

# Elder abuse in the UK – out the shadows and onto the agenda

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Elder abuse is a major public health problem, facing one in six elderly people globally<sup>1</sup>. Elderly people with dementia are at significantly higher risk<sup>2</sup>. In 2021, the World Health Organisation called for renewed commitment to dementia victims<sup>3</sup>. In the UK, over a million, mostly older adults, will have dementia by 2025<sup>4</sup>.

In 2021, the House of Lords described UK elder abuse, particularly of those most vulnerable and with dementia, as complex, poorly measured, and hidden<sup>5</sup>. Physical abuse includes violence, but psychological and financial abuse is most common, including undue pressure on vulnerable elderly people related to marriage, property, wills, assets, and powers of attorney<sup>6</sup>. Controlling and coercive behaviour, and social isolation, make elder abuse difficult to detect or address<sup>7</sup>. The UK General Medical Council (GMC) recommends that health professionals are familiar with types of adult abuse in order to identify patients at risk, noting that many abuses are now criminal offences<sup>8</sup>.

## UK Policy Changes - and Challenges

Since the last BMJ editorial on this issue in 2011<sup>9</sup>, UK legislation has changed dramatically. New domestic abuse crimes exist: Forced Marriage (2014)<sup>10</sup>, and Coercive and Controlling Behaviour (2015)<sup>11</sup>. The Domestic Abuse Act (2021) introduced a statutory definition of domestic abuse in UK law for the first time<sup>12</sup>. The Forced Marriage Unit (FMU) was established in 2005, to protect victims coerced into marriage, and the Office of the Public Guardian (OPG) was established in 2007, to protect people from abuse of powers of attorney. In health and social care, adult safeguarding guidance and multi-agency safeguarding teams now exist<sup>13</sup>. Together, these have great potential to prevent and intervene against elder abuse.

We do not yet know whether these changes lead to more action against abuse. First, there is a basic lack of data on the scale of elder abuse, creating “systematic invisibility”<sup>14</sup>. For example, the Crime Survey for England and Wales excluded respondents over the age of 59 until 2017 (still none above 74) and does not survey group residences, excluding elderly people in care homes<sup>15</sup>. Second, there is little evidence of action: in the year to March 2020, the police recorded 758,941 domestic abuse-related crimes in England and Wales, including 24,856 offences of coercive control. These show the proportion of domestic abuse cases declining by age for females but increasing for males, but data are not disaggregated further<sup>16</sup>. The vast majority of domestic abuse cases close with no further police action<sup>17</sup>.

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The FMU recorded 11,519 reported cases of forced marriage (FM) between 2012 and 2020, with 9% involving people with learning difficulties/mental incapacity, and male victims forming 20% of cases<sup>18</sup>. In the last five years, FM cases involving older victims have increased<sup>19</sup>. To date, there have been only four FM prosecutions, and none involving elderly victims, or victims with limited mental capacity<sup>20</sup>. In the last five years, the OPG investigated over 12,000 cases of potential attorney abuse. Again, the majority end in no action<sup>21</sup>. In 2017, now retired Senior Judge of The Court of Protection, Denzil Lush, warned starkly of risks of the lack of safeguards and oversight in the power of attorney system<sup>22</sup>.

In 2021, two more changes to UK law risk significantly increasing the risk of elder financial abuse: the Law Commission proposes to 'modernise' marriage law<sup>23</sup>; and the Ministry of Justice proposes 'modernising' Lasting Powers of Attorney (LPOAs)<sup>24</sup>. Both proposals aim explicitly to make procedures simpler and easier. Both include limited safeguards, but lawyers and experts argue that, in their current form, these are unlikely to prevent vulnerable individuals, particularly the elderly with failing capacity, being coerced into either marriage<sup>25</sup> or LPOAs<sup>26</sup>.

### **The need for increased vigilance by health professionals**

Health professionals play a vital role in protection of vulnerable elderly people. GPs and practice teams may be the professionals in most constant contact with elderly patients, and may be their only contacts when they are socially isolated. Primary care is thus a crucial space for identifying and recording elder abuse<sup>27</sup>. Health professionals can also support registrars who are concerned about coercion in the process of a marriage, and support solicitors concerned about coercion in the context of LPOAs<sup>28</sup>. They can back MPs lobbying for change. Together, these actions support Age UK's call to remove the invisibility of elder abuse<sup>29</sup>.

For health professionals, protection of vulnerable elderly adults comes inevitably with the ethical dilemma of weighing patient-doctor confidentiality with the duty to escalate concerns, in patients' best interests, if abuse is witnessed or suspected<sup>30</sup>. Given the increased risks of elder abuse in the UK, and the rapidly changing legislative environment, health professionals, especially in primary care, need to become better able to detect and record abuse, and to act to protect elderly patients.

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