

Elder abuse and neglect in the European Union

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Nena GEORGANTZI

Legal & Research Officer - AGE Platform Europe¹

In the European Union (EU) elder abuse has become a growing concern over the last few years as European countries face irreversibly transformed age pyramids. While the number of people 65+ in 2010 represented more than 17% of the total population, according to the latest projections, the number of people over the age of 65 will double and the number of people over the age of 80 will triple by 2060. Two out of three people aged 80+ in Europe are women. More than a third of them suffer from Alzheimer's disease or dementia, making them even more vulnerable to abuse. They are also more exposed to social isolation and poverty, which means they have fewer opportunities to access quality health care and social assistance, both key elements in preventing elder abuse.

According to a Eurobarometer study nearly half of those surveyed consider maltreatment, neglect and even abuse of older people to be widespread in their country. 67% felt that older people are financially exploited and receive inadequate care, and most felt that this vulnerable group is at risk of mental and physical abuse.

Prevalence of elder maltreatment in EU countries

Although information on prevalence of elder maltreatment across the EU is incomplete, several surveys have increased knowledge of the scale and types of the problem. One of the few cross-national studies of EU countries is the ABUEL (Abuse and health among elderly in Europe) study, which examined urban populations in seven EU countries². This project uncovered a prevalence of 19.4% for mental abuse, 2.7% for physical abuse, 0.7% for sexual abuse, 3.8% for financial abuse and 0.7% for injury. In a study from Germany, 53% of family caregivers reported at least one incident of maltreatment towards their care-dependent family member in a period of 12 months. Moreover, evidence shows that 30% of older people dying from homicide each year in the European Region is due to elder maltreatment, while it is widely acknowledged that the number of deaths of older people in long-term care attributable to malnutrition or dehydration are not sufficiently established. Statistics also show that around 70% of the perpetrators of abuse are members of the family or of the close environment of the older person, the majority being their partners, followed by their children.

This scattered data provide useful insights on how widespread is elder abuse in the EU, but it should also be noted that underreporting and refusal by societies to admit the existence of abuse and neglect render abuse still a hidden problem.

¹ AGE Platform Europe is a European network of more than 160 organizations of and for people aged 50+ representing directly over 30 million older people across in Europe. AGE aims at voicing and promoting the interests of the 150 million inhabitants aged 50+ in the European Union and at raising awareness of the issues that concern them most.

² Germany, Greece, Italy, Lithuania, Portugal, Spain and Sweden

So, on the one hand we know that elder abuse exists both in the public and private sphere and on the other hand there is a need to establish sufficient harmonised, gendered data, using a common methodology and a common definition that allows comparable statistics in order to make elder maltreatment visible.

Defining elder abuse

So far, there is no internationally accepted (legally binding) definition of elder abuse, which can entail shortcomings. According to the EuROPEAN project, which gathered views of different stakeholders on elder abuse, professionals, experts and organizations use diverse definitions of elder abuse. Some refer to the broader definition of domestic violence, others mention wider human rights considerations and in some cases people do not use the generic notion of abuse but address specific behaviours like medical mistreatment. For example in Poland, the term elder abuse is used rarely, as it has a strong connotation with particularly drastic criminal acts. Thus, the terms ingratitude, lack of sensitivity, aggression, exploitation are preferred. As a consequence there is a divergence of understanding of elder abuse among the different stakeholders.

If we take the example of the most widely used definition, which is the one adopted in the Toronto declaration and shared also by WHO and International Network for the Prevention of Elder Abuse (INPEA)³, which refers to *“elder abuse occurring in relationships with an expectation of trust”*, which – depending on interpretation - may effectively leave out of the realm of protection cases of financial and psychological abuse by strangers, which is an alarmingly growing phenomenon. For example, a survey in Slovakia⁴ showed that only 20% of the respondents feel safe at home even if they live alone, while fraud and deceptive practices such as undue pressure to buy products and provide financial support is the most frequent type of abuse in the country. Hence, a definition enshrined in an international human rights instrument would provide clarity, would ensure that all the different dimensions of elder abuse are covered and it would help to tackle the taboo of elder abuse.

Forms of abuse

Elder abuse occurs in different settings, such as: nursing homes, social care institutions, hospitals and medical care centres, home care services, domestic settings, prisons and everyday life, such as dealing with administrative issues, shopping and travelling. While physical abuse may be easier to trace, other forms of abuse are also widespread and equally dangerous, such as psychological, sexual and financial. For instance, financial exploitation is a growing concern for older persons, especially in times that families and individuals face economic difficulties and can take many forms such as taking over the person's finances or house, misusing or concealing of an elder's funds, blackmail, etc. In a survey in Slovakia one of the older persons interviewed captured the severity of this form of abuse saying: *“I don't want to live. In the past it wasn't like this. We took care of our parents when we were children. Now grandchildren defraud their grandparents, they take our money because they think that we don't need it”*.

