

Elder abuse as a family violence issue

World Elder Abuse Awareness Day
Ottawa, Canada
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**World Health
Organization**

Overview

- Introduction
- Step 1: Definition and description of EA
- Step 2: Identification of risk factors and causes
- Step 3: Developing interventions & evaluating
- Step 4: Scaling up interventions
- Conclusion



Introduction

- Focus
 - Elder abuse as a family violence issue
 - Low- and middle-income countries
 - Integration with other forms of family violence

Introduction: family violence – a fragmented field

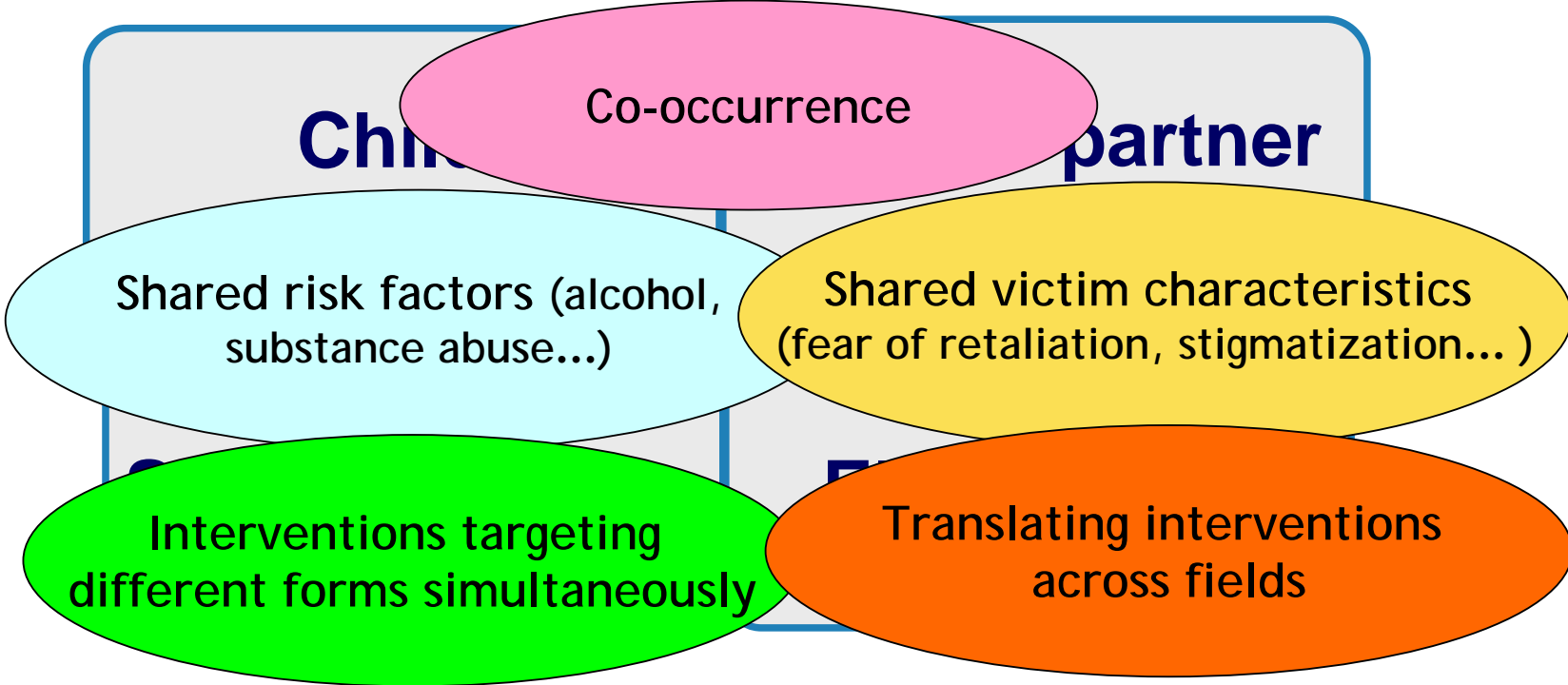
**Child
maltreatment**

**Intimate partner
violence**

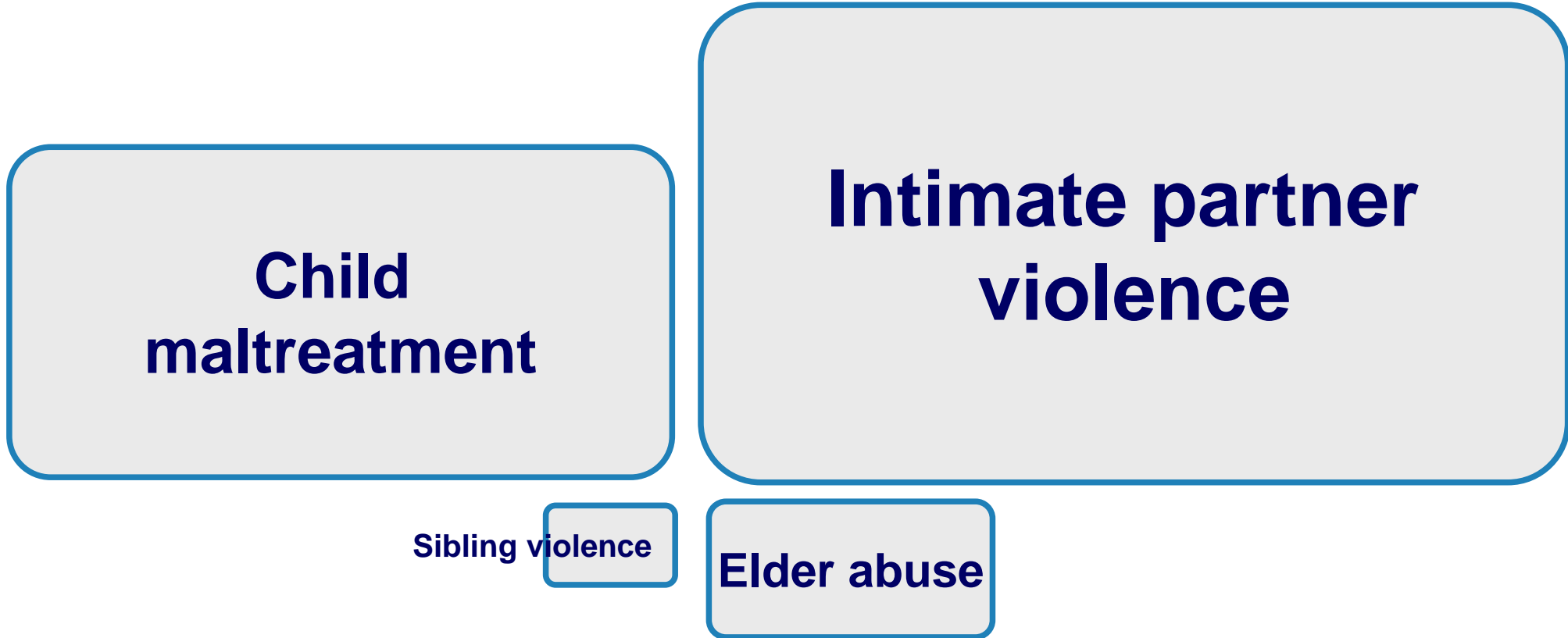
Sibling violence

Elder abuse

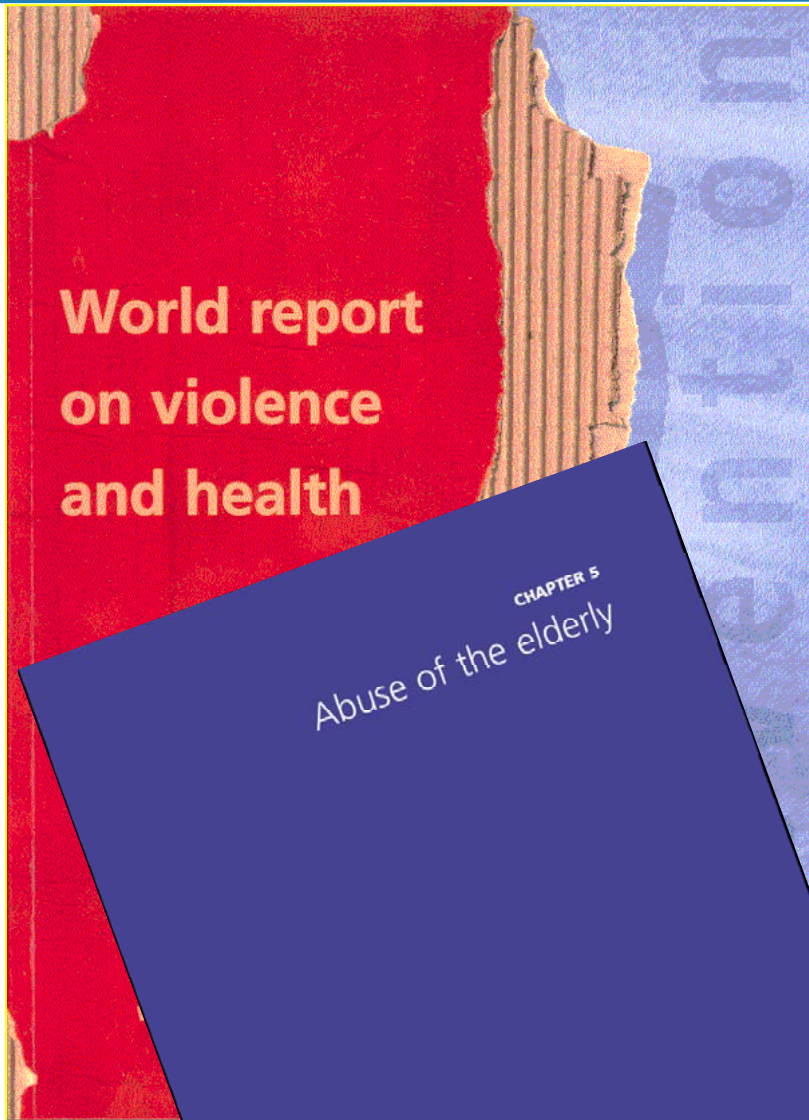
Introduction: family violence – greater integration



