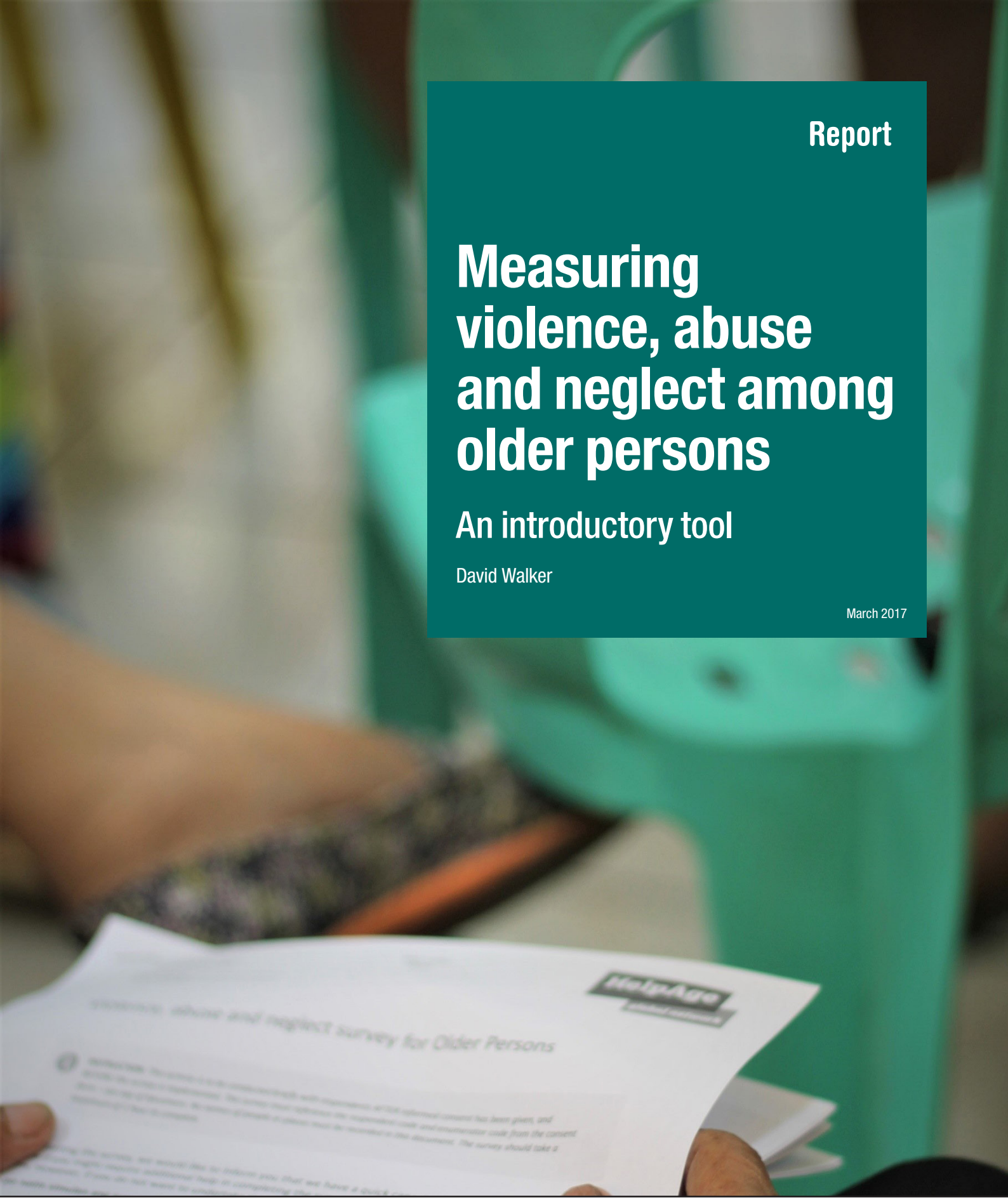

Report

Measuring violence, abuse and neglect among older persons

An introductory tool

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March 2017

HelpAge International

This research has been funded with UK aid from the UK government however the views expressed do not necessarily reflect the UK government's official policies.

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Why an introductory tool?

