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To cite this article: Elizabeth Podnieks EdD , Bridget Penhale MSc , Thomas Goergen PhD ,
Simon Biggs PhD & Donghee Han PhD (2010) Elder Mistreatment: An International Narrative,
Journal of Elder Abuse & Neglect, 22:1-2, 131-163, DOI: [10.1080/08946560903436403](https://doi.org/10.1080/08946560903436403)

To link to this article: <https://doi.org/10.1080/08946560903436403>



Published online: 31 Mar 2010.



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Elder Mistreatment: An International Narrative

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This eclectic overview of global reports on elder mistreatment reflects both the diversity of the work of the authors and the situations in the countries described. Some nations frame elder mistreatment as a human rights issue; others trace the development of emerging programs and practices as they articulate strategies designed to identify, prevent, and reduce the problem, while recognizing the shifting context in which elder mistreatment takes place. This article sheds light on the way different countries share their stories, policies, and initiatives, which stimulate discussions and debates of various aspects and cultural nuances of elder mistreatment. The data presented provide a platform for increased action toward preventing elder mistreatment and celebrate successes while looking for new ways to address challenges.

KEYWORDS *elder mistreatment, neglect, culture, international research, INPEA, worldview*

The authors would like to acknowledge the following contributors: Dr. P. V. Puchkov for his research on elder abuse in Russia and Dr. Toshio Tatara for his review of the piece on Japan. Appreciation also is expressed to Laura Cleghorn for her assistance with compiling the article.

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Abuse of older persons has gained increasing public attention since the 1970s. Growing interest in human rights in recent decades and developing awareness of the rights of older men and women have led to viewing elder abuse as a human rights issue. This article will describe elder abuse within the context of the International Network for the Prevention of Elder Abuse (INPEA), which recently celebrated its 10th anniversary. Within one decade, the achievements of INPEA are marked by innovation and creativity, policy and program development, and legislation. We report on our milestones, such as the founding of INPEA, the second World Assembly on Aging, World Elder Abuse Awareness Day (WEAAD), and the Worldview Environmental Scan on Elder Abuse. In addition, this article will present parallel information on elder mistreatment that has emerged from several countries, that are, at different levels, on the cutting edge of elder abuse prevention. This includes information from: (1) Europe, including countries such as the United Kingdom (UK), Germany, Nordic countries, and Russia; (2) the Western Pacific, including Australia and Japan; and (3) Southeast Asia as represented by South Korea. The diversity of the programs and players recognizes the shifting context in which elder abuse takes place and celebrates successes while searching for new ways to address challenges.

INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE (INPEA)

At the 16th World Congress of Gerontology, held in Adelaide, Australia, in August 1997, a roundtable on elder abuse took place to discuss the feasibility of setting up an international network for the prevention of elder abuse and to encourage further collaboration between those working in the field. Rosalie S. Wolf (USA) was elected chair. Subsequently, a 2-day colloquium took place in Toronto, Canada, in March 1998, in order to determine the overall philosophy of a global network to prevent elder abuse and neglect; to formalize a mission statement with goals and objectives; and to develop an organizational structure that focuses on the relationship of the health determinants to the abuse and neglect of older people. The colloquium provided a forum to disseminate information for prevention and practice, as well as to support people working in this difficult and complex field. Representatives from North America, Latin America, Europe, Australia, and Asia were present at this colloquium. The initiative was timely, as it led to promotion of Canada's Health Mandate for the Year of Older Persons at world conferences such as the International Federation of Aging (IFA) Conference, which took place in September 1999 in Montreal, Canada, and later the 17th World Congress of the International Association of Gerontology in Vancouver, Canada, in 2001. The Mission Statement that was developed by INPEA in 1998 consists of the following elements.

Mission Statement

Acknowledging the diversity of culture, background, and lifestyle of the world population, the International Network for the Prevention of Elder Abuse aims to increase society's ability, through international collaboration, to recognize and respond to the mistreatment of older people in whatever setting it occurs, so that the later years of life will be free from abuse, neglect, and exploitation (International Network for the Prevention of Elder Abuse [INPEA], 1998).

INPEA has four main objectives:

- To promote public awareness of elder abuse and neglect
- To promote education and training of professionals and paraprofessionals in identification, treatment, and prevention
- To engage in advocacy on behalf of abused and neglected elders
- To stimulate research into the causes, consequences, prevalence, treatment, and prevention of elder abuse and neglect

At the time INPEA was established, representatives from 12 countries were recruited. Currently, INPEA has an organizational structure that includes an international slate of officers, six regional representatives (for Africa, Asia, Europe, Latin America, North America, and Oceania), 32 national representatives, three special advisors, and a representative to the United Nations (UN) and to the New York Committee on Aging, a subcommittee of CONGO (the Committee of Nongovernmental Organizations in Consultative Status with the UN). In 2002 INPEA became a Standing Committee of the International Association of Gerontology and Geriatrics and in 2003 it achieved nongovernmental organization (NGO) status with the UN.

Research activities undertaken by INPEA include a study, in partnership with the World Health Organization (WHO) Life Course and Ageing Programme, of older persons in community and primary health care settings in eight countries (Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon, and Sweden). The report titled *Missing Voices: Views of Older Persons on Elder Abuse* (Bennett, Levin, & Straka, 2002) was launched at the Second World Assembly on Ageing (WAA) in Madrid in 2002 (a copy can be obtained from the WHO Web site <http://who.int/hpr/ageing/elderabuse.htm>). In 2004 INPEA launched its research agenda in accordance with recommendations from the WAA. The projects include WorldView Environmental Scan on Elder Abuse, an environmental scan of information, resources, and services worldwide on issues of abuse of older adults (Podnieks, Teaster, & Anetzberger, 2006). The Environmental Scan was conducted in partnership with Ryerson University (Canada), the University of Kentucky (USA), and Cleveland State University (USA).

The first phase of the study has been completed. A total of 332 responses were received from 53 countries. These responses show an enormous degree

of commitment to and interest in the study. Tentative conclusions indicate the following barriers to help-seeking: culture, language literacy, stigma, mobility, social isolation, and lack of familiarity with and lack of access to the Internet. Although the response rate was impressive, there is still more data to collect. In the second phase, we are returning to those countries from which we did not achieve 8–10 completed surveys. The “stars” of the study were: India, Canada, the United Kingdom, and Australia—which completed questionnaires and elicited multiple responses. The researchers gratefully acknowledge Sara Aravanis, who was Director of the National Center on Elder Abuse at the time, for conducting a live Webcast on May 21, 2007, to discuss the Scan and WEAAD activities. To access the full Webcast and download related materials see <http://elderabusecenter.org/default.cfm?p=eventsandwebcasts.cfm>.

The WAA unanimously adopted a political declaration and an international strategic plan of action on aging. Both *Missing Voices* and the WorldView Environmental Scan include clear objectives and actions to be taken.

- To ensure the rights of older persons
- To protect older persons from “neglect, abuse and violence” in all situations addressed by the UN
- To recognize an older person’s “role and contribution to society”

There are four main themes: independence, participation, care, self-fulfillment, and dignity. The four priority areas include:

- The situation of older persons
- Individual lifelong development
- The relationship between generations
- The interrelationship of population, aging, and development

The Madrid Plan of Action, developed at the WAA in 2002 in Madrid, gave particular emphasis to the empowerment of older persons, including the protection of their rights, facilitation of participation of older persons in society, and promotion of positive and balanced images of aging. These are goals toward which INPEA has been striving. INPEA also worked with other NGOs on the 5-year follow up to the WAA during 2008.

