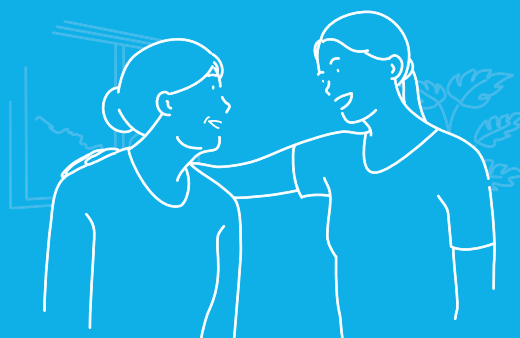


# ISSUE FOCUS

## Elder Abuse and the Rights of Older Persons

ASEM Global Ageing Center





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**AGAC Issue Focus Advisory Group** is a group of experts focused on ageing and the human rights of older persons and provides advice on the themes and topics of Issue Focus and feedback on the volumes. The advisers share their insights and views as well as their regional expertise both in Asia and Europe. Issue Focus addresses the issues and agendas of ageing that are relevant to all ASEM partners.

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# OVERVIEW

## Introduction

Elder abuse is a widespread and well-recognized human rights issue that exists close to our daily lives. According to the World Health Organization (2017), one in six older persons, around 17% of the total older population, is subjected to elder abuse.<sup>1</sup> Elder abuse can take many different forms: physical, emotional, sexual and economic abuse, neglect, abandonment, and other forms of discrimination against older persons. During the COVID-19 pandemic, older people around the world have been exposed to greater risks of elder abuse. In the pandemic era, older people have suffered from an extended period of isolation and limited access to income and health services.

At the same time, elder abuse is an invisible problem. Although an increase in elder abuse is expected during the COVID-19 era, its actual cases are underreported and available data is scarce. Although a lack of quality data on the older population existed prior to COVID-19,<sup>2</sup> data collection of elder abuse cases is even more difficult in the pandemic era, as face-to-face investigation is restricted and older people have limited access to digital devices. This suggests that the COVID-19 pandemic provides us with an important opportunity to reflect on elder abuse seriously and take appropriate action to tackle it.

In this context, we have chosen elder abuse as the theme of the 2021 Spring/Summer Issue of *Issue Focus*. In this issue, we aim to identify the characteristics of elder abuse experienced by ASEM partners, especially in the context of the COVID-19 pandemic. Moreover, we also bring a gender perspective to more fully understand the causes and risk factors of elder abuse. Lastly, we introduce the international society's efforts to raise awareness of elder abuse.



## Elder Abuse in the COVID-19 Era

Elder abuse issues have intensified during the COVID-19 pandemic. Due to lockdowns and social distancing, a large number of older people have experienced social isolation and loneliness, which are both causes and outcomes of elder abuse. Such issues have occurred as face-to-face contact with family, friends, and communities is restricted. Significant changes caused by COVID-19 have also increased the risk of elder abuse in caregiving settings. Caregivers are exposed to accumulated stress, the difficulty of providing appropriate care during the pandemic, and even their own health issues. Such negative situations may increase the risk of inflicting abuse upon older care-receivers. Older care-receivers also face difficulties, forced to remain with perpetrators for a longer period due to lockdowns, experiencing stress caused by a deficiency of financial and emotional support, limited access to information and services.

Moreover, elder abuse has appeared at the social level during the pandemic. The public recognition of widespread age discrimination, attitudes, and even legislative approaches have been detected globally. A number of societies have revealed age discrimination in various ways, such as deprioritizing older people in healthcare settings, neglecting and abandoning older people during the lockdown, and using the term “boomer remover” to describe the vulnerability of older people during the pandemic.<sup>3</sup>

## Current Elder Abuse Issues in ASEM Partners

Elder abuse has been widespread among ASEM partners, and its characteristics have been affected by each country’s environmental and cultural characteristics. Until early 2000, Korean society rarely recognized elder abuse as a social issue since Koreans believed that society had preserved the Confucian culture of respecting older people. However, after facing the unexpectedly high number of elder mistreatment reports, social awareness of elder abuse issues has grown. Based on the Elder Protective Services Agencies’ report, the reported cases of elder mistreatment have increased about 2.6 times from 2005 to 2019, and elder mistreatment in facility settings has increased about 12 times in the same period.<sup>4</sup> The Korean government has made efforts to prevent and protect older people from abuse by revising the Aged Welfare Act and developing Elder Mistreatment Prevention Policies. However, the current legal system has limitations with regard to separating older people from perpetrators and in prohibiting the refusal of investigation.

The recent COVID-19 pandemic has been disproportionately influencing all older people of the ASEM partners. In European countries, older people in residential settings experienced severe impacts of COVID-19. Based on the WHO, 95% of the total deaths caused by COVID-19 in Europe were people aged over 60 and over 50% of deaths were people aged over 80.<sup>5</sup> Moreover, precarious care systems, inadequate or insufficient

policy attention and ageist attitudes are considered as the elder abuse risk factors in the COVID-19 era.

In Bangladesh, abandonment of older parents and financial abuse are considered severe forms of elder abuse during the COVID-19 era. Discrimination against older persons is also considered an important risk factor of elder abuse. Also, vulnerable older people in refugee camps, especially those forcefully displaced Myanmar nationals, experience significant forms of discrimination that result in limited access to proper resources.<sup>6</sup> For the aforementioned countries, proper and relevant political intervention and social attention are the major needs and keys to deal with current elder abuse issues.

## Elder Abuse and Gender Perspective

In order to fully understand the causes and risk factors of elder abuse, diverse perspectives, especially a gender perspective, should be considered. In many cases, older women are subjected to abuse. This may result not only from the longer longevity and outnumbered population compared to men, but also from gender roles and lifelong accumulated discrimination. The nature of power in relationships is also an important factor to be considered from a gender perspective. Lifetime oppressions, such as controlling the economic, social and political issues of women, can affect abuse later in life.

Although the abuse issues that older women face are clear, such issues are not well-recognized nor investigated. Global society has recognized violence against women as a human rights issue since the 1970s; however, violence against older women is still under-recognized. Although decades of attention on violence around women's issues have produced diverse research and studies, most of them merely cover women of a reproductive age.<sup>7</sup> More professional approaches to age-sensitive and gender-responsive issues related to elder abuse are required.

## Global Society's Efforts on Elder Abuse Issues

Elder abuse has been considered an important social issue since the 21st century, and diverse studies have been conducted since 2000. With diverse efforts of the global community, elder abuse issues have been integrated into the World Health Assembly's *Global Strategy and Action Plan on Ageing and Health*, and the *UN Decade for Healthy Ageing 2021-2030*. In 2017, the WHO published a global report on elder abuse that covers 52 studies in 28 countries.<sup>8</sup> Since 2006, the International Network for Prevention of Elder Abuse (INPEA) and the global community have celebrated 15 June as Elder Abuse Awareness Day to raise awareness of elder abuse issues. Various conferences, campaigns,

and other activities were conducted to raise awareness of elder abuse issues from national, regional and global levels. And in 2011, the UN General Assembly also designated 15 June as World Elder Abuse Awareness Day (resolution A/RES/66/127).<sup>9</sup> With these diverse efforts of the global community, elder abuse issues are now considered on the social agenda and as public health issues.

## Conclusion

2021 is the tenth year of celebrating World Elder Abuse Awareness Day. During the last ten years, the global community, including governments, academics, and civil societies has made various efforts to prevent, solve and raise awareness of elder abuse. And the recent COVID-19 pandemic played an important role for raising attention about elder abuse issues. For the next decade, we look forward to establishing the new normal, abuse-free environments in which all older persons enjoy their rights fully.

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# Elderly Abuse in the COVID-19 Pandemic Era: Exploring Discriminatory Issues

## Introduction

Universally, elder abuse is expected to continuously rise because of rapid population ageing encountered in many countries today. Imbalance between the needs of the elderly and resource constraints in most of these countries creates an environment that makes elderly people increasingly susceptible to various types of abuse. Population projection estimates show that by 2050, the world population of people aged 60 years and older will be more than double, from 900 million in 2015 to about 2 billion, with a substantial proportion of older people living in low- and middle-income countries. It is quite reasonable to assume that if the proportion of elder abuse victims remains constant, the number of victims will increase swiftly due to population ageing, growing to 320 million victims by 2050.<sup>1</sup> Elder abuse can be defined as a single or repeated act, or lack of appropriate action, arising within any relationship believed to be trustworthy, which initiates harm or distress to an older person. This kind of violent behavior represents a violation of human rights and comprises physical, sexual, psychological and emotional abuse, financial and material abuse, abandonment, neglect, and a serious loss of dignity and respect. On World Elder Abuse Awareness Day in 2020, the WHO/Europe called for urgent, government-wide action to protect older people against violence, abuse and neglect, especially on account of the COVID-19 pandemic.<sup>2</sup> The World Health Organization, in its policy brief, stated that the pandemic is placing older people at greater risk of poverty, discrimination and isolation.<sup>3</sup> This is likely to have a distinct impact on older people in developing countries.

Risk factors that may increase the potential for abuse of an older person can be detected at individual, relationship, community and socio-cultural levels. Unfortunately, media reports as well as some research studies done during the COVID-19 pandemic suggest that these relationships have been disrupted at every level because of the procedures adopted by governments to contain the spread of the coronavirus. Elderly people have

been at high risk for negative consequences from the measures being enacted to protect them from the threat of the virus. These have led to considerable personal, social and economic adversity. This is because they are now acutely vulnerable to social isolation, financial hardship, obstacles in accessing needed care and supplies, and anxiety about COVID-19. Regrettably, it appears that all of these factors are known to be linked with increased risk of elder abuse. This paper outlines how the current pandemic may impact the elderly, their caregivers and the caregiving context with regard to an increase in elder abuse risk, by gathering data and information available on this particular issue.

## Social Isolation as a High-Risk Factor

Social interaction and relationships with peers are key to emotional health. When a caregiver, whether it is family member, care facility staff member or other, isolates an elder, it becomes a form of elder abuse.<sup>4</sup> Social isolation is believed to be both a risk factor for and a result of elder abuse. Research done in many settings shows that elderly who are socially isolated and/or have poor social networks always tend to be at risk.<sup>5,6</sup> It has been reported that a significant proportion of the elderly across the world, and particularly in India, have reported differing degrees of loneliness and social isolation even prior to the onset of the COVID-19 pandemic.<sup>7</sup> It appears that social isolation has worsened pre-existing loneliness and social isolation in older adults. Usually, older people have been most often isolated in their residence and detached from physical contact with friends and families. However, social engagements and community gatherings which can be seen as the most important source of integration of the older adults in the community have been halted with COVID-19 related restrictive measures. The Australian Human Rights Commission pointed out that social isolation is a driver of elder abuse and the COVID-19 pandemic has heightened social isolation for many older people. It appears that financial burdens on adult children also causes financial elder abuse.<sup>8</sup>

There are primarily two key risk factors that may indicate elder abuse: elders not feeling safe with those closest to them, and being prevented from socializing with family and friends. As a risk factor, social isolation signifies the intricacy and significance of the social network around the health and well-being of older adults. Even under normal circumstances, or in the absence of any disaster situation, social isolation can lead to intensified fear of crime and theft, consequently making older adults less likely to take part in social activities. It is also quite probable that an older adult suffering from elder abuse will likely become more socially isolated as the abuse continues and/or worsens. The COVID-19 pandemic worsened this tendency because its fast proliferation forced people into social isolation in order to prevent its spread among communities. Initial lockdown processes worldwide confined people to be at home for longer periods of time, without attending any social, cultural or economic activities. It appears that the people most affected in this process are

elderly because social isolation entails a lack of social support from members other than those who provide care in current living arrangements. Thus caregivers tend to abuse the elderly primarily through desertion since they are also burdened by social isolation, especially in relation to access to essential services. Caregivers' priorities may not be the elderly, but taking care of their immediate family within shared living arrangements. Older people are becoming more and more vulnerable to social isolation because the family caregivers upon which these patients often rely are also vulnerable to increased stress from financial hardships and competing demands on time.<sup>9 10</sup>

Another important area that merits more consideration is the growing threat of elder abuse by those exercising undue influence over socially isolated elderly during the COVID-19 pandemic.<sup>11</sup> Undue influence occurs when one person influences another to do something that is not of their own free will or in their best interest. For example, a caregiver could exercise their role by exploiting the faith and reliance of their victims in order to financially manipulate them. If the sufferer of undue influence is elderly, it is a type of elder abuse. The COVID-19 pandemic has created greater vulnerability because the necessity for social distancing, in particular, has isolated many elderly from community resources and family support systems that can help protect against undue influence. In the United States, the Michigan Elder Abuse Task Force observed that more than 73,000 older adults in Michigan are victims of elder abuse, mainly due to undue influence.<sup>12</sup> Circumstantial evidence implies that economic stresses caused by the COVID-19 crisis are escalating incidences of economic abuse towards older people.<sup>13</sup>

## Age Discrimination as Elderly Abuse

It is a known fact that older adults have been hit hard by the COVID-19 pandemic. According to a UN report, 'Impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons', the COVID-19 pandemic has severely amplified the prevalence of ageism.<sup>14</sup> The report further states that discrimination in the delivery of health care services, insufficient prioritization of nursing homes in responses to the virus, and lockdowns have left older people more vulnerable to neglect or abuse. It seems this has led to discriminating elderly people as carriers of the virus, with the general public distancing and neglecting them. At the initial stage of the COVID-19 spread, it was believed that the virus mostly affected elderly people. Therefore, it was observed worldwide that young people were not seriously following satisfactory precautions, nor were strong public health warnings issued.<sup>15</sup> There has been a debate on who should be given priority for vaccination: that is, whether those who have higher risks such as the elderly or those who have the higher potential for spreading the virus, that is, the youth.<sup>16</sup> However, in many instances, treatment resources and personal protective equipment have been consistently



focused on the younger population.<sup>17</sup> This debate has been seriously considered by the WHO, which warned the world that “[a]ny individual, whatever age, any human being matters. Whether it kills a young person or an old person or a senior citizen, any country has an obligation to save that person”.<sup>18</sup> The WHO has stressed the fact that the government should not merely depend on the arithmetic of epidemiology, but seriously focus on how to save each individual life. According to HelpAge DRC, discrimination against older people has been on the rise since the pandemic and for many countries, older people have been neglected with regard to COVID-19, while younger patients are prioritized, or merely denied treatment amid fears they would infect others.<sup>19</sup>

During the COVID-19 pandemic, the world has observed substantial media coverage about the risk of COVID-19 to elderly people. Regrettably, much of this dialogue has adversely stimulated an already existing ageist attitude. Ageism, which has been defined as stereotyping, prejudice or discrimination of people on the basis of age, is a major international issue with vital health implications.<sup>20</sup> Many studies have revealed that ageism toward older adults is exceedingly widespread across countries and lingers to grow as the population ages.<sup>21</sup> Discriminatory attitudes toward older adults create substantial risks to the health and well-being of elderly people, for instance, greater mortality risk, inadequate functional health, slower recovery from illness and poor mental health.<sup>22</sup>

## Gender Discrimination as Elderly Abuse

Violence against older women is a severe human rights abuse. Elderly women are increasingly subject to sexism mainly because of their vulnerability status as the majority of them are widowed and dependent on their children or other health and social protection programmes for daily living. Although men outnumber COVID-19 infection and deaths worldwide,<sup>23</sup> it has been noted that women are less likely than men to be engaged in decision-making processes during the pandemic, which includes decisions about their own health. Furthermore, women have poorer access to all healthcare that contains financial means and resources for travel. Women are also inadequately represented in the planning and administration of the national response to the pandemic situation. Women, as caregivers in the family, tend to suffer the most due to loss of livelihood as a result of pandemic. They are also more likely to encounter domestic violence and adverse mental health outcomes, mainly due to imposed restrictions.<sup>24</sup> There are fewer studies undertaken to examine gender inequality during the pandemic and its impact upon older women. However, it is reasonable to hypothesize that the dual minority status of older women (as older adults and women) would make them more susceptible to discrimination and exclusion from health and social welfare services.<sup>25</sup> Furthermore, as mentioned earlier, elderly people are more likely to be women and consequently

confront a double discrimination across the world. HelpAge Kyrgyzstan stated that nine crisis centers received 29 calls on domestic violence from older people (27 women and 2 men) in just over one month, between 25 March and 30 April in 2020, illustrating the vulnerability of elderly women.<sup>26</sup> It seems that family members were appropriating their pensions, particularly in those families with a history of alcohol addiction.