This Briefing Paper outlines an introductory method and tool to measure violence, abuse and neglect (VAN) in relation to older persons, with case studies from two lower-middle-income countries. Its broader aim is to contribute to growing dialogue on healthy ageing at a global level. Since the Toronto Declaration of 2002 – a Call to Action on the Global Prevention of Elder Abuse – the issue of VAN experienced by older persons has gradually become a more widely recognised issue. Seminal multi-country studies have been conducted by the World Health Organization (WHO) (2002, 2008) that acknowledge elder abuse as a growing issue in the fields of public health, as well as within the social and criminal justice sectors. More specifically, based on direct lessons from testing the VAN tool in Moldova and the Philippines, the aim of this Briefing Paper is to provide a concrete departure point for the further development of methods and tools relating to the measurement of VAN. While the Toronto Declaration promotes 'more research' and the 'education and dissemination of information', there remains no universal metric or methodology for measuring VAN. This remains a critical gap of concern to both practitioners and policy-makers working specifically on VAN issues with older persons. It is also a challenge for actors working in wider economic and social development spheres. For instance, without consistent standards and tools, the comparability of VAN against older persons within and across countries becomes highly problematic. In addition, with variable data categories available on the prevalence and causes of VAN, it becomes more challenging to compare and contrast data with sectors working on alternative forms of VAN – including violence against women and domestic violence. Finally, the VAN assessment tool below also seeks to provide a relatively low-cost and technically accessible platform for non-medical staff that can be of immediate use to actors working with restricted resources and capacities.

Consequently, the lessons learnt from the design and implementation of the VAN tool in two test scenarios will be of use to non-governmental organisations (NGOs), multilateral agencies, government bodies and academics seeking not only to develop globally standardised tools and associated guidelines but also to fine-tune concepts and definitions relating to definitions and types of VAN against older persons.

The process in six phases

The broader process relating to the VAN tool design has six broad interactive phases (see Figure 1): the initial assessment relating to the purpose of the research; the planning, design and testing of the tool; implementation and logistics; maintenance of the tool and the research team; data analysis and validation; and presentation and consolidation of implications for further VAN research.

Initial assessment

During the initial assessment phase (Step 1), the crucial activities include confirming the data parameters as well as the overall scope of the research. In terms of determining the parameters of the data, it is vital to appreciate the separate definitions of violence, abuse and neglect, as well as different forms of VAN. This is important because these terms can easily overlap. In a number of fields, including gender-based violence, the term 'violence' is often used interchangeably with the term 'abuse'. For practitioners working on elder abuse, the terms have been made more distinct. For example, the following definitions of 'violence' and 'abuse' are produced by WHO (2002):

Working definition of violence by WHO:

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

Definition of abuse by WHO:

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 elder person.

Consequently, the definition of abuse adds elements related to trust relationships and expectations that are lacking in definitions of violence. This dimension is important as it seeks to separate wider violence incidents in society from issues specific to relationships. Consequently, acts of violence towards older persons (on the basis of any perceived or real vulnerabilities) by un-associated perpetrators can be missed in data capture if an 'abuse' element is central. The tool below provides space for incident explanation, thereby allowing respondents to provide clarity on whether the incident in question should be classified as interpersonal violence or as VAN against older persons.

Neglect is qualitatively different to violence or abuse in that it refers to a more subtle form of interaction that could be seen as unintentional as well as intentional. For instance, it could be defined by practitioners or survivors as a less extreme form of violence or abuse, leading to symptoms over the longer term.