World Elder Abuse Awareness Day (WEAAD)

In 2003 members of INPEA had an impossible dream. Could the worldwide community be mobilized to devote one day in the year when people would join together for a global show of support, respect, and love for older people and their right to live in abuse-free environments? Could people demonstrate, through public displays, mass education, music, and poetry, their

care and action to preserve older people's human rights? Could the world be changed?

This was a very ambitious project for a relatively young, nonprofit, nongovernmental organization whose members were all volunteers with a wide range of other careers and virtually no financial resources. How could people be inspired to take this issue and make it their own?

Planning began. An international steering committee was formed, and a logo was chosen: "My World, Your World, Our World—Free of Elder Abuse." The players were individuals and organizations in the six global regions. The audience was the world.

Most countries and organizations were in the same situation as we were, with few financial resources. But an amazing thing happened—the concept of World Elder Abuse Awareness Day (WEAAD) struck a chord that resonated around the globe. It became empowering and challenging as older persons and their advocates came together—a collaboration of great minds, hearts, and people from around the world in an effort to prevent elder abuse. This engendered an enormous sense of partnership and camaraderie as all travelled through uncharted waters. There was no road map for this journey.

Preparatory months were spent writing articles on WEAAD, speaking at regional and international conferences, producing posters, and helping other countries develop their ideas for awareness-raising projects. Partnerships were formed with the WHO, AARP, International Association of Gerontology and Geriatrics (IAGG), Canadian Network for Prevention of Elder Abuse (CNPEA), and more. We developed a community guide to raise awareness, a "tool kit" of ideas for taking action, step by step. We posted the tool kit on our Web site along with other materials such as brochures, flyers, and fact sheets. The tool kit was designed as a multipurpose document containing information on how to engage with the media, tips on ways to interact with faith leaders, and methods to seek support from the local police and other agencies.

The range of events was daring and delightful, including wearing "white socks" in South Africa (people were encouraged to wear white socks with the phone number of the elder abuse helpline printed on them), sky diving in England, and quilt-making in Canada. Participants gave us cause to reflect on the heart-warming responses to WEAAD from many individuals, countries, organizations, and governments. We quickly came to realize the value of working together in concert with other people and other countries. The process brought unlikely people together and friendships were made, nurtured, and sustained. We grew in spirit, guided by the goodwill and enthusiasm of older people, their communities, and their governments. The remoteness of countries disappeared as we joined hands across the nations to send the message of safety, peace, trust, and hope to our elders. The outcomes from WEAAD were enormous, the possibilities endless—elimination of ageism, social isolation, and, dare we say it, elder abuse.

June 15, 2006, in New York City was a glorious day. More than 150 participants gathered at the UN to launch the first WEAAD. The majesty of the building, the sense of history—it felt so right to be celebrating WEAAD in the institution that symbolizes the very core of human rights. The invited speakers delivered powerful messages. Government and nongovernment delegates spoke of their programs to support older people and of the terrible impact of elder abuse, whether through frauds and scams, the “new best friend” phenomenon, financial, and other forms of abuse, such as power gender and poverty, and health crises such as HIV/AIDS. It was overwhelming to hear reports from around the world describing the universal and spiraling effect of abuse on older people. But it was heartening to know that every person present was contributing in some way to finding solutions to the problem (Leaney, 2006).

The learning opportunities, the meaningful dialogue, the opportunity to share, the listening to the so-called missing voices, and the finding of our own unique voice resonated with the success of the day. The activities brought a global relevance that sustained and moved elder abuse prevention and awareness forward throughout the whole year and years to come.

On June 15, 2007, a similar celebration was held at the WHO headquarters in Geneva, Switzerland, with different speakers and emphases. The 2008 WEAAD was hosted by the government of Canada in Ottawa. Two hundred people from 22 countries attended the 2-day conference. WEAAD 2009 took place on July 5 in Paris in conjunction with the IAGG World Congress of Gerontology. A global Webcast served to unite countries around the world in the sharing and learning about programs, policies, and services designed to address elder abuse and neglect.

INPEA maintains a strong presence at national and international conferences, often those relating to either gerontology or violence. Many areas of concern have been raised and discussed at conferences, which have provided member organizations the opportunity to share problems while making solutions. People from many disciplines exchange information and discuss innovative programs, policy initiatives, and research funding as well as meet national and international experts in elder abuse and violence against older persons.

INPEA member organizations include members' smaller networks and groups, which all bring to the table a rich background of grassroots initiatives and experience. Local, regional, national, and international organizations contribute to the overall goals and objectives of both the IAGG and INPEA and will better serve older adults both now and in the future. Studies have shown that national and local elder abuse networks, developed to enhance collaboration among professionals on issues such as public education, prevention, intervention, and policy development, significantly promote inter-agency consultation and result in improved access to services for abused elders (Podnieks, 2008).

After 10 years, INPEA is at a crossroads. The organization has published, promoted, and circulated research; held conferences and workshops around the world; presented papers; conducted training; and increased consciousness on elder abuse from global to local levels. Membership has increased dramatically, especially in developing countries. We have grown in size, impact, and aspiration. We now must decide whether to move from a small grassroots organization to one more international in status with formalized structures and sets of procedures. As an informal network, we suffer from a lack of administrative coherence and do not have mechanisms for decision-making processes. We need to develop an organizational framework and infrastructure, review our bylaws, clarify roles and responsibilities, and ensure a balance between external development and infrastructure development. This organization operates with no sustained funding, costs being borne by individual members with occasional donations.

Each year, INPEA presents the Rosalie Wolf Memorial Award to honor an exemplary person in the area of policy, practice, research, or education in the prevention of elder abuse. Rosalie Wolf was the founder of INPEA, and an outstanding visionary whose untimely death in June 2001 was a profound loss to INPEA and the elder abuse community. Her legacy lives on.

The following part of this article discusses reports from INPEA members whose countries have been engaged in elder abuse initiatives. The reports shed light on the way different countries share their stories, policies, and research, which stimulate discussion and debate. The data are relevant and should provide a platform for increased action toward preventing elder abuse.

CROSS-NATIONAL ELDER MISTREATMENT RESEARCH

Increased knowledge about elder abuse is a top priority worldwide (World Health Organization [WHO], 2002). Our understanding and level of awareness of elder mistreatment are significantly enhanced through reviews of cross-national research. Knowledge of the role that culture plays, how definitions compare, what legislation is available, how abuse is reported, and existing policy and interventions can advance our own knowledge.

Information on elder mistreatment may be difficult to obtain, as evidenced by a colleague whose recent trip to China elicited an “elder abuse is not a problem” response from professionals questioned by the researcher. The “not in my backyard” syndrome still persists (Kosberg & Garcia, 1995). This situation is changing as more countries recognize and describe their awareness of elder abuse. An example is seen in the previously mentioned WorldView Scan. Data obtained in the Scan include definitions, legislation, and practices related to elder abuse (Podnieks et al., 2006). Also, the landmark study *Missing Voices* (World Health Organization/International Network for the Prevention of Elder Abuse, 2002) is another example of the benefit of an

exchange of cross-cultural information. The data (from six developing countries and two developed countries) revealed types of mistreatment that were remarkably similar to one another (except for witchcraft), such as “lack of respect” and “emotional pain,” along with reference to the aging demographics, vulnerability of women, consequences of poverty, and insidiousness of ageist attitudes.

