



Policy **brief**

Abuse of Older Persons

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2002 Regional Implementation Strategy of the Madrid International Plan of Action on Ageing (MIPAA/RIS), Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being; In order to work towards a sustainable society for all ages, societies should combat age discrimination and age-related violence. Abuse prevents older people from living a life in dignity and from fully participating in society.

2012 Vienna Ministerial Declaration: A Society for All Ages: Ensuring a society for all ages: promoting quality of life and active ageing; In fostering the implementation of MIPAA/RIS in its third implementation cycle (2013-2017) UNECE member States are determined to seek to safeguard the dignity of older persons by combating any form of prejudice, neglect, abuse and discrimination (section 9(a); II (i); III(a)).

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With good practice examples from:

Canada, Czech Republic, Germany, Ireland, Norway, Portugal, Slovenia, Sweden, Switzerland, the Netherlands, United States of America and the European Commission.

Challenging context

Population ageing in UNECE member States has given rise to fears that abuse of older persons may increase in its incidence, prevalence and complexity. Stereotypes may provide the breeding ground for abuse in society. Given the taboo attached to the topic, abuse and neglect are often underreported. Older people may be silent for fear of exposing a family member, losing services or being institutionalized. Therefore, there is a lack of reliable internationally comparable data to evaluate the phenomenon.

Suggested strategies

The best approach is to avoid abuse before it happens. Prevention strategies may include awareness raising in society about appropriate behaviour and available services. Support services may help to mitigate risk factors that are located with older people who live alone or depend on an abusive family member or with an abuser who is overburdened with the care responsibilities. Training can help both formal and informal carers to manage stress and to recognize and avoid abusive situations. Minimum standards should be established for institutional care, accompanied by regular screening and monitoring. Helplines have proven useful in providing counselling. Victim assistance programmes may provide access to interdisciplinary legal support teams. Case managers are there to assess the needs of older people faced with abuse; they establish a care plan and may refer the person to other medical or psychological services. Multiagency teams ensure interagency coordination.

Expected result

These measures should help to protect vulnerable older persons, thus allowing them to age with dignity and in good health, both physical and mental. They help older persons maintain high levels of quality of life and well-being and reduce costs to society.

Introduction

The issue

Abuse of older persons is a major societal problem that often goes undetected. Although not a new phenomenon, the speed of population ageing worldwide has given rise to fears that abuse of older persons, too, may increase in its incidence, prevalence and complexity. Globally, the number of cases of elder maltreatment is projected to increase as many countries have rapidly ageing populations whose needs may not be met easily due to resource constraints (WHO Regional Office for Europe 2011: viii).

Elder abuse is associated with a number of consequences, both for individuals as well as societies. Victims of elder abuse often experience significant distress and may never fully emotionally recover from trauma. The individual may suffer from a growing sense of insecurity, from illness, anxiety or depression. Consequences of elder abuse may be worsened because shame and fear of getting institutionalized may cause reluctance to seek help. Victims of elder abuse are typically torn between the feelings they have for their abusers and their desire to speak up about the abuse. They are also often dependent on their abuser (WHO Regional Office for Europe 2011).

Elder abuse, including neglect seems to lead to higher dependence in performing activities of daily living, increased emergency room visits, higher rates of mortality, and self-destructive behaviours in abused elders which can even result in suicide. For older people, the consequences of maltreatment can be especially serious because their bones are more brittle and convalescence takes longer. At the societal level, abuse is related to higher direct costs related to health care, case detection and staff training, as well as indirect costs related to loss of social capital and the reduced ability of people to productively contribute to society.

Definition

Elder abuse has cultural, ethnic and religious dimensions. For example, in Norway the definitions of elder abuse include “family disharmony” and in France “moral cruelty” (Lowenstein 2009: 282; cf. Phelan 2013: 6-7). The World Health Organisation’s (WHO) definition may provide some common ground to discuss abuse in an international context:

“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.” (WHO 2008: 1).

Categorization

Abuse can range from what might clearly constitute a criminal offence, e.g. sexual or physical abuse, theft, etc., to acts that cause harm to an older person whether by omission or otherwise, e.g. neglect through lack of resources or difficulties with interpersonal relationships. Abuse and neglect have been distinguished depending on whether or not there has been an active violation of rights or an absence of action. The abuser can be a stranger, an acquaintance or a trusted other. The perpetrator can be the person him or herself, in which case one would talk about self-neglect. Abuse can take place at home (domestic abuse) or in a health and care setting (institutional abuse). Depending on the motivation of the perpetrator, it can be intentional or unintentional (De Donder et al. 2011: 130; Anetzberger 2012: 13-14). The following types are commonly differentiated:¹

¹Based on Service public d’éducation et d’information juridiques du Nouveau-Brunswick 2009; De Donder et al. 2011: 130-131; Koskas, 2011: 9; Comité national de vigilance contre la maltraitance des personnes âgées et adultes handicapés 2008: 10; Health Service Executive, Ireland (without year).

- **Physical abuse:** violent action or brutality causing harm, physical pain or malaise, including hitting, slapping or pushing, inappropriate restraint or misuse of medication;
- **Psychological abuse** (including emotional, mental, verbal abuse): actions inflicting mental pain, anguish or distress through verbal or nonverbal acts, including abusive language, manipulation, bullying, threats, humiliation or isolation;
- **Sexual abuse:** non-consensual physical contact such as unwanted touching or kissing;
- **Financial/material abuse:** use of money or goods without consent and to the disadvantage of an older person, including theft of money or goods, pressure in connection with wills and inheritance, as well as an abusive utilisation of power of attorney;
- **Neglect:** intentional or unintentional refusal or failure to fulfil a care-taking obligation, for example insufficiency of nutrition, personal hygiene, health care or company;
- **Self-neglect:** refusal or being unable to care about own health or safety;
- **Discrimination:** based on ageism, racism, sexism, a person's disability.

Detection, statistics and research

Internationally comparable data on abuse of older persons are not readily available, which makes it difficult both to have a good understanding of the dimension of the problem and to monitor trends. Above all, elder abuse remains a taboo for many older persons who tend to keep silent for fear of exposing a family member, losing services or being placed in a nursing home against their will. Detection of abuse among people with limited or reduced capacity, such as those with Alzheimer's disease or other dementias, may be even more difficult since these people may not be able to articulate their need for support. Therefore, even in countries where reporting of abuse is mandatory, underreporting is likely to be substantial. According to WHO, abuse is underreported by as much as 80% (WHO 2008). The WHO estimates that around 4% to 6% of elderly people have experienced some form of maltreatment at home (WHO 2011). At least 4 million older people are thought to experience maltreatment in any one year in the WHO European Region (WHO Regional Office for Europe 2011: viii). Some countries have tried to gain a better understanding of their national situation by carrying out surveys, using different data sources and methodologies.