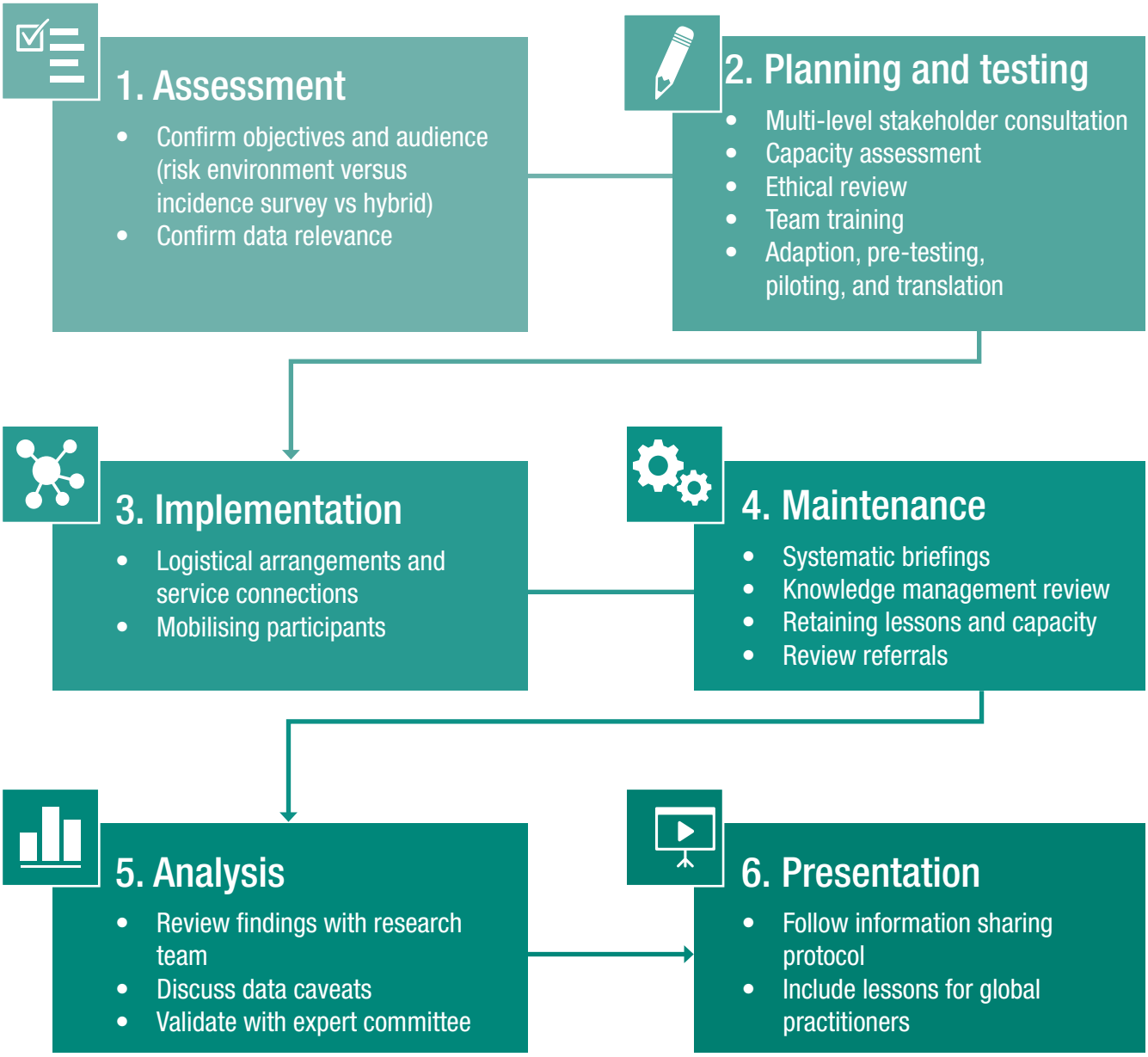
These categories of VAN can occur across distinct themes or areas. Consequently, the literature examining VAN issues against older persons largely agrees that there are five core categories in relation to VAN – although the issue of neglect is often considered a separate category (Hardin and Khan-Hudson, 2005). The issues of abandonment and self-neglect are also used varyingly depending on the context:

1. *Physical* – the infliction of pain or injury, physical coercion or physical or drug-induced restraint;
2. *Sexual* – non-consensual sexual contact of any kind with the older person;
3. *Psychological* – the infliction of mental anguish;
4. *Financial or material* – the illegal or improper exploitation or use of funds or resources of the older person;
5. *Neglect* – the refusal or failure to fulfil caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

The other main consideration in Step 1 relates to determining the overall scope of the VAN research. Much of the research conducted on elder abuse has been from a clinical perspective, rather than a multi-disciplinary perspective. This has meant that broader social environment and risk factors have often been downplayed in relation to types of abuse, case assessments and medico-legal referral reviews (Imbody and Vandsburger, 2011). Consequently, there is a need to make key decisions need at the outset of the research as to whether the aim is to determine the prevalence of VAN relating to older persons in a given context, to look at the wider environmental risk factors and causes of VAN or to cover a hybrid of both scoping areas.

