Institute of Sociology

University of Vienna

Ministry of Social Security and Generations

NATIONAL REPORT ON ELDER ABUSE IN AUSTRIA

Josef Hörl

Associate Professor of Sociology and Social Gerontology

1. Introduction

The widespread view that in industrialised societies there exists a general negative attitude toward the elderly cannot be maintained. On the contrary, Austrian surveys show a rather favourable picture (Majce, 1993). The majority of the population does not see serious public conflicts between the generations. In particular, it is common opinion that securing an adequate standard of living for the elderly is one of the government's most important responsibilities.

On the other hand, there is a great deal of attitudinal ambiguity toward the aged: many people perceive a definite lack of understanding on the part of the elderly with regard to problems of youth and vice versa. Furthermore, the stereotype of old age is still – and wrongly – associated with dependency, sickness, loneliness, depression and social isolation.

As far as future developments are concerned, there are serious doubts whether the sources of the traditional norms of filial duty and obligation will be still viable and strong enough to maintain their power over people's attitudes and behaviour. For some time, arguments are brought forward by gerontologists (Rosenmayr 1991) that individually developed mentality already gets a chance to act more directly upon behaviour patterns. Individualism devoid of affective bonds conveys risks for deleterious effects in family life and caregiving, elder abuse being only the most spectacular hazard.

This rather pessimistic outlook for the future of intergenerational relations remains speculation, however, as long as there is no empirical research based on representative samples to substantiate or refute such statements. Unfortunately, apart from a couple of case studies and small pilot studies, there has been no empirical research on elder abuse in Austria, neither in familial nor in institutional contexts. Data from official sources (e.g. crime statistics) do not provide much insight into the problem of elder abuse, either. There is agreement among experts, however, that the problem exists but is largely hidden. Therefore, one of the most urgent tasks for future research is to shed more light on the "dark figures" of elder abuse and neglect in the family (especially in caring situations) and in extra- and intramural institutions of health and social welfare.

2. Purpose, planning and realisation of the present study

In a first step to overcome the unsatisfying situation regarding the knowledge about elder abuse the Ministry of Social Security and Generations decided to take part in the research

project, initiated by WHO (World Health Organization) and INPEA (International network for the prevention of elder abuse). The aim of this project was to carry out focus group discussions among elderly people and primary health care workers. The goal of this project was three-fold: firstly, to broaden the empirical knowledge basis on elder abuse and neglect, secondly, to raise awareness among health care workers, and thirdly, to develop a general strategy and specific instruments for the prevention of elder abuse.

During the summer of 2001 a preparatory committee consisting of representatives of the ministry, various non-governmental organisations and the scientific co-ordinator developed the details of the projected focus group discussions. It was evident from the beginning that due to the shortage of time and the nature of the project the participants could only be recruited as an accidental sample, i.e. that very low socio-economic status groups would not be represented adequately.

The focus groups were organised in different settings in four provinces all over Austria. There were participants of varying life-history backgrounds and people from rural areas and provincial capitals represented. However, no focus group was organised to take place in the federal capital of Vienna.[1]

Finally, a total of seven focus group discussions were carried out in September 2001. The guidelines for the implementation of focus group discussions on elder abuse prepared by WHO and the International Prevention Network were rather strictly applied; these propositions concerned the demographic structure of the groups, the role of the moderators, and the procedures of discussions, including the two submitted case studies which served as a primary stimulus.

Tape recordings of the sessions confirm that participants were free to express their feelings and their personal opinions and understandings without being constrained to any form of a pre-arranged questionnaire. The participants raised their *own* issues of concern and the debate revealed a couple of rather surprising insights to the elder abuse issue. The participants also used amply the possibility to talk to each other and to exchange thoughts. In particular, no person could be detected who remained silent all the time. After the sessions, almost all of the elderly expressed utmost satisfaction in participating.

[1] There are good reasons to suppose that differences in experiences of abuse and violence exist between elderly living in a metropolitan area like Vienna and elderly living in other areas, especially rural areas.