A survey carried out by the Red Cross of Serbia in 2011 found very different results when comparing data of domestic violence among older persons recorded in police departments with those registered in the social welfare centres in the area of Niš and Novi Sad. The police department in Novi Sad, a city of about 340,000 inhabitants, (Statistical Office of the Republic of Serbia 2012)² reported 31 cases of family members committing violence against persons aged 65 and above and a total of 34 victims. The Center for Social Work of Novi Sad recorded 44 families in which violence was committed with 79 victims.²

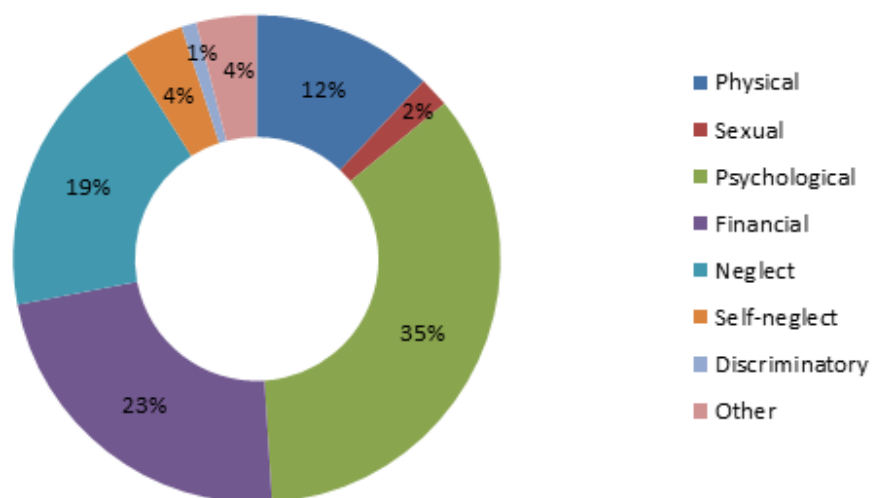
² Information provided by Natasa Todorovic and Milutin Vracevic of the Red Cross in Serbia; cf. Red Cross of Serbia 2011.

Austria has implemented a survey on “Attacks, violence and aggression against older people” involving 247 experts from Austrian counselling and advisory centres and facilities. As much as 26% of the facilities reported being “frequently” or “very frequently” faced with problems of violence in the private environment (families and the neighbourhood), followed by 12% in homes and institutions or in public. Issues with stress and overburdening of informal carers were found in 85% of the facilities.³

France has been using the calls received by the national elder abuse helpline as indicative of the actual incidence. In 2011, 3,850 situations concerning older people were treated by the helpline, with 75% of people concerned living at home. Based on an extrapolation, these figures suggest that abuse affects 5% of persons 65 years and older and 15% of persons 75 years and older, which corresponds to as much as 600,000 persons in France.⁴

In Ireland, with a total population of 468,000 people aged 65 years and above, total referrals received by Senior Case Workers for the Protection of Older People increased by 22% from 2008 (1,887 referrals) to 2011 (2,302) (Health Service Executive, Ireland 2012: 29). The increased number of referrals is probably also a reflection of the accompanying awareness raising campaign which contributed to people coming forward to ask for assistance of the Senior Case Workers. A study by the National Centre for the Protection of Older People Abuse and Neglect of Older People in Ireland (<http://www.ncpop.ie/>) estimated that over 10,000 people had experienced abuse in the previous year, highlighting the underreporting of elder-abuse (Health Service Executive, Ireland 2012: 9). Figure 1 provides a breakdown of the reasons for referrals to case workers.

Figure 1
Categories of abuse as reported in Ireland
 (Health Service Executive, Ireland 2012: 31)

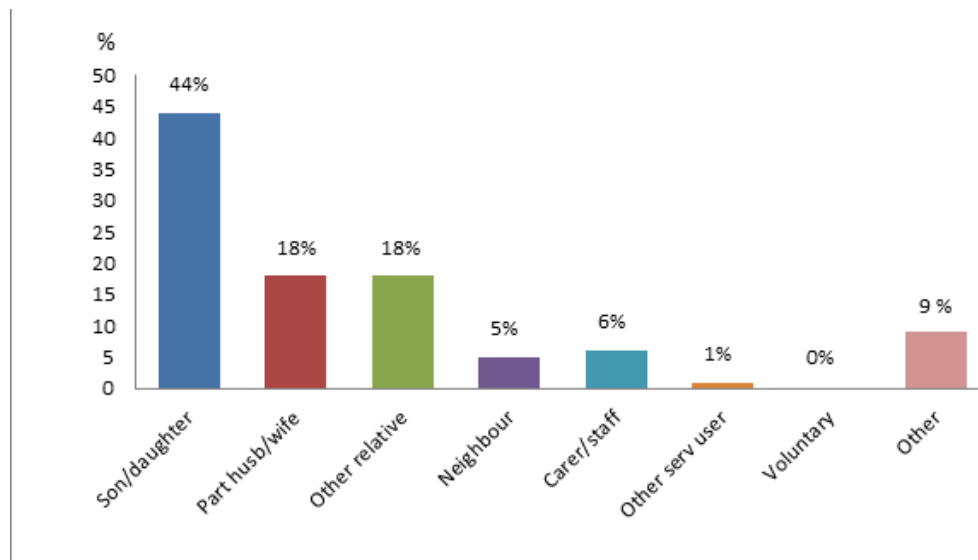


³ http://www.bmask.gv.at/siteEN/_Social_Affairs/Senior_Citizens/Violence_against_older_people/.

⁴ Information provided by Hélène Escande, National Focal Point on Ageing in France.

Existing data, such as those from Ireland, suggest that a majority of cases of abuse go back to sons or daughters or other relatives of the older persons. In fact, in a number of abuse cases the perpetrators are themselves older persons, for example spouses (figure 2).

Figure 2
Persons causing concern as reported in Ireland
(Health Service Executive, Ireland 2012: 35)



A study on Abuse and Health among Elderly in Europe conducted among individuals aged between 60 and 84 years in seven European countries (Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden) is a noteworthy example of cross national research (Soares et al. 2010). The study found that 19.4% of older persons surveyed suffered from psychological abuse, 2.7% from physical abuse, 0.7% from sexual abuse, 3.8% from financial abuse and 0.7% from injuries. Psychological abuse occurred significantly more often in Sweden and Germany than in the other countries, and financial abuse was seen more frequently in Portugal and Spain. The 2010 study of prevalence of violence and abuse against older women (AVOW) found that 28.1% of older women had experienced some kind of violence or abuse during the previous 12 months. The study was carried out in Portugal, Belgium, Finland, Austria and Lithuania among 2,880 women between 60 and 97 years old.⁵

Overall, there is an obvious need to enhance the availability of reliable national and international data, as a basis for the development of evidence-based policies. The Monitoring in Long-Term Care Pilot Project on Elder Abuse (MILCEA) project, funded by the European Union, aimed to identify common ground for the implementation of a European monitoring system of elder abuse in long-term care. The analysis of monitoring systems that already exist in the participating countries should then lead to the development of good practice scenarios for the monitoring of abuse in long-term care.⁶

⁵ http://www.thl.fi/en_US/web/en/research/projects/avow.

⁶ http://www.milcea.eu/index_de.html.

Canada: NICE Project Defining and Measuring Elder Abuse and Neglect

Human Resources and Skills Development Canada (HRSDC) funded two years of research to develop more accurate definitions of the diverse forms of elder abuse, and tools to measure abuse more precisely. The project informed a forthcoming national prevalence study, and other potential studies, by developing measurement instruments that can be used in the community as well as institutions. A research team comprising 14 national and international experts sought to address problems associated with the conceptual definitions and measurement of different types of mistreatment of older adults. The experts developed instruments for measuring the five main types of mistreatment, as well as risk factors and perpetrator classifications for communities and institutions. Validation of these instruments involved cognitive testing of the questionnaires through face-to-face interviews (in order to improve clarity and comprehensibility of the instruments), and telephone and institution-based interviews for the purposes of studying the measurement instruments. One component of the project addressed ethical aspects in conducting a study of mistreatment.

