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# **The National Survey on Elder Abuse and Neglect in Israel**

**Prof. Zvi Eisikovits    Tova Winterstein    Prof. Ariela Lowenstein**

**Faculty of Social Welfare and Health Studies**

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# **The First National Survey on Elder Abuse and Neglect 2004**

## **Executive summary**

Family violence received increased public, clinical and research attention in Israel as in other parts of the Western world during recent years. It mostly focused however on women and children. Elder abuse and neglect as a social problem was recognized much later. The First National Survey on elder abuse was conducted during 2003 in Israel. The survey was the result of a joint initiative between Eshel, The Association for the Planning and Development of Services for the Aged in Israel, The National Insurance Agency and the University of Haifa, The faculty of Social Welfare and Health Studies. The survey was performed by a research team headed by Prof. Zvi Eisikovits, Prof Ariela Lowenstein and coordinated by Tova Winterstein, under the auspices of the Center for Research and Study on Aging.

The purposes of the survey were:

- To examine the incidence, prevalence and severity of various forms of elder abuse.
- To examine the nature of abuse and neglect from the perspective of the victims.
- To examine the correlates and predictors of elder abuse and neglect.
- To develop profiles of elderly who are at risk.

The survey was based on a national representative sample of urban dwellers, 1045 persons, 392 males above the age of 65 and 650 females, 60 and older. The survey used cluster sampling techniques based on the data from the National Bureau of Statistics (1995 census), while sampling proportionately Arab and Jewish persons. The final sample included 89% Jews and 11% non Jewish. Within the locals sampled we developed stratified random sub samples which included a proportionate number of elder men and women to their relative number in the local population.

The instrument developed for the survey included: a socio-demographic component, one related to health status, an ADL component for daily functioning, a measure of safety among the elderly, a measure including seven kinds of abuse, (physical, emotional, verbal, limitation of freedom, financial exploitation, and sexual abuse), an attitudinal measure assessing attitudes towards the elderly in general and towards elder abuse in particular. In addition the interviewer had an open observation schedule for specifics outside and surrounding the interview. An additional instrument aimed at mapping the social support networks of the elderly enabled us to relate kinds of abuse to specific abusers in his/her environment and to map the overall relationships in the family system.

## **Abuse**

Findings indicate that about 18.4% of the informants were exposed to at least one kind of abuse (Physical or sexual, verbal, limitation of freedom or financial exploitation) during the 12 months preceding the study. The highest rates of abuse were verbal. The rates of reported abuse are similar among the Jews and Arabs (18.3% and 19.6% respectively). This did not change when neglect and abuse were separated. When subdivided by gender the overall the rates of women who reported abuse was similar to that of men. Women were victims of physical violence more often than men and old Arab women were found the most vulnerable among all population groups examined. When examining family proximity we found that physical and

sexual violence, verbal abuse and limitation of freedom occurred mostly among partners, while financial exploitation was mostly performed by adult children. Outside the family caretakers were seldom if ever involved in any kind of abuse and moreover were quite often those who helped or supported the elderly in cases of abuse. When examining in more depth the findings in terms of the kinds of abuse the following picture emerged: The rates of physical and sexual violence were low and similar to such findings in other countries (2.0%). This kind of violence was always associated with other kinds of violence and therefore the implications on the quality of life of the elderly exceed the extent of the phenomenon. A significant difference was found in exposure to physical and sexual violence. Women reported higher rates of this kind of violence. This was particularly true for non Jewish women who were victims of such abuse in far higher numbers. About 8% of the informants reported verbal abuse along with additional kinds in large numbers. Among the men who were victims of abuse the perpetrators were mostly their partners while among women the perpetrators were either the partner or the adult children. In addition a higher proportion of Jewish men compared to non Jewish were subjected to verbal abuse. Women who were subjected to abuse were overall younger less educated and married for longer periods of time with larger number of people living in the household than their non abused counterparts. There were low levels of limitation of freedom among the sample (2.7%). This finding is similar to other countries that examined the phenomenon. Significant differences were found among Jews and Arabs, with Arab women experiencing the highest rates of limitation of freedom which may be the outcome of cultural differences and a tendency towards more patriarchal family structure among the Arabs. The rate of financial exploitation was 66% with "pressure to extract money against the wish of the elderly" as the most frequent, and followed by "taking the old person's money" and "the generating of excessive expenses" and forging and falsely signing documents for financial purposes".

