



# Elder Abuse in Europe

## Background and Position Paper

Maria van Bavel, Kristin Janssens, Wilma Schakenraad (MOVISIE)  
Nienke Thurlings (ANBO)



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## **COLOFON**

Auteur(s): Maria van Bavel, Kristin Janssens, Wilma Schakenraad, Nienke Thurlings  
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## Index

1	Introduction .....	1
2	Project Consortium .....	5
3	Summary.....	8
4	Methodology .....	11
4.1	Developing a questionnaire .....	11
4.2	Procedure for gathering the information and filling in the questionnaire .....	11
4.3	Processing of information.....	12
4.4	Content and quality of the responses .....	13
5	Results of the project research.....	14
5.1	Definition and recognition of elder abuse.....	14
5.1.1	Introduction.....	14
5.1.2	Defining elder abuse .....	14
5.1.3	Recognition of elder abuse .....	18
5.1.4	What has contributed to the recognition of elder abuse?.....	20
5.1.5	Legislation .....	22
5.2	Forms of Elder Abuse .....	27
5.2.1	Introduction.....	27
5.2.2	Categorisations .....	28
5.2.3	Categories .....	28
5.2.4	Descriptions or examples; signals or indicators .....	29
5.2.5	Physical abuse .....	29
5.2.6	Psychological, emotional, mental, verbal abuse / Violation of rights .....	30
5.2.7	Neglect, abandonment .....	30
5.2.8	Financial / economical / material abuse .....	31
5.2.9	Sexual abuse.....	32
5.2.10	Self-neglect .....	32
5.2.11	Discrimination.....	33
5.2.12	Institutional abuse .....	33
5.2.13	Recognition of the different forms and signs of elder abuse.....	34
5.3	Context of Elder Abuse .....	35
5.3.1	Introduction.....	35
5.3.2	Multiple points of view .....	35
5.3.3	Explanations, clarifying theories.....	36
5.3.4	Risk factors.....	40
5.3.5	Protective factors.....	42
5.3.6	Intentional and unintentional abuse .....	44
5.3.7	Settings in which elder abuse takes place .....	47
5.3.8	Relationships between victim and offender .....	48
5.4	Actors and Activities .....	50
5.4.1	Introduction.....	50
5.4.2	National level.....	50
5.4.3	Regional and local level .....	51
5.4.4	Activities .....	51
6	Conclusions and discussion .....	56
7	Literature.....	60
8	Appendix – Questionnaire .....	63

# 1 Introduction

The phenomenon of elder abuse was first introduced with the term 'Granny Battering' in the UK in 1975. Before this there was no broad recognition of the fact that elder abuse needed to be understood as a form of violence and mistreatment that is different from others. One with its own set of risk factors that need to be prevented and tackled. It was mainly grouped with other forms of abuse, such as domestic violence, rather than recognized as having its own specific characteristics.

Twenty five years later a lot of work still needs to be done to fully understand the scope and definition of the problem. Over the last two decades increasing attention has been paid to elder abuse both in research and policy. On an international level policymakers, scholars and field workers have united to get a better understanding of elder abuse and the methods required for prevention. At present more uniform data is required.

## *International policy progression*

As a result of the World Assembly on Ageing in Madrid in April 2002 The Madrid International Plan of Action on Ageing (MIPAA) (UN, 2002) was developed. The document is based on the United Nations Principles for Older Persons as adopted in 1991. Within the MIPAA elder abuse is specifically addressed as a problem that requires both national and international attention. The document states that in order to work towards a sustainable society for all ages, society as a whole should combat age discrimination and age related violence. Elder abuse prevents older people from living a life in dignity and fully participating in society, therefore it is an infringement of basic Human Rights. Furthermore, the MIPAA recognizes that 'older victims of abuse may never fully physically or emotionally recover from trauma. The impact of the trauma may be worsened because shame and fear cause reluctance to seek help.' Both the MIPAA, and the ECOSOC document that was developed in preparation for the World Assembly on Ageing in 2002 (UN ECOSOC, 2002) point out that older people are especially vulnerable to abuse due to underlying ageism and their higher risk of poverty. The importance of political and legal commitment is outlined under point 64 of this document.

The 'Missing Voices' document, developed by the World Health Organization (WHO) and the International Network for the Prevention of Elder Abuse (INPEA) was the first project that attempted to gather international information about elder abuse (WHO & INPEA, 2002). The research was carried out in eight different countries worldwide. Participants in the research were both primary health care workers and older people. 'Missing Voices' gives an insight into elder abuse from the perspective of those vulnerable to it. The document shows how elder abuse can not be seen outside its social and cultural context and even though risk factors might be the same across countries, the degree to which an older person is prone to a specific risk varies within the context of their surroundings. It is in the 'Missing Voices' document and the following 'Toronto Declaration on the Global Prevention of Elder Abuse' that the WHO and INPEA adopt a definition to elder abuse that was first developed by Action on Elder Abuse in 1995:

*'Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.'*

This remains the most commonly accepted and used definition of elder abuse.

Elder abuse was more recently mentioned under point 12 in the UN Declaration following the UNECE Ministerial Conference on Ageing 'A Society for All Ages: Challenges and Opportunities' (2007). The document states that health care, social services and facilities that meet an approved standard should be accessible to men and women of all ages in accordance with their needs and without discrimination. These standards must take into account the fundamental principle of treating everyone with dignity. On a broader view, the document also talks about the importance of intergenerational solidarity. The document takes the perspective of the upcoming 'grey pressure' and points out that this can make older people more vulnerable than ever to seeing their fundamental rights become threatened. Health and social care, both formal and informal, must for this and other reasons be shaped in a way that is sustainable taking into account the specifics of the era.

The European Commission published a special Eurobarometer report in December 2007 on 'Health and Long Term Care in the European Union.' The report shows the views of citizens of the 27 Member States on several issues concerning health and care within their countries. A striking fact from this report were the figures on elder abuse. Almost half (47%) of European citizens believe that elder abuse is fairly to very widespread, and only 8% believe that elder abuse is very rare. The report continues to state that 'people with experience of the care system are most inclined to feel that poor treatment, neglect and even abuse of dependent elderly people are widespread in their country' indicating that those most likely to be able to witness elder abuse in an institutional setting actually believe it occurs more than people outside the care system. More figures are given on believed risk factors and forms of abuse. Although Europe-wide elder abuse is believed to happen fairly often perceptions on elder abuse differ between countries. This again underlines that elder abuse must be viewed in the light of the social and cultural backgrounds.

The 2008 'Breaking the Taboo' document, which was developed under the Daphne II funding programme of the European Commission also deals with the issue. The report is a compilation of seven country specific reports. The context of elder abuse (whether it is mainly found within families or the institutional setting) and the risk factors that are most common and the way in which it is perceived vary from country to country with some cross-country similarities. Some countries have already made some progress in reporting and tackling elder abuse, while others have just started to explore it.

The WHO (2008) project 'A Global Response to Elder Abuse and Neglect' aims to tackle some of these issues by 'developing a reliable instrument applicable in different geographical and cultural contexts in order to increase awareness among the PHC (Public Health Center) professionals to the problem of elder abuse and neglect' and to 'build the capacity of PHC workers to deal with elder abuse and neglect through evidence-based education for the development of prevention strategies.' The outcomes of the study show that it is not easy to develop one tool that is universally applicable, because of cultural sensitivities. The WHO therefore recommends that a tool should be developed that

takes into account these sensitivities or is perhaps flexible enough to adapt to different geographical and cultural situations. This need for a cultural perspective in addressing elder abuse is further recognized by the previously mentioned 'Missing Voices' document of the WHO and INPEA (2002).

The 'EUSTaCEA' project, that is currently being developed under the Daphne III funding program of the European Commission, deals with elder abuse from a rights perspective. As mentioned previously the debate on elder abuse is essentially a debate on human rights. People should be made aware of their rights that can be claimed throughout their life. Older people still have these rights both at home and in institutions. At present a 'Charter of Rights and Responsibilities of Older People in Residential Settings' is being developed by the EUSTaCEA project partners to highlight to older people their continued rights which can protect them from elder abuse. From this perspective, elder abuse is not just a problem of old age, it is a problem that concerns people of all ages, as all hope to grow old (and indeed, society as a whole is reaching older ages) in dignity and with their rights intact.

Parallel to the development of these documents and projects, the issue of elder abuse has been addressed in several European conferences, organized under different European Presidencies. During the European Commission's conference on 'Protecting the Dignity of Older Persons' on 17<sup>th</sup> of March 2008 it was recognized that new challenges are arising to protect the dignity of older people with populations growing to older age. Healthy, active and dignified ageing with the exchange of experience and good are said to have become important topics of discussion for the future. Healthy ageing was also a point of discussion during the 2008 Slovene Presidency Conference 'Together for Mental Health and Well-Being' and the 2008 'Europe against Alzheimer's Disease' conference under the French Presidency. The Czech Presidency in 2009 organized a conference on the protection of older citizens, named 'The Dignity and Hazard of the Elderly'. It was stressed that different levels of policy makers, field workers and social services should work together on integrated policies to protect the dignity of older people. The topic of elder abuse was of specific interest at several workshops during this conference. The Swedish Presidency of 2009 organized the conference 'Healthy and Dignified Ageing'. According to the outcomes of this conference, Member States should learn from each other. Also the cooperation on EU-level and within Member States between social and health sectors should be enhanced to promote healthy and dignified ageing (Council of the European Union, 2009).

### *The EuROPEAN Project*

On a policy level there is a growing consensus that elder abuse is a human rights issue that must be appreciated within the light of worldwide demographic changes and an aim for a sustainable society for all ages. Different documents have recognized the need for an approach to prevent and tackle elder abuse that takes into account cultural and social backgrounds.

The European Reference Framework Online for the Prevention of Elder Abuse and Neglect Project (EUROPEAN) is being carried out under the Call for a Pilot Project on Prevention Elder Abuse

(VP/2009/014) of the European Commission and involves partners from The Netherlands, Austria, the Czech Republic, Greece, Ireland, Italy, Poland, Slovenia, and Slovakia. The specific objective of the project is to develop a Reference Framework of Good Practices to prevent elder abuse. This reference framework must be useable by all Member States to prevent the occurrence of elder abuse.

The 'EuROPEAN' project will take into account the cultural backgrounds of the participating countries. This will help us to understand why certain good practices are best employed in specific (cultural, geographical or social) situations. The main outputs of the project will be:

- This Background and Position Paper that will give a deeper into the context of elder abuse at an international level.
- A report on the national backgrounds and national good practices for the prevention of elder abuse within the participating countries.
- A Reference Framework based on the former two reports with recognized effective practices to prevent elder abuse and neglect.
- The website [www.preventelderabuse.eu](http://www.preventelderabuse.eu) will provide information on elder abuse in the European policy and research context, the project and connect relevant policy makers, experts and stakeholders.

This Background and Position serves as a guide to the context on the basis of which the Reference Framework will be developed. It will help to understand why certain prevention measures are effective or needed and why certain factors are taken into account in the development of the Reference Framework.

This report, the Reference Framework and other findings of the project will provide a new step in the creation of a body of work that is required to better understand and tackle elder abuse both on a national and an international level. A topic of specific interest in this project will be legislative and policy measures, besides the more broadly investigated topic of abuse in formal and informal care settings. It is important that we continue to work together towards the building of a social and legal structure that minimizes the risks of older people becoming victims of abuse, as was mentioned by the WHO and INPEA (2002); 'Older people do not want more than others, they want equality – a human right.'

## 2 Project Consortium

This Background and Position Paper is the first output of the EuROPEAN project, which is a collaboration between the following parties:

*Project coordinator: ANBO, The Netherlands*



The lead applicant ANBO is a partner in the current EUSTaCEA project, funded by the European Commission's Daphne III program. The aim of this project is to develop a Charter of Rights and Responsibilities for the elderly and a toolkit to implement these rights to protect the elderly against abuse. This project has enabled ANBO to broaden its knowledge on the subject of elder abuse in both the Netherlands and Europe. The organization plays an advocacy role for seniors in the Netherlands and is a member of AGE and the AARP Global Network. ANBO has contacts with many national and international experts on the subject of elder abuse and can draw on experiences from the field. The organization is consulted regularly by the Dutch parliament and asked to advise on policy decisions that concern seniors. As elder abuse is a growing area of concern for the Dutch parliament, ANBO is determined to advocate the rights of seniors in this field as well.

*Project partners:*



MOVISIE is the partner organization from the Netherlands to the project. MOVISIE is a part of the former research institute NIZW, which has contributed an impressive body of research to the field of elder abuse. The research that was done by NIZW in The Netherlands has helped to create a basis for the Daphne III project EUSTaCEA. Furthermore, MOVISIE was been invited by the European Commission to present the Dutch Model as a good practice in preventing elder abuse at the Conference on 'Protecting the dignity of older persons – The prevention of elder abuse and neglect' in Brussels on 17 March 2008. Movisie's National Ambassador STOP Elder Abuse, who is also a member of INPEA, presented the Dutch campaign STOP Elder Abuse. MOVISIE has a website with relevant information for professionals and students ([www.movisie.nl/ouderenmishandeling](http://www.movisie.nl/ouderenmishandeling)) and supports the National Platform to Combat Elder Abuse.



Život90 is the Czech project partner. The organization is a partner in the current EUSTaCEA project on elder abuse. The organization also helped to organize the 2009 Czech Presidency Conference on 'The Care and Protection of Senior Citizens', in which elder abuse was an important topic of interest. Život 90 is a member AGE.



The Irish partner organization AgeAction organized a national one-day conference in June 2009 entitled 'Protecting older adults; interweaving responses to elder abuse'. This conference was held in conjunction with the Social Policy and Ageing Research Centre (SPARC) from the Trinity College Dublin. The prevention of elder abuse is one of the key objectives of AgeAction for the coming years.



The Greek partner organization KMOP advocates for the rights of vulnerable people, and especially the elderly in Greece through the implementation of projects, and by influencing decision-making processes on national and local policy. They have a broad experience in European projects and have currently applied for European funding within the Daphne program for a project that addresses the issue of elder abuse.



The Italian partner Anziani e Non Solo has extensive experience in the field of elder abuse, both as an advocate of the rights of older people and through projects. Anziani e Non Solo currently coordinates a research project funded by the Italian Ministry of Equal Opportunities on the risk of violence and abuse within care relationships between the elderly and their (in)formal caregivers. The organization is also a member of relevant organizations, such as INPEA and EUROCARERS.



EURAG Austria, the local platform of the umbrella organization EURAG Europe, has extensive experience in European projects that aim to combat age discrimination and promote the (physical and mental) health of the older population to ensure quality of life in old age. EURAG Austria has advisory status in the NGO Committee on Ageing of the United Nations and collaborates closely with universities and care institutions, federal and local governments and the media. Through the Academic Advisory Board EURAG Austria has access to research and the development of new strategies.



The Polish partner organization, Fundacja na Rzecz kobiet JA KOBIEC, will be responsible for the partner budget and coordination of the action within their country. They have chosen to be represented by Forum 50+, an organization that they are a part of. Through Forum 50+, Fundacja na Rzecz kobiet JA KOBIEC will give input to the project's products and Steering Group meetings. The Polish partner organization, Forum 50+, is composed of 25 different local senior

organizations from all over Poland. The organization closely collaborates with the National Public Health Institute, Polish Gerontology Association, Polish Geriatric Association, Health Ministry, the Warsaw University and the Cracow University, and the Polish Blue Line. Furthermore, Forum 50+ developed and conducted the first survey on age discrimination in Poland, in which the subject of elder abuse was addressed as well. The organization has an in depth understanding of elder abuse and a broad network of experts, stakeholders and interest groups.

### **Fórum pre pomoc starším – národná sieť**

The Slovakian partner Fórum pre pomoc starším – národná sieť (Fórum) cooperates with state, self-government and representative bodies, institutions (Slovak National Centre for Human Rights, Institute for public affairs, Ombudsman) and is a member of AGE and Help Age International. The organization has represented Slovakia in many international events and conferences on social inclusion, poverty, discrimination and the protection of the elderly. Fórum has also set up a national telephone line to help elderly in crisis situations, which has given the organization a good understanding of elder abuse within their country. Fórum pre pomoc starším cooperates with 240 organizations of older people and social service providers from Slovakia. Fórum has created expert groups and teams to process important issues on discrimination, health, abuse and harassment.

