Office for Senior Citizens
Te Tari Kaumātua
Administered by the Ministry of Social Development

Towards gaining a greater understanding of Elder Abuse and Neglect in New Zealand

June 2015

Acknowledgements

The Office for Senior Citizens would like to acknowledge our appreciation to all those who assisted with the research and preparation of this report, with special thanks to Charles Waldegrave and those associated with the New Zealand Longitudinal Study on Ageing.

Disclaimer

The views, opinions, findings, and conclusions expressed in this paper are made by the Office for Senior Citizens. While the Office for Senior Citizens has made every effort to ensure that the information in this paper is reliable, it takes no responsibility for any errors or omissions in the information contained in this report. The report is presented with a view to inform and stimulate wider debate.

Published

June 2015 by:

Office for Senior Citizens
PO Box 1556
Wellington 6140
New Zealand
www.osc.govt.nz

ISBN 978-0-478-32376-4 (online)

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Introduction

The beginning of knowledge is the discovery of something we do not understand.

Frank Herbert (1920–1986)

As an area of research the subject of elder abuse and neglect is a difficult one. Not only are we talking of events which are reflecting very difficult experiences for individuals, but it is also a topic which wider society continues to wrestle with. It is, however, a topic where informed debate and discussion is growing increasingly more important.

Around the world many countries are experiencing the combined effects of people living longer, and having smaller families – an ageing population. Here in New Zealand the number of people aged 65 and over is projected to almost double to 1.2 million by 2035, along with a 130 percent increase in people aged 80 and over.

As part of this global demographic change there is a growing awareness of the vulnerability of an increasing number of elderly people – including the experience of abuse or neglect. The United Nations and the World Health Organisation define elder abuse as, *"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"*[1]. Such abuse can be physical, psychological or emotional, sexual and/or financial in nature. It can also be the result of intentional or unintentional neglect.

Elder abuse is often hidden and those who experience the abuse are frequently afraid to acknowledge it – either through talking about it or in surveys. Furthermore the definition of elder abuse, by its nature, can't be tight and easily measured or assessed. This poses a problem for research and policy responses because the definition in research terms, identification and measurement lack the clarity of many other social issues.

We need to grow our understanding of this very challenging topic. This research draws on data gathered through the New Zealand Longitudinal Study of Ageing (NZLSA). The results provide an insight into the experiences of participants regarding many different aspects of their lives. It identifies aspects of elder abuse, along with other health and wellbeing impacts, including experiencing loneliness and depression.

While the research gives new insight into the lives of older New Zealanders, research alone does not provide answers. It does, however, provide valuable information to inform the development of policy, service design and decision-making. It also highlights the importance of changing underlying attitudes towards older people, especially those who are most vulnerable.

There is considerable work underway across Government bringing focus and attention to the issues of family violence. While this research is just one contribution to that larger goal, we hope these findings will help increase our understanding of the incidence and impacts of elder abuse and neglect. Through informing the discussion and debate we hope ultimately to help create the outcomes we all seek – a future where all older people are valued and treated with respect.

1 http://www.un.org/en/events/elderabuse/background.shtml http://www.who.int/ageing/projects/elder_abuse/en/

Executive summary

The United Nations and the World Health Organisation define elder abuse as, *"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"*[2]. Such abuse can be physical, psychological or emotional, sexual and/or financial in nature. It can also be the result of intentional or unintentional neglect.

This research[3], based on the New Zealand Longitudinal Study of Ageing (NZLSA) shows that the vast majority of older people are safe and are not experiencing or at risk of abuse and neglect. This is the first time New Zealand has been able to gain an insight into the likely numbers of older people experiencing some form of elder abuse and neglect.

The results show that there are relatively high rates of measures which can be related to elder abuse and neglect, loneliness and depression. A number of specific groups of older people face higher rates of abuse, including women, Māori and those who are separated, divorced or widowed.

2 http://www.un.org/en/events/elderabuse/background.shtml http://www.who.int/ageing/projects/elder_abuse/en/

3 This research is based on a national random sample of 2,987 New Zealanders aged between 50 and 86 years in 2010 and 2012. Within this group 1,699 people were aged 65 and over in 2012. They were administered an elder abuse scale as part of the survey.

