western health care and health studies would be shocking to us now. Increasing US awareness and policy development promote intervention on behalf of victimized elders, nevertheless, Southern European reality suggests that elder abuse in this region may be yet be underestimated as a form of family violence, and that institutional control and assessment that tend to focus on the situation of other vulnerable populations (such as children) may need to be extended to include elders.

It is important to clarify concepts regarding family violence, particularly in relevance to elders. This can be accomplished by first reviewing basic definitions and then elder abuse among the various possible forms of family violence. Next, the paper can draw the response to elder abuse in the United States and in South Europe, with the objective of proposing interventions for the future.

## 1. DEFINITION AND SPECIFICITY OF ELDER ABUSE

What is violence? This question is specifically relevant when we look at family relationships, where the right to privacy in one's home is seen as probably the most broadly interpreted of fundamental rights, both in the United States (namely on the basis of the Bill of Rights, and more specifically the Ninth Amendment to the Constitution<sup>1</sup>), and in Europe – with the explicit provision of the European Convention on Human Rights<sup>2</sup>.

**1** See for instance the opinion of Justice Goldberg in *GRISWOLD v. CONNECTICUT*, U.S. Supreme Court 381 U.S. 479 (1965) Decided June 7, 1965: "The fact that no particular provision of the Constitution explicitly forbids the State from disrupting the traditional relation of the family - a relation as old and as fundamental as our entire civilization - surely does not show that the Government was meant to have the power to do so. Rather, as the Ninth Amendment expressly recognizes, there are fundamental personal rights such as this one, which are protected from abridgment by the Government though not specifically mentioned in the Constitution."

**2** Article 8 of the Convention reads: "– Right to respect for private and family life". 1. Everyone has the right to respect for his private and family life, his home and his correspondence. 2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

It is thus of utmost importance to define the terms, and to pinpoint the specificity of Elder Abuse among other forms of family violence, and more specifically among the hidden forms of family violence.

## 1.1. DEFINITIONS

The main concepts to be defined are the following: “family”, “violence” and “family violence”. In the case of elder abuse, it is also necessary to define the concepts of “abuse” and “elder”.

*“Family”*: the term refers to individuals living together, whether or not they are legally married, adopted, etc. The family is composed of several interdependent parts that can be seen in a systemic perspective (see for example: Parsons & Bales, 1955). The family system is affected by external as well as internal factors. Society, economics, norms, culture, religion, social and family expectations are important factors. The following elements are to be taken into account, when dealing with the dynamic system existing in the families: (i) societal elements – this includes: (a) Laws; (b) Norms/Values; (c) Religion; and (d) Values of specific individuals; (ii) familial elements – this includes: (a) Unique family patterns; (b) Role perceptions; (c) Personality; (d) Learned acceptability.

*“Violence”*: According to the World Health Organization (Krug, 2002: 5) is

**The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.**

Applied to our field of research, violence refers to non-accidental actions that result in injuries to the victim. The concept of violence itself has a strong inter-generational meaning, as shows Roger Dadoun in his essay on the *homo violens* (Dadoun, 1993) – the violence of the “new” generation on the elder generation, is sometimes implicitly admitted by our institutions, if not promoted and ritualized.

*“Family violence”*: It can be defined as any purposeful act or omission by persons who are co-habiting that results in injury to other members of the family. Family violence potentially gathers all the aspects of violence – violence against oneself, inter-personal violence, and collective violence. *“Abuse”* refers to an intentional, willful, physical and/or psychological injury.<sup>3</sup>

*“Elder”* is much more difficult to define, as the age limit of the age categories are changeable. In the second half of the Decade 2000-2010, in the US as well as in Europe – including South Europe – *“elder”* is defined as any person which age is equal or superior to 65 years

**3** The term abuse is well known in the case of physical child abuse, defined as an intentional, willful act, resulting in physical injury and perpetrated by someone responsible for the care of the child; bruises come in all sizes, shapes; color of bruise; location of bruise; bruise patterns; burns (water, fire); fractures; head & internal injuries; neglect, sexual abuse, emotional abuse, ritualistic abuse.

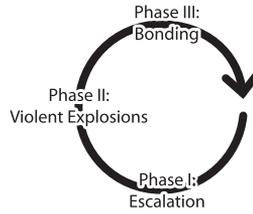
old<sup>4</sup>. However, it is important to be aware that the elderliness is a social concept and that is constructed by society – just as is gender (De Beauvoir, 1972).

There are at least four sub-categories of maltreatment and at least six groups of potential victims that are identified in the study of family violence – with elder abuse being one of them as shows Table 1.