For the purposes of this tool, a hybrid 'prevalence-environmental' approach was selected. This more comprehensive approach was chosen on the basis that the tool is seeking to generate a pathway for lesson-learning

Figure 1: Key steps in developing a VAN assessment tool targeting older persons



and experimentation. This 'wide and shallow' approach was considered more apt to generate applicable lessons for a variety of stakeholders, compared with a 'deep and narrow' approach focused on a singular avenue of research that provides fewer insights for further adaptations.

Ultimately, the tool that was tested therefore consisted of a number of separate analytical dimensions (see Figure 2). The first aspect seeks to understand the demographic characteristics of the respondent – including any relevant disabilities – and the second examines the risk environment (perpetrator relationship, environment, economic and social vulnerabilities, etc.). The third aspect unpacks the actual incidence or direct experience of violence, abuse or neglect, whereas the fourth and final aspect of the tool looks into the service provider environment.

Undercutting all of these dimensions is an appreciation of the 'ecological approach' towards VAN – an approach that seeks to incorporate risk and cause factors on multiple levels. For example, it is necessary to cover dimensions relating to the individual (isolation, physical capital, etc.), the household (family care roles and income support/outgoings), institutions (capacity and availability of services), the community (informal care and other support networks) and society (social norms, national legislation and state support) in order to provide a comprehensive situation assessment of VAN issues relating to older persons. Therefore, the tool presents additional categories relating to types and gender of alleged perpetrators and location of the incident to enable a more comprehensive understanding of the incident's multidimensional causes and contributing factors.

Finally, it should be emphasised that the tool seeks to determine capabilities and capacities of older persons in response to VAN, as well as the prevalence and risk factors associated with it. This additional dimension is often overlooked in the predominant and more clinically oriented tools that seek to map VAN prevalence or risks.

Planning and testing

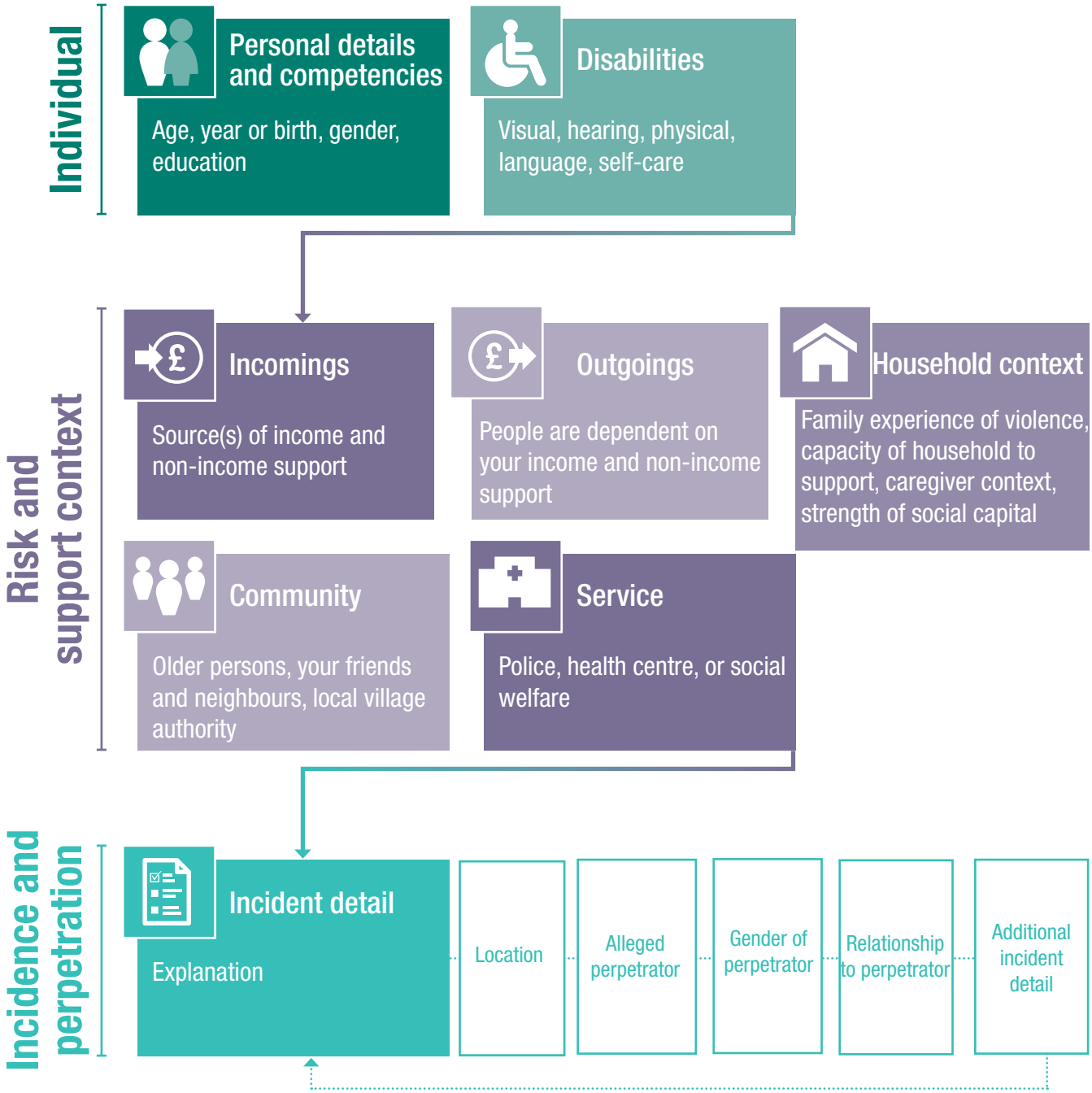
This phase of the research is vital for adapting the tool to context through consultations with relevant staff, but also, where possible, a steering committee or panel of expert advisors. In conjunction with the research team, this panel should assist in determining whether the sub-categories of VAN that have been preselected for the tool are appropriate to the national or subnational context. This panel can also advise on whether the decision to choose an 'environmental', 'prevalence' or 'hybrid' approach is appropriate given the capacity of the implementing agency. Similarly, an internal capacity assessment of staff, financial resources, technical know-how and time availability is required to determine how realisable the objectives of the VAN assessment are. In particular, the role of staff and enumerators should not be underestimated: all actors must be intimately familiar with the tool and the experience of interviewing respondents on sensitive topics.