Extant literature shows methodological problems in research on elder abuse (Kosberg & Garcia, 1995; Kosberg, Lowenstein, Garcia, & Biggs, 2003; Kozak, Elmslie, & Vernon 2003). A lack of reliable knowledge about the incidence, prevalence, and characteristics of mistreatment (McDonald, Hornick, Robertson, & Wallace, 1991) makes it difficult to recommend policy and programs. Considering other countries’ unique strengths and opportunities allows insight into interventions with older persons. Using the best qualities of these studies in future research on elder abuse—focusing on ethical, methodological, and definitional issues—will achieve a greater understanding of those solutions and interventions that contribute to a sense of security, well-being, and the possibility of resolution for abused older people (MacLean, 1995).

MISTREATMENT OF ELDERS IN EUROPE

Mistreatment of Elders in the United Kingdom (UK)

Although elder abuse and neglect are not new phenomena, having appeared in literature, theater, and folklore for many centuries, the identification of elder abuse and neglect in the UK (population 60 million) initially occurred in the mid 1970s (Baker, 1975; Burston, 1977). These early articles outlined the phenomenon of elder abuse and neglect as an issue within the familial or domestic setting, but did not lead to specific actions being developed and interest in the issue was relatively short-lived. In the 1970s and early 1980s, a series of scandals within the health and social care sector, principally in relation to institutional care, became apparent (Butler & Drakeford, 2002; Martin, 1984; Stanley & Manthorpe, 2004; Stanley, Manthorpe, & Penhale, 1999). These scandals mainly occurred in long-stay institutions providing care for elders or people with learning disabilities and related to their neglect and abuse.

From the 1980s and onward, there have been a number of inquiries on mistreatment of vulnerable individuals that have taken place across the health and social care fields. This has included residential and nursing homes, statutory and voluntary sectors, National Health Service hospitals (including wards for elders, people with learning disabilities, and people with mental health problems, including elders), and so-called special hospitals (psychiatric facilities for offenders with severe mental health problems, formerly known as the “criminally insane”). However, such scandals were investigated and

treated as separate inquiries into standards of care rather than as directly concerned with abuse. Coverage of these scandals and inquiries was superficial and transient.

Although awareness of mistreatment (abuse and neglect) has existed for more than two decades in the UK, societal recognition of mistreatment has been a more recent phenomenon with the impetus to resolve the issue only apparent over a much shorter period. This is in part the result of the relative lack of empirical evidence concerning the nature and extent of the problem. One early attempt to address this issue (Ogg & Bennett, 1992) determined levels of psychological (5.4%), physical (1.5%), and financial (1.5%) abuse within the older population. However, these results were not without methodological difficulties (e.g., the questions formed part of a wider population-based survey of broader issues and did not include elders with significant health-related problems). Much more recently, the UK study *Abuse and Neglect of Older People* (completed in 2007), a prevalence study of mistreatment covering the range of abuse and neglect in community and domestic settings (excluding institutional care settings), established that 2.6% of people age 66 and older (or, about 1 in 40 of the older population) reported experiencing mistreatment during the past year from a family member, friend, or paid care worker (McCreadie et al., 2006; O'Keeffe et al., 2007). When the definition of mistreatment was extended to include incidents relating to neighbors and acquaintances, the overall prevalence of mistreatment increased from 2.6% to 4%. This recent study has done much to increase societal awareness of mistreatment and its impact.

Two main factors have influenced the development of responses to mistreatment in the UK. The first is the positive effect of lobbying and campaigns by charitable NGOs. Some of the earliest work undertaken was by the charity Age Concern, England, which commissioned exploratory work in relation to mistreatment (e.g., Cloke, 1983; Eastman, 1984), while the organization Help the Aged conducted a multiyear, multifaceted campaign that included awareness-raising and a petition to the government. However, the principal organization involved in this area is Action on Elder Abuse, established in 1993 under the auspices of Age Concern, England, specifically to concentrate on elder abuse. The organization is a focal point for professionals concerned with elder abuse and provides advice and information about elder abuse and neglect. One of the principal means of achieving this has been through the provision of a national telephone helpline that has offered assistance to both members of the public and concerned professionals. During a 6-year period (1997–2003) more than 10,000 calls to the helpline were recorded (Action on Elder Abuse, 2004), and although direct work, such as counseling, is not undertaken with individuals, the evaluation of the service indicates that provision of advice and information is undoubtedly beneficial (Action on Elder Abuse, 2004).

The second factor has been governmental and policy-related responses that have been developing since the mid 1990s. In the early period of the 1990s, this reflected distinctive concerns and developments relating to specific service-user groups, for example, elders and adults with learning disabilities. Following the election of the Labour government in 1997, efforts were made to develop a more generic and inclusive focus on vulnerable adults. This resulted in the 2000 publication of *No Secrets*, a guidance document that mandated social services departments take a lead role in coordinating responses to abuse by social care, health, and other relevant agencies at the local level. In this guidance, the definition of abuse was extended to: “A violation of an individual’s human and civil rights by any other person or persons” (Department of Health, 2000, p. 9). The shift toward adopting a human-rights approach to the problem has been a rather slow development. Although the list of potential perpetrators of abuse detailed within the guidance was broad, interventions to assist individuals was restricted to individuals who were, or might be, eligible for community care services. Furthermore, the document was accorded the status of “guidance” and therefore did not contain the full weight of legislative powers, resulting in uneven implementation and development across local areas (Mathew, Brown, Kingston, McCreadie, & Askham, 2002).

The introduction of the policy framework has resulted in the development of local initiatives relating to Adult Protection Committees, coordinator posts (and proto-adult protection services in a number of areas), as evidenced in recent research (Perkins et al., 2007). The development of the regulatory framework in social care also has assisted elders who might be at risk. For example, the introduction of minimum service standards within institutional care and domiciliary provision through the Care Standards Act, 2000, introduced a number of safeguards. One example was added through the implementation of the Protection of Vulnerable Adults scheme in 2004. This scheme effectively acts as a workforce ban, as it introduced a list (or national register) of individuals considered likely to harm or put vulnerable adults at risk of harm and proscribes these individuals from working in the social care sector once listed.

Legislation relating to Mental Capacity Act, 2005 (of adults) was enacted in 2005 and implemented from 2007 and includes an offence of willful neglect or ill treatment by those taking care of adults who lack capacity to make their own decisions (Brammer, 2005). Although this Act appears to obscure the differentiation between social welfare and criminal approaches to protection (an area of some debate within the UK during the past decade), the legislation clearly elucidates when it is possible to intervene in certain circumstances in situations affecting “vulnerable adults” who lack capacity.

In the Scottish context, the enactment of the Adult Support and Protection (Scotland) Act, 2007, which introduced certain powers and duties in relation

to adults at risk, also is beneficial and follows from their legislation relating to capacity—the Adults with Incapacity (Scotland) Act, 2000.

Further initiatives by the then Association of Directors of Social Services (ADSS) in the early years of the millennium led to the development of an agenda concerning “safeguarding” (Association of Directors of Social Services [ADSS], 2005), which emphasized positive rights of adults in need rather than individual vulnerabilities. This report focused unequivocally on prevention rather than protection and also facilitated consideration of mistreatment within communities. The report proposed additional links and partnerships between social care and crime reduction programs (part of wider crime and disorder and community safety initiatives) at local levels.

A more recent trend is the renewed focus on a human rights perspective. The report on elder abuse by the House of Commons Select Committee (2004) concerned itself with the conduct of paid carers, standards, and regulation (Manthorpe, Perkins, Penhale, Pinkney, & Kingston 2005) and paved the way for further deliberations concerning the human rights of elders in health care (including home care settings). This followed sustained pressure relating to human rights from both Age Concern (Butler, 2006) and Help the Aged (2005). An ongoing government campaign on Dignity for Older People commenced in 2006 and included a fundamental respect for human rights and also extended the debate on the care of elders, particularly in institutional settings. Moreover, the introduction of the Commission for Equalities and Human Rights from October 2007 further addressed issues relating to the rights of elders, including those relating to mistreatment.

