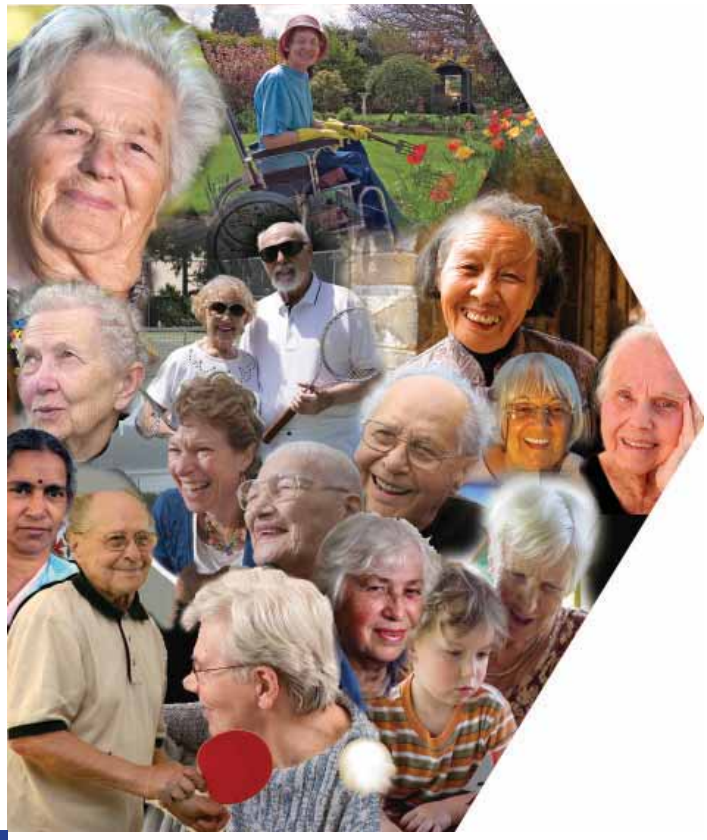
Elder Abuse and Neglect Prevention

Challenges for the Future

Including an analysis of referrals to Age Concern Elder Abuse and Neglect Prevention services from 1 July 2004 to 30 June 2006



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from 1 July 2004 to 30 June 2006

Age Concern New Zealand
He Manaakitanga Kaumatua Aotearoa
1 October 2007

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Age Concern Elder Abuse and Neglect Prevention Coordinators throughout the country - for their commitment to older people/koroua/kuia and for their provision of the information which is the basis of this report – thank you.

Age Concern New Zealand is a national organisation that works for the rights and well-being of older people, koroua and kuia. It informs, advocates, and provides services to older people through a federation of 35 Age Concern councils across New Zealand.

Age Concern New Zealand provides strategic leadership on issues affecting older people and supports the development of local councils. It is a not-for-profit charitable incorporated society.

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Executive Summary

This report identifies and discusses key issues facing people who are working to stop elder abuse and neglect in New Zealand. It also presents an analysis of data collected by Age Concern Elder Abuse and Neglect Prevention services between 1 July 2004 and 30 June 2006.

Age Concern has been active in preventing elder abuse and neglect for over 18 years and is the largest provider of elder abuse and neglect prevention services in New Zealand. It is, therefore, well placed to initiate debate and take action to address issues facing the sector.

Age Concern New Zealand is currently preparing a draft national strategy to eliminate elder abuse and neglect. This strategy will include action for research, intervention and prevention. To stimulate discussion with stakeholders, Age Concern intends to circulate the draft strategy and action plan by the end of November 2007. The national strategy will ensure consistency, coordination and best use of resources. Development of the research elements of the strategy commenced in September 2006 with a workshop of stakeholders hosted by the Families Commission and Age Concern New Zealand. Age Concern is committed to collaborating with stakeholders and encourages ongoing debate about elder abuse and neglect. Ultimately, elimination of elder abuse and neglect requires contribution from all sectors of society.

This report discusses in detail some of the issues which must be addressed by the national strategy. These include:

- collaboration and integration across government and non-government to ensure that a pool of valid and comparable data is available for future research and service development
- the need to ensure that all older people can easily access an EANP Service regardless of where they live
- the need to address issues of capacity for existing elder abuse and neglect prevention services and to give innovative thought to ways in which EANP services can respond to growing cultural diversity and be offered in geographically widespread areas
- greater resourcing to enable the health sector to implement the recently published Family Violence Intervention Guidelines – Elder Abuse and Neglect
- recognition of the problem of self neglect and resourcing for appropriate responses
- the need for action to eliminate ageist attitudes and behaviours which can lead to elder abuse and neglect.

The data presented in this report is based on referrals to Age Concern elder abuse and neglect prevention services. International research suggests that these cases are likely to be just the 'tip of the iceberg'.

Information is provided on 944 cases of elder abuse and neglect, institutional abuse and self neglect. Some analysis presented relates to subgroups of these 944 cases and totals should therefore be noted when interpreting or comparing information.

Presentation of case data follows the format used in previous reports by Age Concern New Zealand. Demographic data about clients and abusers is presented along with information about clients' living situation, the relationship between client and abuser and possible causal factors in the lives of each party. Information about the types of abuse experienced, frequency and duration of abuse is also included.

This report includes the following new information: differences in the types of abuse experienced by men and by women; for cases of neglect, information about the aspects of an older person's life which have been neglected; the impact of the abuse on the older person; information about the actions taken by EANP coordinators in response to referrals.

The data shows similar trends to those found in previous Age Concern New Zealand reports.[1]

Key findings

76 percent of cases resulted from the actions of one or more individual abusers, 16 percent were cases of self neglect and 8 percent of cases fell into the category of institutional abuse. These proportions are similar to those reported for previous periods.

Who experienced elder abuse and neglect?

- 70 percent of clients were female.
- Women are over-represented relative to the total NZ population aged 65 years and over, however over-representation decreases with advancing client age (Table 4).
- 59 percent were aged 70 to 84. (Table 3).
- 81 percent were New Zealanders of European ethnic origin (Table 5).
- 41 percent were living alone (Table 6).
- Elder abuse and/or neglect can impact significantly on the older person's health and well-being. Most commonly reported during this period was feeling extremely distressed or angry (57%), general health significantly affected (51%), life significantly disrupted (50%). Economic security was significantly affected in 35 percent of cases. (Table 8)
- 19 percent of clients were relocated as a consequence of the abuse or neglect. In the majority of these cases the move was expected to be permanent.

What kind of abuse or neglect occurred?

- Psychological abuse (62%), followed by material/financial (42%) and physical abuse (20%) were the most frequently identified types of abuse in this period. (Table 9)
- Neglect (active and passive) occurred in 19 percent of cases compared to 16 percent in the previous reporting period. (Table 9)
- Neglect was found to affect the following aspects of the older person's life:
    - in cases of active neglect, health needs were neglected most commonly (55%) followed by nutritional needs (42%) and advocacy (not accessing available support) (39%);
    - in cases of passive neglect, personal hygiene (48%) and health needs (46%) were most commonly identified, followed by nutritional needs (43%), social isolation (41%) and not accessing available support (39%). (Table 14)
- 10 percent of clients had a diagnosed dementia and this group experienced active neglect more frequently than other clients. (Table 12)

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1 *Age Concern Elder Abuse and Neglect Prevention Services; An Analysis of Referrals for the period: 1 July 2002 to 30 June 2004*, Age Concern New Zealand November 2005 and *Age Concern Elder Abuse and Neglect Prevention Services: An analysis of Referrals for the period 1 July 1998 to 30 June 2001*, Age Concern New Zealand August 2002.

- 85 percent of abuse and/or neglect cases involved more than a single incident and 45 percent of cases involved abuse and/or neglect that had occurred over a period of more than one year. (Table 13)
- In about half of cases where the client had made an enduring power of attorney abuse of this power occurred.

What are the characteristics of abusers?

- 17 percent of abusers were aged under 35, and 47 percent of abusers were aged 35-54. (Table 17)
- Overall, abusers were more likely to be male (55 percent male, 45 percent female). (Table 17) However for main abusers under 65 years, males out-numbered females by only 3 percent (41 percent to 38 percent) whereas for main abusers aged 65 years and over, the percentage of males (14%) is double that of females (7%).
- 79 percent of abusers were family/whānau members. (Table 15)
- Abusers aged under 65 years were most frequently sons or daughters of clients (59 percent of cases). Abusers in the '65 years and over' age group were most commonly husbands (57%). (Figure 18)
- In cases involving older people living in residential care, 67 percent of abusers were family/whānau members and 20 percent were staff of the facility. (Table 19)
- 41 percent of clients were reported to be living with their main abuser.
- 25 percent of main abusers were recorded as fulfilling the role of primary carer.
- In cases where the main abuser was the primary carer, psychological abuse was most frequently reported (63%) followed by neglect (46 percent, being a total of active and passive neglect combined) then material/financial abuse (44%). (Table 20)
- 86 percent of abusers were of New Zealand European ethnicity

What do we know about cases of abuse or neglect within families?

- Children are the most common category of abuser. Irrespective of the older person's place of residence, 48 percent of abusers were children (Table 19). Even for older people living in residential care facilities, children were most commonly responsible for abuse experienced.
- Husbands/wives/partners were the next most common category of abuser, accounting for 14 percent of all abusers (Table 19). In older age groups, husbands/male partners outnumbered wives/female partners by four to one.
- Psychological abuse was the most frequently reported category of abuse carried out by children, followed by material/financial abuse. (Table 16)
- Psychological abuse was also the most frequently reported category of abuse carried out by husbands/wives/partners, followed by physical abuse. (Table 16)

Elder abuse and neglect is unacceptable. Too many older people are being abused, living in fear of those they love and trust, having their finances or assets taken from them, or being neglected. It is imperative that everyone in New Zealand be made aware that this is happening and that we all take action to prevent elder abuse and neglect.

Older people's stories

Mary and Don's story (Financial abuse)

Mary and Don have always been keen to help their children whenever they can. When their son Peter married, they purchased a house for $54,000 and gifted it to him. Over the years Don has helped Peter make renovations to the home. At one point, Peter and his wife decided to enlarge the home but were unable to fund this. Don and Mary decided to mortgage their home and loan Peter $20,000 to fund the alterations.

Peter eventually sold his home for $290,000. When his parents asked for the $20,000 they had loaned him, their daughter-in-law responded in writing stating that in requesting for the loan to be repaid, they were forfeiting their rights as parents and grandparents. Peter, his wife and children then moved to another part of the country.

Don and Mary sought their lawyer's help to retrieve the money they had loaned their son. They found out where Peter and his family had moved to through other family members. Through working with the Age Concern EANP Coordinators in both communities, Don and Mary were eventually able to have contact with their grandchildren again. The relationship with Peter and his wife remains difficult.

Alice's story (Physical abuse and dementia issues)

Alice and Fred live in a house which they rent from Housing New Zealand. Alice is 87, Fred is 84. Some years ago, Fred was diagnosed with dementia and has been cared for by his wife Alice since then, with little other support. Fred's behaviour has become increasingly difficult to deal with over the past few years as his dementia has become more advanced. Alice went to her GP to discuss their situation but no support was offered.

Fred and Alice's marriage has always been a little 'rocky' – Fred has a bit of a temper and likes things to be done in his way and when he wants it. There is a history of conflict and violence, which Alice doesn't complain about saying "It's just how Fred is. I've just got used to it".

One afternoon however, the Police were called to the house by a neighbour who was concerned by the noises coming from next door. Fred had physically attacked Alice. With Alice's consent, the Police called Women's Refuge. Fred agreed to go into residential care temporarily. The Police then referred Alice and Fred to their local Age Concern Elder Abuse and Neglect Prevention Service.

The Age Concern EANP Coordinator worked with the DHB social worker who arranged for an assessment of Fred while he was in the rest home. Following discussions between the EANP Coordinator, Alice, Fred, Women's Refuge and the rest home manager, Alice has returned home and she and Fred have agreed that it is better for Fred to remain living in the rest home.

Grace's story (Abuse of EPA, material abuse, psychological abuse)

Grace is 86, lives with her husband, aged 88, and with some home help and family input, manages their domestic life well. Grace has appointed her daughter Pip as her attorney through an enduring power of attorney (EPA). Pip, her sister and two brothers generally make decisions for their parents together. A third sister Jane doesn't have much contact with them all, having been raised by her wealthy grandparents.

One day Grace had a fall and broke her leg. Following discharge from hospital additional home help was provided. A few month's later, Grace's husband took ill and died three days later in hospital. Immediately after the funeral, Pip placed her mother in a rest home and proceeded to arrange for her mother's furniture to be sold.