The sessions took between 1½ and 2 hours and were tape recorded. Furthermore, the discussions of two groups (one of them an expert group) were videotaped. One group of elderly opposed the tape recording of their session. In addition to the moderator two observers were present who recorded non-verbal reactions. The tape recordings were partly transcribed.

3. Participants of the study

The elderly

A total of 45 elderly persons (69% female, 31% male) took part in the discussions, the mean age was close to 72 years.[2]

As far as the marital status is concerned, 16% were single, 31% were married, 36% were widowed and 18% were divorced; 64% lived alone, 36% shared a household with somebody else.

The details of the focus groups of elderly are as follows:

- 2 mixed groups of older men and women together:
- the first group (located in Linz, Upper Austria) consisted of 7 female and 2 male participants between 65 and 88 years old [in the following quotations abbreviated as LIf and LIm[3]]; all members of this group were supported by formal or informal caregivers in their private homes;
- the second group (located in the city of Salzburg) consisted of 5 female and 4 male participants between 61 and 88 years old [Sf and Sm];
- 2 all-female groups:
- the first group (located in Graz, Styria) consisted of 8 participants between 54 and 66 years old [Gf]; thus, the mean age of this group is roughly 10 years lower than the mean age of the other groups;
- the second group (located in Innsbruck, the Tyrol) consisted of 11 participants between 60 and 89 years old [If];

[2] If a 42-year-old male participant is excluded from the computation the mean age of participants rises to 72½ years.
[3] The suffix „f“ designates female and „m“ designates male participants.

- 1 all-male group (located in Linz, Upper Austria) consisted of 8 participants; the youngest discussant was only 42 years old, the other 7 participants were in their 60s and 70s, the oldest discussant was 74 years old [LIIm].

The socio-economic status of the elderly participants varied to some extent but most participants proved to be members of higher social strata with an over-representation of people having completed secondary and tertiary education. Furthermore, the background of members *within* groups proved to be rather homogeneous. To a large extent this can be attributed to a selection effect since several of the groups were "real life" groups where members knew each other beforehand from religious, voluntary or other organisational networks.[4]

The professional experts

- 2 groups of experts from the medical, health care and social service professions:

- the first group (located in Feldkirchen, Carinthia) consisted of 10 women; the professions included: medical doctor, psychologist, home helps, home health nurses, social service experts; for this group no age data was provided [EF];

- the second group (located in Graz, Styria) consisted of 8 participants (7 female, 1 male); the professions included: general practitioners, home helps, home health nurses; the mean age of this group was 39 years [EG].

The mix in expert focus groups between professionals with an academic background (doctors, psychologist) and those of lower education proved to be no problem for the course of discussions; the academics were highly co-operative and devoid of "status concerns". Nevertheless, the portions of total discussion time required by the academics were significantly larger since they elaborated more deeply on specific subjects.

[4] For reasons of confidentiality no details can be given about the nature of "natural" networks to which group participants belong.

4. Results

Discussion of results is divided into four parts:

- General impression of the focus groups discussions;
- Answers to the question of definition;
- Kinds of elder abuse;
- Causes of elder abuse.

General approach of focus groups to the elder abuse issue

What kind of general approach to the problem of elder abuse and neglect did the participants choose? How did they tackle this question? Does it make sense to speak of common feelings or sentiments among the different groups and different group participants?

Social research has repeatedly shown (Haller and Höllinger 1990) that Austrians, in contrast with a widespread national stereotype, can be described as *introverted, taboo-loving and conflict avoiding*. There is a pronounced tendency not to communicate freely about one's personal problems. By the way, this averting attitude has repeatedly been associated with the high suicide rate in Austria.

This attitude is also apparent among many of our elderly focus group participants. To a certain extent the contributions to the debate can be characterised by defence mechanisms and also by lack of concrete own experience toward the abuse issue. Many detours are made to approach the elder abuse issue. The example of gender discrimination was frequently used. Other remarks are very general. It is not easy to discover what is hidden behind the veil of on the one hand vague and on the other hand defensive statements.