The second part of the project is the implementation of the National Survey on the Mistreatment of Older Canadians which builds on the findings of the first part. The survey will provide data on the prevalence, risk factors, and causes of mistreatment of older Canadians in the general population. The study will survey a representative sample of 5,000 adults aged 55 years and older and living in private dwellings in Canada, on topics including physical, psychological, and financial abuse and neglect perpetrated by informal caregivers. Results of the study, expected for 2015, will provide estimates of who is at risk for mistreatment and how many older people have been affected by abuse in Canada. These data will provide insights for service provision and policy development for older adults who experience abuse and neglect.

Source: Information provided by Human Resources and Skills Development Canada
<http://www.nicenet.ca/detail.aspx?menu=52&app=234&cat1=651&tp=2&kl=no>.

Prevention of abuse of older persons

Awareness raising and advocacy

Social and cultural norms such as ageism, tolerance of violence and gender inequality can reinforce maltreatment in society (WHO Regional Office for Europe 2011: ix). Stereotypes depicting older people as weaker, less worthy and a burden to society may be the breeding ground for elder abuse. Negative attitudes towards old age can also be ingrained in older peoples' own attitudes. Low self-esteem may make it seem almost natural to them to be treated with a lack of respect. This may prevent them from recognizing abusive situations. Abuse very often takes place behind closed doors, at home or in institutions. It is still often a taboo that is not spoken about. Policies should therefore aim to build awareness of the different contexts in which abuse can arise and the different forms it can take. Everyone should be able to recognize abuse, be familiar with the rights of older persons, and know where to turn when in need of support.

Czech Republic: Awareness campaign on violence against older people

An NGO dedicated to the issue of abuse of older persons, Zivot 90, with funding from the Ministry of Labour and Social Affairs, implemented a campaign between June and October 2012 aiming to increase awareness about the existence of violence and abuse of older persons, enhance the ability to recognize different forms of abuse among the general public, and make existing support services more widely known. The campaign included media interviews, press releases and media advertisements. The campaign was launched on 30 September 2012, one day before the International Day of Older Persons, at a benefit gala performance at the Prague State Opera. The event was followed by a month-long intensive dissemination of information in magazines and newspapers, on the radio with Czech Radio 2 providing 20 minutes of free air time per day. In addition to 37 billboards, 14 illuminated banners at bus stops and metro stations and 340 posters in cities around the country, information was disseminated through social media such as Facebook.

Source: Information provided by the Ministry of Labour and Social Affairs of the Czech Republic Information provided by the Ministry of Labour and Social Affairs of the Czech Republic

<http://www.zivot90.cz/146-novinky/533-startuje-kampan-proti-nasili-na-seniorech-jedinecny-projekt-sveho-druhu-v-cesku>;

<http://www.zivot90.cz/110-pro-novinare/193-zivot-90-v-mediich>.

Positive attitudes towards older people can be encouraged by providing opportunities for meaningful interaction between older adults and young people, through intergenerational programmes, exchanging letters or e-mails, visiting local nursing homes or playing games. Community projects which follow the idea of intergenerational exchange, for example providing gardening against tutoring, can also be useful (WHO Regional Office for Europe 2011). Such programmes can already start at school.

Targeted public information campaigns can be helpful, sketching particular situations and illustrating acceptable care-giving behaviour. Campaigns should usually include an orchestrated series of different means of communication, such as billboard posters, flyers, publications, websites, TV and radio spots, and even festivals or other events. They can also be used to inform about forms of abuse and their scope, about risk factors and ways to respond. They should also advertise available services for victims of abuse and their families, such as helplines or websites. The means of presentation and of dissemination should cover the needs of different target groups, including people speaking different languages, belonging to specific ethnic minorities, or people suffering from disabilities (Faulkner/ Sweeney 2011: 14). Campaigns are often scheduled for a particular period of time, and it is useful to evaluate the campaign after its official end. The experiences made in one year can help to communicate more effectively in subsequent years (Health Service Executive 2012, Ireland).

Some countries have used the Elder Abuse Awareness Day on 15 June as an occasion for specific activities. Organizations such as the International Network for the Prevention of Elder Abuse have organized conferences, debates or other special events on this topic. In some countries, a central agency specializing in issues surrounding the abuse of older persons coordinates activities all year around, maintaining lists of resource persons, disseminating guidelines and housing central specialized libraries. The Maltese Association for the Prevention of Elder Abuse (MAPEA), set up on 15 June 2012, is a case in point. Its objective is to advocate for the creation of awareness, among older persons themselves, youth, children and the public at large, particularly addressing health professionals, legal bodies and political entities. The association keeps track of the latest research, and has disseminated quarterly newsletters and organized two conferences.

Prevention of abuse of older persons living at home

Mitigating risk factors for older persons

There are a number of individual vulnerabilities that may predispose older persons living at home to different forms of abuse. To successfully prevent abuse they have to be identified and counter-balanced. For example, dysfunctional relationships and interpersonal conflicts with family members, friends and caregivers may be precursors for abuse. Counselling programmes for seniors who are in emotional distress can help increase their confidence and capacities to manage pre-existing conflicts. Making programmes available to tackle alcohol and substance abuse have an important function in preventing abuse in older people. Older persons who are verbally or physically aggressive or abusive may sometimes be at the source of a problem. Agitated behaviour is especially associated with dementia and can influence negative interaction. Therefore, informal carers should be able to receive professional support to learn how to react appropriately to such behaviour and develop coping strategies (Phelan 2013: 12; Nerenberg 2008: 153).

Slovenia: Elderly for Elderly

The Slovenian Federation of Pensioners' Organisations started the project "Elderly people improving the quality of their lives and the lives of their peers with voluntary work (Elderly for Elderly)" project, creating a system whereby older volunteers visit older citizens in their neighbourhood. Volunteers participated in a training that helped them to identify the needs of the elderly they visit and to be able to direct them to the necessary information and assistance services. The project specifically targets those older people who have no contact with other people and stay at home. When volunteers become aware of cases of violence or abuse, they alert the relevant social work centre, which then takes over according to an established practice. The volunteer who detected the case will stay involved in the process, helping the expert team to prepare an action programme.

Since 2008, volunteers have found 205 cases of abuse or violence among older persons staying at home. The project covers 53% of people aged 69 years and above who live at home. The 3,376 members of pensioners' organisations volunteering in the project have visited 133,137 elderly people at least once. Altogether, 436,960 visits were made and on 97,493 occasions assistance was provided or organized. The project is co-financed by the Ministry of Labour, Family and Social Affairs, the Foundation for Funding Disability and Humanitarian Organizations of Slovenia, and the municipalities taking part in the project.

Source: Information provided by the Ministry of Labour, Family, Social Affairs and Equal Opportunities of Slovenia
<http://www.zdus-zveza.si/starejsi-za-visjo-kakovost-zivljenja-doma>.

