

ADVOCACY: AN EFFECTIVE TOOL IN THE PREVENTION OF ELDER ABUSE

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Introduction

In 1989 the Department of Social Welfare (now Ministry of Social Development) held a two day workshop in Wellington to discuss whether Elder Abuse was a problem in New Zealand and if so what constitutes Elder Abuse, how is it recognized and most contentious of all what actually is elder abuse. Participants of that workshop were from diverse backgrounds and professional roles but all had one interest; that of protecting the vulnerable elderly in our society.

Age Concern New Zealand was seen as the lead agency in the protection of older adults and was asked to write a definitive text on what Elder Abuse was and how to prevent older people from such abuse. In 1992 Age Concern brought a working party together to complete this work. The working party had representatives from academia, aged care, Maori, health services and Age Concern as consumer advocates. The result was the publication of "Promoting the Rights and Well-being of Older People and Those who Care for Them" (Bailey 1992) and this publication has been the founding document for the establishment of Elder Abuse Prevention Services in New Zealand.

Many Elder Abuse Prevention Services have been established since the early 90s but one thing they have in common is the recognition of the relationship between advocacy and elder abuse prevention (Abuse 2006). It is this recognition I wish to discuss in this short paper and I will, hopefully, identify aspects of advocacy which will complement your role as Community Board Members.

What is Elder Abuse?

Firstly, I wish to define what is meant by elder abuse. The workshop in 1989 reached a consensus there was such a thing as Elder

Abuse but defining this term has not been so easy.

"Arguably, the debate about what constitutes family violence is more pronounced in the area of elder abuse than in other subfields".(Barnett 2005)

To make matters worse there are some of us who work in the field of Elder Abuse, myself included, who have reservations about linking it with Family Violence. Having said that, there are similarities and in New Zealand those connections are recognized by the funding of our services being channeled through Child, Youth and Family Services initially and latterly via Ministry of Social Development.

The reservations about Elder Abuse being seen as a subset of Family Violence stems from the risk of losing sight of the unique phenomenon that is abuse of older people. Some of the abuse I see has its roots in long established spousal or other forms of family violence but more older people find themselves in abusive situations that relate to their age and have no relationship or very limited relationship with their past lives. Elder abuse and its subset, Neglect, 'is a complex problem and which cannot be explained by any single factor or theory'. (Bailey 1992).\

There are many definitions of Elder Abuse found here in New Zealand and overseas but they all include three principles; the age of the person, the abuser and the abused know each other and are in a relationship implying trust, and the behaviour of the abuser results in harm to the older person. (Bailey 1992; Barnett 2005; Abuse 2006).

The definition used in New Zealand is the one developed by Age Concern New

Zealand (the lead agency for service provision and data collection) and is:

“ Elder abuse occurs when a person aged 65 years or more experiences harmful physical, psychological, sexual, material or social effects caused by the behaviour of another person with whom they have a relationship implying trust’ (Bailey 1992)

How common is abuse of older people?

There is work being carried out here and overseas to determine this; a study in United Kingdom (Ogg.J. 1992) showed that up to 5% of people 65 years and over suffered verbal (psychological) abuse with up to 2% of those 65 years old and over suffered physical and financial abuse.

Age Concern New Zealand collates data collected from the various elder abuse services throughout the country. Figures from data collected from July 1st 2004 to June 30th 2006 in New Zealand show that out of the 944 cases of elder abuse and neglect reported; 62% were psychological abuse, 42% material/financial abuse and 20% physical abuse. (Age Concern New Zealand 2007) These statistics reflect the reality of one person experiencing different types of abuse. Similarly data collected to identify the impact of elder abuse on older people shows that one person’s life can be affected in many ways for example: 57% of them reported feeling distressed or angry whilst 51% felt their health was significantly affected with 50% reporting their lives were significantly disrupted. (2007)

In my role as the Coordinator of the Elder Abuse Prevention Service on the North Shore, I received 514 enquires in 2006 from which 181 led to either prevention work or intervention to resolve an abusive situation.

If one of you, in your role as a Community Board member, should become concerned about an older person in your ward or

someone comes and asks you what to do as they are worried about an older person, there are some basic steps you should consider.

- Ensure the older person is safe.
- Support and reassure the older person,
- Do not discuss the subject with or challenge the abuser
- Seek permission to refer person on to local Elder Abuse Prevention Service and / or give the older person or support person the contact details.

Depending on the situation it may not be you who is supporting the older person directly but it is important to review these steps with the person you are advising as it is essential that an older person is not made more vulnerable by any intervention.