Grace was beside herself – she saw no reason why she couldn't keep living at home as she always had and couldn't understand why Pip was doing this to her. She phoned Jane and asked her for help to get out of the rest home. Jane contacted her local Age Concern Elder Abuse and Neglect Prevention Service.

The Age Concern EANP Coordinator visited Grace at the rest home. It was clear that Grace did not want to be in the rest home. She was also adamant that she wanted to revoke the powers of attorney assigned to Pip.

The EANP Coordinator arranged for a lawyer for Grace to change her enduring power of attorney, and organised for a needs assessment to be completed to ascertain what Grace's care needs were.

That evening, Jane uplifted her mother from the rest home inflaming the conflict between the siblings. Grace decided she would stay with Jane home until the situation could be resolved.

Following a needs assessment it was concluded that Grace was competent to make decisions about her personal care and welfare and that she needed some assistance to live independently. Pip could not accept this assessment and applied to the Family Court for its judgement. The Family Court Judge determined that Grace had the right to decide where she wished to live. A trust company was appointed to manage Grace's finances and property.

Grace now lives with Jane, her husband and family. Jane has refurbished a flat attached to their house so Grace can live as independently as she wishes. Grace and Jane are still trying to get her clothes and jewellery back from Pip.

Edith's story (Psychological abuse/financial abuse)

Edith is 77 and lives in her own home, a two storey property with a separate unit downstairs. Her 38 year old grandson Michael does shift work and when he is on night duty, he stays in her downstairs unit. Michael has invited a friend to live in the unit without Edith's consent. Edith pays the electricity bill for both units without contribution from Michael or his friend. Michael does sometimes help his grandmother with shopping and other small chores, although does this begrudgingly, telling her "You're useless. No-one needs you. Why don't you do the world a favour – don't wake up tomorrow."

Edith contacted the Age Concern Elder Abuse and Neglect Coordinator feeling extremely distressed and frightened. She had told Michael that she didn't want him there and ended up with both men yelling at her, telling her she was a "selfish old cow" and threatening to break her windows. Edith doesn't have a lot of money and relies on her

national super to cover her expenses. She cannot afford to pay the higher electricity bills that have been coming in since Michael's friend arrived.

Edith admits to the EANP Coordinator that she does get a bit forgetful and confused at times, and that she doesn't have many friends or other family members she can turn to for support. She has a few health problems and sometimes finds it hard to get out and about.

The EANP Coordinator talked to Edith about her rights and together they went to the local community law centre for advice on how to evict Michael's friend.

The EANP Coordinator facilitated a meeting between Edith and Michael which resulted in Michael agreeing to ask his friend to leave, and to paying his grandmother board whenever he stays after night shift. With encouragement from the EANP Coordinator, Edith started going to the local senior's centre, being transported by the Age Concern mini-bus service.

Note

Names and some details have been changed to preserve the privacy of these clients and their families.

1 Introduction

1.1 Purpose and structure of this report

This report has two primary aims:

- To identify and discuss key issues facing people who are working to stop elder abuse and neglect in New Zealand
- To present data on 944 established cases2 of elder abuse or neglect dealt with by Age Concern Elder Abuse and Neglect Prevention (EANP) services3 during the period 1 July 2004 - 30 June 2006.[4] The presentation of data follows the format and content of two previous reports by Age Concern New Zealand.[5]

Age Concern New Zealand (Age Concern) has been raising awareness of elder abuse and neglect and providing prevention services for more than 18 years. Our organisation is currently the largest provider of elder abuse and neglect prevention services in New Zealand and is committed to work for the rights and well-being of older people[6]. Age Concern New Zealand is therefore well placed to initiate debate on this subject and to point to the issues that government and non-government must address if we are to eliminate abuse and neglect of older people in this country.

The purpose and structure of this report are described in section 1 which also includes a brief introduction to elder abuse and neglect in New Zealand. Section 2 provides the definitions used throughout the report. Key issues in the prevention of elder abuse and neglect are raised and discussed in section 3. Section 4 contains a description of Age Concern EANP Services and information about issues relating to elder abuse. Data sources and limitations are stated in section 5. Section 6 presents and analyses data from cases responded to by Age Concern EANP Services.

1.2 Elder abuse and neglect in New Zealand - Background information

Increased awareness of elder abuse and neglect in New Zealand was probably first sparked by concerns about the standard of care in rest homes in the 1970s. At the same time, public and professional interest in this issue was raised by reports published in the United Kingdom and United States.

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2 Established cases means cases where a coordinator has investigated a referral of suspected abuse and substantiated that claim.

3 The Age Concern EANP Services included in this report are: Whangarei, Rodney, North Shore, Auckland (one service in Central Auckland and a second in Waitakere), Counties-Manukau, Hamilton, Taupo (from January 2006), Tairawhiti, Hastings, Wanganui, Manawatu, Horowhenua (from March 2006), Kapiti Coast, Wellington, Nelson, Canterbury, Otago and Southland.

4 This report does not include data from the seven other providers of EANP Services. These providers are: Te Hauora Pou Heretanga., Te Oranga Kaumatua Kuia Disability Support Services Trust, TOA Pacific, Buller REAP, Presbyterian Support Northern, Presbyterian Support Central, and Presbyterian Support South Canterbury.

5 *Age Concern Elder Abuse and Neglect Prevention Services: An analysis of Referrals for the period 1 July 2002 to 30 June 2004*, Age Concern New Zealand November 2005, and *Age Concern Elder Abuse and Neglect Prevention Services: An analysis of Referrals for the period 1 July 1998 to 30 June 2001*, Age Concern New Zealand August 2002

6 Age Concern New Zealand Mission Statement

By the late 1980s, several reports had been written in New Zealand bringing the issue of elder abuse and neglect in this country to the attention of professionals and government alike.[7]

In 1989, Age Concern New Zealand hosted a 'National Workshop on Abuse and Neglect of the Elderly'.[8] Following this workshop, Age Concerns around the country began holding awareness-raising seminars involving people from a wide range of organisations. Age Concern also made presentations at a number of international gatherings both in New Zealand and overseas. Over time, community and professional pressure mounted for action to be taken.

As a result of this activity, the Elder Abuse and Neglect Prevention and Coordination of Intervention Services (EANP) were established in 1989, initially as seven pilot projects. Today there are 26 EANP Services around the country, 24 of which are part-funded by the Ministry of Social Development.[9]

In addition to its contributory funding commitment to EANP Services, government recognition of the need to respond to and prevent elder abuse and neglect is reflected in the Health of Older People's Strategy[10] and the work of the Ministry of Social Development.[11] This work is supported by the Families Commission in the form of research funding and other related activities.

Age Concern works actively to promote the rights and well-being of older people and those who care for them. We do this through a wide range of activities and services: information and advice; education; public awareness raising; health promotion; individual advocacy and coordination of intervention in cases of elder abuse and neglect. As mentioned above, Age Concern is the largest provider of elder abuse and neglect prevention services in New Zealand.

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7 One such paper was prepared by Ailsa Bailey (of Age Concern South Canterbury) during her term on the NZ Board of Health Standing Committee on Health of the Elderly, and the other by Drs Margaret Guthrie and Bernie King, then of the Department of Health, entitled *The Care, Mis-Care and Abuse of the Elderly* (September 1988)

8 A full record of this workshop is available from Age Concern New Zealand.

9 Footnotes 3 and 4 provide a complete list of the specialist EANP Services.

10 Actions 1.3 and 1.4, *Health of Older People Strategy*, pp 18 - 19, Ministry of Health, April 2002

11 http://www.msd.govt.nz/publications/statement-of-intent/2006/families-and-whanau.html cited on 28 August 2007

2 Definitions

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 [12]

2.1 Types of abuse

Abuse can take various forms and several types of abuse can occur at the same time.

Psychological abuse includes verbal abuse, intimidation, humiliation, harassment or excessive control of choices, damage to property and threats of abuse.

Material/financial abuse is the illegal or improper exploitation and/or use of funds or other resources.

Physical abuse includes the infliction of pain or injury, physical coercion, physical or chemical restraint.

Sexual abuse is non-consensual sexual contact of any kind with an older person.

Neglect is the intentional or unintentional refusal or failure to fulfil a caregiving obligation. Unintentional (or passive) neglect may occur due to the carer's inadequate knowledge, infirmity or lack of trust in prescribed services.

Elder abuse does not include harassment or violence by strangers, nor does it include coercive, unethical or illegal behaviour by, for example, trades people or salespersons.[13]

2.2 Institutional abuse

For the purposes of this report, institutional abuse refers to the implementation by an institution of a specific policy or generally accepted practice that impinges on the rights and well-being of an individual or individuals – for example, allowing only one incontinence pad per person per shift or providing nutritionally inadequate meals.

Institutional abuse may occur within a residential care facility, hospital, or other public or private sector institutions, including financial and social service organisations for older people. Abuse may occur where routine practices and lack of sensitivity result in abusive or neglectful situations for older people. Such behaviour may occur where there is insufficient staff or where practice focuses more on organisational convenience than client needs.

Abuse is not deemed to be institutional when an individual staff member or manager of an organisation or institution abuses or neglects an individual or group of people on their own initiative, in circumstances where most other staff members or managers would not do so.

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12 Action on Elder Abuse 1995, subsequently adopted by the International Network for the Prevention of Elder Abuse, cited in *Missing Voices – Views of older persons on elder abuse*, World Health Organisation 2002

13 This statement reflects current practice in Age Concern EANP Services. Different practice occurs in some other political and social environments internationally. Refer *Abuse of older persons: recognising and responding to abuse of older persons in a global context, Report of the Secretary General*, United Nations Economic and Social Council 9 January 2002

The types of abuse listed above may also occur within institutional settings. For example, financial abuse by a family/whānau member, psychological or physical abuse of a resident by an individual staff member, or sexual abuse by another resident. Such cases are recorded as elder abuse, not as institutional abuse.

2.3 Self neglect

Age Concern EANP Services define self neglect as harmful physical, psychological, material/financial and/or social effects resulting from the client's omission to secure basic necessities.

Self neglect is not considered to be a form of elder abuse in New Zealand because it does not occur within a relationship of trust. Government part-funding of EANP Services does not currently extend to cases of self neglect.

However, EANP Services do receive and actively respond to a substantial number of self neglect referrals. Accordingly, discussion of issues relating to self neglect is included in this report and, consistent with previous reports, data relating to these cases is included in the analysis.

3 Key issues

3.1 National Strategy for the Prevention of Elder Abuse and Neglect

In May 2005, Age Concern began promoting among stakeholders the development of a national strategy for the prevention of elder abuse and neglect. The strategy will encompass research, intervention and prevention. It will set out a comprehensive plan of action ensuring consistency, coordination and best use of resources.

Development of the research elements of the national strategy commenced in September 2006 with a workshop of stakeholders hosted by the Families Commission and Age Concern New Zealand. The purpose of the workshop was to:

- consider development of a research strategy for elder abuse and neglect prevention,
- identify research needs and
- facilitate an open dialogue between key researchers, policy makers, service providers and practitioners.

Participants at the workshop demonstrated huge commitment to collaborating, across a wide range of disciplines, to increase the body of knowledge in New Zealand about elder abuse and neglect. In direct response to this meeting, the Families Commission has commissioned a research project examining the risk and protective factors for elder abuse and neglect. Age Concern has also undertaken a small qualitative study into elder neglect as part of the Enhancing Well-being in an Ageing Society Research programme.[14] Otherwise, it appears that very little research is being carried out on elder abuse and neglect in New Zealand.[15]

Age Concern New Zealand is currently preparing a draft national strategy and action plan to be circulated to stakeholder for discussion by the end of November 2007. Age Concern is committed to collaborating with the many stakeholders in this field and encourages ongoing debate about elder abuse and neglect. Ultimately, the elimination of elder abuse and neglect requires the participation of all sectors of society.

3.2 Consistent data collection across all sectors

Analysis of data from Age Concern EANP Services provides a snapshot of elder abuse and neglect in New Zealand. It does not include information from: the seven other EANP Services contracted by MSD; DHBs or other health providers such as PHOs and GPs; NGOs working with older people and resolving situations without referral to the specialist EANP Services.