## Caregivers and Elder Abuse

Elder mistreatment is now documented globally as a widespread and growing problem, immediately involving the attention of healthcare systems, social welfare agencies, policymakers and the general public.<sup>27</sup> It seems that fear of infection, social distancing and reduced health and social services may increase the risk of elder abuse by the caregivers, especially during the COVID-19 pandemic. It has been found that caregivers of older adults are facing increased elder abuse risk factors since the start of the COVID-19 pandemic, involving stress, alcohol use, social isolation and negative impacts on their own health. Although one can claim that non-caregivers may also experience similar patterns, the impact of these changes may be amplified when experienced by caregivers of the elderly, as pandemic-influenced outcomes aggravate other socio-economic issues encountered by care recipients, increasing the risk of abusive behavior.<sup>28</sup> Makaroun and others (2020) in their study done in the United States, found that younger caregivers, who may be more likely to be holding other forms of employment concurrently with caregiving responsibilities, are more likely to undergo financial strain due to the pandemic. They further noted that the increase in elder abuse risk factors, as a result of COVID-19, includes financial strain, alcohol use, social isolation and the burden of caregiving.

Available evidence suggests that caregivers of the elderly, who normally deal with stress and a systemic lack of support in the United States, are, in the face of the COVID-19 pandemic, encountering even more problems known to increase a caregivers' risk of being abusive or neglectful towards their older care recipients.<sup>29</sup> Caregivers of the elderly are usually family and friends of working-age who sacrifice a large amount of money, time and energy for their be loved ones. Yet with increasing levels of unemployment due to the pandemic, many caregivers are likely to be facing new financial strains. It is evident that low financial means and financial co-dependency with care recipients are rising and such characteristics can function as risk factors for caregiver abuse of older adults. Furthermore, many caregivers need to devote an increasing amount of time towards caring for children at home because the closure of schools, or for other family members who have fallen sick. Yet they often must also devote time towards working outside the home for compulsory employment arrangements. In response to increased anxiety, caregivers may struggle with use of alcohol or other drugs which will increase their likelihood of exercising abusive

behavior. In South Africa, it was reported that increases in the burden and stress amongst formal caregivers at long-term care facilities is also a concern because of lockdown procedures. Staff who are working long hours, away from their own families, without satisfactory channels for debriefing and a relief of duty, are vulnerable to stress and high levels of caregiver burden, which is a recognized risk for elder abuse.<sup>30</sup>

## Caregiving Context and Elderly Abuse

Caregiving context can be a home or an institution. However, both these places can be affected by the restrictions imposed by national governments on mobility during the pandemic. Although data on family violence during the COVID-19 pandemic are presently limited, proven evidence on violence against older people indicates that several risk factors are likely to be intensified by the response to the pandemic.<sup>31</sup> These include: older people remaining in abusive relationships over longer periods of time, providing higher level of exposure to their abusers;<sup>32</sup> stress arising from economic uncertainty, job losses and over-crowded housing, where physical distancing is not viable, thereby increasing the likelihood of an increase in the perpetration of violence in the home;<sup>33</sup> reduced or no access to protective support networks such as family, relatives, friends, neighbours, colleagues, protection services, hotlines, social services, shelters;<sup>34</sup> limiting access to critical information and resources, as well as monitoring communication, thus making it difficult to contact support services and access health services; elderly who already live in homes with violence prior to the start of the COVID-19 pandemic will be more exposed to their abuser within lockdown measures; elderly living with disabilities or mental health issues are at a greater risk of being subjected to violence; and older people from ethnic minority or indigenous populations, LGBTQ persons, migrant and refugee populations and those living in poverty, experience an increasing burden of discrimination, stigma and disadvantage, and higher rates of violence.

Another important feature observed during the COVID-19 pandemic, especially in settings of developing countries, has been children sending their older parents to care homes because they are not in a position to take care of them on account of their own socio-economic issues. For example, some of the residents at a state-run residential care home for the elderly in Faridabad, in the northern Indian state of Haryana, have stated that their children sent them there because they are perceived as a burden, especially during the pandemic. It has also been revealed from a study conducted by the Agewell Foundation that, during the coronavirus pandemic, as much as 71% of elderly people in India considered that there has been an increase of ill treatment towards them during the lockdown. The study further reported that humiliation is the most common form of elder abuse. It appears here that perpetrators of abuse were usually the caregivers, often children or grandchildren.<sup>35</sup>

In institutional settings, caregivers may simply be scared of spending time in physical contact with elderly people because of the fear of contagion. This can unconsciously lead to the abandonment of elderly people. Some caregivers may use virtual technologies to stay connected with their care recipients, but most of the elderly in developing country settings may be uncomfortable with such technologies, thus leading to neglect of a significant group of older people. In addition, most of the elderly may not have the required financial resources to possess items such as a smart phone, computer or high-speed internet to get connected with caregivers. Although some care tasks can be replaced by virtual interactions, most of the needs require in-person contact and thus lead to a lack of care which will ultimately impact the health of the elderly. This can be seen as an abusive setting arising from the COVID-19 pandemic, which restricts mobility through contagion issues. The UN Secretary-General in his Policy Brief, 'The Impact of Covid-19 on Older Persons', cautioned that actions taken by national governments to restrict mobility may increase greater incidence of violence against older persons, including instances of abuse and neglect of older persons in long-term care institutions.<sup>36</sup> It has been reported that the COVID-19 pandemic has severely impacted older people across Europe. The fast spread of the virus has had more acute outcomes for people in older ages and containment measures have often resulted in the de-prioritization of older people. A significant number of European COVID-19-related deaths occurred in care facilities because of the long-term neglect of the sector.<sup>37</sup>

## Conclusion

It is clear from the above discussion that elderly abuse has been aggravated by the COVID-19 pandemic. This is due to social isolation, age and gender discrimination, and the perceptions and status of caregivers, as well as the caregiving context. One of the promising ways that elder abuse can be prevented is to improve social connectedness with elderly people and their caregivers through innovative ways of using novel communication technologies. Although people are physically distancing to prevent the spread of the COVID-19 virus, friends, family members and neighbors can still connect with elderly people through phones and other communication means. Since elderly abuse is a human rights issue, national governments need to take special measures to ensure the protection of the elderly from discrimination, the prevention of abuse, inclusion and access to essential services for older people, such as those living in institutions, those living alone, people receiving care in the community, and people at risk of experiencing neglect and abuse. As the caregiving context is under pressure due to a lack of continuity of care, it is essential that the availability of health and social care staff be strengthened with required facilities to ensure the continuity of care. Furthermore, acceptable levels of support and safety protection need to be secured for formal and informal caregivers, as well as for

people in need of care. As age and gender work as discriminatory factors in elderly care support, appropriate non-discriminatory measures need to be taken, especially during COVID-19 pandemic era, without considering the arithmetic of epidemiology but instead seriously focusing on how to save each individual life.

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# Status of Elder Mistreatment in Korean Society and Policies in Dispute

Influenced by the Confucian culture, Korean society has preserved the tradition of respecting older persons. Initially, elder mistreatment was considered by Korean people a social problem that might only occur in western society. It was seen as an international issue, but not one perceived as a problem that might also occur in Korean society. In 1994, an academic paper on elder mistreatment was published for the first time in Korea. Some researchers argued that Korean society also had an elder mistreatment problem and needed to take an official response. However, there was no social consensus. But in 2001, the nongovernmental Caritas Elder Mistreatment Counselling Center was formed to receive suspected elder abuse cases. Unexpectedly, many elder abuse cases were reported to the Center.<sup>1</sup> Afterward, in December 2002, the Elder Mistreatment Counselling Center was formed by the support of Community Chest of Korea. An expert committee of the Elder Mistreatment Counselling Center performed actively appealed to the National Assembly and the Ministry of Health and Welfare, arguing that elder mistreatment needed to be legislated at the national level.<sup>2</sup> Resultantly, the Aged Welfare Act was revised on December 2003 and after that, in 2005, 17 Elder Protective Services Agencies specializing in elder mistreatment were installed nationwide. In this paper, I present the current status of elder mistreatment in Korean society (including domestic abuse and facility abuse) and review disputed issues of elder mistreatment prevention policies.

## 1. Status and Characteristics of Elder Mistreatment

### 1) Increase in reported cases to Elder Protective Services Agencies: domestic abuse vs. facility abuse

In the Aged Welfare Act of Korea, elder mistreatment is defined as a concept that entails physical, emotional, sexual and economic abuse, neglect by others, and even abandonment. In addition to these types of abuse, self-neglect is included as a type of

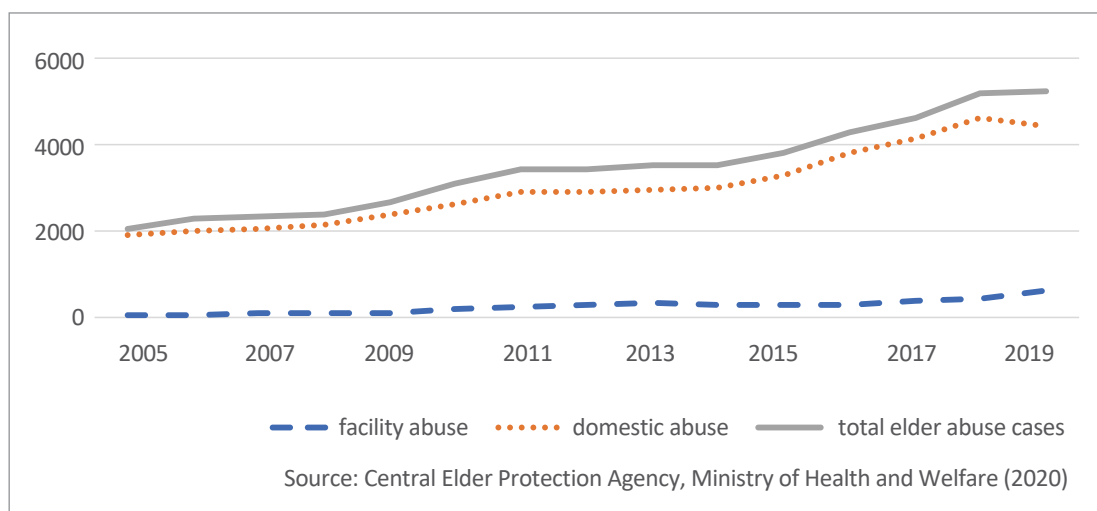


elder mistreatment under the guidelines of the Elder Protective Services Agencies. In the national surveys of older persons living in communities in 2014 and 2017, about 10% of older persons appeared to have experiences of mistreatment victimization in the previous year.<sup>3,4</sup> Reliable research on the rate of occurrence in facility abuse is rare and there is a big gap between the rate of occurrence and witness rate.<sup>5</sup>

As is seen in Figure. 1, in 2005 when official statistics on elder mistreatment were aggregated, 2,038 cases of elder mistreatment were reported, but in 2019, 5,243 cases were reported, suggesting that the reported cases increased by about 2.6 times.<sup>6</sup> Such a trend of increase exceeds the absolute number of the elderly population.<sup>7</sup>

In addition, the Elder Protective Services Agencies are classifying elder mistreatment by place of occurrence: specifically, elder mistreatment is classified into domestic abuse, institutional abuse, community-based facility abuse, hospital abuse and public place abuse. Institutional abuse refers to elder mistreatment that occurs in senior housing (nursing care facilities, etc.) prescribed in the Aged Welfare Act; community-based facility abuse refers to elder mistreatment that occurs in leisure facilities for older persons (Senior Welfare Center, etc.) and elderly home care facilities (home care service centers, etc.).

Elder Protective Services Agencies include only institutional and community-based facility abuse into facility abuse when they aggregate statistics.



[Figure. 1] Trends of abuse cases reported to the Elder Protective Services Agencies

As is shown in Figure. 1, most of all the reported cases are mistreatments that occurred in the domestic setting, but this percentage is gradually decreasing (dropping from 92.9% in 2005 to 84.9% in 2019). Facility abuse, which shows a salient growing trend among elder mistreatment cases, increased by about 12 times from 51 cases in 2005 to 617 cases in 2019. This seems to be attributable to the fact that as long-term-care insurance

was introduced in 2008, the number of nursing care facilities showed a rapidly increasing trend,<sup>8</sup> which brought about a significant increase in reporting institutional abuse.

## 2) Status of domestic abuse

As a result of analyzing domestic elder mistreatment cases reported to the Elder Protective Services Agencies in 2015-2017,<sup>9</sup> the absolute majority of cases reported included emotional abuse (73.7%) and physical abuse (63.1%). Economic abuse reached 12.2%, neglect 15.3%, self-neglect 7.6%, sexual abuse 2.0%, and abandonment 1.0%. A feature of domestic abuse is that poly-victimization of abuse appears frequently: for example, according to Mijin Lee and Hye-ryeon Kim (2016),<sup>10</sup> the synchronicity of physical abuse and emotional abuse occupied 60% of the total.

In addition, the same report<sup>11</sup> showed the recurring and long-standing characteristic of reported domestic abuse: with regard to the frequency of total cases, one-time cases were only a few (15.4%), more than once a week 27.9%, and more than once a month 27.3%. Moreover, more than 5 years of abuse duration reached 33.8%, suggesting that long-lasting cases were not inconsiderable.

