Long-Overdue Recognition for the Critical Issue of Elder Abuse and Neglect: A Global Policy and Practice Perspective

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This special section of Brief Treatment and Crisis Intervention presents three studies on elder abuse by members of the International Network for the Prevention of Elder Abuse (INPEA): one from the United States, one conducted in Japan, and the third conducted in Sweden. They are intended to exemplify research conducted internationally on elder abuse and stimulate ongoing research and evaluation studies on this social problem, as well as effective prevention, crisis intervention, and postvention strategies from a global perspective. [Brief Treatment and Crisis Intervention 5:187–191 (2005)]

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The International Network for the Prevention of Elder Abuse (INPEA) is a nongovernmental organization (NGO) recognized by the United Nations (UN) with special consultative status. INPEA’s objectives are to increase public awareness and knowledge of this issue; to promote education and training of professionals and paraprofessionals in identification, treatment, and prevention of elder abuse; to further advocacy on behalf of abused and neglected elders; and to stimulate research into the causes, consequences, prevalence, treatment, and prevention of elder abuse and neglect (United Nations, 2004). Readers who would like to learn more about INPEA can visit its website at www.inpea.net.

The focus of this section of Brief Treatment and Crisis Intervention is on abuse of older adults as a crisis and traumatic event from an international perspective. The evidence is contradictory on the susceptibility of older people to trauma and crisis (Wolf, Bennett, & Daichman, 2003). However, older persons’ experiences of victimization by family members, loved ones, and caregivers are inevitably distressing and even life threatening (Brownell & Berman, 2004; Brownell, Berman, & Salamone, 1999).
While the mistreatment of older people is not new, elder abuse as a recognized social problem in developed countries dates back only to the 1970s (Wolf, 1988). Since then, the primary focus of research has been on defining elder abuse, learning more about characteristics of victims and perpetrators, and measuring incidence and prevalence. Unlike domestic violence, elder abuse has been defined by professionals, and evaluations of elder abuse interventions have been largely descriptive (Wolf, 2000).

In the United States, county-based adult protective-services agencies are responsible for investigating incidents and providing crisis intervention to older adult victims of abuse and neglect who live in the community (Quinn & Tomita, 1997). In addition to government programs like adult protective services, some excellent crisis intervention models have been developed, particularly in partnership with county-based adult protective-services programs. One example is VAST, the Vulnerable Adult and Adult Specialist Team, which reflects a new model of medical and social service integration (Mosqueda, Burnight, Liao, & Kemp, 2004). Institutional abuse of older adults in nursing homes and other congregate settings has been the focus of both research and state statutes mandating reporting to state health departments with licensing and oversight responsibilities (Karp, 1999). However, internationally, elder abuse is still evolving as a social issue (Wolf et al., 2003).

This presents both challenges and opportunities for the international gerontological services community. The “Silver Tsunami” is generally understood to be sweeping the globe. UN social demographers project 2025 as the year in which, for the first time in human history, there will be more people aged at least 60 years of age than those under 15 years living on the planet. However, in most countries elder abuse is not identified as a significant social problem. Little is known about how different countries and cultures define elder abuse; and prevention, early detection, and crisis intervention models have yet to evolve in most of the world.

The Second World Assembly on Ageing, held in Madrid, Spain, in April 2002, took this on as a challenge and included a section on elder abuse and neglect as part of the Madrid 2002 International Plan of Action on Ageing. In this implementation plan is the issue of neglect, abuse, and violence against older people. It states: “Neglect, abuse and violence against older persons takes many forms—physical, psychological, financial—and occurs in every social, economic, ethnic, and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud, and crimes against older persons. Professionals need to recognize the risk of potential abuse or violence by formal or informal caregivers both in the home and in community and institutional settings” (UN Second World Assembly on Ageing, 2003, p. 38).

INPEA/IAG has accepted the challenge to collaborate with other NGOs and governments in promoting awareness of elder abuse internationally and encouraging “further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men, and widely disseminate findings of research and studies” (UN Second World Assembly on Ageing, 2003, p. 39).

INPEA has collaborated with the World Health Organization (WHO) Ageing and Life Course unit on a study of eight countries: Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon, and Sweden. The study used a focus group methodology to examine the meanings of elder abuse and neglect for older
people in their communities and primary health care workers (WHO/INPEA, 2002).

Analysis of major themes that emerged from the study identified similarities across older adults from participating countries as to their perception of abuse. Three major areas were (1) neglect (isolation, abandonment, and social exclusion); (2) violation of human, legal, and medical rights; and (3) deprivation (of choices, decisions, status, finances, and respect). Recommendations that emerged from the study included disseminating research findings through scientific journals, developing a global inventory of good practice, and “mobilizing civil society through raising awareness of the widespread magnitude of elder abuse” (WHO/INPEA, 2002, p. IV).

*Missing Voices: Views of Older Persons on Elder Abuse* (WHO/INPEA, 2002) identified a number of prevention and intervention strategies that both developed and developing nations can implement to address this global problem. These include promoting education and awareness of the general population; ending social isolation of older adults through promotion of intergenerational relationships; training professionals; empowering older adults; and supporting more research and the dissemination of research findings on elder abuse. The full text of the *Missing Voices* report can be found on the website of the WHO (www.who.org).

INPEA is currently mounting an ambitious new project to promote World Elder Abuse Awareness Day, to be observed annually beginning June 15, 2006, in collaboration with the International Association of Gerontology, WHO, the International Federation of Ageing, HelpAge International, the Subcommittee on Elder Abuse of the NGO Committee on Ageing, AARP (formerly the American Association of Retired Persons), the Canadian and Ontario Networks for the Prevention of Elder Abuse, the United States National Center on Elder Abuse, the Ontario Seniors/Secretariat/Government of Ontario, and other NGOs. The day will focus on efforts across the globe to raise awareness of elder abuse in a coordinated fashion for the first time. As the project progresses, participating organizations, localities, and nations will plan activities to recognize World Elder Abuse Day, such as educational activities to raise awareness of this social problem.

