

Summary

Elder abuse in the Netherlands

Current knowledge on the extent and background of abuse committed against older persons

The term 'elder abuse'

Older people who are dependent on the help and support of others because of changes in their physical or mental health can become victims of abuse. This may take the form of psychological or physical abuse, neglect, sexual abuse or financial exploitation by someone they know and on whom they depend. This can happen both to older persons living independently in the community and those living in care institutions. The perpetrator may be someone from their household circle or from a professional setting. Elder abuse is sometimes carried out deliberately, but can also be due to care that falls short because of overstrain or lack of expertise on the part of informal carers or professionals. The term 'elder abuse', though used in the care sector and in policy, often sounds excessive, especially when used to describe a situation where care that has fallen short. Systematically responding in a brusque way to an older person who needs attention, or buying something for oneself when shopping for an older person is certainly not something to be defended, but will in many cases not amount to abuse. Given the lack of an alternative, however, we use the term 'elder abuse' in this report. This container term therefore covers both very severe and very mild forms of abuse.

Background to this study

The number of older people in the population, and therefore the number of older people who are dependent on care, is growing. Based on a 1996 survey, an estimated 200,000 people in the Netherlands are victims of elder abuse each year. However, as that survey is twenty years old, there is a great need for information on the current nature, extent and causes of elder abuse. At the request of the Dutch State Secretary for Health, Welfare and Sport, the Netherlands Institute for Social Research | SCP has brought together the current knowledge on this topic using the most recent data drawn from qualitative research, surveys of older persons, professionals and volunteers, and record data. This report also reveals the gaps in the knowledge about elder abuse, which could be the subject of follow-up research that the State Secretary wishes to be carried out.

Outcomes of qualitative research

The Leyden Academy on Vitality and Ageing (Leiden University) carried out qualitative research to determine what those concerned understand by elder abuse and what they see as its causes. The information was gathered through individual interviews with victims,

non-abused older persons and professionals, as well as group discussions with experts, policymakers, carers and members of support groups. Based on a literature review, common explanations for the occurrence of elder abuse were divided into factors associated with characteristics of the older person themselves (intrapersonal), factors associated with their relationships with others (interpersonal) and factors associated with the setting. Older persons themselves, and to a lesser extent experts and professionals, also refer to the marginalised position of older people in society and their feeling of being regarded by society as having less worth, thus increasing their risk of being victims. Loneliness and lack of control are also important risk factors.

Mention was made in the interviews of the fact that the relationship of dependence between victim and perpetrator is often a mutual one: the older person is dependent on the perpetrator of the abuse for help, but the perpetrator is often dependent on the older person, too, for example for housing or finance. Dependence is tied up with mixed feelings of vulnerability and the desire for independence. This is reported by both older persons themselves and by professionals and experts, whereas it is not something that is found in the research literature. One suggested reason for the fact that elder abuse often goes undetected is that victims, afraid of not being taken seriously, do not readily recognise themselves as abused. Older persons believe that elder abuse relates only to situations where there is clear and deliberate damage or injury caused by the perpetrator. Abused older persons often do not call for help out of shame or fear about reactions from others.

Outcomes of survey of older persons

In a large-scale survey of members of the older population in the Netherlands (155,000 respondents) carried out in 2012 by the Municipal Health Services (GGD Health Monitor), people were asked whether they had been victims of domestic violence (chapter 3 of this report). Although elder abuse does not coincide precisely with domestic violence, and we thus cannot be certain whether this survey identifies 'genuine' elder abuse, there is an overlap. The survey showed that 0.5% of older persons had encountered domestic violence during the past five years; that equates to around 15,000 victims. Bearing in mind that respondents in this survey were not asked about financial exploitation or neglect, this is probably an underestimate of the actual number. One reason may be that older persons who are at greatest risk of abuse, such as those who are very elderly, vulnerable and heavily dependent, do not take part in such surveys because they are no longer able to or the perpetrator prevents them from doing so. Another reason may be that the older persons concerned do not recognise themselves as victims due to the way the question is framed.

Psychological abuse is the most common; sexual violence occurs only occasionally.

Perpetrators are most often current or former partners.

Women, older persons in poor health and older persons who have difficulty making ends meet are more often victims. Loneliness, depression and feelings of anxiety are also risk factors. Relatively young older persons and those with a higher education level are also

more often victims of abuse. This may be a distortion of reality: the very elderly generally do not participate in surveys, and higher-educated older persons perhaps more readily recognise themselves as victims.