Among the domestic elder abuse cases reported to the Elder Protective Services Agencies between 2015-2017, the mean age of victimized older persons was 76 years (SD=7.64 years) and the percentage of female older persons was overwhelmingly high (74.4%).<sup>12</sup> The education level of victimized older persons was low overall: about 60% reported to have an academic background of elementary school graduation or less. The low education level of victimized older persons reflects the low education level of older persons in Korean society generally.<sup>13</sup> Among the mistreated older persons, the ratio of receiving the National Basic Livelihood Security Act (public assistance recipients) reached 19.1%, much higher than 6%,<sup>14</sup> the recipient ratio of older persons nationwide. The most frequent type of household, among all the household types, is a household living together with children or grandchildren (46.4%), suggesting that the rate of living together with children or grandchildren was higher than that of older people in general.<sup>15</sup> Among the victimized older persons, the rate of older persons with a disorder was 12.5%, the rate of those suspected or diagnosed with dementia reached 20.4%, and those with a vulnerable health status were considerable. The National Dementia Epidemiology Survey of 2016 estimated that the dementia prevalence rate was 7.2%,<sup>16</sup> suggesting that the rate of exhibited dementia symptoms among victimized older persons was relatively high when compared with this estimated number.

According to the domestic elder abuse cases reported to the Elder Protective Services Agencies between 2015-2017, the number of male abusers was much higher (77.4%) and the mean age reached 58 years (SD=15.79 years).<sup>17</sup> At the level of education, high school graduation (39.7%) and college graduates or higher (17.7%) exceeded half, which

was contrasted against the victimized older persons. Such a difference is attributable to the fact that the abuser is children<sup>18</sup> in most cases, with their education level higher than their parent's generation in general. Among the abusers, the ratio of recipient was 13.6%, but about 2/3 had no occupation alongside the rate of having no spouse, reaching 47.4%. In addition, the rate of having an experience with mistreatment in childhood was 1.5% and those having a criminal record reached 2.6%. Among the abusers, those suspected or diagnosed with a disorder, those suspected or diagnosed with dementia, and those suspected or diagnosed with addiction disorder reached 13.6%, 9.1%, and 20.2% respectively, suggesting that the number of perpetrators needing supportive services was nontrivial.

Some of the domestic abuse cases were reported to the Elder Protective Services Agencies repeatedly. Among 648 potential cases<sup>19</sup> newly reported to the Elder Protective Services Agencies in 2012, 28 cases (4.3%) were reported more than once until 2017.<sup>20</sup> Looking at analyses on the reasons for closing cases in the status report of elder mistreatment in 2017, it appeared that the death of victimized older persons or abusers was 2.7%, the segregation of victimized older persons 17.9%, the segregation of abusers 11.7%, situation improvement 47.1%, limitations in providing services 7.3%, service refusal 11.3%, and referral 1.9%.

### 3) Status of facility abuse

Looking at the status report of elderly mistreatment in 2019,<sup>21</sup> most of the facility abuses (70%) occurred in nursing care facilities. The reporting rate of mandatory reporters was 42.8%, that of non-mandatory reporters 21.4%, that of related agencies 19.6%, and that of relatives 15.2%. Depending on the type of facility, the type of elder mistreatment showed some difference. Looking only at mistreatment in nursing care facilities occupying the majority of facility abuse, the frequency was higher in order of neglect (36.5%), physical abuse (21.2%), sexual abuse (20.8%), economic abuse (11.3%), and emotional abuse (10.3%). When compared with domestic abuse, the percentage of sexual abuse appeared high, which is attributable to the fact that mistreatment is commonly judged to be a result of an exposure of body parts when changing diapers, an index of sexual abuse.

Looking at the gender ratio in facility abuse reported in the status report of elder mistreatment in 2019, the percentage of female victims was high (69.5%) and in the age group of victimized older persons, those aged 80-84 years and 85-89 years were 24.5% and 28.4% respectively, which occupied more than half. At the same time, looking at the statistics of abusers, females occupied about 3/4 and those in their 50s (46.6%) and those in their 60s (28.0%) formed the majority. This is not unrelated to the fact that the majority of facility workers are female and older. Looking at the frequency of facility abuse, one-time abuse was 33.1%, but the daily occurrence rate was 34.5% and 17.5% more than once a week, suggesting that more than half were mistreated quite frequently.

In mistreatment duration, more than 1 month to less than 1 year appeared at 31.3%, more than 1 year to less than 5 years 26.6%, and more than 5 years 5.8%, suggesting that the percentage of those mistreated consistently for more than 1 month exceeded 60%. Among the victimized older persons in nursing care facilities, the recipient rate of receiving benefits under the National Basic Livelihood Security Act was 15.3%, which was rather lower than domestic abuse (19.1%). Among the victimized older persons in nursing care facilities, those suspected with dementia appeared at 8.9% and those diagnosed with dementia reached 51.1%.

#### **4) Characteristics of elder mistreatment: comparison with child abuse and domestic violence**

Experiences with abuse and violence during an earlier stage in life (child abuse, observing domestic violence in childhood, trauma, etc.) have ramifications later in life.<sup>22,23</sup> There is the high possibility that negative life experiences, including childhood experience of domestic violence among many married adults, are likely to result in the mistreatment of their elderly patients.<sup>24, 25, 26, 27</sup> Pillemer (1986)<sup>28</sup> pointed out that the mistreatment of children by adults who had victimization experiences in childhood could be a result of social learning. But committing abuse against aged parents can be understood as retaliation, rather than a simple imitation of violence. In this situation, the distinction between perpetrators and victims might become blurred and the punishment-obsessed intervention in adult children who commit violence against their aged parents may not be effective.

Domestic violence is a broad concept encompassing child abuse, spouse violence, and elder mistreatment, but the agencies specializing in domestic violence only have expertise in problems of spousal violence, which holds clear limitations in handling facility abuse or domestic elder mistreatment committed by children, grandchildren or others. Especially in the relationship with a spouse, marital relationship dissolution may end spouse violence. However, as the relationship with children is based on blood ties, a severance in relationship is obscure and this characteristic exacerbates the reluctance of reporting elder mistreatment and difficulties in segregating the abuser.<sup>29</sup> Also, there is limitation in practicing intervention under the general framework of domestic violence for some cases such as the perpetrators of sexual abuse who had a dementia symptom.<sup>30</sup>

Finally, in child abuse intervention, the principle of the best interests of children is emphasized. However, if the ages of children are low, the judgment of experts can be more important than the opinions of children. But in cases of older persons, respecting their opinion when intervening is relatively more important, compared to child abuse, as the older persons are adults who can exercise self-determination. But if an older person refuses a service, it is controversial how best to move forward. Guk-hee Woo (2008)<sup>31</sup> reported that Korean experts in working for prevention of elder mistreatment thought a paternalistic approach like involuntary admission could be justified, if an older person lacks

a capacity for decision-making. But Woo (2008)'s research was conducted over a decade ago and there has been the overall increase in Korean experts' sensibility towards human rights. The least restrictive intervention as accepted internationally and the practice of respecting the principle of self-determination tends to be emphasized nowadays in Korea.

## **2. Roles of Elder Protective Services Agencies and Elder Mistreatment Cases Intervention Procedure**

Elder Protective Services Agencies are responsible for rapidly responding to the discovery, protection and services of older persons who are mistreated as set out in the Act, and in preventing elder mistreatment. These Agencies are distributed in a relatively balanced manner by regional groups and have expanded from 17 places in 2005, to 34 in 2019. Elder Protective Services Agencies are central organs responsible for elder mistreatment and so differ from child protection agencies in terms of role and function. Whereas City, Gun, and Gu have been carrying out their investigation on child abuse, and child protection agencies have been performing case management since 2020, Elder Protective Services Agencies are wholly responsible for performing investigations and case management duties. According to the work performance guidelines published by Elder Protective Services Agencies in 2020, mistreatment is divided into domestic abuse and facility abuse, and intervention is made according to the following procedure.<sup>32</sup>

### **1) Domestic abuse cases intervention procedure**

Elder Protective Services Agencies receive a report via online or telephone 24/7 and in the initial intake stage, judgment of emergency is made to determine an in-home investigation within 24 or 72 hours.<sup>33</sup> Victimized older persons, abusers, families, and others are investigated in the home visit and an assessment is performed. Based on in-home investigation and assessment, a substantiation of elder abuse is judged and if necessary, sometimes a multidisciplinary case conference with participating various experts is held. If judged as an abuse case,<sup>34</sup> services are provided according to the service intervention plan. After the case evaluation, determination whether or not to close the case is decided by applying the Index to Close Cases of Elder Abuse (ICCEA) and holding an intra-conference. After closing, a follow-up is performed.

### **2) Facility abuse cases intervention procedure**

Officials in the local government identify a reporter, the contents of a report, etc. when receiving an elder mistreatment report and notify the related information to the Elder Protective Services Agencies. The social workers of the Elder Protective Services Agencies collect basic information about abuse situations for cases suspected of facility abuse, which are received via referral or report, followed by the formation of an intra-conference. Next,

they visit the facility suspected of abuse, examine the degree of safety and emergency of the victimized older persons, and perform safety measures. In addition, if the officials of the local government responsible for the management and supervision of the facility are accompanied, request for submission of the data on the facility or emergency action can be performed immediately, but an official's accompanying investigation is not performed all the time. An intra-conference or multidisciplinary agency conference is arranged for preparing the judgment of elder abuse substantiation and an official letter on the in-home investigation and the judgment is written. Elder Protective Services Agencies send the official letter to the local government under jurisdiction and the local government, under jurisdiction, performs administrative sanction if necessary and guidance/supervision by referring to the results (written opinion) of the case judgment. Thereafter, Elder Protective Services Agencies perform an evaluation and follow-up.

### **3. Status of Elder Mistreatment Prevention Policies and Issues in Dispute**

#### **1) Status and problems of elder mistreatment prevention measures**

The key to elder mistreatment prevention policies in Korean society is contained in *Elder Mistreatment Prevention Policies* published in 2014 and 2016. They include a community-based networking system for the prevention of elder mistreatment, an early detection and rapid response system, victim protection and punishment intensification, and facility abuse prevention and early detection. To elaborate, the central and local governments have pursued a policy of detecting a community's elder mistreatment cases earlier and quickly responding by networking with multiple agencies including police, Health Insurance Corporation, health center, fire station, etc. Also, the central government has reinforced the responding system by expanding the occupational groups of mandatory reporters and continuously increasing the number of the Elder Protective Services Agencies. It has provided shelters in emergency and care services for protecting victims and has established the policy of recommending that the abuser receive counseling for the prevention of recurrence, etc. For preventing facility abuse, the rules of punishment on emotional and economic abuse have been complemented in the Act on Long-Term Care Insurance for the Aged as a related statute.

The main problems of the elder mistreatment prevention policies include a lack of structural basis for networking and cooperation in establishing a community-based prevention system and a lack of an established information sharing system by key agencies, a difficulty in rapid response due to a deficiency in the authority of investigation of Elder Protective Services Agencies, an insufficiency in protecting the victims including short-stay of shelters

and housing support, irrationality issues in administrative sanctions against facility abuse, insufficient countermeasures related to certification, renewal and evaluation in the system of long-term care facilities, and a deficit in budgets of Elder Protective Services Agencies and poor working conditions of the workers.<sup>35</sup> We will elaborate the important policy issues in the next section.

## **2) Revision of Welfare of the Aged Act or enactment of special law on elder mistreatment**

The elder mistreatment prevention policies in Korean society have focused on victim protection rather than abuser punishment, but in the recent years, it has been argued strongly that judicial approaches to abuser punishment should be taken. The purpose is to improve the effectiveness of elder mistreatment prevention policies by enacting the tentatively named special law on elder mistreatment. But in Korean society, the Special Act on the Punishment of Child Abuse and Crimes was implemented, thereafter revising the Act several times. Yet the policy of ‘criminalizing’ child abuse is not quite effective. In addition, there emerged a counter-argument that separate special law enactment would not be needed, such that the Domestic Violence Punishment Act already covers punishment of abusers of older adults.<sup>36</sup> In the 19th and 20th Assemblies, some lawmakers suggested enactment of the tentatively named special law on elder mistreatment, but all were not passed. But even if there is an objection or a reserved position against the enactment of a special law on elder mistreatment, it is understood that the revision of the Welfare of the Aged Act is needed.<sup>37</sup>

There is a need to revise the full text of the Welfare of the Aged Act since presently, the law clauses related to elder mistreatment are not described systematically, and the nation and local government’s responsibilities are not stipulated by law. In addition, legal bases of inter-agency networking and information sharing required for preventing and resolving elder mistreatment needs to be reflected in a revision of the Welfare of the Aged Act. Income support including risk allowance to the workers of the Elder Protective Services Agencies and safety measures minimizing physical and mental hazard need to be secured, while employing more skilled and professional workers in the Elder Protective Services Agencies (e.g. a lawyer is required to be mandatorily employed) need to be reflected in the amendment of the law. In addition, as the support of emergency services (medical treatment, counseling, etc.) for the victimized older persons is not prescribed in the existing statute, there is a need to establish grounds for securing budgets by revising the Welfare of the Aged Act and to better reinforce the protection measures for victimized older persons.

## **3) Domestic abuse: extension of protective duration at shelters for victimized older persons and establishment of housing support**

In an emergency situation in which physical or sexual abuse occurs, the victimized older

persons should be separated from the abuser. It must be a principle that the victimized older person should remain at their residence and the abuser should be segregated. But if (emergency) temporary measures to segregate the abuser are taken, a temporary residence for the abuser is not institutionalized in Korea (for example, a facility for probation responsible for the management of abusers). Looking at the present elder mistreatment prevention measures, victimized older persons can stay at a shelter in the short-term and the duration of remaining at this shelter is limited to 3 months (although it can be extended by 1 month). On the other hand, for victims of domestic violence such as spousal violence, a victim can reside at a short-stay facility for 6 months (up to 1 year) and there exists long-term protection facilities where a victim can reside for up to 2 years. Elder abuse victims who returned to their home after being discharged from the shelter appear to reach 80% of the total victims who stayed at the shelters.<sup>38</sup> This implies that re-victimization is quite likely to occur among those who returned to their home. There is a high need to establish housing support which the victimized older person can reside in separation from the abuser in the long-term.

#### **4) Facility abuse: reinforcement of Elder Protective Services Agencies' right to investigate**

To prevent facility abuse, the revision of related laws (for example, the Act on Long-Term Care Insurance for the Aged) and structural changes, as well as revision of the Welfare of the Aged Act, is required. According to the present Welfare of the Aged Act, local governments or Elder Protective Services Agencies can undertake to investigate nursing care facilities if it is deemed necessary by the Minister of Health and Welfare, city governor and head of the City, Gun, and Gu. Unlike child protection, substantial investigation is performed by the Elder Protective Services Agencies and some nursing care facilities often refuse to undergo investigation for such reasons as Covid-19 quarantine, etc. As the existing related laws and systems do not include regulations on the sanction against the refusal of investigation of Elder Protective Services Agencies, executing investigation can be ineffective. To prevent this, the following options can be considered and examined: introducing a regulation of sanctions against a facility's refusal of investigation – limited only to facility abuse; introducing a system to award a penalty in case of certification or renewal of nursing care facilities when there is a history of owners' or top managers' refusal of investigation performed by the Elder Protective Services Agencies.