### **Zveva društev upokojevcev Slovenije (ZDUS)**

ZDUS is a leading national expert in the field of elder abuse. In 2005 the organization collected stories of elder abuse in the informal care setting that were published in 2006 in the book 'Older People and Elder Abuse in the Slovene Family'. A second book was published in 2007 together with the Slovene Senate on violence against older people in Slovene care institutions. ZDUS organizes a yearly round table with the Slovene Senate on the topic of elder abuse on the 15th of June. They have been doing so since 2004. The organization has also participated in the development of the first Slovene law against violence within the family and is currently organizing interdisciplinary teams on the local community level to search for solutions to address this type of violence. Since 2004, the organization has been organising a project in which their members, who are pensioners, visit their older neighbors to detect cases of violence and to see if these older people are in need of any help from society.

### 3 Summary

#### *Project aim*

Since 1975, when the explicit attention for elder abuse started in the UK, the attention for the phenomenon as a form of violence and mistreatment that is different from other forms has been growing. International attention exists both on the European level (European Union) and on the global level (United Nations). Elder abuse is a human rights issue: everybody has the right *to lead a life of dignity and independence and to participate in social and cultural life*” (Charter of fundamental rights of EU, art. 25.). It is considered to be widespread and the upcoming ‘grey pressure’ is a risk factor to make older people more vulnerable to it. On policy level there is a growing consensus that elder abuse is a human rights issue. It must be appreciated within the light of demographic changes and de aim for a sustainable society for all ages. The European Reference Framework Online for the Prevention of Elder Abuse and Neglect Project (EuROPEAN) has the objective to develop a reference framework of Good Practices to prevent elder abuse. This Background and Position Paper is part of it, its aim is to give a deeper insight on the context of elder abuse on an European level.

#### *Project consortium and project procedure*

The project consortium consists of ANBO (NL), EURAG Austria (AU), ZIVOT 90 (CZ), KMOP (EL), Age Action (IR), Anziani e Non Solo (IT), MOVISIE (NL), Fundacja na Rzecz kobiet JA KOBIETA (PL), Fórum pre pomoc starším – národná siet (Fórum) (SK) and ZDUS (SL).

The information in this Background and Position paper was gathered on the basis of a questionnaire, that was developed by MOVISIE and spread among relevant stakeholders through organizations in the project consortium and the website [www.preventelderabuse.eu](http://www.preventelderabuse.eu).

#### *Elder abuse*

Perceptions of elder abuse differ between countries. Therefore, elder abuse must be viewed in de light of social and cultural backgrounds.

In different countries and in different professions, various different definitions of ‘elder abuse’ are used. Most widely used is the definition of the World Health Organisation (WHO, 2008).

*“Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.”*

There is an ongoing discussion about the different dimensions, forms and determinants of elder abuse. Also, the question is raised whether the terminology ‘elder abuse’ is covering all aspects of the issue.

In all participating countries it is said that elder abuse is not being given enough attention, which causes problems for the recognition and prevention. This problem can be related with the general image of ageing in a culture or country. A negative image of old age might trigger (or allow) forms of abuse and discrimination and prevents elder abuse from being recognized as a serious problem. More awareness needs to be raised to address the elder abuse efficiently. Respondents consider research, awareness raising campaigns as well as legislation and policy measures important to improve recognition of and sensitivity to elder abuse. Furthermore, there is no specific legislation in the participating countries on elder abuse, although the respondents think legislation could be important in preventing elder abuse from happening.

Elder abuse is a multilayered problem that can not be appreciated outside of its context. There are many theories that explain elder abuse, and there is not one single theory that can explain all elements of elder abuse. Sometimes elder abuse can be (partly) explained on an individual level: personality traits or psychopathological behaviour of the offender, and frustration and stressful structural circumstances for the offender. Also, theories of family systems and care dependency relationships can explain part of the elder abuse. Theories about violence as an intergenerational pattern are also used, as are theories about power and gender. Theories about dignity are also used, many respondents referred to a prevailing depreciation of older people. And, finally, social developments as individualism, an ageing population and economic developments are used as an explanation for elder abuse.

This leads to many risk and protective factors, on five different levels: factors relevant for victim, offender, family system, institution and society.

A difference that many respondents make is between 'intentional' and 'unintentional' elder abuse. All agree that although unintentional abuse is much easier to understand, it still remains unacceptable.

*There is a link between elder abuse and the denial of a senior's fundamental rights, with the lack of understanding of the social value of older people and with the lack of services that can support dignified aging.*

The settings in which elder abuse can take place are manifold. It relates as well to concrete settings (domestic, institutional, NGO's etc) as to the social realm: according to many respondents, it occurs in all social strata. Elder abuse can occur within every possible relationship, but there is often a relationship of dependency between victim and offender and co-dependency is not unusual.

#### *Relevant parties involved in the prevention of elder abuse*

On a national level, in nearly all countries the responsibility for addressing the problem of elder abuse is seen as a governmental responsibility. In every country, there are one or more NGO's that are addressing the problem on a national level. Only a few scientists are working on the topic of elder

abuse. There are no actors dealing specifically with elder abuse as their only task on a national level in any of the participating countries.

Elder abuse is most actively addressed on regional and local levels, by different NGO's and other actors. In all participating countries there have been awareness campaigns about elder abuse. In many countries, NGO's and social services provide information and support. And in all countries there are professional workers to help victims.

It is concluded that more attention should be given to elder abuse by a broader range of actors. For now it seems like elder abuse is mainly seen as a care concern, while in fact it affects older people outside the care system as well. This can for instance be the case with financial and material abuse. These are matters that can not solemnly be addressed within the care setting, but need legislative and governmental attention as well to protect those who find themselves in an at present highly under exposed form of abuse.

## 4 Methodology

### 4.1 Developing a questionnaire

In order to develop and write the Background and Position paper, relevant information had to be gathered from the participating countries in the project. MOVISIE has developed a draft questionnaire, which was presented and discussed at the first meeting of the steering group in Utrecht in the beginning of January 2010. Based on the responses of all project partners MOVISIE has adjusted the questionnaire. On 18th of January MOVISIE placed the adjusted questionnaire on the website [www.preventelderabuse.eu](http://www.preventelderabuse.eu); with an explanation relating to procedures and planning.

The questionnaire was semi-structured with 11 open-ended questions (see appendix 1). The survey looks at the way elder abuse is perceived, recognized, prevented and addressed in the participating countries. The questionnaire was drafted in English.

### 4.2 Procedure for gathering the information and filling in the questionnaire

Partner organizations were responsible for the coordination of this part of the project in their country and to provide the necessary input for the background and position paper.

All 9 partner organizations (in Austria, Czech Republic, Greece, Ireland, Italy, The Netherlands, Poland, Slovakia and Slovenia) needed to gather information by using this questionnaire. In order to do so they could ask or interview policymakers, stakeholders, experts, researchers, practitioners, advocacy and interest groups in their country. Each partner organization used its own network. Due to reasons of reliability we needed to know names, position, organisation/institute and other relevant background information of respondents, but the information was processed anonymously in the Background and Position Paper. We asked to use one questionnaire for each interview, regardless whether the interview was with one person or a group.

All partner organisations collected required information by telephone or by conducting face-to-face interviews or experts filled out questionnaires by themselves. Before the interview or the self-administration of questionnaires, the partner organization contacted these experts and clarified the aims of the project. MOVISIE in The Netherlands is the only organisation who placed the questionnaire on the website with an open invitation for people to complete the questionnaire. Most partner organisations had to first translate the questionnaire into their own language and then translate the responses into English.

All completed questionnaires had to be returned to MOVISIE before the 1st of March. Due to some partner organisations having difficulty with data gathering and translating a new deadline was set of the 12<sup>th</sup> of March for completion of all questionnaires,

The questionnaire was also put on the website [www.preventelderabuse.eu](http://www.preventelderabuse.eu) with an invitation to every expert in Europe to complete the questionnaire. Some experts in Germany and in Portugal used this opportunity and contributed in this way to the results shown in the Background and Position Paper.

### Additional questionnaire

During the first steering group meeting we agreed that on behalf of the Background and Position paper it was important to have some information in general about the population, and the perception and position of older people in each country. At the same time it was agreed that information was required on organizations that provide care for older people and that any other relevant information should be provided as well. MOVISIE developed an additional questionnaire to enable the gathering of this information. This additional questionnaire was sent in February to all partners and placed on the website. Responses to the additional questionnaire have been analysed and will be presented in the National Backgrounds paper.

### 4.3 Processing of information

In the course of February and March many completed questionnaires were returned. The response rate was high. In total, 78 completed questionnaires from various experts such as researchers, practitioners, social workers, representatives of NGOs and policymakers were received .

See table 1 for a breakdown in the amount of returned questionnaires by country. In the last column information on which countries returned the additional questionnaire is presented.

Table 1. Amount of completed questionnaires per country.

Country	Number of completed questionnaires	Number of background questionnaires
Austria	13	1
Czech Republic	7	1
Greece	8	1
Ireland	7	1
Italy	9	1
The Netherlands	13	1
Poland	9	1
Slovakia	2	1
Slovenia	6	1
Portugal	3	
Germany	1	
Total	78	9

In analysing the large amount of information, MOVISIE has primarily focused on the following important aspects to enable us to get a better understanding of elder abuse: What is important according to respondents? Which aspects do they put forward? How can this be ordered? What are the similarities and differences that can be identified? In general we looked for commonalities between the participating countries in order that a European entity could be created. Therefore we have split up all answers by question and analyzed the information per subject. A summary is presented, based on content, quotations are used as examples. Our line of approach was to search for the common themes and to describe and summarize relevant aspects. We did not choose to describe information by each country. We have mentioned, where relevant, specific aspects that were important in one or more countries.

#### **4.4 Content and quality of the responses**

Respondents answered questions in very different ways. Some completed questionnaires were half a page and some over 9 pages and everything in between. In some cases answers are given using catchwords or publications quoted, representing more scientific language, and in some cases mainly (personal) views or associations the person has him/herself, or opinions of the organization, they represented, are given.

The quality of the responses also depended on the expertise and background of respondents e.g. whether a respondent has a general overview or not.

In addition we were unable to ascertain whether we have enough information from all countries to be able to answer all questions in a comprehensive manner and give a complete picture of the respective countries.

#### **Difficulties or limitations with the questionnaire**

There were some difficulties with the semi-structured and open-ended questions. Some respondents found the questionnaire quite elaborate and time-consuming. Others filled in the questionnaire with short clear answers. Some partner organisations also had difficulty translating and filling in the questionnaire. Often there were multiple possible translations meaning that with any translation we have to deal with the interpretation of words used in the questionnaire by respondents leading to numerous interpretations. In some cases different interpretations were clearly identified however in others this was not the case. For example, some respondents interpreted 'formal' as 'policy level', while another respondent used formal circuits (such as social and mental health workers) as distinct from informal circuits (such as voluntary workers).

In spite of the difficulties, we can conclude that the response rates was high and the completed questionnaires contain very valuable information about the way elder abuse and neglect is perceived and addressed in participating countries.<sup>1</sup>

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<sup>1</sup> The question about data and figures on incidence or prevalence was answered in so many different ways that we could not summarize this information in a clear way. So we don't include this response in the BACKGROUND AND POSITION PAPER. In

## 5 Results of the project research

### 5.1 Definition and recognition of elder abuse

#### 5.1.1 Introduction

In this chapter we describe the definition of elder abuse as used in different countries. We then give an overview of the recognition of elder abuse as it is described by respondents. We will also draw attention to the coherence between definition and recognition.

#### 5.1.2 Defining elder abuse

The question on defining elder abuse has been answered in various different ways by respondents. Sometimes professionals, experts or organizations (appear to) use their own definition of elder abuse. Diverse definitions seem to be in use by different disciplines. Some respondents use the broader definition(s) of domestic violence or 'abuse'. In some cases a specific definition of elder abuse is used as formulated in gerontological literature and/or international documents. Some respondents mention the World Health Organization's definition of elder abuse. Some refer to the wider framework of human rights. In The Netherlands, the definition of a Dutch researcher (Comijs, 1999<sup>2</sup>) is used who undertook research on the subject in The Netherlands.

In 1993 the UK Charity 'Action on Elder Abuse' established a definition of elder abuse. This definition has been adopted by the WHO and countries throughout the world. It is also promoted by the International Network for the Prevention of Elder Abuse (INPEA). This definition of elder abuse is also mentioned in the Toronto Declaration (2002)<sup>3</sup>.

"Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."

Similarly this definition is also found in national policy documents such as 'Protecting our Future' in Ireland with the following addition: "or violates their human and civil rights."

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all participating countries there is a lack of research. Only a few respondents refer to national or international studies. In the next steps of the project we will try to make this information more accessible and public.

<sup>2</sup> Comijs, H.C. (1999). Elder mistreatment. Prevalence, risk indicators and consequences. Amsterdam.

<sup>3</sup> In November 2002, WHO, together with INPEA and academic partners, launched "The Toronto declaration for the global prevention of elder abuse" (WHO/INPEA, 2002) at the Ontario Elder Abuse Conference. This declaration is a call for action aimed at preventing elder abuse worldwide (WHO, 2008).

In addition to the WHO definition, one researcher from Italy also refers to the definition of violence<sup>4</sup>, mentioned in the “World report on violence and health” (WHO, 2002):

“the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

A Czech representative of an NGO and two respondents from Poland<sup>5</sup> also refer to the definition of violence in their country:

“Elder abuse is abuse and neglect of older people, it could also be bad behavior towards older people or maltreatment. A new term that is usually used by Czech authors is “violence towards senior/elderly”, this term refers to abuse, neglect and mistreatment as well.”

“it is a single or repetitive intentional action or nonfeasance that violates the rights or personal goods, and particularly exposes to danger of loss of life, health, destroys their dignity, personal inviolability, freedoms, including sexual freedom, harms their physical and psychic health, as well as causes suffering and moral damage to persons affected by violence.”

### **Difficulties in defining elder abuse**

According to some respondents elder abuse is not different from other forms of abuse: “The only thing is that old people are not able to defend themselves at all.” (Polish president from an NGO). An Italian researcher thinks there is a risk to using a too specific definition of elder abuse because: “what isn’t included in the notion could not be prevented, tackled and punished.” Others address a difficulty in comparing the existing definitions of violence/maltreatment/abuse. Some find the term ‘abuse’ is too generic; they prefer to use specific terms which address specific behaviors such as mistreatment or circumvention.

Abuse might also be perceived differently by professionals on the one hand and older people on the other hand older people themselves:

“According to our knowledge and our observation the term abuse means abuse (physical and psychological) and neglect. But what we call abuse, does not have to be abuse in the opinion of old persons. It is connected with how they perceive their social role. It is observed that old people have a different opinion about what we call abuse, especially in rural settings.”  
(Researcher from Poland).

In addition, different disciplines might use different definitions of elder abuse, according to their starting point or focus of interest. A director from a Czech NGO refers to the following reference framework and different emphasizes on the topic:

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<sup>4</sup> This definition was already in use by WHO in 1996.

<sup>5</sup> ACT on Counteraction of Domestic Violence

“Gerontology sees it as a social and not a legal problem, thus no focus on legal interventions. Sociology emphasizes social changes but focuses on younger populations. Criminology has its focus on criminal events, again referring more to youngsters. Social work looks at empowering the victims and offering treatments. Medical and nursing professionals focus on health and medical outcomes, and do not pay much attention to the macro system. Psychology focuses on understanding individual behavior, without paying much attention to the macro system either.”

Therefore, among other reasons, comparison between definitions is difficult. There is some overlap in definitions of domestic violence and elder abuse. On the other hand some aspects of elder abuse are more specific. In addition the definition of domestic violence does not cover the wide range of settings wherein elder abuse occurs.

In The Netherlands elder abuse is also addressed within the context of domestic violence and there is some discussion on whether it should be specifically labeled as elder abuse. However, the concept of elder abuse is generally used and added with the concept of derailed care. Some people in The Netherlands do not want to label unintentional abuse as elder abuse as there is an explanation for it, and also because one does not know what is understood by the definition of elder abuse.

### **Specific items related to elder abuse**

We analyzed the items in the definitions mentioned by respondents. The items that were identified as important for them to take into account when defining elder abuse are:

- the distinction between intentional and unintentional derailed action;
- the aspect of trust;
- dependency (of care);
- neglect and self-neglect;
- relationship between victim and offender;
- age;
- similarities and differences regarding elder abuse and broader definitions of violence against women and children;
- single or repeated act;
- acting or lack of action;
- harm or distress;
- institutional versus at home.