Introduction: attention to types of family violence



Introduction: World report on violence and health



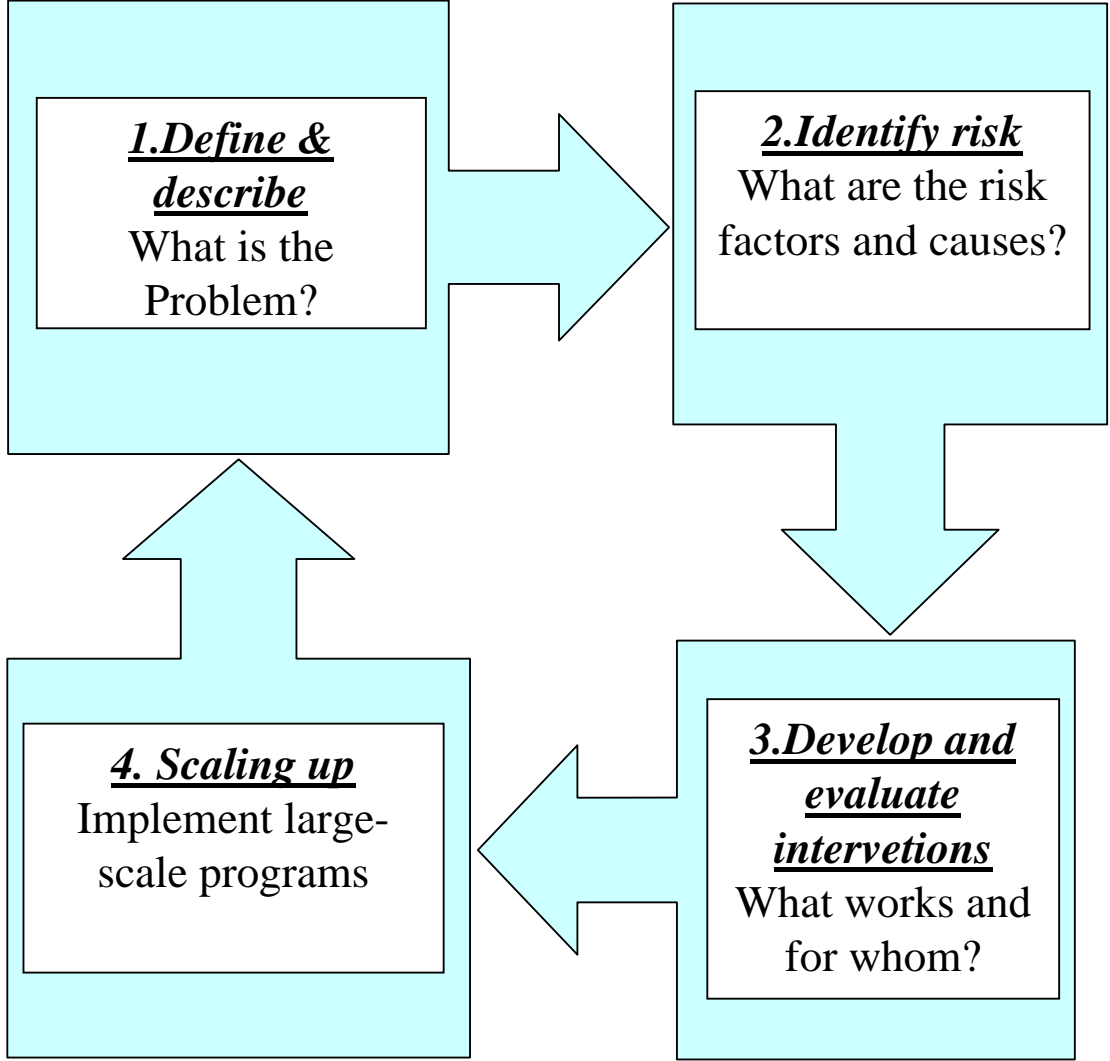
Violence can be prevented
and its impact reduced
→ Public health approach

Introduction: the public health approach

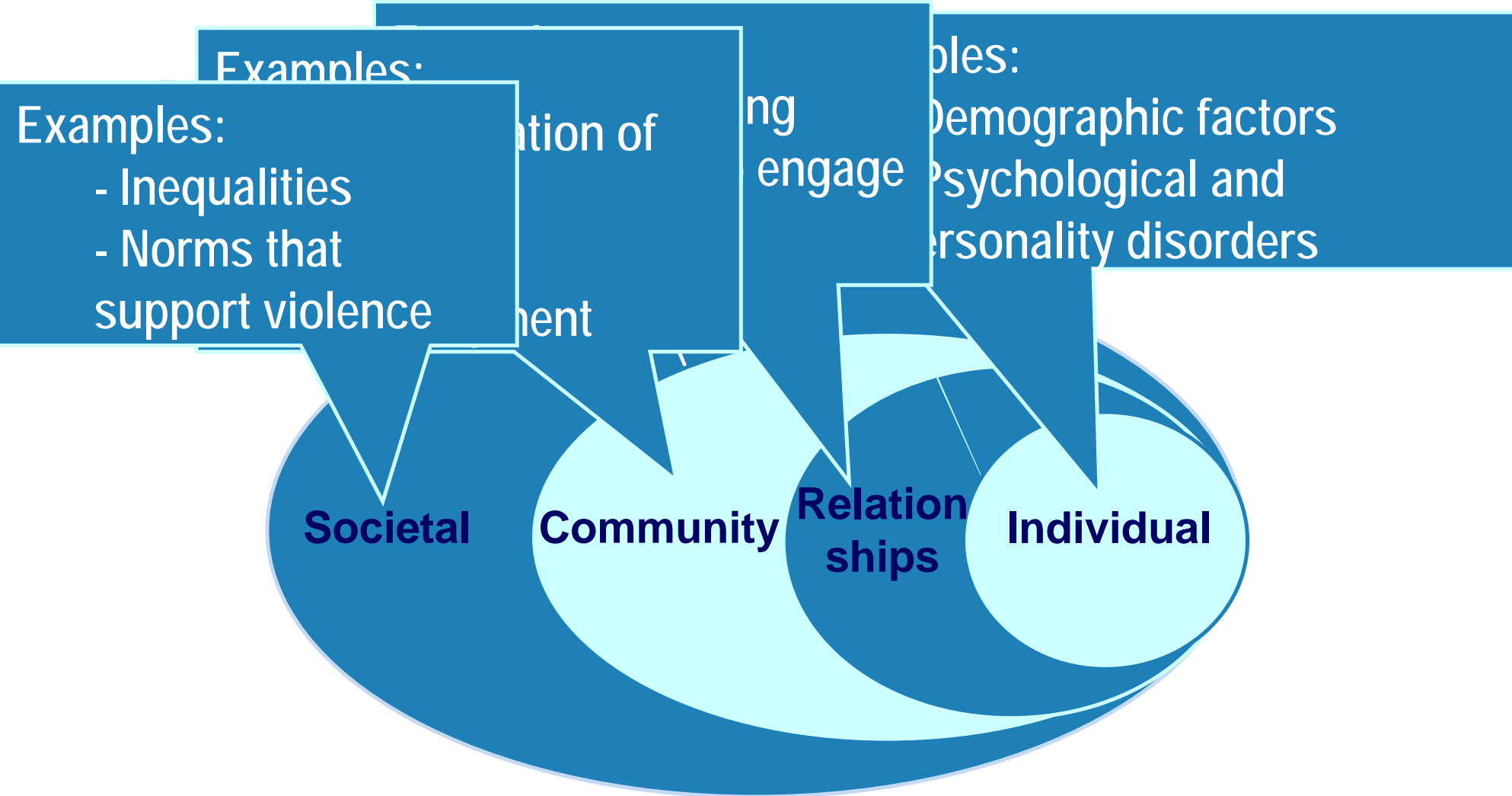
- Emphasizes
 - Preventing violence before it occurs
 - Interdisciplinary & intersectoral collaboration
 - Maximum benefit for largest number of people

Introduction: the public health approach

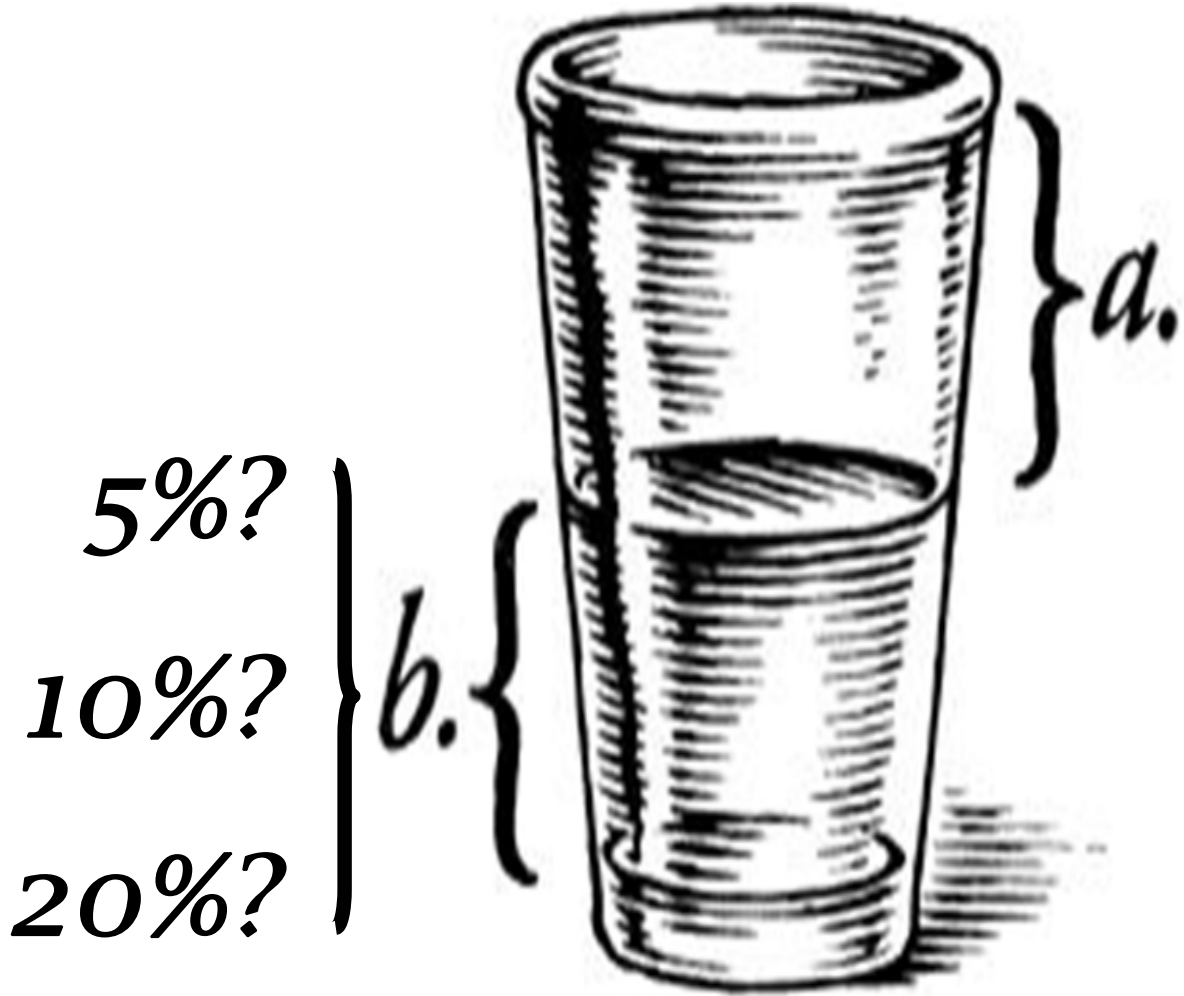
- Systematic, evidence-based approach with 4 steps:



Introduction: the public health approach



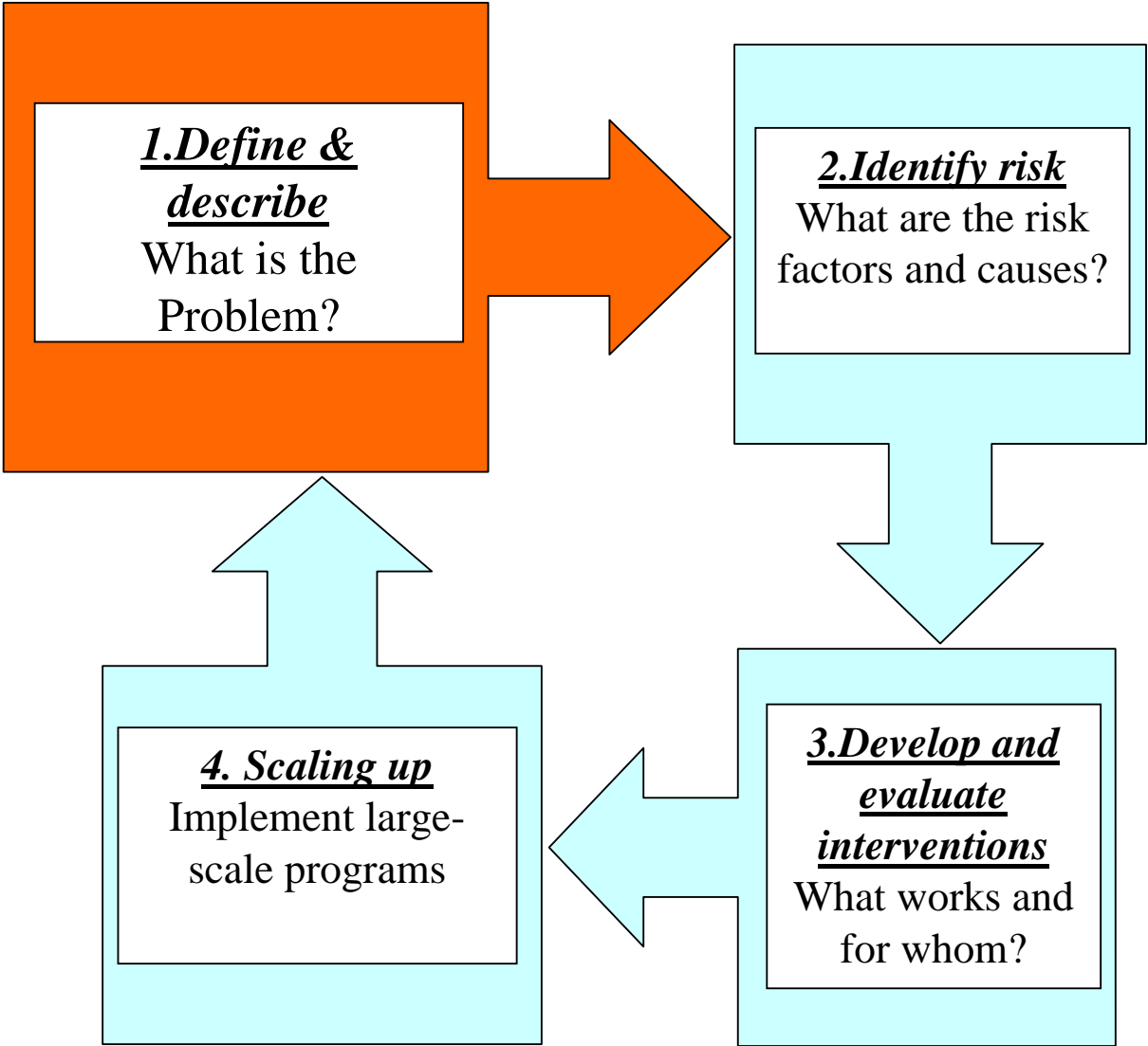
Introduction: elder abuse – a field in its infancy



“...at about the same embryonic stage of development as child maltreatment was about 30-40 years ago.”

US National Research Council, 2003

Step 1: define and describe the problem



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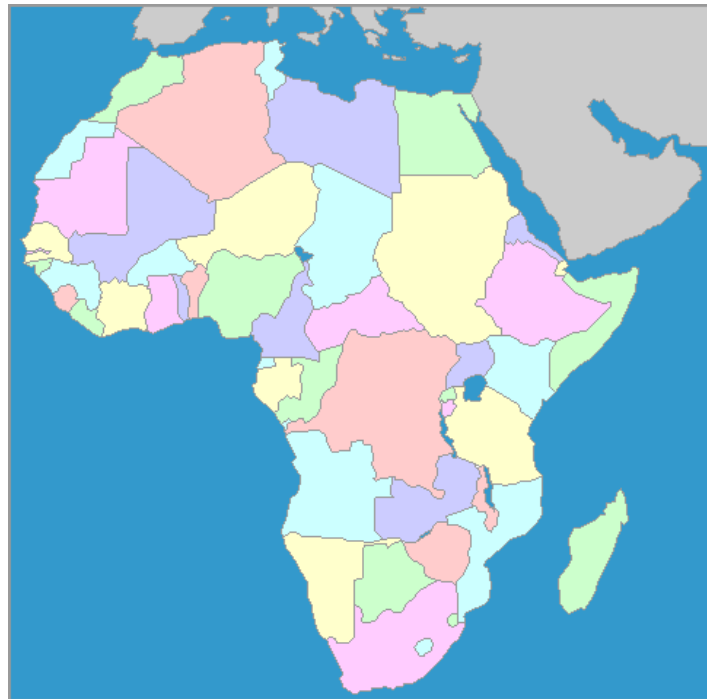
- Definitions – both conceptual and operational
 - Poor definition → poor measurement, subsequent steps compromised
- Information on magnitude, distribution, and consequences of EA
 - Surveillance & epidemiology data

Step 1: culturally-specific definitions & typologies?

- Cut off points for old age?
 - North America and Europe, 65
 - Africa, 50?
- Expansion of usual typology
 - Abandonment in hospitals:
 - 15-30% in 2 hospitals in Kenya

Step 1: culturally-specific definitions & typologies?

- Accusations of witchcraft
 - Often by family members
 - Aimed at older people
 - Lead to ostracism, banishment, lynching, suicide



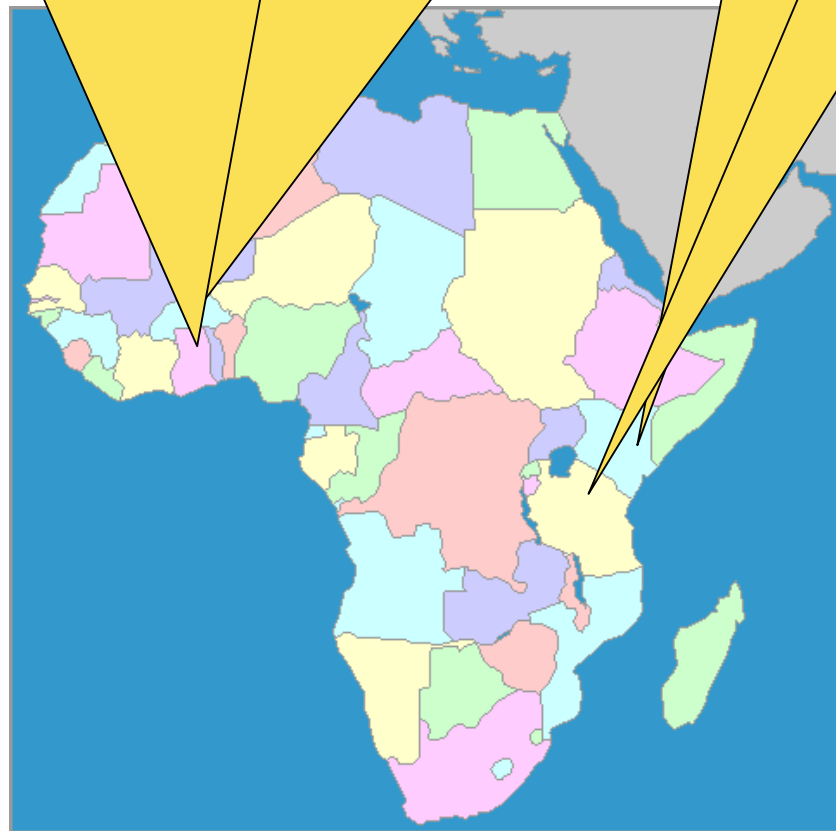
Burkina Faso: Mossi plateau

- "Unnatural death" → accusation of witchcraft
- "Witches" stone beggars
- Film "Del Wendé"

Northern Ghana

- Six "witches" villages
- One since 1870
- "Anti-witchcraft Allegations Campaign"

Northern Tanzania



Step 1: including old people's perceptions

Distr.: General

M I S S I N G V O I C E S

- Aim: to explore elder abuse from perspective of older adults cross-culturally

Views of older persons on elder abuse



Step 1: similarities & differences with IPV and CM

Dimension	EA	IPV	CM
Victim characteristics:	self-blame, stigma, ↓ self-esteem, depression, sense of isolation, ↗ feeling of dependence		
Power imbalance	Yes	Often	Yes
Gender of abuser & victim	Both	Both	Both
Adult: full legal status	Yes	Yes	No
Issues of inheritance	Yes	No	No
Age of victim	60+	15+	0 -14
Care-giving by abuser	Yes	No	Yes
Vulnerability of victim	Often	No	Yes
Economic independence of victim	Often	Sometimes	No
Physical/mental frailty & illness	Often	No	Early years
Perpetrators	Many	Int. partners	Parents/caretakers

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Step 1: similarities & differences with IPV and CM

IPV	CM
Care-giving	Abuses

→ Complex pattern of similarities and differences

→ Each has unique features

→ Which two most similar?

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Step 1: magnitude and distribution

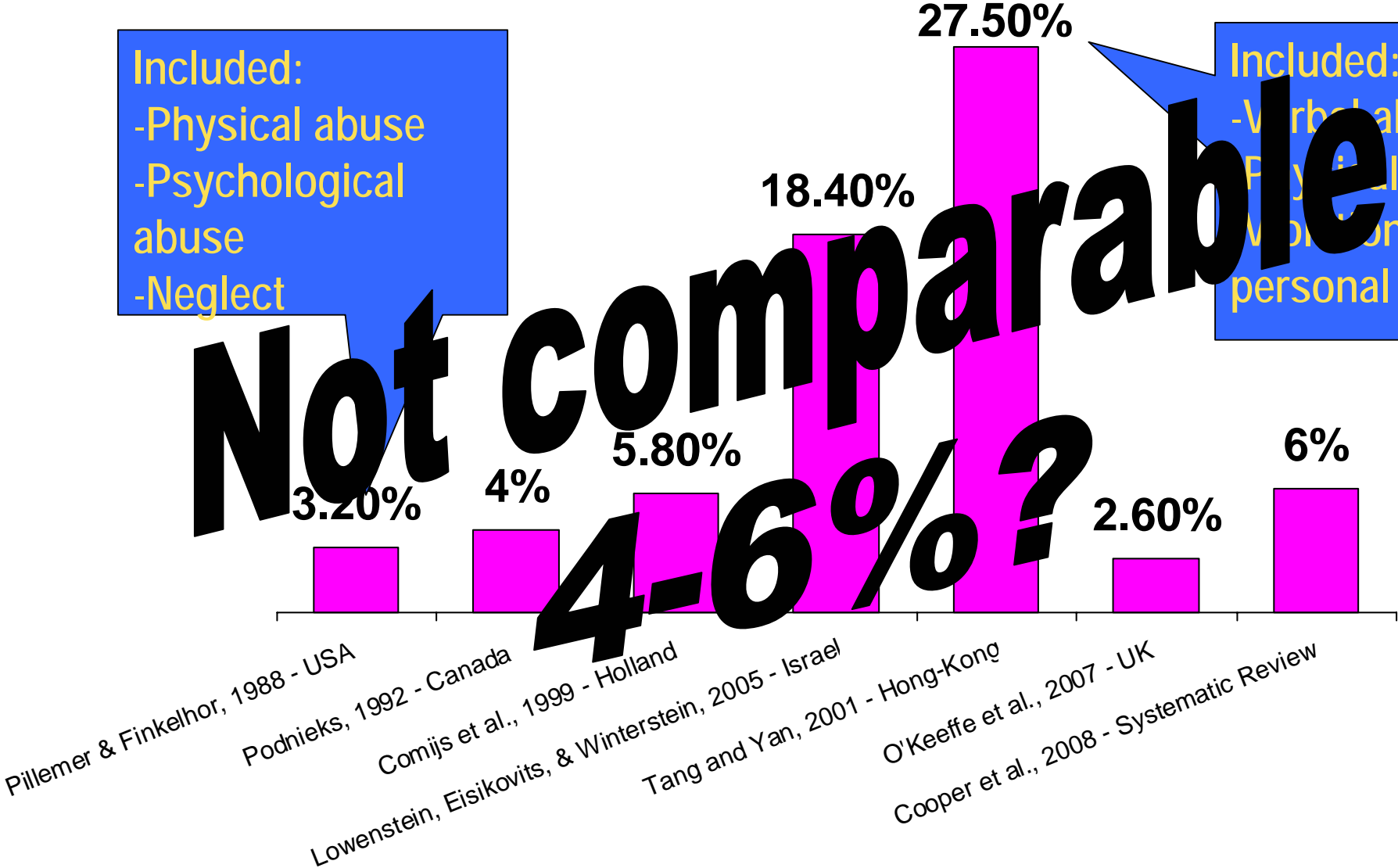
- Shortcomings in available data
- US National Research Council (2003)
 - “Magnitude basically unknown”
 - National prevalence studies needed to guide policy
- However, a number of prevalence studies recently completed/underway
 - But almost none in LMICs