## **Conclusion**

Unfortunately, as the aging of Korean society rapidly increases, reporting elder mistreatment also shows a rapidly increasing trend. It is unclear whether the increase in reporting elder



mistreatment is caused by the increase in the occurrence of actual abuse, or whether the abuse, initially hidden, has resurfaced with an improving sensibility towards human rights. But the report of domestic abuse cases increased by 2.4 times from 2005 to 2019, whereas during the same period, facility abuse increased by 12 times, suggesting that there is a clear need to take seriously social interests in older persons residing in facilities, the most vulnerable population.

Domestic abuse occurring in a private space is not so easy to discover, and if this stems from an old family history, cutting off a family relation is not an easy solution since re-abuse is likely to chronically occur. Moreover, a criminalizing approach to the abuser cannot resolve elder mistreatment in most cases.<sup>39</sup> On the contrary, a nursing care facility, in which facility abuse is reported the most frequently, can be continuously monitored only if the policy decision maker has a will. The facility is the place where public resources of long-term care insurance are invested<sup>40</sup> and elder mistreatment can be prevented more effectively by reinforcing the right to investigate.

The success of elder mistreatment prevention policies lies with how much interest the central government and the national assembly have in elder mistreatment and in establishing laws and systems and in securing the required budgets. Numerous elder mistreatment cases occur, but most of the press and public do not focus on the issue and the necessity of establishing measures against it; setting the problem as a social agenda is thus very rare.

It is to be hoped that as Korean society turns into a super-aged society, it can advance into a country of human rights where all people can live a happy life into old age. To achieve this, now is the time to revise the laws required for preventing elder mistreatment, for complementing the system and recognizing the severity of the issue of elder mistreatment. We all should make efforts so that conscious change can be made for its prevention.

Elder mistreatment is a problem that Korean society faces, as well as an international issue. Accordingly, we all need to work together to enact convention on the rights of older persons, such as the UN, the international organization which enacted the related convention to resolve sexual discrimination and disability discrimination. If the UN enacts the convention on the rights of the older persons and it is approved by Korea, it will be a great foundation for improving the human rights of older persons, a basis required for preventing elder mistreatment.

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## Self-neglect: understanding it as a form of elder abuse

Self-neglect is not often considered to be a form of elder abuse, in that it does not involve a third-party perpetrator and has no accepted definition. However, understanding self-neglect as a form of elder abuse is essential given that self-neglect threatens the health, safety and well-being of older persons. The WHO also includes self-neglect as a type of elder abuse<sup>1</sup> since appropriate intervention is required when individuals are neglected due to a lack of self-care.<sup>2</sup>

### Definition

Self-neglect has no universal definition on the international scale, yet different conceptual definitions can be found across nations, states and organizations.<sup>3</sup> The most common understanding of self-neglect is a refusal or failure to provide oneself with care and protection in areas of food, water, clothing, hygiene, medication, living environments and safety precautions.<sup>4</sup>

### Self-neglect and the human rights of older persons

Self-neglect is often unclear in defining the criteria as to what extent and which circumstances require intervention. According to the AGAC's study — which conducted interviews with counselors working at the Korea Elder Protection Agency (KEPA), an organization under the Ministry of Health and Welfare to protect older persons from abuse — counselors have experienced difficulties in identifying and intervening in situations of self-neglect.<sup>5</sup> Due to the lack of detailed criteria and guidelines for identifying self-neglect, and the differences between self-neglect and neglect from family members or guardians, each of the counselors working at the KEPA had different criteria between themselves for understanding and identifying self-neglect. This is likely to cause confusion in dealing with cases related to self-neglect, make the involvement of counselors and public officials difficult in providing appropriate support and services to older persons. Furthermore, some of the counselors also shared their concerns that because self-neglect involves the right of older persons to self-determination and independence, it becomes a dilemma for them to identify when and to what extent their intervention is needed without violating the rights of older persons. In this light, intervention in self-neglect could protect the victim from poor health and unsafe living conditions, but sometimes results in the complete opposite, such that improving the living conditions or cleaning the house of the older persons can lead to the worsening of their health.

*“The dilemma is that when we improve unsanitary living conditions, even if we make slight changes, the victim’s health worsens.” (Counselor A)<sup>6</sup>*

In this regard, many of the counselors expressed their concerns that intervention might lead to stress for older persons due to the rapid changes in their way of living and environment, resulting in the undermining of their autonomy and independence. In order to provide appropriate support and respect their autonomy, the counselors highlighted the importance of the process and effort to provide enough information and explanation about the necessity of the intervention in order to obtain their consent.<sup>7</sup>

*“Steps and the process explaining and asking for their consent for the intervention are often omitted. Processes of explaining, persuading and helping them understand and accept our intervention are needed; if those processes are disregarded, their health, including dementia, could be worsened due to the unwanted and sudden changes to their lives.” (Counselor B)<sup>8</sup>*

Given that self-neglect is associated with older persons’ physical and psychological well-being, mortality and healthcare utilization, it is directly linked to issues of their human rights, which require collective efforts from the government, the local community and the medical and legal community,<sup>9</sup> in particular with the rapidly increasing ageing population and cases of self-neglect.

To do so, it is necessary to develop a guideline and manual for identifying self-neglect and providing appropriate support based on a human rights approach at the national level, which should include the long, but key process of helping older persons to understand the intervention and provide enough information. The guideline also needs to be distributed and adopted by all related actors including counselors, police officers and public officials in local governments. In the meantime, large and extensive studies are required to validate the associated risk and protective factors involved in self-neglect,<sup>10</sup> including prevention and early intervention.

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# Elder Abuse is Widespread in Europe – and We can Put an End to It

The COVID-19 pandemic has exposed Europe’s weaknesses when it comes to ensuring a life of equality and dignity to older people in need of care. The enormous death toll of the pandemic in Europe’s care homes is a clear illustration of the outcomes of the de-prioritisation of care for older people and the persistence of ageist policies and attitudes in the continent. It is the tip of an iceberg in which elder abuse is a mostly hidden yet highly prevalent phenomenon.

Why is elder abuse still a widespread reality across Europe? What are the risk factors? And what can we do to end it?

## Elder Abuse, the most Harmful Expression of Ageism

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”.<sup>1</sup> Elder abuse may be physical, psychological, sexual, financial and may include neglect. Whereas many cases are linked to the care context and occur in private settings, elder abuse exists in all settings, also in care homes and in the community.

Elder abuse has deep consequences on victims and survivors. They may experience a decline in physical and mental capacities, and often develop feelings of rejection and exclusion. In the most serious cases, abuse and maltreatment can also lead to death. According to the World Health Organization (WHO), among the 8,500 annual homicides of older people in Europe, about one third (2,500) are the result of elder maltreatment.<sup>2</sup> Scientific evidence supports the conclusion that elder maltreatment is associated with increased mortality.<sup>3</sup>

The causes of elder abuse are diverse, but the prevalence of ageism across Europe is one of the underlying factors that make elder abuse possible. Ageism “refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards

others or oneself based on age”.<sup>4</sup> Ageism includes the systematic portrayal of older people in the collective imagination as a “burden” on society and as inevitably frail and less deserving of consideration. This undermines older people’s sense of dignity and has an impact on the way people are treated in older age, notably as they require long-term care.

In Europe, ageism is reportedly the most widespread form of discrimination, with 42% of Europeans perceiving discrimination towards people over 55 years old as being “very” or “fairly” widespread in their own country.<sup>5</sup> Elder abuse is made possible because of the normalisation of such widespread ageist attitudes; ageism serves as a justification to elder abuse, or as the category that renders it invisible and taken less seriously than other forms of abuse and violence. This is true to the point of generating the so-called “internalised ageism”, where older people themselves hold and reproduce potentially self-harming ageist ideas and practices. Abuse and maltreatment are the ultimate and most harmful expressions within a continuum of ageism that violates the human rights of older people; risk of experiencing abuse increases as ageism intersects with other factors of discrimination, such as ableism, sexism, homophobia or racism, among others.

## Data on the Prevalence of Elder Abuse in Europe is Scarce but Alarming

Because of ageism, which legitimates elder abuse and renders it largely unnoticed, elder abuse remains a hidden reality in Europe. Compared to other forms of violence, relatively few studies focus specifically on the forms and prevalence of violence, abuse and neglect experienced by older people. Despite some notable exceptions, such as a 2011 WHO European report on elder maltreatment and some European Union-funded research projects, overall cross-national studies are largely missing, whereas national data is not always readily available.

Yet, the data revealed by available evidence is alarming. According to the aforementioned World Health Organization report in the European region, about 3% of older people in Europe suffer maltreatment in the community, and this can affect up to 25% of those with high care needs.<sup>6</sup> One study about the situation in seven European countries found a prevalence of 19.4% for mental abuse, 2.7% for physical abuse, 0.7% for sexual abuse, 3.8% for financial abuse and 0.7% for injury.<sup>7</sup> Europe seems to be no exception: worldwide, estimations indicate that 1 in 6 older people suffers abuse in the community.<sup>8</sup> And this may be just the tip of the iceberg: it is estimated that only around 1 in 24 cases of elder abuse is reported globally.<sup>9</sup>

## COVID-19 Pandemic: Catastrophic Outcomes in Care Homes and Elder Abuse on the Rise

When talking about elder abuse and the prevalence levels in Europe in 2021, it is impossible to ignore the impacts of the COVID-19 pandemic on older people, and in particular those living in residential settings. Over the first wave, the WHO reported that 95% of deaths caused by COVID-19 in Europe were people over 60, and more than 50% were people aged 80 and over.<sup>10</sup> It is estimated that around 50% of all COVID-19 deaths occurred in care homes.

Such outcomes are consistent with the evidence that for years pointed to the precariousness of institutional care in Europe. Research showed that difficult working conditions, low staffing levels and the lack of knowledge of human rights principles and obligations in care homes were compromising the dignity of older people in those settings.<sup>11</sup> COVID-19 aggravated those pre-existing shortages and vulnerabilities. Reports about the abandonment of older people in care homes due to a lack of preparedness and staff shortages were widespread across Europe, with hospitals often refusing to admit older people and protocols providing guidance in this direction.<sup>12</sup> Such phenomena reveal the persistence of structural forms of ageism in policies and services, which translate into a precarious care sector and abusive and degrading treatment of older people in need of care.<sup>13</sup>

Care homes were not the only setting where abandonment and abusive treatment were observed. The risk factors of elder abuse, which include the lack of professional support and the over-reliance on often over-burdened and untrained informal carers – relatives, friends and neighbours, who deliver the bulk of care in Europe – aggravated over the



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pandemic.<sup>14</sup> Data from the United Kingdom pointed to an increase of 37% in the number of known cases,<sup>15</sup> and there are solid reasons to believe such increase may be true across Europe.

## Taking Action: We can End Elder Abuse

Are European societies doomed to keep elder abuse as part of their social and human landscape? Is it an inevitable misfortune or, on the contrary, a phenomenon that can be effectively addressed through an adequate policy framework and different societal attitudes?

Civil society and academia show that there are many interventions possible to address the risk factors of abuse, which can in turn reduce its prevalence and move towards ending it altogether.

### 1) Combatting ageism to prevent elder abuse

As this paper has explained, ageism is a widespread form of prejudice, stereotyping and discrimination across Europe that can lead to elder abuse. Confronted with ageism as a root cause of elder abuse, several organisations and individuals are fighting to tackle it through testimonies, evidence and the sharing of practices. This is the case of Ageing Equal,<sup>16</sup> a global campaign to tackle ageism led by European civil society. Through such campaigning work, organisations of civil society are aiming to raise awareness of ageism while, at the same time, pointing to ways in which individuals, societies and political systems can and should do something about it.

Actions identified to tackle ageism in Europe include: the obligation for both public and private service providers to apply equality policies; training professionals in all sectors to fight ageist attitudes, particularly in health and long-term care; and addressing ageism as intersecting with other grounds of discrimination.<sup>17</sup>

The launch of the first Global Report on Ageism by United Nations, the WHO and the Office of the High Commissioner for Human Rights (OHCHR) in 2021, is a significant step towards recognising the impacts of ageism on individuals' lives. Together with the UN Decade of Healthy Ageing 2021-2030,<sup>18</sup> which includes an Action Area on Combatting Ageism, it can contribute to raising awareness of the importance of fighting ageism and putting an end to its consequences, including elder abuse.

In the same line, civil society organisations in Europe are asking for an Age Equality Strategy in the European Union. Such a strategy is seen as a useful tool to mainstream ageing in all EU and national policies and legislation for addressing ageism in a systematic manner across the continent.<sup>19</sup>

## 2) Supporting victims and individuals at risk to break the vicious circle of abuse

When experiencing abuse, older people too often find themselves unable to overcome the situation. Victim support services, law-enforcement and justice systems in Europe are often reportedly ill-prepared to identify elder abuse and offer adequate support and protection to survivors, victims and individuals at risk. Some reports point to the fact that law-enforcement bodies may tend to take abuse and violence against older people less seriously than offenses against other age groups, with particularly worrying reports about older women suffering intimate partner violence.<sup>20</sup> The reluctance to investigate and overall lack of preparedness of public authorities aggravate victims' own feelings of guilt, powerlessness and inability to recognise abusive situations that may have been going on for a long time. Such dynamics perpetuate a vicious circle of victimisation and re-victimisation.<sup>21</sup>

European governments do not always consider elder abuse as a criminal offence, which leaves victims out of much of the support mechanisms available, and for which common minimum European guarantees were established by the 2012 European Union Directive on Victims' Rights.<sup>22</sup> Assessing how legislations address elder abuse and the advantages and potential challenges of considering it entirely or partly as a criminal offence have been identified as key steps to improve the status quo across Europe.<sup>23</sup>

Despite the legal gaps, and sometimes with the explicit goal to address them, several governmental and non-governmental organisations across Europe have set up specific support systems, including helpline services that victims and witnesses can contact to report elder abuse and seek assistance.<sup>24</sup> Such services can offer valuable help and support, such as advising about the support services available and their legal rights. They may sometimes also organise visits to the victim's residence or offer mediation between the victim and the offender.