**Table 1.** Main Sub-categories of Family Violence

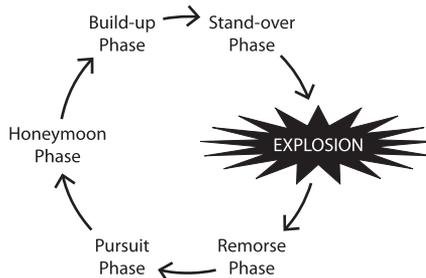
	Child abuse	Domestic violence	Elder abuse	Sibling abuse	Filial abuse	Daughter-in-law abuse
Physical abuse	x	x	x	x	x	x
Sexual abuse	x	x		x		
Emotional abuse	x	x	x	x	x	x
Neglect	x	x	x			

According to Lenore Walker (1999), abuse follows three phases: Phase I Escalation (*Tension Building*); Phase II Violent (*Acute Battering*; Explosions; Phase III *Calm, loving*; Bonding).



**Graph 1.** The Cycle Theory of Violence. Source: Walker (1999: 126).

A more detailed version is used in the field – eventually inspired by Walker (1979) work. For example, the Australian police description of the cycle of violence emphasizes the intermediate phases before the explosion of violence:



**Graph2.** Graph 2. Detailed Version of the Cycle Theory of Violence.

Source: <http://www.police.qld.gov.au/Resources/Internet/programs/crimePrevention/images/cycle.jpg>

<sup>4</sup> Although in the US, for purpose of protection this age might be reduced. So is the case of the Older Americans Act (OAA). The OAA was passed in 1965 to assist individuals over 65 years, amended in 1973 to include individuals 60 years and older. In Europe, a recent crossnational european study on Elder Abuse use the 65+ criterion (Cooper *et al.*, 2006).

## 1.2. SPECIFICITY OF ELDER ABUSE

Elder Abuse, in several nations, is one form of family violence that is “hidden”. The “hidden victims” of family violence include, in particular, three additional types of family abuse, namely the following:

*Sibling Abuse* – The tendency to believe that “kids will be kids,” that violence between siblings is inevitable, and that, in fact, the abuse between siblings does not exist received early attention in the late 1980s, and was documented extensively (Wiehe, 1997), yet it continues to attract relatively little attention of service providers. Sexual abuse often seen as “experimental”;

*Filial Abuse* – Parents are another group of “hidden” victims. It may consist in extreme forms of violence against parents – including patricide; Fumie Kumagai has been writing of this in Japan since the late 1970s (Segal, 1999), but researchers and policy makers in other nations still pay little attention to this significant problem (Cottrell & Monk, 2004).

*Daughter-In-Law Abuse* – This involves both emotional and physical abuse, and is rarely discussed or addressed by social services. It is generally a culture/society specific form of abuse, with specific incidence in the joint-family system. The violence is commonly hidden by the family of procreation (Segal, 2002).

*Elder Abuse* – in some countries, such as the US and Japan is attracting increasing attention, with each nation having passed guidelines to protect elders from maltreatment. However, other nations continue to lag. Elders experience all the forms of abuse to which other populations are subjected, and are also susceptible to additional forms of exploitation. Furthermore, perhaps because of the longevity of women, and the higher number of females in the elder population, elder abuse is often.

Seven categories of Elder Abuse are identified by the US National Center on Elder Abuse (NCEA, 2007), namely: (a) Physical abuse; (b) Sexual abuse; (c) Emotional or psychological abuse; (d) Neglect; (e) Abandonment<sup>5</sup>; (f) Financial or material exploitation; (g) Self-neglect. The same classification exists in Europe<sup>6</sup>.

Cross-national surveys on elder abuse suggest that the phenomenon of elder abuse is on the rise. A comparison between the US and Europe ostensibly shows the similar findings, although data on Elder Abuse is much more recent in Europe. Annually, in the US, it is estimated that more than one million older Americans are financially, mentally, or physically abused (4% of total) – and the great majority of physically abused elders actually live with the abuser, not in institutions. In Spain, according to the magazine *Revista 60 y más* (cit. in AGE, 2009), the percentage of Elder Abuse in institutional settings is between 1 and 5%, although it does not detail which forms of abuse occur. The numbers are certainly underestimated: according to a 2007 special Eurobarometer report, 47% of Europeans are of the

<sup>5</sup> Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder (NCEA, 2009).

<sup>6</sup> See for example the Proceedings of the First European Conference on Injury Prevention and Safety Promotion, 25-27 June 2006, Vienna.

view that poor treatment, neglect and abuse of dependent elder people is a widespread occurrence in their countries (AGE, 2009).

The victims of Elder Abuse also have a similar profile: In the US, whites, females over the age of 75, and persons dependent on others to meet their daily needs are at highest risk for elder abuse, neglect, or exploitation. In Europe, as reported in France by an helpline for older and disabled people suffering from violence, 75% of violent crimes are against women over 79 years of age who are usually dependent, unable to protect themselves or react in self-defense against an abuser (AGE, 2009).

## **2. CLUES FOR PREVENTION, ASSESSMENT AND INTERVENTION**

Intervention resources for elder abuse are two-fold. First, emphasis should be placed on prevention and assessment of the existence and gravity of elder abuse. Second, the focus must also be put on intervention – including the training of health and social services professionals in this field and the development of treatment methods.