The underlying principle when supporting an older person who may have been or still is a victim of abuse is “Do No More Harm” (Bailey 1992).

There is a choice of two roles, when an elder abuse practitioner like me is asked to assist an older person who is being abused or is vulnerable to abuse.

One is called the “Broker” role; here I would help my client to clarify their goals and set realistic outcomes to meet their needs; try and match services to meet these needs; work with my client and those services to ensure positive outcomes. I would try and meet with client at regular intervals to make sure all is working as they had hoped. (Bailey 1992)

The other role is as an “Advocate” which I would like to discuss further in this paper.

Advocacy

The term ‘advocacy’ has both an historical and conventional usage the English language; many people associate the word with lawyers and courts whilst some people

associate the term with such doctors or other health care professionals. In these situations the word 'advocacy' is often taken to mean 'pleading the cause of another'. (Johnstone 1994).

History has seen the development and evolution of many sorts of social and community practice in addition to those traditional professions of nursing and medicine; with these developments as come many types of advocacy. You will be glad to know, that time allowed this afternoon, is not long enough for me to present an academic treatise on advocacy but there are many such works available if you wish to pursue this topic further!

For the purpose of this paper I have decided to use the definition from a report published in England entitled the Advocacy Charter (Advocacy 2002) which is:-

“taking action to help people say what they want, secure their rights, represent their interests and obtain other services that they need”.

This Charter claims that advocacy promotes social inclusion, equality and social justice (2002).

The first important aspect of the role as an advocate is to be sure you recognize its difference to an advisor or friend. When acting as an advocate the older person has control over the relationship; the advocate is working for the older person (Abuse 2006). According to the Elder Abuse Advocacy Toolkit (2006) those working as an advocate for an older person may:-

- Speak up for the older person
- Ensures that the voice of the older person is heard
- Encourages and empowers the older person to speak for themselves
- Respects and protects the decisions and choices made by the older person
- Promotes rights of older people

- Promotes social justice for the older person.

It should go without saying that older people are entitled to be in control of their own lives; sadly there are times whether due to frailty, ill health, disability, financial circumstances, social isolation or society's attitudes to old age they are unable to represent themselves or exercise choices. It is these circumstances the advocate can make sure their voice is heard so their views and needs are known and acted upon. (Abuse 2006).

Having the opportunity to act as an advocate for someone is a privilege and the advocate is often in a unique situation to see the life of the older person for what it really is and not what either society thinks or the older person projects. It is essential, however, that the advocate is clear on the boundaries of the role. It is a relationship based on empowering the older person, using the strengths they have to improve their life, it is not the advocate's role to proscribe outcomes nor dictate terms of the relationship; the relationship is controlled by the older person (Abuse 2006)

For me personally, advocacy is about returning the older person to an autonomous being and not allowing them to become dependent on me. To allow an advocate/client relationship to develop into a co-dependency role is an adverse outcome. All the time the advocate should be using the older person's strengths and those of their significant others (where appropriate) to reach the goals the older person have set for themselves.

Up until now I have been discussing advocacy on a one-to-one basis but I noted with interest that one of the purposes of Community Boards is to act as an advocate for the interests of the community. In my role I have at times had to act as an advocate for a group of people, I am making an assumption that this work may reflect a little of your responsibilities.

Advocating for a group the principle of not creating dependency holds fast as does making their views heard however from my experience one of the complicating factors is the cohesion of the group. I have often found I have defaulted to the 'Broker' role when working with a group (Bailey 1992).

The Broker role allows the broker to reflect the divisions within the group and can assist in arriving at a consensus; this may be achieved by clarifying realistic goals which sometimes shows the group they are not actually in competition with each other. I have been able to represent groups when a common goal has been identified but one lesson I learnt the hard way was identifying a spokesperson for the group with whom I can work. I have found having more than one spokesperson is effective in some situations particularly where there is a dominant personality in the group and this person may be keeping important views,

form other group members, hidden. It is also important to send out written material to all members of the group and asking three or more of them to be responsible for feedback! I have found with one spokesperson their views begin to take precedence over the group's common goal.

Conclusion

The relationship between the advocate and client may be a short one or a long one, it may be over years rather than months but it never should become one where the older person becomes dependent on that advocate. The advocate's relationship with the older person should reflect a journey where both people are walking on the same path side by side within touching distance should the older person need to reach and seek further support out not one where the advocate is carrying the older person.

References

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