In order to provide a more comprehensive understanding of elder abuse and neglect in New Zealand, systems must be established for the consistent collection and analysis of statistics on a nationwide basis.[16] Age Concern New Zealand has clear data collection

14 The Enhancing Well-Being in an Ageing Society research programme is being completed by The Family Centre Social Policy Research Unit and The Population Studies Centre, University of Waikato, http://www.ewas.net.nz/ Findings from the Age Concern study are available at http://www.ageconcern.org.nz/?/weaaday#Local The report for this study is yet to be published.

15 Feedback from a survey of stakeholders undertaken following the 2006 meeting suggests that this is the case.

16 Hong, B. Leniston, P. Keys, F. A *Review of Elder Abuse and Neglect Prevention Services in New Zealand*, p 109, Office for Senior Citizens, Ministry of Social Development, April 2004

guidelines in place, as well as the experience, expertise and systems to analyse and disseminate national EANP Service statistics. However, due to resourcing constraints, national data collection could not be included in the contract requirements for national coordination of EANP Services (contracted by MSD).

Increased focus on elder abuse and neglect across government and the community make it timely to revisit the question of national data collection. Elder abuse and neglect is included in the programme of The Taskforce for Action on Violence within Families just as it is part of the work of the Ministry of Social Development[17]. The Families Commission is promoting better understanding of family issues and has provided funding for research into elder abuse and neglect.

The InterRAI suite of assessment tools provides opportunity within the health sector for investigating the possibility of elder abuse and neglect among its clients. The implementation of the recently published Family Violence Intervention Guidelines – Elder Abuse and Neglect within DHBs and other health settings, coupled with consistent application of InterRAI, provides opportunity for consistent data collection from the health sector.

However, no initiatives exist to ensure consistent data collection across all sectors responding to elder abuse and neglect. Yet this is crucial if a pool of valid and comparable information is to be available for future research and service development, including preventive measures.

Age Concern New Zealand believes collaboration and integration across sectors (within government and non-government) is needed in order to enable consistent collection of key data about elder abuse and neglect. Age Concern will, therefore, initiate action to this end through the national strategy for the prevention of elder abuse and neglect.

3.3 Gaps in service provision

In recent years, the level of government contribution to the cost of providing specialist EANP Services has increased, as has the number of EANP Services receiving that contribution.

For optimum effectiveness, EANP Services need to be easily accessible and able to provide a timely response. To date, funding support by government has been allocated on a per service basis, with no regard to population size, geographic area or any other variable which impacts on capacity. There remain gaps in service availability, with no services in the following areas: Northland; Thames-Coromandel and surrounding districts; Rotorua; Whakatane and Opotiki; Marlborough; Ashburton.[18] Some existing services, including Central Auckland, Counties-Manukau, Canterbury, Wellington and Rodney, are inadequately funded to cover all communities within their geographic boundaries.

In order to ensure accessibility and timeliness, issues of capacity for existing services must be addressed, funding must be extended to develop services in large communities of older people currently without access to a specialist EANP Service, and innovative thought must be given to ways in which EANP services can be offered to older people living in sparsely populated rural areas.

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17 http://www.msd.govt.nz/publications/statement-of-intent/2006/families-and-whanau.html cited on 28 August 2007

18 All these territorial authority areas have over 4,000 older people. The smallest population base of the currently funded EANP Services is 4,400 older people.

Research on cultural perspectives is limited. Views on what constitutes elder abuse differ from culture to culture as do responses to education and intervention. Commonalities across cultures do exist. For example, the most frequent forms of abuse are the same for European, Māori and Pacific New Zealanders: psychological abuse and material abuse or neglect. However, the motivation or rationale for this abuse or neglect may be culturally determined and may therefore require a culturally appropriate response.[19]

Like the general population, the population aged over 65 years is becoming more ethnically diverse. The percentage of European older people has dropped from 89.1 percent in 1996 to 87.6 percent in 2006. In 2006, 4.7 percent of the older population are Maori, 2 percent Pacific and 3.2 percent Asian. Projections of ethnic composition of older people from 2001 to 2021 indicate that the biggest growth will be in Asian populations. [20]

Service gaps also exist for different ethnic groups. There are still only two Maori service providers, one in Auckland and one in Taranaki. The largest population of older Maori is found in the Auckland region and the highest proportion of older Maori occurs in the Gisborne, Northland and Bay of Plenty regions. There is one Pacific service, based in Auckland (where the largest number of older Pacific people reside), responding to the needs of 7 cultures. There are no specifically Asian EANP Services, despite the fact that in the Auckland region this population group is larger, both numerically and as a percentage of the total population, than either the Maori or Pacific populations. There are also significant numbers of Asian people living in the Wellington and Canterbury regions. [21]

Age Concern recognises that ethnically specific EANP Services in all communities may not be appropriate or practicable. Given projected population increases across ethnic groups, it is imperative to ensure that families are empowered and supported to honour the rights of their elders and contribute to their safety.

3.4 Health sector response to elder abuse and neglect

On 1 August 2007, the Ministry of Health launched an expanded health sector violence prevention programme, including the Family Violence Intervention Guidelines-Elder Abuse and Neglect. During this launch, advocates for successful implementation of family violence intervention in hospitals and other DHB settings noted the importance of having policies and support systems in place prior to staff training and roll-out of intervention protocols. The launch also included the announcement of additional funding to enable the employment of Family Violence Coordinators in every DHB.

Age Concern acknowledges that many DHBs have made considerable achievements in the past few years in developing and supporting practice to screen for child abuse and neglect and intimate partner violence and to ensure appropriate response to victims of family violence who are within the health system. The new staffing resource will further support this excellent work. However, without funding support to enable DHBs to develop policies and protocols and to support resources for staff, there is a danger that implementation of the intervention guidelines for elder abuse and neglect will not occur in a way which will

19 *Family Violence Intervention Guidelines- Elder Abuse and Neglect*, P 15, Ministry of Health and Age Concern New Zealand, July 2007

20 Presentation to Age Concern Forum by Bede Hogan, Older People's Policy, Ministry of Social Development September 2007.

21 ibid

ensure success. As one DHB noted "it requires a comprehensive systems approach to achieve and sustain change"[22].

In early 2006, Age Concern invited all 21 DHBs to indicate their interest in piloting the implementation of the Family Violence Intervention Guidelines - Elder Abuse and Neglect. Of 21 DHBs, only one responded with interest. Others cited lack of funding support and existing commitments to implementing the child and partner abuse guidelines as reasons for being unable to participate.

Age Concern recognises that some DHBs are already taking initiatives to implement the Family Violence Intervention Guidelines - Elder Abuse and Neglect and that many have well established working relationships with their local EANP Service. They have staff participating on Advisory Groups in support of these community services who receive and make referrals of older people on a regular basis. As noted in the Foreword to the Guidelines, *Health care providers are increasingly recognised as key players in New Zealand's effort to eliminate all forms of family violence. Older people are significant users of health and disability support services, and those experiencing abuse use services at higher rates than others. Health care providers are therefore in an ideal position to engage in the early identification, support and referral of persons experiencing elder abuse. Family violence is unacceptable. We need commitment by health care providers and many other groups working together to make a difference.*[23] Age Concern believes the Ministry of Health must take leadership in demonstrating this commitment by providing the necessary funding to support DHBs to implement these Guidelines in a well-supported and well-managed way.

3.5 Self neglect

As noted in section 2.3, self neglect is not considered to be a form of elder abuse and neglect. For this reason, responses by EANP services to cases of self neglect are not included in the funding contribution by the Ministry of Social Development to these services.

However, self neglect is identified internationally as a significant and distinct form of neglect: *"[…] no clear agreement has been reached about how to define it, and the inclusion of reports of self neglect in data-gathering exercises can be controversial. Self neglect clearly does not fit within the parameters of abuse and/or neglect of some of the definitions that are given (although other definitions have endeavoured to ensure that they encompass it […] Nevertheless, this phenomenon needs to be recognised, since there is a range of evidence that it constitutes a significant portion of cases of neglect involving older people, especially among the very old."*[24] The Public Policy Institute of AARP estimates that self neglect represents 40 to 50 percent of cases reported to Adult Protective Services.[25]

Since data collection began in 1997, self neglect is a factor in up to 17 percent of Age Concern EANP Service cases. Given projected population growth, and the experience in the United States, increased demand for assistance from people who self neglect is likely. Greater recognition of this issue is needed, by the general public, by those who work with older people and by government. Dialogue between government (both central and local)

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22 Letter to Age Concern New Zealand in response to invitation to pilot implementation of *Family Violence Intervention Guidelines-Elder Abuse and Neglect*, dated 21 February 2006

23 *Family Violence Intervention Guidelines - Elder Abuse and Neglect*, Ministry of Health and Age Concern New Zealand, July 2007

24 Pauline Fallon, *Elder Abuse and/or Neglect – Literature Review*, Centre for Social Research and Evaluation, Ministry of Social Development, January 2006

25 Linda M. Woolf, Ph.D., Webster University, http://www.webster.edu/~woolflm/abuse.html accessed on 6 September 2007 AARP was formerly known as the American Association of Retired Persons.

and the NGO sector about appropriate support for older people who self neglect and their families is essential.

3.6 Reducing tolerance of elder abuse and neglect

> Many forms of abuse are grounded in ageism. Actions that people would likely find offensive and socially unacceptable if they happened to younger persons or other groups are sometimes treated as acceptable if these are happening to an older person.[26]

In July 2007, Age Concern New Zealand launched a new DVD, *It's all about Respect*. The DVD raises awareness of attitudes and behaviour toward older people. It contains unscripted comments from older people, carers, members of the public, and professionals working in the area of elder abuse and neglect prevention, all of whom talk about what respect of older people means to them. The DVD is also an interactive training tool designed to be used by those working with older people. It includes scripted scenarios of situations of abuse and/or neglect with discussion points at the end of each scenario aimed at encouraging people to think about what they can do to help prevent elder abuse and neglect in similar situations.

Elder abuse within families shares many of the same characteristics as other forms of family violence. Older people and families are often isolated, powerless and dependent, and frequently lack support. There may be a history of family conflict and/or family violence, alcohol/drug abuse, psychological problems, low self esteem, and reduced social networks. Like other forms of family violence, elder abuse and neglect often remains private and is largely hidden and under-reported.

There are also factors that may be unique to elder abuse. Diminishing networks resulting from frailty or declining physical or mental health of the older person may mean that elder abuse and neglect is easier to conceal (and harder to detect) than other forms of family/whānau violence.[27] The frequency of financial abuse also distinguishes elder abuse from other forms of family violence.

The strategic goals of Family and Community Services[28] for 2007 to 2010 include: "To change attitudes and behaviours towards family violence and family relationships."[29] The campaign for action on family violence being led by the Ministry of Social Development and the Families Commission includes opportunity to focus on elder abuse and neglect. This campaign is a great opportunity to raise awareness and understanding about elder abuse and neglect and to encourage individuals, families and communities alike to speak out against it.

Elder abuse and neglect also occurs in non-family contexts. Elimination of elder abuse requires attitudinal and behavioural change beyond families. We need to address ageist attitudes at all levels of our society. The campaign for action on family violence is a welcome first step toward creating a society where people of all ages are valued, respected, supported and empowered.

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26 Canadian Network for the Prevention for Elder Abuse, [cited 25 March 2005] available from http:www.cnpea.ca/mission_statement.htm

27 Age Concern New Zealand Inc., *Promoting the Rights and Well-being of Older People and Those who Care for Them*, September 1992.

28 Family and Community Services (FACS) is part of the Ministry of Social Development.

29 *Working for strong families and connected communities*, Family and Community Services, July 2007

4 Presentation of Data

4.1 Age Concern EANP services

The aim of the specialist Age Concern EANP Services is to reduce the incidence of elder abuse or neglect. The objectives are:

1. To provide older people who experience elder abuse or neglect, their families/whānau and carers with information and advice, to support them in their decision-making and to empower them to achieve a safer living environment.

2. To ensure that coordinated intervention services are available to older people who experience elder abuse or neglect.

3. To raise community awareness of elder abuse and neglect and provide education to professionals and others to enable early recognition of situations of elder abuse or neglect.

Specialist EANP Services are provided through the employment of an elder abuse and neglect prevention (EANP) service coordinator who is supported by the staff and activity of their Age Concern council.

EANP Services provide:

- education for professionals, caregivers and others who work with older people and their family/whānau
- public awareness raising aimed at early identification, prevention and the reduction of tolerance for elder abuse and neglect
- information, advice and advocacy on a one-to-one or family basis, including provision of support and services to prevent abuse or neglect in future
- assessment of suspected elder abuse or neglect
- referral and coordination of intervention.