Key findings include:

- Around one in ten older people did report some form of abuse (most closely linked to vulnerability and coercion)
- There were significant differences between women and men. Across each measure, women experienced a greater sense of vulnerability, dependence and dejection. However men experienced higher levels of coercion.
- Older people who were divorced, separated or widowed people felt considerably more sad and lonely, or were uncomfortable with someone in their family
- Older Māori experienced a significantly greater level of abuse than non-Māori. Māori report being coerced more than 2.5 times the rate for non-Māori, meaning they are forced to do things they don't want to do and people take things from them without their permission
- Failure to address current levels of elder abuse is likely to have significant effects in the future. This is because the report shows statistically significant reductions in physical and mental health and wellbeing, as well as increases in loneliness and depression associated with elder abuse
- Projections indicate that the number of older people experiencing elder abuse and neglect will increase significantly in the next 20 years, alongside a doubling of the 65 and over population.

It should be noted that the results record:

- the prevalence and types of abuse as measured by Vulnerability to Abuse Screening Scale (VASS) from the sub-sample of NZLSA participants aged 65 years
- the relationships between gender, marital status and ethnicity and the elder abuse data
- the associations between the VASS responses and the wellbeing, health, depression and loneliness scales
- projections of elder abuse prevalence in New Zealand over the next five decades, based on this data and using Statistics NZ Population Projections by Age.

International research

This section provides a short summary of relevant international findings from academic research and surveys, to compliment the research carried out as part of the NZLSA further in the document.

It is useful to understand that New Zealand isn't alone in having older people experiencing or being at risk of elder abuse and neglect. With a global ageing population, nor will we be alone in facing this growing issue in the future.

Elder abuse and neglect is often hidden and victims are frequently afraid to acknowledge it. By its nature, elder abuse and neglect can't be tightly defined, easily measured or assessed. The field has yet to develop agreed definitions of different types of abuse and methodological differences may contribute to the variations found in results. Differing measurement tools and age ranges also add to the variation.

International prevalence of elder abuse is varied

Research internationally indicates that elder abuse exists across different cultural contexts, although prevalence rates vary considerably between studies and countries. A review of forty nine elder abuse studies noted that the prevalence of elder abuse reported by the general population studies ranged from 3 to 27 percent.[4] This compares with the NZLSA research of around 10 percent for New Zealand.

Gender and marital status can determine likelihood of abuse

Most studies show that women are significantly more likely to have experienced abuse than men.[5]

The relationship between marital status and elder abuse is not as frequently recorded as associations with gender. However, those who are recently divorced, separated or widowed are likely to be more at risk of being depressed, lonely and/or mistreated.[6]

4 Cooper, C., Selwood, A., & Livingston, G. The prevalence of elder abuse and neglect: A systematic review. Age and Ageing, 2008

5 Biggs, S., Manthrope, J., Tinker, A., Doyle, M., & Erens, B. Mistreatment of older people in the United Kingdom: Findings from the first national prevalence study. Journal of Elder Abuse & Neglect, 2009

6 IBID

Non-white and low income groups are often more at risk

Most international studies have shown that, that non-white people are more likely to experience elder abuse.

Other studies, however, have found that the only noticeable increase was for physical mistreatment among non-white participants and that this increase was not significant when income, health status, and social support were taken into account.

There are links between elder abuse, loneliness, depression and poor health

A number of studies have looked at the associations between wellbeing factors and elder abuse (although none directly). Studies[7] found links between loneliness, depression and a lack of social support and elder abuse among older people living in the community.

Multiple studies[8] have demonstrated links between abuse and poor health outcomes among older populations, with studies also finding that vulnerability to abuse predicted poor health outcomes, mortality and disability. Health conditions included bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems. Psychological/emotional abuse also has been found to have a negative impact on health outcomes.