Outcomes of analysis of reports to Domestic Violence Support Centres

Elder abuse in a domestic setting (i.e. not committed by carers) can be reported to a Domestic Violence Support Centre (Steunpunt Huiselijk Geweld – SHG).¹ The victims are mainly older persons living independently. These reports are collected by the Netherlands Centre for Social Development (Movisie) (chapter 4). The number of reports is rising annually: in the first half of 2014, 1,114 cases were recorded, with an estimated 2,432 cases for 2014 as a whole. It should be borne in mind here that the Support Centres mainly receive reports of clear and serious forms of elder abuse. Only a minority of cases are reported by the victim themselves (one in eight); most (two-thirds) are reported by care and welfare professionals or by the police. More than half the cases involve psychological abuse, followed by physical violence and financial abuse. Different forms of abuse often occur together. The abuse is committed most often by children, followed by partners.

Outcomes of Elder Abuse Barometer survey

Among older persons' care and welfare professionals and volunteers who took part in the online Barometer survey conducted by the Verwey-Jonker Institute (chapter 5), 40%-50% recognised at least one case of elder abuse. Since several respondents may be reporting the same case, we cannot calculate how many victims this represents. However, the percentage does provide an insight into the extent to which professionals and volunteers identify elder abuse.

This abuse most often takes the form of psychological violence, followed by financial exploitation, neglect and physical abuse. Sexual abuse is by far the least common.

The perpetrators are most often children, partners and other family members, but in 15%-20% of cases the perpetrator was a professional.

The abuse is often not committed deliberately. Most cases involve care that falls short, or else it is not possible to determine whether the abuse is deliberate. It is also worth bearing in mind that respondents to surveys of this kind can also themselves be perpetrators, but keep silent about this.

Findings from reports to the Health Care Inspectorate

The last source available for this report is the Dutch Health Care Inspectorate (IGZ). Between July 2011 and July 2014, 67 reports were received of suspected elder abuse in care institutions committed by professionals, trainees or volunteers (chapter 6). The abuse was proven in 35 cases. It most often involved physical violence, followed by psychological violence. Sexual violence and financial abuse were each reported in 10% of cases.

The highest percentage of victims is in the oldest age group: more than half of them are aged 85 or older.

Supplementary interviews with professionals revealed that elder abuse is difficult to discuss. According to the interviewees, overstrain and the team culture play a key role in sparking off elder abuse. The term ‘abuse’ is felt to be excessive to describe care that has fallen short of the expected standard. People also wrestle with how best to deal with the phenomenon. Reporting a serious incident to the authorities or the police has adverse consequences for the institution itself and can cause unrest among residents. According to the interviewees, reporting an incident to the IGZ has serious consequences and the institution does not always feel it is supported. However, interviewees also believe there is a growing awareness that abuse can also happen within institutions, and they regard this as a positive trend. The publication of the guideline ‘Safe care relationship’ (‘Veilige zorgrelatie’)² has made it easier to discuss cases of abuse.

Tip of the iceberg

The sources used in compiling this report differ widely and therefore do not produce an unambiguous number of victims of elder abuse in the Netherlands (chapter 7). Each of them provides only a partial picture and probably represents no more than the tip of the iceberg. All sources used in this report produce lower figures than the estimated 200,000 based on the research from twenty years ago.

We can however see from the figures that the number of reports to Domestic Violence Support Centres is rising and that professionals are also seeing elder abuse. The rise in the number of reports appears to be due mainly to increased awareness of the phenomenon among professionals, and possibly among older persons and their families as well. Psychological violence appears to be the most common form, but financial abuse and physical violence also occur; sexual abuse is relatively rare.

Conclusion

The conclusion is that we have only a partial picture of the actual number of victims of elder abuse in the Netherlands. We know a little more about the victims, perpetrators and risk factors, but there are lots of gaps in our knowledge. There is also no underlying causal model to explain how elder abuse arises in domestic settings and care institutions.

Our study shows that different sources (qualitative and quantitative research, interviews, records and surveys) produce different pictures. Combining these sources therefore offers great added value.

Research on the prevalence of elder abuse is very difficult, and there are strong suspicions that, whichever method is used, a proportion of victims will always remain hidden.

Notes

- 1 Merged since 1 January 2015 with the Child Abuse Advice and Support Centres to create Veilig Thuis, Advies- en Meldpunten Huiselijk Geweld en Kindermishandeling (Safe at Home; Domestic Violence and Child Abuse Advice and Support Centres).

- 2 The guideline focuses on the actions of staff and volunteers in care organisations and is intended to prevent unacceptable behaviour or abuse by them towards clients, or to identify and address it at an early stage.