Developments in the UK in recent years relating to mistreatment have made some progress in resolving tensions that existed between social welfare and criminal justice approaches and in relation to issues concerning mental capacity. This has largely been the result of the introduction of a change in focus to consider the broader framework of human rights, specifically as they relate to elders. Because a number of these shifts and developments are comparatively recent, particularly in terms of implementation, it remains to be seen how far the (anticipated) changes impact the lives of mistreated elders and whether more specialized provision and preventive services develop in the coming years.

Mistreatment of Elders in Germany

In Germany, *elder abuse* as a social problem and a research topic was recognized later than in North America or the UK (for an overview see Gorgen & Greve, 2006). To a considerable degree, current German discussions on elder abuse date back to the implementation of a mandatory Long-Term Care Insurance in 1995/1996. One major deficiency of the law on which this insurance was founded is its emphasis on physical illness, disability and frailty, and the underestimation of resources needed to care for elderly people

with dementia. German discussions about elder abuse (usually framed as “violence against the elderly,” because the literal translation of “abuse” almost inevitably entails the association of “sexual abuse”) focus on care recipients (not on older people in general), the provision of quality care, state responsibility for quality of care, and the concept of providing support to overburdened professional and family caregivers as the main strategy of elder abuse prevention.

In 3-year intervals, the Medical Service of the Health Insurers (MDS) issued comprehensive federal reports on the quality of professional care, the last one (Medizinischer Dienst der Spitzenverbände der Krankenkassen, 2007) based on quality controls in more than 4,200 nursing homes and 3,700 in-home nursing services. These reports gained considerable public attention. Their focus—quality of care—goes beyond elder abuse.

Up to now, no German laws explicitly deal with elder abuse. In recent years, changes and improvements in laws pertaining to elder care and quality of care were made. These changes include the Law on Quality Assurance in Nursing Care (Pflegequalitätssicherungsgesetz, in effect as of 2002), aimed at establishing quality management in care services and institutions and strengthening consumer rights; the Law for the Protection of Nursing Home Residents (Heimbewohnerschutzgesetz, in effect as of 2001), improving residents’ legal standing and participatory rights, enhancing the powers of state nursing home control agencies, and intensifying their cooperation with other institutions involved in care provision, quality control, and funding of residential care; and the Law on Advancement of Nursing Care (Pflege-Weiterentwicklungsgesetz, in effect as of 2008), improving counseling services for care recipients and their families.

Public funding for activities related to elder abuse has not reached the level of funding of activities in the fields of child abuse or violence against (younger and middle-aged) women. At the federal level, elder abuse is a topic mainly dealt with by the Department of Family, Seniors, Women, and Youth (BMFSFJ), and to a lesser extent by the Department of Health (BMG). In autumn 2003, BMFSFJ and BMG summoned a national “Round Table on Elder Care” to elaborate concepts for improving in-home care and institutional long-term care. In 2005 one of its working groups issued a “Charter of Rights of People in Need of Help and Care” (“Charta der Rechte hilfe- und pflegebedürftiger Menschen”), clearly adding a human-rights perspective to German discussions about elder abuse (Deutsches Zentrum für Altersfragen/Geschäftsstelle Runder Tisch Pflege, 2005).

Practical steps taken for elder abuse prevention and intervention have mostly been on a local or regional basis. For example, in the federal state of Schleswig-Holstein, a so-called Pflegenottelefon (nursing care emergency line) has been operating for a couple of years, its outstanding feature being successful interagency cooperation. In a few cities (e.g., Munich, Stuttgart, Nuremberg) there are “complaint offices for problems in elder care” (“Beschwerdestellen

für Probleme in der Altenpflege”) that are funded by local authorities. These offices usually work quite efficiently, although they depend on nursing homes’ and in-home care services’ readiness to cooperate and do not have legal authority to impose sanctions. A number of local NGO helplines exist, the helpline run by the Bonn-based NGO, “Handeln statt Misshandeln (HsM),” is the most active. These helplines have established a national network (“Bundesarbeitsgemeinschaft der Krisentelefone, Beratungs- und Beschwerdestellen für alte Menschen”). Most focus on problems with elder care, mainly in residential settings. Problems with legal guardians and with guardianship are an emerging topic in German discourse on elder abuse (e.g., embezzlement, misuse of power, neglect). Other contexts (victimization of elderly people) are gradually gaining prominence (e.g., domestic violence in old age).

Empirical German elder abuse research dates back to the early 1990s. The first representative study on victimization in old age showed that the majority of violent offenses are committed by family and household members and that the proportion of intrafamily victim-offender relationships increases with age (Greve & Wetzels, 1995; Wetzels & Bilsky, 1994; Wetzels & Greve, 1996; Wetzels, Greve, Mecklenburg, Bilsky, & Pfeiffer, 1995). In this study, about 2% of West German seniors (age 60 and older) and about 1% in the former German Democratic Republic reported having been victims of severe forms of physical violence by family and household members in a 5-year period (Wetzels et al., 1995).

Inspired by the findings of this study, a federally funded project was launched in the city of Hanover, its main task being the development of approaches for prevention and intervention in the field of domestic elder abuse. During a 3-year period (1998–2001), different approaches—such as a telephone helpline for senior citizens and social workers operating as counselors for elderly people and their relatives—were tested at a local level. Project evaluation (Görgen, Kreuzer, Nägele, & Krause, 2002; Görgen & Nägele, 2005) judged the topical focus of the project (“violence against older people in close relationships”) to be too narrow for a continuing and sustained local project. Counseling services were used in only relatively small numbers of cases. Incidents brought forward by service users included cases of intimate partner violence and of intergenerational violence without any of the participants being dependent on care.

A study on the underresearched topic of elderly sexual victimization (Görgen & Nägele, 2006; Görgen, Newig, Nägele, & Herbst, 2005) combined multiple data sources (police crime statistics, public prosecutor files, survey data from institutions assisting victims, and in-depth interviews with practitioners who had worked with sexually victimized elders). This research found that offenses dealt with by the criminal justice system (CJS) differ significantly from those known to battered women’s shelters and victim services. The majority of incidents prosecuted by the CJS were “hands-off” offenses

(mainly exhibitionism); “hands-on” offenses were typically single incidents committed by strangers or loose acquaintances of the victim. Battered women’s shelters and institutions of victim assistance are confronted with severe forms of sexual violence in intimate relationships, the prototypical case being an older woman who is repeatedly victimized by her husband during a considerable period of time and within a relationship characterized by a comprehensive system of violence, humiliation, and control (corresponding to the concept of intimate terrorism) (Johnson, 2001; Johnson & Ferraro, 2000).

A study on caregivers of dementia patients included some items on aggressive thoughts and behaviors toward care recipients (Thoma, Schacke, & Zank, 2004; Zank, Schacke, & Leipold, 2005). About 21% of caregivers indicated that they “often” or “very often” raised their voices when interacting with their relative and 2.5% reported frequent intimidating or threatening behavior toward the care recipient.

There have been some studies on specific aspects of elder abuse and deficient care, such as those by Klie (Klie & Lörcher, 1994; Klie & Pfundstein, 2004) on restraint use or by medicolegal researchers (Heinemann, Lockemann, Matschke, Tsokos, & Püschel, 2000) on decubitus ulcers. A model project (“ReduFix”) has successfully shown that physical restraints used with nursing home residents with dementia can significantly be reduced without endangering residents’ safety (Branitzki, 2007; Koczy et al., 2005).