Step 1: prevalence in HICs

Included:
 -Physical abuse
 -Psychological abuse
 -Neglect

Included:
 -Verbal abuse
 -Physical abuse
 -Violation of personal rights

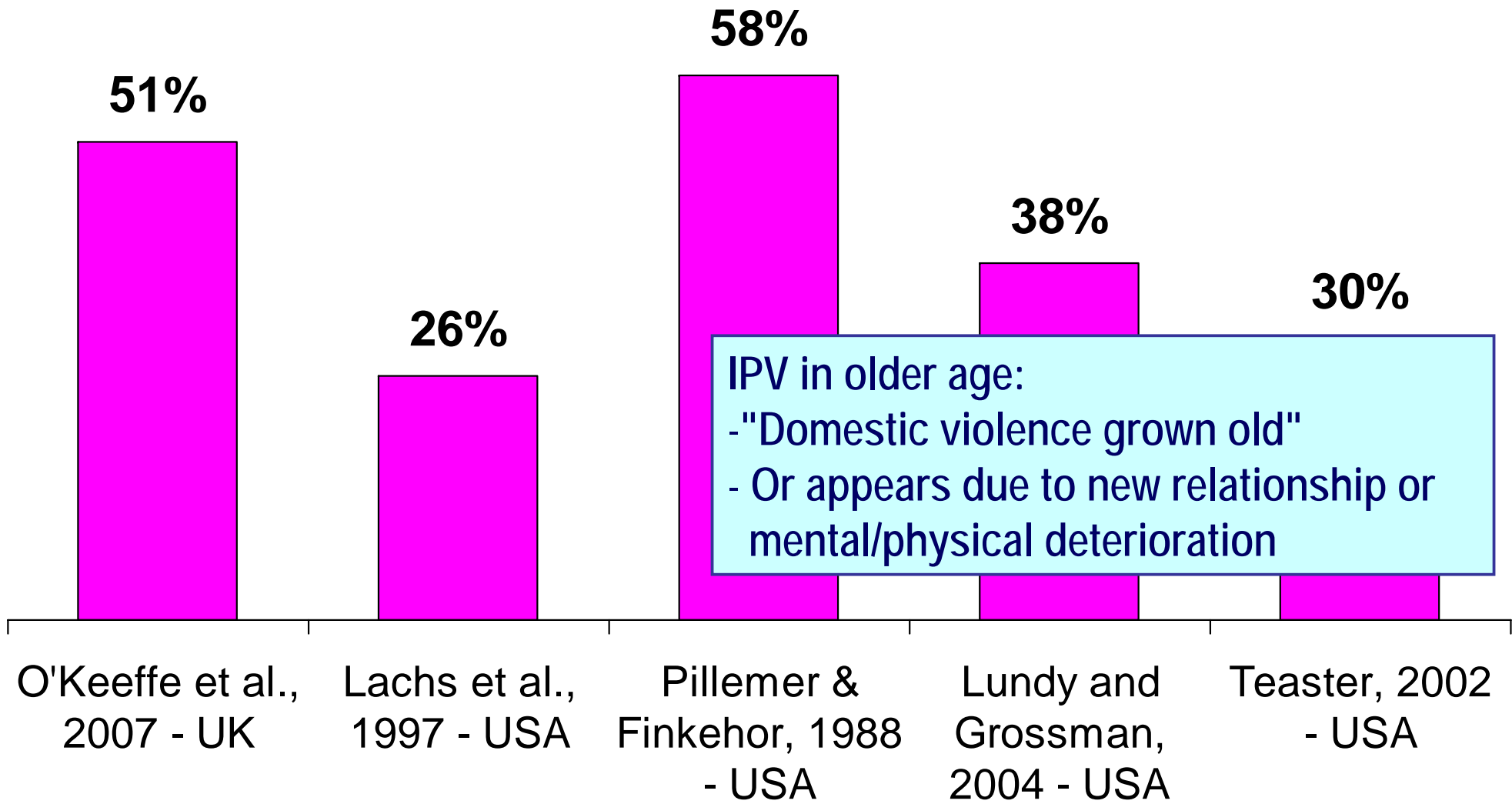
Not comparable
4-6%?



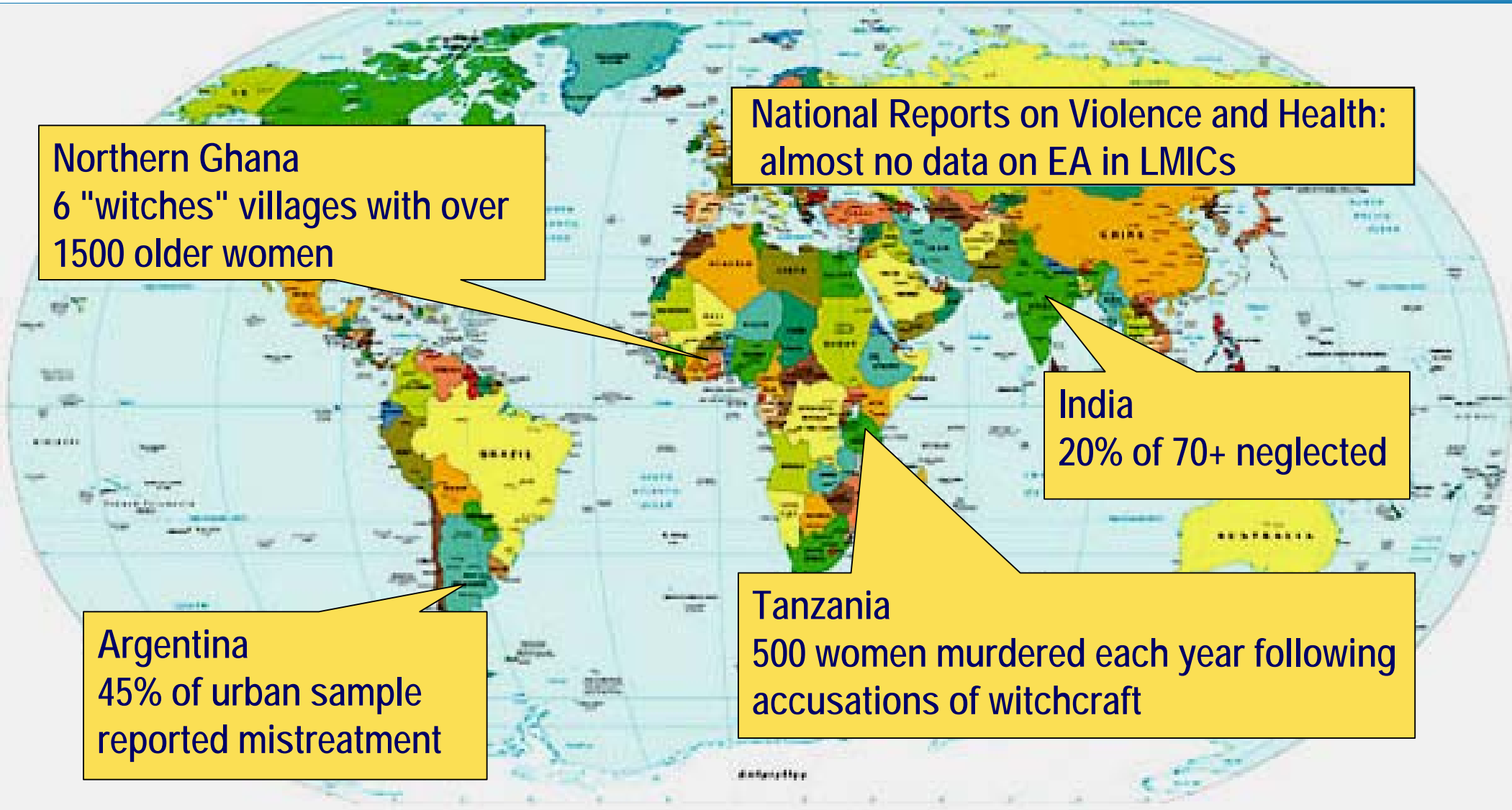
Step 1: prevalence studies underway/completed?