### **2.1. PREVENTION AND ASSESSMENT**

As far as prevention is concerned, it should be understood that effective prevention requires a multifaceted, multidisciplinary approach targeting a range of audiences. As a general rule, older adults can protect themselves against abuse. However, the point is that no single symptom of elder maltreatment conclusively identifies Elder Abuse. Therefore it might be difficult to prevent elder abuse in incidences of isolated physical, behavioral, or environmental indicators. Identifying abuse is also difficult due to numerous provider and victim barriers.

Helping Elders to reduce risk factors and enhance protective factors is a decisive aspect of prevention. This may include: (a) taking care of health; (b) seeking professional help for drug, alcohol, and depression and urging family members to do the same; (c) attending support groups to learn about domestic violence services, if they exist (they seldom exist in South Europe, for example); (d) planning for the future; (e) staying active and connected; (f) knowing rights; (g) decreasing isolation; (h) foster or making use of rights as grandparents; (i) using specific rights or programs, such as, in Europe, the welfare and labor rights of grandparents; in the US, the Grandparent Program or the other programs (such as The Senior Companion Program, the Retired and Senior Volunteer Program, the Special Volunteer Program - Homeland Security); finally (j) providing Care-giver support.

As regards the assessment, the practice of screening for elder abuse used in the US may provide an interesting scope for action. This screening consists into identifying those at risk to prevent, reduce, or stop it, and to provide victims with alternatives to protect themselves. For example, elder abuse often is associated with substance abuse or mental health issues (Bradshaw & Spencer, 1999; Dejowski, 1990). Screening should include questions on substance abuse and mental health, particularly depression.

## 2.2. INTERVENTION

Concerning to intervention, it is important to mention that any intervention should be adapted on a case by case basis, and depends on the specificity of elder abuse. The forms of intervention usually include three aspects (*cf.* for example: NCPEA, 2008):

*Primary Intervention*, which include: (a) protection approaches modeled after child abuse interventions, including mandatory reporting requirements; (b) empowerment measures based on domestic violence interventions; and (c) advocacy approaches that stress the rights of older adults.

*Intervention Services*, including in this category: (a) emergency responses, such as hotlines, and shelters; (b) support services, such as personal care and home-delivered meals; (c) rehabilitation services, such as counseling and substance abuse treatments; and (d) the follow-up of preventive actions, such as training in care-giving and education.

Variables to consider in determining intervention are at least four: the *urgency* of the situation; the *involvement* of people other than the victim and perpetrator, as well as the capabilities of the involved parties; the *forms* of abuse; the *cooperation* – or lack of cooperation – of the involved parties.

Several specialized instruments are available in the US, such as the Elder Abuse Hotline (apart from the Abuse Hotlines – Women's Self Help Center; Incest hotline; and Rape hotline); the Victim Service Council (which also exists in Europe – for example with the Association of Help to the Victims – Associação Portuguesa de Apoio à Vítima [APAV] in Portugal: [www.apav.pt](http://www.apav.pt)). In the US, the 30 years old program RAVEN ([www.ravenstl.org](http://www.ravenstl.org)) and in Europe, the new AGE - the European Older People's Platform are organizations that can provide support and education for both perpetrators and victims.

One good practice is the development of multidisciplinary teams that bring together experts from diverse fields to explore common areas and develop and coordinate prevention and intervention plans in the community. In South Europe such mechanism exists for the protection of the children (in Portugal, the locally organized Commissions of Protection for Children and Youth – Comissões de Protecção de Crianças e Jovens [CPCJ]: [www.cpcjn.pt](http://www.cpcjn.pt)). Yet, the multidisciplinary teams are lacking in the field of Elder Abuse. Community Multidisciplinary Teams (CMT) can prevent and intervene on Elder Abuse by: (a) resolving difficult cases; (b) enhancing service coordination by clarifying agencies' policies, procedures, and roles – which is of particular relevance in South European contexts – due to the diversity of non-governmental actors in the field of elder cares; (c) identifying service gaps and breakdowns in coordination or communication; (d) enhancing professional skills and knowledge; (e) providing cross-training in substance abuse, sexual abuse, and elder abuse. The CMT may also work together in order to build a common database and exchange information among agencies in the field.

## CONCLUSION

Elder Abuse is still under-identified in South European countries. As the US experience shows, there is a need to re-think and re-organize practice in order to seriously tackle this

problem. It also shows that the search for more instruments, especially in the legal field, is not complete – the Elder Abuse Prevention Act, proposed in 2006, is still not a law in the US.

In general, health and social caregivers, as well as victims, will be assisted by the existence of hotlines – that should be established and assessed; common database and exchange information among agencies should be reinforced; community-wide system for training on Elder Abuse for the Health and Social Service workers, staff of nursing homes, but also for the Police, Firepersons, Rescue officials, Prosecutors, Court personnel. Training should include identification of risk factors (including substance abuse) and discussion of available resources and services. Finally, the public awareness is as important as the training of professionals. The development of a positive and productive image of aging is a most urgent and necessary measure, especially at the beginning of a century that will be “The Century of Elders.”

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