Situations of dependence upon another person in terms of care, physical and emotional support, or housing can be abused. In societies where older people have traditionally been cared for by their offspring, the elderly parents may be left with no family network to protect them when working-age children migrate. Policy frameworks that support older people to age actively, allowing them to be healthy longer and to maintain independence and control over their lives also have an important preventive function against abuse. Strategies should aim to provide alternative sources of support, such as home-based care available from social agencies or public services. Older persons and their families should have easy access to information on the availability of such services. In addition, providing public support to families in the selection of home-health care can be an important element, since external staff is likely to spend long periods of unsupervised time with the older person they care for. Seniors and their families may be instructed on how to find, screen and monitor

employees. Employers in social service agencies should also be obliged to carefully screen their employees, e.g. checking their criminal records. In the United Kingdom, for example, the government maintains a list detailing people considered unsuitable to work in the social sector, and employers have to consult that list before hiring. Some states in the United States have established registries of abusers, including family members and paid caregivers, which can be accessed by potential employers. Social service providers should have to identify appropriate conduct with regards to gifts, privacy, confidentiality, and personal and sexual relations vis à vis their employees. Guidance to employers may be helpful with regards to necessary steps in reaction to inappropriate or illegal conduct (Nerenberg 2008: 149-152; Manthorpe et al. 2012: 1460; Penhale 2006: 115).

Older people living alone can encounter feelings of loneliness which may lead to depression. They may appreciate access to social networks or self-help groups or benefit from volunteer-run “senior visiting” systems. Day-care programmes can offer older persons an opportunity to socialize among peers. In more remote regions, phone call systems could be in place where volunteers or professional people keep regular contact. Thanks to the Internet, social communication platforms can provide an inexpensive means to interact socially with family, friends or interest groups even for those with mobility impediments. For those living alone, home delivery of meals, home-based care or mobile health services and transport to the hospital should be available to avoid malnutrition and ensure health and well-being. For those whose needs can no longer be accommodated in their homes, alternative assisted living arrangements or nursing homes should be available. Independent counselling can provide families with an opportunity to discuss alternative options of care with a neutral party.

European Commission: Project EuROPEAN

The purpose of the EuROPEAN project, supported by the European Commission, was to compile a reference framework for the prevention of elder abuse across Europe. Organizations from Austria, the Czech Republic, Greece, Ireland, Italy, the Netherlands, Poland, Slovenia and Slovakia participated in the project. Firstly, the *Elder Abuse in Europe: Background and Position Paper* was developed and published in June 2010. The paper compiled research from the nine participating countries, providing a deeper insight into the phenomenon of elder abuse at the international level. Secondly, national reports on the specific social and cultural backgrounds of elder abuse in each of the nine participating countries, along with good practices for prevention, were published online in early 2011. Thirdly, research on good practices in policy approaches to prevent elder abuse was carried out. Fourthly, the latter was compiled into a comprehensive framework of good practices in policy approaches for the prevention of elder abuse. A database of good practices in preventing elder abuse is available online. The Reference Framework contains the results and recommendations of the project, translated into nine different languages. It is intended for dissemination among national and international policymakers, stakeholders and experts. The website www.preventelderabuse.eu provides an online platform that connects policymakers, experts and stakeholders and provides information on elder abuse within the context of European policy and research as well as background information about the project.

Source: Information provided by the European Commission, DG Employment, Social Affairs & Inclusion
<http://www.preventelderabuse.eu/index>.

Mitigating risk factors for caregivers

Caregivers may be at risk of committing abuse if they have compromised mental and physical health, for example when they have experienced anxiety or severe depression, when they perceive their caregiving responsibilities as a burden, and when they feel they are not receiving adequate help or support from others. Sometimes, being caught in the middle by providing care for children and older persons may add to the risk of abuse (Nerenberg 2008: 153). In particular, informal caregivers – family, friends or volunteers – may not always know how to handle difficult situations professionally. Therefore, it is useful if training can be made available to them, including elements such as appropriate lifting of older persons that prevents harm or injury. They can also be trained in managing care situations actively, discussing, for example, mutual expectations from the outset to avoid conflict later (Nerenberg 2008: 153). They should be made aware of how to distinguish tolerable from abusive behaviours. Carers should be encouraged to maintain their own health, to keep a good work-life balance, and to develop stress management strategies. A good network of family and friends can support them when in need of assistance. Studies have shown that mental health problems, such as depression, are quite common among perpetrators of elder abuse (WHO Regional Office for Europe 2011: 32-34). To prevent excessive stress and a feeling of being overburdened, a system of support groups for caregivers can be made available, providing a forum to discuss difficult situations encountered in providing care. This may help carers to relieve tensions, resentment, and stress that give rise to abuse and neglect. It is also useful to provide psychological or other support for caregivers to help them handle difficult situations in their caring duties. To support family carers, volunteers or professionals can take over some hours on their behalf. Alternatively, respite care centres may temporarily accommodate an older person in need of care, during the day or during holidays.

However, stress is not the only factor that can bring a carer to the point of committing abuse. It is more often a combination of several factors, including mental or health problems and emotional distress. Ascribing abusive situations to caregivers' stress alone may create an unjustified bias towards the needs of the caregiver rather than offering protection or services to the person being cared for. Policymakers need to pursue an integrated approach that also considers the broader context of a culture of ageism, as well as long-term violence in a relationship, violence against women or other social factors (Herring 2012: 192-194; Brandl/Raymond 2012: 37).

Switzerland: Network of Aggression Management in Health and Social Services (Netzwerk Aggressionsmanagement im Gesundheits- und Sozialwesen)

The Network of Aggression Management in Health and Social Services pursues four goals: (1) to achieve a common professional approach to aggression and violence in health and social services; (2) to provide theoretical and practical training on aggression management and de-escalation; (3) to promote a competent and professional treatment of persons in crisis situations and (4) to sensitize for prevention, de-escalation and follow-up interventions. The association is a network of certified trainers in psychiatry, medicine, care, psychology and social pedagogy which supports its members in their professional development. The association's website provides links to training on professional management of aggression and violence as well as professional information, including guidelines, scientific papers, newspaper articles and information on conferences and other events.

Source: Information provided by the Federal Department of Home Affairs, Federal Social Insurance Office of Switzerland
<http://www.aggressionsmanagement.net/index.php/home/ueber-uns>.

Prevention of abuse in health and care settings

A substantial part of elder abuse occurs in nursing homes, mostly as physical abuse and neglect, but also as psychological abuse (around 35% according to Roulet et al. 2004: 8). Therefore, elder abuse issues have to be systematically integrated into the curricula of health and care staff and should be an issue of continuous learning. Educational policies should ensure that professional caregivers in clinics, nursing homes or daycare centres are sensitized to potential factors and triggering situations that lead to abuse, and they should learn how to manage them professionally. They should have expertise in preventing potential conflict with older persons, and they should have good communication and adaptation as well as stress management skills. If they become aware of abuse, they should know how to intervene and where to seek external help. Finally, they should know how to provide care and rehabilitation to older people who have been faced with abuse. Staff should be made aware that curtailing freedom of movement, using for example physical restraints, is unethical. They should learn about alternative electronic warning devices (WHO Regional Office for Europe 2011: 51). Education and training should rely on case studies, for example through the use of videos, which have been proven more effective in getting staff to recognize and report elder abuse cases than disseminating print material. The supply of local information resources, including telephone numbers, applicable laws and statutes, is of practical use to training participants. It is also beneficial to organize cross-discipline training, bringing different organizations together to build networks. Training may also reach out to staff working for meals on wheels services, volunteers, postal workers and law enforcement officers (Alt et al. 2011: 228-231; Daly et al. 2011: 355).

Sound health policies should also attempt to prevent abuse for structural reasons, for example when institutions are systematically understaffed, and when staff is overworked, underpaid and suffers from bad working conditions. For example, a caregiver required to feed too many patients may hurt them by urging them to eat faster.

