

Elder Abuse Risk Factors

Ageism	Ageism includes discrimination and assumptions of vulnerability, frailty and dependency which affect the value, respect and opportunities older people are provided for empowerment, self-determination and to actualise their rights. Perceptions that devalue older people may contribute to feelings of worthlessness, dependency, isolation and lack of self-esteem, and increase opportunities for elder abuse.
Dependency	Opportunities for elder abuse increase for people who are dependent on others for assistance or social, emotional, physical, financial or spiritual support. This does not mean that all older people who depend on others will be abused. Personal dignity, assets and finances, freedom from harm and wellbeing can still be maintained, even when a person's autonomy is affected.
Family dynamics and living arrangements	Shared living arrangements and providing care has advantages and challenges. Increased social contact, independence, and living in the community for longer are obvious and important benefits. Close proximity of shared living arrangements and carer responsibilities may heighten stress, tension and family conflict, increasing the likelihood of mistreatment and opportunities for elder abuse.
Gender	Abuse happens to both older women and older men. Statistics suggest more women are abuse than men, although more men are experiencing abuse by family members, commonly by adult children. Women's family, social and cultural roles are important factors contributing to power imbalances and shifts in control which can increase risk of abuse. For example, an older woman who has historically relied on others to manage her financial affairs may have limited awareness or financial literacy, and is at greater risk of financial abuse by relatives, friends or neighbours.
Financial/economic hardship/ and wealth	Financial difficulties, regardless of age, can impact on the risk of an older person being financially abused. If there are unresolved financial issues in a family, or if a carer has financial issues, a vulnerable older person may find their resources inappropriately targeted. There is also evidence showing that older people who have financial means and are asset rich, can also be at risk of being financially targeted and abused, even if they are not vulnerable.
Social Isolation	Older people who are socially isolated are less likely to be aware of available health and community support services or access these in a timely way. Isolation of both older people and carers is a known risk factor for elder abuse. Examples include restricted or minimal contact with others, spiritual support, sharing time with friends, family or neighbours. When combined with factors such as cultural diversity, older age and frailty, and poor health literacy, isolation is associated with increased risk for mistreatment and elder abuse.
Substance or alcohol abuse	Substance abuse, including drug and alcohol dependency, affecting the older person, their carer or a family member, can contribute to unhealthy relationships and behaviours, and is linked to increased risk of abuse of older people in family relationships. Substance abuse that is a long standing issue in families can be an indication that early supports and strategies may be necessary to minimise the potential for elder abuse to occur or escalate.
Mental health or psychological conditions	Mental health issues and/or some psychological conditions have the potential to affect people's behaviour in a wide range of ways. Depending on individual circumstances, this can include the ability to control anger, frustration, fear and impulse. Mental health conditions can be a risk factor for abuse if a family member, carer, or older person themselves has a mental health condition. People with a mental health condition may have feelings of low self-esteem or self-worth, or could be more vulnerable due to the effects of medication.



<p>Carer stress</p>	<p>Without the assistance of unpaid carers, more older people would rely on residential aged care facilities for their care. Unpaid carers can be responsible for a range of tasks and decisions. Some carers may feel they do not have a choice, while others do not identify themselves as a carer, rather seeing themselves as a good spouse, daughter/son, sibling or friend, or fulfilling cultural expectations.</p> <p>Caring for another person, whether a family member, neighbour or friend, is both rewarding and challenging. Special demands on carers often mean they juggle or struggle with responsibilities, frustrations, lack of resources, or compromising their own needs. Older carers may feel isolated or have problems with their own health. These pressures can increase the risk of abuse – to those being cared for or to carers themselves.</p>
<p>Caring for a person with dementia</p>	<p>Dementia or memory loss and confusion can affect a person's communication, understanding, judgment, behaviour, personality and abilities. Dementia can progress quickly or slowly, affecting dependency, fatigue, frustration and management of stressful situations. These pressures can increase in harm or distress to both the carer and the person with dementia, particularly if carers are managing their own health conditions.</p> <p>Some situations may involve an older person perceiving harm or feeling distress where no harm is present, nor was intended. Dementia or cognitive impairment, or unmet need, can result in extreme reactions in ordinary situations.</p> <p>Carers pushed beyond their capabilities may not intend to be verbally or physically abusive. Caregivers may not intend to neglect the person in their care, or ignore their needs. Respite breaks can be very helpful in managing dementia or cognitive impairment, both for the older person and for carers.</p> <p>There can come a time when an older carer, with their own health issues, can no longer care for a person with dementia in the family home. This is when family members, friends and professional workers can provide timely support to both older people, enabling successful transition to new care arrangements.</p>
<p>Dementia or memory loss</p>	<p>Dementia, Parkinson's disease and some illnesses related to memory loss and confusion, can decrease a person's independence, and ability to control their circumstances, decisions and interests. People with dementia can conduct their own lives and financial affairs, requiring increasing supports later on as the disease progresses.</p> <p>People with dementia who live alone may need particular support to ensure their immediate and long term decisions around accommodation, financial management, safety, wellbeing, and management of risks and vulnerabilities to minimise opportunities for mistreatment or abuse by others.</p>
<p>Cultural and Linguistically Diverse background</p>	<p>Cultural expectations, values and beliefs influence families in many ways. They contribute to communication, relationships and obligations, decision making, sharing of finances and resources, problem solving and help-seeking behaviours. In many diverse communities, value and respect of older people is highly regarded and responsibility for their care is an accepted family obligation. However, cultural diversity can increase risk for elder abuse when combined with other factors such as lower English literacy, frailty and older age, limited awareness of community information and support, greater dependency on family, and mistrust of external support.</p>
<p>Aboriginal background</p>	<p>Abuse of older people goes against cultural values in the Aboriginal communities. Elders are highly regarded and respected custodians of traditions and law. Older Aboriginal people have multiple responsibilities in their community, including family roles and kinship care. This increased responsibility and community leadership may increase the risk of abuse of older Aboriginal people, particularly when multiple factors are present.</p>



For more information

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