Some of these items (or terms) are used instead of ‘elder abuse’, like maltreatment or neglect.

### **Using the definition of elder abuse**

In some countries the term elder abuse is mainly used by specialists in areas such as gerontology and geriatrics. In other contexts it is not generally labeled as such; it is mainly seen in the context of domestic violence, often without age specification.

There are several reasons why the term 'elder abuse' is not used.

One of the principle reasons is the *taboo on elder abuse*. Using the term 'elder abuse' in the context of health and social work is sometimes difficult. It seems on the whole not to be accepted as a term.

Professionals might not choose to use the term as it might discourage people to talk about it or ask for help. Finding the right terminology can be important to prevent and stop abuse from happening.

“While the term is understood when working with older people as Senior case worker for elder abuse I don't often use the title when meeting new clients and family members as it can be off putting for them. A client may not see themselves as being abused but rather having difficulties within a relationship and would like help with.” (Social worker from Ireland)

Also, the term 'elder abuse' is overly *associated with severe criminal acts*:

“The term elder abuse is used rarely. Usually it is nominated as: ingratitude, lack of sensitivity, aggression, exploitation. The reason for not labelling the phenomenon as elder abuse is lack of social awareness of victims. The term “elder abuse” is identified with particularly drastic criminal acts.” (Polish president of an NGO).

A reason for the victims themselves for not using 'elder abuse' is *shame*:

“... shame to admit suffering from violence or acceptance of abuse if a close person is abusive”. (Polish president of an NGO).

Older people might not be able to talk about it, or they might be *too afraid* to do so and are *anxious about any repercussions*.

“Many cases of violence stay uncovered due to abandonment and loneliness of people, fear of disclosure, fear that the situation might only get worse after disclosure, due to distrust in the existing forms of assistance or due to lack of information that older people have on possible forms of assistance.” (Slovenian policy officer).

The recognition of elder abuse, by its nature means to label it as such. Whether people use the concept of elder abuse partly depends on the definition that is in use.

## Conclusion

Several attempts, both at an individual, national and international level, have been made to define elder abuse. The most extensive and most used definition seems to be the one adopted by the WHO in 2008. However, there remains some debate as to whether this definition covers all aspects of elder abuse in the correct manner. A lot of this debate centres around the different approaches to what

constitutes and what dimensions there are to elder abuse. In order to come to a definition that is extensive, it is important to look at what determinants different countries use. Finally, in order to create more of a basis for addressing the problem, it might be desirable to reconsider whether the right terminology are the words 'elder abuse'.

### 5.1.3 Recognition of elder abuse

Recognition for the topic is growing in respective European countries although not all respondents seem to agree whether the topic is recognized in their country and/or how far this recognition goes. In all countries the topic is still a taboo and a hidden phenomenon. Elder abuse is also certainly not a priority.

#### **Recognition: formal and informal level**

Nevertheless, in all countries there are people, on all kinds of formal and informal levels in different sectors, who recognize the problem and others who do not. In some countries elder abuse is recognized on a national level, however this recognition seems to be partial. Recognition of the topic *formally*, doesn't always mean that it is also recognized *informally*.

"because it is recognized mainly formally (it is stated in few publications about older people), it does not mean it is recognized even on informal level. It could be recognized informally (and often it is), but usually knowledge is low, so it is hard to work with this subject." (A Czech researcher).

In addition, the common labeling and recognition of elder abuse formally and/or informally does not yet mean that it is targeted as a problem which needs to be dealt with on a national level. This was mentioned by a respondent from the Czech Republic.

#### **Perception of older people**

One specific issue seems to be a crucial issue in generating recognition for the topic: the perception of older people as a burden on society. According to Dutch respondents the issue of elder abuse is a taboo and a sensitive topic, related as it is with the position of older people in society:

"60+ are given the cold shoulder. In some cultures older people are perceived as wise and counsellors to the youth. In our culture older people are often perceived as people who tend to nag a lot and not able to provide a useful contribution to society" (Dutch project leader from an NGO).

Another respondent states one can speak of age discrimination.

“Socially and professionally there is more commotion when it comes to children than older people. One can cast more doubts on elderly people and violence: e.g. ‘perhaps an older person has used violence on one self and now it comes back as a boomerang and they ‘get what they deserve’.”  
(Dutch project leader from an NGO).

A Dutch respondent also compares the (lack of) recognition of elder abuse with much more recognition for child abuse, gender-based abuse and domestic violence.

“Older people as target group are not a subject of interest, they are not ‘trendy’. They are not the most loved subject.” (Dutch head of an NGO).

In other countries there is also much more attention paid to children and younger people. In general more attention is needed for other vulnerable groups, such as older people in society.

### **Lack of awareness and knowledge / ignorance**

Elder abuse is sometimes not perceived or labelled as such, not on the part of older people themselves, nor on the part of caregivers and professionals, due to a lack of knowledge or awareness. In most countries there is still a lack of public awareness. There is also denial i.e. people refuse to believe that it exists: “You only see it when you believe it” (Dutch social worker).

“Sometimes the abuse is not perceived as such when it happens to older people (i.e. verbal violence, affective lack, omission of assistance, carelessness), but it is accepted and considered as being inherent to the old age. Older people may be unaware also of the economic abuse from relatives or private assistants (the so called “badanti” in Italy<sup>6</sup>), especially if they don’t control the management of their money and goods. Also the caregiver may be unaware of an abusive act towards an older relative (for instance verbal assault or carelessness), because he considers as abuse only the physical violence. It is also difficult to distinguish between violence and restraints use, if the second one is necessary to protect older people.” (Italian researcher)

“Many families turning to our services do not recognize the phenomenon and consider situations that might be in fact labelled as elder abuse either as normal life situations or traditional elder care methods.” (Italian social worker).

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<sup>6</sup> A so called ‘badante’ is a caregiver employed by the family to stay with the elder person. Those personal assistants are mostly migrant women, not trained for the job, working irregularly and in co-habitation with the elderly.

Not all *forms of abuse are easy to recognize*. Some forms of elder abuse are easier to identify than others. E.g., several respondents from different countries state that abuse which is not physical, is often not recognized as a form of abuse. To be able to identify early indicators and signals/symptoms of elder abuse requires specific knowledge and expertise on the part of both professionals and other people caring for older people.

Apart from specific knowledge/expertise regarding different forms of elder abuse, risk factors and indicators, *recognition of elder abuse also requires sensitivity* on the part of professionals and wider society.

A lack of knowledge of/or sensitivity towards elder abuse is one of the reasons that it is underreported. There is a lack of research and specific figures. Some respondents explained this as being caused by the fact that elder abuse is addressed in the context of domestic violence. It is difficult therefore to put elder abuse on the national agenda.

*Elder abuse can take place in different settings*: in institutional settings or in the home of the older person. In institutional settings in many countries, the time that professionals have to care for the older person is more and more restrained with only physical care being possible within the very short time that they have for each person. This can result in a greater risk of neglect.

Different perceptions in society make it difficult to discuss elder abuse. For example, in some countries like Greece and Italy it is difficult to talk about elder abuse in the domestic environment due to the perception that domestic affairs should not be made public. In other countries, like The Netherlands, there was (until a short time ago) almost exclusive attention for elder abuse in the domestic environment and less so for institutional settings. This can also depend on the different ways countries address the needs of older people.

#### 5.1.4 *What has contributed to the recognition of elder abuse?*

Respondents often mentioned activities which were helpful for the recognition of elder abuse.

##### Research

Conducting studies contributes to the recognition of elder abuse. In general one can state that to know more about the issue and not acknowledge that it exists.

“Researchers, who present their studies and demonstrate that in fact violence against older people is a real issue, contribute to this recognition.” (Portuguese researcher).

##### Legislation and Policy

“Legislative authorities have recognised this problem and have included violence against older people in family and partner relationships in the Domestic Violence Prevention Act.” (Slovenian social worker).

“Slovenia has only recently started recognising violence against older people. This topic has become more popular after entry into force of the Domestic Violence Prevention Act that was adopted in 2008.” (Slovenian policy officer).

#### Specific projects

One specific European project has contributed to the recognition of elder abuse on a European level, namely “Breaking the Taboo”. This project was supported by the EU (from 2007-2009) in cooperation with project partners from Austria, Finland, Italy, Poland and Germany (and with support from partners from France, Belgium and Portugal).

#### (Media) campaigns, brochures and other publications

In some countries (amongst others: The Czech Republic, Ireland, The Netherlands and Poland) specific campaigns have contributed to the recognition of elder abuse. Media attention helps to make this hidden problem more visible.

#### Training

Some Dutch respondents mention meetings and training on elder abuse for semi-professionals also contributes to the recognition of elder abuse.

#### Scandals in the media

In Ireland and in the UK, for example, institutional elder abuse scandals resulted in the development of national reports/policy documents.

### **Conclusion**

International policy and research documents, such as the MIPAA (2002) and several WHO documents (2002, 2008) have recognized that elder abuse, the recognition of the problem and the way in which it is addressed seem to be correlated with the general image of ageing in a culture or country. The present research showed the same tendency. The way in which older people are being viewed on by society might trigger forms of abuse and discrimination that are not recognized as elder abuse. Other factors in the recognition of elder abuse are the level of awareness and acknowledgement that the problem even exists. However, this problem exists on all levels: for victims, for professionals and for policy-makers. Part of this problem lies in the confusion about what exactly elder abuse entails and the different forms it can take. Awareness raising campaigns as well as legislation and policy measures contribute to the recognition of elder abuse.

### 5.1.5 Legislation

In this chapter we describe the legislation on elder abuse in the nine countries that have participated in our research. The information we gathered is retrieved from a variety of respondents from a number of diverse countries.

We give an overview of the legislation per country and end with conclusions.

#### **Austria**

In Austria there is legislation on domestic violence in general: the Austrian Protection Against Violence Act (established in 1997). The achievements of the Austrian Protection Against Violence Act are highly visible, however certain situations have not been manageable through this law so far. The area of violence against older people in family care is one of these situations. Eviction and barring orders do not dissolve the violent structure because the interdependence between the older person in need of care and the care giver is very high. The older person is dependent on the care giver and is mostly too socially isolated to take the initiative or to contact supportive organizations or the police.

Beside the Austrian Protection Against Violence Act, there is legislation for people living in nursing homes that should prevent elder abuse (“Heimaufenthaltsgesetz”).

In addition, there are mainly general initiatives and policy platforms that cover the topic. For instance, in 2008 based on the initiative of the 24 hours women’s emergency hotline a working group was arranged to analyze existing gaps of support and services in the field of violence and abuse against older women on a local level.

#### **Czech Republic**

In the Czech Republic there is no specific law on elder abuse, but there is legislation on domestic violence that came into force in 2007. According to the new laws policemen are competent to banish the aggressor from the person’s home after repeated incidents. This measure is combined with a ten-day official prohibition of entry to residence. In 2007, 862 people were barred from people’s homes. In 75 cases the victims were seniors.

The new legislation does not solve the incidence of elder abuse in institutional care. Anticipation and prevention of elder abuse in institutional setting is directed by standards of social care.

There is also legislation of a more general nature, e.g. the criminal code<sup>7</sup>: according to current legislation the aggressor could be condemned to imprisonment of up to 8 years.

Besides the above there is also the criminal procedure act<sup>8</sup>. The explicit consent which is requested from the victim to sue the perpetrator, is an obstacle in Czech legislation. Police regulations<sup>9</sup>, the social protection act<sup>10</sup> and the civil procedure code<sup>11</sup> all contain possibilities to address elder abuse.

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<sup>7</sup> [Trestní zákoník ; ? . 140/1961 Sb. etc.]

## Ireland

Similar to other countries, there is no statutory recognition of elder abuse in Ireland. Older people experiencing elder abuse or at risk of elder abuse benefit the same protection as other citizens. Legal and protective measures specifically related to elder abuse are not developed.

At present there is a Domestic Violence Act (1996). Other laws used in Ireland that can be applied to cases of elder abuse include Wards of Court (1871), Enduring Power of Attorney, Criminal Law (Rape) Act (1981), Criminal Law (Sexual Offences) Act (1993), Non-fatal Offences against the Persons Act (1997), Safety and Protection Orders, Criminal Justice (Theft and Fraud Offences) Act (2001) and the independent inspection of nursing home under the Health Act (2007).

The Health Information and Quality Authority (HIQA) through the Health Act (2007) has responsibility to inspect nursing homes and is concerned about standards of care. Section eight of the HIQA standards addresses abuse. This requires that adults in nursing homes be protected from abuse and workers be trained to recognize and protect (regulation) but it is non-specific. Failure to reach required standards may in some cases lead to revocation or refusal of license. The new nursing home standards require providers to have a policy on preventing abuse.

In relation to mental capacity, Section 5 of the Criminal Justice Act says that it is an offence to have intercourse with a mentally impaired person unless you are married to them or believe you are married to them. Where people do not have the capacity to make their own decisions wardship can be initiated or sometimes enduring power of attorney can be enacted. Ireland is currently waiting on Mental Capacity legislation to be enacted to replace the old Ward of Court system.

In the Health Act (2007) *reporting* of abuse is mentioned as are protections for 'whistleblowers'.

## Italy

In Italy there is no specific legislation on elder abuse. There are, however, some laws under which the prevention of elder abuse can fall.

First there are some penal code articles: art. 570: violation of obligations to family care; art. 571: abuse of means of correction or discipline; art. 572: mistreatment of family members or children; art. 591: neglect of minors or incapacitated persons; art. 640: fraud; art. 643: circumvention of incapacitated persons.

Second, there is the Civil Code. In the civil code there are relevant articles within which the context of protection of disadvantaged people: Art. 428: acts done by people who lack capacity to understand; Art. 591 cases of incapability [to make a will]; art. 120 incapability of understanding and willing (about marriage); Art. 775 Donation done by incapables to understand and will.

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<sup>8</sup> [Trestní řád 141/1961 Sb., o trestním řízení soudním]

<sup>9</sup> [Zákon o policii; ?. 283/1991 Sb. etc]

<sup>10</sup> [Zákon o sociálním zabezpečení: 100/1988 Sb]

<sup>11</sup> [Soudní řád ; ?. 99/1963 Sb.]

In 2001, Act n. 154 was introduced into the civil code (art 342-bis, 342-ter): the restraining order against family abuses.

A restraining order is a court order which forbids a person from behaving toward another person in ways which may harass, threaten or abuse the complainant. The defendant may be ordered not to do various things such as not come to the complainant house or workplace or relatives home. There is currently no data about the application of this law to older people.

Act No 6 of 2004 introduced in civil code (art. From 404 to 413 c.c.) the concept of a Support Administrator (S.A.).

The judge can appoint a person (without the need for legal defense), indicating what they may and may not do so on behalf of the people who lacks capacity to provide for their daily life. This law can apply to people who are entirely or partly, temporary or permanently incapacitated. This tool concerns disabled people, alcoholics and, older people -but not in themselves-, alcoholics, drug-users, prisoners).

The support administration procedure is less complicated than the incapacity or interdiction ones, thus allowing to establish a much quicker and safer way to grant protection to the interests of, among others, dependent older persons. SA actions are submitted to judge control (at least an annual report), in order to prevent abuses.

One respondents remarks about the SA: “for what concerns the support administrator: judges normally appoint a member of the family, but if the abuse occurs in the household then we end up giving the abuser even more power.

In fact, I don't think we can solve the problem without specific legislation taking in account the specificity of elder abuse compared, for instance, with child or gender abuse.” (professional worker).

## **Greece**

In Greece there is no specific law on elder abuse. Since 2006 there is a law (law number 3500/2006) for the prevention of domestic violence.

The Code of Penal Procedure (C.P.P) protects the victims by providing them with the right to file a complaint against the abuser. However, the Greek legislation in reality does not protect older people, considering that the perpetrator is usually a family member and it is rather difficult for the older person to officially report the abuse.

In addition to the above at a procedural level, the processes are slow, expensive and soul-destroying for victims of violence and as a result, they are discouraged from asking for help.

On the local level legal reforms have also been adopted. More specifically, according to the New Code for Municipalities and Communities, municipalities and communities in Greece have the competence to provide support and consultation to the victims of domestic violence.

## **The Netherlands**

In The Netherlands, there is no specific legislation on elder abuse or on domestic violence.

