

Some Thoughts About the Abuse of Our Elderly

By *Laurel Taufauata*, ADCOSS Executive Committee Member

Elder abuse and neglect has been attributed in the past to various misbehaviours of the inflictor and the victim. Ranging from beating the victim for perceived misbehaviours, not providing appropriate care which may affect the health and wellbeing of the individual. Such manner of behaving has been noted in historic papers, mythology, and traditional stories; all of which indicate that these issues are not new. Particularly examples of adult children rising against their older parents. (See also *Elder Abuse and Neglect*, p.142, *Wyandt*, 2004).

What affect do these words have on you when you read them? Seemingly most people would be horrified. What about respect and/or care for elderly relatives who have lost the ability to dress themselves, organise their bathing, feeding, and general personal care. This is usually because their health has deteriorated or dementia has set in. They may have been affected by a stroke or a fall.

When considering the wide range of personalities and the varied lifestyles of the modern world, it is obvious that no one process is appropriate to cover the diverse needs of the elderly adults. Any changes in health can affect not only the individual, but these changes affect the family around them. In some cases, having to retire following a long busy working career, adjusting to the daily changes, can affect them more than





generally realised. If they are given encouragement to become involved in local community activities, as long as the person still enjoys that, discussing recent events with family can be therapeutic.

These meetings with others for craft sessions or exercise can prevent depression and self-abuse (becoming withdrawn), can give the subject communication, with family members when they return from their busy day. This is the time for visits to their local GP, where some issues can be discussed, details about who can assist with information about what assistance is available, suitable to the client and their family, helping some degree of satisfaction to be reached. Understanding what may happen to older relatives can assist the management of the natural processes of aging.

As time moves on, some individuals become physically frail, may not hear as well, or on the other hand they object to loud noises (children playing with drums). Some elderly become difficult and struggle with cognitive problems. Dementia can have a huge impact on the wellbeing of the elderly, as well as other members of the household. However, the caregivers can prepare themselves for the changes by reading books or pamphlets on the subject of ageing. This would give them understanding of what to expect. Discussions with appropriate staff is another positive action (*de Beau, 1977, p.517*).

There are studies which show that Asian cultures have not always considered failing to provide basic care for their elderly quite that shameful. Initially, slowness of the disabled was blamed on laziness or lack of nourishment. Emotional wellbeing was not recognised as a process to be controlled by warm behaviour. Then it became the task of the eldest son, during difficult times, to move his parents to hilly areas so that they could not return home (*Imamura, 1983*).

In modern times, it is recognised that it is shameful to be more involved in one's own amusements rather than assisting parents to have emotional satisfaction. However, changes in their cultures include that the adult children strive to build their finances. The ageing of their parents fails to be noticed, and being fond of bravery, fighting, and quarrelling outside of the home, may endanger parents (*Legge, 1933, pp.763-64*).

ADCOSS held an advisory event which was well facilitated by *Dr Judy Blakey* about **Elder Abuse and Neglect** from which three main sections were:


1. Suggestions about Auckland's wide, multi-level health promotion strategies.
2. Possible short-term goals for ADCOSS.
3. Potential activities for **World Elder Abuse Awareness Day** (15 June, 2018).

Ideas from the *Ministry of Health's Family Violence¹* and **Healthy Ageing Strategies²** to build community awareness of the need to prevent elder abuse and neglect and the crucial importance of strengthening community capabilities to respond in a timely and appropriate manner (*ADCOSS Community Network, February 2017*).



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Laurel is a long-standing member of the ADCOSS Executive Committee. She has been a member of the Pacific women's empowerment group *PACIFICA* since its establishment in 1976. The Onehunga resident has also been a key player in several other health initiatives for Pacific people. In 2014, she was made a companion of the New Zealand Order of Merit for services to the health and Pacific community.



Website References

1. nzfvc.org.nz/content/family-violence-policy-and-legal-definitions
2. www.health.govt.nz/our-work/life-stages/health-older-people/healthy-ageing-strategy-update