³ 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”*.

⁴ Survey conducted in 2012 by Fórum pre pomoc starším, PhDr. Peter Guráň and Mgr. Milan Fico

Intentional and unintentional abuse

There is also a need to delineate between intentional and unintentional abuse, where the latter occurs when care delivery is so rudimentary that it breaches human rights and can be due to excessive caseloads, lack of time to interact and provide for all individual needs. This is also shared by the European Commission, which mentioned in a recent call for proposals: “...only in a minority of cases the abuse of older people does represent a deliberate attempt to harm or exploit the victims.”

This is an issue of great concern especially in informal care settings. In fact it is estimated that informal carers in the EU – the majority being women over the age of 55 - provide the bulk of care to older people in need of care and assistance, amounting from 70 to 90% of care needs depending on the country in question. Informal caregivers, often belong to the so-called ‘sandwich generation’ who have to care at the same time for their ageing parents and their grand-children or to balance paid employment with the care of a dependent relative. So, the difficulties in reconciling competing responsibilities, the lack of time, the lack of recognition of care work and the lack of respite care solutions for informal carers put pressure on them and entail a risk of abuse.

But even in professional care, elder abuse is interlinked with quality of care and adequate resources. For example, Austrian research has uncovered that physical and mental stress of caregivers is one of the main reasons for abuse. A recent UK report⁵ revealed examples of older people in unnecessary pain, indignity and distress while in the care of on National Health Service. Specific issues reported included lack of dignity; healthcare associated infections; poor nutrition; poorly planned discharge and personal care; staff attitude and poor communication. In Sweden the misuse of restraint in nursing homes is an emblematic case of a public debate linked with the lack of care professionals, the increased workload and the lack of knowledge on treating people with dementia. In sum poor working conditions for professional carers can also exacerbate the risk of abuse.

Why elder abuse is still a hidden problem

In fact, there are many factors that tend to undermine the phenomenon of elder abuse stemming both from the victim and its environment. For example an Italian social worker mentioned: “Many families turning to our services do not recognize the phenomenon and consider situations that might be in fact labelled as elder abuse either as normal life situations or traditional elder care methods”.

Often care professionals, police and prosecuting agencies fail to recognize it and treat it as crime and a violation of human rights, due to the existing gaps in the justice and enforcement environment, the lack of training of the personnel but also the prevalent ageism in our societies. Additionally, older people may themselves fail to recognize abuse or be unaware of existing support services. Under-reporting by the victims is also due to low confidence, absence of a confidante, financial, physical or psychological

⁵ Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people (2011)

dependence from abuser, and fear of consequences (such as stigma, being forced to leave the risk environment).

Towards a model of dignity and wellbeing

But in reality, the impact of abuse on victims is huge: their general health is deteriorated, there are long-lasting emotional consequences and they may also suffer from sleep problems, distress and anxiety, feelings of loneliness and isolation, low self-confidence, while there is also a life threat in cases of failure to provide for basic needs, such as medication, nutrition and heating.

The above considerations reflect that elder abuse is a social, public health and human rights issue. EU states share the increasing concern within public authorities to improve the cost efficiency of public services in particular health, social and long-term care services. In order to be efficiently tackled, our societies need to move towards a model that respects and promotes the dignity and wellbeing of older people. Thus, a multi-level response based on rights is needed, including prevention measures; efficient monitoring and early detection of cases of abuse; age-appropriate handling of cases and wide public awareness campaigns.

Is there sufficient protection of elder abuse in the EU?

Although elder abuse has been in the EU agenda for some time, there is no comprehensive EU-wide response on this issue, especially one of a binding nature. The Charter of Fundamental Rights of the European Union declares that human dignity is to be protected (Article 1); inhuman or degrading treatment or punishment is to be prohibited (Article 4); and the rights of older people to lead a life of dignity and independence and to participate in social and cultural life should be protected (Article 25). A Voluntary European Quality Framework for Social Services was developed in 2010 by the Social Protection Committee which can act as a step towards tackling abuse in institutional settings and to ensure that older people receive the standard of care they receive. The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and its focus on age-friendly environments can help create supportive environments that can help carers and reduce the risk of abuse.

