Royal Commission
into Aged Care Quality and Safety

EXPERIMENTAL ESTIMATES OF THE PREVALENCE OF ELDER ABUSE IN AUSTRALIAN AGED CARE FACILITIES

RESEARCH PAPER 17

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The Royal Commission into Aged Care Quality and Safety was established by Letters Patent on 8 October 2018. Replacement Letters Patent were issued on 6 December 2018, and amended on 13 September 2019 and 25 June 2020.

The Honourable Tony Pagone QC and Ms Lynelle Briggs AO have been appointed as Royal Commissioners. They are required to provide a final report by 26 February 2021.

The Royal Commission releases consultation, research and background papers. This research paper has been prepared by staff of the Office of the Royal Commission, for the information of Commissioners and the public. The views expressed in this paper are not necessarily the views of the Commissioners.

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Executive summary

Elder abuse may occur across a range of domains, including physical abuse, emotional/psychological abuse, financial/economic abuse, sexual abuse, social abuse and neglect. Prevalence estimates for elder abuse in international elder care facilities vary considerably between studies with ranges from 1.9% to 58.3% for physical abuse, 6.3% to 78.9% for psychological abuse and 0.4% to 81.8% for neglect. There are no national elder abuse prevalence rates produced in Australia.

Recently a survey of aged care facility residents was conducted for the Royal Commission into Aged Care Quality and Safety. The survey was not designed to measure the prevalence of elder abuse. However, this paper utilises the responses from the survey to create experimental estimates of the prevalence of elder abuse in Australian residential care. This research indicates the prevalence of elder abuse is closer to the upper range identified in international studies.

The prevalence of elder abuse in Australian residential care is estimated to be 39.2%. This estimate only includes people who reported experiencing emotional abuse, physical abuse and/or neglect. It does not include financial abuse, social abuse and sexual abuse because the survey did not include appropriate questions to adequately cover these other forms of abuse.

The prevalence estimate for neglect is 30.8%. This includes people who reported concerns about how they are helped to shower, eat, toilet, get around, groom and/or use continence aids; concerns about how medication is managed, wounds are looked after, catheters are used and/or pain is managed; concerns about accessing a GP, dentist, mental health services, and/or other allied health services; and/or care staff rarely being able to spend enough time attending to the person's individual needs.

The prevalence estimate for emotional/psychological abuse was 22.6%. This includes people who reported feeling forced to be dependent on staff, treated like a child, forced to wear continence pads, being shouted at by staff, and/or not having their specific care needs thought about or listened to.

The prevalence estimate for physical abuse was 5.0%. This includes people who reported: being restrained, not being allowed out of their bed/chair/room or outside, and/or being hurt or treated roughly by staff.

Elder abuse measures may be considered subjective. To enable readers to consider how the estimates vary according to their views, the paper sets out the proportion of people who reported each type of concern and gives a second approach to the estimating the overall prevalence rates.

This paper provides a platform to further the research into elder abuse prevalence and prevention in aged care intuitional settings.

1. Background

Monitoring of elder abuse is vital to inform policy and create effective prevention strategies. A recent systematic review of elder abuse in international elder care facilities suggest that 64.2% of staff admitted to elder abuse in the past year. International prevalence estimates for abuse subtypes reported by older residents were highest for psychological abuse (33.4%), followed by physical (14.1%), financial (13.8%), neglect (11.6%), and sexual abuse (1.9%).[1]

Table 1: International institutional abuse reported by older adults and staff

Elder abuse types	Pooled estimates (%)	Low end (%)	High end (%)
Reported by older adults over past year			
Psychological (3 studies)	33.4	6.3	78.9
Physical (4 studies)	14.1	1.9	58.3
Sexual (3 studies)	1.9	0.03	59.2
Neglect (3 studies)	11.6	0.4	81.8
Financial (3 studies)	13.8	0.7	78.3
Reported by staff over past year			
Overall (4 studies)	64.2	53.3	73.9
Psychological (5 studies)	32.5	16.1	54.6
Physical (5 studies)	9.3	4.4	18.4
Sexual (3 studies)	0.7	0.04	11.7
Neglect (4 studies)	12	2.6	41.4