A key step forward in addressing abuse includes multi-agency work, whereby support services, organisations of older people, law-enforcement bodies and other key stakeholders can share views and experiences and adopt joint approaches to identifying and tackling elder abuse and supporting victims. The European Union has funded a number of projects aiming to develop such a multi-agency approach,<sup>25</sup> and there have been initiatives in EU countries along the same line, like in the Netherlands, where actions have included public campaigning and awareness-raising.<sup>26</sup>

As abuse is likely to take place most often in the domestic environment, the use of restorative justice and mediation has been discussed.<sup>27</sup> Offenders may be most often informal carers who lack training and support to offer care to their relatives or close ones; in many cases, abusive behaviours may be truly unintentional. In the context of such personal links between the older individual and their informal carer, the prospect

of reaching out to the judicial system may be dissuasive for victims and individuals at risk, and mediation may offer a safer, more effective and more accessible solution. Such solutions have been tested across Europe, yet more evidence and guidance are needed in the context of elder abuse, including information about the limits and red lines.<sup>28</sup>

### 3) Raising the level of ambition in care and support for older people

If informal carers are often those responsible for acts of abuse, it is partly because of the unavailability of good quality, professional long-term care services across Europe. The International Labor Organization estimated that 30% of older people lack access to long-term care in Europe,<sup>29</sup> and other estimates show even greater gaps in most EU countries.<sup>30</sup>

It is clear that underinvestment in services and the overburden on informal carers and care professionals result in worse care and a higher prevalence of neglect and abuse. The outcomes of the COVID-19 pandemic in long-term care can be linked with years of underinvestment, which aggravated during the post-2009 economic and financial crisis. In a visit to Portugal in 2012, for example, the Commissioner for Human Rights of the Council of Europe described how austerity was putting older persons at a higher risk of suffering abuse and maltreatment,<sup>31</sup> and similar situations have been described across the EU over the years.

In view of the tragic impacts of COVID-19, the Commissioner delivered a statement pointing to the disfunctions observed during the pandemic in several European countries, and how they were the result of long-lasting deficits of the long-term care sector in Europe.<sup>32</sup> The Commissioner concluded with a reminder on the “urgency of the social care reforms that all European countries must undertake without fail to eliminate the root causes of this tragedy in the long run, and transition to long-term care systems which put persons’ needs and dignity at their heart”.

In fact, COVID-19 has initiated a conversation around the level of ambition European societies should have when it comes to thinking, designing and delivering long-term care. This conversation can be of critical importance with regard to the development



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of long-term care systems in the future and the ability of European countries to tackle elder abuse.

In 2017, the EU recognized, as part of a policy declaration that created the so-called European Pillar of Social Rights, long-term care “of good quality” as a right, “in particular home-based and community-based care”. Whereas care is of national competence, the EU adopted such a political commitment that has yet to be put into action. Yet initiatives taken in the context of the pandemic indicate that the EU may be consolidating a differentiated approach to care and support for people with disabilities and for older people, with the latter deserving a lower level of ambition, including on issues around de-institutionalization and community-living.<sup>33</sup>

Against this background, some voices have called for radical change in how long-term care is organized and delivered. Organisations of older people across Europe have called for new long-term care models and have identified key reforms and principles required to make them happen.<sup>34</sup> These include improvements in institutional care, or a decisive shift towards community- and home-based care. Some academics have pushed in the same direction, calling for an end of care homes and encouraging further “policy imagination” to address the care and support needs of older people.<sup>35</sup>



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If sustained, growing European public debate around how to organize long-term care and its guiding values and principles is likely to be rich. Experts have suggested shifting away from the traditional focus on systems and resources, in order to create a new conversation where care is part of the wider collective identity and a positive resource to ensure social cohesion.<sup>36</sup>

## Conclusion

Elder abuse in Europe is highly prevalent yet largely overlooked and unaddressed. It is the result of widespread ageist attitudes, inadequate or insufficient policy attention and precarious care systems. Tackling those causes can help European societies move towards dignity and equality in older age, including putting an end to elder abuse. The COVID-19 pandemic provides Europe and the whole world with a great opportunity to begin the journey towards making elder abuse a thing of the past.

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## Older Abuse in the COVID-19 Era in Bangladesh

As of 15 May 2021 the current COVID-19 pandemic has infected more than 162.53 million of the population with over 3.37 million deaths across the world including Bangladesh, the eighth largest population of 168.1. million.<sup>1</sup> Bangladesh is the 33rd country in the world in confirmed COVID-19 cases with an increased number of infections. Here official figures show that 779,796 people were infected, 12,124 of which up until now (15 May 2021) resulted in death. The COVID-19 pandemic has profoundly impacted all of our lives including older persons. Of Bangladesh's population, 8.2 per cent are aged 60 years and above, and 5.2 per cent are over the age of 65.<sup>2</sup> As of 15 May 2021, the highest death rate (around 50 per cent) was confirmed in the age group of 65 and above. An increase in medical costs and health care, pressure on social security and unemployment, a growing trend towards nuclear families, and children of older parents living in cities for education or abroad for work, are all critical challenges. Especially during the pandemic, along with health and healthcare vulnerability, there is a rise in experience of emotional and physical violence. The lockdown in Bangladesh elicits a concern about the likelihood of abuse against older persons in the present context.<sup>3</sup> There are various means by which older persons may experience abuse during the pandemic. The World Health Organization (WHO) began using the term “physical distancing” in late March 2020. Social distancing does not refer to the notion that we would not stay attached to loved ones, but this is one of the greatest risk factors for older abuse. Social distancing has the potential to result in psychological or emotional abuse and neglect or abandonment, and this can have an adverse impact on an older person's immunity and mental health.<sup>4 5</sup> If the current COVID-19 pandemic remains, physical distancing, social isolation and loneliness in old age will undoubtedly deepen, increasing older abuse – physical abuse, psychological or emotional abuse and neglect or abandonment. The WHO refers to older abuse as 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.<sup>6</sup> The types of abuse include physical abuse, psychological or emotional abuse, sexual abuse, abandonment or neglect and financial or material fraud, or any combination of these. In



this regard types of abusers may include family members, informal and formal caregivers and acquaintances.<sup>7</sup>

In Bangladesh, according to 'The National Policy on Older Persons 2013', individuals aged 60 or above are considered as older persons.<sup>8</sup> The majority of older persons live in rural areas where there is a lack of proper healthcare services, economic support and employment opportunities. The main causes of vulnerability of the older population are medical, economic, emotional and social issues, which are concerns not only for the individual or family, but also for the community.<sup>9</sup> The socio-economic changes, industrialization, urbanization, higher aspiration among youth and larger workforce participation among women, are gradually breaking the traditional joint family structure.<sup>10</sup> The scenario of support for older persons within the family is thus changing with the change of context.<sup>11</sup> Based on this background, this article attempts to explore older abuse in Bangladesh as reported in the local news media during the last year, since the identification of first case of COVID-19 on 8 March 2020. It also attempts to explore the pre-COVID and post-COVID (current) situation, and directs policy measures for intervention.

## **Older Abuse in the Pre-COVID-19 Era in Bangladesh:**

The prevalence of elder abuse in developing countries like Bangladesh is prominently high, where the pre-existing disadvantageous position of older persons with poor financial support, an absence of specialized healthcare services, social exclusion, and socio-economic insecurity has been prevailing for a long period.<sup>12</sup> It has been found in earlier studies that poor households are more likely to experience older abuse in Bangladesh.<sup>13</sup> A study on the older population<sup>14</sup> conducted by the Department of Population Sciences, University of Dhaka, explored different types of prevailing older abuse in Bangladesh, such as various disrespectful attitudes towards older persons, restrictions around sociocultural and leisure activities, physical abuse, psychological abuse, financial abuse, threats of abandonment, etc. Similar findings have been echoed in other studies as well,<sup>15 16</sup> where in the presence of physical and psychological abuses towards the elderly, the abandonment of older persons in Bangladesh are considered as responsible for the degradation of health, dignity and security in old age. Different causative factors of elder abuse have been brought under consideration to explain the phenomena of elder abuse in Bangladesh, such as poverty, the nuclearization of family, the limitations of older persons, the generation and communication gaps, property-related issues, abusive cultural traditions, etc.<sup>17 18</sup>

So it is evident that Bangladesh has been struggling with the challenges of prevailing elder abuse for a long period. COVID-19 and its associated short and long-term impacts are exposing older persons in Bangladesh to the risks of even wider discrimination<sup>19</sup> and different forms of abuse and exploitation. However, the pandemic context is greatly

influencing the motives, types, levels and actors behind elder abuse in the time of COVID-19.

## Older Abuse in the COVID-19 Era in Bangladesh

With existing evidence on the rise of elder abuse in Bangladesh,<sup>20</sup> the presence of COVID-19 and associated socio-economic consequences are increasing the exposure of older persons to the risk of abuse and violence in Bangladesh.<sup>21</sup> The COVID-19 pandemic witnesses a worrying rise in elder abuse cases. Three key avenues for elder abuse arising out of the pandemic consist in the following: physical abuse, psychological abuse and financial abuse. Many media reports have highlighted different forms of elder abuse that have taken place in Bangladesh during COVID-19.

### Abandonment

The most prevalent form of elder abuse in the COVID-19 era in Bangladesh is the abandonment of older persons. The fear of COVID-19 has been seen as the main reason behind the abandonment of older persons in the current context. The fear-driven stigmatized attitudes against older persons have been considerably prominent. Older persons showing COVID-19 symptoms are reported to have been abandoned by their own family members<sup>22</sup> following a denial of entry into the household. In many instances, abandonment of older parents took place even before the testing of COVID-19.<sup>23</sup> The abandonment of mentally unstable parents by their children has also been reported in the media in this COVID-19 period, with suspicions that older persons were carrying coronavirus with them and could bring a significant danger for the other household members.<sup>24</sup>

In the earlier phase of the coronavirus pandemic (March – June 2020), when movements were somewhat restricted through different government-imposed measures such as zone-based lockdowns, the mobility of mass people, including older persons, decreased. In such circumstances, the elderly had to face unsupportive attitudes towards their intentions of movement. They were reported as abandoned by the family members for their uncontrolled tendency towards mobility within the lockdown period.<sup>25</sup> Physical and mental abuses towards older persons prior to abandonment have also been reported in different media channels and newspapers.<sup>26</sup>

Older persons who were abandoned because of the suspicion of carrying coronavirus, faced such abuse mainly within their households in Bangladesh. Their own family members have been found responsible for such actions within this COVID-19 era. And in many instances, family members who abandoned their older parents or other older relatives absconded and could not be brought under any legal actions.<sup>27 28</sup>

## Financial Abuse

Another prominent form of abuse older persons are facing in Bangladesh in this COVID-19 period is financial abuse. Earlier studies in the context of Bangladesh showed a strong presence of financial abuse against older persons, exacerbating the lower-socioeconomic and financially disadvantageous positions of older persons.<sup>29</sup> In the earlier instances, the financial abuse has been seen to prevail more in the lower socio-economic strata, where older persons are less likely to be employed and empowered.<sup>30</sup>

Older persons are one of the major population groups who are most adversely affected by the socio-economic consequences of COVID-19. The lack of income capacity and losing existing income opportunities amidst the coronavirus period have exposed older persons to the risk of financial struggles more than in any other period, while also increasing the necessity of ensuring financial supports for them. Different social safety net programs, including old age allowance, have been found to ease the financial crisis of older persons in Bangladesh.<sup>31</sup>

However, within this COVID-19 era, an older person's access and utilization of such financial incentives have been significantly disrupted, causing them to fall victim to financial abuse. Not receiving old-age allowances amidst the coronavirus period, even after being fully eligible for it, is a very common financial challenge of older persons in this current pandemic context.<sup>32</sup> The mismanagement of systematic processes and lack of initiatives in this regard are responsible for such occurrences. Older persons have also been kept out of the coverage of old-age allowance intentionally in this pandemic period by corrupted local elected representatives, for instance where Union Parishad Chairman (a locally elected government representative) cut a large share of the allowance, which is mainly for the persons eligible for receiving the old-age allowance.<sup>33</sup> Examples of financial exploitation of older persons in the name of providing old-age allowance cards (which are meant to be free of cost) are also present in this COVID-19 era,<sup>34</sup> worsening their financial incapacity and ability to cope with the adverse socio-economic consequences of COVID-19. Along with corruption and mismanagement, structural lacking such as the absence of digital disbursement procedures of social safety net allowances, especially amidst pandemic period, is considered as a loophole causing such financial exploitations for older persons.<sup>35</sup>

## Discriminations towards older persons amidst the COVID-19 period

Along with abandonment and various forms of abuse, older persons in Bangladesh have been reported to be victims of different types of discriminatory attitudes and mismanagement both at the micro and macro levels. Such discriminations took place even within the health systems where lack of attention to elderly-focused amenities has

been widely discussed even prior to the COVID-19 era.<sup>36</sup>

In the earlier phase of the COVID-19 pandemic (March – June 2020), older persons experienced many struggles over testing for COVID-19 from authorized facility centers in Bangladesh because of the lack of institutional and structural supports. It has been reported that the lack of testing booths, transportation difficulties and mobility problems of older persons are worsening their situation while intending to receive COVID-19 tests.<sup>37</sup>

The complicated online registration process of sample testing has also intensified the suffering of older persons, especially those from lower wealth quintile groups and those having lower levels of education. The lack of an easier testing process for older persons is intensely felt by them, which is prohibiting greater accessibility. The lack of a separate queue or waiting line for older persons has also been mentioned in different news and media reports as worsening their suffering while going through COVID-19 testing formalities.<sup>38</sup>

The discrimination faced by older persons within Rohingya (Forcefully Displaced Myanmar Nations) Refugee camps in the COVID-19 era has also been frequently mentioned in different electronic and print media. The state-imposed lockdowns have fueled such discriminations, resulting in the closure of older people's access to nutritious foods, medicines and other amenities which are supplied by different NGOs in the Rohingya community.<sup>39</sup>

Such discriminations weaken the ability of older persons to cope with the socio-economic aftereffects of COVID-19 and make them more vulnerable than any other population group.

## Existing Policies, Intervention & What Needs to be Done?

Before the presence of the COVID-19 pandemic, the government of Bangladesh prepared a policy for older persons and also enacted the parents care acts: *The National Policy on Older Persons 2013*; *The Maintenance of Parents Acts 2013*. *The National Policy on Older Persons 2013* emphasized the recognition of contribution of older persons, intergenerational communication and safety, social facilities for older persons, poverty reduction, financial security, healthcare and nutrition, education and training of older persons, etc. *The Maintenance of Parents Act 2013* is a law to ensure social security of senior citizens, compelling children to take good care of their parents. The consideration of older people has also appeared in different existing policy documents of the government of Bangladesh with different levels of attention. *The Bangladesh Population Policy 2012* has asserted an emphasis on measures to provide food, social security and shelter to

people who are in need, with highlighting older people in particular. *The National Health Policy 2011* highlights different issues and concerns such as accessibility to disadvantaged people, gender equity, immunization, family planning, mobile clinics, climate-change-induced diseases and e-health, and also discusses different barriers. Even though these aspects are multidimensional, health policy does not clearly explain health rights, psychosocial support and care for older people currently living in Bangladesh. *The National Social Security Strategy (NSSS)* of Bangladesh has its commitment regarding older people where it describes potential scopes for taking initiatives for the welfare of older people.