7 Fulmer, T., Paveza, G., VandeWeerd, C., Fairchild, S., Guadagno, L., Norman, R. Dyadic vulnerability and risk profiling for elder neglect. Gerontologist, 2005

8 Schofield, M.J., Powers, J.R., & Loxton, D. Mortality and disability outcomes of self-reported elder abuse: A 12-year prospective investigation. Journal of the American Geriatrics Society, 2013

Study limitations

The elder abuse scale and the wellbeing, health, depression and loneliness scales used in this study are self-report measures which have both positive and negative attributes. Their value lies in the responses that come directly from older New Zealanders, who in the final analysis are the only ones who really know what goes on in their lives and relationships. However self-report does not allow independent verification of each response, nor does it provide the context. For example, an older person may feel sad, lonely and unwanted but this could be disputed by a family member who says they are loved and well cared for. An older person may also be subject to cognitive impairment, but this is somewhat offset by them having the capacity to complete a comprehensive postal questionnaire.

The measurement of elder abuse poses a number of difficulties which can lead to an under-estimation of the prevalence. Elder abuse is often hidden by both the perpetrator and the victim because it is usually considered to be shameful. Furthermore, vulnerable older people may not want to put critical relationships they depend on at risk by naming abuse, even though they experience some forms of abuse in those relationships.

As noted within the paper, the projections are based on census data of the total population 65 years and over. This is not a perfect match with the sample in this study which consisted of older people between the ages of 65 and 86 years who lived independently or semi-independently. It did not include persons in hospitals and other institutions for the aged.

In this paper the results of NZLSA Wave II 2012 regarding elder abuse for those 65 years and over are presented. A summary and analysis of the responses to the Vulnerability to Abuse Screening Scale (VASS) questionnaire focusing on both the component sub-scales and the individual items is given. The VASS was developed for the Australian Longitudinal Study of Women's Health as a self-report screening scale for elder abuse. Four measures are used to identify different aspects of abusive behaviours; vulnerability, dependence, dejection and coercion. The vulnerability and coercion dimensions have the strongest link to physical abuse, with dependence and dejection having the strongest links to psychological abuse.

The results record:

- the prevalence and types of abuse as measured by VASS from the NZLSA participants aged 65 years
- the relationships between gender, marital status and ethnicity and the elder abuse data
- the associations between the VASS responses and the wellbeing, health, depression and loneliness scales.

Projections of elder abuse prevalence in New Zealand based on this data and using Statistics NZ Population Projections by Age are also included.

The VASS scale, from which this data is drawn, identifies four dimensions related to elder abuse and neglect. These are examined independently rather than cumulatively.

The four dimensions are:

- Vulnerability
- Dependence
- Dejection
- Coercion.

Key findings

Around one in ten reported some form of abuse

- The majority of participants did not experience abuse. However, around one in ten did report some form of abuse
- Those aged 65 and over considered themselves less vulnerable and slightly less coerced those aged 50 and over – suggesting differing perceptions of the nature of abuse
- Experience of dejection and dependence was similar for both groups with dependence slightly higher for the 65 and over group
- Other high scores were recorded for name calling by someone close to you (between 8 and 10.5 percent) and having someone take things that belonged to you without your permission (between 8 and 9 percent)
- Around 7 percent reported not having enough privacy at home and not trusting most of their family
- Between 2 and 3 percent reported being forced to do things they didn't want to do, were afraid of someone in their family, and had someone close to them try and hurt or harm them recently

There are differences of abuse between men and women

- There were significant differences between women and men for each measure, showing that women experienced a greater sense of vulnerability, dependence and dejection
- In particular, women were more likely:
  - to be afraid of someone in their family
  - to be called names and be put down
  - considered they had insufficient privacy
  - to be sad and lonely often
- Men felt significantly more coerced than women and were more likely to have things that belonged to them taken without their permission

People who are divorce, separated or widowed are more at risk

- Married people had the lowest elder abuse scores on each measure, with the exception of a very small difference in vulnerability
- Divorced, separated and widowed people felt considerably more sad and lonely and uncomfortable with someone in their family. They also scored highly on the item that recorded people having things that belong to them taken without their permission
- Civil union and de-facto couples and single people tended to score similarly across most items