The Government within legislation creates ways of imposing temporary restraining orders for perpetrators of domestic violence in situations where there is an acute threat to victims. This new piece of legislation, that came into force from the beginning of 2009, allows mayors to impose a ten-day restraining order.

A victim of elder abuse or his/her representative can bring any of the above to the police, according to the penal code.

There are some measures that can be imposed if the victim is not capable of acting by him/herself.

Interdiction (Curatele)

Placing under administration (Onderbewindstelling)

Mentoring (Mentorschap)

On *Health*, there is also a law (the WKCZ)<sup>12</sup> that enables clients in institutions to complain about their treatment. Each institution has a duty to install a possibility to complain.

Another law for the protection of the client is the WGBO<sup>13</sup>. This law is important for all patients of medical care. As soon as a doctor is going to search a patient, there is an agreement in place; there are rules for vulnerable people who cannot decide for themselves.

The law for the special admission in psychiatric institutions (BOPZ)<sup>14</sup> contains rules for the forced admission of psychogeriatric patients (among them older people who are severely abused).

The *Social support act* (Wmo)<sup>15</sup> aims to improve the service provision to citizens and clients. The Act gives municipalities and local institutions greater responsibility for the care and welfare of citizens. One of these responsibilities is coping with domestic violence of which elder abuse forms part.

In the *Penal Code* there are articles that refer to abuse and violence in specific forms and settings (i.e. physical abuse, but also leaving a helpless person who is dependent on others, on their own), and the matching punishments. The possibility is also offered for victims to make a claim.

As of this year, 2010 there is a Bill<sup>16</sup> at a draft stage that will offer professionals in the wide range of care and education the possibility to report abuse (towards a various group that implies children, older

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<sup>12</sup> WKCZ: Wet klachtrecht cliënten zorgsector

<sup>13</sup> WGBO: Wet Geneeskundige Behandelings Overeenkomst.

<sup>14</sup> BOPZ: Wet Bijzondere Opnemingen in Psychiatrische Ziekenhuizen

<sup>15</sup> Wmo: Wet maatschappelijke ondersteuning

<sup>16</sup> Meldcode

people, etc.) and to take steps that will lead to the tackling of the abuse. It is foreseen that the bill may be passed into law in 2011.

## **Poland**

The most important event in terms of elder abuse was enacted by the Polish Parliament in 2005: The Act on Counteraction of Domestic Violence. In 2010 it will be amended to provide advantages for victims.

Like in other cases of abuse, older people are protected by general law. The most important legislation on the national level is the Constitution of Republic of Poland (1997) and criminal law. But nowhere in criminal law do regulations exist specifically for older people distinguishing them as subjects of criminal-law protection. They are “hidden” under the terms ‘the closest person’ (about bullying and abuse), ‘vulnerable/helpless’ (sexual abuse), and ‘a person under care or dependent’ (abuse). One respondent states that: “criminal law requires that a victim runs many complicated procedures, this is why the majority of offenders are not punished.” (President NGO).

## **Slovakia**

There is no legislation specifically on elder abuse. There are only generally accepted norms and laws, like the civil code, penal law, antidiscrimination law, Code of Criminal procedure, and laws /protective measures in care settings. These are viewed as insufficient and ineffective, as they do not solve the problems of elder abuse. According to one of the correspondents: “Abuse and neglect is happening mostly in private and the state has no possibility to enter into people’s privacy and so these actions are not seen and it is difficult to prove. We can confirm it based on concrete examples, where the police, courthouse, or any other bodies don’t act and the abused person is placed at the mercy of aggressor. There are no suitable legislative procedures and regulations, protection and help is not provided to abused people, it doesn’t provide prevention of this phenomenon. State policy towards domestic abuse must be clearly declared.” (Researcher).

## **Slovenia**

The Domestic Violence Prevention Act was adopted in 2008 and also includes the prevention of domestic violence against older people. A specific reference to violence against older people is made in Articles 3 and 4:

Article 3 (6):

(6) Disregard falls under those forms of violence in which a person does not provide due care for the family member who is in need of it due to illness, disability, old age, developmental or any other personal circumstances.

Article 4 (3)

(3) Special care when considering violence and providing assistance to victims are intended for older people and disabled persons as well as persons who are not capable of taking care of themselves due to personal circumstances.

Article 193 from the Penal Code (Official Gazette of the RS No. 55/08) stipulates that whoever seriously breaches family obligations imposed on him by the statute by leaving a member of his family who depends on him in dire straits shall be sentenced to imprisonment for not more than two years.

## **Conclusion**

None of the participating countries had specific legislation on elder abuse. Elder abuse is often considered under domestic violence legislation. Only Slovenia has domestic violence legislation in which older people are mentioned as a specific group.

In Austria, The Czech Republic, Italy, Ireland and The Netherlands, there are laws to impose temporary restraining orders for perpetrators of domestic violence in situations where there is an acute threat to victims.

One of the obstacles to the punishment of perpetrators is the necessity that victims sue them and most of the time older people are not willing to do so.

To address elder abuse effectively, a policy and juridical framework should exist on a national and European governmental level to protect older people from elder abuse. This is also recognized by many respondents in the present research. Old age brings about a set of risk factors that are specific to this age group. The forms of abuse are often also very specific, as they are triggered by these risk factors. For this reason it is not sufficient to place elder abuse under another form of abuse, such as domestic violence, in legislation and regulation measures. Legislation that is sensitive to the specific vulnerabilities of older people is needed to provide a basis and support for other prevention measures against elder abuse.

## **5.2 Forms of Elder Abuse**

### *5.2.1 Introduction*

The question 'Which forms of elder abuse can be distinguished?' was answered by respondents in many different ways. Most mention several categories. Categories or categorisation differ between countries and even between respondents in the same country, however the content of categories does not differ significantly. Many respondents give descriptions or examples, and many respondents mention signals or indicators. A few respondents from Austria, Ireland, Italy and The Netherlands provide a schematic overview of the forms, the descriptions and the signals.

Many respondents mention the difficulty in noticing or recognising signs of abuse. Many mention that some forms are easier to recognise than others.

### 5.2.2 Categorisations

The following section gives some examples of categorisations. According to Kuss and Schopf (2007): “Defining which form of violence is related to which categorisation depends on many different factors (e.g. the focus, the theoretical context, scientific understanding, etc.) and is not used in a standardised form in the literature. The differentiation is often made between active and passive violence, direct or indirect violence, expressive or instrumental violence (Ebner, 2006a, p. 30). Generally, subcategories like physical abuse are described and defined similarly. The overlap of definitions reflects the reciprocal and close linkage between physical abuse, emotional abuse and neglect. Mostly these forms do not occur in singular cases and are linked to each other (Strümpel & Leichsenring, 2006, p. 11).”

A Polish researcher mentions 3 different kinds of categorisations: “National Center on Elder Abuse (2006) distinguishes 6 forms of elder abuse: physical, emotional, sexual abuse, exploitation, neglect and abandonment (Kruger, Patterson 1997). Most often there are 5 forms of elder abuse distinguished, namely: physical, emotional, material (financial), neglect and self-neglect, when older people can be abusive to themselves in self-neglect situation (Anetzberger 2008). In Polish psychological literature there are 4 main categories of violence: physical, psychological, sexual and neglect (Bińczycka, 1997), however there is no agreement among authors. Another distinguished form of abuse mentioned in literature is material abuse, called material or financial exploitation, however some authors talk about it in context of psychological abuse.”

The WHO distinguishes the following forms: physical, verbal, psychological/emotional, sexual and financial. (A Global response to elder abuse and neglect, who, 2008).

According to Missing Voices, WHO/INPEA, 2002 “elder abuse can be categorised as:

- physical abuse: the infliction of pain or injury, physical coercion, physical/chemical restraint
- psychological/emotional abuse: the infliction of mental anguish
- financial/material abuse: the illegal or improper exploitation and/or use of funds or resources
- sexual abuse: non-consensual contact of any kind with an older person
- neglect: intentional or unintentional refusal or failure to fulfil a care-taking obligation”

### 5.2.3 Categories

As we can see from the above that some categories are very clear. The following are forms mentioned by (nearly) all respondents:

- *physical abuse*; because of its direct and active form and also because of the possibilities of physical injuries (Ebner, 2006a, p. 31),
- *financial / material abuse*,
- *neglect / abandonment*,

- *sexual abuse*.

Other categories are labelled differently by one or more respondents, such as *mental, psychological, emotional and verbal abuse*.

*Discrimination* is a form of elder abuse that respondents in 5 countries stated (Austria, Czech Republic, Ireland, Poland and Slovenia).

*Institutional abuse* as a special category is mentioned by respondents from Ireland, Poland and Slovenia.

*Self-neglect* as a special category is mainly mentioned by respondents from The Czech Republic (3 x), Ireland, Poland, Slovenia and Portugal. In Ireland there is a discussion as to whether this form classifies as elder abuse.

A small number of respondents labelled *violation of rights* as a special category, but many gave examples of this category under emotional or psychological abuse. This is also the case for 'neglect' and 'abandonment'; some make a distinction between these forms; others do not.

#### 5.2.4 Descriptions or examples; signals or indicators

In some cases respondents give descriptions or examples, but at the same time these descriptions can be conceptualised as signals or indicators. It is not always easy for respondents to make a clear distinction between the description of different types of elder abuse and the indicators of abuse. We have tried to distinguish the description/examples on the one hand and the signs/indicators on the other. The following gives examples of descriptions and signs of abuse as outlined by respondents.

#### 5.2.5 Physical abuse

##### *Description/example:*

To cause physical injury, penalise someone because of bedwetting (people are not cleaned appropriately), use restraints e.g. tie somebody to a bed; use ropes or chains or by other physical and medical means, slapping, shoving, severe beating, hitting, pushing, burning, kicking, nudging, throwing out of a house, maltreatment, under nourishment, food refusal, poor hygiene, not providing heating, not giving food, medicines, clothing, not keeping the person safe from danger or injury, intentionally not removing danger, not providing help, malnutrition, dehydration, admissions for overdoses of prescribed medication: insulin, sedatives.

##### *Signs/indicators:*

Pain, haematomas, bruises, withdrawal, sudden incontinence, lack of appetite, bruises, bone fractures, cuts, hair loss, lacerations, imprint injuries, scratches, bites, contusions, burns, black eyes, welts, rope/restraint marks, open wounds, punctures, untreated injuries in various stages of healing, scars, sprains, dislocations, internal injuries, laboratory findings of medication overdose, abrasions, torn hear, signs of cauterization, refusal to take off clothes, repetitive injuries, anxiety when someone

is approaching, reluctance to allow the older person to see a doctor or nurse alone because carers want to be present and speak for the person.

#### *5.2.6 Psychological, emotional, mental, verbal abuse / Violation of rights*

##### *Examples:*

Provocations, verbal degradation, threats, indignity, coercion, intimidation, ignorance of cultural needs, degradation of rights, name-calling, accusations, general disrespect, shouting, swearing, frightening, blaming, ridiculing, constantly criticizing, ignoring or humiliating a person, offensive comments, insults, verbal aggression, limiting decision-making, decreasing self-confidence and self-respect, emphasizing their uselessness, redundancy and burden, preventing access to friends or family, mocking or talking to the older person like they were a baby, sarcastic and offensive comments, ignoring the needs of older people for care or love, determent, underestimation and rejection, violation of the right for freedom e.g. someone else decides what time the older person should go to bed at, privacy, visits which are not always allowed, not giving mail to the older person, putting the older person in a locked room, refusing use of the telephone, the caregiver's refusal to allow visitors to see an older person alone. "Being labelled as a maladjusted patient when a lesbian resident of a rest home is having intimate contact with a woman friend." (German NGO group of ex-professionals Lesbians and seniorship).

##### *Signs:*

Excitement, fear, losing self respect, shame, sudden incontinence, lack of appetite, emotional extortion, withdrawal of contribution and attention, neurotic behaviour, depression, anxiety, insomnia, depression, confusion, emotionally upset or agitation, extremely withdrawn, non-communicative or non-responsive, unusual behaviour usually attributed to "dementia" (e.g. sucking, biting, rocking), the elder is emotionally moved, seems isolated, in unexplained way withdraws from normal activity, fears people, immediate increase in alertness, changes in appetite, untypical depression.

#### *5.2.7 Neglect, abandonment*

##### *Examples:*

Inadequate care, lack of treatment, lack of healthcare, malnutrition - lack of healthy nutrition or lack of food, failure to provide water, clothing, medications, cleaning and assistance with the activities of daily living or help with personal hygiene, indifference to the needs of the older person, lack of communication, when the elder's children or other close relatives place him/her at a care unit without visiting him, social isolation, dehydration, desertion of a vulnerable older person by anyone who has assumed the responsibility for care or custody of that person, refusal of communication and leaving the care receiver alone.

### *Signs:*

Functional heart disorders, insomnia, dehydration, decrease in weight, bad general condition, fear, signals of excessive demands from caregivers, skin disorders, dirty fingernails, poor continence care, malnutrition, asthenia, sleepiness, poor hygiene, nervousness, untreated bed sores, being left dirty or unbathed, unsafe living conditions, untreated health problems, lack of social contacts, abandonment as extreme form of neglect: desertion of the elder at a public place, e.g. hospital or at their own home.

A Slovakian representative of an NGO mentions a special form 'Malpractice' and describes this form as follows: "failure of person responsible for safety and meeting of adequate needs of dependant person. Typical expressions of malpractice are failure in nutrition and hydration, getting a cold, rough insufficiency in personal hygiene and clothing."

Literature differentiates between active and passive neglect: passive neglect e.g. malnutrition or the development of decubitus occurs. Active neglect is described as refusal of cleaning, care, medication and food (Hörl & Spanring, 2001, p. 314).

### *5.2.8 Financial / economical / material abuse*

#### *Examples:*

Taking over the person's finances, taking the flat from parents, misuse of an elder's funds, embezzlement, stealing from older person's purse, abstraction of money, misuse or concealing funds or assets of an older person, use property or resources of a senior for someone else's benefit, the perpetrator takes elder's pension or fortune or any other kind property, lack of amenities, eviction notices, over-interest by a 3rd party in finance or wills, economic violence or blackmail, financial benefits on account of their parents, pressure generated to write the last will, unfavourable transfer of property to the family relatives.

"Flat owners (and politicians) who raise the amount of money for rent even when they know the person will not be able to pay for it. Or methods of salesmen/phone-sellers who force for sell/buy (even they know that older people can't resist this force and manipulative methods)." (Czech social worker)

This last theme mentioned by the Czech social worker is a highly under exposed, but very important issue in elder abuse. Older people are often 'tricked' into buying some product over the phone, whether this is an insurance deal or actual object. These so-called 'telescams' are still allowed in many countries, as it is believed that the 'customer' (in this case the older person) should be able to defend themselves against it. However, older people can have a set of specific vulnerabilities that prevent them from fully understanding what they are buying or how to get out of the deal they have made. More attention needs to be given to the topic of commercial abuse to understand in what way it affects older people and what can be done to protect those most vulnerable to it.

### *Signs:*

Sudden changes in bank account or banking practice, unusual significant withdrawals from the elder's accounts by persons accompanying an elder, unusual immediate money transfers to accounts of family members or others, funds or valuables properties missing, immediate lack of means for paying bills, decrease in bank account, cheques signed by unauthorized persons, signatures or changes on legal documents, inclusion of additional names on a bank signature card, unauthorized banking, remaking of wills, advanced directives or other legal matters of any kind, shortage of food and prescription medicines at home, fearfulness, agitation, depression, and refusal to discuss financial matters on the part of either victim or perpetrator.

An Austrian researcher focuses on the aspect of custodianship as a relevant issue. "On the one hand a custodianship can bring transparency and order into the finances, but on the other hand, custodianship, which is taken by a family member, offers greater risks of exploitation. Especially in the context of mental disease this issue becomes more important."

### *5.2.9 Sexual abuse*

#### *Examples:*

Touching the body without permission, sexual intercourse, rape, sexual intimidation, sexual harassment, sex game, forcing gay or straight relationships, using the elder to obtain sexual excitement, sexual or erotic practices through grooming, physical violence or threats, inappropriate touching, publishing photographs on the internet without authorisation. In severe cases injuries to genitalia, bladder and bowel, requiring surgery.

An Irish medical professional mentioned two concrete examples: "Neighbour asking housebound elder woman for sexual favours in exchange for shopping, gardening, collecting pension. Threatening that if he didn't help her she would have to go into a home. Son having intercourse with demented mother 'because he was the man of the house'."