Step 1: % EA perpetrators who are partners/spouses



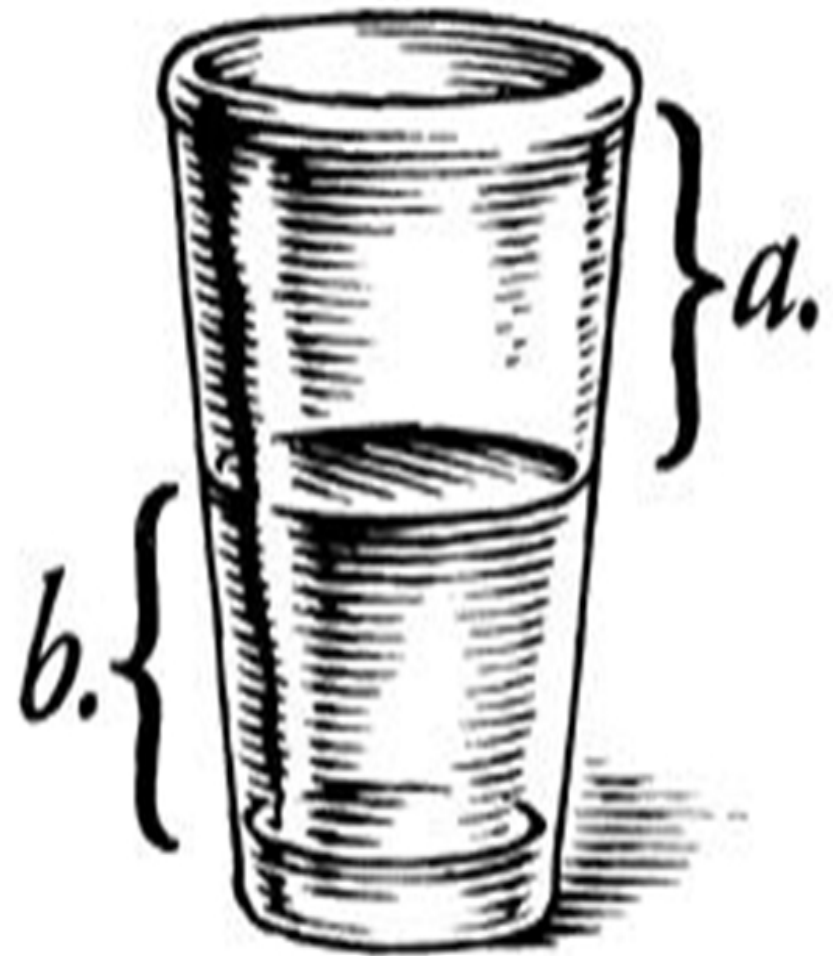
Step 1: magnitude and distribution in LMICs



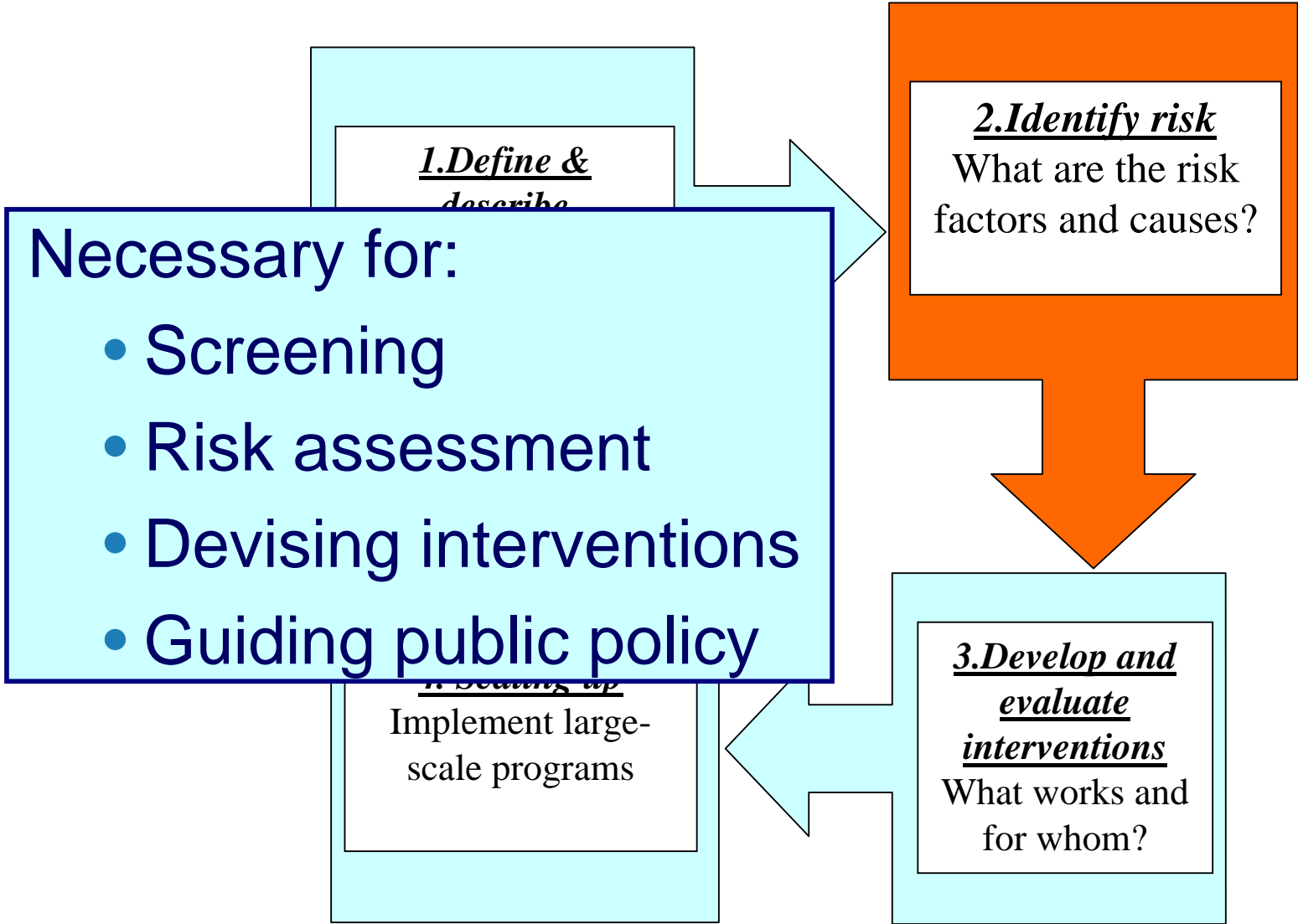
Step 1: conclusion



- Problems with definition
- Recent prevalence studies
 - But not in LMICs



Step 2: identifying risk factors & causes



Step 2: Problems with EA risk factor research

- Definitions
 - ○ Fails to distinguish between different types of EA
 - Reliability and validity of measurements used
 - Comparison groups - rarely used
 - Lack of prospective studies
 - ○ Risk factors but a first step
- Manipulating "risk factors that are not causal, because ...when changed, they do not change the risk outcome, is a waste of time"*
- Kraemer et al., 2001 – American Journal of Psychiatry
- ○ Neglect of protective factors

Step 2: validated risk factors

Risk factors **validated** by substantial evidence

- Relationship level
 - Shared living situation – major risk factor
 - Social isolation
- Individual level
 - Victim
 - Dementia
 - Abuser
 - Mental disorder
 - Alcohol and substance abuse
 - Abuser's dependency on elder (often financial)

Step 2: possible and contested risk factors

Possible risk factors

- Gender of victim
- Race
 - A few studies → being African American risk factor for reported abuse

Contested risk factors

- Relationship of victim to perpetrator
 - Spouse or adult children more likely to abuse?
- Physical impairment of the older person
- Victim dependence and caregiver stress
- Intergenerational transmission

Step 2: risk factors shared with IPV and CM

Risk factor	EA	IPV	CM
Shared living situation	✓	?	?
Social isolation	✓	✓	✓
Dementia (victim)	✓	x	x
Mental disorder (abuser)	✓	✓	✓
Alcohol and substance abuse (abuser)	✓	✓	✓
Dependency of abuser on victim	✓	x	x
Gender	✓	✓	✓



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Step 2: risk factors shared with IPV and CM

Risk factor	EA	IPV	CM
Shared living situation	✓	?	?
Social isolation	✓	✓	✓
Dementia (victim)			x
Mental health			✓
Alcohol and substance use			✓
Dependency of abuser on victim	✓	x	x
Gender	✓	✓	✓

→ A number of shared risk factors
 → Risk factors for IPV in old age
 (e.g. perceived stress, education of husband, being divorced or separated)
 different from EA



Step 2: risk factors and culture

Burkina Faso
Accusations of witchcraft associated with:

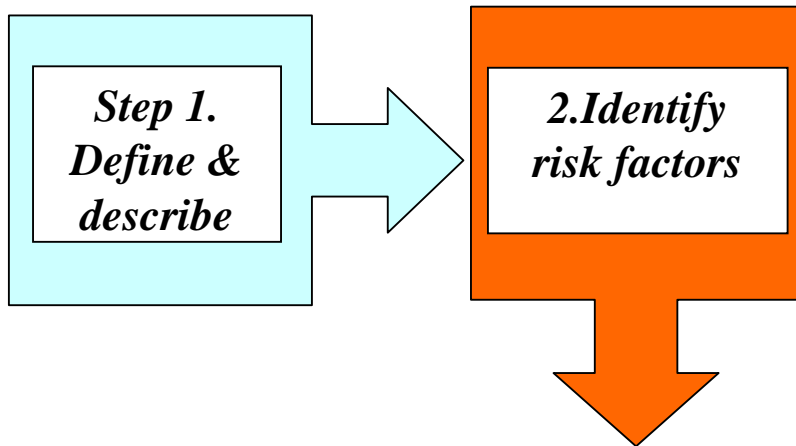
- Age
- Widowhood
- Being first wife (polygamy)
- Children migrated away
- Chronic illness

Israel
EA associated with modernization & lack of social integration (Arab Israelis)

Kenya
Abandonment in hospital associated with:

- Economic hardship & poverty
- Malnutrition

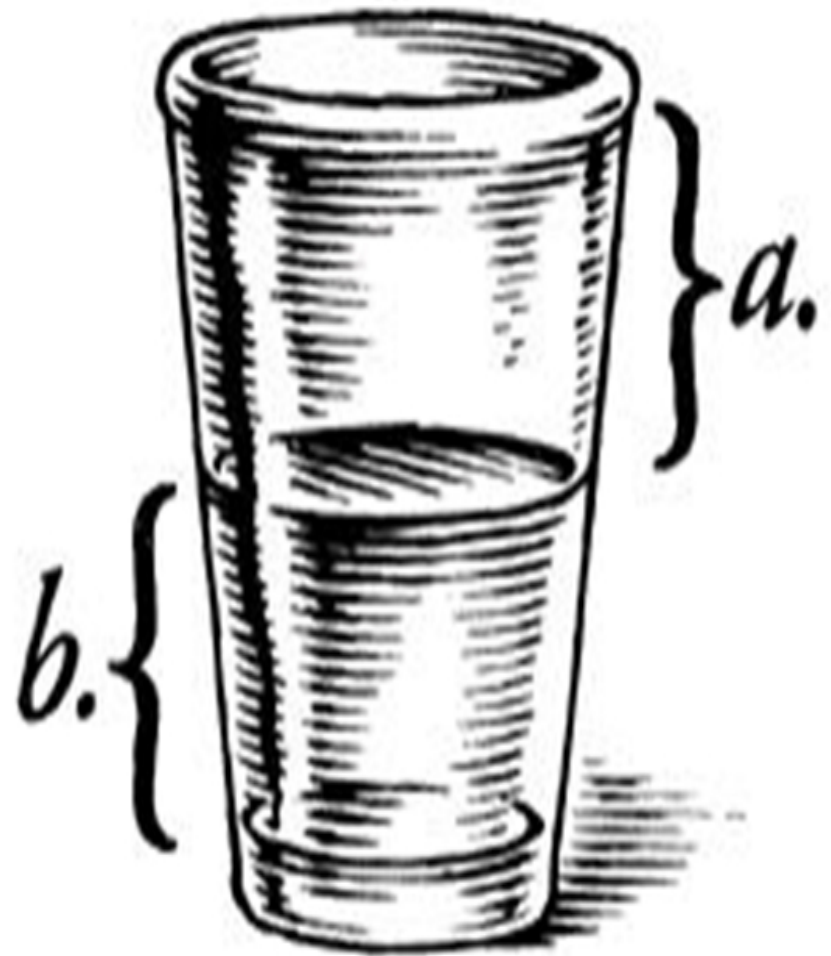
Step 2: conclusion



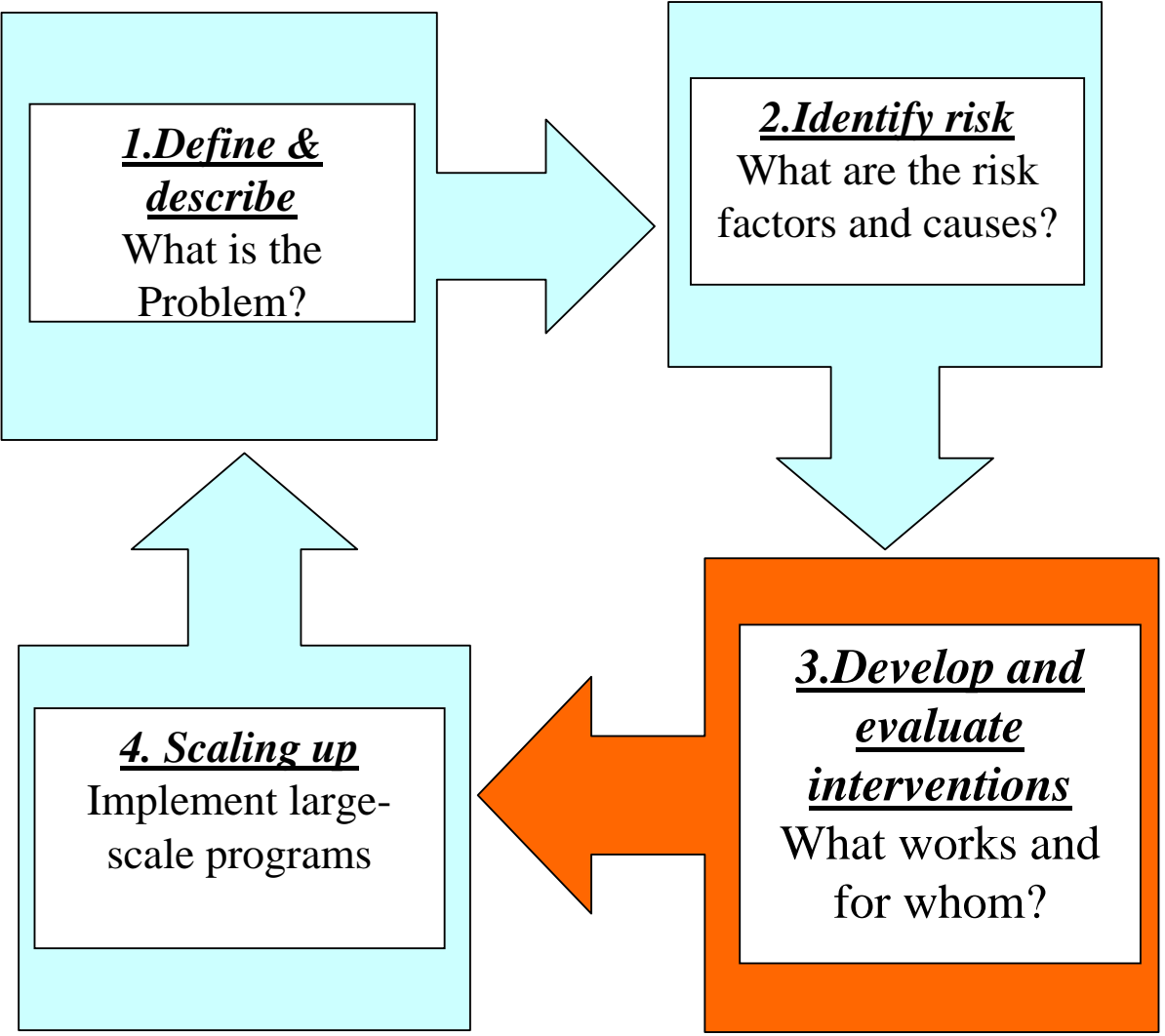
- "...research on risk factors for elder abuse is at an early stage of development, and much further study is needed"

Lachs and Pillemer, 2004

- Field mature enough for integration with IPV and CM?



Step 3: developing and evaluating interventions



Step 3: effectiveness of main types of interventions

Prevention level	Intervention type	Evaluation Status
Universal prevention	Public awareness campaigns	No evaluation data
	Professional awareness	↗ Awareness
Selective prevention	Screening (potential victims)	No evaluation data
	Screening (potential abuser)	No evaluation data
	Caregiver support interventions	↘ Stress
	Caregiver training about dementia	No evaluation
Indicated prevention	Screening (potential victims)	No evaluation data
	Mandatory reporting	No evaluation data

(Pillemer et al., 2007)

Prevention level	Intervention type	Evaluation Status
Indicated prevention - continued	Adult protective services	Some adverse effects, more data needed
	Home visitation by police and social worker	Adverse effects
	Social support and self-help groups	No evaluation data
	Safe-houses and emergency shelters	No evaluation data
	Mental health and substance abuse Tx (potential abuser)	No evaluation data
	Anger management (potential abuser)	↘ Anger
	Caregiver support interventions	↘ Victimization

Step 3: borrowing interventions from IPV

- Re-evaluation necessary: e.g. DVPP
- Whitaker et al., 2007: review of evidence
 - Only **recommends one type** of intervention
 - Dating violence prevention curriculum
 - Identifies **4 promising** types
 - Couples counselling
 - Substance abuse counselling
 - Community services for victims (advocacy, not shelters)
 - Batterer intervention programmes
 - **Insufficient evidence for all the others**
 - e.g., media campaigns, screening, police responses, etc.

Step 3: interventions around the world

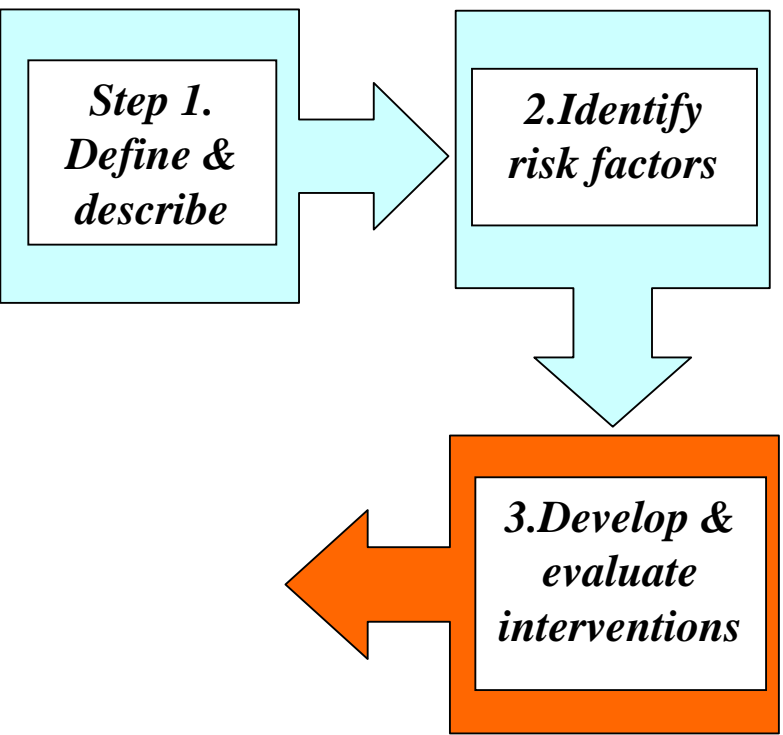
A world map showing various countries in different colors. The map is centered on the Atlantic Ocean, with North and South America on the left and Europe, Africa, and Australia on the right. The map is used as a background for the text boxes.

Many different types of interventions, e.g.

- Anti-witchcraft Allegations Campaign in N. Ghana
- Day care for older people with dementia in Kerala
- EA victim empowerment programmes in SA

Few outcome evaluations in LMICs

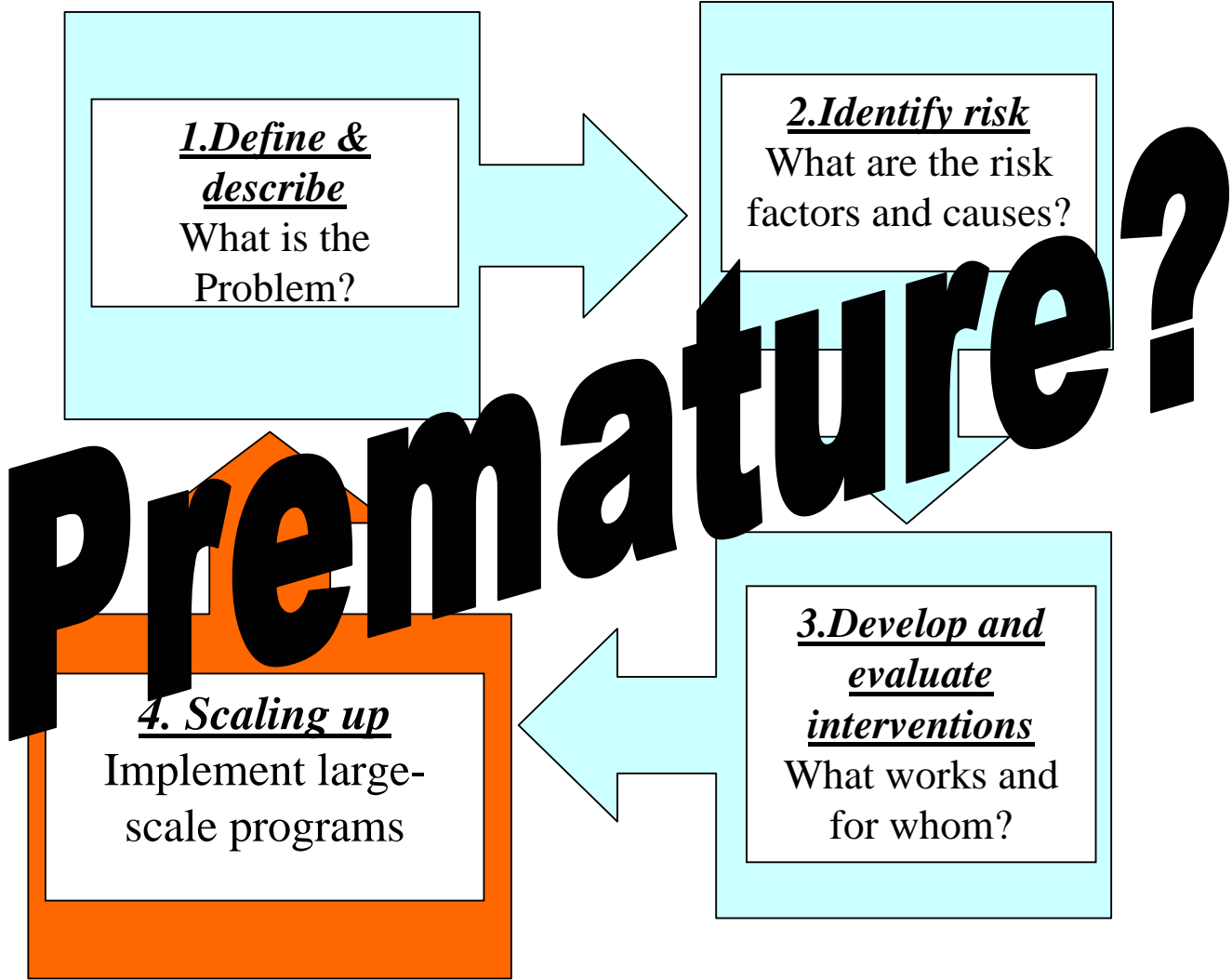
Step 3: conclusion



"We know little more of value regarding elder abuse prevention now than when the problem was "discovered" as a social problem in the 1970s." Pillemer et al., 2007






Step 4: scaling up



Conclusion

Stages of public health model

- Step 1: define & describe 
- Step 2: identify risk factors 
- Step 3: develop and evaluate interventions 
- Step 4: Scale up 

Conclusion

- Serious gap → LMICs
 - EA *"cannot be properly solved if the essential needs of older people – for food, shelter, security, and access to health – are not met."* WHO World Report on Violence and Health
- Integration: given gaps → premature?