The data presented in this report is derived from the assessment of suspected elder abuse or neglect and the referral and coordination of intervention.

A key aim of Age Concern EANP Services is to ensure the well-being, rights and safety of the older person and those who care for them. Older people have a right to independence, participation, care, self fulfilment and dignity.[30] People providing care for older people also have rights and responsibilities. A failure to acknowledge these rights and responsibilities increases the potential for abuse and neglect.

30 Spadafora, Pat, 'Elder Abuse and Neglect: A Global Challenge, Global Solutions', in *Global Ageing: Issues and Action*, 2005, Vol 3, no 1, p.5

4.2 Background issues relating to elder abuse and neglect

This information may assist in interpreting and responding to the issues raised by the data presented in this report. The content of this section is extracted and updated from *Age Concern Elder Abuse and Neglect Prevention Services – An Analysis of Referrals for the period 1 July 2002 to 30 June 2004,* published by Age Concern New Zealand in November 2005.

4.2.1 Prevalence

It is likely that referrals to elder abuse and neglect services represent only the 'tip of the iceberg'[31] for abuse in New Zealand. This trend is corroborated by US research findings which estimate that just 16 percent of all abuse incidents reach service agencies.

There have been no population-based investigations of elder abuse and/or neglect in New Zealand. Prevalence rates in published international studies vary greatly.[32] Studies involving community based surveys within developed nations (including Australia, Canada and the UK) indicate the proportion of older persons experiencing abuse or neglect as ranging between 3 and 10 per cent of the older population.[33] Translation of these estimates to the NZ population aged 65 years and over suggests there could be between 15,000 (3%) and 50,000 (10%)[34] individuals experiencing some form of abuse or neglect within this age group. This represents a considerable proportion of the older population and a significant social, political and economic impact on society.

4.2.2 Consequences of elder abuse and neglect

Elder abuse and neglect can have wide-ranging and long-term effects on a person's physical and mental health as well as their finances, living arrangements, relationships and support networks. It can reduce the ability of those persons to be active, contributing members of the community. Elder abuse and neglect can also contribute to the continuation of family violence and poor family functioning. For data about the impact of elder abuse and neglect refer section 6.3.5.

4.2.3 Factors contributing to elder abuse and neglect

The factors contributing to elder abuse and neglect are many and varied. The following have been identified in research as likely risk factors:

- dependency (of the older person on others for all or part of their care, and/or dependency of the abuser on the older person)
- carer stress
- dysfunctional family dynamics, including a history of violence
- social isolation and lack of self esteem on the part of the older person and/or the abuser
- mental health and psychological problems on the part of the older person and/or the abuser
- alcohol and drug abuse on the part of the older person and/or the abuser.

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31 Iceberg Theory of Elder Abuse from the *National Elder Abuse Incidence Study* (National Center on Elder Abuse, 1998), USA

32 Spadafora, Pat, 'Elder Abuse and Neglect: A Global Challenge, Global Solutions', in *Global Ageing: Issues and Action*, 2005, Vol 3, no 1, p.5

33 Abuse of older persons: recognizing and responding to abuse of older persons in a global context. *UN: Report of the Secretary General*, United Nations 2002.

34 http://www.stats.govt.nz/census/2006-census-data/regional-summary-tables.htm

For data about factors in the lives of clients refer section 6.3.4. For data about factors in the lives of those responsible for abuse and/or neglect, refer section 6.5.8.

4.2.4 Abuse of enduring power of attorney

In some cases abuse or neglect occurs when a person who has been given enduring power of attorney abuses their powers and fails to operate in the best interests of the older person.

For data about abuse of enduring power of attorney, refer section 6.5.9.

4.2.5 Elder abuse within residential care

Abuse or neglect in a residential care setting is more likely to occur where there is inadequate support, training, and supervision of staff and where there are inadequate policies in place. Strategies to prevent abuse or neglect in these settings include ensuring that policies and practices are client-focused, and ensuring the provision of adequate support and resources for both staff and residents.

In a residential care setting, potential abusers include staff, visitors or other residents. It is important to recognise that abuse or neglect by family members also occurs in residential care.

4.2.6 Elder Abuse within home care

While many family carers are well able to provide for the needs of their dependant older relative, the demands of the carer role and the isolation and dependency of the older person can contribute to a risk of abuse or neglect.

Family carers may have limited care alternatives and inadequate support and may feel trapped by feelings of responsibility, duty or guilt. A recently completed study of elder neglect by Age Concern New Zealand as part of the EWAS[35] research programme has shown that neglect by family carers can be prevented by:

- promoting understanding of the importance of the role of carers in our community and of their right to receive support
- improving awareness of and access to advice on help available for older people and their carers, including day care facilities
- improving support to family carers, particularly following respite or other formal care
- making an assessment of a carer's ability to provide care at the same time as the clients' needs assessment is completed
- promoting communication between family members and with ageing relatives, especially if care and inheritance arrangements are contested or unclear
- increasing awareness and availability of services to prevent social isolation
- increased availability of addiction counselling and rehabilitation services.

The Carers Strategy being developed by MSD and the Carers' Alliance aims to improve social attitudes towards caring and the value we place on this role. Implementation of

35 Enhancing Wellbeing in an Ageing Society (EWAS) research programme being conducted by The Family Centre Social Policy Research Unit and The Population Studies Centre, University of Waikato.

this Strategy has the potential to enable greater support and resources for family carers, raising awareness of the realities of this role and thus reducing the risk of neglect.

The provision of adequate supervision, support and training to staff providing home-based care will also contribute to the prevention of elder abuse and neglect.

4.2.7 Abuse of carers

In some situations an older person may themselves abuse the person providing care. Difficulty in accepting reliance on others, lack of recognition of carer's rights, and loss of judgement or insight resulting from illness, dementia or other disorders may be contributing factors. Sometimes aggression may be a continuation of past abusive behaviour.

A failure to acknowledge the needs and rights of carers increases the potential for this type of abuse.

4.2.8 Dementia and elder abuse and neglect

Those with dementia may be more vulnerable to abuse than others, particularly where there is reduced ability to communicate, confusion, memory loss and a high level of dependency. Challenging, difficult or inappropriate behaviour, isolation and an absence of adequate support and relief for carers are factors that increase risk of abuse or neglect.

For data about abuse of people with dementia, refer Table 12, section 6.4.3.

5 Data sources and processing

The data presented in this report relate to all cases of elder abuse or neglect that were closed between 1 July 2004 and 30 June 2006. A case closed in this period was not necessarily first referred in this period, and some cases referred in this period will not be included because they have not been closed in this period.

Following referral to EANP Services, a suspected case of abuse or neglect is assessed and, where established, the case is recorded on a standardised data collection form. Upon case closure completed forms are provided to Age Concern New Zealand where data is entered into an Access database.

The standardised data collection form begins with a brief descriptive summary of the incident(s). Information collected includes:

- referral information – date of referral, source of referral and the number of previous referrals (if any) of the client(s)
- information relating to the nature of the abuse or neglect (from a predefined list), its frequency and duration
- demographic data for the client(s) and abuser(s)
- details concerning the assignment of, and any abuse of, enduring power of attorney
- details relating to place of residence, who the client lives with, the nature of the client-abuser relationship including whether the abuser lives with the client and whether the abuser is the client's primary carer
- information about various predefined indicators of health and functional status (only for the main client and main abuser in each case)
- details about the action(s) taken by the EANP coordinator, the coordinator's perception of client outcomes and any additional comments relevant to interpretation of the case information.

Data was analysed using SPSS to produce frequency distributions and cross-tabulations. Patterns and trends are identified. Where possible and appropriate, demographic information is compared with general population data. Similarly, where the same data is available, comparisons are made with previous analyses of EANP case data.36

Age Concern New Zealand employed the services of an independent social science researcher to conduct the analysis.

36 Age Concern New Zealand Inc., *Age Concern Elder Abuse and Neglect Services: An analysis of Referrals for the period 1 July 2002 to 30 June 2004*, November 2005.

5.1 Limitations of the data

A single case may involve more than one clients or abuser. (Refer table 1, section 6.1) For this reason, in several of the tables and analyses below, the number of clients exceeds the number of cases. Where the tables focus on cases, it must be recognised that some involve more than one person.

There are also instances where the same client(s) and/or abuser(s) are involved in more than one case. Demographic data is not client specific. Therefore a person referred to a Service on three separate occasions will be counted three times. It is also possible that people referred more than once have been 'counted' in more than one age bracket (for example, if a person was 69 when first referred and 70 when referred again they will be counted in both the 65-69 and in the 70-74 age groups).

For some cases information is not available in full and the totals on the tables exclude missing data. Data collection can sometimes be limited by client or case circumstances such as when demographic details on abusers cannot be collected. Totals of subgroups should therefore be noted when interpreting or comparing results.

6 Data and analysis

Most of the data presented in this section shows trends similar to earlier periods. Age, gender, ethnicity, living situation, most frequently reported types of abuse, frequency and duration of abuse remain largely unchanged, as does the relationship between client and abuser, and the percentage of abusers who are the client's primary carer and who live with the client.

This report includes information not previously reported:

- differences in the types of abuse experienced by men and by women
- for cases of neglect, information about the aspects of an older person's life which have been neglected
- the impact of the abuse on the older person
- differences in the relationship of the abuser to the client depending on where the type of resident in which the client lives
- information about the actions EANP coordinators have taken.

6.1 Number of cases and clients

Data are available for 944 cases of elder abuse and neglect closed between 1 July 2004 and 30 June 2006. Of these cases, 860 concerned one client, 47 two people and 23 groups of more than two people. Data is missing for 14 cases. The vast majority of cases – 91 percent – therefore involved only one client.

In several of the tables and analyses which follow, the number of clients exceeds the number of cases because sometimes two or more people are involved. Where the tables focus on cases, it must be recognised that some of these involve more than one person. The material may also include repeat referrals. For some measures information is not available in full and the totals on the tables exclude this missing data. For these reasons total numbers of clients vary from table to table.

Most of the 2004-2006 abuse and/or neglect cases involved one or more individual abusers (Table 1), with smaller proportions classified as institutional abuse or self neglect[37].

Table 1: Number of Clients

	Type of Client				
	Individ-ual	Two people	Total clients (excluding groups)	Percentage of total clients (excl. groups)	Groups of Clients
One or more individual abusers	654	78	732	77	11
Institutional abuse	63	6	69	7	10
Self neglect *	143	10	153	16	2
Total	860**	94	954	100	23

* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.
** This total excludes missing data.

37 Self neglect is not a form of elder abuse and neglect. Refer section 2.3 for rationale for inclusion in this report.

6.2 Referral sources

Referrals come from a range of sources, as shown in Table 2, with the leading sources fairly evenly spread between professionals (which include DHB staff and other health professionals, police, lawyers, residential care staff, and social workers), relatives of the clients, clients themselves and agencies (Work and Income, community social service agencies, other government departments and local authorities). Friends and neighbours are less common sources of referrals and few come from the partners of clients.

Table 2: Cases by Source of Referral

Referral source	n	%
Professional	228	24
Self	204	22
Relative	185	20
Agency	164	17
Friend	67	7
Neighbour	42	4
Husband/wife/partner	7	1
Not disclosed/unknown	2	-
Other	22	2
Total cases	**944**	**100**

6.3 Client information

6.3.1 Age and sex

Complete age and sex information was obtained for 995 clients, with data presented in Table 3 and Figure 3. Consistent with previous analyses, women outnumbered men as clients in all age groups. The proportion female does not vary significantly with age. The age breakdown is also similar between male and female clients. The majority (59%) fall into the 70-84 age group, with 22 percent aged less than 70 and 19 percent aged 85 or over. The peak age group for male and female clients is 80-84.

