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In this submission, the combined voice of the World Psychiatric Association-Section of Old Age Psychiatry (WPA-SOAP), International Psychogeriatric Association (IPA) and Capacity Australia, we address the questions posed by the Independent Expert, noting the request for any information, reports, legislation or other materials deemed relevant.

1. Legal, policy and institutional frameworks

It is beyond the scope of this submission to review all legal, policy and institutional frameworks, but rather provide examples across regions in response to questions posed by the call:

1. 1 Legislation against Elder Abuse (EA):-

- (a) US;¹
- (b) UK;²
- (c) Philippines³;
- (d) Malaysia;⁴
- (e) China.⁵

¹ Social Security Act of 1974, provided federal funding to states to develop Adult Protective Services;

² Care Act (2014) in which Safeguarding Adult Boards(SABs) became a statutory requirement in all local authority Social Services

³ Anti-Elder Abuse Act [2018], provides for penalties for acts of abuse committed on older individuals who are increasingly perceived as a "burden" on families

⁴ the Older People Act known as "Akta Khusus Warga Emas" under the Ministry of Women, Family and Community Development;

⁵ The Protection of the Rights and Interests of Elderly People (also known as the Filial Piety Law) which legislates for the "ironclad cultural norm" of filial piety (Xiào) and expectation that Chinese families will provide support to their parents. These prescriptive care laws may be protective in some ways but also carry their own burdens, and do not preclude EA. For discussion, see: Bu, Qingxiu. (2021). To Legislate Filial Piety: Is the Elderly Rights Law a Panacea? *Statute Law Review*, 42 (2), 219–240 <https://doi.org/10.1093/slr/hmz010>; also Dong X. Elder Rights in China: Care for Your Parents or Suffer Public Shaming and Desecrate Your Credit Scores *JAMA Intern Med.* 2016; 176(10): 1429–1430

1.2 Examples of establishment of complaints bodies are worldwide. Two examples are: (i) the State Comptroller and Ombudsmen of Israel which has a special program dedicated to older persons' complaints;⁶ (ii) the Long-term Care Ombudsman Programs in the US.

1.3 National plans, policies strategies addressing EA⁷:

- (a) UK;⁸
- (b) Phillipines⁹
- (c) Australia;¹⁰
- (c) Israel;¹¹
- (d) Cambodia;¹²
- (e) US.¹³
- (f) Brazil. ¹⁴

2. EA Manifestations

EA is defined by WHO 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.” EA takes many forms, the most common being, in order: psychological abuse, financial

⁶ [https://www.mevaker.gov.il/\(X\(1\)S\(xrkw4omotgyt1rocifl11mdx\)\)/he/publication/Articles/Pages/2019-Elderly.aspx?AspxAutoDetectCookieSupport=1](https://www.mevaker.gov.il/(X(1)S(xrkw4omotgyt1rocifl11mdx))/he/publication/Articles/Pages/2019-Elderly.aspx?AspxAutoDetectCookieSupport=1)

⁷ See: Tackling abuse of older people: five priorities for the United Nations Decade of Healthy Ageing (2021–2030). Geneva: World Health Organization; 2022. For a comprehensive review of Western Pacific Region see: Ayalon, L., & Roy, S. (2022). A viewpoint on combatting ageism in the western pacific region. *The Lancet Regional Health-Western Pacific*, 100593.

⁸ UK has led the way in this area, see National Care Line

<https://www.thenationalcareline.org/AccessingHelp/ActionOnElderAbuse> among numerous initiatives

⁹ The Commission on Human Rights (Phillipines) (*Komisyong Karapatang Pantao*);

¹⁰ Australian Law Reform Commission National Legal Response to Elder Abuse (made 43 recommendations for law reform www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/; and the National Plan to Respond to Abuse of Older Australians www.ag.gov.au/sites/default/files/2020-03/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf

¹¹ Israel has a national program that is operated at the municipal level and consists of a multidisciplinary team that is dedicated to the prevention of elder abuse and neglect. See Alon, S., & Yoz, F. (2014) A guide for the development of units for elder abuse prevention and ways of operating them. Jerusalem, Israel: The Joint Israel Eshel. Available online: www.thejoint.org.il/en/wp-content/uploads/sites/2/2021/03/JDC-Eshel_Prevention-of-Abuse-and-Neglect-of-Older-Adults_2016.pdf;

¹² Cambodia's “National Aging Policy 2017-2030” recognizes that, “with pressures of caregiving mounting on younger family members they may feel trapped in the role of caregiver and tend to neglect or even abuse older persons”.