#### *Signs:*

Trauma to any genital areas, bruising on the inner thighs, difficulties with walking and sitting, bruises around breasts or genital area, unexplained venereal disease or genital infections, unexplained vaginal or anal bleeding, torn, stained, or bloody underclothing, anxiety while taking off clothes or touching.

### *5.2.10 Self-neglect*

The only descriptions of self neglect is given by two Portuguese respondents: "symptoms refer to loss of identity and will to live, mainly happens at the victim's house." (social worker from Portugal).

“Self-abandonment or self-neglect is behaviour of older people in the refusal or failure to provide for himself the necessary care threatening, thus his own health.” (Portuguese researcher).

### *5.2.11 Discrimination*

#### *Examples:*

Social discrimination and depreciation of older people, nonreflective image of the youth, deportation to nursing homes, inadequate care situations, denying people a service or treating someone differently based on age, older people don't work enough, structural and cultural abuse.

Discriminatory abuse by banks; in hospitals (not able to access types of healthcare available to others); by social services (especially in regard to supported living); by employment issues (compulsory retirement age).

Elder abuse in public sphere (showing old age in media, difficult access to the newest technologies of communication, Internet, judicature... etc)

Violating of rights by various institutions, in family, in public, in transport, in health. It is not being heard and allowed participate in decision-making about him/her-self, about essential matters not only without agreement, but often without adequate informing of seniors, form of getting rid of dependant family members by their moving to hospitals, form of refusing to take them to domestic care.

No awareness of and no recognition of the rights and needs of lesbian older people.

### *5.2.12 Institutional abuse*

#### *Examples:*

A Czech representative of an NGO states: “inadequate “psychiatrization” of geriatric clients. For instance, in the case of 20% of deceased clients which had been diagnosed as suffering from dementia, autopsy did not reveal any symptoms of an organic cerebral disease. What was probably involved was a false positiveness of a socially serious and discrediting diagnosis.”

An Irish medical professional states: “Policies and systems that violate the rights of older adults- use of antipsychotics, restraints, and regimented meal times/bedtimes/getting up. Failure to consult with the older person or their representative. Lack of respect and lack of access to medical care. Failure to protect older people from people who may perhaps be violent. Failure to supervise: leaving the person in a chair or bed for long periods. Inappropriate use of hygiene products/ not taking to toilet. Poor nutrition/ hygiene/ fluids resulting in dehydration/ bed sores/ decreased mobility. Lack of freedom of movement. Lack of appropriate types of activity for example meeting others, clubs, outings, hobbies, sports, reading material, TV, radio.”

A social worker from Poland states: “discrimination in practices and legislation functioning in systems of social services, health care, financial system, banks, administration etc.”

A Slovenian social worker states: “These are forms of violence that are part of the systemic functioning of institutions. We are referring to procedures, work practices, rules in institutions that use

force, deprive of the freedom of making decisions, but this is all too often covered up and minimized. Social, social welfare, health, state and other institutions carry out different coercive and repressive actions with an excuse that there is no other way or that same rules apply to everyone or that they respect the house rules etc. Forms of this type of violence include coercive procedures of feeding, hygiene, care, restriction of freedom, imposing house rules in nursing homes etc. A special attention needs to be paid to older people who are severely disabled: persons with learning difficulties, who have mentally health problems and/or intellectual disabilities as they are often the most vulnerable older people. As a rule, they are very dependent upon others; they are permanently institutionalised and are completely marginalized. They often do not know their rights, they are not able to verbalize their needs and they do not recognise the violence committed against them. But even if they know they are victims of violence, they often cannot draw attention to their distress, they are less 'credible' as witnesses of violence, and there is no way out of violence for them. According to our estimates, they are often victims of interpersonal and institutional violence due to their personal and social weakness."

As a consequence of the dominant heterosexual culture in nursing homes and rest homes and the minds of professionals there is no recognition of the needs of homosexual residents. One German respondent group describes a case of a lesbian couple who were separated after being found in one bed in intimate contact. The nurse was addressed by their manager about this incident and told that this lesbian behaviour of the two women could not be allowed.

#### *5.2.13 Recognition of the different forms and signs of elder abuse*

As mentioned in the introduction of this section a lot of respondents said something about the recognition of the different forms; some forms are more recognized than other forms. In Italy and Greece for example psychological abuse is the most common type of abuse and in Poland physical abuse is seen most often. Sexual abuse is rarely acknowledged. See also the section on definition and recognition (4.1).

Many respondents say something about the difficulty to notice or see the abuse, or to recognize the signals as elder abuse. There are specific indicators of each form of abuse. But noticing one or two indicators does not mean elder abuse really occurs. Several respondents state having a difficulty recognizing signals. There are many ambiguous indicators and it is a grey area. Sometimes the signs and symptoms are of normal ageing, disease pathology, and functional limitations. It is difficult to identify and differentiate these from possible consequences of abuse. It is very important to raise awareness of the different forms, possible indicators and to train professionals to be sensitive to these signs and indicators.

### **Conclusion**

There are many recorded differences between countries on forms of elder abuse which are recognized. Even in the same country there are different opinions between experts. The categories

that all participants agree on and that also correspond with the literature are: physical abuse, financial / material abuse, neglect / abandonment and psychological / emotional abuse. Sexual abuse is mentioned by most of the respondents. There are also some other categories that may or may not be deemed elder abuse (self-neglect), or if it is uncertain whether they are an independent forms of elder abuse, or should be seen in a broader context that encompass multiple forms of elder abuse (discrimination and institutional abuse). For future research it is important to establish an international framework of recognized forms of elder abuse, to include some forms that are recognized only in certain situations or countries. Also, more attention needs to be given to the issue of commercial abuse.

### 5.3 Context of Elder Abuse

#### 5.3.1 Introduction

In this chapter we describe the context in which elder abuse occurs, the different ways elder abuse is identified, the different explanations and clarifying theories on the problem and the risk factors and protective measures that relate to both intentional and unintentional forms of abuse. The different settings in which elder abuse can take place and the types of relationships which exist between victims and offenders are also discussed.

#### 5.3.2 Multiple points of view

Elder abuse is a complex and multi-dimensional problem. According to the WHO elder abuse begins to be recognized as a serious social and (public) health issue. Our research shows that elder abuse often appears in the context of health and social care. It is also often categorized as domestic violence and as a social problem; less often as a human rights issue.

Because elder abuse often occurs behind closed doors it is viewed by many people as a *family or domestic problem*.

“Elder mistreatment may be characterized as a cyclic phenomenon with parents and children mistreating each other throughout their life.” (A Greek researcher).

From the point of view of social workers it is viewed as a *social problem*. It is viewed in relation to isolation, vulnerability, illness, service provision, loosening of family bonds, inadequate social help programmes, social endangerment, poverty, alcoholism, negligence and abandonment.

It also belongs in *domestic violence* discourse, together with child and gender abuse. However, there has been relatively little attention to and a higher tolerance to elder abuse when compared to child abuse.

Domestic violence is often viewed as an ethical issue, so elder abuse is also a matter of *human rights*. Elder abuse deprives old people from living a dignified and independent life in society. It is a violation against the statement in the Madrid International Plan of Action on Ageing (MIPAA): “People are able to age with security and dignity, as citizens with full rights.”

In our research elder abuse is also related to *the denial of a senior’s fundamental rights* and to *the lack of understanding of the social value of older people*, and, on the other hand, *the lack of services that can support dignified aging*. It challenges the normative of life, which is growing old healthy, aspiring happiness. Some people accepted that the reason for the lack of a response and general awareness of elder abuse is due to societal ageism. It is mostly associated with ageism, lack of dignity, discrimination, lack of respect towards seniors.

“An old man should not be too demanding in our country. He does not have many years ahead, why shall we consider if his rights are violated (this is common sense way of thinking). NGOs are the only bodies which are concerned about violation of rights of older people.”  
(Polish president of an NGO).

The MIPAA recognizes *the universality* of the problem of elder abuse.

### 5.3.3 Explanations, clarifying theories

Elder abuse is a complex phenomenon, it results from a combination of personal, family, social and cultural factors. It is rarely true that one single factor eventually leads to elder abuse. In many cases there are more explanations and theories which attempt to clarify the problem. In our research different models and theories were mentioned by respondents:

A researcher from Portugal states five theoretical perspectives<sup>17</sup>: “In short the dynamics of intra-individual, the intergenerational transmission of violence, levels of dependency among older people and their careers, external stress, social isolation are considered as factors augmenting the mistreatment of older people. These combined with other factors such as the quality (or not) of relationships between parents and daughter or the quality (or not) of marriage between older couples, may contribute to violent behavior.”

An Irish social worker: “All theory guiding practice is based on social work theory which would be risk assessment, systems theory, strengths perspective, anti-discriminatory practice and so on. There are many social work theories.”

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<sup>17</sup> Citing Days (2005) research of Rosalie S. Karl A. Wolfe Pillemer have developed important contributions in this field and are grouped into 5 theoretical perspectives that attempt to enumerate the underlying risk factors for abuse in the elderly.

In this paper we have tried to categorize the different models and theories that were mentioned by respondents.

### **Theories about individual factors**

Sometimes elder abuse can be explained by personality traits or psychopathological behavior of the offender. Violence is interpreted as a symptom of pathology resulting from illness, mainly mental disorder, alcohol addiction or psychoactive substances, also personality disorders.

### **Individual frustration and stressful structural circumstances**

A Polish researcher states: “An interpretation stated that domestic violence results from frustration, stress and “blocked” possibilities of goal realization. This interpretation treats domestic violence as phenomenon connected with social and structural factors such as poverty and unemployment; symptoms of social exclusion, which were indicated as risk factors of violence. This approach towards violence refers to the classic conception developed by Merton, where aggression is connected to frustration. Violence was treated as a kind of “adaptation” or “reply” for structural stress; structural stress is a risk factor for frustration, which was transformed into violence. Nowadays it is considered that violence can be a reaction to stressful structural circumstances, nonetheless it is difficult to justify causal relationship between economic conditions and violence.”

### **Theories about family-system / care dependency relationship**

Families are small organisational units with their own dynamics. The concept of family is maintained and organized by the idea of possession and the gender-related power constellation, in which men for many centuries operated as the gatekeeper between public and private (Böhmdorfer, 2001, p. 57). Within the familial privateness sometimes violence is tolerated (Sauer, 2002, p. 90). An Austrian researcher: “As family systems are interactive, dependency and autonomy alternate during one’s life. Usually this leads to conflicts and discrepancies in special life-phases like adolescence, but decreases when “children” are grown up and more independent. In the situation of care-necessity both involved persons – care giver and care receiver – become dependent on each other again. Both sides are at a loss with this changing power- and dependency proportions. Ambivalent feelings between thankfulness and getting angry because of one’s own constrictions arise. This mutual emotional dependence as well as daily-practical dependency can lead to an explosion of long downtrodden conflicts (Hörl & Spannring, 2001, p. 327 et. seq.). Especially when carers and care receivers live in the same household, it can become more difficult to maintain distance from one another. Central areas of daily life are impaired, a 24 hour availability is possible (Dieck 1987, cited by Durstberger, 2006).”

A policy officer from Slovenia state: “The problem in detecting violence against older people is also the fact that by tradition Slovenian families are a very closed system where problems and distress are discussed with great difficulty.”

A Greece representative of a governmental secretariat adds: “Families used to include grandparents, cousins etc and displayed high levels of interdependency with frequent exchanges of financial and

social support.” And an Italian researcher says: “Without blaming anyone it is quite obvious that the cohabitation of two socially frail persons like a non self-sufficient older person and an addicted or mentally ill nephew could be difficult and lead to abuse – eventually not physical but financial abuses or neglect.”

In The Netherlands too, patterns in family relations change with the changing of the parent-child or partner relationship. For example a Dutch researcher states: “Old, trusted patterns may change over time; children might start to look after their parents instead of the other way round. Or the man used to be the dominant partner, but now his wife has taken this position (for whatever reason). These kinds of changes often lead to mental abuse. The parties involved are dependent on each other.”

A Polish social worker refers to the patriarchal system: “ a patriarchal model of family, obedience and submission is enforced; belief, that family is a sacrum and no one from outside has the right to intervene; that members of family are its hostages.” A Dutch representative of an NGO adds: “An important aspect is social context: families that are ‘unsafe’, in which family members are preoccupied with themselves or specific subjects, emotions are hyperactive, where verbal or physical violence occur. In situations where people are forced to interact while they would much rather keep some distance from each other (like taking care of a parent who has come to depend on you) the risk of neglect is imminent. Unsafe in terms of contact, communication, feeling uncomfortable in social relations.”

Austrian research shows: “Taking care as such is very demanding work and can lead to extraordinary physical and/or mental stresses and strains which are reported as the main reasons for abuse against care receivers (Ebner, 2006b, p. 49; Hörl & Spannring, 2001, p. 329; Klie, Pfundstein, & Stoffer, 2005, p. 13). Whereby, mental strains are described as much more demanding than physical strains. When care receivers have a mental illness, it is possible that their character changes and all well known habits get changed or lost, which is especially inapprehensible. Overstrain is also characterised by the discrepancy between expectations and the reality of taking care of someone: carers are often frustrated that their aims cannot be reached because of too high emotional and time demands. Therefore, feelings of helplessness, frustration and desperation can arise and also be a reason for becoming a perpetrator (Hörl & Spannring, 2001: 329).”

“Social isolation can be rooted in being abusive and therefore social contacts get reduced or can be the reason for abuse. The first case leads to isolation because of being afraid that maltreatment gets detected and therefore contacts decrease. Too little social support from external persons on the other hand can be seen as one of the reasons for the development of abuse. Especially emotional support and having a supportive social network are essential for carers and care workers. If this is missing, the conscience to adhere to norms can diminish greatly and the lack of social control can eventually lead to abuse (Hörl & Spannring, 2001: 328 et seq.).”

### **Theories about violence as intergenerational pattern**

Many respondents indicated that domestic violence from generation to generation is an important explanation theory. A researcher from The Netherlands states: “A history of violence may lead to

history repeating itself, the risk increases as a parent becomes more vulnerable over the years. Children who experience abuse are more likely to be abusive later in life, e.g. as someone's partner or daughter." A professional worker from Ireland adds: "Ongoing cycles of domestic violence may contribute, with children who have seen their father hitting their mother growing up, tend to abuse one or both parents when they become disabled/weaker." A Czech researcher states: "There are explanation theories which call attention to generational reciprocity (mistreatment of children is somehow "punished" in similar behaviour of children to their elder parents)." A policy officer from Ireland calls it: "Substance abuse by caregiver/older person or both." A Polish social worker states: "Treating abuse as a way of managing family relations, place of living, stress experienced by members of family taking care for an elder."

Austrian research shows: "How persons interact depends to a large extent on their prehistory in communication and - with regards to abusive acting - how they handle conflicts as well as stresses and strains. Abusive behaviour can be well known as a conflict solution and be a sequel of old traditions. Aspect of an "intergenerational" spiral (which refers to the fact that adults who have experienced abuse by their own parents in their childhood have the tendency to act abusive in their later life) can provide better empirically explanations of child abuse than they can of abuse of older parents because abuse of parents differs in relation to power constellations. There is a shift of power relations; mainly revenge and imitations play a role. (Hörl & Spannring, 2001, p. 330 et. seq.). Nevertheless dealing with conflicts or crisis within the family influences care relationships."

### **Theories about power and gender**

Feminist approaches to understanding violence is one of the theories used to explain elder abuse, according to some Czech and Dutch respondents. It is the facility for power and control of women, power of control over the other, manipulation with rights of dependant. It is not a partner conflict and coping with anger, but it concerns long-term instrumental violence. An Austrian researcher refers to Böhmdorfer (2001, p. 57) and the concept of family organized by the idea of possession and the gender-related power constellation.

In research on family conflicts violence is a symptom of aggression and frustration, emotion during family arguments or in situations of loss of control. 'Control motivated instrumental violence' explains motives of men abusing women. Differences between expressive and instrumental forms of violence mean differences in goals of violence and also in intensity and circumstances of its initiation. The question appears if violence belongs to a systematic way of exercising control or symptom of anxiety, or to a specific form of manifesting frustration and anger (Tobiasz-Adamczyk 2009).