In 2004 the study *Crime and Violence in Older People’s Lives* was begun (Görgen, Herbst, & Rabold, 2006; Görgen, Rabold, & Herbst, 2006). The study combines different methodological approaches that are partly aimed at the general older population (survey among 3,030 community-dwelling 40–85 year olds; analysis of 303 police files on fraudulent offences against older persons) and partly at older care recipients in domestic settings. The latter includes qualitative interviews with older care recipients, family caregivers, and in-home nurses ($n = 178$), a survey among 503 nurses in the field of in-home elder care, and a survey among family caregivers ($n = 226$). Survey data show that about one in four subjects age 60 and older reports experiences of verbal aggression by family and household members within a 12-month period, whereas only 1.3% of older men and 1.6% of women older than age 60 report physical violence. Prevalence of both physical and psychological victimization was about twice as high among middle-aged adults (ages 40–59) than among those older than age 60. A survey among in-home nurses found that nearly 40% reported having abused or neglected at least one patient within the last 12 months. Psychological abuse and verbal aggression and neglect were most common. Serious problem behavior could be predicted by patients’ aggressive behavior, the number of clients suffering from dementia, subjects’ use of alcohol as a means of alleviating work-related stress, and nurses’ general judgments of quality of care delivered by the respective in-home service (Rabold & Görgen, 2007). Based on

the findings of the study, a 3-year action program “Secure Life in Old Age” (“Sicher leben im Alter-SiliA”) was started in late 2008. It focuses on four areas of abuse and victimization in old age, namely property offenses selectively targeting the very old, homicides in old age, intimate partner violence among older people, and abuse and neglect in domestic caregiving.

To summarize Germany’s current and recent developments: (1) Elder abuse is increasingly regarded as a human-rights issue, as this is mirrored in a report titled “Social Human Rights of Older Care Recipients” published by the German Institute for Human Rights (Berlin) in 2006 (Aichele & Schneider, 2006); (2) Many local initiatives are doing excellent work, but elder abuse still has not become a constant feature on the agenda of federal politics. To an extent, German politics are regarded as “youth-centered”; (3) German research on elder abuse is developing and is making connections with the international field, greatly enhanced by a series of conferences organized by Gabriele Walentich and the Crime Prevention Council of Northrhine-Westphalia in 2005 and 2006.

Mistreatment of Elders in Russia

The primary source of information on elder mistreatment from Russia is informal, derived from a series of e-mail messages describing the unpublished work of P. V. Puchkov, a sociology professor completing his doctoral dissertation at the Saratov State University. He writes passionately on the state of investigations into elder abuse in Russia while making comparisons with other international research.

Historically, the Russian family has held elders in reverence and respect. However, a review of the literature reveals instances that could in any country be considered mistreatment. For example, when older people become dependent, ill, or useless, they have been taken to the woods or other isolated place and left there. Stories from Old Kiev (1885) describes in chilling detail how an older person was taken to a deep ravine where they were placed on a sled and pushed down to the bottom. From this emerged the Russian expression “to sit on a blast” or “it is time to sit him on his blast.” Puchkov assures that this behavior does not take place today; however, he poses the question “are our methods of treating the elderly any more humane than from these earlier times?”

Puchkov goes on to say that there are few examples in current Russian literature depicting elder abuse. He wonders whether society has found solutions to the problem or whether no one has chosen to investigate it.

As in other countries, Russia is grappling with the definition of elder abuse and in so doing is looking to Hong Kong, Finland, Greece, India, Israel, Norway, and Africa for their explanation of the concept.

In order to expand the research agenda in his country, Puchkov (2006) undertook a study in the Russian Federation for Centers for Social Services

of the Population (CSSP), located in the Kirov, Frunze, Volghsk, and Engels districts. This research was exploratory and descriptive in nature. Data were collected using questionnaires and personal interviews.

Findings revealed that most victims were physically, psychologically, and financially independent (85%), usually experiencing at least one chronic illness (90%). Psychosocial abuse was the most prevalent form of mistreatment. The majority of the victims were females, age 70 and older and independent from the abuser. Only a few victims were dependent on the abuser for help with activities of daily living (10%). The abuser was usually a relative. The cause of abuse was most often the result of alcoholism and substance abuse.

Categories of abuse were identified as: *physical*, including striking, hitting, and using physical force to obtain money or valuables from the victim; and *emotional-psychological*, characterized by insulting, humiliating behavior. The study cites disrespect and verbal aggression toward older people by ministries and others in authority, housing, and postal offices, as well as hospitals and banks. Relatives also denigrate elders, referring to their appearance and other negative attributes. Older people are threatened with institutionalization, refused medical help, and denied help with food preparation, all of which may lead to sleep deprivation and reduced quality of life.

Financial and economic abuse includes actions such as extortion of money or pensions and refusal to return borrowed money. Other examples include cheating when weighing produce and illegal sale of the elder person's apartment. Fraud and con games also were described.

Neglect entails all acts of withholding of care and is done so in a scornful manner, depicting the ageist attitudes of government, municipalities, and regional workers for the city, including clinics and taxi drivers. Relatives are responsible for much of the neglect, which is manifested in their indifference, isolation of the elder, and denial of the basic necessities of life (Puchkov, 2006).

A study of Russian perspectives on elder abuse (Rinsky & Malley-Morrison, 2006) noted that very little attention has been given to the problem of elder mistreatment in Russia. Since the collapse of the Soviet Union, domestic violence has appeared on the national agenda, and in 1996 a new family policy was ratified. Various protections against family violence were included in the country's criminal codes. Despite this, not a single case of elder abuse went to the courts between 1993 and 1999, and no statistics have been maintained on elder abuse. The authors assert that many Russians grew up in an era when all forms of domestic violence went unaddressed, thus public recognition and acceptance of elder abuse is a new phenomenon.

In a small convenience sample, Russian perspectives on elder abuse were gathered from 21 Russian adults, age 17–45. Respondents were asked to provide examples of extreme, moderate, and mild abusive behavior from an adult child to an aging parent. Extreme abuse was characterized most often

as physical violence, but also neglect. Moderate abuse included psychological aggression and neglect, and mild abuse was characterized as verbal aggression and neglect. Neglect emerged as a form of all levels of abuse—extreme, moderate, and mild. Given the lack of availability of social safety nets, older adults only have their families to rely on; thus, neglect may be viewed as a more probable form of mistreatment (Rinsky & Malley-Morrison, 2006).

Many parallels may be drawn between this emerging research from Russia, where few studies on elder abuse exist, and similar examples in developing countries. This research invites comparison and further discussion in relation to policy, practice, education, and realistic intervention.

Mistreatment of Elders in Nordic Countries

This overview is restricted to literature available in English from Finland, Sweden, and Norway. It may not reflect current analysis of developments in the Nordic countries. The First Nordic Seminar on Elder Abuse was held in 1986, at which Finnish and Norwegian practitioners were prominent. Elder abuse was discussed at the Nordic Council of Ministers in 1988 and again in 1993, at which proposals emerged for sharing of information and initiatives in each member country. Since then developments have been largely undertaken at national levels.