¹³ The US has a comprehensive programme of Adult Protective services; Long-term Care Ombudsman Programs, Forensic Centres and Multidisciplinary teams. See <https://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#response>

¹⁴ de Souza TA, Gomes SM, Barbosa IR, de Lima KC. Action plan for tackling violence against older adults in Brazil: analysis of indicators by states. *Rev Bras Geriatr Gerontol* 2020; 23(6): <https://doi.org/10.1590/1981-22562020023.200106>

abuse (FA), neglect, physical abuse, and sexual abuse, although this varies according to setting (including at home or in care) and reporting, recognising that all EA abuse is under-reported^{15,16} with most victims suffering in shame and silence. This may be especially so for FA, notoriously under-reported and under-prosecuted because formerly, family members (usually sons) were the most frequent perpetrators, often facilitated by execution of documents such as Wills and Financial Powers of Attorneys.¹⁷ However, FA is ever-mutating in its manifestations with 40 definitions now described¹⁸ and ever-emerging opportunities for stranger-based EA with internet-and tele-fraud.

FA is an excellent example, amongst many others, of how the risks of EA have been amplified with the COVID-pandemic, during which vulnerable older adults became even more invisible, as did their abuse. In addition to FA, EA often manifested as neglect when access to mental and physical health and care services were restricted.^{19 20} Neglect is an important and hitherto under-recognised type of EA (manifest at home and in care settings alike) because it is often not understood that abuse is equally a failure to act as much as an act of violence. Importantly, just as older persons are neglected and abandoned, so too are they deprived of their liberty, the various forms of deprivation of liberty also constituting a manifestation of EA.²¹ Other types of EA under the radar include overuse of psychotropics, often without consent, to manage changed behaviours in dementia rather than meeting the needs that underlie these behaviours. Finally, recent light has been shone on sexual abuse, most commonly occurring in care settings, involving female victims (sexual abuse of men being likely under-reported) and most commonly involving facility employees or fellow residents as perpetrators.

¹⁵ <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

¹⁶ Du, P., Chen, Y. Prevalence of elder abuse and victim-related risk factors during the COVID-19 pandemic in China. *BMC Public Health* **21**, 1096 (2021)

¹⁷ Peisah C., et al., for the International Psychogeriatric Association Task Force on Wills and Undue Influence (2009) The wills of older persons: risk factors for undue influence *International Psychogeriatrics* **21**(1) 7-15; see also O'Neill N., Peisah C. (2021) Capacity and the law. 4th Edition Australasian Legal Information Institute (AustLI) Communities <http://austlii.community/wiki/Books/CapacityAndTheLaw/>.

¹⁸ Phelan A et al. Financial abuse of older people by third parties in banking institutions: a qualitative exploration *Ageing & Society* (2021), 1–22

¹⁹ Benbow SM, et al., Invisible and at-risk: older adults during the COVID-19 pandemic. *J Elder Abuse Negl.* **2022**;34(1):70-76

²⁰ Ayalon, L., & Avidor, S. 'We have become prisoners of our own age': from a continuing care retirement community to a total institution in the midst of the COVID-19 outbreak. *Age and Ageing*. 2021 <https://doi.org/https://doi.org/10.1093/ageing/afab013>

²¹ de Mendonça Lima CA et al. IPA and WPA-SOAP position statement on deprivation of liberty of older persons with mental health conditions. *International Psychogeriatrics*, 2022. doi:10.1017/S1041610222000746

3. Intersectionality

Vulnerability, invisibility, ableism, mentalism, ageism, and racism are shared by specific groups of older persons (e.g. older women, older LGBTQIA+ persons, older persons from ethnic and indigenous groups, older refugees and internally displaced persons, older persons with mental health disorders and psychosocial disabilities) rendering them vulnerable to abuse. A risk and vulnerability model has identified risk factors for EA, incorporating characteristics of the caregiver including personality, mental illness, substance abuse, caregiver burden and burnout; and vulnerability factors related to the older person including mental illness,²² cognitive impairment, isolation, bereavement, family conflict,²³ sequestration and impaired physical health. Female gender represents one source of such vulnerability, with women being the most common victims of EA. Finally, societal ageism, rampant with the COVID pandemic manifesting with intergenerational tension that almost sanctioned abuse, must be tackled.²⁴ However, it is not only ageism directed towards older persons but also internalized ageism which contributes to EA.²⁵