Transparent standards for health and care services should be in place at the national and institutional level. A licensing body can approve quality of institutions when they are first put into operation, regularly monitoring quality of care thereafter. In France, the Agence nationale de l'évaluation et de la qualité des établissements et services sociaux (ANESM) (the national agency to evaluate the quality of social services and institutions), created in 2007, serves to assess the quality of all nursing homes and medical-social institutions. ANESM has developed recommendations regarding good professional practices and regularly sends out questionnaires for self-evaluation to different types of institutions.⁷ In Ireland, the Health Information and Quality Authority (HIQA), the independent, statutory authority responsible for driving quality, safety and accountability in health services, develops and monitors standards in residential care facilities, including for older people. HIQA can carry out investigations, offer recommendations and has certain means of enforcement.

⁷ Comité National de Vigilance contre la maltraitance des personnes âgées et adultes handicapés, République Française, Ministère du Travail, des Relations Sociales, de la Famille, et de la Solidarité (2008); Comité National de Vigilance contre la maltraitance des personnes âgées et adultes handicapés, République Française, Ministère du Travail, des Relations Sociales, de la Famille, et de la Solidarité (2009); Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux (ANESM) (2008).

Overall, institutions may help to engender an organizational culture that puts the older person's interest first (ANESM, 2008: 15). This can be set out in the institution's mission statement, thus providing a general normative framework of operation to staff and patients. The choices made by residents of institutions should be respected. They should be able to move freely, enjoy the right to visit family and friends, or to receive visitors (ANESM 2008: 25). Staying engaged in pre-existing social networks is important to maintain physical and mental health. The social network can also have an important function in ensuring that the older person is treated well, taking into account his or her wishes.

A charter for all nursing homes can help regulate minimum standards and standard operating procedures.⁸ Protocols can be put in place to ensure minimum time for toilet use or the maximum wait time when a call for assistance is made (ANESM 2008: 25). Protocols should include guidelines on identifying elder abuse, on reporting and on referrals. In-house committees that include representatives from the community of patients living in the nursing home have had good experiences when addressing problems and jointly negotiating solutions. It may also be helpful to regularly evaluate client satisfaction among older people living in nursing homes or using other institutions. An ombudsperson can receive complaints from residents, investigate them or carry out unannounced visits to facilities (Malks et al. 2010: 315-316).

Sweden: Government's initiatives to achieve a safe environment for older persons by counter-acting abuse of older persons

In Sweden, legislation gives municipalities the responsibility to prevent violence and, in the case of violence in close relationships, to investigate the cases and provide support to all involved. Domestic violence and elder abuse have been the focus of more attention during the last decade, studying the scope of the phenomenon and identifying ways to prevent and combat violence against the elderly. In 2009, the National Board of Health and Welfare developed general guidelines on how to work with women and children who are victims of abuse, including older women. While mostly directed toward social welfare boards, the general guidelines also recommend that municipalities prepare action plans as a basis for developing procedures and methods to support and assist older persons at risk. The guidelines also clarify the responsibilities of different operators and stress the importance of cooperation and collaboration among all stakeholders, such as social services, health care, women's shelters, victim shelters and the police.

To enhance capacities to act according to these guidelines, the County Administrative Board of Stockholm has conducted training on how to deal with elder abuse in elderly care in Stockholm County. The training targeted elected officials, local elder care, organizations, private businesses, non-profit organizations and others who come into contact with older people. Under the motto "Dare to look, Dare to question, Dare to act!" 211 people were trained, 38% of whom had a medical background, 29% of whom worked as care managers and 12% as heads of units, while 2% were working in support of family members and 19% were working in other functions. Of those trained, 44% worked within the public sector, 8% in the private care, and 33% in governmental authorities, while 9% had other employers.

Source: Information provided by the Ministry of Health and Social Affairs of Sweden.

⁸ For an example, see National Quality Standards for Residential Care Settings for Older People in Ireland, <http://www.hiqa.ie/standards/social/older-people>.

In Germany, with support from the German Federal Ministry of Family Affairs, Senior Citizens, Women, and Youth, a Charter of Rights for People in Need of Long-Term Care and Assistance was developed in the context of the Round Table for Long-Term Care in the period 2003-2005 by various actors from the areas of long-term care, law and ethics. The Charter provides a catalogue of rights of people in need of care and support in an easily understandable language. It describes, for example, the right to self-determination, to privacy, participation in social life and death in dignity. The Charter offers the older people and their relatives a measure to judge care. At the same time, carers for older people are encouraged to measure their work against the principles of the Charter. It has been integrated into regulations and laws at the federal and provincial level, and social service providers have integrated the Charter into their mission statements.⁹

The Charter also provided inspiration for the European Quality framework for long-term care services, which was developed under the umbrella of the Wellbeing and Dignity of Older Persons (WeDO) project with partners from 12 countries. The framework, available in ten languages, contains quality principles and areas of action for the quality of services for older people in need of care and assistance, recommendations for implementation for different target groups and at different levels, a methodology that explains how to implement the principles and areas of action by developing a participatory approach in a quality improvement process, and a list of around 30 good practices across the European Union.¹⁰

Prevention of financial abuse

Older people who are becoming less mobile or suffer from mental conditions such as Alzheimer's disease or other dementias may become vulnerable to financial abuse. This phenomenon is relatively new on the political agenda, and allocating the institutional responsibility may not be straight forward as the health and care authorities may not feel competent. It may be useful to disseminate guidance to older people and their families on ways they can protect themselves. Older people should be encouraged to plan in advance and make arrangements as long as they are still able to do so. They should be informed about ways to keep their financial matters in hand, for example using direct debit from their bank account to pay bills, or using online banking or telephone services. If a third party has to be involved in certain elements of financial management, good care should be taken to choose a trustworthy person. Older people or their families should ask for receipts from cash machines and check them against the monthly bank statements. Medical staff, carers and other people who work with older persons should be sensitized to warning signs of abuse, such as the sudden appearance of would-be friends, rogue traders or unusual interest in a person's financial affairs by a relative who otherwise should have no interest in the older person's finances. They should be trained in screening for financial abuse, for example by asking questions about financial activities such as taking out loans and whether someone has urged them into signing any documents. Even if there is no actual case of abuse, asking related questions can spark a discussion about its dangers (Manthorpe et al. 2012: 1457-1460; Reeves/Wysong 2010: 330- 331).

⁹ <http://www.pflege-charta.de>.

¹⁰ <http://www.wedo-partnership.eu/>.

A policy framework that seeks to protect older people against financial abuse needs the support of banks and other financial institutions. Strict rules of confidentiality can make them reluctant to become involved. However, bank tellers should be alert to suspicious transactions. They should attempt to learn the reason for large transactions or frequent or unusual withdrawals. If a third person claims authority, the bank should check their documentation. Supervisors should be alerted about suspicious cases; they should speak to the older person alone and notify senior officers and law enforcement offices if the elder is believed to be in danger (Nerenberg 2008: 167-168). One solution to protect older people may also be to offer limited banking services at places convenient for them, for example in senior centres (Reeves/Wysong 2010: 329).