Table 3: Clients by age and sex

Client age	Number			Percent		
	Female	Male	Total	Female	Male	Total
64 or less	78	38	116	11	13	12
65-69	69	32	101	10	11	10
70-74	119	48	167	17	16	17
75-79	128	44	172	18	15	17
80-84	180	72	252	26	24	25
85-89	77	40	117	11	13	12
90 & over	45	25	70	6	8	7
Total	696	299	995	100	100	100

Figure 3: Individual clients by age and sex

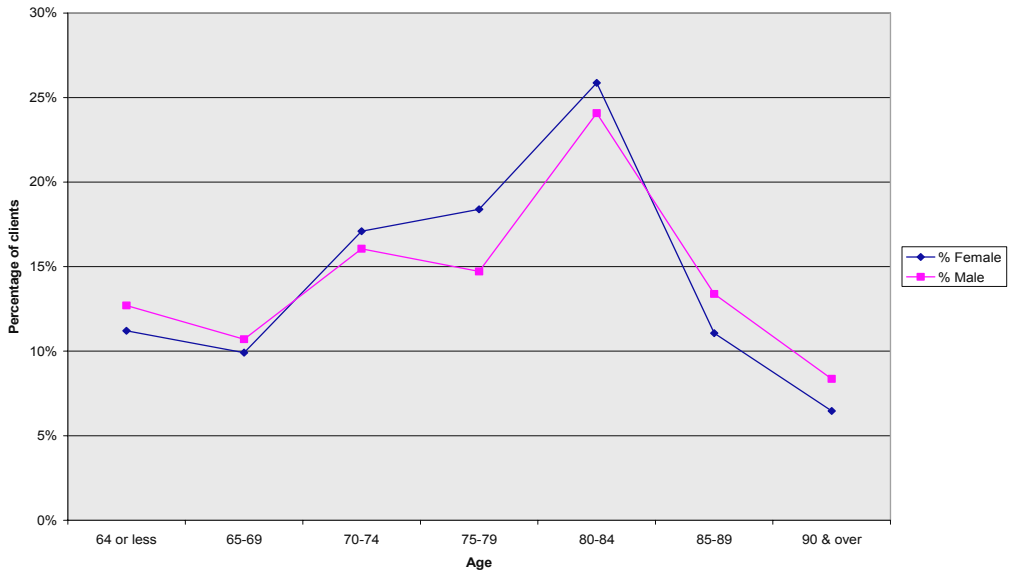


Table 4 compares the age and sex breakdown of EANP clients with that of the New Zealand population as a whole in the same age groups. Under the age of 85, males are under-represented among clients compared to their proportions in the population and women are over-represented. In the peak age group of 80 to 84, 37 percent of the population is male, but only 29 percent of clients. In the same age group, 63 percent of the population is female, as against 71 percent of the client group. The female over-representation is therefore highest in the younger age groups. From age 85 onwards, the age and sex structure of the client group is similar to that of the age group as a whole.
Table 4: EANP Clients and Total Population – Age and Sex

	Males		Females	
Age	NZ Population %*	Clients %	NZ Population %*	Clients %
65-69	49	32	51	68
70-74	48	29	52	71
75-79	46	26	54	74
80-84	40	29	60	71
85 and over	31	35	69	65

* Figures derived from Census 2006, Table 3, QuickStats Population and Dwellings2, www.stats.govt.nz

6.3.2 Ethnicity

Data on ethnic origin was recorded for 949 clients. As shown in Table 5, the vast majority were NZ European, similar to the pattern for the 65 plus age group as a whole. According to these figures, Maori are over-represented among abuse and/or neglect clients and Asian people are under-represented. However as actual numbers are small (63 Maori clients and 6 Asian clients) figures should be interpreted with caution.

Table 5: Ethnicity of clients

	n	%	Percentage of total NZ population 60 years and over*
European	769	81	75
Maori	63	7	5
Pacific Islands	17	2	2
Asian	6	1	4
Other	94	10	14
Total clients	949	100	100

** 2006 Census*[38]

6.3.3 Living situation

Complete information on both living situation and sex was obtained for 974 clients. As shown in Table 6, 41 percent were living alone and 24 percent with a spouse/partner only. These categories together account for 65 percent of clients, reflecting the living situation of the older population as a whole.

Table 6: Living situation by sex of clients

Living situation	Number of clients			Percentages		
	Male	Female	Total	Male	Female	Total
Alone	116	285	401	40	42	41
With partner as a couple	74	160	234	25	23	24
With family	59	133	192	20	20	20
With non-related adults[39]	44	103	147	15	15	15
Total clients	293	681	974	100	100	100

The living situation pattern of clients does not differ greatly between men and women, although a slightly higher proportion of female clients were living alone, which is the pattern for the older age groups.

6.3.4 Factors present in the lives of clients

An extensive array of factors which may have contributed to abuse and/or neglect were recorded by EANP Coordinators. One or more of these factors were recorded in 418 cases referred during 2004-2005 and 308 in 2005-2006. Different categories were provided for response in the two years making comparability problematic. Identification will also be affected to some extent by subjective assessment by EANP coordinators.

Table 7 presents data for the two years but does not list categories in which the number of responses was small (often these categories closely resembled those specified in the tables). Factors are listed in order of the number of times they were recorded. This ranking was the same in both years. The table also includes some important factors which were recorded in the 2005-6 data only.

38 http://www.stats.govt.nz/products-and-services/table-builder/2006-census-tables/selected-tables.htm#ethnicgroup, accessed on 31 August 2007

39 Includes people living in residential care facilities.

Table 7: Factors present in the life of clients

	2004-2005		2005-2006	
	No. of cases	% of cases	No. of cases	% of cases
Loneliness/isolation	241	49	164	37
Relationship/dependency issues	200	40	110	25
Confusion/forgetfulness	164	33	86	19
Family conflict			84	19
Poor mental health	92	19	60	13
Limited communication skills	83	17	61	14
Memory impairment	76	15	60	13
Diagnosed dementia	72	15	22	5
Lack of knowledge/understanding			56	13
Stress			38	8
History of family violence			33	7
Affected by drugs &/or alcohol			22	5
Power and control issues			15	3
Poor physical health	8	2		
Grief	7	1		

Note: More than one factor may be indicated in each case.

6.3.5 Impact on clients

EANP Coordinators were asked to record their perceptions of the impacts of abuse and neglect on their clients – through a pre-coded list. The impacts are ranked in Table 8 according to the number of times they were reported (multiple answers are possible). The effects on the clients' disposition, health, daily activities, sense of security and confidence are clearly very significant. There are elements of overlap in the categories and scope for some degree of subjective judgements in the coding.

Table 8: Impacts of abuse and/or neglect on clients

	No. of cases	% of cases
Extremely distressed/angry	534	57
General health significantly affected	481	51
Life significantly disrupted	471	50
Very frightened/anxious	424	45
Confidence/self esteem significantly reduced	399	42
Independence significantly reduced	384	41
Economic security significantly affected	327	35
Consequences of abuse/neglect likely long-term	225	24
Physically injured	80	8
Life threatened	63	7
Other	82	9

Note: Several areas of impact may be indicated in each case.

6.4 Types of abuse and/or neglect

EANP Coordinators are required to specify the main type of abuse or neglect occurring in each case, and to identify any other forms of abuse or neglect also occurring. This information was recorded for 939 cases. Consistent with previous reports psychological and material/financial abuse are most frequently recorded, followed by physical abuse. (Refer Table 9).

Table 9: Types of abuse and neglect

Type of abuse or neglect	Identified as the main type of abuse or neglect		Abuse or neglect of this type recorded as main or additional	
	n	%	n	%
Psychological	357	38	583	62
Material/financial	253	27	399	42
Physical	93	10	186	20
Sexual	8	1	17	2
Active neglect	64	7	122	13
Passive neglect	26	3	61	6
Self neglect*	138	15	162	17
Total cases	939	100		

* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

Psychological abuse, material/financial abuse, physical abuse and active neglect are most frequently reported in combination with other types of abuse.

In over half of cases (54%) where material/financial abuse was identified as the main form of abuse, psychological abuse was also occurring.

Where psychological abuse was identified as the main form of abuse, 31 percent of these cases also included material/financial abuse and 19 percent physical abuse.

Where physical abuse was identified as the main form of abuse, 67 percent of these cases also included psychological abuse, 22 percent also included material/financial abuse and 15 percent active neglect.

Where active neglect was identified as the main form of abuse, 27 percent also involved psychological abuse, 13 percent physical abuse, 13 percent passive neglect and 11 percent material/financial abuse.

6.4.1 Clients' age and gender profile

In this analysis, data are presented for the main type of abuse or neglect recorded. There are no significant differences in cross tabulations by age and sex between main and any types of abuse and/or neglect.[40] As shown in Table 10, there are few overall differences in the patterns of abuse experienced by male and female clients. A slightly higher proportion of women than men reported psychological abuse and a slightly higher proportion of men self neglected.

40 Information on 'main type of abuse/ neglect' together with client's age and sex was obtained for 991 clients. Where more than one client was involved in a case, the assumption has been made that all experienced the same forms of abuse and/or neglect.

Table 10: Main type of abuse or neglect by sex of clients

	Female		Male	
	n	%	n	%
Physical	67	10	34	11
Psychological	278	40	106	36
Material/ financial	182	26	81	27
Sexual	10	1	7	2
Active neglect	39	6	18	6
Passive neglect	22	3	4	1
Self neglect*	95	14	48	16
Total cases	693	100	298	100

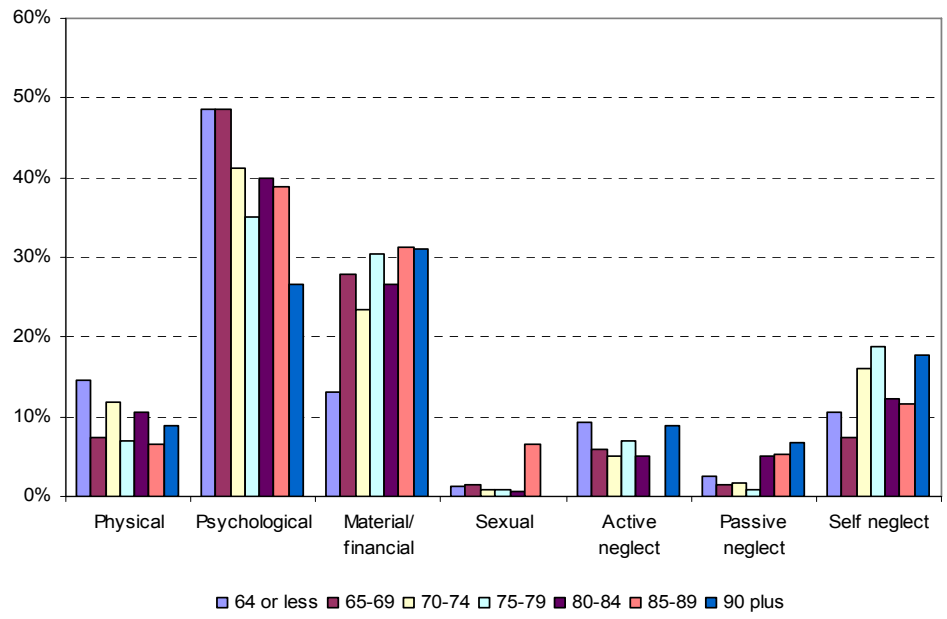
* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

Patterns of abuse and neglect by age and sex show few clear trends (Figures 10a and 10b). For cases involving women, the proportion reporting physical abuse trends downwards with age from 14 percent in the 64 or less group to 9 percent at age 90 or more (perhaps because fewer have partners alive in the oldest age group). This is much less the case for men, for whom percentages of cases involving physical abuse are highest in the 80-89 age group.

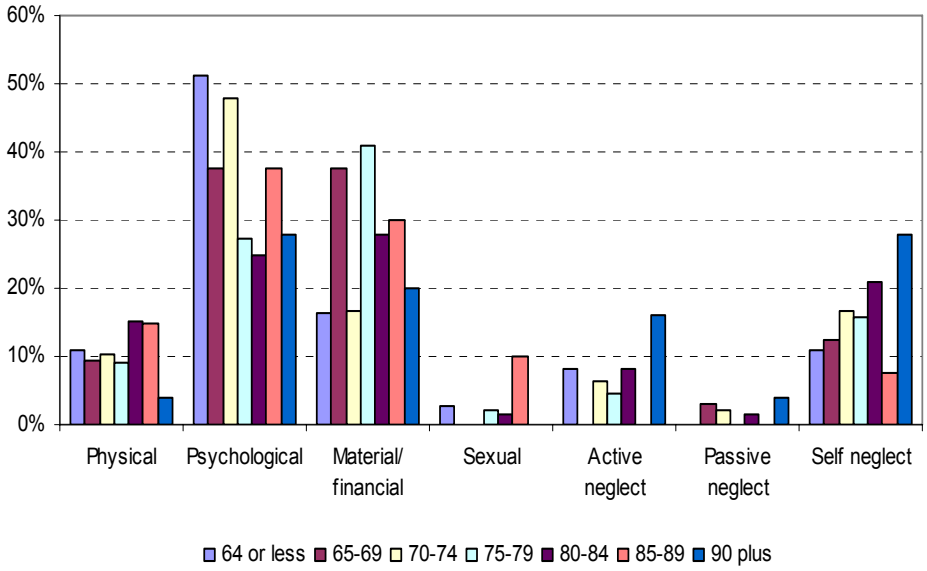
Cases of psychological abuse (as the main type of abuse or neglect) decline with age for both men and women. Almost half of cases for women in the under 70 age group involve psychological abuse. For men the highest prevalence is under 64 (51%) and 70-74 (48%). Psychological abuse is the main form of elder abuse in cases involving women under 89 (material/financial is the most prevalent form for women at 90 plus). In several age groups material/financial abuse is more prevalent than psychological abuse for men.