4. Data

All EA data are likely under-estimations, contaminated by the aforementioned phenomenon of under-reporting and under-recognition. Notwithstanding this, a recent systematic review and meta-analysis demonstrated that EA affects approximately one in six (17%) of older adults worldwide, roughly 141 million.²⁶ Notably, despite our frequent assumptions that filial piety is synonymous with Chinese culture rendering it immune to EA, Li et al,²⁷ using data from the 2010 Third Survey on Chinese Women's Social Status of 3,516 community dwelling subjects, found a past-year prevalence of EA of 4% of Chinese older adults, with respective prevalence of psychological abuse and financial abuse of 3.9% and 2%.

²² Seniors Rights Victoria at COTA Victoria, 2021. Elder abuse, mental health and wellbeing: Discussion paper. Melbourne: SRV.

²³ Peisah, C Brodaty H; Quadrio C. (2005) Family conflict in dementia: prodigal sons and black sheep *Int Psychogeriatrics* 17(Suppl 2): 165

²⁴ Ayalon, L., & Avidor, S. 'We have become prisoners of our own age': from a continuing care retirement community to a total institution in the midst of the COVID-19 outbreak. *Age and Ageing*. 2021 <https://doi.org/https://doi.org/10.1093/ageing/afab013>

²⁵ Pillemer, K., Burnes, D. & MacNeil, A. Investigating the connection between ageism and elder mistreatment. *Nat Aging* 1, 159–164 (2021).

²⁶ Yon Y, et al Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Glob Health*. 2017; 5(2):e147-e156.

²⁷ Li Y, et al. Effect of physical frailty on elder mistreatment in a national survey: examining psychological vulnerability, housework involvement, and financial independence as mediators. *Int Psychogeriatr*. 2022;34(8):743-753

5. Access to information and awareness raising.

Awareness raising is key to addressing many of the questions posed here and the major impediment to obliterating the plague of EA i.e. EA is under-recognized and under-reported. Awareness raising will be the means to empowerment of older persons and will hopefully obliterate the shame and uncloak the invisibility associated with EA. Shame, stigma and fear of disrupting family harmony are key reasons globally why incidents of abuse go unreported and under-prosecuted, strategies being required to empower older adults to report abuse, or even earlier in the cycle, perceive the behaviour as abuse in the first place. Awareness raising is also crucial to address the targeting of older persons in scams and fraud, exponentially increased since the pandemic.²⁸

As peak organisations vested with promoting mental health and human rights of older persons, IPA, WPA- SOAP and Capacity Australia, are ideally placed to provide with funding, desperately-needed public awareness raising campaigns.

6. Examples of good practices for preventing, monitoring and addressing EA

7.1 Primary EA prevention

7.1.1 Empowerment of older people and reducing vulnerability. Mitigating marginalisation, isolation and invisibility with regular contact and communication with older persons, particularly those living alone is important. Concrete “individualized safety plans” that capture the older person’s will and preferences to maximise safeguarding while preserving autonomy are excellent examples of good practice.²⁹ Another, albeit untested, proposal to address the ubiquitousness of financial abuse, is to increase the financial autonomy of older persons by increasing their income and amplifying social security and welfare support to reduce dependence on children in particular, the most frequent perpetrators of EA.³⁰

7.1.2. EA is often executed by primary caregivers either paid or unpaid. Providing support to overburdened carers (“trusted others,” some of whom themselves may be vulnerable) is integral.³¹

²⁸ Payne, B K. Criminals Work from Home during Pandemics Too: a Public Health Approach to Respond to Fraud and Crimes against those 50 and above. *American Journal of Criminal Justice*, 2020, 1-15.
<https://doi.org/10.1007/s12103-020-09532-6>

²⁹ Han, SD, & Mosqueda, L. Elder Abuse in the COVID-19 Era. *Journal of the American Geriatric Society*, 2020;68, 1386-1387.