An Australian Elder Abuse Prevalence Study[2] is currently underway for people aged 65 and over who live in the community. However, there is currently a lack of knowledge about the extent to which elder abuse occurs of those who are living in Australian residential aged care settings. An opportunity to fill this gap has emerged through the survey of aged care facility residents that was recently conducted for the Royal Commission into Aged Care Quality and Safety. The survey was not designed to measure the prevalence of elder abuse. However, this paper utilises the responses from the survey that best fit the definition of elder abuse to create an estimate of the prevalence of elder abuse in Australian residential care homes.

The working definition of abuse of older people,[3] as drafted by the Australian Institute of Family Studies, is:

> a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.

1 Yongjie Yon, Maria Ramiro-Gonzalez, Christopher R. Mikton, Manfred Huber, Dinesh Sethi (2018). The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis.

2 https://aifs.gov.au/media-releases/new-research-help-measure-elder-abuse

3 Kaspiew, R., Carson, R., Dow, B., Qu, L., Hand, K., Roopani, D., Gahan, L., & O'Keeffe, D. (2019). Elder Abuse National Research—Strengthening the Evidence Base: Research definition background paper. Melbourne: Australian Institute of Family Studies.

The working definition is intended to be applied to an Australian Prevalence Study of elder abuse in the community. Elder abuse may occur across a range of domains, including physical abuse, emotional/psychological abuse, financial/economic abuse, sexual abuse, social abuse and neglect. Although not specifically articulated in the above working definition, the acts or omissions to be captured by this definition for the purposes of the study include:

- physical abuse (including pushing/shoving, hitting/slapping, punching and kicking)
- emotional/psychological abuse (including verbal abuse such as yelling insults and name calling; intimidation/bullying and harassment; damaging or destroying property; threatening to harm the older person or their family members/friends or pets; threatening to withdraw care and preventing or attempting to prevent access to funds, telecommunication or transport)
- financial/economic abuse (including misuse or theft of finances or other assets and abuse or misuse of powers of attorney)
- sexual abuse (including unwanted sexual contact and sexual assault)
- social abuse (including preventing or attempting to prevent the older person from having contact with family, friends or community—social isolation)
- neglect (including the failure to provide access to essentials such as food and hydration, clean and appropriate shelter, adequate hygiene or medical care).

2. Methodology

The residential care survey conducted for the Royal Commission enabled facility residents, including those living with cognitive decline, to express how they feel about their lives and the care they receive. The survey included 391 residents or, where necessary, the resident's representative as a proxy. Residents were drawn randomly from a representative random sample of 67 Australian residential aged care facilities. The survey comprised a number of questionnaires exploring quality of care, general life satisfaction, quality of life, and concerns and complaints. Face-to-face interviews occurred from January to mid-March 2020. Detailed methodology and results from the survey are presented in Research Paper 13.[4]

Table 2 sets out the questions and responses in the residential care survey that fit the definition of elder abuse in its different forms. Twenty three responses were identified from the residential care survey that fit the working definition of elder abuse drafted by the Australian Institute of Family Studies. The responses were from the Resident Feedback Questionnaire (RFQ), which collected information about the residents' concerns, and the Consumer Choice Index-6D (CCI-6D) Questionnaire, which collected information about the perceived quality of certain aspects of care. These responses are listed in Table 2. A 'yes' or 'no' was recorded for each response option.

The questions and response options from the survey cover only some forms of emotional/psychological abuse, physical abuse and neglect. The survey did not include appropriate questions to adequately cover the other domains, which are financial abuse, social abuse and sexual abuse.

The 15 response options about neglect appear to comprehensively capture this form of elder abuse. However, the 5 response options about emotional abuse predominantly relate to staff. Verbal abuse, intimidation/bullying, harassment and other examples of emotional abuse perpetrated by other residents, as well as by family members, are not adequately captured by the questions in the residential care survey. The 3 questions about physical abuse, specifically 'being hurt', also only relate to staff so resident on resident aggression is not captured.