Figure 10: Main type of abuse or neglect by sex of clients

a) Cases involving female clients



10 b) Cases involving male clients



Material/financial abuse accounts for an increase percentage of cases with age among women, peaking at 31 percent of cases involving women 85 plus. But there is a less clear trend for men. The highest percentages are in the age group 75-79 (41%) followed by 65-69 (38%).

There is no clear pattern with age for active neglect, although the highest incidence appears in cases involving both men and women aged 90 plus, but also for men aged 64 or less. Passive neglect on the other hand appears to increase with age in cases involving women, peaking in the 90 plus age group. There is no clear trend for men, but numbers of cases in this category are small.

Self neglect[41] shows some tendency to increase with age as the main form of abuse or neglect. For women it is highest in the 75-79 age group (19%), but for men it increases fairly steadily with age (except where men aged 85-89 are involved). Where cases involve men aged 90 plus, self neglect is as important as psychological abuse (28 percent of cases in each category). For women of this age group, self neglect is much less important than psychological and material/financial abuse.

6.4.2 Living situation

Table 11 shows the type of abuse and or neglect experienced by people in different living situations. Thus, for example, in 78 percent of cases where people were living with partners, psychological abuse was reported, as against 53 percent where people were living alone and 57 percent where they were living with non-related people. Material/physical abuse was more common where older people were living with family members and physical abuse where they were living with a partner only. Self neglect is more prevalent in situations where clients were living alone. Active and passive neglect were most common where people were living with family members. Overall, people living with partners or with family were more likely to report multiple types of abuse and/or neglect than people in other types of living situation.

41 Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

Table 11: Type of abuse or neglect (main or additional) by living situation

	Physical abuse (n=186)	Psycho-logical (n=583)	Material/ financial (n=399)	Sexual abuse (n=17)	Active neglect (n=133)	Passive neglect (n=61)	Self neglect (n=162)	Total (n= 939)
Alone	20	34	40	33	15	26	78	37
With family	30	28	29	0	35	39	11	27
With partner	34	24	16	27	24	15	7	21
With non-related adults	16	14	15	40	26	20	4	15
Total	100	100	100	100	100	100	100	100

* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

In all situations, however, psychological abuse occurs most frequently with material/financial abuse second. Physical abuse ranks third for people living with others, although self neglect occurs more frequently for older people living alone.

6.4.3 Abuse and dementia

Ten percent of clients had a diagnosed dementia. Table 12 shows the main types of abuse they experienced in comparison to the total client group. Active neglect of those with a diagnosed dementia is significantly higher than for the total client group. There is also a comparatively higher proportion of clients with a diagnosed dementia who self neglect.

Table 12: Main type of abuse of clients with diagnosed dementia

Main type of abuse	Cases where diagnosed dementia was identified for main client		Total cases where main type of abuse/neglect was recorded	
	n	%	n	%
Physical	10	11	93	10
Psychological	22	24	357	38
Material/financial	21	23	253	27
Sexual	1	1	8	1
Active neglect	12	13	64	7
Passive neglect	6	7	26	3
Self neglect	18	20	138	15
Total	90	100	939	100

6.4.4 Frequency and duration

The data shows that people referred to Age Concern EANP Services during this period more frequently experienced several separate incidents (49 percent of cases) or continuous abuse/neglect (34 percent of cases) rather than one single isolated incident of abuse or neglect (17 percent of cases)[42]. This applies to all types of abuse and/or neglect, as shown in Table 13 and Figure 13.

42 Information concerning frequency was recorded in 923 cases, using all reported types of abuse and/or neglect.

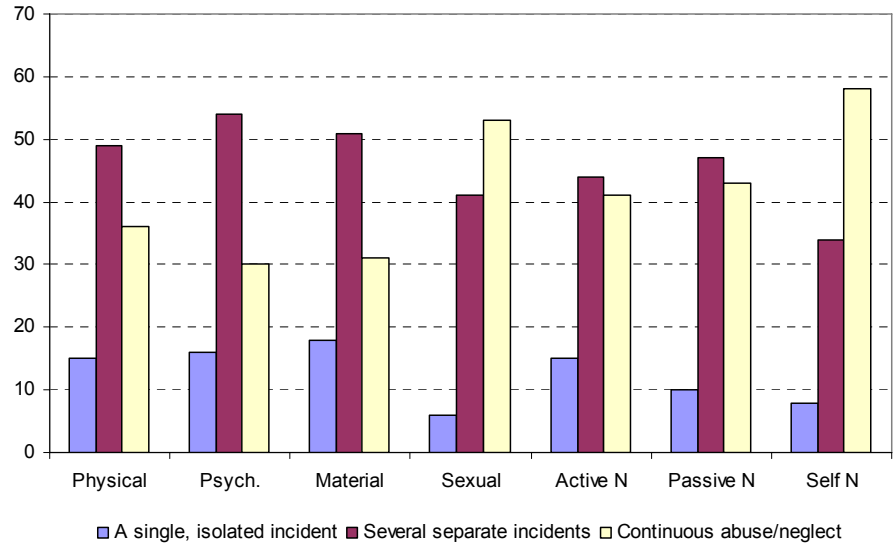
Table 13: Type of abuse and/or neglect by Frequency (%)

	Physical abuse (n=186)	Psycho-logical (n= 583)	Material/ financial (n= 399)	Sexual abuse (n=17)	Active neglect (n=133)	Passive neglect (n=61)	Self neglect* (n=162)	Total (n=939)
A single, isolated incident	15	16	18	6	15	10	8	15
Several separate incidents	49	54	51	41	44	47	34	49
Continuous abuse/neglect	36	30	31	53	41	43	58	36
Total cases	100	100	100	100	100	100	100	100

* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

Physical, psychological and material/financial abuse occurs more often as several separate incidents. Self neglect and sexual abuse are frequently continuous (although cases of sexual abuse are very few). Active and passive neglect may be either several incidents or a continuous process.

Figure 13: Type of abuse and/or neglect by Frequency (%)



Cases were fairly evenly split between those that had lasted for less than a year (55%) and more than a year (45%).[43] The types of abuse and/or neglect most likely to have been ongoing for more than a year are self neglect (63%) and sexual abuse (53 percent, but very few cases). For all other types, more than half of the cases are of less than a year's duration; 60 percent of active neglect cases fell into this category.

43 Information on duration of abuse and/or neglect was obtained for 924 cases.

6.4.5 Aspects of life affected by neglect

Since 1 July 2004, Age Concern New Zealand has been collecting information from its Elder Abuse and Neglect Prevention Services about aspects of the older person's life and/or care which are neglected. [44] Table 14 presents this information for 122 cases of active neglect, 61 cases of passive neglect and 162 cases of self neglect recorded during this two year period. Information is provided in order of the frequency of report.

The most common aspects of life effected in cases of active neglect (in order of number of cases) involved neglect of health needs, nutrition and advocacy[45]. In cases of passive neglect the leading types were personal hygiene, health needs and nutritional needs. The main differences in ranking between these two types of neglect related to personal hygiene – ranked first for passive neglect, 4th for active neglect - and advocacy, ranked 5th and 3rd respectively. Animal welfare, physical and financial management, safety and clothing ranked low for both types of neglect.

In cases of self neglect[46], the most common aspects of life affected were nutritional, household management, health needs and personal hygiene.

Table 14: Aspects of life affected by neglect (% of cases)

	Active neglect (n=122)	Passive neglect (n=61)	Self neglect (n=162)
Health needs	55	46	60
Nutritional	42	43	67
Advocacy	39	39	38
Personal hygiene	34	48	59
Social networks	31	41	45
Household management	30	36	64
Clothing	26	31	46
Safety	25	30	37
Financial management	24	26	31
Physical	17	25	20
Other	9	7	6
Animal welfare	3	5	17

Note: Multiple categories may be indicated in each case.

44 Refer Appendix 1 for examples of how each aspect of life may be neglected.

45 Neglect of advocacy refers to the carer not accessing available support for the older person or not advocating for their needs to be met.

46 Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

6.5 Abuser Information

6.5.1 Relationship with clients

Consistent with previous reports, family are responsible for the majority of elder abuse and neglect during this period. Adult sons and daughters were responsible for abuse and/or neglect in 48 percent of the cases, with spouses and partners next (14%). Other relatives, including sons and daughters in law, brothers and sisters accounted for 17 percent of abusers. Thus over three quarters of abusers were relatives of the clients (79%). In addition to this, the abusers included neighbours (8%) and friends (6%). Formal care providers – residential care staff (3%) and home support workers (2%) – are rarely identified as abusers during this period.

Table 15: Main Abuse-Client Relationship

	n	%
Son/daughter	318	48
Son/daughter in law	24	4
Brother/sister	14	2
Husband/wife/Partner	95	14
Other relative*	69	11
Boarder	5	1
Friend	39	6
Neighbour	55	8
Residential care staff	21	3
Home support worker	11	2
Health professional	6	1
Total abusers	657	100

*Grandchildren were specified in 39 cases, and nieces & nephews in 11 cases

6.5.2 Abusers by type of abuse and/or neglect

Table 16 examines the abuser/client relationship by types of abuse and/or neglect. Sons and daughters are most frequently responsible for all types except sexual abuse, which is mainly associated with partners or friends. Partners are also responsible for a significant proportion of physical abuse and both active and passive neglect cases. Where boarders or neighbours are involved, this mainly concerns psychological abuse. In the home support worker category the great majority involve material/financial abuse.

Table 16: All types of abuse/neglect by main abuser-main client relationship

Main abuser-main client relationship	Number of cases for all types of abuse and/or neglect					
	Physical	Psycho-logical	Material/ financial	Sexual	Active neglect	Passive neglect
Son/daughter	68	234	185	0	45	22
Son/daughter in law	7	20	12	0	3	1
Brother/sister	2	10	7	0	2	1
Husband/wife/Partner	39	75	29	6	18	9
Other relative	19	52	43	0	4	5
Boarder	0	4	5	0	0	0
Friend	2	23	29	3	1	1
Neighbour	5	48	16	1	1	0
Tradesperson/salesperson	0	11	17	0	0	0
Residential care staff	6	13	4	2	4	0
Home support worker	1	5	11	0	1	1
Health professional	1	3	0	1	3	1
Landlord	0	2	1	0	0	1

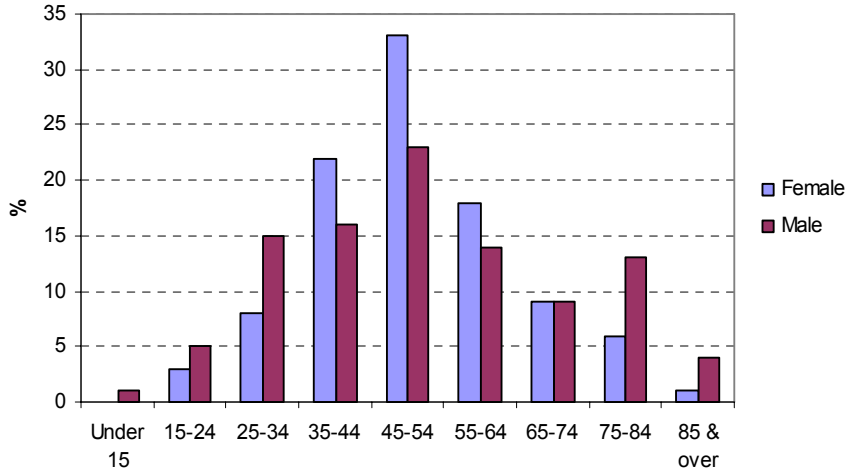
6.5.3 Abusers by age and gender

Complete age and sex information was obtained for 581 abusers, but age was not available in 124 cases. Table 17 and Figure 17 exclude cases for which age was not available. The peak age for abusers, both male and female is 45-54, followed by 35-44 for women and 25-44 for men. Over half of female came into the 35-54 age group, and male abusers into the 25-54 age group. A distinctive feature of Figure 17 is the proportion of male abusers in the older age groups; 17 percent were aged 75 or over as again only 7 percent of female abusers.