> *If1: "In my family girls were treated as equals but this certainly not true for the whole village."*
>
> *Sf1: "A woman is more easily regarded as helpless than a man."*
>
> *Sf2: "This pushing around at the [supermarket] counter is no good."*

Many participants spoke of elder abuse victims in a rather distanced manner. This can be called the "not me" approach: yes, I know there is elder abuse but I have nothing to do with them;

> *Gf1: "It is absolutely unimaginable that I could have ever been financially exploited by my children."*

Consequently, advice how to avoid abuse was normally given in a rather general and imprecise manner, such as

> *LIIm1: "People have to speak more frequently to each other".*

It is especially interesting to note that tautological "explanations" were often employed as a mode of arguing; a typical discussion sequence being:

> *If2: "To avoid abuse you have to be a humane, peace-loving and tolerant person." – Moderator: "How can this goal of tolerance be accomplished?" – If2: "Parents and teachers at school are responsible to educate children in a proper way." – Moderator: "What should the children be taught?" – If2: "They should be taught how to become a tolerant person."*

Nevertheless, such circular definitions certainly expressed feelings of deep-seated uneasiness and worry about existential questions. However, there was not much success in delving deeper into the problem.

To advance general normative propositions was one very common way to discuss the problem without furnishing concrete empirical evidence:

> *If3: "There should be justice, the feeling of being treated unjust makes you violent."*

In the course of the discussions – usually in the second half after group dynamics had gained real momentum – personal involvement became much more visible and personal statements occurred.

A special methodological problem occurred in so far as participants quite often spoke about abuse and mistreatment experienced in the long gone *past*, i.e. when they were still young or middle-aged; sometimes these accounts referred to life events taking place 40 or 60 years ago:

> *If4: "I remember persecution [as a Jewish child] during the war [...] after working 17 years at the provincial building agency I was subordinated to a younger man."*
>
> *Sm1: "There were dismissals in the company and one day the director said to my [50-year-old] colleague: 'why do you stare at me with your grey hairs?'".*

It is hard to determine and an open question whether traumatic experiences in the past which obviously still evoke strong emotions should and could be included in some form with the concept of elder abuse.

As far as the expert groups are concerned their approach and style of discussion were different, of course: they were more precise in designating abuse, all of the participants had ample knowledge of elder abuse and neglect and they were in a position to tell many stories – at the same time they were able to discuss the issue on a higher level of abstraction. On the other side the experts often seemed to be biased by their special professional socialisation and the resulting "paternalistic" perspective toward elder issues.

Defining abuse and neglect

What did the term "elder abuse" mean to the participants?

/a/ Most participants did not even attempt to give a theoretical definition or at least to deliver a more or less abstract statement about what they identify with the term "abuse". Usually, they went straight into miscellaneous examples of everyday life experiences. These examples addressed a particular issue *but* at the same time remained vague; this may sound contradictory but consider definitions of abuse like this:

> *Gf2: "At the post-office or at the railway station you are supposed not to speak too slowly and you are treated bad when you have a hearing problem."*

Many other accounts came down to the saying 'it is the little stitches that hurts', for example when young people in the street or in public transport make rude remarks.

Moreover, age limits were applied rather arbitrarily. Several people referred to the problem of 40- or 50-years-olds losing their jobs because of age discrimination as cases of elder abuse. Nevertheless, such statements expressed a distinct feeling of discrimination and/or a lack of understanding and respect.

The interviews files contain many more examples of this kind which do not really fit into the more established definitions of elder abuse and neglect. This is not really astonishing since in research there is no accepted definition of what constitutes abuse or neglect, too.

In any case, the fact should be acknowledged that people do not restrict themselves to extreme cases but employ a rather broad approach. We have to be aware that there exist widespread feelings of discrimination and loss of respect even if we should decide that we will not deal with them as an abuse issue for the sake of conceptual clarity.