### **Theories about dignity**

Many respondents refer to prevailing depreciations of older people. There is less respect for older people. An Irish professional worker in the medical sector presents a theory: "that most western societies support and sustain cults of youthfulness. Older adults are not revered as they used to be. There is little respect for their parents or their rights. There is a pervasive idea that old equals ugly, useless, undeserving, taking up resources." According to a social worker from Austria there is a

“missing comprehension for the other generations (both sides, younger and older)”. And a Czech researcher adds: “Cultural background – contempt of human dignity and mainly dignity of old age, quality of life of older people.” A Polish social worker agrees: “Consumptionism, in which unproductive persons have no rights to use social goods, public finances, and have no right for protection; contempt for weaker persons (disabled, ill, old...); lack of reliable knowledge about changes connected with ageing.”

### **Societal developments**

Societal developments, like individualism, an ageing population and economic developments / deterioration have direct negative consequences for older people; it makes older people more vulnerable to abuse. This corresponds to the statement of the WHO. They mention changes in society, such as modernization, industrialization, ageing population, urbanization and increase in number of women in workforce, which may explain increased reports of elder abuse. Caregiving responsibilities and relationships changes; and increasing numbers of older people require long-term care. The expectation is that elder abuse will increase because family bonds are weaker and there is an increasing inter-generational conflict:

“Elder abuse is a severe social problem and is strongly connected with human rights. However, there should be given attention to the domestic violence. The distress and the poor economic income play a great role for the intra-family violence. As people live longer, the need for the care of older people is increased, while at the same time the capability of family members (spouses, daughters) to provide such care decreases. The percentage of women entering the labour market has increased and the reconciliation of family and work life is not an easy issue as society traditionally perceives women as the family caregivers. The elder abuse will become more intense, if the recently announced measures regarding the reduction of the pension will be realized due to the economic crisis.” (Greek researcher).

### **Conclusion**

Elder abuse is a complex and multi-dimensional problem. This research shows the multiple points of view. Many experts recognize elder abuse as a social and public health issue, a family problem, a domestic violence problem and a human right issue.

#### *5.3.4 Risk factors*

Despite missing data or the taboo that prevents people talking about elder abuse, most respondents in our research mentioned risk and prevention factors, specific for elder abuse. It is rarely true that one single factor eventually leads to elder abuse. More commonly several risk factors result in elder abuse and sometimes specific forms of elder abuse have their own risk factors.

The following is a wide selection of risk factors that were mentioned by respondents from all countries. We categorized the risk and protective factors in 5 levels:

1. Victim
2. Offender
3. Family-system
4. Institution
5. Society

The DAPHNE studies 'Care for carers' and 'Recognition, Prevention and Treatment of Abuse of Older Women' also distinguish risk factors relevant for victims and for perpetrators.

#### **Risk factors relevant for victims of abuse:**

- Increasing dependency on care or on financial, physical or emotional support.
- Health problems; physical or mental deterioration, cognitive diseases, dementia, incontinence, drug and alcohol abuse, disability or restraints in everyday life functioning, i.e. a learning disability, sight, hearing or physical disability. Greater fragility,
- Social isolation, absence of a support network.
- Reduction of mobility
- Lack of information and little access to support services
- Personality traits, such as age and gender, but also helplessness or low self-esteem. Older age: some respondents report more cases of abuse among people aged 80 years and over in comparison to people aged 65 years. A lot of respondents state that more women than men are victims of elder abuse (and not only because there are more older women; see below under explanations).

#### **Risk factors relevant for the offender / abuser / perpetrator**

- Personal problems, such as alcoholism, drug abuse or addiction; aggressive personality traits, psychotic, anxiety, depression, problems at work (stress or unsatisfying work) or unemployment, financial problems
- Overburden of carers, stress or overload. Especially older caregivers in a long-term-caring-situation where they have poorer physical and mental health, experience stress at an earlier stage.
- Lack of resource or (emotional) support
- Lack of skills or ignorance, less education
- Social exclusion
- Gender (power and control over women, male aggression)

#### **Risk factors in the family-system or relationship**

- Mutual dependency. "It is characteristic that in nearly all cases the perpetrator and victim are very closely related. They are often emotionally and family historically closely connected to each other and somehow dependent on each other (Durstberger, 2006, p. 112)."
- Burden of home caring situations or dysfunctional family relationships
- Financial problems in the family.

- Family history of violence.

### **Risk factors at institutional level**

“Risk factors in the field of care include cutbacks, less staff, poor quality and less time per case.”  
(Dutch president of a NGO)

- Services are not widely accessible for older people.
- Lack of awareness and lack of expertise and knowledge. An Italian researcher states: “lack of an adequate number of care workers, especially if they do not have appropriate training, underpaid or burnt-out.” A Dutch social worker states: “I think that the caseload for professionals and carers is part of the problem. Care has been reduced to the bare necessities and ‘finding time to’ is a thing of the past.”
- Insufficient financial means, insufficient facilities and/or inadequate care and housing for older people. “Significant role play finances. In institutional setting there is lack of finances, staff is not paid enough – therefore there is low qualifications.” (a Czech lawyer).

### **Risk factors at the social, society level**

- Insufficient financial means and/or facilities, due to national policy. A Dutch social worker states: “Current crisis is a risk. Economic crisis leads to redundancy, debts. These are risk factors for elder abuse.”
- Less / no respect and dignity for older people. A Dutch project leader states: “Senior citizens are expensive, difficult, demanding; the image is a negative one. Wisdom and life experiences are no longer earning respect for older people.” A Polish social worker states: “Unproductive persons have no rights to use social goods, public finances, and have no right for protection.”
- Individualism.
- No formal recognition or legal definition of elder abuse. “In Greece, elder violence is still considered an issue that belongs to the “private sphere”, due to the inefficiency of police forces, to the lack of provisions and the unwillingness of Greek courts to make further than imposing light sentences on perpetrators. The fear, the shame, the traditional social perceptions for the family, the lack of knowledge for the rights of older people regarding the problem, keeps the problem ‘silent’.” (a Greek researcher)
- Growing aging population
- Intergenerational gap
- Increasingly harder living conditions, higher unemployment, and housing difficulties.

#### *5.3.5 Protective factors*

Protective factors are often perceived as the opposite of risk factors, however many protective factors are the building blocks for preventive actions.

### **Protective factors relevant for victims**

Protective measures often relate to supporting older people to be more assertive, informing them of their rights and stimulating / supporting them to have a larger social network. A social worker from Slovenia states: “Increase the power of older people, their information and awareness concerning their own rights, possibilities of choice, violence identification and helping them to receive appropriate assistance e.g. provide them with counseling in cases of distress, violence, conflicts in a home environment, enable them to participate in self-help groups, offer them training etc. Plenipotence is the main factor of protection in case of violence against older people.”

### **Protective factors relevant for offenders**

Reducing factors related to stress and increasing the provision of proper care to ease the burden of caregiving for family members was seen as being helpful. Also there is a need for high quality care for adult children with social problems (e.g. drugs and alcohol dependence or mental health problems).

### **Protective factors relevant for family-systems**

For caregivers: information, supervision and the ability to take time out. It is very important for care givers to regularly get away from burdening and demanding day-to-day situations. (Hörl & Spannring, 2001, p. 328). Also the provision of formal (community) care to support the person in their role as family caregiver.

### **Protective factors relevant for institutions**

An Austrian representative of an NGO states “In institutional settings: adequate human resources, well-done stress-management, burn-out prevention programmes, implementation of “Whistle-Blower” programmes.” And a Dutch policy consultant mentions: “Protection through caring for older people in a structural, formalized manner. Really looking at older persons and asking them how they feel. This is much more effective than formulating harsh policies, and dictating legal regulations.” “Protection is being sensitive to signals and being open and able to talk about it, care workers and care receivers alike. Protection is having the necessary skills to recognize and discuss (risk of) abuse and/or to intervene adequately.” (Dutch social worker).

“Developing facilities like a Safe House in The Hague or providing facilities to temporarily release carers from their burden. Protection is that professionals are educated.” (Dutch consultant). One respondent from Slovenia also emphasizes the importance of facilities: “Some associations (e.g. in Ljubljana) established counseling services for older people, they opened daily centers for older people and developed social networks as important factors protecting of older people. Some nursing homes for older people established self-help groups for external members and to encourage different forms of social activities. This is also a factor of protection against social exclusion and violence. The SOS-Telephone Association for women and children – victims of violence – has trained counselors since 2003 to provide psychosocial help to older people, victims of violence, especially older women.” (Slovenian social worker). “Knowledge and skills of „first contact” professions to recognize abuse and

help people who are threatened. Appropriate procedures applied in cases where there is a suspicion of elder abuse.” (Polish social worker).

### **Protective factors relevant for society**

- Awareness: “By raising the awareness of the public as well as by developing counseling approaches and practices for older people who are victims of violence.” (Slovenian social worker). “To date the Irish response to elder abuse has been to increase public awareness and provide limited individual support. However there is an underlying debate between those who prefer a community development approach as recommended in the early reports and those who believe that a more legalistic interventionist approach is required.” (Irish researcher).
- More respect and increasing social inclusion of older people: “acceptance and approval of older people.” (Austrian manager). “Respect for elders as they are people who „lived through”, who „are experienced”, who are authorities and have wisdom. Presenting old age in media (especially in tv series and women’s magazines) as valuable and old people as “productive” for other social groups.” (Polish social worker). NGOs campaign for a positive image of older people, referring to older people as an important resource for society.
- Formal acts and legislation: “Protection is also provided through legal measures like restraining orders, reporting duties, leadership, mentoring. In criminal law it is stated that a crime (and the punishment) is more serious if the victim is a vulnerable person or group.” (Dutch consultant). “This field mostly concentrates on the protection of human rights; concrete issues of abuse is a theme which is addressed very little in society.” (Slovakian social worker).

“Unfortunately risk factors are supported by „free market”, predacious business. Protective factors are supported by NGOs, social movements and defenders of human rights (Polish social worker).

### **Conclusion**

Respondents in this research mentioned a lot of risk and protective factors. We have categorized them in 5 levels: victim, offender, family-system, institution and society. The factors gives us more insight in situations where elder abuse occurs and it offers opportunities for preventing and tackling this problem.

#### *5.3.6 Intentional and unintentional abuse*

For many respondents in our research it was not easy to make a clear distinction between intentional and unintentional abuse, was seen as a “very complicated to distinguish”. A complex phenomenon not easy to asses.

The distinction between intentional and unintentional abuse is often based on the extent of recognition; in particular the recognition of different forms of elder abuse and the use of alternative terminology. Most respondents in Austria, Czech Republic and Poland and some respondents in

Ireland and Italy refer to the extent of recognition: “intentional abuse is often recognized as abuse. Abuse without intent is much more difficult to recognize.” (Austrian project leader)  
Some terms are easier for people to accept, make it sound friendlier, which allows people to be more understanding of the abuse.

### **Unintentional abuse: forms**

Unintended abuse is connected mostly to neglect. This form of abuse is tolerated a bit more. A social worker from the Czech Republic states: “Unintentional elder abuse is labelled as ‘omission of care’, ‘harm from negligence’ (meaning that the harm was not intentional) and is not recognized as elder abuse. I suppose that unintentional elder abuse is thought to be fairly innocent and much more tolerated.”

A policy maker from Slovenia makes a distinction between direct and indirect violence and explains: “Direct forms of violence include all direct forms of violence that a person is subject to (taking money, blackmail, verbal violence etc.); indirect forms of violence include neglect of an older person or provision of undue care due to systemic factors (lack of places in nursing homes for older people, insufficient number of home care nurses, long waiting lists for medical checkups, insufficiently informed people etc.)”.

One respondent in Poland distinguished “hot abuse – committed under the influence of emotions - and cold abuse – resulting from calculations, a deliberate aims of offenders.”(president of an NGO).

A Greek representative of an NGO used the term passive abuse because it is unintentional. When it is intentionally, “the abusers take advantage of the trust that they gain through family bonds, friendship or through a paid caring role, and they exploit it.”

### **Unintentional abuse: causes**

A large number of respondents from all participating countries discuss the background to abuse. For example a Greek representative of an NGO states: “Distinguishing intentional and unintentional abuse is the path to understand the reasons why elder mistreatment occurs.”

In some countries different terminology is used, which can explicitly be traced back to the underlying cause. For example, the term ‘derailed care’ is quite common in The Netherlands and clearly refers to the underlying cause of the abuse: “Too much strain on volunteer carers and overburdened professional carers in inpatient institutes.” With unintentional abuse there are actually two victims, because both are in need of help.

Unintentional abuse is often (thought to be) caused by a lack of knowledge, competence, ability, effort or resources at the part of the care worker. He or she is not capable of managing the situation. A Greek researcher: “Intentional abuse requires a conscious and deliberate attempt to inflict harm or injury such as battering, whereas unintentional abuse occurs when an “inadvertent action” results in harm to the elder individually and usually results in harm from caregiver ignorance, inexperience, lack of ability or desire to provide proper care.” A representative of an NGO from Austria: “Most of the different forms of abuse are done in an unintentional way because of a lack of reflection, sensitisation,

and relief (in the private area). It is also a problem of thoughtlessness, stress and of the lack of resources. This would make unintentional abuse a side effect which was not considered but also a consequence of excessive demands.”

These findings correspond with reasons of abusive constellations, mentioned in the Austrian report ‘Breaking the Taboo’. “Based on a long research in this field Görger (2006) has categorized three main types of constellations with regard to intention or no intention to abuse.

- Type 1: There is no intention to harm the older person. Reasons can be: family carers are not willing to take supporting offers, or burden and stress caused by the care situation. Following forms of violence mainly occur: neglect based on lack of information (care givers intent to do the best for their relatives), or physical abuse because of the perspective to protect older person of self harm and danger (limitation of movement).
- Type 2: There is a situational intention to harm the older person. The difference to type 1: there is an intention or motivation to hurt and abuse the older person, it is developed with the situation and stops after the situation is over (e.g. in the context of older people with dementia). Following forms of violence mainly occur: caused by situational emotions of anger physical abuse can take place, or in an argument provocation and hurt lead to emotional abuse.
- Type 3: There is an overall (more than situational) intention to harm the older person. This type can have various reasons, such as long-term conflicts, perpetrators control circumstances to induce abusive situations, etc.”

In addition, in some countries unintentional abuse is seen as a result of incapability of managing the situation by professional institutions and sometimes also due to a lack of support from social services. A president of a Slovenian NGO mentioned “mistreatment because of lack of staff and so on”. The Slovakian respondents were also quite clear about the social and societal backgrounds of abuse: “Unintentional – system humiliation – is understood as suffering caused by social norms, institutions, process, and often directly by system which was created to help and protect the vulnerable people.” (researcher from Slovakia). A president of an NGO from Poland mentions that intentional abuse is *deliberately* oriented at one concrete person, and that unintentional abuse affects the entire 50+ population, because of the marginal position of older people in society.

A number of Italian respondents emphasized the role of the ‘badante’<sup>18</sup>: “We think that live-in home helpers are a risk group, since they often take out their frustrations about the lack of social and economic acknowledgment of their job on older family members. It should be noted that they are far from their country of origin and their families. When dealing with this issue, it is important to raise awareness on how hard care work is and how important care workers are to answer the needs of non dependent older people.” (a researcher in Italy).

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<sup>18</sup> A so called ‘badante’ is a caregiver employed by the family to stay with the elder person. Those personal assistants are mostly migrant women, not trained for the job, working irregularly and in co-habitation with the elderly.

Nonetheless, all respondents in our research agreed that the abuse, for whatever reason it occurs, is not acceptable. Regardless of the circumstances, actions should be taken to end all abuse. The older victims should not suffer any (more) harm. After all: whether abuse is intentional or not the effect on the older person can have the same negative affect. In general: abuse is abuse, it leads to physical, mental and social harm!

## **Conclusion**

The distinction between intentional and unintentional abuse is not always easy to make. It depends mainly on the recognition of the problem. Unintentional abuse is seen as a result of incapability of handling a difficult situation. Respondents agree that unintentional abuse is much easier to understand, but they also agree that the abuse is not acceptable for whatever reason it occurs.

### *5.3.7 Settings in which elder abuse takes place*

Nearly all respondents answered the question 'In which settings does elder abuse occur?' with: 'in all settings' or 'in every realm', and in 'public and private sphere'. In addition some respondents mention that elder abuse occurs in all social strata, rich and poor alike. This corresponds with the findings of Eastman (1985, p. 61); Hörl & Spannring (2001, p. 323). "Abuse against older people who are in need of care is – compared to abuse in other contexts – not a question of social stratum". Almost half of respondents mention that elder abuse mostly occurs within the family setting, at home more often than in institutions. Only a small proportion felt that it was the other way round.