USA: Consumer Financial Protection Bureau's Office of Financial Protection for Older Americans

The Consumer Financial Protection Bureau's Office of Financial Protection for Older Americans is a federal office dedicated to the financial well-being of older Americans. It works to ensure that seniors have the information they need to make sound financial decisions. It also helps seniors, their family members, caregivers, and the professionals who assist them to identify and avoid unfair, deceptive, abusive, and discriminatory practices. Current initiatives of the Office include Money Smart for Older Adults (MSOA), in partnership with the Federal Deposit Insurance Corporation. This train-the-trainer module focuses on raising awareness of and preventing elder financial exploitation. MSOA is used by senior service providers, financial institutions and others to provide presentations to older adults, caregivers and community groups. In addition, the Office is developing the Managing Someone Else's Money series, a set of guides for family members and other lay volunteers who handle finances for older Americans with diminished capacity to handle their own income and assets. The guides will enable fiduciaries such as agents under power-of-attorney and court-appointed guardians to prudently manage the older person's money, and to protect them against financial exploitation by third parties. It supports the development of new and seeks to enhance existing local or regional collaboration between service providers, government agencies, financial institutions, law enforcement and other key stakeholders to prevent elder financial exploitation. In addition, in 2012 the Office collaborated with the Bureau's research staff on a study of unfair, deceptive or abusive practices in the reverse mortgage industry.

Source: Information provided by the U.S. Department of Health and Human Services
http://aoa.gov/AoARoot/AoA_Programs/Elder_Rights/EJCC/docs/Agency%20Activities.pdf.

Assistance in case of abuses

Helplines and counselling

Free and confidential helplines for older people provide an easily accessible means for them to receive neutral advice and counselling in case of any grievances. Since abuse may be associated with insecurity and shame, a helpline may be a low-threshold way for potential victims to ask for advice. They can be staffed with trained volunteers who can handover difficult cases to professional counsellors. They would also have access to a network of other professionals who they can refer older persons to for specific issues. They can identify possible abuse and provided advise on how to deal with it, such as finding legal help, for example. Home visits can be offered for follow-up (WHO Regional Office for Europe 2011: 50).

Portugal: National Social Emergency Line (Linha Nacional de Emergência Social, LNES)

The Portuguese government has put in place a free National Social Emergency Line in 2001. The support line which can be reached around the clock is mainly staffed by professional social workers and psychologists, who can provide information, make referrals to social services, hospitals or law enforcement bodies. Local teams from the Institute of Social Security and the Portuguese Red Cross, are available for immediate intervention in critical situations. Although open to anyone, older persons are a priority target group. In 2010, about 300 persons aged 65 and above contacted LNES, and 55% of them reported situations of abuse, including domestic violence and neglect. LNES has been providing data on the “Violence against Aging” research project which aims to estimate prevalence of violence against people aged 60 years and above.

Source: Information provided by the Ministry of Solidarity and Social Security of Portugal

<http://www4.seg-social.pt/linhas-de-apoio>; LNES – Law about funding and other management issues to continue the political measure (PT)

http://www.base.gov.pt/base2/downloads/Resolucao_do_Conselho_de_Ministros_52_2012.pdf.

Legal assistance

Older people have a fundamental human right to protection from abuse that obliges the state to provide legal and social structures to combat elder abuse. The legal framework should give potential victims a reassurance of their rights, ensure that there is an effective legal deterrent to protect victims from abuse, that there is proper legal investigation and prosecution of any infringement of the individual rights, and that victims are removed from an abusive situation (Herring 2012: 175-189). A good legal definition of different forms of abuse can help to increase the number of cases that are brought forward (Jogerst et al. 2003: 2135). Older persons, family members who care for them, as well as professional carers should be well informed of the human rights protecting older people. Protective measures should also give due weight to rights of autonomy of older persons. Especially when older people are reluctant to be placed in nursing homes, one should be careful not to force them, thereby replacing one undesired situation with another. In practice, authorities may be faced with a dilemma where a victim of abuse objects to any intervention. At the same time, leaving a person in an abusive relationship when he or she does not want to be protected is not necessarily justified in the name of autonomy (Herring 2012: 175-189). On the policy level, a trade-off has to be made between services that offer the greatest protection but are likely to restrict freedom, whereas services that maximize autonomy often involve significant risks (Nerenberg 2008: 241). A good legal framework should provide guidance that is sensitive to these matters.

Since abuse of older persons is related to numerous legal domains, depending also on the type of abuse, the relevant legislation may be fragmented across multiple sectors of law, such as the criminal and civil law, private or public law. Alternatively, there could be a separate “package” of laws on older people’s abuse to avoid fragmentation (McDonald 1993: 92). In addition, a complex system of institutions should be involved, including law enforcement agencies, prosecutor’s offices, victim witness assistance programmes, courts and even forensic centres (Nerenberg 2008: 157). Taking into account the complexity, it may be useful to promote a professional specialization on older people’s abuse. Alternatively, interdisciplinary legal support teams may be formed, bringing professionals with different skills together, including civil attorneys, district attorneys, adult protective services staff and law enforcement officers. When the abused elder comes in contact with one member of the team, that team member will be able to provide immediate access to other specialists (Reeves/Wysong 2010: 331-332).

Often, older victims may need support in claiming their rights. Special victim assistance programmes should provide one-stop contact points, explaining court procedures, providing information about the status of their cases, assisting victims in filling in forms and completing applications for compensation, filing police reports, etc. They may help obtain security measures and protection against witness intimidation and harassment, carry out safety checks of victim's homes, and keep victims informed when offenders are arrested or released, helping them to take extra precautionary measures or to obtain restraining orders as necessary (Nerenberg 2008: 156). Given the psychological strain associated with living through a court case, fast-tracking of cases concerning older persons may be considered as an option. Otherwise, court cases may be running over many years, and even when older people win their case, enforcing the court decision may be another hurdle.

Good experiences have been had with programmes that aim to take into account the special needs of older persons in interacting with the legal system. For example, court access should be barrier-free for people with reduced mobility, long waiting times should be avoided, and people should not have to stand in line. Elder litigants may be allowed to appear first on a given calendar day to reduce their waiting time. Court can be held in mid-morning to allow them to get to court and be alert and fully concentrated. Appearance by telephone may be allowed for litigants with physical limitations. Court rooms should be equipped to cater for people with reduced vision or hearing. It may be helpful, to reproduce legal forms in large typeface. Trained court staff may be assigned to assist elders and guide them through the process in a way that is sensitive to their needs. Following this approach, "elder courts" have been developed in Hillsborough and Palm Beach Counties (Florida, USA). They employ case

Germany: Action programme "Living in security in old age" (Sicher leben im Alter – SiliA)

Under the title "Living in security in old age" Germany's Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, in cooperation with the German Police Academy, carried out a modular action programme to optimize security of people in old age and in need of care (November 2008 - February 2012). Findings from the Crime and violence in the lives of older people study served as a starting point. The study shows that most older people of 60 years and above are affected by crime and violence to a lesser extent than younger adults. At the same time, it shows the need to act in some areas, as old age and need of care may be related to vulnerabilities and dependencies that may make it easier to conceal crime and violence.

The action programme had four modules: Module 1 focused on prevention of offences against property, developing and testing training materials for staff in banks. An information brochure for older people was developed. A national working group developed recommendations to optimize prevention of property offenses among older people. Module 2 focused on prevention of violence by improving early warning for risk of homicide and by enhancing diagnoses of cause of death in the oldest old. A national team of experts developed strategies to reduce homicide especially of the oldest old in need of care. Module 3 was dedicated to prevention of and intervention in cases of violence in relationships of older people. Activities focused on improving service uptake among older women who became victims of maltreatment by better synchronizing counselling and support services. Module 4 was dedicated to developing prevention and intervention measures to address maltreatment and neglect of older people in home care. Home-based care services were strengthened by providing training and assistance in organizational development. An advisory board accompanied the programme which was governed by the German Police Academy in cooperation with Zoom – Society for Prospective Developments (Göttingen).