Thank you!

Many thanks to Mark Gorman from HelpAge International

For more information:

miktonc@who.int

http://www.who.int/violence_injury_prevention

Global Campaign for Violence Prevention

violenceprevention@who.int

**VIOLENCE
PREVENTION
ALLIANCE**



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

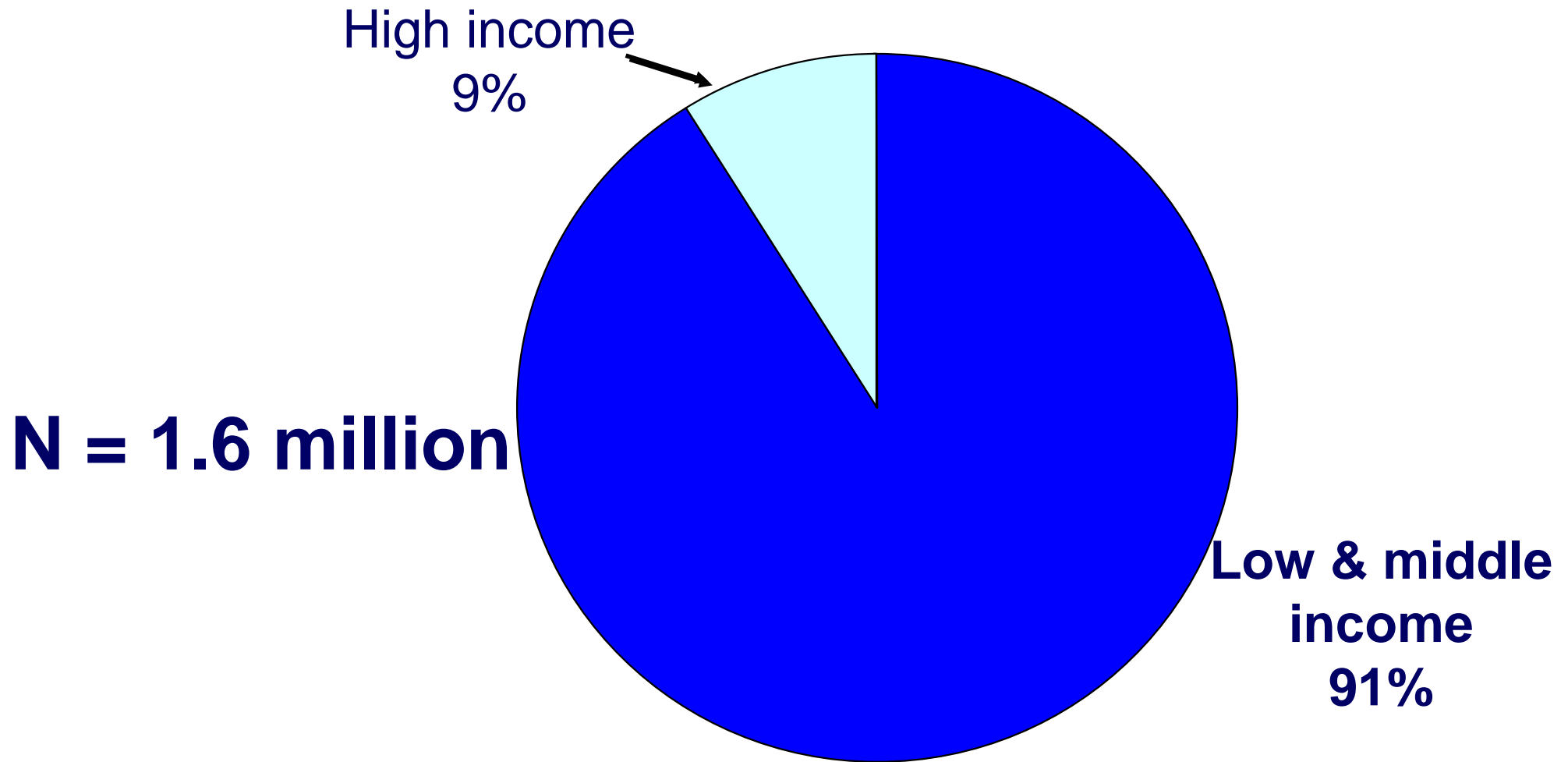


Definition of violence:

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”

World report on violence and health

Violent deaths by country income status, year 2002



- A few methodological issues
 - Levels of understanding in risk factor research
 - The higher the level, the greater the potential for effective intervention (Kazdin et al., 1997, Kraemer et al., 2001)

Relationship between two variables	
Correlate	Association, no implication re temporality & direction
Risk factor	Precedes outcomes & associated with increase in outcome, no implication of causality
Protective factor	Precedes outcome & associated with decrease in outcome
Risk or variable marker	Risk factor that is not causally related to outcome
Cause	r/f which when altered, changes likelihood of outcome
Moderator	Influences relationship between two other variables
Mediator	Variable through which outcome is produced
Well-specified causal model	Causes, mediators, moderators, path coefficients (causal weight), etc

- Identification of risk factor important, but not endpoint
- EA at stage of risk factor research
- Goal: identification of causes

Manipulating "risk factors that are not causal because they cannot be changed (fixed markers) or because when changed, they do not change the risk outcome (variable marker) is a waste of time"

"Most prevention programs are aimed at multiple risk factors in a blunderbuss fashion. This is no substitute for understanding how and when individual influences operate"

Kraemer et al., 2001 – American Journal of Psychiatry

Screening:

- Screening tools (e.g. Brief Abuse Screen for Elderly, Caregiver Abuse Screen, etc) – validity and acceptability?
- Yes or no?
 - US National Screening Committee, 2004 vs introduction of screening for IPV – lack of evidence
 - Pillemer, 2007: given-state of the art, has little potential to prevent EA
 - WHO: Peral-Levin, 2008 "Discussing Screening for EA at PHC level":
 - Yes, but only first step in chain
 - Further assessment and appropriate referral must follow
 - Implemented within an interdisciplinary framework, ongoing research, evaluation, and capacity building

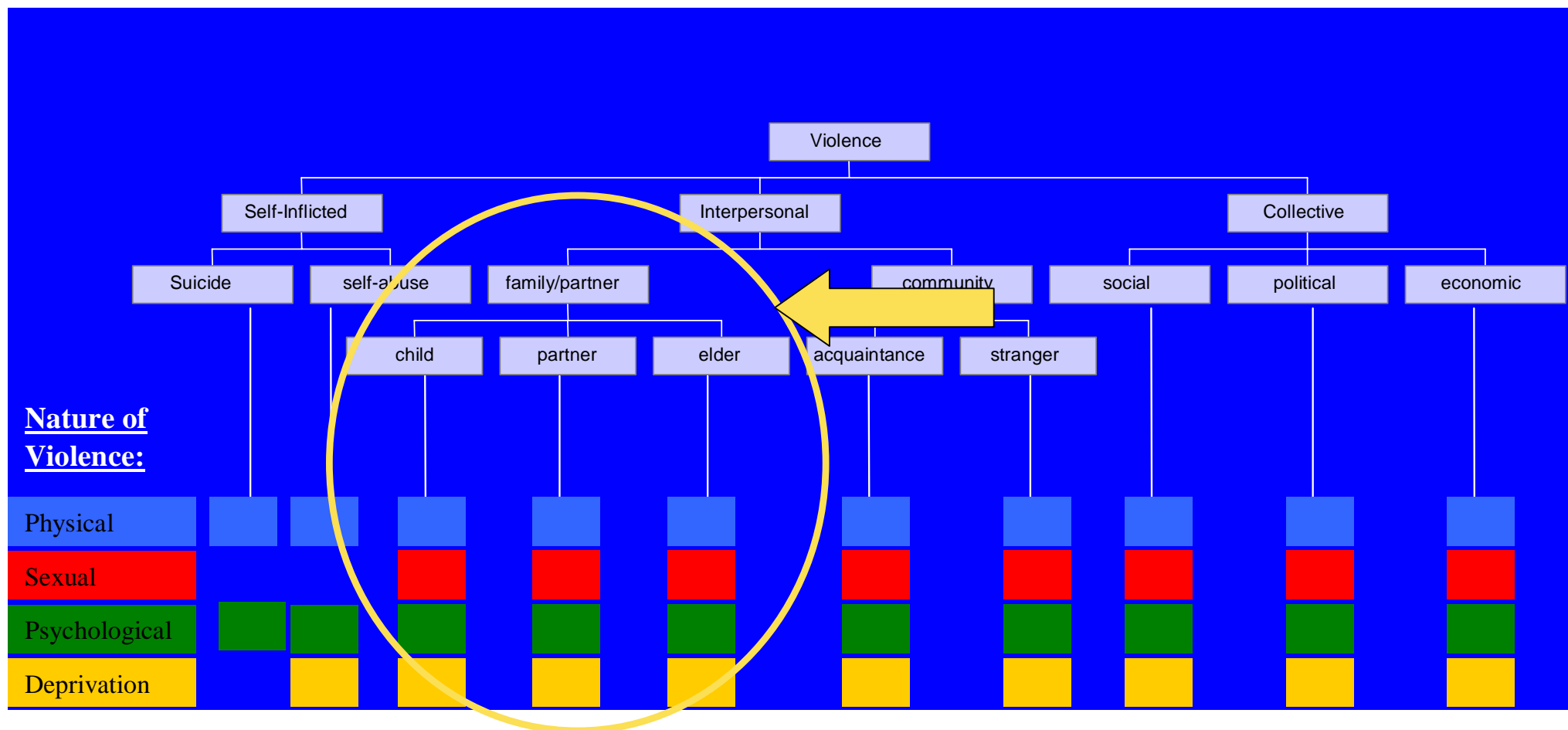
Step 1: Defining and describing elder abuse

“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.”