/b/ A second way of responding to the problem of "what is elder abuse" is suggesting various kinds of "philosophical" answers and thus avoiding a definite point of view for what reason ever:

> *If5:"There is a thin line between trying to influence somebody or to abuse him or her."*
>
> *If6:"Abuse is a question of perception and no general answer can be given."*

/c/ In exploring the meaning of elder abuse by the elderly themselves it can be observed that abuse and neglect situations are seldom mentioned spontaneously if they are out of the sphere of one's own experience. A good example is abuse in nursing homes; despite its indisputable significance, abuse issues in institutional settings were brought up for discussion almost exclusively by participants having a relative there or some other specific reasons to discuss this topic. However, *after* this topic had been introduced by one participant almost each of the other participants had some own arguments to contribute or stories to tell. Thus, the focus group method proved to be a valuable instrument to provoke arguments.

Kinds of elder abuse

What kinds of elder abuse occur in the opinion of participants? And where and why does abuse happen?

The analysis of statements yielded three distinct sets of kinds of and explanations for elder abuse.

/a/ By far most frequently mentioned was the general fact that in our society elderly persons are not treated as "adult citizens" with all rights. They feel disregarded, insulted, ignored by government or social security agencies or mistreated in shops, in public transport etc.; the general feeling is that the elderly are pushed to the edge of society – including the admittance to institutions.

> *Gf3: "I know how you should be treated by a salesperson in a shop – but there are these young creatures [girls]; they treat you as if you would not exist."*
>
> *LIIm2: "The authorities are awful, in the moment you are a retired person they stop to treat you as a full person."*
>
> *Gf4: "Deportation to homes is abuse. A home for the elderly is nothing more than an entrance hall of death."*

Closely associated with these feelings of devaluation and diminution of dignity are those many reports dealing with the ruthlessness in everyday life and verbal aggressions in manifold variations:

> *Gf5: "The bus driver closed the door just before this old woman with two clutches could enter the bus. Well, he opened the door again but was very angry and scolding her."*
>
> *If7: " In the street I made a stop to look at a young girl walking a dog of unknown race; she said to me 'why do you look so stupid? Piss off, old slut!' Then she got under my heels and yelled 'Go ahead!"*
>
> *EGf1: "Recently, in the street-car, some youth were sitting next to me; when some elderly persons were entering the car the young people did not offer their seats but rather said: 'What do they want here now – they have time all day long."*
>
> *LIf1: "On Saturday the bus driver drove so fast that I fell down."*

A related problem but mentioned separately is ageism by way of derision and disdain, especially infantilisation and the common practice of stereotyping elderly persons with physical handicaps as mentally retarded.

/b/ A second set of problems mentioned consists of more specific abuses. It was especially interesting to note that cases of financial abuse, neglect by carers and physical abuse were quoted frequently by the professional experts.

Abuses mentioned in descending order:

Firstly, financial abuse by family but also by strangers including legacy-hunting; but also exploitation of the elderly in non-monetary forms, e.g. as cheap labourers building a one family house for the children, as baby-sitters etc. (financial abuse was mentioned frequently by experts, too).

> *Gf6: "A neighbour of mine transferred her house to a lawyer in exchange for a life annuity and some basic care. At first they [the lawyer's family] cared for the woman, took her for vacation trips etc. but after a while they started to neglect her completely. Finally she [the neighbour] committed suicide by jumping out of the window. Some time afterwards the lawyer's wife said to me: 'This house is like a lottery jackpot.'*

Secondly, neglect by withholding care, primarily because of lack of time:

> *EGf2: "A caregiving daughter said to me: 'Huh, today I'll have to wash him [her father] because the doctor will be making a call later this afternoon.'"*

Thirdly, physical abuse, like beating but also including over-medication and more subtle forms of abuse:

> *EGm1: "There are things like removing the soup-bowl before the mother has completed her meal."*
>
> *EGf3: "I witnessed a case where a daughter prepared a meal for her mother. The mother said: 'This food is disgusting.' The daughter answered: 'Okay, then you'll get nothing at all.'*
>
> *EFf1: "Before abuse turns into manifest violence there are massive threats like 'deportation to an institution' or a veto to be visited by friends. Many elderly are also made compliant by drugs."*

/c/ Finally, there is sort of a remainder category of abuse and neglect, including isolation of the elderly, refusal of communication or retreat by family members; on the other hand overprotection by the children and the loss of control of one's own life were mentioned, too. Other topics were age-discrimination at the work-place and theft and fraud. Criminal acts were encountered personally by some participants.

