Conceptualising the nature of abuse: Exploring influence and shame in diverse family and support systems
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If we accept *influence and shame* are powerful drivers in many cases of elder abuse, what specific features of influence and shame, require further consideration, especially within the context of diverse family and support systems?

How does diversity influence understandings of *human rights principles* and how might these varying understandings, in turn, impact upon family and supporters’ obligations when they know elder abuse is occurring?

What *research* still needs to be undertaken in order to inform government and communities responses to elder abuse?
"Interpersonal influence, the process by which those in relationship affect and change each other’s thoughts, behaviour and emotions, forms the essence of close and trusted relationships."

We all experience and observe these influences in our families and communities. “We all tolerate the impact of those influences up to a point.”

And then … it goes too far. When does influence become abuse?


Undue influence

“When someone unfairly influences another the law calls it ‘undue influence’ and it may be presumed in family relationships, effect legal capacity and result in legal remedies.”

Some say the ‘doctrine of undue influence’ needs a shake-up and “should be concerned with the conduct and motivation of both participants … all judged against the norms of the relationship between them.”

What are these norms? If an older person says “I don’t call this abuse”, is it?

“Shame is one of the most common psychological effects of elder abuse and a major barrier to reporting.”

“Toxic shame (which is also a significant health issue) affects core identity engendering feelings of worthlessness, learned helplessness, isolation, fear, anxiety and humiliation as a response to the violation of autonomy, integrity and dignity and it is exacerbated by the fact that the abuser is a family member.”

There are hundreds of references to this in elder abuse literature, too numerous to cite. For example, C. E. Ziminski Pickering & V. F. Rempusheski, Examining Barriers to Self-Reporting of Elder Physical Abuse in Community-Dwelling Older Adults’, Vol 35 (2) Geriatric Nursing, 2014; Law and Justice Foundation, Legal Needs of Older People, 2004; https://www.dvrcv.org.au/help-advice/older-people/barriers-disclosure

To the extent that we want to promote the human rights of older people, we must recognise that the exercise of these rights does not occur in a vacuum – context is key.

Different types of abuse, sometimes happening simultaneously, require different interventions.

Adapted from Victorian Government Diversity and Intersectionality Framework.
Intersectionality

Diverse groups are not homogenous but are unique and diverse in their own right.

- A person may be affected by a number of diverse and overlapping identities, discriminations and disadvantages.

Elder abuse is not unique to any specific community, however these groups are at increased risk of experiencing abuse and facing additional barriers to disclose and access services.

Understandings adapted from: J. Chen, Intersectionality Matters: A guide to engaging immigrant and refugee communities to prevent violence against women, Multicultural Centre for Women’s Health, 2017
Research questions

- Which theoretical models are most useful or might be adapted to help frame understanding of - and policy responses to - elder abuse?
- Which aspects of a human rights framework will best inform the development of a theoretical model for understanding elder abuse and how can this include minority and diverse communities and individuals?
- Which interactions within diverse families and support systems lead to, prevent or reduce elder abuse?
- What is the true incidence of sexual assault as an aspect of elder abuse and to what extent is it hidden? What responses are needed?
Research questions

• What specific role does shame play in elder abuse?

• What changes to the doctrine of undue influence will prove more responsive to cases involving elder abuse?

• Does the shame caused by elder abuse specifically cause particular types of health declines in victims of elder abuse? If so, what preventative measures might be available, including via health-justice partnerships?

• Which diverse communities experience low levels of elder abuse and what features of their communities achieve this and build resilience in older people?

• What preventative education campaigns and service models responding to elder abuse have succeeded in particular communities and also in other jurisdictions?