A second project undertaken by INPEA is the launch of its research agenda in New York City in 2003, *A World View on Elder Abuse*. Phase one of this project is an environmental scan. This project is being undertaken in collaboration with the WHO, to examine the studies, programs, projects, laws, and policies related to elder abuse and neglect globally. Among the models to be identified and examined are those related to brief treatment and crisis intervention.

Included in this INPEA section of *Brief Treatment and Crisis Intervention* are studies undertaken by INPEA members and scholars: Dr. Tazuko Shibusawa, professor, Columbia University School of Social Work, with a Japan-based team of researchers; and Christen Erlingsson and colleagues with a study based in Sweden. A third article, by Drs. Ann Wolbert Burgess, professor, Cornell School of Nursing, Boston College, and Leonard I. Morgenbesser, adjunct faculty member, Empire State College, State University of New York, frames the issue of sexual violence and older adults. All three studies—conducted in Japan, Sweden, and the United States, respectively—reflect a qualitative approach to understanding elder abuse and neglect from a cultural perspective taken by the WHO in collaboration with INPEA. The underlying assumption of these studies is that it is essential to understand elder abuse from the perspectives of older people and their health care providers in order to plan, implement, and evaluate culturally appropriate crisis intervention and longer-term prevention and treatment strategies.
Dr. Shibusawa and her team examine crisis intervention strategies that are implemented by social workers at Japanese Home Care Support Centers when encountering abuse of frail elders by their families. While at the present time there is no formal notification system for elder abuse in Japan, there is an extensive formal system of in-home care for older adults to supplement or supplant care by family members. This reflects a policy decision by the national government of Japan to mandate local governments to establish Home Care Support Centers to assist families in caring for elderly members.

As noted in the Madrid International Plan of Action on Ageing (UN Second World Assembly on Ageing, 2003), victims of elder abuse may not seek help to address abuse or neglect by family members because of shame or fear. The in-home service program in Japan employs social workers as well as nurses to visit homes of older adults receiving government-mandated services to ensure their well-being. This also provides opportunities to identify mistreatment when it occurs and take action on behalf of the elderly victim. The case examples presented by Dr. Shibusawa illustrate the health and social situations encountered by health and service professionals in Japan, and the strategies they have developed for addressing them.

The study conducted in Sweden by Ms. Erlingsson, with Drs. Saveman and Berg, was intended to explore the perceptions of elder abuse held by older people in Sweden. It also examined coping strategies of victims, which ranged from changes in individual life decision making to efforts to engage in social change. While the focus of this study was on the perceptions of older adults about elder abuse, the study identifies the importance of professionals in the health care field becoming aware of what older people believe is the cause of elder abuse and what they consider abusive. The researchers make recommendations about incorporating these findings in interview and assessment techniques and training manuals. This addresses the recommendation in the Madrid 2002 International Plan of Action on Ageing to include handling of elder abuse in training in the caring professions.

The article by Drs. Burgess and Morgenbesser identifies an emergent issue of rape and sexual assault of older adults by sex offenders, institutional staff, and family members. The authors note that there is a paucity of research on this highly taboo topic, and their article is intended to raise awareness of practitioners and clinicians about crisis needs, practices, and issues in helping older rape victims, which requires a swift response on the part of health care, social service, and law enforcement personnel to minimize trauma and ensure that protective and prosecutorial measures are taken. The authors outline the steps that must be taken in the detection and intervention process when an older adult is suspected or determined to be a victim of a sexual assault, and include a detailed compendium of crisis intervention strategies.

The three studies included here add to our understanding of elder abuse, its meaning for older adults and their families, and how it can be identified and addressed by health and service professionals. While the studies raise concerns about the vulnerability of care-dependent older adults, in fact most older adults are healthy and active contributors to their families, communities, and societies. Care-dependent elders may be vulnerable to abuse by formal and informal caregivers, but frailty is not necessarily a risk factor, according to some studies. In fact, abuser characteristics may be more predictive of abuse than those of older victims (Brownell, Berman, Salamone, & Welty, 2000; Wolf et al., 2003).

Ensuring that health and service providers are aware of elder abuse and strategies for addressing it in situations involving care-dependent older victims is essential. Interventions for
older adults have been guided by global principles reflecting dignity, choice, freedom, safety, and least-intrusive and disruptive choices (Wolf et al., 2003). Levels of intervention include social policies, community efforts, neighborhood networks, and family and individual interventions.

Crisis intervention strategies for elder abuse and neglect reflect the individual and family levels, and debates about their development and application inevitably revolve around issues of autonomy versus paternalism. Developed countries have legal underpinnings for interventions that may involve involuntary action on the part of health and service providers to address elder-abuse-and-neglect emergency. For developing countries that are only beginning to acknowledge elder abuse/neglect as a social problem, more research is needed to understand it within specific cultural contexts and develop culturally appropriate and feasible interventions.

In these articles, Dr. Shibusawa, Ms. Erlingsson, and their colleagues have begun to address both the gap in our knowledge about elder abuse/neglect from a global perspective and culturally specific strategies for addressing this problem. In the future, INPEA hopes to support and encourage more research that will result in empirically tested brief treatment and crisis intervention models, to be adopted by the global community as the implementation of the Madrid International Plan of Action on Ageing unfolds.

References