Such policies and programs regarding older persons, as evidenced in Bangladesh, are not without their criticisms. Implementation of the policies and programs are the key concern at the grass-roots level for ensuring the rights of the older persons. Yet how to recognize and stop elder abuse in the COVID-19 era in Bangladesh is now a critical question. As indicated by our review of findings based on national news media, there is a clear need in securing the safety of older persons. A few specific interventions can be taken to address abuses and discrimination:

- In many instances, during the COVID-19 pandemic, family members who abandoned their older parents or other older relatives should be brought under legal action and punishment.
- The social safety net programs, including old age allowance, the loophole causing financial exploitations for older person, should be avoided with increased administrative capacity, right exclusion and inclusion criteria in the targeting approach, the presence of monitoring and supervision, and free from political corruptions, etc.
- Discrimination taking place within and outside the health systems should be avoided. The lack of testing booths, transportation difficulties, and mobility problems of older persons should resolved while they intend to receive COVID-19 tests with the presence of an easier testing procedure.
- The discrimination faced by older persons within Rohingya (FDMN-Forcefully Displaced Myanmar Nations) Refugee camps in the COVID-19 era should be carefully reviewed and to ensure their access to nutritious foods, medicines and other amenities which are supplied by different stakeholders in the Rohingya community.

No doubt such discriminations weaken the ability of older persons to cope with the socio-economic aftereffects of COVID-19 and make them more vulnerable than any other population group. Thus policy makers must be prepared to address the increase in older abuse associated with the evolving COVID-19 pandemic. To address all types of abuse and discrimination, the advancement of new policies and services in Bangladesh are needed to ensure the rights of older persons. Introducing 'Older Abuse Prevention Program' may provide education, outreach, advocacy and strategic partnerships to prevent and respond to the abuse of older persons. Creating public awareness campaigns is also required, as well as training service providers and older persons on how to detect, prevent and report older abuse. Potential measures may also include building volunteer programs and providing families with access to community outreach initiatives. Strengthening community cohesion as a key structural-level preventive measure for older abuse may further increase the public health benefits of physical distancing. Celebration and observance of the World Elder Abuse Awareness Day (WEAAD) on 15 June every year can also raise awareness of older abuse and ways to prevent it. Both the government and non-government agencies, including the development partners, can work together in this regard.

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## Gender Issues and Elder Abuse

Over the past decade, the issue of elder abuse has increasingly gained importance at international and European Union (EU) levels. The problem has been recognised as a significant global problem by the World Health Organisation (WHO) and the International Network for the Prevention of Elder Abuse (INPEA), and this has gradually been more widely accepted globally. Over the last three decades, in the United Kingdom (UK) there has been increasing recognition of the abuse and neglect of older adults as a social problem in need of attention; however, in some other countries such recognition and attention has happened more recently. Elder abuse is a human rights violation resulting in distress and suffering, decreased quality of life and in some situations such abuse even accelerates mortality. Furthermore, it is an infringement of Article 25 of the EU Charter of Fundamental Rights, which recognises and respects the rights of older people to lead lives of dignity and independence, and to participate in social and cultural life. The majority of older people are female, and more older women experience abuse than older men – this is the case even when controlling for gender differences relating to proportions of the population. Therefore, it is timely to consider violence and abuse of older women as a topic in its own right. This paper will explore a number of these issues.

In general terms, elder abuse and neglect is a complex and sensitive topic to fully and satisfactorily investigate. This situation was also found at the outset, with both child abuse and domestic violence against younger women. Determining a sound theoretical base for elder mistreatment, which is a term used to denote elder abuse and neglect, has presented challenges. This has partly resulted from a lack of agreement about the need for a standard definition, but also relates to problems in developing appropriate methods to use and research on the topic (cf. Ogg and Munn-Giddings 1993; Penhale 1999a).<sup>1,2</sup> Nevertheless, even with these difficulties, a number of definitions of elder abuse have been developed; one of the definitions that is most commonly referred to is the one used by the WHO and the International Network for the Prevention of Elder Abuse (INPEA), following the definition developed by the UK organization Action on Elder Abuse, now known as Hourglass.<sup>3</sup> Within most definitions and associated typologies, the following types of abuse are included: physical, sexual, psychological, financial (or material abuse) and neglect. A number of additional aspects of abuse have been added to this list, including institutional abuse, violations of rights and social abuse; these have also been

incorporated within a number of definitions and associated understandings of abuse. Over time, lists of indicators of abuse have also been developed, although it is difficult to diagnose mistreatment<sup>4</sup> solely through the use of indicators. However more generally, there is still debate about definitions, indicators of mistreatment and different aspects of abuse and neglect.

It is also clear that there is still a general lack of awareness of abuse in many countries and this can lead to challenges in the detection and identification of abuse and neglect by practitioners as well as the broader public and older people themselves. Undeniably, reports of which type of abuse is most common vary between surveys, with no absolutely consistent pattern of findings and differences occurring between studies at a national level. However, early American research did establish that most instances of elder abuse appear recurrent and as part of a pattern, rather than consisting of a single incident.<sup>5</sup>

When considering the term vulnerability and its use, it needs to be recognized that there are issues concerning visibility and invisibility about what is regarded as mistreatment or not, as well as other aspects such as the marginalization and exclusion of individuals who may be considered vulnerable, or at risk of mistreatment and/or harm. Current understandings indicate that vulnerability appears to be largely situational; this means it is not only the characteristics of the person that results in an assignment of the status 'vulnerable' but rather, it is the interaction with and inter-play between other situational and circumstantial factors that lead to a vulnerable state occurring for an individual.<sup>6</sup> Vulnerability is a social construction and a social model as outlined above would seem most relevant to its conceptualization, particularly in understandings of abuse. Additionally, those individuals who are often considered to be most at risk are people who are acknowledged to be from 'hard to reach' or 'seldom heard' groups and who may experience life on the very edges of society. This situation is likely to have adverse effects on individuals' health and well-being, not just concerning physical health but also states of mental well-being; indeed, some of these impacts may be very significant for individuals. It is also evident that some older individuals who have impairments, either due to a physical or cognitive related illness or disability – or perhaps also more complex conditions that combine both aspects, may also be 'hard to reach'. This is because the likely level of needs of such individuals may mean that these are not fully addressed by the service structures that exist. Aspects like these might be especially relevant in relation to individuals' experiences of abuse and violence, as the service structure and provision in a locality (or even nationally) may not serve these types of intersecting interests in a satisfactory or even relevant way. Further, the nature of public policy, provision of services and the dynamic and evolving quality of relationships between the individual and the state (perhaps particularly in this context, the welfare state) requires further exploration in relation to mistreatment, whether this is violence, abuse, neglect or exploitation (mistreatment is the more general term used to encompass these aspects, as suggested by O'Keeffe et al. 2007).<sup>7</sup>

In addition, there are a further set of issues concerned with family relations and familial matters. Throughout the last century, perhaps particularly in western and more industrialized countries, a significant number of changes happened in relation to family structures. Family types and patterns altered and developed as a result of these changes; one example of this can be seen in the rise of the number of re-constituted families following increases in rates of divorce and separation in some countries. Further, increases in number of multi-generational families, some of whom share accommodation and family life have taken place in many countries, partly due to the demographic changes that have occurred globally with ageing populations across most countries and the rising number of people living into late old age.<sup>8</sup> Considerable effects have also been seen in relation to socio-demographic factors like education, income and marital status, as well as gender. These and other factors have had significant effects on the dynamics and patterns of familial relationships in the twenty-first century.

From what we know at present, elder mistreatment appears to be a complex and multi-factorial phenomenon. However, there are a number of problems in interpretations of the existing evidence. A number of the causal factors that have been suggested as relevant to elder abuse seem to focus more on micro, individual level factors. As a result, potential macro, structural and societal level factors are not fully considered, and in addition there often seems to be an associated attribution of pathology to older people, perhaps particularly those individuals who have some type of disability. One instance of this can be seen when an older person who is dependent on others for needs relating to care and support is perceived as a source of stress and as a result is seen as responsible (at least to some extent) for any mistreatment that arises within such situations. Such perceptions of pathology could suggest confirmation of existing societal views and attitudes towards older people as dependent and powerless, which is neither helpful, or accurate. Yet despite prolonged attempts to disseminate the social model of disability across societies, this example concerning older people is similar to existing and still relatively prevalent societal perceptions of disabled people as both dependent and helpless and consequently unable to either care for themselves or live independently.

In general terms, older women are disproportionately affected by disability, poverty and violence. Over the course of a lifetime, gender-based differences in employment, healthcare and education negatively influence the physical and mental well-being of women, and this has a cumulative effect in later life.<sup>9</sup> Therefore, people who are both older and disabled could be more likely to be considered as helpless and dependent. As a result, individuals might experience an increase in vulnerability due to this intersectionality between age and disability.<sup>10</sup> This type of situational vulnerability, as discussed above, which is made more complex by such intersectional issues as suggested, also includes exposure to mistreatment. So older disabled individuals (and in particular women) are more likely to experience violence in their daily lives. The conjunctions that occur and inter-

relate between age, disability and violence are of increasing interest and to these further intersections of gender and race might also be usefully added as matters of concern.

However, conversely, this type of positioning of older and disabled people as dependent and powerless fails to take account of the potential role of several other aspects that act as protective factors against the development of situations that are abusive and harmful. One example of such a protective factor is the potential of neighbourhood and community to provide support to older people who may require it.<sup>11</sup>

## Violence Against Women: Including Gender in Elder Abuse

Since the 1970s, we have seen the development of an acknowledgement that violence against women is a human rights and public health issue, and one that has significant, substantial and enduring impacts on women's lives and health. In recent years, there has been an increasing number of studies that have aimed to explore women's experiences of violence at different ages and stages of the life-course. This has included the extent to which older women experience partner abuse.

It is estimated that around 500,000 older people are abused at any one time in the UK, with most victims of elder abuse being older women with a chronic illness or disability, according to statistics provided by the government information and data service. The most recent Women's Aid (England) and Counting Dead Women Project Annual Femicide Report shows that when considering the incidents of those women killed, most of the aged over 60 years were killed by a male family member, either a spouse or a son/grandson.<sup>12</sup> A further analysis of reported femicides over a ten-year period, between 2008 and 2018, determined that 278 older women (of 60+ years) had been killed. Of these older women, 38% were killed by their spouse or partner, 24% by a son, 14% by an acquaintance and 13% by a stranger/strangers. Thus almost 2/3 of these deaths related to either intimate partner or familial violence.<sup>13</sup>

Older women experiencing domestic and/or sexual violence may be afraid to seek help or may not know how to access any available support.<sup>14</sup> In general, they are less likely to report crimes or to make use of any services that might be available to assist them.<sup>15 16 17</sup> In addition, older women often face specific obstacles to disclosure and help-seeking; these have not been adequately acknowledged and are not either sufficiently understood or provided. Given the contextual backdrop of the global ageing population, it is essential that health, care and human services professionals can both identify gender-based violence and abuse and also understand the particular experiences, needs and rights of older women. Gender-based violence and abuse amongst older women can go

unnoticed by health and social care providers, with their (understandable) perspectives on and orientation towards welfare, care and health. It is noticeable that as women age and become 'older' their gender seems to be forgotten or becomes hidden, even invisible. Consequently, older women's experiences of gender-based violence may not be recognized or given a response in an appropriate and timely way. Therefore, it is clear that professional practice that is both age-sensitive and gender-responsive is needed in work with older women.<sup>18</sup>

Whilst violence against older women is often only considered in the context of care and dependency,<sup>19</sup> several reviews have indicated that violence against older women is mainly perpetrated by intimate partners (see for example, Penhale 2003).<sup>20</sup> And although a number of studies suggest that the prevalence of intimate partner violence (IPV) is lower amongst older women when compared to rates of IPV towards younger women,<sup>21 22</sup> it is necessary to be cautious about comparisons of this kind, as these studies are mainly small-scale and with differential coverage in terms of research designs, measurements of violence and age categories. Further, apart from the 1992 National Violence Against Women Survey,<sup>23</sup> and National Crime Victimization surveys in the United States (US) held in 1993 and 1999,<sup>24</sup> few studies contain data that is nationally representative. Yon and colleagues undertook a systematic review and meta-analysis of self-reported elder abuse by older women living in the community and found that despite significant variations in prevalence, and lack of robust evidence, particularly from low and middle-income countries, about 1 in 6 women experience abuse across the world.<sup>25</sup> In addition, as mentioned, intimate partner violence towards older women is often viewed in the context of their perceived greater vulnerability and dependency on their partner (see above for previous comments about vulnerability). Moreover, this perspective has been rebutted by a number of small-scale studies that demonstrate quite similar factors associated with intimate partner violence amongst older and younger women (for example, see Phillips 2000).<sup>26</sup>

A substantial number of studies have established that intimate partner violence has significant adverse physical and psychological health outcomes, especially among older women.<sup>27 28 29</sup> This is the case regardless of whether such violence is a continuation of violence that has occurred throughout the history of the relationship, or whether it has commenced 'de novo' during older age. Dealing with intimate partner violence among older women is therefore not only important in itself, but there are also some clear implications for their health, well-being and physical functioning.<sup>30</sup> In order to develop appropriate and effective interventions relating to older women who experience intimate partner violence, more needs to be known about its prevalence and the factors associated with increased risk for individuals.