For each type of abuse the paper presents two measures of prevalence. The first is an "Any concern" rate that includes anyone who responded "yes" to one or more of the concerns identified through the response options. The second is a "Main concern" rate that only counts people who responded "yes" to one or more concerns identified through the response options and also said it was one of their three main concerns. The "Main concern" rate excludes people who did not talk to anyone about the main concern because they considered it too minor or they could not be bothered. The response proportions to individual questions are also included in the Appendix.

The reason for including two measures and the response proportions is that elder abuse measures may be considered subjective and it could be argued that, given the questionnaire design, some of the responses do not necessarily reflect elder abuse. For example, someone may argue that a person is not abused if they cannot access a dentist. The additional information provided assists readers to consider how the prevalence measures presented in this paper vary depending on the definition one considers appropriate.

[4] Batchelor, F., Savvas, S., Dang, C., Goh, A.M.Y., Levinger, P., Peck, A., Katz, I., Dow, B. (2020). Inside the system: aged care residents' perspectives. National Ageing Research Institute: Parkville, Victoria, Australia

Table 2: Questions and responses fitting types of elder abuse

Question	Responses: Emotional abuse	Responses: Physical abuse	Responses: Neglect
RFQ B1 – In the last six months, have you had any concerns or complaints about not being treated with dignity and respect?	Feeling forced to be dependent on staff. Being treated like a child. Being forced to wear continence pads. Being shouted at by staff. Not having your specific care needs thought about or listened to.		
RFQ B2 – In the last six months, have you had any concerns or complaints about your personal care?			How you are helped to shower. How you are helped with eating. How you are helped to use the toilet. How you are helped to get around. How you are helped with personal grooming, like cutting nails or shaving. How you are helped with continence aids – for example, being changed when they need to be, given enough supplies, or quality of supplies.
RFQ B3 – In the last six months, have you had any concerns or complaints about medical and health care?		Being restrained.	Seeing a GP when needed. Seeing a dentist when needed. Accessing mental health services. Accessing allied health services (e.g. physio, podiatry etc.) The way your medication is managed. How any wounds have been looked after. How catheters are used.

Question	Responses: Emotional abuse	Responses: Physical abuse	Responses: Neglect
			How pain is managed.
RFQ B4 – In the last six months, have you had any concerns or complaints about the choices available to you?		Not being allowed out of bed/chair/room, or not being allowed outside.	
RFQ B5 – In the last six months, have you had any concerns or complaints about the staff?		Being hurt or treated roughly by staff.	
CCI – 6D – 1: How much time are caregiving staff able to spend with me (or my family member)?			Care staff are rarely able to spend enough time attending to my individual needs.

3. Results

3.1 “Any concern” elder abuse prevalence rates

The prevalence of elder abuse in Australian residential care is estimated to be 39.2% when counting all people who reported experiencing emotional abuse, physical abuse and/or neglect. This does not include financial abuse, social abuse and sexual abuse because, as noted earlier, the residential care survey did not include appropriate questions to adequately cover these forms of abuse.

The prevalence estimate for neglect is 30.8%. This includes people who reported concerns about how they are helped to shower, eat, toilet, get around, groom and/or use continence aids; concerns about how medication is managed, wounds are looked after, catheters are used and/or pain is managed; concerns about accessing a GP, dentist, mental health services, and/or other allied health services; and/or care staff rarely being able to spend enough time attending to the person’s individual needs. This estimate was above the pooled prevalence estimate of 11.6% identified in similar international studies mentioned earlier, but well below the high end of 81.8%.

The prevalence estimate for emotional/psychological abuse is 22.6%. This includes people who reported feeling forced to be dependent on staff, treated like a child, forced to wear continence pads, being shouted at by staff, and/or not having their specific care needs thought about or listened to. The estimate for this was lower than the pooled prevalence estimate of 33.4% from the International studies, and well below the high end of 78.9%.

The prevalence estimate for physical abuse is 5.0%. This includes people who reported: being restrained, not being allowed out of their bed/chair/room or outside, and/or being hurt or treated roughly by staff. Again this was below the pooled prevalence estimate identified from the international studies of 14.1%, and close to the low end of 1.9%.