Source: Information provided by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth of Germany <http://www.bmfsfj.de/BMFSFJ/aeltere-menschen,did=140394.html>; <http://www.dhpol.de/de/hochschule/Fachgebiete/silia.php>; <http://www.dhpol.de/de/hochschule/Fachgebiete/sipo.php>.

managers to explain the court system to the victims, describe what will happen to perpetrators, arrange for transportation to court, help in submitting requests for victim compensation or assist in making special arrangements such as videotaping of testimony (Malks et al. 2010: 309-310; Nerenberg 2008: 158-159). Vertical prosecution has been described as a process where one attorney handles the same case from beginning to end, minimizing the number of times the elderly victim has to recount the details of the abuse (Nerenberg 2008: 154-155).

While provisions in the legal domain are certainly necessary, not all forms of elder abuse can be categorized as requiring a legal remedy. Situations such as self-neglect or financial crisis within the family may not necessarily require a legal remedy. Similarly, relationships between people can be difficult and lead to stressful situations which may be psychologically or emotionally damaging and require counselling, education or other forms of assistance outside the legal domain. Older people are entitled to the protection of the law in the same way as any other person when abusive acts are clearly breaches of the law. However, to provide an effective remedy, responses to elder abuse also require broader supports. Therefore, case management is an approach to develop comprehensive strategies in response to abuse cases that involve the whole array of integrated services.

Case Management

To address individual cases of abuse, a system of specialized case managers should be in place. They are the specialists that an older person is referred to in case of abuse. Based on a comprehensive assessment, case managers can respond to a critical situation, advise about next steps, arrange for needed services, develop care plans, and provide a list of attorneys aware of older person issues. This should happen in an atmosphere of trust where the older person feels comfortable speaking about their problems. Reported cases should be dealt with in confidentiality, and the wishes for privacy should be respected. Case management could take several forms: it can be one person or a team handling the case; case managers can be social workers, medical or legal specialists; they can work for public or private services or NGOs; they should be well aware of the complexities of issues related to elder abuse, including legal issues, and maintain a network of experts for referrals.

Ireland: Senior Case Workers

Ireland has put in place a nationwide system of Senior Case Workers for the Protection of Older People with responsibility for assessing all referrals of alleged elder abuse reported to them and resolving elder abuse issues. When Senior Case Workers receive referrals, they start the assessment process by having an informal discussion with the person concerned. They assess the risk and help in choosing appropriate protection measures. The intervention pursues three goals: ensuring the safety of the older person, restoring their rights, dignity and well-being and creating or rebuilding support systems for the older person. The case workers begin with the assumption that the older persons have mental capacity and the right to make decisions for themselves even though others may not necessarily agree with the decisions they make. Upholding this right to self-determination is in itself seen as an important protection for older people. Case workers have found that older people want to remain in their own home, that they want the relationship with the person causing concern to continue, in particular if it is a family member or friend, and that they want the abuse to be stopped or minimized. The case worker's role is to work with the older person to minimize the risk while respecting their wishes.

Source: Information provided by the Department of Health of Ireland Health Service Executive, Ireland, 2012: 7-8.

Case management includes psychological assistance and counselling which should focus on breaking through denial and shame, planning how to protect against future abuse and how to build support networks, helping with traumatic or post-traumatic stress. It should help to overcome trauma, resolve conflicts, assess the options and plan for the future. They can establish connections to self-help groups or access to safe environments, including emergency shelters (Nerenberg 2008: 245). This, of course, requires the existence of appropriate services. Older people are sometimes reluctant to move into shelters as they are largely occupied by younger people (Phelan 2013: 226). In addition, case managers may also help with legal matters, for example terminating the employment of abusive live-in caregivers. In cases of neglect or self-neglect or physical and sexual abuse, the victim may need medical assistance. Physicians should be used to handling older people's issues. Sometimes it may be necessary to appoint a guardian. This is a process whereby courts assign responsible persons or agencies to act on behalf of people who are unable to protect themselves or their interests as a result of physical or cognitive impairments. Guardians may be family members or professionals. Some communities have programmes that use volunteers to serve as guardians. In others, volunteers have been used to monitor guardians to make sure that they do not become sources of abuse (McDonald 1993; Nerenberg 2008: 160).

Case management may also involve addressing the needs for treatment, education or confinement of the perpetrator. They should help to assess the alleged abusers' mental status and determine if they pose a danger to others and are in need of treatment. They may provide access to treatment for substance abuse, to training for caregivers, or to programmes on domestic violence. They may help to hold abusers accountable through civil penalties or confinement in locked psychiatric facilities or incarceration if all other options fail (Nerenberg 2008: 246).

Norway: Protective Services for the Elderly (Vern for Eldre)

Vern for Eldre is targeted towards men and women above 62 years of age who suffer or are at risk of suffering from abuse. Services are provided free of charge and the concerned person may contact the service anonymously – via the helpline or in person. The service is also available for relatives of elderly victims of abuse and professionals in contact with elderly victims. Together with the elderly person, Vern for Eldre seeks to find a solution to the situation, give advice and counselling, coordinate assistance measures and establish cooperation between the assistance services. It also has a role in spreading knowledge and enhancing cooperation between the assistance services. In Oslo, 232 calls were received by the helpline in 2012. The service is government funded and part of the municipal health and social service system. Vern for Eldre was established in 2002 in Oslo and can also be found in the municipality of Baerum (approximately 50 cases per year) and in the city of Trondheim.

Sources: Information provided by the Norwegian Directorate of Health; <http://www.vernforeldre.no/wip4/english/d.epl?cat=29063>.

Multidisciplinary teams

To take into account the complexity of the issue, forming multidisciplinary teams, consisting of professionals from diverse disciplines and agencies, has been suggested as a useful approach. They may include health and social service providers, law enforcement officers, ombudspersons, mental health care providers, physicians, and advocates for persons with developmental disabilities, lawyers, domestic violence advocates, money managers and case managers.

Multidisciplinary teams can discuss difficult abuse cases and learn about available services from other agencies or disciplines. Joint home visits could be carried out to assess particular cases. Good coordination between agencies reduces the burden on older abuse victims for multiple interviews, thereby minimizing the inconvenience of clients. Interagency protocols, memoranda of understanding or contracts may clarify the distribution of work. Good interagency coordination may also help to identify and respond to service gaps and other systemic problems. A public policy framework that regulates the roles and responsibilities of different agencies and that is conducive to interagency collaboration can enhance accountability (Nerenberg 2008: 161-166; Faulkner/Sweeney 2011: 30).

A multidisciplinary team approach has also proven useful in case of financial abuse, where multiple skills from different fields are needed, including experts from social work, civil attorneys, district attorneys, adult protective services staff and law enforcement (Reeve/Wysong, 2010: 332). In Los Angeles, for example, the Financial Abuse Specialist Team (FAST) was formed to address the need for specialized expertise to help abuse investigators distinguish fraudulent from legitimate financial transactions, build court cases or recover misappropriated assets. The team included members with expertise in real estate, insurance, banking practices, investments, trusts, estate and financial planning (Nerenberg 2008: 162).

The Netherlands: 'The Elderly in Safe Hands' action plan

In the Netherlands, 'The Elderly in Safe Hands' action plan was issued in 2011, covering a period from 2011 to 2014. A budget of €10 million per annum was reserved for its implementation. The action plan first describes measures intended to "break the silence", to address general prevention and to identify risk early on (action points 1 and 2). The plan foresees measures to prevent elder abuse in the professional setting (action points 3 and 4), to ensure that cases or suspicions of elder abuse in the professional setting are reported to the relevant authorities (action points 5, 6 and 7) as well as measures to strengthen victim support (action point 8). Action point 9 is concerned with the domestic setting, and in particular what to do when informal care fails. Finally, action point 10 relates to the prosecution of offenders.