In a European context, several representative studies have investigated the prevalence of intimate partner violence and the factors associated with it at national levels.<sup>31</sup>

Unfortunately, only a few of these surveys included women above the age of 50 years.<sup>32 33</sup> <sup>34 35</sup> There is large variation between these studies relating to the age categories used for women above reproductive age; sometimes these are not provided at all and studies do not include women of older than 49 years. Although the overall findings of these studies were that the extent of life-time prevalence of intimate partner violence reduced with increasing age, none of the studies specifically investigated what results in older women being at increased risk of intimate partner violence, with an inherent implicit assumption that relevant factors associated with this would be similar (if not the same) across different age cohorts. In addition, two more recent prevalence studies of elder abuse in Europe did not fully consider intimate partner violence in later life, but rather focused on the wider context of elder abuse and abuse against older women.<sup>36 37</sup> Another European study on intimate partner violence against older women did not explore either prevalence or factors associated with it,<sup>38</sup> but rather considered help-seeking by older women and perceptions of responses. For these reasons, a key remaining gap is representative, population-based data to enable comparisons of prevalence rates and risk factors associated with intimate partner violence across generations, or with a specific focus on mid- and later life.<sup>39</sup>

The recent launch of the WHO report on prevalence of violence against women in March 2021 is based on data from surveys undertaken globally in 2018. However, the report highlights the lack of data on women aged older than 50 years (as again the surveys only included women up to 49 years old). The failure to capture older women's experiences of violence is identified as one of the principal gaps/challenges in the report.<sup>40</sup>

Throughout the literature on elder abuse and the evidence-base from research that has developed over the past two decades, it is generally understood that men are more likely to abuse than women and that women are more likely to be abused than men within situations of elder abuse.<sup>41</sup> This might lead to some suggestion that labels men as abusers/perpetrators and women as abused/victims. When that consideration is simply on a numerical basis, this seems a reasonably clear finding; however, there is a need for abuse to be understood from a much broader perspective. Such a shift in perception requires an understanding of the societal context(s) of abuse. This would also need, for example, an appreciation of the possibility that some women act abusively, and that some men experience abuse.<sup>42 43</sup> Additionally, it is possible that the proportion of older men who experience and report some form of (elder) abuse is perhaps higher than the proportion of younger adult men who report abuse in relation to what are considered to be situations of domestic violence.<sup>44</sup>

Although it is apparent that both older men and women experience abuse, the majority of victims of elder abuse are female, even when this is corrected for by the fact that there are more older women in the population.<sup>45</sup> Furthermore, whilst there is ongoing uncertainty regarding the rates of elder abuse either as an overall figure or in relation

to the various sub-types, due to a lack of international comparative prevalence data, it can be stated with a degree of certainty that abuse in the domestic setting takes place across all ethnic and socio-economic groups and in both urban and rural areas.<sup>46</sup> However, in relation to the sexual abuse of elders, it is generally acknowledged that the majority of those who experience such abuse are women.<sup>47 48</sup> Throughout the life-course, women are more likely than men to experience violence from an intimate partner, to be a victim of sexual assault, to live in poverty, develop a disability or to have reduced access to education and healthcare. As they age, the enduring and cumulative effects of these differences increase.<sup>49 50</sup> Older women of colour, which includes individuals from immigrant communities, older women with disabilities and older lesbian, bisexual and trans-women, may in addition face far greater, exceptional difficulties.<sup>51</sup> A composite of barriers due to attitudes, policies or resources can lead to exacerbation of situational vulnerability for older women, in an intersectional and stigmatizing way.<sup>52</sup>

Those who are involved in mistreatment may be male, female, partners, adult children or other relatives. As seen in other forms of familial violence, the majority of abusers are men. If the probability of abuse is corrected for by the amount of time that the perpetrator spends with the victim, men are much more likely to be involved in abusive acts, particularly those which are physically violent.<sup>53</sup> Conventionally, elder abuse that occurs within domestic settings has been seen as a problem occurring between a female abuser, often a caregiver (perhaps a daughter), and older parents. A number of early elder abuse studies did indicate that abusers were more likely to be female and were usually relative.<sup>54</sup> However, following further analyses of such data, including consideration given to a distinction between physical abuse and neglectful acts (and/or omissions), it has been established that men are more likely to be involved in physical violence and women in neglectful acts.<sup>55 56</sup> Given that categories of neglect were very high in the studies that were reviewed, this largely explained why it had appeared that the majority of abusers were women.

Research regarding the characteristics of abusers and abused has provided rather contradictory results in relation to gender. Figures from the US Adult Protective Services have revealed that most victims are female (68%)<sup>57</sup> and in the UK prevalence study, older women reported mistreatment at more than double the rate of older men (3.8% vs 1.1%).<sup>58</sup> The prevalence study undertaken in Ireland using a comparable methodology to that of the UK also established that older women (2.4%) were more likely to report experiences of mistreatment in the previous year than older men (1.9%).<sup>59</sup> In the early prevalence survey, which used telephone calls conducted from Boston in the US, the majority of victims were male (52%),<sup>60</sup> although 65% of respondents to the calls and who undertook the survey were female. At 5.1%, the victimization rate obtained for men in the study was double that for women (2.5%), and yet the older population was disproportionately female. However, it must be recognized that women tend to sustain more serious abuse



and injuries than men.<sup>61</sup> This might well mean that older women are more likely to need treatment for their injuries and require other necessary forms of support and that they may also be more likely to come to the attention of authorities and service organizations.

It is possible, for instance, that women are more likely to report acts of mistreatment than men or possibly, even, to seek assistance, although evidence about this is limited. In addition, as already indicated, men are more likely to be physically violent and to commit more serious and severe violence than women. Therefore, if much elder abuse is between partners in later life, and the principal form of abuse for male abusers is physical violence towards women, which may perhaps lead to a need for treatment, then it could appear that more women are abused than men. Abusive behaviour by women, which is likely to be psychological or passively neglectful in type, may not result in the need for any treatment for the male victim, or even any external reporting, and so it is possible that this might not come to the attention of professionals or authorities. There might also be factors related to age cohorts involved here. In the UK prevalence study,<sup>62</sup> more older men in the oldest cohort (over 85 years) reported abuse than older women of comparable ages (who predominantly reported neglect). The most frequent report of abuse made by older men of this age group was of financial abuse. However, it is possible that the older male respondents perceived it as easier, or less stigmatizing to report financial abuse rather than, for example, physical violence. As is found with younger women, sexual abuse in later life appears to be highly gendered: those who are victims are predominantly female; those who abuse are male.<sup>63</sup>

One of the acknowledged and established risk factors for elder abuse concerns living with others, and as men are more likely to live with someone else in old age, this may well increase the risk of harm to older men and perhaps make abuse of older men more likely to occur. The early, seminal work of Kosberg (1998)<sup>64</sup> and Pritchard (2001)<sup>65</sup> in considering the needs of older men who experience abuse is important to note here. There is also some consistency with research into the characteristics of abusers: someone who has lived with a victim for a long time. The person involved as a perpetrator is most often a relative; this is most usually an adult child, spouse, grandchildren, sibling(s) than other relatives. The first prevalence study undertaken in the US by Pillemer and Finkelhor (1988)<sup>66</sup> found that abuse mainly happened between partners in later life and that abuse by non-family members was comparatively rare. This finding has been repeated in later prevalence studies (for example O’Keeffe et al. 2007; Luoma et al. 2011).<sup>67 68</sup> More recent studies have established that for certain forms of mistreatment, such as financial abuse, perpetration by other family members (who were not partners) may be more likely.<sup>69 70</sup>

Kosberg (1998)<sup>71</sup> suggested that in a number of situations, the motivation of revenge or ‘pay back’ for previous abuses of power within relationships could occur. In this type of situation, a woman or child/children who had experienced abuse from a man

at an earlier point in their family's history might see the opportunity to act abusively as a form of revenge in later life, in particular if the man is in need of care and support. Research undertaken in Sweden by Grafstrom et al. (1992),<sup>72</sup> which examined caregivers' experiences, found some evidence for this type of dynamic taking place (see also Volmert and Lindland 2016).<sup>73</sup> However, Jack (1994)<sup>74</sup> suggests that female-to-female and female-to-male abuse need to be situated within the context of exchange relationships within a dysfunctional and discriminatory society.

The potential effects of gender within abuse are influenced by a number of factors. These include the type of abuse which occurs; the fact that there are more older women within the population and that more women than men live alone in later life.<sup>75</sup> Yet there is a higher risk of abuse occurring when people live together. It also appears that the different types of abuse of which mistreatment consists also do not help to clarify the role of gender within such situations.

There are a further set of critical factors that need to be recognized when mistreatment of older people and the potential role of gender is considered. The societal, social, relational and cultural contexts concerning situations that occur need to be carefully considered.<sup>76</sup> As abuse and mistreatment are socially constructed phenomena, the meanings and understandings ascribed to situations by individuals must be fully taken into account.<sup>77</sup> The structural context is the background in which mistreatment is accepted and at the same time appears to be perceived as behaviour that is permitted within society. To this extent, ageism would seem to be a 'master category' in the power relationships that affect older people.<sup>78</sup>

However, other intersectional interests such as gender and disability are also of key relevance and should be properly considered here. Additionally, our knowledge and understanding of issues relating to both gender and power relations need to be extended,<sup>79 80 81 82 83</sup> together with the relative roles of these aspects in the development and continuation of abuse and abusive situations. The concurrence and inter-relations between age, disability and violence are also of increasing interest and concern and further intersections of gender and race might also be usefully added to these. There is an evident need for intersectional approaches that incorporate the nexus of age, disability, gender and violence.<sup>84</sup> It is also apparent from a life-course perspective that so far, less attention has been paid to the latter stages of life, and this needs to be rectified.

Moreover, within the broad spectrum that comprises elder mistreatment, it is apparent that there is a range of actions and behaviours (including the lack of action and failures to act) that need to be considered as indicative of abuse. When considering the range of mistreatment that can happen, it is also obvious that it is not just familial and interpersonal relationships and violence that are relevant, but other aspects such as institutional forms

of mistreatment are important and must be taken into account.<sup>85</sup> It is also necessary to acknowledge that this should be of particular disquiet when we recognize that those individuals who are most likely to be at risk of such harms are older disabled women – and they are also more likely to be admitted to institutional care.

As stated, elder mistreatment should not be seen merely in the context of families and interpersonal relationships. The fluid nature of power relations and the continuing prevalence of patriarchal assumptions also appear linked to abuse within the context of health and social care. Social and health care agencies accountable for ‘protective responsibility’<sup>86</sup> may inadvertently or even overtly mistreat individuals to whom they owe a duty of care.<sup>87</sup> In an analysis of welfare and formal care provision, Jack (1994)<sup>88</sup> suggested that dependence, power and control were incorporated within care relationships and that mutual (although unequal in nature and extent) dependency, powerlessness and violation frequently both results in and serves to maintain abuse by formal (paid) caregivers.

In an early attempt to consider aspects of gender more appropriately, Whittaker suggested that looking at differing types of abuse as being examples of ‘family violence’ or ‘carer stress’ results in obscuring the effects of gender.<sup>89</sup> The general concept of ‘elder abuse’ should be further examined and more emphasis given to the nature of power in relationships; this would need additional consideration of gender. Following feminist analyses, it would also require acknowledgement of the oppression of women, in terms of their social, economic and political control by men. Elements of this control are often seen to occur in situations of male violence against women; one aspect of this is abuse between partners within a relationship.<sup>90</sup> Consequently, the extent to which such an analysis is relevant in connection with elder abuse, and perhaps more specifically the abuse of older women, still requires further examination.

In relation to possible responses to abusive situations and potential service provision, it might also be useful to consider issues relating the use of refuges or “safe houses” to offer protection for older women who have experienced abuse. The major provider of “Battered Women’s Refuges” (as they were originally named) in the UK, Women’s Aid, has maintained a stance that their services are available to women who have been subject to abuse regardless of age and they do not discriminate on grounds of age. However, for a number of different but inter-related reasons, it is clear that it may be quite unlikely for an older woman to choose such a resource. Nevertheless, development of safe houses specifically for older women who have experienced abuse could be very useful; evidently this would be based on a different set of assumptions to those seen within the apparently predominant model of institutional care as an appropriate resource for elders who have been abused.<sup>91 92</sup> Some progress in this area has been reported in recent years and looks set to continue, with at least one refuge available for women older than 50 years currently available in the UK.

## Future Directions

A key area that needs further examination is to determine the nature of both commonalities and distinctions between domestic violence and the abuse of older women in more general terms. This would require exploration of issues of dependency and vulnerability that women may experience throughout the life-course and how these might alter with time. It is also necessary to discover more about why certain people, such as women, people with dementia and those other mental and physical health difficulties, appear to be at more risk of abuse and harm.<sup>93</sup> In particular, identification of relevant factors that seem to make or increase individuals' vulnerability and levels of risk would be useful in the continuing search to resolve and even prevent abusive situations.

There has been some useful work undertaken relating to the use of screening tools for abuse of older and younger women.<sup>94</sup> Such work could perhaps be extended to other related areas and different assessment formats in relation to responding to mistreatment. Further to consideration of these early stages of screening and assessment, it would be helpful to consider the extent to which approaches to intervention in abusive situations experienced by women at different stages of the life-course are shared or distinct and their relative usefulness. For instance, action-research concerning the use of shelters, could be undertaken.

It would also seem relevant for additional examination of the links between mistreatment that happens in domestic settings with that which occurs in institutional environments. Further exploration of the settings in which abuse can take place is likely to prove useful. Research that explores the nature and effects of power relations within relationships and in different situations might possibly find some interesting agreement between domestic and institutional settings. This would also add to knowledge and understanding of some of the key dynamics of abuse.

It also seems clear that not enough is known about which strategies of intervention work best and are most effective to be able to state unequivocally that a particular intervention is best for a specific type of mistreatment. This is particularly likely in connection with under-researched areas such as the abuse of older disabled women. Clearly, such work would also need to include individuals' perspectives about their situations, together with the incorporation of their views about the impacts of abuse. It is likely that such aspects will need more attention in the future. The intersections between age, disability, gender and abuse are absolutely fundamental; determining which perspective(s), interventions and preventive strategies are likely to be most helpful in meeting the requirements and situations of those whose needs fall within these intersections is essential here.

As a final point, the societal and structural concomitants of abuse, such as the poverty and oppression that many older people experience, would appear worthy of additional

research. Further in-depth exploration of such aspects as gender, power, disability and ethnicity in situations of mistreatment would be likely to assist with this.<sup>95</sup> This would be particularly pertinent as a means to try and establish the extent to which such aspects both perpetuate abusive situations and exacerbate them, or even militate against their resolution. Additionally, investigation of the links between the oppression of older people (in particular older women) and that of younger women or disabled people would also be of value in a broader consideration of different aspects of interpersonal violence. This would also include those areas that are common and shared between groups and those that are quite distinct to particular forms of violence and abuse. It is clear that more understanding of and knowledge about different types of abuse and violence are much needed in the efforts to prevent and resolve such mistreatment in the future.

## Concluding Comments

Developing the field further will require several different approaches. Evidently there is a need to improve awareness and recognition of mistreatment for the general public, professionals and perhaps most importantly, the older population.<sup>96</sup> Additional work needs to take place to develop both knowledge and understanding about abuse and neglect, the inter-related aspects of causal factors and consequences, and the interplay of gender and power relations in such situations. There also needs to be more development of theoretical and conceptual frameworks as these are of central importance in relation to the required knowledge.<sup>97 98</sup> Such frameworks must include gender perspectives, as appropriate. In addition, social perspectives on abuse must also be incorporated. If the aim of assisting all older people to live their final years free from abuse, neglect and exploitation is to be achieved, there must be more research, development and international collaboration to counter the different and pervasive forms of mistreatment that exist and any that are yet to emerge. Paying sufficient and necessary attention to issues of gender equality and the needs of older women will support this effort. Finally, most of all, it is essential that the voices of older people, especially those who have experienced abusive and neglectful situations, are central to such developments; it is evident that this needs to include those who are most marginalized and excluded, many of whom are women.