> *LIm1: "My daughters want to buy me a cell phone but I do not want one; I do not want to be put under permanent surveillance. They must not know where I am all the time."*
>
> *LIf2: "A man came to my apartment to check the light switches. On the table lay 2700 shillings for the optician. He took away the money. I wouldn't have thought that such things happen."*

Surprisingly only infrequently cited was rude behaviour of staff in institutional settings, including verbal abuse and general unfriendliness; an interesting point, however, is the following reference:

> *Gf7: " The rejection of care for the dying is kind of an abuse, the suffering of terminally ill people without necessity."*

Specific causes for elder abuse

Illness, the elderly have no capability to defend themselves;

Older people become victims because they emit a sense of insecurity, are often anxious and nervous;

The perpetrators are of superior physical power, so they can indulge their pathological desires and lust for power;

Stress and strain experienced by caregivers, in the family as well as in institutions, especially the "vicious circle" of feeling of responsibility and guilt shortage of time resulting in burn-out;

Avarice and consumerism of the younger generation.

Structural causes in a stricter sense, e.g. high fluctuation of staff in nursing homes or lack of funds for social and health services were only seldom mentioned spontaneously by the elderly. The opposite is true, however, for the experts' groups; they underlined the salience of structural problems including the still unsatisfying level of physicians' and health care workers' geriatric knowledge and expertise and the problems of communication between physicians and health care workers and hospitals and caring family members.

Somewhat astonishing was the fact that abuse in connection with addiction problems, e.g. alcoholism or some other anti-social behaviour of family members were not at all brought forward by anybody.

Summarising, one can say that the fact that Austria is an industrialised and relative rich society was clearly shown in the choice of topics discussed. This explains the prominent position of financial exploitation; problems related to Western alienation phenomena like social isolation and coldness were much more discussed than e.g. poverty.

5. Conclusions

What important and possibly new and unexpected insights into the issue of elder abuse and neglect could be derived from analysing focus group discussions?

Reciprocity and social context of elder abuse

A couple of elderly participants stressed explicitly the importance of the *situational context* in which elder abuse occurs. Additionally, many of them stressed the fact that abuse phenomena must be seen from a *reciprocal perspective*. While it is true that there were many examples given for asymmetrical abusive relationships, i.e. old people as "victims" in a narrower sense, it is also true that quite a few participants very vigorously underlined the interacting characteristics of the victim, perpetrator, and social situation.

> *Gf8: " The occurrence of abuse depends so much on your own behaviour. Subtle forms of extortion [by the elderly] taint the family climate."*

If8: " As you make your bed, so you must lie in it."

LIf3 and Sm2: "It always depends on your own behaviour, too."

It was also generally recognised that the dynamics of later life are heavily influenced by a *family's history* of interpersonal conflict and problem solving. Many participants alluded to in-law-relationships as being often strained and characterised by an absence of warmth; in particular, life-long oppression of women by their mothers-in-law can result in revenge actions later in life, especially when the daughters-in-law have take over the carer's role.

LIIm3: "Me and my wife cared for my mother-in-law but she was never content. This attitude became more and more pronounced with the time. I assisted my wife to wash her but sometimes I couldn't do it because I was overwhelmed by my own aggressions against her."

EGf4: "Maybe the mother-in-law has tantalised her daughter-in-law for many years – and then she is supposed to clean her buttocks."