In Finland (population 5.5 million), awareness of elder abuse has grown out of the Federation of Mother-Child Homes & Shelters (*Ensi-ja turvakotien liitto*), which in 1979 launched a 3-year project in four Finnish towns and found numbers of older adults seeking help (Kivela, 1995). In 1985 the Federation began a major initiative to help abused elders and to work with their families; in 1998, it estimated that 9% of women and 3% of men over retirement age suffered from violent abuse (*vakivalta*). Two Finnish prevalence studies have been reported in the English-speaking literature. Each study concerns types and associations of abuse, one undertaken in the late 1980s and the other in the early 1990s. Neither was exclusively concerned with issues of abuse.

The first study that included elder abuse took place in Ähtäri, in mid-western Finland. Ninety-four percent of people age 65 and older ($N = 1,085$) participated in the study. Of the participants, 3% of men and 9% of women reported that they had been abused after age 65 (Kivela, Kongas-Saviano, Kesi, Pahkala, & Ijas, 1992). Abusers were family members for 45% of the abused men and 75% of the abused women. The second study took place in the southern Finnish municipalities of Kuru and Ylöjärvi, and 651 inhabitants age 75 and older participated. Results showed that 7.7% of men and 8.3% women had been abused after age 65. Abuse by family members was more common in cases in which the victim was a female (Virjo & Kivela, 1994). In both studies respondents lived in community settings and multiple forms of abuse were reported.

More recently, concern has been raised about overmedication of older people in institutional care and incidences of neglect that are the result of understaffing. In at least one case, in Tampere, Finland, a judicial review forced the local council to increase the number of staff employed to care for older patients (S-L. Kivela, personal communication, May 15, 2006). At this time, there is no national strategy in place to address elder mistreatment; however, there is growing concern and a national press debate on institutional neglect and the misuse of medication. An awareness and education campaign on this issue has been initiated (Hilden, personal communication, June 12, 2007). The first national conference on elder abuse was held in Helsinki on June 15, 2006, to coincide with World Elder Abuse Awareness Day.

Sweden, through the work of Britt-Inger Saveman, contributed to the WHO/INPEA initiative *Missing Voices* (2002), which covered the views of older people on elder abuse. In Sweden (population 8.8 million), legislation was introduced in 2000 to make it a duty to report cases of elder mistreatment and abuse in institutional settings. Saveman and Sandvide (2001) reported that domestic violence in Swedish studies has involved multiple forms of abuse where victims were most likely to be female and the abuser a relative. Abuse also has been examined in residential settings by nursing staff in the two municipalities of Umea and Kalmar. For this study 499 staff responded and 11% knew of situations of elder abuse, with 2% admitting that they themselves had been abusive toward older residents. Men were most often abusers (54%), with 67% of the victims being women. Incidents of abuse were equally likely to be relatives or staff (Saveman, Astrom, Bucht, & Norberg, 1999).

Saveman and Sandvide (2001) examined general practitioners' awareness of abuse and found that of the 110 respondents, 77% reported having at least one patient at risk, while 25% had seen actual or suspected victims of abuse. The study identified the need for a clear nonmedical authority to which cases could be referred.

Sandvide and colleagues (Sandvide, Astrom, Norgborg, & Saveman, 2004; Sandvide, Fahlgren, Norborg, & Saveman, 2006) have emphasized the complexity of abusive situations. A study of institutional care has developed training material on restraints, overmedication, and other aspects of abuse (Bucht, 2006).

Efforts in Norway (population 4.3 million) are exceptional, as they have been driven by a national initiative and extended to local councils without the need for epidemiological "proof." More than 10 years ago, Johns and Juklestad (1995) reported that "there has been no pressing need to convince the authorities by documenting its extent. Thus government-funded research had a clear aim in enhancing professional coping and in improving intervention strategies" (p. 3). Espas (2006) reported that in Oslo, a city with 69,000 older people, an estimated 3,500 older people had been victims of elder abuse, which would be equivalent to 25,000 elder victims nationally.

The complexity of situations leading to abuse has been highlighted by Juklestad (2001). Her study of institutional care illustrates the situation of older persons with dementia who suffer from anxiety and aggressive behavior and who are in need of care, while poorly paid staff are placed unwillingly in a position of caregiver and who “would have chosen another profession had they been able to.” Reliance on a health care rather than a social approach to such problems may lead to overmedication of residents.

Intervention has focused on active mediation with victims, staff, families, and local communities. The Ministry of Health and Social Affairs funded “Vern for Eldre,” an Elder Protective Services pilot project in Oslo in 1991. Since 2000, the service has been part of municipal care services in Oslo and in 2005 also had been adopted by Baerum and Trondheim (Espas, 2006). At present, a political consensus has developed across parties that a national plan should make elder protective services available throughout Norway. Since 2004, a National Centre for Violence and Traumatic Stress Studies has supported this work (Nasjonalt kunnskapssenter om vold og traumatisk stress) (Juklestad, 2006).

Both Juklestad (2001) and Espas (2006) report a strong rights-based approach to “prevent violence and infringements of the rights of persons over 65 at home and institutions” (Espas, 2006, p. 3). Incidents are referred to as “rights infringements” with an emphasis on cooperation between services, and the use of multidisciplinary teams consisting of social workers, care nurses, and psychiatric nurses. The development of Elder Protective Services has included a telephone helpline at local levels, practical case support, counseling, and a problem-solving approach to assistance. The first WEAAD held in 2006 saw an announcement from the Norwegian government to establish a national telephone helpline service to provide information and assistance across the country.

MISTREATMENT OF ELDERS IN THE WESTERN PACIFIC

Mistreatment of Elders in Japan

Considerable excitement was generated in 2005 at the 58th Scientific Meeting of the Gerontological Society of America (GSA) when Toshio Tatara reported on the “Law for Preventing the Abuse of Older People and Providing Assistance to Caregivers,” making Japan the only country in the world that has a stand-alone national law for elder abuse.

The objectives of the legislation are to specify the roles and responsibilities of the national and local governments and private citizens in the prevention of elder abuse for the purposes of protecting the victims of abuse and for assisting caregivers in reducing “the burden of caregiving for the overall purpose of achieving elder abuse prevention and elder rights protection” (Article 1).

Findings demonstrated that more than half (55.9%) of elder abuse cases reported by care managers were multiabuse cases (Tatara, 2005). About three-fourths (74%) of the elder abuse cases involved life-threatening situations, where multiple types of abuse occurred together. Overall, the seriousness of abuse and neglect tended to be greater when multiple types of abuse and neglect occurred together. Abusers (many of whom were not aware that they were committing abuse) were not likely to seek assistance, even if they were involved with life-threatening cases of elder abuse.

The research showed that more than two-thirds of victims were women, and abusers were their sons who withheld care. The main category of abuse was emotional, followed by neglect and physical. Care managers reported that it was difficult to intervene because of the older person's reluctance to accept help (Tatara, 2005).

Other research from Japan includes a study on abuse by daughters-in-law. In Japan, the daughter-in-law is forced to shoulder most of the burden of caregiving even though she has no legal right of inheritance. The daughter-in-law receives little gratitude, no assistance, and a mother-in-law who often interferes in her son's family life. As the caregiving role increases, the daughter-in-law becomes more resentful. Stress, feelings of role refusal, unfairness, and resentment are compounded by long and poor relationships that can lead daughters-in-law to neglect and/or psychologically abuse their parents-in-law (Soeda & Araki, 1999). Interventions proposed by researchers include expanding social services, nursing homes, group homes, and delivery services. This might help sons and their wives live on their own without the burden of caregiving. Sons must mediate the relationship between their wives and parents and take a more active part in caregiving. There is great need in Japan to change the "outdated sexist views of the division of labor" (Soeda & Araki, 1999). Finally, the Japanese people must create a new system of equality where those who do the work are compensated and receive a rightful share of the inheritance regardless of whether that person is a daughter-in-law (Moon, 2000; Soeda & Araki, 1999).