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# Elder Abuse Issues: Efforts of the International Community to Raise Awareness

Elder abuse as an issue has become important in the twenty-first century as ageing has gained prominence in almost all countries of the world. Older people in many nations are seen to be facing concerns related to the violation of their rights, affecting their well-being, dignity and quality of life. Older people are increasingly seen as facing different kinds of abuse, being neglected by their family members, institutional personnel, strangers, being deprived of many resources which affect their lives and maintaining a required standard of living in society. Elder abuse in all its forms and manifestations has become a public health problem globally. Different countries, organizations at the national and civil society levels are engaging in addressing it and raising awareness on stopping elder abuse in societies. As elder abuse issues become more visible, international efforts to universally and cultural-specifically define it, combat it and research various aspects related to it are gaining ground. This article throws light on these dimensions and discusses in brief what is being done at various levels to reduce the phenomenon of elder abuse.

Many countries are focusing on having their own definition of elder abuse based on their cultural and social context, but in general the phenomenon is accepted as an intentional act, or failure to act, by a caregiver or other person in a relationship involving an expectation of trust, that causes or creates a risk of harm to an older adult.<sup>1</sup> The WHO defines it as "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".<sup>2 3</sup> This definition of elder abuse is getting recognition in many countries though some are working on their own understanding of the term based on their cultures, use of legal terminology, protocols available to address it and so forth. Nonetheless, the WHO definition of abuse is seen as a standard policy formulation in a variety of fields and for diverse purposes. The term abuse is commonly used to also include negligence against older persons and also elder mistreatment which is regularly used in many countries, especially in the western world. These terms could be and are often used interchangeably in many parts of the world.<sup>4</sup>

Many factors are seen to be contributing to the risk of becoming a perpetrator of elder abuse, be it individual, relational, community or societal and an understanding of these factors help governments to identify ways to prevent elder abuse in societies. In developed countries, in Europe, America and Canada, and also in some Asia-Pacific countries, for instance, attempts are being made to have uniform definitions of elder abuse which allow for recognition of elder abuse cases and consequently facilitate strategies for prevention and intervention. While laws to address elder abuse and its definitions vary considerably globally, broadly six types of it are identified: physical, emotional/psychological, neglect (within this category more recently self-neglect is also being included), sexual, abandonment and financial abuse/exploitation. These are forms of elder abuse universally visible and there is consensus among international experts that these forms, no matter what cultural context, can be identified as follows: in cases of physical abuse there would be use of physical force which may result in bodily injury, physical pain or impairment; emotional/psychological elder abuse entails infliction of anguish, pain or distress through verbal or non-verbal acts; neglect is seen in terms of refusal, or failure to fulfil any part of a person's obligations or duties to an elderly person and may also include these on the self as well; sexual abuse is identified when there is non-consensual sexual contact of any kind with an elderly person; abandonment as elder abuse happens when desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder takes place; and financial abuse/exploitation becoming very common in contemporary societies deals with illegal or improper use of an elder's funds, property or assets.<sup>5</sup>

Since 2000 there has been a significant growth in prevalence studies, including major studies from the United Kingdom, Spain, Germany, Ireland, Israel, Finland, Canada and the United States.<sup>6</sup> In India too, certain NGOs, for instance HelpAge India, have recently undertaken studies which discuss the extent of elder abuse in the country.<sup>7,8</sup> Nonetheless, prevalence data on different types of abuse is generally not available in many countries which might provide a global estimate, but recent data from different parts of the world is indicating that numbers of abused older people is increasing and a tendency for this to increase is higher as societies are ageing and the proportion as well as the absolute numbers of older people increases. Recent data from the National Institute on Aging indicates that 1 in 10 older people suffer from some types of abuse every year. Yet the signs of elder abuse often go unreported and abusers go unpunished. According to the New York State Elder Abuse Prevalence Study, in New York State alone, it is estimated that for every one case of elder abuse, neglect, exploitation or self-neglect reported to authorities, about five more go unreported. A 2017 WHO study based on the best available evidence from 52 studies in 28 countries from diverse regions, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse.<sup>9</sup>

However, as experts point out, any estimates of elder abuse must be viewed with caution as there is always underreporting resulting in underestimation of prevalent rates. The WHO study indicated that only 1 in 24 cases of elder abuse was probably reported as existent data suggests that often older people are afraid to report cases of abuse to family, friends or to the authorities. Thus available government data or that from NGOs is generally misleading. Acknowledging that although rigorous data is limited in the WHO study, it nonetheless provides prevalence estimates, drawing on all available studies of the number of older people affected by different types of abuse and these figures are disturbing. Seen from a human rights perspective, any older person facing abuse and neglect is a matter of grave concern as it is clearly violation of their right to a life of dignity and respect. In most countries data on elder abuse from community studies is more easily available than it is for identifying the problem in long-term care facilities and other old age care institutions such as hospitals, nursing homes and old age homes. But as the WHO study indicates, based on systematic reviews and meta-analyses of recent studies on elder abuse in both community settings,<sup>10</sup> and institutional<sup>11</sup> based on the self-report by older adults, the rates of abuse are much higher in institutions than in community settings. Institutional abuse may be perpetrated in residential facilities through negligent and insensitive routines, lack of nutrition and medication and failure to provide sufficient safeguards for protection from disease. Last year, in 2020 the WHO indicated that even though rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year, disturbingly around 1 in 6 people 60 years and older experienced a form of elder abuse in community settings during the past year. It must be kept in mind that precise estimates of elder abuse prevalence in different population-based studies are not easy to conduct and do not provide any statistically valid understanding as there are various impediments. Much more work needs to be done by international experts in collating global data on elder abuse issues and for this to happen we need national gerontologists working on elder abuse issues to develop robust data sets to capture the picture and above all to have an appropriate understanding of how elder abuse can be identified.

As already stated, the understanding of elder abuse and neglect, also called elder mistreatment, is at an interesting juncture, both empirically and conceptually<sup>12</sup>. A recent initiative undertaken by the WHO and the Campbell Collaboration on elder abuse brings various stakeholders together to review the gaps internationally in data and research on different aspects of the topic. The meeting held in February 2021 took note of the fact that elder abuse has only been dealt with sporadically by ageing specialists and there is a need to give priority to this growing problem in societies. The WHO has taken a step in this direction by increasing its activities on elder abuse concerns in the UN Decade for Healthy Ageing 2021-2030. It advocates for the development of a sustained evidence-based strategy to address elder abuse. Interestingly, prior to this in May 2016, the World

Health Assembly adopted a Global strategy and action plan on ageing and health that provides guidance for coordinated action in countries on elder abuse which aligns with the Sustainable Development Goals. In line with the global strategy, the WHO along with its partners recommends countries prevent elder abuse by responding to the problem in a concrete plan. The suggestion is for identifying elder abuse in countries, quantifying the problem by generating evidence on the prevalent types of elder abuse in different settings so that the magnitude and nature of the problem can be understood at the global level. The strategy also advocates governments to take steps to prevent elder abuse at their respective levels as well as collaborate with international agencies and organizations to deter the problem globally.

In this direction a noteworthy contribution is being made by the International Network for the Prevention of Elder Abuse (INPEA), an independent, non-profit, non-government organization with special consultative status to EcoSoc, UN Department of Economic and Social Affairs and in collaborative relationship with the International Association of Gerontology and Geriatrics (IAGG). Since its inception in 1997, it has been involved with advocacy and research for the protection and promotion of human rights of older persons. It has been doing work in many countries through its representatives, volunteers and well-wishers on ending elder abuse and neglect. On 15 June 2006, it launched World Elder Abuse Awareness Day (WEAAD) as an initiative for individuals, organizations and communities all over the world to raise awareness about elder abuse and to foster the public's sensitivity to elder abuse. It encouraged its members to advocate at different levels for a world free from elder abuse. Many governments and organizations at the national and international levels support the ideas, goals and programs of INPEA and through WEAAD observance every year bring focus on paying attention to different aspects of elder abuse so that it is not ignored as a problem facing all ageing societies and various combating strategies are adopted to give it more visibility. It gives voice to older people to speak against elder abuse and through international collaboration recognizes and responds to the problem. As an organization it disseminates information reinforcing its commitment to prevent elder abuse. INPEA further received encouragement for its work when WEAAD was recognized as a United Nations Day by the General Assembly in its resolution A/RES/66/127 adopted in 2011. Observance of WEAAD has led to many countries to focus on various preventive steps to combat elder abuse. Some of the strategies being implemented in different cultural contexts to prevent elder abuse and take action against it include awareness campaigns, building on intergenerational bonding in educational institutions, initiating caregiver support interventions and promoting caregiver training programs. With many such action programs and plans, INPEA, through the medium of WEAAD, has over the years made inroads in many countries and with international organizations working on ageing issues to reflect on prevalent ageist attitudes in societies which lead to poorer physical and mental health as well as reduced quality of life for older people at a huge cost

to respective economies.

Given the different forms under which elder abuse as seen in most societies, it is now increasingly recognized as a serious public health issue in most parts of the world, with far reaching impacts due to the numerous and varied physical and psychosocial consequences of being exposed to these phenomena. Many nations are making attempts to examine the consequences of elder abuse and increasingly view it in terms of the medical, societal and financial costs incurred by it on the economy. No doubt that it is difficult as things stand at present in different countries to have an estimate and characterize the true public health burden of elder abuse. Much of this relates to variations in definitions of elder abuse along with methodological problems in measuring it and problems in aggregating, comparing and interpreting data from different sources. In each country the use of different terms and jargon to describe elder abuse along with describing it in terms of certain behavioural categories which can't be conceptually clarified, makes efforts at estimating the cost of it to society very difficult. International experts working on elder abuse issues recognize the problems in compiling data on this and especially in



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generating comparable data sets. Precise estimates of elder abuse prevalence in different population-based studies are not easy to conduct and do not provide any statistically valid understanding, as there are various impediments. However, it is recognized that elder abuse affects many aspects of an individual's life and has a close relationship with the well-being of a person as much as it is related to health aspects and social adaption in later life.<sup>13</sup> Clearly with contributions from the international community, research on elder abuse has developed as a multidisciplinary area affecting medical, clinical, psychological, social, institutional, policy and philosophical concerns<sup>14</sup> and has crossed national boundaries. INPEA, together with the United Nations and the WHO, has promoted the human rights of older people and in collaboration with these organizations has established the foundation of elder abuse prevention and scholarship from an international perspective. Significantly, INPEA, as one among the nine founding NGOs that form part of the Global Alliance for the Rights of Older Persons (GAROP) as a stakeholder, took an active part in the Launch of the Strengthening Older Person Rights and facilitated NGO Networking prior to each session of the Open Ended Working Group on Ageing (OEWGA) at the UN. As a concluding remark, it is noteworthy and encouraging to state that on 15 June 2020, on observance of WEAAD, the Independent Expert on the enjoyment of all human rights by older persons, Ms. Claudia Mahler, urged governments and the international community to exercise global solidarity and step-up action to effectively prevent and protect older persons from physical and psychological abuse, including neglect.

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## ASEM

The Asia-Europe Meeting (ASEM) is an intergovernmental process established in 1996 to foster dialogue and cooperation between Asia and Europe.

ASEM addresses political, economic, financial, social, cultural and educational issues of common interest in a spirit of mutual respect and equal partnership. Its foremost event, the ASEM Summit, is a biennial meeting between the Heads of State and Government, the President of the European Council, the President of the European Commission, and the Secretary-General of ASEAN. In addition, ASEM Ministers & Senior Officials also meet in their respective sectoral dialogues.

The initial ASEM Partnership in 1996 consisted of 15 EU Member States, 7 ASEAN Member States, China, Japan, Korea and the European Commission. Today, ASEM comprises 53 Partners: 30 European and 21 Asian countries, the European Union and the ASEAN Secretariat.

Through its informal process based on equal partnership and enhancing mutual understanding, ASEM facilitates and stimulates progress but does not seek to duplicate bilateral and other multilateral relationships between Asia and Europe.

Reference: ASEM InfoBoard, <https://www.aseminfoboard.org/about/overview>

## ASEM Partners

### Partner Organisations



**ASEAN Secretariat**  
Joined 2008



**European Union**  
Joined 1996

### Partner Countries



**Australia**  
Joined 2010



**Austria**  
Joined 1996



**Bangladesh**  
Joined 2012



**Belgium**  
Joined 1996



**Brunei Darussalam**  
Joined 1996



**Bulgaria**  
Joined 2008












































**Cambodia**  
Joined 2004



**China**  
Joined 1996



**Croatia**  
Joined 2014

	<b>Cyprus</b> Joined 2004		<b>Czech Republic</b> Joined 2004		<b>Denmark</b> Joined 1996
	<b>Estonia</b> Joined 2004		<b>Finland</b> Joined 1996		<b>France</b> Joined 1996
	<b>Germany</b> Joined 1996		<b>Greece</b> Joined 1996		<b>Hungary</b> Joined 2004
	<b>India</b> Joined 2008		<b>Indonesia</b> Joined 1996		<b>Ireland</b> Joined 1996
	<b>Italy</b> Joined 1996		<b>Japan</b> Joined 1996		<b>Kazakhstan</b> Joined 2014
	<b>Korea</b> Joined 1996		<b>Lao PDR</b> Joined 2004		<b>Latvia</b> Joined 2004
	<b>Lithuania</b> Joined 2004		<b>Luxembourg</b> Joined 1996		<b>Malaysia</b> Joined 1996
	<b>Malta</b> Joined 2004		<b>Mongolia</b> Joined 2008		<b>Myanmar</b> Joined 2004
	<b>Netherlands</b> Joined 1996		<b>New Zealand</b> Joined 2010		<b>Norway</b> Joined 2012
	<b>Pakistan</b> Joined 2008		<b>Philippines</b> Joined 1996		<b>Poland</b> Joined 2004
	<b>Portugal</b> Joined 1996		<b>Romania</b> Joined 2008		<b>Russian Federation</b> Joined 2010
	<b>Singapore</b> Joined 1996		<b>Slovakia</b> Joined 2004		<b>Slovenia</b> Joined 2004
	<b>Spain</b> Joined 1996		<b>Sweden</b> Joined 1996		<b>Switzerland</b> Joined 2012
	<b>Thailand</b> Joined 1996		<b>United Kingdom</b> Joined 1996		<b>Viet Nam</b> Joined 1996





## **ASEM Global Ageing Center (AGAC)**

**ASEM Global Ageing Center (AGAC)** is a specialized international institution based in Seoul, which operates as an international hub for coordinating a wide variety of agendas surrounding the human rights of older persons for ASEM partners.

The center aims to address various issues confronted by ASEM partners regarding the human rights of older persons, and ultimately to contribute to the promotion and protection of human rights of older persons through policy research, cooperation, raising awareness and education, and sharing information.

## AGAC ISSUE FOCUS

AGAC ISSUE FOCUS is a periodic report, published biannually. Issue Focus aims to address timely ageing and human rights issues as well as introduce the relevant policies and responses from ASEM partners in order to promote information sharing and awareness raising, and ultimately enhance cooperation among the ASEM partners on the issues of ageing and human rights of older persons. Each report covers a particular theme which reflects major and timely issues of ageing and human rights of older persons in Asia and Europe.

For more information, visit AGAC website ([www.asemgac.org](http://www.asemgac.org)).

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