Māori are more at risk of abuse than non-Māori

- Older Māori recorded a significantly greater level of abuse than non-Māori[9]
- Māori report being coerced more than 2.5 times the rate for non-Māori, meaning they are forced to do things they don't want to do and people take things from them without their permission
- Māori scored higher than non-Māori on every elder abuse item on all four measures

Dejection is relatively common and can lead to poor health outcomes

- Feelings of dejection scored the highest (approximately 18 percent) – particularly feelings of being uncomfortable with one or more members of their family and being sad or lonely often
- Significant relationships were found between vulnerability, dependence, dejection and coercion and each of the wellbeing, health, depression and loneliness scales
- Higher response rates on the elder abuse measures were associated with lower levels of physical and mental health and wellbeing, and higher levels of depression and loneliness

An ageing population will increase the numbers of older people being abused

- The projections use Statistics New Zealand (mid range) population projections and the numbers (below) increase exponentially
- Increases in elder abuse may not always be uniformly in line with the population count increases. Nevertheless, the projections can be expected to underestimate the actual prevalence of elder abuse because it is often hidden, shameful and older people may wish to avoid jeopardising relationships they depend on
- The table below looks at projected future rates of elder abuse based on the NZLS study, and Statistics New Zealand projections for the 65 and over population
- The projections show numbers to almost double in the next 20 years, alongside a doubling of the 65 and over population in the same time period
- The projections are larger for the dejection and dependence components which are more psychological
- The coercion and vulnerability components consist of physical and verbal actions that abuse older people

9 Please note that for other groups (Pacific and Asian) were too small in the survey to find any meaningful results

Elder Abuse Prevalence projections by NZSLA individual measures – 2012[10]

MEASURE (NZLS RESULTS)	2013	2023	2033	2043	2053	2063
Vulnerability 9.6	60,349	85,018	112,627	128,736	137,568	155,395
Dependence 11.5	72,293	101,844	134,918	154,215	164,795	186,151
Dejection 18.0	113,155	159,408	211,176	241,380	257,940	291,366
Coercion 10.1	63,492	89,446	118,493	135,441	144,733	163,489

10 Based on NZLS survey and Statistics New Zealand population mid-range projections (based on 2013 Census)

Appendix one: Research methods

The New Zealand Longitudinal Study of Ageing (NZLSA)[11] began wave 1 with a national random sample of 3,317 New Zealanders aged between 50 and 84 years in 2010 and retained 2,987 participants, 1699 of which were 65 years and older, for the second wave in 2012.

A comprehensive postal questionnaire containing scales and questions on general health, social support, care-giving roles, financial wellbeing, neighbourhood characteristics and demographic information was sent to all participants. Among the sets of questions pertinent to this paper, two wellbeing (quality of life) scales, a health scale with physical and mental health components, a depression, a loneliness and an elder abuse scale were used.

WHOQoL-8 is a World Health Organisation quality of life instrument that assesses subjective wellbeing. Eight questions inquire into participants' satisfaction with various aspects of their health, physical and social lives. A five point scale is used ranging from very satisfied to very dissatisfied.

CASP-12 is a quality of life measure of well-being developed for older people which spans four domains of control, autonomy, self-realisation and pleasure (hence CASP). Twelve questions inquire into the four domains using a four point scale ranging from often to never.

The SF-12 is a generic health status measure of health outcome in a wide variety of patient groups and social surveys. It was developed from the SF-36 to enhance response rates by reducing patient burden without decreasing reliability. The 12-item questionnaire has two components: a Physical Component Summary Score (PCS); and a Mental Health Component Summary Score (MCS).

The CES-D scale is a short self-report scale designed to measure depressive symptomatology in the general population. The 10 items of the scale are symptoms associated with depression which have been used in previously validated longer scales.

De Jong Gierveld Loneliness Scale is an indicator of social well-being that focusses on the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness). It has 11 items and is widely used in research on ageing.