In an exploratory study in Japan, Arime, McCall, and Tatara (2005) found that risk factors for abusers included health problems of the caregiver, their misunderstanding of the aging process, role conflict, role burden, and lack of family support. Preliminary data indicate some critical factors to preventing elder abuse and highlight the importance of cultural history and context in this area. Education and support for caregivers can lead to a better understanding of their roles, and the needs of those for whom they provide care. Social support from other family members and from community-based sources can relieve caregiver stress (Arime et al., 2005). This was validated in the study of calls to the helpline, when 60% of callers reported a lack of available services as a major barrier (Yamada, 1999). Japanese researchers recommend that preventive services be integrated into public health and community health center programs (Tsukada,

Saito, & Tatara, 2001). Researchers also call for the empowerment of older people themselves. Older adults should be provided with an opportunity to take control of their own situation and, in so doing, they will decrease the likelihood of elder abuse (Han, 2006).

In 1993 the Society for the Study of Elder Abuse (SSEA), an independent group of social workers and academics, carried out a national survey of community care centers. This study confirmed the existence of elder abuse in Japan. Based on the results, SSEA decided that a telephone counseling service was the most appropriate way to address the problem. They based their model on the service run by Action on Elder Abuse in the UK (Yamada, 2005).

Financial assistance was obtained from a national nongovernmental organization, and the Japan Elder Abuse Prevention Center was established in 1996 as a nonprofit body offering a volunteer-operated telephone counseling service, Helpline (WHO, 2002). The counseling service was advertised in newspapers, crisis and support centers, and other agencies. Presently, this helpline offers a wide range of information as well as legal counseling to anyone with a problem related to elder abuse (Yamada, 2005).

Goals for the Helpline include: more extensive marketing; special counseling (legal matters); enhanced cooperation with other organizations, particularly mental health services; longer hours of service, including nighttime; face-to-face counseling; and more financial resources. Benefits of telephone counseling are ease, quickness, privacy, confidentiality, and anonymity of the caller.

Mistreatment of Elders in Australia

In the late 1980s the Australian government was reluctant to acknowledge the presence of elder abuse, even though social workers clearly identified the phenomenon (Kosberg & Garcia, 1995). In the past 10 years, social and economic pressures have led the Australian government to direct attention to policies that address the needs of older people, thereby recognizing that elder abuse is an issue. Initially, Australians relied heavily on data from the United States. It has been stated that dependence on foreign definitions and research may have led to a distortion in the construction of the problem in Australia (Dunn, 1995; McDermott, 1993). Later this changed as Australia found its own voice and created a number of variations to overseas definitions (Dunn, 1995). The consequences of emotional, physical, and financial burdens on caregivers of a dependent older relative were cited by Australian researchers and are reflected in subsequent policies and programs (Dunn, 1995).

In 1997 the Aged Rights Advocacy Service (ARAS) received government funding to provide assistance to older people who may be or who are experiencing abuse. The ARAS provides an independent, free, and confidential

service across South Australia that aims to assist older people to exercise their rights. Aged Rights Advocacy Service programs help older people in nursing homes as well as those receiving community services at home or who are at risk of or are actually experiencing elder abuse. The Abuse Prevention Program (APP) focuses on the rights, safety, and well-being of older people, and along with ARAS, provides education sessions for community groups and staff of aging care organizations while assisting them to develop policies and procedures in responding to abuse. The APP helps older people exercise their rights, develops support systems, and provides options to allow individuals to choose intervention strategies. The Abuse Prevention Program also provides educational sessions to community groups and organizations, for example, protocol development. The focus is to assist older people to plan for the future (Aged Rights Advocacy Service, n.d.).

The Aged Rights Advocacy Service recognizes that abuse may occur as a result of either intentional or unintentional actions or interactions on the part of one person toward another. To date, most referrals involved financial abuse, psychological abuse, and physical abuse but usually all three types were involved. Multiple risk factors often were identified for people who reported abuse; these included isolation, cognitive impairment, family conflict, and/or dependency (Lachs & Pillemer, 1995).

Anecdotal evidence in Australia suggests that elder abuse generally is understood to be confined to the home. Older people from non-English-speaking backgrounds have issues and needs that relate to their migration, settlement experience, and culture that may contribute to the prevalence of abuse in their community. However, the specific issues or types of abuse that are prevalent within different ethnic communities are not known, nor are the particular responses appropriate for individual communities.

To meet this challenge, the University of Western Sydney received funding from the Transcultural Mental Health Center (NSW Health) for a research project around issues of elder abuse working with people from non-English-speaking backgrounds. The research project targets the Greek community in Australia. Discussions were held with community workers, leaders, and older people from the community, and participants were asked how they defined elder abuse and to identify culturally sensitive responses (Mears, 2002).

In the absence of more definitive models to understand and explain elder abuse, Australia has used a spouse abuse model (Dunn, 1995). This response acknowledges that abuse, neglect, and victimization happen to mentally competent adults. Elderly victims can be included by service agencies in a partnership to improve their own safety and security. Programs that have proven effective in addressing domestic violence may be adapted for older adults. Many of the same resources are appropriate and can supply information to potential or actual elder abuse victims about interventions and options (Sellers, Folts, & Logan, 1992).

Research has demonstrated the links among domestic violence, disability, and older women in Australia. It examines issues for older women who have experienced or are experiencing domestic violence and disability, especially those with anxiety and depression. There is a need to avoid the assumption that violence only happens when a person is older. Barriers to disclosure, along with the invisibility of older women particularly in relation to domestic violence, indicate that research must include voices of older women in order to truly understand how disability and mistreatment are the outcome of violence (Hightower, Smith, & Hightower, 2001). The Older and Isolated Women and Domestic Violence Project identified and explored the needs of older women who experience violence in intimate relationships to influence the development of public policy on domestic issues and to lobby for more appropriate and accessible services for older women. The project allowed the older women themselves to guide the process.

Australia has initiated numerous conferences, workshops, and innovative approaches to educate professionals, community members, and older Australians about elder abuse. One such program, the Fraser Coast Centrelink Initiative, deserves description. This initiative is a strategic development program that partners City Councils and community agencies concerned with elder abuse. The goal of this program is to strengthen Australian communities through consultation, partnership, and participatory processes (Centrelink, n.d.).

A community reference group was established to inform and guide projects. A forum for raising awareness of elder abuse was developed to capture public interest, stimulate enthusiasm, and invite the participation of older community residents. The theme for the forum was "Celebrating the Talents and Creativity of Older Persons and Examining the Obstacles of Growing Older With Dignity and Worth." The forum was a concert with older persons from the communities of Hervey Bay and Maryborough participating as artist performers and cofacilitators. Obstacles to growing older with dignity and worth were identified as elder abuse issues and were presented by guest speakers from a number of government and community agencies, including The Office of the Adult Guardian and the International Network for the Prevention of Elder Abuse. The concert enabled older persons to make linkages with their right to live fully and creatively as citizens of our communities; it acknowledged behaviors that threaten this right (Centrelink, n.d.).

Mistreatment of older persons also has been identified in nursing homes, residential care facilities, and hospitals in almost every country where such institutions exist. Some countries have addressed it more vigorously than others. In a recent move to prevent elder abuse of Australians in residential settings, the federal government allocated AU \$92 million to set up an Australia-wide Complaints Division of the Office of Health and Ageing to investigate complaints of abuse from family members and older people themselves.