Specific settings mentioned are:

- Domestic or home settings
- Institutional settings for older people, such as nursing homes, day centres , institutional care and housing, residential homes, social care institutions.
- Health institutions, such as hospitals, medical centres, primary health care centres, home care services, departments of care in social institutions, psychiatric hospitals and health services (ambulances).
- Forms of institutional home assistance
- Pensioners` associations and other NGOs
- In handling personal matters with institutions and services in the local community (municipality, banks, administrative unit, tax authorities, sellers, commercials, taxi drivers)
- In everyday life (attacks on older people, thievery, abuses of their trust)
- Even prison.

Some respondents explain that elder abuse is more frequent in situations where a trusting relationship exists (for example, relatives, neighbours and friends), in situations where the elder is more dependent and more vulnerable, where there is less social contacts and less social control. A social worker from

Slovenia states: “Older people suffer the most violence in intimate and interpersonal relationships within family or nursing homes. In places where they live, in places they consider their home, in places where they depend upon others – within the circle of close interpersonal relationships.”

Only one or two respondents mention that “there are few statistics of institutional abuse. It is probably severely under reported and under recognised in nursing/rest homes” (an Irish health care worker). According to a Greek social worker: “maltreatment can also occur in residential care units by staff, nurses and other employees.”

Two Polish researchers mentioned that there are indications that elder abuse occurs more often in rural than in urban settings. They explain: “In rural areas there are difficult material and living conditions, there are more alcohol problems in the family. In rural settings elders the most often lived in multigenerational households. This situation makes family argue and display aggressive behaviour towards senior citizens more probable.” Greek respondents, on the other hand, remarked that elder abuse is more common in urban settings: “The phenomenon of senior abuse is more common in larger cities where relations are more likely to be impersonal as well as among the low-income families.” (a representative of an NGO).

## **Conclusion**

Most of the experts in this research agree that elder abuse can occur in all settings, in public spheres as well in private spheres, and in all social strata.

### *5.3.8 Relationships between victim and offender*

It is very clear that all respondents include every possible relationship. According to an Austrian NGO project leader: “There are no relationships where you can exclude violence.” Most respondents mentioned the dependency of the victim on the offender: most often the abuser is a caregiver, private or professional. As an Irish social worker mentions: “The key is “expectation of trust” in the relationship.” Or as a Greek researcher states: “Perpetrators of elder abuse can include anyone in a position of trust, control or authority.” These responses support findings by Durstberger, who states: “It is characteristic that in nearly all cases a very tight relationship between perpetrator and victim exists. They are often emotionally and family historically closely connected to each other and somehow dependent on each other.” (Durstberger, 2006, p. 112).

Only a few respondents, from Greece, Ireland, Italy, Slovenia and Poland, mentioned the possibility that the offender is a stranger. An Irish policy officer states: “The definition of abuse adapted in Ireland does not include abuse by strangers”. But in some countries, in Greece for example, “there are cases in which the abuser is a total stranger but this occurs when the elder person becomes a victim of robbery.”

Many relationships between victim and offender are mentioned in the data. Distinction can be made on several levels. First of all, there is a distinction between family relationships and professional relations. The offender can also be a friend or a neighbour. The group of professionals mention a division between those working in home settings or in institutions. According to a Czech social worker: “It could be a long term – professional – relationship (staff nurse, carer, social worker) or it could be a once-off professional relationship (doctor).” Offenders can be a paid or volunteer care worker.

Relationships that were specifically mentioned:

- Family: partner, husband, wife, child, daughter, son, grandchild, partners of children and grandchildren, brothers and sisters, nephews, siblings (living together in old age).
- People from the neighbourhood displaying aggressive behaviour: friends, neighbours, volunteer caregivers living with the elder person salesman, handyman and older people suffering from dementia or (minor) brain damage.
- Professionals or formal carers: home nurse, social worker, paid caregiver who live with the older person, care worker, health worker in hospitals, medical centres, employees in residential care units or services for outpatients, medical doctors, care workers in institutions, solicitors, lawyers, accountants, representatives of state or local governmental institutions.

In Italy, it was mentioned that incidences can occur with the “badante”, a caregiver employed by the family to stay with the older person. These “personal assistants are mostly migrant women, not trained for the job, employed directly by families, working irregularly and in co-habitation with the older person(s). Lacking specific training; she can also have language difficulties and problems in understanding culture habits of older people. It is therefore really important, in order to prevent this kind of abuse, to train the worker and to help her to be included in the social context.” (representative of an NGO).

In addition, it is important to mention that often victims are not only dependent on offenders, but vice versa as well: mutual dependency, or ‘co-dependency’. (See also the part on risk factors).

## **Conclusion**

Nearly all respondents in this research agree that elder abuse can occur in every possible relationship. Offenders can be family, professionals, friends or people from the neighbourhood. The key is an expectation of trust in the relationship.

## **Overall conclusion context of elder abuse**

Elder abuse is a multi-layered problem that can not be appreciated outside of its context. When thinking of elder abuse, we should think of how the problem is perceived on a societal level, what specific abuse a victim is suffering and what factors (for offenders, for victims and in the surrounding) led to the abuse.

## 5.4 Actors and Activities

### 5.4.1 Introduction

The last question in our questionnaire was “How is elder abuse prevented / addressed in your country? Specifically, which actors are actively engaged with the issue of elder abuse and how are they active/ What do they do?”

Below we describe some important actors at a national level and regional/local levels. We also give some examples of activities. In the national backgrounds we will give specific information by country on organisations and their activities on how they address issues relating to elder abuse.

It was found that the phenomenon of elder abuse is an issue of low priority for national and local authorities in participating countries. It is still a delicate and sensitive subject and little recognised. In none of the countries had coordinated responses to preventing elder abuse or any nation-wide approach to prevention. Nevertheless in all countries there are organisations and professionals dealing with increasing public awareness and providing individual support.

### 5.4.2 National level

In nearly all countries respondents mentioned that the responsibility for addressing elder abuse at a national level is that of government ministries/departments e.g. Ministry human rights, Ministry of Health, Ministry of Justice, Ministry of social affairs, General secretariat for Gender Equality. In some countries ministries finance initiatives and projects (e.g. Breaking the Taboo in Austria, Protecting our Future in Ireland, Implementation STOP elder abuse in The Netherlands), in some cases they try to raise awareness of the subject and sometimes they are very engaged in specific projects.

The Slovenian Ministry of Family, Labour and Social Affairs plans a campaign to increase awareness and provide people and professional staff from this field with information.

In Ireland the Department of Health and Children is responsible for developing policy on elder abuse and the Health Service Executive has a responsibility to provide health and social care to all citizens.. Also COSC, the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence is a dedicated Government office with the key responsibility to ensure the delivery of a well coordinated ‘whole of Government’ response to domestic, sexual and gender-based violence against women and men, including older people.

In every country there is one or more NGO(s) at a national level who is addressing the issue of elder abuse, especially age-related NGOs, NGOs dealing with the protection of human rights and NGOs concerning domestic violence. In the Czech Republic, Ireland, Poland and Slovakia there is a

Commissioner for Civil Rights Protection (Ombudsman) providing protection and help in general. However, they are not specifically responsible for dealing with cases of elder abuse. In the Czech Republic, Italy, The Netherlands, Poland, Slovenia and Portugal there is a national telephone help line. None of these actors are only dealing with the problem of elder abuse.

There are only a few researchers working on the topic of elder abuse and limited funding for research exists in Austria, Italy, Ireland, The Netherlands and Portugal.

At a national level there are no identified institutional actors working in the field of elder abuse.

However in Ireland there is a dedicated elder abuse service within the Health Service Executive which investigates and responds to alleged cases of elder abuse.

#### *5.4.3 Regional and local level*

Often the most actively engaged organisations in addressing elder abuse are the regional and local NGOs, mainly pensioners' organizations, social work centres, organisations dealing with domestic violence and the police. Other actors are the public prosecutor, home care services, caregivers, volunteers - who are in direct contact with older people, health service centres, centres for prevention of alcohol related problems, crisis intervention centers, shelters for domestic violence and more general information centres.

#### *5.4.4 Activities*

In all participating countries there have been awareness campaigns, often carried out at local or regional level. In many countries NGOs and social services provide information and education by publishing information leaflets, brochures, hosting congresses and meetings, providing advanced education, training and advise. In all countries there are professional workers who are supporting victims of abuse.

Examples of activities in all countries:

In 2008, in **Austria** the city of Graz (Styria) initiated a congress under the motto "Violence – a challenge – Chances of networking for preventing abuse" – this was an important contribution for the improvement of working together (NGOs and political policy makers) in the field of elder abuse. In Vienna there is a working group 'Domestic violence against older women'. A first step was an information leaflet for participating institutions. Four meetings were held each year and difficult cases of abuse were stated and solutions sought. During the last years elder abuse awareness raising and networking between groups and organisations commenced; relevant for institutions at a local level.

In the **Czech Republic** the NGO Bily kruh bezpeci [White Circle of Safety] provides crime victims and witnesses with professional, free of charge, confidential support including moral and emotional support.

'Intervention Centres' founded by state are in every region of the Czech Republic. They are dedicated to providing help to domestic violence victims (domestic violence towards older people are cases too). An Ombudsman provides protection and help in discrimination cases, focusing on institutional settings and can initiate legislation changes.

'Quality standards of social services' reduce neglect, mistreatment or even abuse. NGO ZIVOT 90 addresses elder abuse by providing social work, counselling, a senior-help-line focusing on elder abuse and have launched a media campaigns against elder abuse.

In **Greece** there have been public initiatives to protect older people and to minimize elder abuse. These initiatives have resulted in centres and projects through the cooperation of local authorities and NGOs. For example:

a) KAPI, Open Care Community Centres. These centres provide older people with medical care, psychological support and social integration. The elderly protection department of the Ministry of Health and Social Solidarity with the assistance of the Volunteer's association established the first KAPI in 1979 and since then several others were followed (in Athens and cities across Greece). The aim is to prevent the biological, psychological, social problems and help older people to remain active in society. At a regional level there have been initiatives to improve contact school going children have with older people who are members of local KAPI's.

b) KIFI, Day Care Centres for Older People. KIFI is another public initiative to provide nursing care and to avoid social exclusion. These centres in several areas in Athens and cities across Greece are for older people who are not fully independent and their families are not available to provide care or have economical and social problems.

c) Friendship Clubs. Friendship clubs are centres for social gathering for older people in order to meet their peers; people aged over 60 gather and exchange views, opinions and ideas; they pass their free time creatively, organize daily excursion, artistic activities and others activities. This meeting club was an initiative of the Municipality of Athens and has already has 5000 members.

d) "Provision of Help at Home" run by several local authorities in Athens and cities across Greece. The project started as a pilot in 1998. The programme is targeting vulnerable older people by providing them with nursing assistance, psychological support, medicare, home help, companionship and outside activities.

In **Ireland** the Elder Abuse Service is situated in the Health Service Executive (HSE) which established one National and four Regional Steering Committees to oversee the implementation of policies on elder abuse. The National Steering Committee oversees and ensures a nationally consistent approach in the provision of elder abuse services by the HSE in relation to its detection, reporting and response. There is ongoing communication between the National Elder Abuse Steering Committee and the Regional Steering Groups and the chairs of the Regional Groups are all members of the National Elder Abuse Steering Committee. The HSE is responsible for service delivery and are increasing involved in policy development around elder abuse. The HSE also is involved in prevention through training programmes, media campaigns and through organizing events for World Elder Abuse

Awareness Day. The HSE National and Regional Steering Committees are multi-disciplined and include representatives from the Department of Social and Family Affairs, the Legal Profession, NGOs, Garda Síochána (Irish Police force), COSC, health workers, private nursing home sector and others (bankers federation, voluntary organizations, older people themselves are represented through Age Action). Also the recently launched National Centre on the Protection of Older People is funded to undertake research on elder abuse. There are also 29 elder abuse case workers who work from local health officers and are responsible for investigating alleged cases of elder abuse. NGO's in the ageing sector also provide support to older people through the provision of information services, advocacy, a senior's helpline and awareness raising.

In **Italy**, Milan has a "Helpline for abused older people" which was established in 2000. This is a listening service for victims of mistreatments. In Turin the public prosecutor office has decided to initiate a specialized section in protection of "weakest parts"? It is a Section comprised of specialised policemen, public prosecutors and three social workers. These social workers cooperate with the police and the Public Prosecutor Office, especially in guardianship proceedings. Another respondent mentioned the role of the "support administrator". This is a kind of guardian, whose powers in relation to older people are limited to acts indicated by court measure. There is potential for the SA to be consider as a measure to prevent elder abuse and to support older people as they are usually appointed to people who lack decision making capacity, with the aim of supporting them in managing their money, making decisions concerning their health and care etc. The municipality of Turin has also instituted a service called "Help for elder abuse victims" in financial institutions such as banks. This awareness raising and training on financial abuse. . Some municipalities are running pilot projects, for example "social caretakers"; the DIADE project which is an action research carried out in Reggio Emilia Province about violent actions perpetrated and suffered by migrant live-in caregivers.

In **The Netherlands** there are advisory and support centres for domestic violence across the whole country. These centres are accessible to the general public and for professionals; some of them have a lot of expertise in elder abuse; others have less. Everyone can report elder abuse and social workers give advice and support and arrange appropriate service and help; sometimes they coordinate professional consultation networks on elder abuse. These 'special social workers on elder abuse' work within guidelines and protocols. The National Platform Combating Elder Abuse has an national ambassador and collaborates with others e.g. MOVISIE and Vilans on the project 'Implementation STOP elder abuse', raising awareness and prevention in institutional care, providing information through a website, leaflets, factsheets and the provision of education and training for professionals.

In **Poland** in 1998 the police introduced intervention procedures concerning domestic violence called „Niebieska Karta” (Blue Card). This procedure is not exclusively to tackle elder abuse, it is aimed at the prevention of domestic violence. According to the Act on counteraction of violence and the procedure of Niebieska Karta, there is specialized service and procedures concerning dealing with

abuse. Social workers use community family interviews in their investigations as a way to recognize personal, family, income and material situations. In case of recognizing domestic violence social worker fill in a form called a "Pomoc Społeczna – Niebieska Karta" [Social Services – Blue Card], which becomes an attachment for a community interview with the relevant family. When domestic violence is suspected a whole chain of supportive actions begin Social workers receive these referrals from other professionals, most often the police.

Teams then support victims of abuse These teams consist of police officers, social workers, psychologists, probation officers and representatives of NGOs working in the area.

In Wroclaw the Center for Information and Social Development has recently started a campaign against senior abuse.

In **Slovenia** the SOS-Telephone Association offers amongst other services, a psychosocial counsel for older people, victims of violence. They have undertaken actions in the media, campaigns and training. They have a website, provide information materials, brochures; education to the wider public and to professional, raising awareness and informing professional and wider public on problems related to violence. Besides the telephone line they provide a shelter for women and children and older female victims of violence and they offer an accompanying self-help programme. Volunteers in the project "The Elderly for Higher Quality of Life at Home" (the Slovenian Federation of Pensioners` Organisations) visit older people at home; they open every door where older people live and they establish contact with them.

Regulations in the Domestic Violence Prevention Act describe the function of social work centres, multidisciplinary teams and regional offices in tackling domestic violence and in taking action and protecting older people in cases of interpersonal domestic violence. The main guidelines include proactive professional conduct and cooperation among institutions as well as a coordinating role of SWC in providing assistance, security and in eliminating causes leading to domestic violence. The regulations describe the composition of a MDT, procedures for the convening of meetings, response obligations, assignments and deadlines, and importantly, victim participation in developing an appropriate plan of assistance.

In **Slovakia** a few organisations deal with the protection of older people:

- a) Slovak National Centre for Human Rights deals with issue of protection of older people`s rights, monitoring problems, publish national reports, provide advice and representation in legal process, submit proposals to change legislation.
- b) Ombudsman provide protection and help, initiating and accepting legislation for the protection of rights.
- c) Self-governments – solving concrete cases at a local level.
- d) NGOs monitor the problem and provide help and protection, advice and prevention, research, help at a regional level.
- e) Fórum pre pomoc starším is a national network and deals with this issue at national level.