³⁰ Du P. and Chen Y. (2021). Prevalence of elder abuse and victim related risk factors during the COVID-19 pandemic in China. *BMC Public Health*. 21:1096

³¹ Han, SD, & Mosqueda, L. Elder Abuse in the COVID-19 Era. *Journal of the American Geriatric Society*, 2020;68, 1386-1387

7.2 Tertiary Prevention: monitoring and addressing EA.

7.2.1. Education. Probably the most “bang for our buck” in addressing EA is picking it up in the first place. Thus, an “eyes wide-open approach”³² to elder abuse amongst health care professionals and frontline personnel is key to this, with education and active screening as the means to actualise this:

(a) Health care professional education. Health care professionals (especially those delivering primary health care) are in ideal positions to provide early identification, support, and referral of persons experiencing EA. However, they need the knowledge and skills in order to do so. Two examples of good practice emerging from Malaysia include the Supporting Family Doctors to Address Elder Abuse (SAFE)³³ and the Improving Nurses’ Detection and Management of Elder Abuse (I-NEED).³⁴ These programs include culturally sensitive and locally tailored education programs, clinical pathways and guidelines, screening and documentation forms to assist primary healthcare professionals and nurses to effectively intervene in elder abuse;

(b) Frontline education. A range of novel initiatives have emerged which focus on educating frontline personnel such as (i) Police in India about intervening in elder abuse by abandonment during the Kumbh Mela Festival³⁵ and (ii) banking staff in Australia about financial abuse.³⁶

7.2.2 Grassroot frontline crisis help. In the UK, ANI (Action Needed Immediately) is an innovative programme developed for domestic violence, in which victims use a codeword to discretely signal the need for emergency help from the local pharmacy. When the code word is triggered, staff accompany victims to a consultation room to assist them to access helplines, police, or specialist support services.³⁷

³² Peisah, C., De Mendonça Lima, C., Verbeek, H., & Rabheru, K. (2021). IPA and WPA-SOAP joint statement on the rights of older persons with mental health conditions and psychosocial disabilities. *International Psychogeriatrics*, 1–5.

³³ Mydin, M et al, Supporting family doctors to address elder abuse: a quasi-experimental study in Malaysia. *Journal of elder abuse & neglect*. 2021; 33. 1-17.

³⁴ Mydin et al., Evaluating the Effectiveness of I-NEED Program: Improving Nurses' Detection and Management of Elder Abuse and Neglect-A 6-Month Prospective Study. *J Interpers Violence*. 2022;37(1-2):NP719-NP741.

³⁵ Kardile MS, Peisah C. Elder abuse by abandonment in India: a novel community awareness and intervention strategy. *Int Psychogeriatr*. 2017;29(6):1035-1036

³⁶ Peisah C, et al. Knowledge translation regarding financial abuse and dementia for the banking sector: the development and testing of an education tool. *Int J Geriatr Psychiatry*. 2016;31(7):702-7.

³⁷ Norfolk Family Carers. Ask for ANI www.norfolkfamilycarers.org/ask-for-ani-action-needed-immediately/

7.2.3 Family relational contexts for EA, including abuse by marriage,³⁸ poisoning of the relationships of persons living with dementia by family members seeking to gain financially,³⁹ undue influence on suicide and assisted suicide/euthanasia⁴⁰ mandate family-based solutions.⁴¹

7.2.4 National initiatives to improve detection, monitoring, data collection and research.⁴²

³⁸ Peisah C, Brodaty H, Bridger M. (2008) Abuse by marriage: The exploitation of mentally ill older people International Journal Geriatric Psychiatry 2008 Sep;23(9):883-8

³⁹ Peisah C, Brodaty H, Quadrio C. (2006) Family conflict in dementia: prodigal sons & black sheep Int J Ger Psychiatry 21(5):485-492

⁴⁰ Wand A., Peisah C, Draper B, Brodaty H (2018) The nexus between elder abuse, suicide, and assisted dying: the importance of relational autonomy and undue influence Macquarie Law Journal 18: 79-92.

⁴¹ Khanlary Z, Maarefvand M, Biglarian A, Heravi-Karimooi M. The effect of a family-based intervention with a cognitive-behavioral approach on elder abuse. J Elder Abuse Negl. 2016;28(2):114-26.

⁴² Hall Y et al. Creating opportunities to improve detection of older adult abuse: a national interRAI study. BMC Geriatrics (2022) 22:220; See also <https://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#response>