3.2 “Main concern” elder abuse prevalence rates

The prevalence of elder abuse in Australian residential care is estimated to be 21.3% when only main concerns are counted (excluding concerns the respondent considered too minor or could not be bothered to report). Financial abuse, social abuse and sexual abuse were again excluded as the survey did not include appropriate questions to adequately cover these forms of abuse.

Prevalence estimates for abuse subtypes using the main concerns measure are:

- 18.3% for neglect; 12.4% less than the broader measure of neglect but still above the pooled prevalence rates identified in international studies;
- 4.3% for emotional abuse, 18.3% less than the broader measure of emotional abuse and towards the lower end of prevalence rates identified in international studies; and
- 1% for physical abuse, 4% less than the broader measure of emotional abuse and again towards the lower end of prevalence rates identified in international studies.

4. Discussion

As shown above, the estimate of prevalence of elder abuse in Australian residential care varies depending on the methodology used. Both measures given in this paper do not include financial abuse, social abuse and sexual abuse, and do not cover emotional and physical abuse perpetrated by other residents or by family members. These are all important gaps to fill in the research. The methodology and estimates in this paper are a platform from which further research can be conducted into elder abuse prevalence and prevention in aged care.

There are a number of information sources within the aged care system that could be harnessed to understand the prevalence and nature of elder abuse in addition to surveys such as the residential care survey.

- Issues and complaints data held by the Aged Care Quality and Safety Commission are grouped into categories including health care, personal care, abuse, choice and dignity and financial matters.
- Under the compulsory reporting provisions of the Aged Care Act, approved providers of residential services must report suspicions or allegations of assaults. This includes alleged or suspected unreasonable use of force and alleged or suspected unlawful sexual contact.
- In the National Aged Care Mandatory Quality Indicator Program operated by the Department of Health, quality indicator data is collected from residential aged care services every three months, including indicators relating to restraint.

Appendix—Responses to individual questions

Table 3: Responses from residential care survey fitting emotional abuse

Questions	Responses	% of residents with this concern	% of residents reporting as a main concern*
RFQ B1	Feeling forced to be dependent on staff	9.1	1.2
	Not having your specific care needs thought about or listened to	7.6	0.5
	Being treated like a child	7.5	1.6
	Being forced to wear continence pads	4.4	0.7
	Being shouted at by staff	2.9	0.7

*excluding concerns the respondent considered too minor or could not be bothered to complain about

Table 4: Responses from residential care survey fitting physical abuse

Questions	Responses	% of residents with this concern	% of residents reporting as a main concern*
RFQ B3	Being restrained	1.5	0
RFQ B4	Not being allowed out of bed/chair/room, or not being allowed outside	1.2	0.3
RFQ B5	Being hurt or treated roughly by staff	3	0.7

*excluding concerns the respondent considered too minor or could not be bothered to complain about

Table 5: Responses from residential care survey fitting neglect

Questions	Responses	% of residents with this concern	% of residents reporting as a main concern*
RFQ B2	How you are helped to shower	10	0.0
	How you are helped with personal grooming, like cutting nails or shaving	6.8	1.0
	How you are helped to use to the toilet	5.9	1.4
	How you are helped with continence aids – for example, being changed when they need to be, given enough supplies, or quality of supplies	5.7	0.7
	How you are helped to get around	5.6	0.5
	How you are helped with eating	3.2	0.0
RFQ B3	Seeing a GP when needed	5.2	1.5
	Seeing a dentist when needed	4.6	1.0
	How pain is managed	4.4	1.7
	Accessing allied health services (e.g. physio, podiatry etc.)	2.9	0.4
	The way your medication is managed	7	2.2
	How any wounds have been looked after	2	0.5

Questions	Responses	% of residents with this concern	% of residents reporting as a main concern*
	How catheters are used	1.2	0.3
	Accessing mental health services	0.8	<0.1
Consumer Choice Index-6D (CCI-6D)	Care staff are rarely able to spend enough time attending to my individual needs.	9.3	9.3

*excluding concerns the respondent considered too minor or could not be bothered to complain about