In **Portugal** there is the Association and Victim Support (APAV); it is a private institution of social solidarity, which aims to promote and contribute to information, protection and support to citizen's who are victims of crime. The third National Plan against Domestic Violence (2007-2010) - aims to consolidate the policy of preventing and combating domestic violence by promoting a culture of citizenship and equality, the strengthening of information campaigns and training, and support and care to victims from a principle of reintegration and autonomy. It is intended to cover all victims of domestic violence. Awareness campaigns of the Third Plan point to the importance of domestic violence and not focus on violence against older people. In Portugal, the subject of political awareness to the issue of domestic violence has been very focused on gender violence and homosexual and less so on older people.

In many countries there are public awareness campaigns especially focussed on gender violence or child abuse with much less focus on older people. When domestic violence is discussed, it is usually considered from the perspective of children or women as victims of abuse. The issue of domestic elder abuse e.g. abuse from children is omitted. No strategy on actions exist which would prevent elder abuse.

### **Conclusion**

To prevent elder abuse effectively, measures should be put in place that are adaptable to the cultural, societal and social situations of the person at risk of becoming a victim or an offender. Broad measures on a metalevel, such as awareness raising and legislative measures, should be put in place to provide a safer environment that is more sensitive to signals of elder abuse. In addition, political awareness is important and respondents agree that much of the responsibility and ability to prevent elder abuse lies with national and international governmental bodies. At the moment most prevention measures take place at the level of NGOs and health care. A policy shift is needed to shed light on those forms of elder abuse that take place outside (both the formal and informal) care setting and firm measures like legislation and governmental attention should be put into place in addition to the measures that are already available in 'the field'.

## 6 Conclusions and discussion

This Background and Position Paper contains a lot of relevant information about the way elder abuse is perceived, recognized and addressed in 11 European countries, especially in the 9 project-participating countries. The content of this paper gives a better understanding of elder abuse on a European level. This paper shows the *complexity of the problem*. It makes clear that there are many ways in which elder abuse can be perceived and addressed.

### *Human rights issue*

Elder abuse is a human rights issue. The present research shows that the many consequences of elder abuse prevent older people from *living a life of dignity and independence, and participating in social and cultural life*, which is one of the fundamental human rights according to Article 25 of the Charter of Fundamental Rights of the EU. Factors like ageism and age discrimination provide a context and climate that stimulate elder abuse. They should, therefore, be addressed in policy and prevention measures, such as awareness raising campaigns to promote a positive image of ageing and rules alongside regulations that do not allow ageism and age discrimination.

### *Cultural aspects*

In all parts of this Background and Discussion Paper it was evident that there are cultural differences in the appreciation, recognition, setting and prevention strategies towards elder abuse. These cultural differences also lead back to the general image of older people in different societies. How elder abuse is perceived and how the image of older people in certain cultural contexts is understood is important when providing information that is culturally sensitive.. It also helps to understand cultural differences within a multicultural society, for instance societies that include migrants and ethnic minorities.

The present research has shown that in all participating Member States there is, at least to some degree, a negative image of ageing which interviewed experts agree has created a climate that allows elder abuse to occur. Returning to ageism and age discrimination is particularly important to ensure that the negative image of old age in Member States is altered in a positive way to promote a more age friendly environment/society.

### *Definition and recognition*

None of the participating countries had a full nationwide recognition of elder abuse. Nearly all experts confirm that it is still a *great taboo and a hidden phenomenon*. It is under reported and in many countries there is no, or very limited, data available on elder abuse and neglect. The present study has also shown that there are difficulties with defining elder abuse. Indeed, the words 'elder abuse' are possibly creating a difficulty. It is difficult to promote the recognition of a term that presents the in an almost black and white fashion, not in the least with older people themselves. Definitions also vary

from country to country and might even depend on the context or form of elder abuse. It is therefore suggested that more research is needed to define indicators of elder abuse that might serve, alongside previous research, as a basis for formulating an integrative definition for elder abuse.

From this Background & Position Paper we can derive some *factors that can contribute to the recognition of elder abuse* in a country.

- None of the participating countries has specific legislation on elder abuse and neglect, but in all countries there is some legislation on domestic violence. Several experts think that more legislation specifically on elder abuse will contribute to its prevention.
- In some countries there is more or less a national accepted definition on elder abuse, mostly referring to the definition of the WHO; in other countries there is no nationally accepted definition. Our research gives some indication that a nationally accepted definition will contribute to more general recognition of elder abuse and neglect. This also counts for the labelling and categorizing of the different forms of elder abuse. A uniform and internationally accepted categorisation can be a basis for addressing the problem.
- Findings show that the intentional acts of elder abuse are easier to recognize and; it is more obvious and mainly linked with physical or financial abuse. It is more difficult to recognize abuse or neglect when it is unintentional. Several experts state that there is a lot to gain in diminishing elder abuse and neglect with prevention measures in relation to unintentional abuse such as training, respite care, or counselling.
- The terms people use are also important with regard to recognition of elder abuse: some descriptions are easier to accept, allowing people to better comprehend what is meant by 'abuse'. Nonetheless, all experts agree that the abuse is unacceptable, for whatever reason it occurs, or indeed what term is used. It is felt that using different names/terms could be a strategic way to break the taboo and the silence that surround the issue.
- Conducting studies on the phenomenon contributes to the recognition of elder abuse.
- Media campaigns have also contributed to greater recognition of elder abuse.

### *Risk factors and prevention*

This paper discusses many of the risk and protective factors for elder abuse and neglect. These are in a sense generalisations as only in individual cases can one point out the specific risk or protective factors. Experts are convinced that there is no single factor which leads directly to elder abuse, or prevents elder abuse altogether. Nonetheless these factors give a great deal of insight into situations where elder abuse may occur. When professionals and volunteers, who are working with older people are familiar with these factors they are better equipped to prevent and tackle abuse. The list below of suggested risk and protective factors also offers opportunity for policy makers and responsible organisations to take measures to address abuse. A small selection of measures that might help prevent elder abuse include:

- Campaigns to promote a positive image of old age and older people
- Legislation on elder abuse
- More research to provide corroborative data to make to increase its visibility
- Gathering and disseminating information about elder abuse and neglect whilst engaging with advocacy groups and older people themselves
- Empowering older people to make themselves less vulnerable
- Training of professionals to see the risk factors and recognition of the signs of different forms of elder abuse
- Counselling care providers, carers
- Support to social and health care workers and organisations
- Good quality health care for vulnerable older people.

#### *Under exposed areas of (the prevention of) elder abuse*

It has already been described that elder abuse as a whole needs more attention and research, but also within the topic of elder abuse there are some areas that specifically seem to be under exposed. Most information on elder abuse seems to come from research and data reports within the care setting. Also, most measures for the prevention and tackling of elder abuse are targetted at some form of care, for instance the training of professionals and methods to promote good health care. When looking at elder abuse from a juridical angle, hardly any protection measures seem to be in place. None of the countries that participated in this research has specific legislation dealing with elder abuse, apart from one small subparagraph in Slovenian legislation on domestic violence. Elder abuse on a juridical level is not being recognized as a particular topic of interest, despite the fact many organizations and researches have pointed out that elder abuse is often triggered by the specific vulnerabilities of those in old age. As long as governments think of elder abuse as a problem that only happens within care settings, then this in itself will help to keep certain forms of abuse behind closed doors. Elder abuse is a serious problem that asks to be addressed with serious measures.

#### *Next steps in the project*

Some of these measures can be taken at a European level (eg campaigns or voluntary legislative measures), others on a national level or on a regional/local level. Most of the measures need further development. We have gathered some examples of relevant preventive activities and in the future we will invite other experts and organisations to exchange information, knowledge and experiences on the prevention of elder abuse. They will be able to contribute and submit information on the website [www.preventelderabuse.eu](http://www.preventelderabuse.eu)

The next step in the EuROPEAN project will be to gather more information on the prevention of elder abuse with the help of these experts (some of who have already cooperated with us on this

Background and Position Paper). We will compare information on prevention measures cross-nationally and place them in the context of cultural and situational differences. Following on from this a Reference Framework of effective practices will be created to aid in the prevention of elder abuse in different stages and (cultural) situations. This framework can be used by Member States to make their policy against elder abuse more effective. The Reference Framework will be completed in the second half of 2011. For more information on the EuROPEAN project, elder abuse and the future Reference Framework, please visit: [www.preventelderabuse.eu](http://www.preventelderabuse.eu).

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## 8 Appendix – Questionnaire

### EUROPEAN - QUESTIONNAIRE

#### Preparation of background and position paper on elder abuse in Europe: the need for basic background data from European countries on (prevention of) elder abuse.

Maria van Bavel and Kristin Janssens (MOVISIE), 18th of January 2010.

#### *Introduction*

During the first months of the project EuROPEAN, a background and position paper will be developed which will function as a basis for the other activities in the project. In the next phase of the project, further research will be conducted to get a deep(er) understanding of the policy approaches and frameworks for the prevention of elder abuse in the countries of the partner organizations.

In order to develop and write the background and position paper, relevant information needs to be gathered from the participating countries in the project. We shall do so by collecting the responses to a questionnaire, developed by MOVISIE, one of the partner organizations.

The answers to this questionnaire should give us a deeper insight in the way elder abuse is perceived, recognised, addressed, prevented and tackled within your country. First, we shall start from existing classifications and definitions, compare them with one another and with the definition of the WHO, but do not judge. Further questions in this regard aim to get more insight in what is understood to be elder abuse and what is not; in the prevailing notions and terminology; and to learn more about social and cultural backgrounds and the way elder abuse is perceived, so that subsequent questions during the project can be interpreted and compared correctly.

There are likely to be pioneers who experience resistance and find little adherence in their country. This will make it harder to obtain information. Questions about recognition are meant to assess whether the subject is open for discussion, whether this is likely to change if acted upon, and to gain insight in the extent of existing resistance or commitment.

Often it is hard to obtain figures on the subject, due to different ways of collecting data and doing research, among other things. It shall not be possible to compare all outcomes.

#### *Overview of the questionnaire*

"Elder abuse"		
	<b>Question</b>	<b>Specification</b>
1	What is elder abuse?	Definition(s)
2	Is it recognized?	By whom? research, policy, ngo
3	Which forms?	Forms and signals
4	Intentional / unintentional	Descriptions, concepts
5	Which settings	Living at home / residential home

6	Victim - offender	Relationships
7	Legislation	Legal acts, civil code, penal law
8	Scope	Numbers of occurrence? detailed data / figures
9	Risk factors?	Theories, models
10	How is it typified?	Context
11	Actors? Activities?	Policy, research, practice

### **Procedure**

Partner organizations are responsible for the coordination of this part of the project in their country and to provide the necessary input for the background and position paper.

Partner organizations need to gather information by using this questionnaire. In order to do so, you can ask or interview policymakers, stakeholders, experts, advocacy and interest groups in your country. We would like to obtain relevant information on different levels, so make sure that you interview respondents with expertise on the policy level, experts in research and experts on practice level. Use your network.

In our view, with regard to the time frame and in order to give explanations if necessary, the best way to collect the required information is through (telephone) interviews. But you can also translate the questionnaire and put it on your website for example or spread it otherwise. In this case we advise you to copy only the questions (the first and second column); use the specifications and examples (third column) only for yourself as background information; it assists you during the interview. Please note that the explanations and examples might be too direct or suggestive for the respondents.

Apart from this information collection, we would like each participating organisation to fill out the questionnaire as well.

Because of reliability reasons of this research, take into account that it is necessary for us to know who your respondents are: make notice of (their names), their position, organisation/institute and other relevant background information. Also it is relevant for us to know who has contributed to completing the questionnaire (e.g. more than one person of a particular organization might have contributed). But in the background and position paper respondents will stay anonymous.

Please use one questionnaire for one interview; this can be one person or a group. Download the questionnaire (copy to WORD file) from the website and fill it out on the computer. In the next weeks you will get more detailed information about this procedure, because at this moment it is not clear if it is possible to complete and return the questionnaire through the website.

Partner organizations are responsible for the gathering of the information of the respondents, the gathering of all the completed questionnaires, and return them to MOVISIE. Please collect the information (completed questionnaires) and sent it to MOVISIE in time (before 1.March 2010). You

don't need to send it all at once; if you already have answers from some experts or stakeholders, you can send this/these completed questionnaire(s) to MOVISIE and later on you can send the completed questionnaire(s) from other experts or stakeholders. *But please do not return questionnaires that are not completed fully.*

### **Information about older people in your country**

On behalf of the background and the position paper it is also important to have some information in general about the population, the position of older people in your country, the organization of elderly care, etc.

Shortly, you will receive some questions about this background issues, separate from this questionnaire.

### **Questionnaire**

Questionnaire "Elder Abuse"		
	<b>Question</b>	<b>Specification and examples</b>
1	What is elder abuse?	What is the definition of elder abuse? What does elder abuse mean in your country? Maybe there are more definitions? Can you give some descriptions of notions and concepts?
2	<p>Is the phenomenon elder abuse recognized?</p> <ul style="list-style-type: none"> <li>• Is it labeled /nominated as such?</li> <li>• If not, which reasons/considerations play a role for not labeling/nominating the phenomenon as "elder abuse"?</li> <li>• Who recognizes it?</li> </ul> <p>Please make the following specifications and distinctions:</p> <ul style="list-style-type: none"> <li>• Formally or unofficially?</li> <li>• By Researchers? NGO's? Policy makers?</li> <li>• On which level?</li> </ul>	These questions about recognition are meant to assess whether the subject is open for discussion, whether this is likely to change if acted upon, and to gain insight in the extent of existing resistance or commitment.
3	<p>Which forms of elder abuse can be distinguished in your country?</p> <ul style="list-style-type: none"> <li>• For each form of abuse, please indicate whether the different actors do or do not recognize it as elder abuse.</li> <li>• What are known signals and indicators?</li> </ul>	<p>E.g.: physical abuse, mental abuse, verbal abuse, emotional abuse, neglect, self-neglect, abandonment, violation of rights, sexual abuse, financial extortion.</p> <p>Can you give descriptions of indicators,, expression forms and/or behaviour; e.g. beating, provoking, mistreatment, binding fast, withholding care, taking money, bruises, anxious, nervous</p>

		behaviour, dehydration, back rent.
4	Is a distinction made between intentional and unintentional abuse in your country?	Is it labelled differently? e.g. derelict care. Which descriptions are used? Is intentional abuse approached / treated differently than unintentional abuse?
5	In which settings does elder abuse occurs?	E.g. residential care / nursing homes / older people living independently Formal vs informal care settings
6	Which relationships between victim and offender can be distinguished?	E.g. partner, child, grandchild, friend, neighbour, professional, care worker, stranger
7	Is there any legislation to prevent elder abuse?	Are there any specific laws pertaining elder abuse?  Are there any laws which deal with prevention of elder abuse or under which head prevention of elder abuse can fall, such as: Legal acts, Civil code, Penal law; Laws / Protective measures in care settings.
8	Are there any numbers known on the occurrence of elder abuse?  • If possible, please make a specification of age, gender, living conditions, care settings, relationship victim-offender/perpetrator, etc.	What is the scope of the phenomenon? Are there figures known? Enter all known details (data, figures) on the separate forms of abuse as possible.  Specify data if possible about age, gender, relationship victim-offender/perpetrator, living conditions, care settings, etc
9	Is there any consent on common risk factors and/or protective factors?  • Which underlying theories, clarifying models or theories are available and used?  • Which parties / actors support these theories, explanations?	Can you give information about social, cultural or other specific backgrounds of elder abuse?
10	How is the issue of elder abuse typified?	E.g. a social problem, a political or human rights issue, associated with (health) care, an issue of safety, family or domestic violence, an ethical problem, discrimination. Can you give more information about this context?
11	How is elder abuse addressed in your country?  • How is dealt with prevention of elder abuse? • How is dealt with tackling elder abuse? • Who are addressing elder abuse? • Which actors are actively engaged with the	Which actors are addressing elder abuse in your country? What are their positions/ duties/ assignments? E.g. Researchers, NGO's, Policy makers. Please distinguish between national, regional and local level.

	<p>issue of (prevention and tackling) elder abuse?</p> <p><i>Please distinguish between national, regional and local level.</i></p>	<p>How are they active? What do they do? How do they address the issue? E.g.: by policy, research, practical implementation? What activities? Can you give some examples of preventing and tackling elder abuse?</p>
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