Several of the activities suggested by the plan under each of the action points have already been implemented: A guidebook *Volunteers against abuse of the elderly*, an "Elderly in Safe hands" e-learning module and a guidebook on domestic exclusion order and crisis relief in case of abuse of the elderly have been developed and distributed. On 1 July 2013 a new "Rules for the obligation to report domestic violence and abuse of children" (including abuse of older persons at home) act came into force. Other activities are ongoing, including an "Elderly in safe hands" information campaign, which is carried out by four organizations of the elderly (until the end of 2014). A general public awareness campaign on domestic violence will take place, also until the end of 2014. It features television and radio messages concerning elderly abuse. A guideline on safe-care relationships is being developed and will be distributed, with tools and directives explaining how to act in case of violence or abuse by professionals and a general guidebook is being developed for municipalities, expected to be available in mid-2014. In September 2013, seven pilot projects on preventing financial exploitation will start and are scheduled to run until the end of 2014. Other activities are forthcoming.

Source: Information provided by the Ministry of Health, Welfare and Sport of the Netherlands.

Conclusions and recommendations

The importance of elder abuse as a policy issue has been acknowledged for some time now. Yet, the phenomenon can be expected to grow in numbers and diversity. Some countries have already developed successful approaches to preventing and responding to abuse of older persons. This Policy Brief has tried to draw on their experiences to the benefit of other countries that may wish to follow suit. Given the complexity of the issue, countries need to pursue a holistic approach, establishing integrated policy frameworks and institutional set-ups. There should be an emphasis on prevention while not neglecting remedial legal and therapeutic interventions. Overall, a continuum of service options needs to be provided, that balances the trade-off between safety and freedom (Nerenberg 2008: 241). Some principles to guide development and implementation of best practices are worth taking into account:

- Include perspectives of older adults and victims in policy development and evaluation
- Use a client-centred approach (not “one size fits all”)
- Consider gender, family violence, and intergenerational approaches
- Be sensitive to variations in language, culture, ethnicity, religion¹¹
- Ensure coordination and integration across professional organizations
- Ensure clear policies and procedures across all organizations that deal with seniors
- Ensure high levels of knowledge of these issues among all professionals working with seniors
- Ensure accountability and optimal information sharing, taking into account the need to obtain consent and respecting confidentiality laws
- Increase equal access to and use of available community resources and supports (Stolee et al. 2012: 185).

The Policy Brief has been based on a thorough analysis of the scientific research available on the topic. The research itself points to the many aspects of the issue requiring further study and better data collection. In particular, better cross-national data collection is needed to have a better overview of development trends. Surveillance and epidemiological studies that identify risk factors and vulnerable groups are a prerequisite for targeted screening and outreach programmes. More systematic evaluation of interventions and their effectiveness in different contexts would also be desirable. Few studies have evaluated interventions with rigorous randomized control trial designs, and some evaluations have shown relatively frequent recurrence of abuse after interventions, which can be seen as an indicator of their lack of effectiveness (Stolee et al. 2012: 184; Ploeg et al. 2009: 206-207).

Research should seek to include older people and family members more systematically. A considerable part of it is currently based on agency records and the views of professionals working with older people rather than older people themselves. Many studies also exclude older people suffering from dementia, despite the fact that they are at particular risk for elder abuse. Research would also potentially benefit from a better access to abusers (Pillemer et al. 2011: 119-126; De Donder et al. 2011: 140-141).

¹¹ There has been a tendency to address cultural and other differences by improving access to mainstream programmes for members of underserved groups. However, they may be reached more effectively by offering specific different services (Nerenberg 2008: 241-242).

Countries may think about investing in research on technological innovations, providing workers with new tools for maintaining records, collecting evidence, keeping track of offenders and sharing information with other agencies (Nerenberg 2008: 149-150). To better address financial abuse, software programmes and algorithms may be developed in collaboration with the financial services industry to alert appropriate individuals of the possibility that an older adult may be financially exploited (Pillemer et al. 2011: 119-126).

Finally, to enhance the overall response to elder abuse, it may be useful to provide more occasions for researchers and service providers to come together to share ideas and plan collaborative ventures (Nerenberg 2008: 250).

Many challenges are yet to be overcome, including ageism, a lack of sustainable funding, limited knowledge about elder abuse, the lack of organizational priority, limited collaboration between agencies, limited attention to diverse communities and the remaining challenges in reaching the community's most isolated older adults (Stolee 2012: 186; Reeves/Wysong 2010: 333). All stakeholders – government, civil society, the health and care sector, schools and training institutions, the media as well as each and every member of society – need to work together to tackle these issues to ensure the dignity of all members in society as they grow older.

Abuse of older persons remains deeply rooted in societal attitudes towards ageing. Elder abuse can prevail as long as older people are not considered equal citizens. The Madrid International Plan of Action on Ageing and its Regional Implementation Strategy therefore demand mainstreaming ageing and ensuring the integration and full participation of older people in all walks of life. Protecting older people against abuse therefore has to be part of a broader policy response on ageing that involves research, prevention and interventions in case of abuse, placing an overarching value on independence, dignity and equal participation of older persons in society. Implementing all elements of the Vienna Ministerial Declaration will be a prerequisite to ultimately achieving a better society for all ages.

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Checklist : Abuse of Older Persons

Main areas	Areas of implementation	Key elements
Research	Data collection	<ul style="list-style-type: none"> • Surveys, data about service users
	Policy-research, evaluation of interventions	<ul style="list-style-type: none"> • Research infrastructure for translating evidence base into policies • Evaluation of effectiveness of programmes • Research that includes older persons and abusers
Prevention	Awareness rising and advocacy	<ul style="list-style-type: none"> • Coordinating agency for abuse prevention • Intergenerational programmes • Public information campaigns • Information to different target groups
	For older persons at home	<ul style="list-style-type: none"> • Counselling to seniors and families • Alcohol and substance abuse programmes • Active ageing policies • Training for informal carers • Respite care services • Help to families in selecting qualified home carers • Home-based care, mobile health services • Social day-care programmes • Assisted living arrangements • Easily accessible information about available services • Facilitating social networks, seniors visiting and phone call systems • Support groups, self-help groups
	For health care settings	<ul style="list-style-type: none"> • National body to monitor quality of health care institutions • Charters/protocols for minimum standards in nursing homes • Ombudsperson, complaints mechanisms • Integrating elder abuse issue into the curricula of health and care staff • In-house committees with patient representatives
	Financial abuse	<ul style="list-style-type: none"> • Financial literacy training, guidance on financial management • Enlist banks • Banking services in senior centres
Assistance in case of abuse	Counselling	<ul style="list-style-type: none"> • Helplines
	Legal assistance	<ul style="list-style-type: none"> • Legal framework • Interdisciplinary legal support teams specialized in older person's abuse • Professional specialization on legal aspects of abuse • Victim assistance programmes • Age-friendly court conditions, trained court staff
	Case management	<ul style="list-style-type: none"> • Case managers • Guardians • Volunteers
	Multidisciplinary teams	<ul style="list-style-type: none"> • Interagency coordination • Interagency protocols, memoranda of understanding or contracts