



**Workshop on the Social Integration
and the Rights of Older Persons in
the Asia-Pacific region**
30 September-2 October 2014, Bangkok



Guidance Note:

Session on "Abuse, Violence and Neglect of Older Persons"

Neglect, abuse and violence against older persons can include acts that cause physical, emotional or psychological harm and are classified as criminal offences in a number of countries. Despite its social and economic and human rights significance, neglect, abuse and violence against older persons often go undetected. The issue is still a hidden problem owing to various factors, such as underreporting and the refusal of societies to admit the existence of such mistreatment. As a consequence, there is limited knowledge of its actual extent. These concerns call for a response, which prevents elder abuse through integrated policy approaches that protect the rights of older men and women.

Elder abuse is currently most commonly defined as "a single, or repeated acts, 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, 2002). The main categories that are currently used for identifying neglect, abuse and violence against older persons include neglect, physical abuse, sexual abuse, psychological abuse -also called emotional, verbal and non-physical abuse -, and financial abuse or exploitation.

What are the main forms of neglect, violence and abuse?

Neglect is lack of attention to meet an older individual's needs, by a) not providing adequate food, clean clothing, a safe comfortable place to live, good health care and personal hygiene; b) denying the person social contacts; c) not providing assistive devices, if needed and d) failing to prevent physical harm and to provide needed supervision.

Physical abuse refers to single acts that may be repetitive, or to enduring acts including inappropriate restraint or confinement, which causes pain or bodily harm. Consequences include physical indicators of abuse and visible psychological manifestations such as diminished mobility, confusion and other altered behaviour.

Sexual abuse is non-consensual sexual contact that ranges from rape to indecent assault and sexual harassment.

Psychological abuse is underscored as the largest category of abuse against older persons and ranges from denigrating comments to controlling behaviour by the perpetrator and leads to diminishing their identity, dignity and self-worth. Indicators of psychological abuse can include severe psychological manifestations including fear, poor ability to make decisions, apathy, withdrawal and depression.

Financial abuse includes, among others, misusing, or using money or property without knowledge or consent and to the disadvantage of a person; healthcare scams; forging or forcing signatures; power of attorney abuse; misappropriating funds from pensions; reverse mortgage scams as well as identity theft.¹



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Neglect, abuse and violence occurs in different settings such as domestic settings, nursing homes, social care institutions, hospitals, medical care centres, home care services, prisons and everyday life situations. In South Asia, incidents of abuse and neglect of older people are increasing, both within families and institutions, cutting across classes, castes and religions. Reports of such abuse in the subregion have come in from both rural and urban settings. In East Asia, reports of neglect and abandonment of parents by their adult children are on the rise.

Studies indicate that more victims of neglect, abuse and violence are women. Given existing structures of gender discrimination in South Asia, women run a greater risk than men of becoming victims of material exploitation, financial deprivation, property grabbing, abandonment, verbal humiliation, emotional and psychological torment. When they fall seriously ill, it is more likely than not, that it is the elderly women in the family who will be denied proper health care. Some older women have reported that they have had things thrown at them when they have not done something according to the desires of family members. Many have reported being spat upon while some have been falsely framed for dowry harassment. The most common abuse South Asian women face is being denied independent social and economic resources. Nevertheless, definitions and approaches are often gender-blind affecting the visibility of older women in the discourse surrounding the issue of neglect, abuse and violence against older persons.

Perpetrators of neglect, violence and abuse against older persons have been characterised as family members, friends and acquaintances. Research from South Asia suggests that older women have been hit by their sons, daughters-in-law, daughters and husbands. Perpetrators can be persons that have an emotional or financial relation of dependency with the victim but can also be strangers who prey on older persons or commercial organizations that defraud older clients. In many cases, the abusers are individuals who, in the “duty of care”, abuse, or neglect their older charges.¹

The impact of neglect, abuse and violence on victims is severe ranging from a deterioration of general health conditions, long-lasting emotional consequences as well as death in cases of failure to provide for basic needs such as medication, nutrition and heating. These considerations reflect a multiplicity of forms and consequences of violence against older persons. The problem is a social, public health and human rights issue which requires multifaceted strategies.

Existing research highlights that there is no universally agreed definition on what constitutes abuse of older persons, nor reliable data on the scale of elder abuse². In Australia, given the lack of consolidated national data, few Australians are aware of elder abuse as a growing social issue. Yet available data indicates that between two and five per cent of Australians over the age of 65 years have experienced abuse, that up to 80 per cent of perpetrators are family members of the victims (the large majority being their children), that financial and psychological abuse are the most common forms of abuse, and that women are twice as likely to be victims of abuse.

As a result, Member States have pursued a variety of legislative, policy and programmatic approaches that address, or partly address, if at all, various types of abuse and violence. In

¹ “Missing voices – Views of Older Persons on Elder Abuse”, World Health Organization, INPEA, Geneva, 2002

² UN (2013), Neglect, Abuse and Violence against Older Women, ST/ESA/351



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China, the Law on the Protection of the Rights and Interests of the Elderly prohibits maltreatment of older persons providing legal protection against abuse. The Singapore Penal Code contains specific provisions that pertain to protecting older persons from financial, physical and sexual abuse. In Japan, the Act on Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and other Related Matters requires the state to protect older persons and prevent elder abuse through support mechanisms, including the implementation of training programmes for caregivers on issues of elder abuse and adequate care. In Nepal, the Senior Citizens Act established various safeguards and protective clauses on elder abuse. Section 8 of the Act prohibits forcing senior citizens to beg, or become monks or hermits.

However, these initiatives remain fragmented across countries of the region. The need to broaden the current knowledge base and take steps towards the consideration of global guidelines on neglect, abuse and violence against older persons remains crucial.

Guiding Questions

1. What are the main obstacles in measuring and assessing neglect, abuse and violence against older persons that need to be addressed to obtain a clearer understanding of prevalence rates?
2. Which characteristics (e.g. dependency on the victim, psychiatric problems, unemployment, and drug and alcohol abuse) are most often found in perpetrators of neglect, abuse and violence?
3. What is the extent of neglect, abuse and violence in private homes versus institutions (hospitals and care facilities)? What are the reasons?
4. What are the specific measures to increase awareness, including among older persons, about existing national mechanisms to protect older women from neglect, abuse and violence (e.g. campaign against ageism or promote protection)?
5. What are the main challenges in implementation of existing national commitments regarding abuse, neglect and violence against older persons?
6. Which innovative practices have civil society organizations embarked on to address abuse, neglect and violence against older persons?