The government also has called for applications from interested individuals to become investigators into these allegations. Along with this new Complaints Division, whistleblower legislation is being introduced to protect staffs who uncover suspected cases of abuse (W. Fielding, e-mail correspondence, November 26, 2006). Additional government support is evident as the Victoria Police Department implements a training program for police officers on the recognition, detection, and investigation of elder abuse.

Australia thoughtfully debated problem definitions, prevalence, and incidence; the nature, scope, and effectiveness of intervention; and elder abuse as a human-rights issue. The work carried out thus far is impressive. Publications have come from academics, service providers, seniors' groups, and seniors' representatives on advisory committees. It is notable that seniors themselves have contributed to the literature (Harbison, 1996).

MISTREATMENT OF ELDERS IN SOUTHEAST ASIA

Mistreatment of Elders in South Korea

The population of Korea is increasing. In 2000, 7.2% of the population was older than age 60. This number is expected to rise to 14.2% in 2010 (Korean National Statistical Office, 2000). A result of this demographic shift has been multifaceted problems facing older people. A national study on elder abuse in Korea revealed that 8.2% of elder abuse or neglect occurs in domestic settings (Cho, Kim, & Kim, 2000). It is suggested that elder abuse is increasing for the following reasons: rapid growth of the aging population, increase in chronic diseases, and more families involved in caregiving relationships with older members (Schiamberg & Gans, 1999). Studies show that 55.1% of persons age 65 and older still live with their children (Korean National Statistical Office, 2000).

Korean families traditionally respect and provide care for their elders. The cultural expectation is that aging parents are looked after by their adult children or other family caregivers (Choi, 1993; Sung, 1991). Elder abuse is a behavior that remains hidden because of the associated stigma. Furthermore, victims of elder abuse are frequently dependent on their abusers and consequently may become isolated from the community at large (Lee & Kolomer, 2005; Reay & Browne, 2002).

Just as researchers in Russia and other countries have questioned the presence of elder abuse in the past, Korea looks backward for explanations of this present-day phenomenon. Elder abuse is regarded as a complex problem, and its resolution involves the family, elder victim, and perpetrator (Han, 2004). Elder abuse was featured in a Korean newspaper in 1970, but was not taken seriously. It remained largely unnoticed until 1990, when further examples of elder abuse appeared in the media, making it a serious

social problem. Elder abuse is classified as financial, psychological, emotional, physical, and sexual.

In 1999 Korea mounted a symposium on family violence sponsored by the Korea Family Counseling Education Society. The international symposium, held by the Research Institute for the Better Living of the Elderly, was led by Toshio Tatara. This symposium assisted in recognizing and developing awareness of elder abuse. Following this initiative, the Social Welfare Council established a hotline along with 19 consultation centers for the prevention of elder abuse and subsequent intervention, fashioned on the Japanese model. The National Human Rights Commission of Korea also initiated research on the state of elder abuse in the community and within institutions. The Korean Information Network for the Prevention of Elder Abuse (KINPEA) was founded to disseminate information, to serve as liaison with other organizations, and to provide online and offline data.

A landmark amendment to the national law for the aged created Korea's elder abuse law (2006). The law provided a definition of elder abuse, a series of duties and responsibilities, a telephone hotline, a counseling center for the prevention of elder abuse, a mandatory reporting system, and various penalties. The Center for the Prevention of Elder Abuse, established in 2004, now has 18 regional centers operating various campaigns, activities, and intervention responses to elder abuse, such as a case judgment committee and a guardian committee against elder abuse. These actions indicate Korea's concern about elder abuse. The Korean Information Network for the Prevention of Elder Abuse continually has provided information to promote understanding about elder abuse, about how intervention should be, and about which direction help should be developed for victims. The Korea Elder Protection Agency also has done various campaigns and has collected data from 18 centers on elder abuse in Korea.

The important role of the Center for the Prevention of Elder Abuse is to focus on raising awareness and providing counseling and outreach services with multidisciplinary professionals in order to establish open lines of communication. Since 2007, KINPEA has tried to advocate for elderly people in Korea. The Prevention of Elder Abuse in Korea has taken action on prevention, education, and intervention as well as led counseling efforts to assist older adults at risk. Social isolation and loneliness are considered risk factors for elder abuse in Korea. To facilitate understanding about aging, programs are needed to integrate generations and to foster the empowerment of older Koreans so that they can make their own choices and advocate for themselves.

A national ceremony held on WEAAD (since 2006), initiated and led by KINPEA, has assisted in raising elder abuse awareness at the societal level. Korea has held anniversary ceremonies in observance of WEAAD, and will remain committed to commemorating and raising awareness of the annual event. The first anniversary proclaimed the Declaration of the Rights of the

Elderly in Korea (2006); the second ceremony marked the color purple as an important symbol and had guest lecturer Arlene Groh, Elder Abuse Restorative Justice Resource Consultant for the Elder Abuse Response Team, from Canada in 2007; and the third event reconfirmed Korea's commitment and dedication to preventing elder abuse under the presence of the Minister for Health, Welfare, and Family Affairs in 2007.

CONCLUSION

The information presented in this article describes how elder mistreatment affects individuals, families, and communities in different countries. There is a mounting concern that the rights of old persons are at risk of violation on numerous levels: personal, economic, institutional, and community (United Nations, Economic and Social Council, 2002). Risk factors contributing to the vulnerability of older persons are social, economic, and political, and are compounded by lack of resources, poverty and inequalities due to gender, disability, ethnicity, and ageism (United Nations, Economic and Social Council, 2002).

Literature reviews and national data were presented in this article. Some countries report on the causes and consequences of elder mistreatment, while others highlight intervention and policy responses. Most countries have developed recommendations for future research and action. Still, a lack of clarity exists about elder mistreatment, and responses to it currently are fragmented and uneven in quality. Definitional, methodological, ethical, and theoretical problems remain a challenge. The narratives that emerged from these reports, however, are remarkably similar to those in *Missing Voices* in articulating the quest for values and respect as primary goals of older people, regardless of where they live. This underlines the fundamental need for approaches that are established on a solid foundation of human rights.

The concept of loneliness and isolation permeated several reports (e.g., Japan and Australia), and with these, a call goes out to equip older persons with tools and knowledge to become change agents: to inspire them to see possibilities in themselves and to take charge of their own lives—in other words, to become empowered. Media plays a powerful role in raising the awareness of elder mistreatment. Some countries, such as Korea, urged that advocates for elder abuse prevention work with the media to explore how the public can be educated.

The use of multidisciplinary teams was emphasized in the UK. To be truly effective, these teams must integrate geriatric and forensic specialists, protective services, and health and social care providers to develop an array of approaches for intervention. Teams also help break down silos that occur when agencies and practitioners work in isolation (Brandl et al., 2006).

Some countries, such as Russia, are in the early stages of the development of policies and programs to address elder abuse. More information is needed from Russia and other regions, such as Asia, Africa, and Latin America, to increase our understanding of international efforts to address elder abuse and to continue to share recent research and promising initiatives.

The information presented here provides a snapshot from various countries. It speaks to conflicts within families that can lead to elder mistreatment, to the lines between domestic violence and elder abuse that are largely artificial, to the scarcity of available resources and professionals, and to many gaps and needs. A strong message of hope also exists. There is a growing body of research, increased awareness and action by governments, expressed power by NGOs, the involvement of older people, greater public awareness, and the sharing of data and resources. Commitment and determination of countries to work together to end elder mistreatment and to act toward strengthening the rights and the empowerment of older people are increasing on a worldwide agenda. As INPEA moves into its second decade with anticipation and excitement, the challenge is there, and we are ready to meet it.

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