With the tool appropriately translated (where relevant), a key phase in tool development is the development of an ethical review protocol. This includes the development of consent forms and referral procedures and inclusion of guidance on available services to address VAN in the target research sites. Most importantly, in situations where the VAN tool includes a prevalence assessment, discussions with relevant service providers in target communities must be undertaken to determine the availability of a core package of services for those who identify themselves as either at risk or previously exposed to a type of VAN. The implementation of the VAN tool in communities with negligible access to relevant service providers is considered highly unethical.

An additional ethical dimension that emerged as a challenging issue in both Moldova and the Philippines was the option of targeting 'hard-to-reach' and/or cognitively impaired respondents in addition to more easily accessible respondents. In the literature discussing research approaches to ageing populations, there are several tools to determine cognitive impairments among respondents – often in conjunction with associated primary carers who are able to dialogue more effectively with potential respondents. Tools such as the Mini-Mental State Exam (MMSE) and the Persian test of Elderly for Assessment of Cognition and Executive Function (PEACE), among several others, can be used for this purpose. However, in order to be able to include older respondents with physical or cognitive disabilities in the VAN assessment, such a cognitive tool must be implemented while balancing the possibility that a respondent may seek to disclose rights violations where the alleged perpetrator is the carer, or closely associated with the carer. This situation poses a risk for the respondent directly and indirectly, as the carer may engage in further forms of VAN as a form of punishment, or provide details of the disclosure to alleged perpetrators.

While undertaking such cognitive assessments is ideal to ensure maximum representation of the older population in a given community – and also to take account of the fact that disabled persons are more likely to be exposed to VAN (Von Heydrich et al., 2012; Downes et al., 2013) – it was decided that the case studies in Moldova and the Philippines would target only respondents able to access the research site without enumerator support. This approach was selected because of the limited resources available for home visits, the lack of technical capacity of the enumerators to effectively conduct cognitive testing of participants and the prioritisation of a risk-averse approach that excluded the engagement of carers in the survey. In other contexts, where experienced clinical staff are available, and where there is sufficient time to engage respondents to ensure they are drawing voluntarily on the support of carers whom they trust, then a wider sampling approach is warranted. Either way, these ethical considerations must be articulated in a wider research protocol document and sent for approval. The protocol can

Figure 2: Core components of the tool to assess VAN against older persons



Service Delivery Assessment

Three core areas for review

- Service availability
- General service readiness
- Service-specific readiness

Political Context Assessment

Three major methodological approaches

- Macro-level country analysis
- Sector-level analysis
- Problem-driven analysis

be sent either to a national ethical review board (preferable if available) or to a third party ethical board, such as those within national universities or welfare services.