Table 17: Age and sex of main abusers

	Female Abusers		Male Abusers		Total abusers	
	n	%	n	%	n	%
Under 15	0	0	3	1	3	1
15-24	8	3	17	5	25	4
25-34	20	8	49	15	69	12
35-44	58	22	52	16	110	19
45-54	86	33	74	23	160	28
55-64	46	18	44	14	90	16
65-74	25	9	30	9	55	9
75-84	15	6	40	13	55	9
85 and over	3	1	11	4	14	2
Total	261	100	320	100	581	100

Figure 17: Age and sex of main abusers

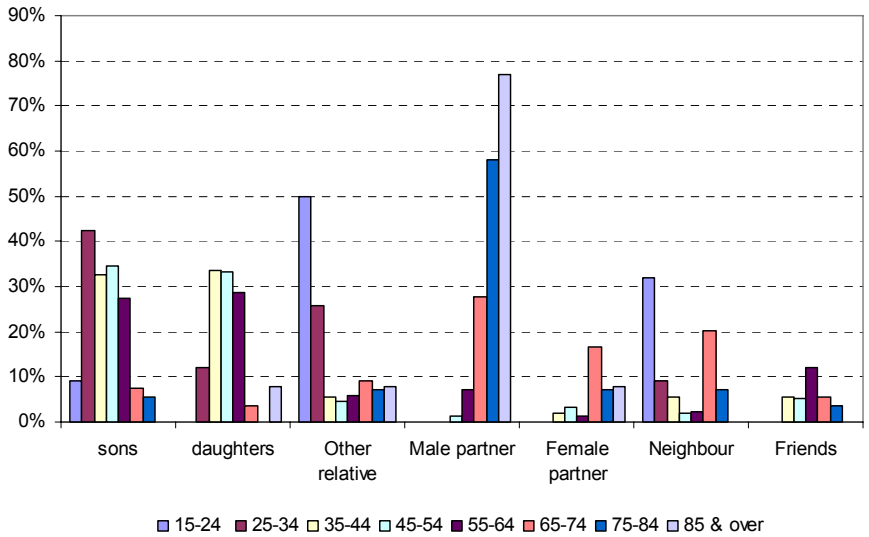


There are clear differences in the age patterns of abusers when this is examined by their relationships to the clients (Figure 18).

The largest category – sons and daughters – are concentrated in the middle range of age, mainly from 35 to 64 years, but with a high proportion of sons among the 25-34 age group (two-thirds of whom were living with their parent(s)). 'Other relatives' represent half of the 15-24 age group. Many of these are grandchildren.

The proportion of abusers who are the male partners of the client increases with age, consistent with both partners being in a similar age group; 58 percent of abusers in the 75-84 age group and 77 percent of those 85 plus are male partners. The proportion of abusers who are female partners is much lower in all age groups.

Figure 18: Age and sex of abusers by their relationship to the clients



6.5.4 Abusers by ethnicity

The ethnic breakdown of the abusers was very similar to that for the clients, with 86 percent NZ European and 11 percent 'other' European; 3 percent were Maori and 3 percent Pacific peoples, with 1 percent Asian and 1 percent 'other.

6.5.5 Abusers by relationship to clients and clients' residence

Sons and daughters represent the highest proportion of abusers for clients in all types of residence, including residential care (Table 19). The figures are highest where the client is living with others as a guest (possibly in the home of a son or daughter). The pattern is the same where the abusers were sons or daughters in law and 'other relatives'.

There is some variation in the pattern where the main abuser is a spouse or partner. This is low where clients are living as guests, probably because older people in this situation may well be widowed. Perhaps for the same reason the figure is low for clients in residential care. Where clients are living in council pensioner housing, a comparatively high proportion of abusers are friends and neighbours.

Table 19: Abuser-main client relationship by clients' place of residence (%)

	Own home	Residen-tial care	Private rental	HNZ rental	Other's home	Council/ seniors housing	Other	All types residence
Son/daughter	44	54	43	53	60	38	46	47
Son/daughter in law	2	0	7	0	15	10	4	4
Brother/sister	2	3	0	2	2	0	5	2
Husband/wife/Partner	18	6	22	13	2	10	7	14
Other relative	11	4	11	6	15	0	13	10
Boarder	1	0	0	2	0	0	0	1
Friend	4	7	9	6	4	14	9	6
Neighbour	10	0	7	15	0	17	5	8
Residential care staff	0	20	0	0	0	0	0	2
Other	6	12	2	2	2	10	11	6
Total	100	100	100	100	100	100	100	100

6.5.6 Abusers who are primary carers

A quarter of the main abusers were identified as primary carers for the abuse and/or neglect clients. In these cases the main types of abuse were psychological (63 percent of cases), material/financial (44%), active neglect (30%), physical abuse (22%), and passive neglect (16%) (Table 20). These figures are very similar to the proportions for the main types of abuse in the overall dataset except for neglect (active and passive) where there is a notable increase (19 percent in the overall dataset, 46 percent when the abuser is the primary carer).

Table 20: Types of abuse and/or neglect (all types) for cases where the main abuser was identified as the primary carer

	n	%
Physical	39	22
Psychological	111	63
Material or financial	78	44
Sexual	4	2
Active neglect	52	30
Passive neglect	28	16
Self neglect*	7	4
Total	319	n.a.

*Self neglect is not a form of elder abuse. Refer section 2.3 for additional information

6.5.7 Abusers who live with the clients

293 clients (41%) were living with the main abusers. In these cases also, the main type of abuse recorded was psychological (Table 21). Physical abuse ranks somewhat higher among these cases than for clients as a whole, perhaps related to living in close proximity. The proportion of cases which involved neglect (active or passive) was not higher among clients living with their abusers than for clients as a whole, even though it was higher when the abuser is the main caregiver.

Table 21: Main type of abuse and/or neglect where the abuser was living with the client

	n	%
Physical	55	19
Psychological	144	49
Material or financial	53	18
Sexual	2	1
Active neglect	24	8
Passive neglect	15	5
Total cases	293	100

6.5.8 Factors in the life of abusers

One or more factors in the lives of the abusers which may have contributed to the abuse and/or neglect were recorded in 360 cases referred during 2004-2005 and 260 cases referred during 2005-2006. Different categories were used in each of these years making comparability problematic. Identification will be effected by subjectivity on the part of EANP coordinators to some extent. Table 22 does not list the full range of categories for each period, omitting categories in which the number of responses was small. The most frequently reported factors were the same in each year.

Table 22: Factors present in the life of abusers (cases)

	2004-2005		2005-2006	
	n	%	n	%
Power and control issues	219	44	130	37
Greed/opportunism	166	33	62	18
Relationship/dependency issues	119	24	95	27
Lack knowledge/understanding	117	24	62	18
Stressed by client's behaviour	83	17	110	32
Family conflict			82	24
Affected by drugs &/or alcohol	76	15	47	14
Lack of training/supervision	54	11	41	12
History of family violence			40	11
Poor mental health	43	9	29	8
Confusion/forgetfulness			14	4
Gambling			11	3

6.5.9 Cases where abusers held enduring power of attorney

Data relating to the arrangement of enduring power of attorney was recorded for 943 cases. In 81 of these cases, enduring power of attorney was held by the abuser (33 for property and 48 for personal care and welfare). Abuse of this power was occurring in half of these cases.

6.6 Institutional abuse

As defined in section 2.2, institutional abuse refers to implementation of a specific policy or generally accepted practice that impinges on the rights and well-being of an individual or individuals– for example, allowing only one incontinence pad per person per shift or providing nutritionally inadequate meals. Institutional abuse may occur within a residential care facility, hospital, or other public or private sector institutions, including financial and social service organisations for older people.

In the 2004-5 period, 54 cases of institutional abuse were identified and in the 2005-6 period 38 cases. Detailed information concerning institutional abuse is only available for the latter period.

6.6.1 Abuse by type of institution

The majority of institutional abuse reported during 2005-2006 concerned policy or generally accepted practice in residential care facilities. More than two-thirds of these cases concerned rest homes, the remaining cases about evenly split between hospitals and retirement villages (Table 23).

Table 23: Institutional abuse cases by type of residential facility

Residential care facility	n	%
Rest Home	21	68
Hospital	5	16
Retirement Village	4	13
Dementia Unit	1	3
Total	31	100

Within these cases, a breach of the Health Disability Sector Standards was reported in 16 cases and a breach of residents' rights in 26 cases.

In addition to the above 31 cases, 7 cases of institutional abuse were recorded in settings other than residential care; these concerned DHBs (2 cases), home support providers (4 cases) and a rehabilitation hostel (1 case).

6.6.2 Factors which contributed to abuse

A range of factors, listed in Table 24, were identified by EANP Coordinators as contributing to abuse in residential care settings (multiple factors may be identified in each case).

Table 24: Factors contributing to institutional abuse

	Number of times reported in residential care facilities (n=31)	Percentage of cases in residential care facilities	Number of times reported in other institutions* (n=6)
Lack appropriately qualified health professional	7	21	1
Lack of training	11	33	1
Poor supervision	11	33	
Poor leadership	9	27	
Poor staffing	9	27	1
Communication difficulties	13	39	3
Ageism	5	15	1
Other	3	9	1

* This information was not available for one case

6.6.3 Main type of abuse and/or neglect

Because of the small numbers of institutional abuse cases (and the fact that data are available for one year only), caution must be applied in making comparisons between abuse and/or neglect in institutional and non-institutional settings. Information presented in Table 25 appears to show that a higher proportion of institutional cases involved active and passive neglect. Self neglect and material abuse appears to be more common in non-institutional settings.

Table 25: Main type of abuse and/or neglect by institutional and non-institutional cases (2005-2006)

	Number of cases		Percentage of cases	
	Institution-al	Non-institutional	Institution-al	Non-institutional
Physical abuse	5	44	16	11
Psychological abuse	10	151	32	36
Material/ financial	5	125	16	30
Sexual Abuse	0	4	0	1
Active neglect	6	18	19	4
Passive neglect	3	9	10	2
Self Neglect*	1	63	3	15
Not disclosed/unknown	1	2	3	0
Total cases	31	416	100	100

* Self neglect is not a form of elder abuse. Refer section 2.3 for additional information.

6.6.4 Frequency and duration

Patterns of frequency differed somewhat between institutional and non-institutional cases (Table 26). In both cases abuse most frequently took the form of several separate incidents. Institutional abuse was, however, more likely to concern a single incident and non-institutional abuse was more likely to be continuous. For similar reasons, non-institutional abuse was more likely to have lasted for a long period (Table 27). In addition, people may have been in institutions for only short periods.

Table 26: Abuse frequency by institutional and non-institutional cases (2005-2006)

	No. of cases		% of cases	
	Institutional	Non-institutional	Institutional	Non-institutional
Several separate incidents	17	194	53	47
Continuous abuse/neglect	2	137	6	33
A single isolated incident	9	80	28	19
Not disclosed/unknown	4	5	13	1
Total cases	32	416	100	100

Table 27: Abuse duration by institutional and non-institutional cases (2005-2006 only)

	No. of cases		% of cases	
	Institutional	Non-institutional	Institutional	Non-institutional
Less than a year	22	234	69	56
More than 2 years	2	91	6	22
1 to 2 years	5	85	16	20
Not disclosed/unknown	3	5	9	1
Total cases	32	415	100	100

Referrals concerning institutional abuse come mainly from relatives (11 cases), the clients themselves (9 cases) and residential care workers (3 cases). Remaining referrals were from community agency, DHB or Health professional, friends and spouse/partner. Self referrals and referrals from relatives were also key sources for non-institutional abuse cases although professionals referred the most number of cases (refer section 6.2, Table 2)

6.7 EANP interventions

When EANP Services were first established (1989) it was expected that the majority of older people would be referred to existing services in the community for assistance to resolve the issues arising from elder abuse and neglect. The changing environment, particularly in the health sector, and the capability of Services developed since that time has meant that all EANP Services undertake a degree of intervention activity, referring cases for assistance externally whenever possible and practicable.

During 2004 to 2006, the majority of cases were referred to other agencies or individuals for some degree of assistance (Table 28). Cases were most commonly referred to government or local authority agencies (254 cases). This occurred for all types of abuse except sexual abuse. Secondly, cases were referred to community or voluntary agencies (178 cases) and then other services provided by Age Concern (169 cases). 161 cases were unable to be referred on. This is generally due to unwillingness by the older person to take the matter further at this time, or lack of services being available (for example, mental health services for older people, alcohol and drug addiction services).