Domestic violence among elderly couples

More than one woman spoke about her *own* experiences in an abusive marriage – usually lasting for decades – and for most of the other participants obviously such reports were no big news.

LIf4: "I am from the countryside. After I had been married I got many slaps in the face [...] then he [the husband] died and now is the best time of my life."

If9a: "I still have to come to my husband's call, be silent and have to do what he says; this is oppression to the highest degree."

The latter abusive relationship goes on despite or maybe just because the husband now is in need of nursing care. However, there are those little acts of revenge – at one moment this woman remarked calmly during the focus group session:

If9b: "Essentially, he [her husband] cannot be alone for one hour. Today he said to me: 'when will you come back?' And I said: 'I don't know'".

It goes almost without saying that for this woman to seek professional outside help is completely out of any serious consideration. What remains for discussion is the tricky question whether life-long domestic violence among married couples should be regarded and treated as a special kind of elder abuse.

Connection between health care fraud and neglect

A third and somewhat complicated example for a new insight arose in connection with the Austrian system of social security. Attendance allowances in Austria are paid directly to indigent people, regardless of the reason for impairment and those persons' financial means. Such allowances are provided at seven different rates, according to the degree of need which is determined both by medical criteria and the extent to which a person is able to live independently. It is necessary for the eligible recipient to be in permanent need of help and attendance by other persons, i.e. at least 50 hours per month. The minimum amount paid is about US$ 140 per month, and the maximum could be as high as about US$ 1,450 per month for severely handicapped people who are completely paralysed. Most recipients are classified at the second lowest level (about US$ 170 per month).

A major argument in the discussions predating the implementation of the Reform Act was that – unlike the provision of social services – cash payments would promote the potential clients' options and thus further the empowerment of the elderly. To purchase social services is one of the options but for various reasons in many cases family carers are the first choice.

During focus group discussions, a couple of participants – elderly as well as professional speakers – pointed to the fact that to their knowledge attendance allowances can be part of a special exploitation and abuse system within some families. According to this observations the child or whoever is in a position to do so takes the money but – and this is the core of the problem – neglects the elderly person who is in need of care.

> *EFf2: "For the money some people do anything; I am over and over again confronted with stories told by the elderly that nobody is taking any notice of them but at the first day of each month all relatives are present [...] there are cases of absolute neglect where no assistance is requested. I can do controlling visits but I have to announce my coming in advance."*

This variety of health care fraud resulting in the withholding of basic necessities or care either intentional or because of lack of experience or ability. Quality control within the sphere of family care is difficult to implement. Frequently, abusive and exploitative family members deny any problems and try to obstruct any attempts to install social or health services for obvious reasons. The social policy conclusion is that total discretion over client funding does not automatically mean protected interests for vulnerable elderly persons.

Of course, abuse is only a minority pattern. Nevertheless, the fact that attendance allowances are not spent for caring purposes and, in total contrast to the intentions of lawmakers, even may lead to neglect represents an utterly unsatisfactory situation.

In a related development family court cases have dramatically increased, dealing with the issue whether or not to deprive elderly people of their legal capacity and to appoint guardians who would act on their behalf, especially in settling with financial matters.

Elder abuse is a complex, multifaceted problem where quick and easy solutions are not to achieve. So-called expert interpretations of older people's needs do not always match the social reality of the elderly. And this state of affairs was exactly mirrored in the course of the focus group discussions.

References:

Höllinger, F., & Haller, M. (1990). Kinship and social networks in modern societies: a cross-cultural comparison among seven nations. European Sociological Review, 6, 103-124.

Majce, G. (1993). Altersbild und Generationenbeziehung in Österreich (The image of old age and generational relationships in Austria). Vienna (Unpublished research report by order of the Ministry of Science and Research).

Rosenmayr, L. (1991). Gerosoziologie. In: Oswald, W. u.a. (eds): Medizinische, psychologische und sozialwissenschaftliche Gerontologie, 2nd ed., Stuttgart: Kohlhammer: 218-226.