Finally, the VAN assessment tool can be pretested with a selection of focus groups in the chosen sites. The aim of this phase is not to test the implementation of the tool but to assure that translation and overall cognition of the concepts outlined in the tool are appropriate for the audience. A review process looking at this experience can then be conducted with staff, and changes can be incorporated into the tool. The next phase is then to undertake a more direct piloting of the research exercise through survey implementation. This latter piloting phase provides lessons on broader logistics, best referral processes to services and final adjustments in the tool itself.

Implementation

The VAN tool itself is sequenced in such a manner as to provide a gradual introduction into potentially sensitive discussions. Adaptations to the tool may be appropriate in other contexts, but the placement of the incident reporting component at the end of the survey allows enumerators the maximum amount of time to generate a mutual rapport with respondents. The incident reporting component is also laid out to ensure respondents are not confronted with forthright 'lists' of possible VAN violations but rather can provide open-ended disclosure of experience of VAN (if any). This sequencing is retained for two purposes: it continues open dialogue with respondents but also refrains from predefining what respondents may categorise as VAN. The first section of the incident reporting section therefore allows the survey a greater degree of subjectivity.

However, the middle part of the incident reporting section then also provides a catalogue of discrete behaviours associated with physical, sexual, psychological, financial and neglectful forms of VAN (see Table 1). As a result, respondents are familiarised with an additional series of behaviours that can be classified as VAN. Respondents are then able to reflect on previous disclosures as well as to identify any new disclosures VAN.

Table 1: Typologies of violence, abuse and neglect addressed in the tool

Slapping, hitting, kicking, choking or beating	Unwanted sexual touching	Threats of physical, sexual, financial or other violence, abuse or neglect	Your money, pension or assets taken away or withheld from you	Locked in a room or house
Cutting, burning or broken bones	Marital rape	Intimidation, humiliation or any other degrading or cruel treatment	Your money spent against your will	Being ignored when in physical discomfort relating to bathing and toileting
Being tied or chained	Non-marital rape	Shouting, swearing or screaming	Fraud, theft or overpaying of goods or services	Abandonment
Forced feeding, forced medication or over-medication	None	Having important wishes/ opinions ignored	Unexplained changes in power of attorney/wills/ legal documents	Failure to obtain necessary medication from your carer
None	Other sexual abuse	Threatened isolation from friends, family or community	Unauthorised use or destruction of assets or property	Having pain or suffering ignored when resources are available to respond
Other physical abuse	N/A	Not being consulted in important decisions	Withdrawal of property or violent land dispute	Failure of your caregiver to provide daily necessities, such as food, water or assistance when resources are available to respond
N/A		Threatened with institutionalisation or blackmailed	Forced labour	Moving out of your home or living area against your wishes
		None	None	Having phone or means of communication removed
		Other psychological abuse	Other financial abuse	None
		N/A	N/A	Other neglect
				N/A

Box 1. Case studies: Moldova and the Philippines

The VAN tool was designed, pretested and tested in several sites across both Moldova and the Philippines. Undertaking these activities revealed three broad differences. First, the Philippines has recently introduced a national ethics review procedure that is mandatory for all research initiatives. This process provided a formal reference point against which to place the VAN tool, as well as related sampling, logistics and potential risks. By contrast, Moldova has no official body to provide support in this area. In order to seek other forms of accountability and alignment with national and international standards, a consultation with government representatives situated within the Ministry of Labour, Social Protection and Family was conducted. The resulting dialogue served not only to improve potential for uptake and further testing of the tool but also to identify research sites and associated referral services.