11 NZLSA is a collaboration between the School of Psychology, Massey University and the Family Centre Social Policy Research Unit. The research programme has been funded by the Foundation for Research, Science and Technology in New Zealand which has subsequently been absorbed into the Ministry for Business, Innovation and Employment. The Principal Investigators are Fiona Alpass & Christine Stephens (Massey University) and Charles Waldegrave & Peter King (Family Centre Social Policy Research Unit).

The Vulnerability to Abuse Screening Scale (VASS) was developed for the Australian Longitudinal Study of Women's Health as a self-report screening scale for elder abuse. Four sub-scales, each containing 3 questions are used. The four sub-scales are vulnerability, dependence, dejection and coercion.

In this paper the results of NZLSA Wave II 2012 regarding elder abuse for those 65 years and over are presented. A summary and analysis of the responses to the VASS questionnaire focusing on both the component sub-scales and the individual items is given.

The results record:

- the prevalence and types of abuse as measured by VASS from the sub-sample of NZLSA participants aged 65 years
- the relationships between gender, marital status and ethnicity and the elder abuse data
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Appendix two: Results tables

Table 1. Components and Prevalence of Elder Abuse, NZLSA Wave II 2012

ELDER ABUSE SCALES AND ITEMS	50+ %	65+ %
Vulnerability – total score	**11.6**	**9.6**
Are you afraid of anyone in your family? – 'Yes' response	2.5	2.0
Has anyone close to you tried to hurt you or harm you recently? – 'Yes' response	2.6	2.2
Has anyone close to you called you names or put you down or made you feel bad recently? – 'Yes' response	10.5	8.4
Dependence – total score	**11.1**	**11.5**
Do you have enough privacy at home? – 'No' response	6.9	7.4
Do you trust most people in your family? – 'No' response	6.7	6.9
Can you take your own medication and get around by yourself? – 'No' response	2.8	3.3
Dejection – total score	**18.1**	**18.0**
Are you sad or lonely often? – 'Yes' response	9.6	9.6
Do you feel that nobody wants you around? – 'Yes' response	3.5	3.1
Do you feel uncomfortable with anyone in your family? – 'Yes' response	11.4	10.9
Coercion – total score	**10.9**	**10.1**
Does someone in your family make you stay in bed or tell you are sick when you know you're not? – 'Yes' response	1.1	1.1
Has anyone forced you to do things you didn't want to do? – 'Yes' response	3.2	2.6
Has anyone taken things that belong to you without your OK? – 'Yes' response	9.1	8.4

Table 2: Elder Abuse Item Numbers by measure Categories 65+, NZLSA Wave II, 2012

	0 ITEMS	1 ITEM	2 ITEMS	3 ITEMS
Vulnerability	1,515	119	35	7
Dependence	1,482	131	27	36
Dejection	1,371	235	39	26
Coercion	1,505	138	23	6

Table 3: Elder Abuse Sub-scales by Gender, Marital Status and Ethnicity 65+ NZLSA Wave II 2012[12]

DIMENSION	VULNERABILITY %	DEPENDENCE %	DEJECTION %	COERCION %
Gender				
Male	7.5	10.4	17.6	11.3
Female	11.3	12.4	18.2	8.7
Marital status				
Married	8.8	10.4	14.7	6.7
Civil Union/De-facto	8.6	17.3	17.3	13.0
Divorced/Separated	9.0	11.7	24.8	16.1
Widow/Widower	11.1	11.6	24.6	14.6
Single/Never Married	9.1	14.9	18.5	13.8
Māori/Non-Māori				
Māori	12.0	15.1	19.2	17.2
Non-Māori	8.0	9.1	17.1	6.3

12 All these results are at a statistically significant level apart from marital status vulnerability and dependence categories

Table 4: Elder Abuse Prevalence Projections by Component Percentages 65+, NZLSA Wave II, 2012 and Statistics New Zealand Population Projections

% PER COMPONENT SUB-SCALE	2013	2023	2033	2043	2053	2063
Vulnerability 9.6	60,349	85,018	112,627	128,736	137,568	155,395
Dependence 11.5	72,293	101,844	134,918	154,215	164,795	186,151
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