Table 28: Cases referred to other individuals or agencies for intervention by main type of abuse/neglect

Type of Individual/Agency referred to	Number of times reported							Total number cases
	Physi-cal	Psycho-logical	Material/ financial	Sexual	Active neglect	Passive neglect	Self neglect	
Health & Disability Commissioner or Advocacy Service	6	13	1	0	6	0	0	26
Net-worker in Community/Voluntary Agency or Service	12	61	47	2	14	7	35	178
Net-worker in Government Agency or Service/Local Authority	28	79	64	1	20	9	53	254
Case referred to own Age Concern Council	17	58	39	0	6	2	34	156
Case referred to another Age Concern Council	2	5	3	0	1	1	1	13
Further action to be taken by referrer	7	48	39	1	8	4	11	118
Unable to refer on	17	69	46	1	4	2	22	161
Health Cert (Ministry of Health)*	4	3	0	0	2	0	3	12

*Data for this category was only obtained for cases referred between 1 July 2005 and 30 June 2006

Some direct action was taken by EANP Coordinators in about three-quarters of abuse and/or neglect cases. In one in every three cases, this took the form of casework or

advocacy. Other types of action included arranging legal or financial help, medical or police assistance or arranging refuge/safe house accommodation for the client.

Coordinators were most likely to take action in cases of reported material/financial abuse and self neglect. Casework/advocacy was the most common type of action for all types of abuse and/or neglect, but especially for self neglect, psychological abuse and material/financial abuse. Legal assistance was most likely to be arranged in cases of financial/material abuse and police assistance where financial/material or sexual abuse had taken place. Medical assistance was sought especially in cases of neglect of all types and of physical abuse.

Information concerning client relocation was reported for 940 cases. Of this total 179 (19%) clients were relocated, mainly to rest homes, alternative accommodation on their own or to live with other family. In most cases this was expected to be a long-term arrangement. Older people were more frequently relocated following experience of passive neglect (28 percent of cases of passive neglect), self neglect (25 percent of cases of self neglect), physical abuse or active neglect (24 percent of cases of each of these types). 81 percent of cases did not involve relocation of the client (761)

Appendix 1

Examples of aspects of life that may be neglected

Aspect of life	How neglect may be apparent
Nutrition	*skipped meals, small portions, unbalanced diet, food not hygienic*
Clothing	*clothing unsuitable for weather, place, time of day*
Health needs	*no advice sought although unwell or not following advice*
Personal hygiene	*person or their clothing smells unpleasant or appears dirty*
Household management	*house appears to be extremely dirty or poorly maintained*
Animal welfare	*does not take proper care of pets, and/or has too many pets*
Financial management	*not using resources to meet older person's needs, electricity and phone cut off etc.*
Social networks	*no contact with family, friends or neighbours*
Advocacy	*not accessing available support, nobody looking out for them*
Physical	*not getting exercise sufficient to maintain function/independence*
Safety	*does not take usual safety measures like supervising cooking or locking doors*

Appendix 2

Elder neglect

To mark World Elder Abuse Awareness Day on 15 June 2007, Age Concern New Zealand released findings from a study of elder neglect.

The study, *Elder Neglect: an analysis of cases referred to Age Concern New Zealand during 2002-2006*, was conducted by Age Concern New Zealand as part of the Enhancing Wellbeing in an Ageing Society (EWAS) research programme being conducted by The Family Centre Social Policy Research Unit and The Population Studies Centre, University of Waikato.

The study describes the experience of neglect for older people referred to Age Concern New Zealand Elder Abuse and Neglect Prevention (EANP) Services since 2002.

What is elder neglect?

Elder neglect occurs when a person aged 65 or more experiences harmful physical, psychological, material/financial and/or social effects as a result of another person failing to perform behaviours which are a reasonable obligation of their relationship to the older person and are warranted by the older person's unmet needs.

Neglect is categorised into two forms:

- *Active neglect* – conscious and intentional deprivation.
- *Passive neglect* –the result of the carer's inadequate knowledge, infirmity or disputing the value of prescribed services.

How common is neglect of older people?

Seventeen percent of referrals to Age Concern EANP Services since 2002 included neglect. For comparison, physical abuse comprised 20% of cases, financial abuse 42% and psychological abuse 60%. Neglect often occurred concurrently with these forms of elder abuse (therefore percentages can total more than 100).

Who is neglected?

Age Concern New Zealand statistics show that women aged 75 to 84 living with their partner or other family/whanau are most commonly neglected.

From the cases sampled in this study, the most common characteristics of older people neglected were:

- communications difficulty,
- limited social contacts and isolation and
- mental or physical disabilities.

In addition, the study found that dementia and a dependency on one person were common among those neglected through financial abuse. The former was even more pronounced in neglect through abuse of enduring power of attorney.

The study found that some older people tolerated neglect because of their need for companionship.

The findings are consistent with international research, which shows that older people are more at risk of elder abuse or neglect if they:

- Are dependent on one person for all or part of their care
- Have mental or physical disabilities
- Have communication difficulties
- Have long standing negative personality traits that may have become more pronounced
- Have limited social contacts and are isolated
- Have feelings of low self esteem

Who neglects older people?

People who neglect are most commonly family/whanau members. This is consistent with statistical information about other forms of elder abuse.47

Known elder abuse and neglect risk factors for caregivers include:

- previous family conflict or tension
- history of family violence
- difficulty controlling anger and frustration
- life stresses such as unemployment, health, financial difficulty
- mental health problems, low self esteem
- alcohol, drug or other addictions
- poor support and/or social networks
- dependence on the older person for housing, money, emotional support

From cases sampled for the study, the most common characteristics among those who neglected older people were:

- a family member,
- who is the primary care giver,
- experiencing stress (unemployment, carer stress),
- an addiction(s), and
- dependent on the neglected person for housing/financial/emotional support.

Common themes evident amongst all abusers were that they acted in their own self interests, with a general lack of empathy for their parent/sibling and failing to, or being unwilling to, recognize the needs of the neglected person.

When addiction was a factor, abusers aged over 65 were more likely to be alcohol-dependent. On the other hand, abusers aged under 65 years had addictions to alcohol, drugs or gambling. Gambling addictions were particularly noticeable when neglect occurred through financial abuse. In nearly all instances where addictions were a factor the abuser lived with the neglected older person and often physical and/or verbal abuse also occurred.

How are older people neglected?

Since 1 July 2004, Age Concern New Zealand has been collecting information from its Elder Abuse and Neglect Prevention Services about aspects of the older person's life and/or care which are neglected. This statistical information for the period 1 July 2004 to 30 June 2006 shows the following:

47 *Age Concern Elder Abuse and Neglect Prevention Services: An Analysis of Referrals from the period 1 July 2002 to 30 June 2004*, Age Concern New Zealand November 2005

Aspect of the older person's life that was neglected[48]	Percentage of all cases of neglect (165 cases in total)
Health needs	58
Nutrition	47
Advocacy	43
Personal hygiene	42
Social networks	38
Household management	36
Clothing	31
Safety	29
Financial management	27
Physical	22

Note that any one case may include neglect of a number of life aspects.

This statistical information is supplemented by the qualitative study which has closely examined neglect resulting from financial mismanagement, inadequate nutrition, poor social networks/isolation and carer stress.

Neglect resulting from financial mismanagement or abuse

The study identified four common themes of neglect through financial mismanagement/abuse:

- The family home
- Enduring Power of Attorney (EPA)
- Obtaining monetary advantage
- Inheritance[49].

For neglect through financial mismanagement, abusers were commonly the primary care giver, dependent on the older person for housing and/or money and experiencing life stress factors such as unemployment.

Abusers in cases of active neglect through financial mismanagement were more likely to have mental health problems or addictions than abusers in cases of passive neglect. Neglect through abuse of enduring power of attorney usually occurred in a context of family conflict or tension and a history of family violence.

In addition, where enduring power of attorney was abused, evidence of gambling addiction in the abuser was more common. The older people neglected through abuse of EPA examined in this study were almost exclusively women.

Examples of neglect arising from financial abuse of the family home

- The family home was sold and the sons/daughters purchased their own houses with the proceeds. The house sale had the approval of the parent, but this was subject to caring arrangements for the parent being in place. These arrangements were only verbally agreed and were not adhered to by the family.
- Another home was sold whilst the client was in respite care. S/he was left homeless on discharge.
- Children of the neglected person benefited from their parents' assets. They directed the rental paid by tenants in the family home to their own accounts.

48 For definition examples of neglect of each life aspect, refer Appendix 1
49 Refer case studies overleaf for examples of these themes in action.

- One client's sibling exercised domination over him. The dominant brother used the client's disabilities to exercise power, control and financial neglect. He prevented the client receiving the resthome care he needed in order to retain the family home (inherited by the older brother) for his own use.

Examples of neglect through obtaining monetary advantage

- A son and his partner moved in to his parent's home. They were both drug users funding their addictions through financial abuse. The father tolerates this as he is dependent on them for company and care.
- A husband and wife both have dementia. A daughter and a home carer are both carrying out financial abuse (misuse of Eftpos card). The couple are only receiving meals once per week, although they now need these daily.

Older people who were neglected by people taking advantage of them for monetary gain were a more even mix of men and women than for other forms of neglect, and abusers were more commonly female.

Inadequate nutrition

The study found that the nutritional needs of older people were more commonly neglected with intent (active neglect) and that this occurred for both men and women. A female family member was commonly responsible for this neglect and there was some evidence of nutritional neglect in rest homes and by paid care givers.

Examples of neglect through inadequate nutrition

- Primary care givers simply didn't provide sufficient food.
- A husband with Alzheimer's had his food thrown out by his wife and son if he didn't eat it straight away.
- A primary care giver objected to Meals-on-Wheels and wouldn't allow the client to access them.
- In rest homes reported cases involved not receiving a special diet that was required, clients' need for pureed food being ignored and some more simple complaints about food quality and serving temperature.

Carer Stress

The inability of the primary caregiver to provide the required level of care due to carer stress or inadequate skills and knowledge is one cause of neglect. In this situation females were more likely than males to be victims.

Examples of neglect through carer stress

- Carers faced personal life stress factors such as caring for their own family, their workload in paid employment and their own health problems. These combined with the primary caring role to result in neglect. In one case, a parent with dementia had to be taken to work by the carer or left home unsupervised.
- A 90-year-old man living with his daughter was found sitting in a soaking wet chair, malnourished and with untreated ulcerated legs. His daughter said she was at the end of her tether and just couldn't bring herself to keep changing him. She was herself in poor health.
- An older woman had developed mental /physical illness. Her primary caregivers were a husband and son who were not equipped with the life skills to enable them to provide the necessary care.

Patterns of neglect

The study of neglect found some patterns of behaviour which may contribute to neglect:

- a lack of awareness (by family/whanau and older people themselves) of community or paid support services available
- an unwillingness (of family/whanau and older people themselves) to accept assistance
- not recognizing the needs of the neglected person
- limited family communication
- carers' lack of ability to provide the necessary support
- lack of empathy towards a person's disability or increasing inability to self care.

How can the community stop elder abuse and neglect?

Action must be taken to prevent neglect. Key ways to prevent all forms of elder abuse and neglect include:

- empowering older people
- educating people working with older people
- raising public awareness about elder abuse and neglect
- changing ageist attitudes and behaviours
- encouraging positive intergenerational relationships.

How can neglect be prevented?

The Age Concern New Zealand study suggests specific ways neglect can be prevented. These include:

- promoting understanding of the important role carers have in our community and their right to support
- improving support to family/whanau carers, particularly following respite or other formal care
- improving awareness of, and access to, advice on the help available for older people and their carers, including day care facilities
- including assessments of clients' family's/caregivers' ability to meet their needs in clients' needs assessments
- promoting communication between family members and with ageing relatives, especially if care and inheritance arrangements are contested or unclear
- making separate financial arrangements, including in some cases an independently appointed Enduring Power of Attorney[50],
- increasing awareness and availability of services to prevent social isolation
- improving management standards, staff training and supervision and monitoring procedures in residential care facilities and home support services[51].

50 For more information about enduring powers of attorney and preventing financial abuse, refer to Age Concern New Zealand's publication *Planning for Your Future – do you have an enduring power of attorney?* and the elder financial abuse resources available at www.ageconcern.org.nz

51 Age Concern New Zealand acknowledges some action to address these issues is underway.