A second lesson derived from testing in the two countries was the relative difference in strength and linkages across formal and informal protection services. In the Philippines, formal services to address prevention and response relating to VAN against older persons was less advanced than they were in Moldova. Conversely, the history of informal network and community support structures in the Philippines provided a more immediate entry point for persons seeking support on VAN-related issues. Consequently, finding sites in which to use the VAN tool in which relevant services for older persons were clearly present was more challenging in the Philippines than it was in Moldova. For practitioners, this presents a key methodological challenge, given the need to be able to refer respondents to accessible services where these are required.

Finally, given that these two contexts can be categorised as middle-income economies, a key lesson for future practitioners is to consider the application in low-income and/or fragile contexts. The definition of 'informal' care systems will be significantly different in other contexts. For instance, the role of traditional leaders and other traditional support structures may be much more significant in other environments. While the final tool has sought to cater to such contexts, direct application may yield further insights relating to the definition of 'family', 'community' and 'government'.

Implementation of the optional 'add-on' service delivery context component (if selected) also requires particular attention because consultation with a wider variety of stakeholders may require external technical competencies and resources. Formal meetings with government agencies, NGOs and the informal sector (traditional leaders and bodies) will be needed at local, district and national levels to provide a comprehensive assessment of the 'supply side' of VAN-related services for older persons. The WHO Service Availability and Readiness Assessment (SARA) method, for example, provides several specific guidelines on monitoring and reviewing services specifically relevant to older persons. However, a more critical political economy analysis, examining fiscal space and budgetary allocations, as well as policies and regulatory contexts, is less amenable to 'step-by-step' guidelines. Finally, the service delivery context component is an inherently political exercise – one which some NGOs or agencies may be uncomfortable engaging with. Consequently, while general guidelines are provided in the tool itself, it is important to note that implementation of the service delivery context component needs separate attention and capabilities.

Maintenance, analysis and presentation

Guidelines on the maintenance, analysis and presentation of data from the VAN tool across different contexts are difficult to forecast at this stage of development because the VAN tool has not been fully implemented at scale. It has been tested in only two – albeit very different – contexts. Nevertheless, if a standardised and globally applicable tool to assess VAN against older persons is ultimately to be realised, then maintenance lessons must be documented throughout forthcoming research processes. The challenge for practitioners, however, is to capture lessons that apply specifically to research on VAN against elder persons because broader lessons on information management systems, analysis and presentation are well documented (Heeks, 1998; UNOCHA, 2006).

Given specific concerns around research ethics with carers, the challenges of engaging respondents who are unable to easily access the research venue and the broader lack of investment in welfare services to address VAN against elder persons on global level, much of the future focus regarding maintenance lessons could be directed at developing and improving social welfare workforce expertise, as well as tangible information management systems co-hosted by governments and international agencies. In particular, more emphasis could be placed on expanding the tool to cater for older persons with cognitive disabilities. Analytical expertise relating

specifically to VAN against older persons can be promoted in research institutions, NGOs and relevant government bodies. For global-level lessons to be shared, and for rollout to be achieved, however, actors such as WHO and others can seek to take forward the VAN tool development process to the next stage. However, such initiatives also require broad-based national-level support – through country 'champions', leading research centres, prominent civil society platforms or related coalitions (gender-based violence networks) – in order to gain traction at the global level. More specifically, entry points into expanding VAN tools are provided on the subject of data management and disaggregation through national action plans, health and justice sector reform or Sustainable Development Goal implementation.

Conclusions and next steps

The initial design, development and testing of a VAN tool for older persons that is specifically applicable to lower- and middle-income countries provides several lessons for direct application and ongoing strategic relevance relating to the rights of older persons. In the first instance, the tool as it stands provides a 'pickup-and-go' resource for practitioners looking to more fully understand the immediate risk environment, the prevalence of VAN and wider service delivery constraints that affect older persons who have experienced VAN. Perhaps more importantly, however, the tool provides a foundation for energising global dialogue on more standardised tools and information management systems to address VAN against older persons. Specific areas for discussion include the further testing of the tool in lower-income or fragile contexts where informal systems are the dominant form of recourse for older persons, and expanding the target group of the tool to include 'hard-to-reach' respondents, including those who are cognitively impaired or highly dependent on caregivers for mobility. Finally, the broader rollout and testing of VAN tools is an area of work that requires much engagement, but one that nonetheless shows promise if appropriate actors and opportunities are targeted.

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