The interpersonal interaction in elder abuse seldom escalates yet the high rates of verbal abuse indicate an escalating potential. In spite of the finding that there were no escalating tendencies the abuse was reported to have severe consequences on all aspects of the elderly's quality of life.

Two patterns of perpetrators were identified: Partners as perpetrators were found to have more chronic health problems, physical disability dementia and emotional problems. When the perpetrators were the adult children of the victims, they usually lived with the perpetrator, were unemployed, had various mental health problems or were known as substance abusers and often in process of separation or divorce.

Given the overall low rate of abuse the ability to predict physical and sexual abuse, limitation of freedom and financial exploitation was low, while the ability to predict verbal abuse was better. For verbal abuse the following factors predicted 26% of the variance: Low level of education, income, Jewish nationality, married partners, less usage of medical services, impaired health and a sense of loneliness.

There was no unique pattern of help seeking among those who were victims of abuse compared to the elderly who were not. This was true for both medical nursing support and recreational services. Services sought concentrated in the health area followed by ADL services for everyday activities and by recreative services. It was also found that the need for services

among the abused elderly was similar to the general elderly population. The preferred address in help seeking was to the external caretakers, followed by social workers, police, other family members, the legal and health systems and finally volunteers. The prevalent reasons for not seeking outside help when abused were attitudinal and emotional, specifically the elderly reported emotional ties with the perpetrator and believes that abuse is a private, family affair.

Three domains of attitudes were examined: intergenerational relationships, justification of use of force and the need to involve outside services in abuse. Women were found to be less supportive of attitudes related to intergenerational solidarity and accounts for the use of force and tended to believe in the effectiveness of social support networks. In addition, Jews tended to be more supportive of outside the family social support. Income level was inversely related to attitudes supporting the use of force and a tendency to see social support networks as a source of help.

It became obvious that elder abuse needs to be studied contextually and the risk needs to be mapped by degree of closeness and the combined effect of various kinds of abuse taken together. Verbal abuse is more frequent and serves as an organizing factor of the abused elderly's quality of life by creating ecology of terror and conflict which are conducive to additional abuse and violence in the future. Thus high rates of physical abuse are a red flag for potential future abuse. The reciprocity of verbal abuse among the Jewish elderly indicates the existence of unique relationship patterns in old age such as high degree of burn out, dependence and mutual exposure which separately and cumulatively enhance the level of aggressiveness. In this context, the need to empower the elderly by creating programs of interpersonal communication is obvious. It appears that the increased health and physical needs and the overall dependence on the other help neutralize the escalatory tendencies and leads to the "aging out syndrome" of violence and the transformation and channelling of physical violence to other kinds of abuse. Given the low level of physical violence in the general elderly population, there is a need to perform further research in identified and service populations to enhance our clinical ability to predict abuse. There is a need to increase public and professional awareness to financial exploitation, given the tendency of the elderly to hide it for a long time. Given the power differentials in the Arab society the Arab elderly women are the subpopulation most at risk and therefore in need of special attention and services. Given the patterns of service utilization found among the elderly it appears that identification efforts including professional training should be focused on medical services and outside the family nursing and paraprofessional staff.

### **Neglect**

25% of the elderly were subject to neglect which means deprivation of basic needs in various domains. These needs were not met at least once or twice during the three months preceding the survey. 18% reported neglect in primary needs such as nutrition, medical services personal hygiene. Neglect in secondary needs including personal service delivery failure and correction or provision of glasses or prostheses contribute an additional 7% to the overall percentage. Neglect runs across gender and both men and women were neglected to the same extent and those neglected were poorer and in more deteriorated health status. Factors predicting neglect (60% of the variance) were Jewish nationality, need for help in the domain of LDA, precarious health status, failure to seek medical services, sense of loneliness and subjective sense of neglect as well as need for financial help.

Such high rates of neglect can be explained by the tendency of the elderly to avoid seeking help and share their needs with the family as well as their embarrassment to ask for help. It should be mentioned that about 20% of those who asked for help reported refusal or ignoring by family members and about 8% reported anger and disrespect in their family member's reactions.

In light of the high rates of neglect which cut across gender, there is a need to recognize it as a social problem and invest in identifying risk factors and resources to alleviate it. This is necessary in particular due to the fact that many elderly tend to avoid turning for help from family or relatives. It is expected that the increase in the number of old people will aggravate the problem of neglect and make the need to invest in developing services from an interprofessional and interdisciplinary perspective more acute