On the other hand, in 2010 the European Parliament called for a Green Paper⁶ on the fight against elder abuse and the need to develop a code of conduct in care homes without any outcome so far. The DAPHNE Program⁷ has however funded a number of projects and contributed to raising awareness of violence against older women. Among them, the EUSTaCEA project, led by AGE Platform Europe, drafted the [European Charter of Rights and Responsibilities of Older People in Need of Long-term Care and](#)

⁶ Green paper: launches a debate at european level followed by a consultation on a set of topics and ideas and can be followed by a white paper that is an official set of proposals that is used as a vehicle for their development into law

⁷ The DAPHNE funding program aims to contribute to the protection of children young people and women against all forms of violence and attain a high level of health protection, wellbeing and social cohesion. In particular it aims to fight against violence in private and public domain, including sex exploitation and trafficking

Assistance. Based on existing national initiatives⁸, the European Charter has become an EU-level reference document and has also developed a guide with recommendations and concrete examples of interventions targeting European, national and local authorities, service providers, older people's organisations and potential victims. It has also helped to build consensus among many stakeholders and is built around rights and responsibilities promoting the empowerment and respect of older people as agents of themselves, a role that it aims to secure. Building on the Charter, AGE has led another project, the [European Partnership for the Well-being and dignity of older people \(WeDO\)](#) creating a lasting network of organisations committed to work together to promote the wellbeing and dignity of older people and to prevent elder abuse through the promotion of quality long-term care. This project has developed a voluntary European quality framework in long-term care in institutional, community and home care settings and a guide with recommendations on participatory quality development to help member states adapt the framework into their national/regional structural and legal context.

Regardless of the importance of these voluntary and civil society initiatives as a first step to tackle this issue, these are not enough to address the discrepancies among European countries in the fight against elder abuse and safeguard the universal right to dignity and protection from abuse.

Legal protection at national level

At the national level in most cases elder abuse is treated under domestic violence legislation and in most countries there is no specific reference to older people. Surveys have shown that older victims find policies on domestic violence very much targeting young women and cannot efficiently tackle the issue of elder abuse. In Slovenia, the topic of elder abuse has gained recognition and public attention only when the Domestic Violence Prevention Act that, specifically mentioning older people as a vulnerable group, was adopted in 2008. Additionally, national acts on violence have a limited scope, as is the case with the Czech Act which does not cover institutional care, excluding thus from its remit prevention of elder abuse in institutional settings through standards of social care. Likewise, in the UK, care provided by the private sector does not fall under the Human Rights Act although according to the Commission for Equality and Human Rights the correct legal avenue to tackle cases of abuse is a human rights approach. References on perpetrators of abuse can also be found in penal codes, although penal procedures, due to their stigma, implications and complexity often deter older people from reporting, especially since often their abuser is a person of their close environment. In sum, legal protection of elder abuse is very much fragmented across EU states, it rarely targets older people and includes important protection gaps.

Conclusions

Negative attitudes combined with poor support for carers trigger elder abuse. First, fighting ageism and gender discrimination should be a key element of any policy targeting elder abuse. Then, a common analysis and vision on care is needed as well

⁸ Such as the "Charter of Rights for People in Need of Long-Term Care and Assistance" adopted in 2007 by the German Government and the French "Charter of Rights and liberties of frail and dependent older people"

as to raise awareness on the need to tackle elder abuse. We should promote better coordination and exchange of information between stakeholders to guarantee prompt screening and response to elder abuse. We need to improve data gathering and strike a balance between efficiency, cost saving and quality improvement of care systems. There is a need for a cross-sectoral approach, ranging from prevention measures - such as training, respite care and good working conditions for carers and professionals – to specific structures for people with dementia and evaluation of interventions specifically designed to reduce elder maltreatment. Framing these issues through the lens of human rights will help create an enabling environment where older persons are able to enjoy and claim their rights. An international human rights instrument can build a commonly accepted definition, address the vulnerability and the specific aspects of this group and have a strong preventive effect.

References:

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[European Parliament resolution of 9 September 2010 on long-term care for older people](#)

[The voluntary European Quality Framework for Social Services of General Interest](#)

[European Report on Preventing Elder Maltreatment, World Health Organisation](#)

[Toronto Declaration on the prevention of elder abuse](#)

[European Charter of Rights and Responsibilities of Older people in need of long-term care and assistance \(available in 13 languages\) and Accompanying Guide \(available in 9 languages\)](#)

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[Charte des droits et libertés de la personne âgée en situation de handicap ou de dépendance](#)

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European projects

- [EUSTaCEA](#)
- [Wellbeing and Dignity of Older People \(WeDO\)](#)
- [ABUEL](#)
- [EuROPEAN- The European Reference Framework Online for the Prevention of Elder Abuse and Neglect](#)
- [MILCEA](#)
- [Interlinks](#)
- [ANCIEN](#)