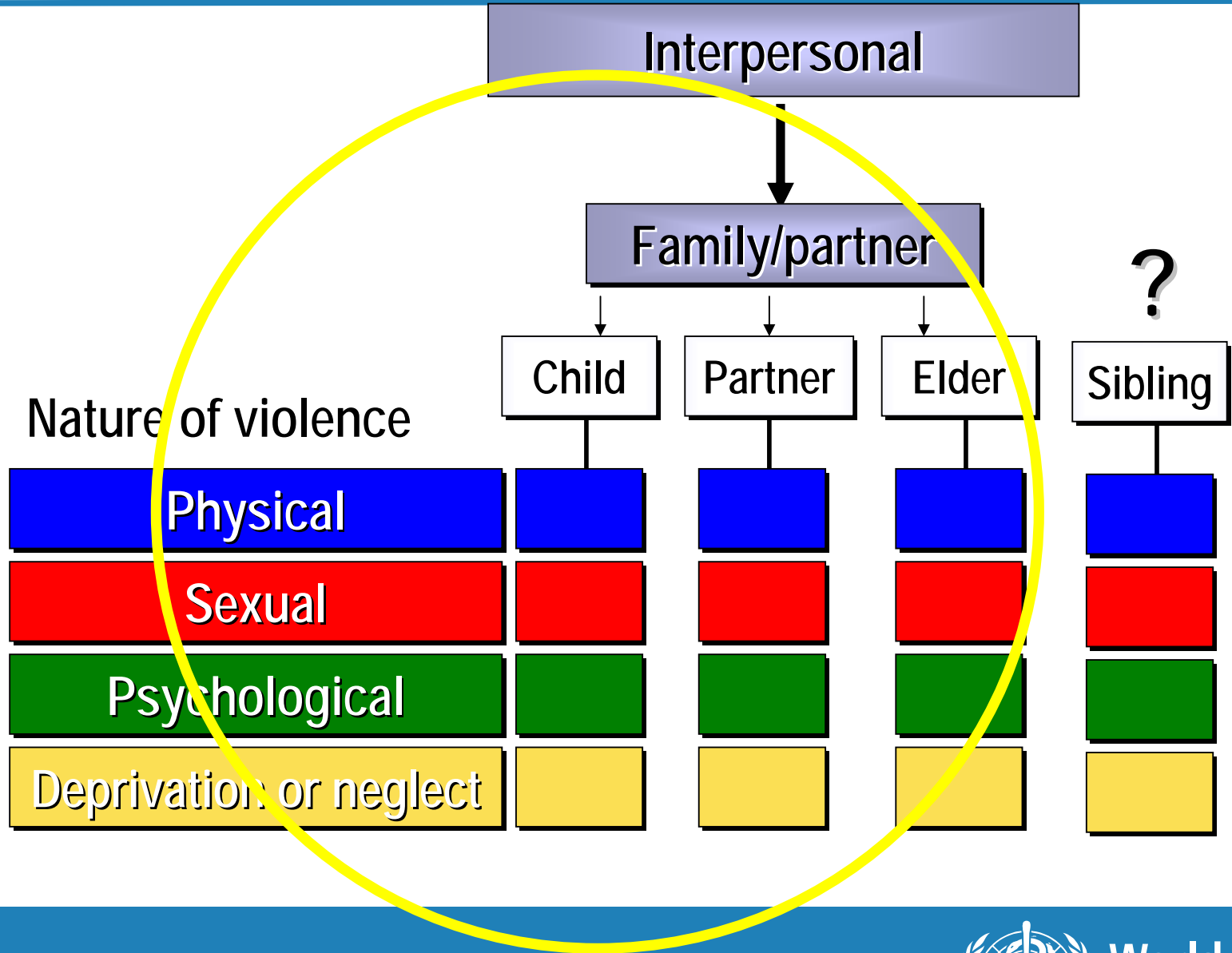
UK Action on Elder Abuse, adopted by INPEA and WHO

- Types of abuse: Physical, psychological/emotional, financial/material, sexual abuse & neglect

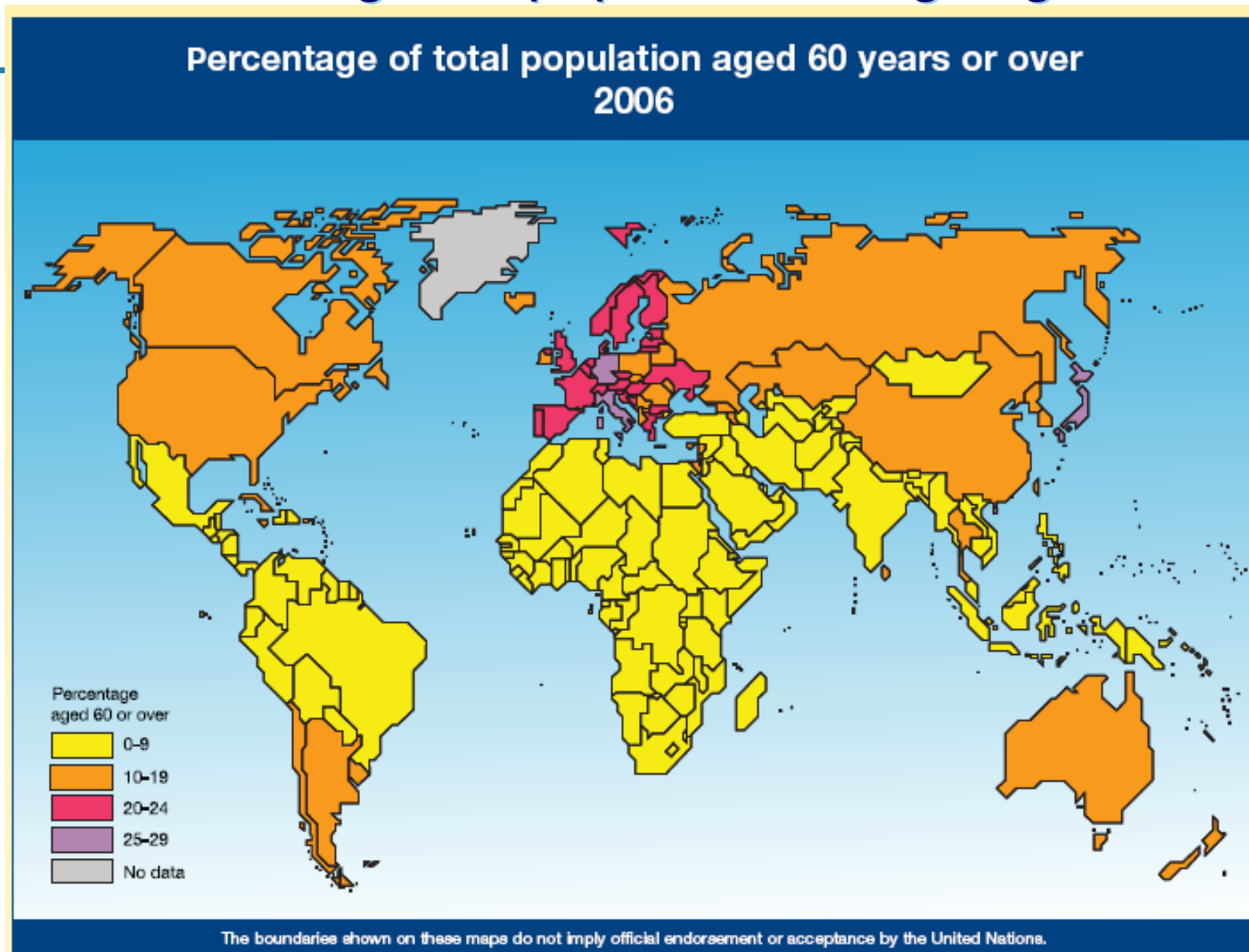
Typology of violence – family violence and elder abuse



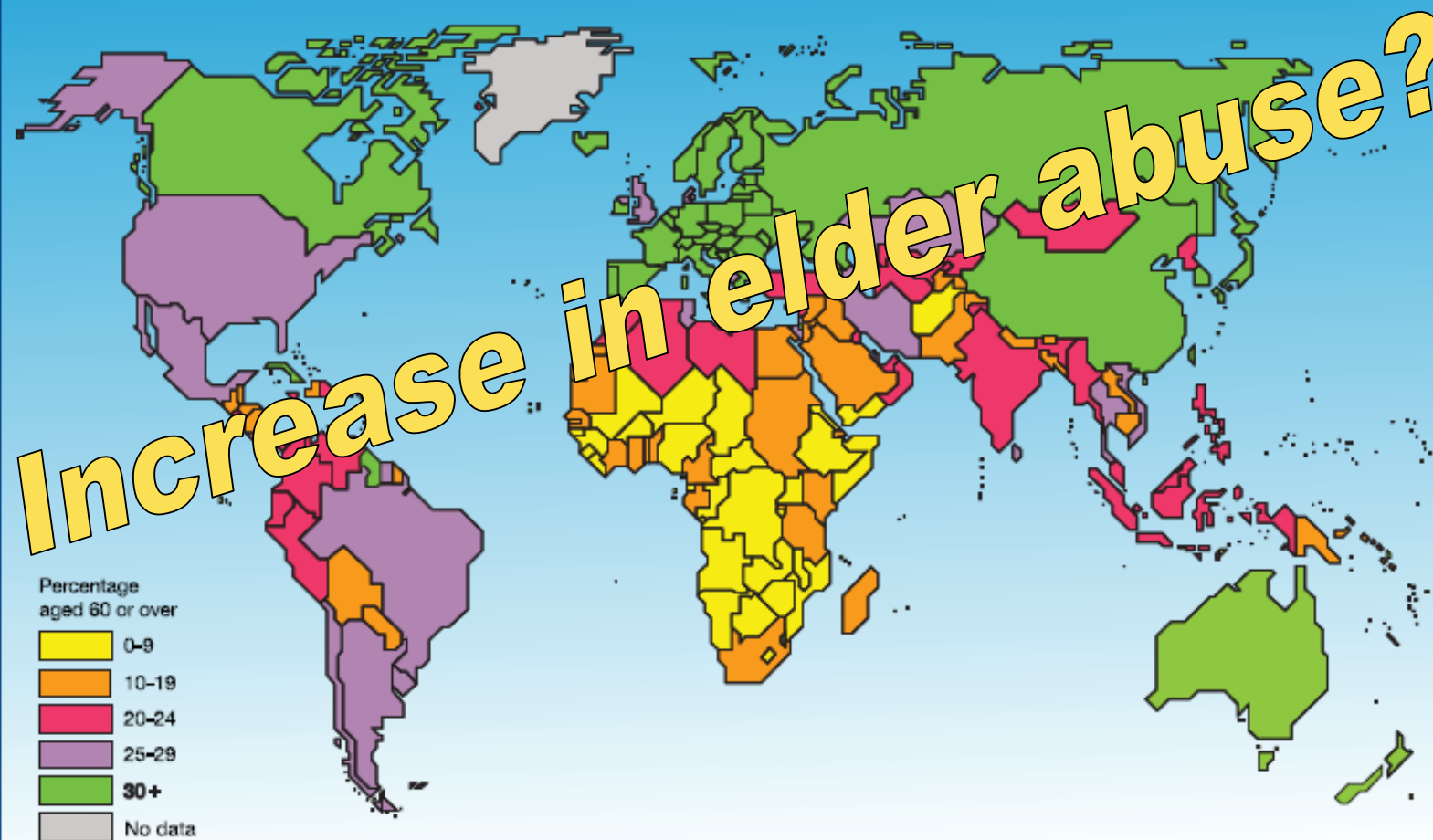
Family violence typology



The global population is ageing



Percentage of total population aged 60 years or over 2050



The boundaries shown on these maps do not imply official endorsement or acceptance by the United Nations.



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'Witches' burnt to death in Kenya

Eleven elderly people accused of being witches have been burned to death by a mob in the west of Kenya, police say.

A security operation has been launched to hunt down villagers suspected of killing them in Kisii District.

The BBC's Muliro Telewa in the region says the gang had a list of the victims and picked them out individually.

The area has witnessed similar attacks in the past when people suspected of possessing witchcraft have been killed, or sentenced



KENYA ELECTION CRISIS

KEY STORIES

- ▶ Refugees staying in Uganda
- ▶ Homeless face grim return
- ▶ Kenyan leaders in call for peace
- ▶ Huge financial cost of new cabinet

📄 OPEN Kenyan voices

▶ State 'sanctioned' clashes



Healing hands?

Can new prime minister solve

