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Elder Harm and Restorative Practices

A Literature Review

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INTRODUCTION

Over recent decades, the phenomenon of elder abuse and neglect has gained increasing public and political attention. Initiatives to help prevent elder abuse have been implemented in several countries, particularly in Canada, the United States, Australia and the United Kingdom. A growing number of academic studies have also been published on the topic, most of which have focussed on establishing the extent and forms of elder abuse.

In the late 1990s, the International Network on the Prevention of Elder Abuse (INPEA) was established in Australia, bringing together researchers and practitioners. It aims to promote public awareness of elder abuse and neglect, to provide training for professionals and to carry out advocacy and research in the field.[1]

In 2002, the United Nations International Plan of Action was promulgated in Madrid, identifying elder abuse as an important human rights and public health issue and providing recommendations for combatting it.[2] In 2010, the United Nations again brought elder abuse to the attention of the world, pointing out that violence against and the financial exploitation of older adults is a worldwide human rights challenge.[3]

Many countries face significant demographic changes, with people living longer due to progress in medicine and improved living conditions. A growing proportion of citizens require long-term care, whether from families or institutions. As the need for care in later life increases, so too does the risk of being victimised. As well as impacting the health and wellbeing of older people themselves, elder abuse carries a range of other social and economic costs, such as in the provision of health, legal, police and related services.[4]

Global demographic trends indicate that the number of people aged over 60 is expected to grow by 56% between 2015 and 2030, and will more than double by 2050. The fastest growing age group is those over 80.[5] By 2030, it is estimated that older people will make up more than 25% of the populations of Europe and North America, 20% of Oceania, 17% of Asia, Latin America and the Caribbean and 6% of Africa.[6] In New Zealand, the number of people aged 65 or over

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[1] See *Podnieks et al.* 2010, p. 133.

[2] See *Nerenberg* 2008, p. 12.

[3] See *Beck et al.* 2015, p. 1 citing the United Nations. In 2010, the United Nations established an Open-ended Working Group on Ageing to develop a new convention to strengthen the protection of the human rights of older persons (Resolution 65/182), see for further information https://social.un.org/ageing-working-group/ (27.01.2016).

[4] See *inter alia Sethi et al.* 2011, p. 2, 24 ff.

[5] United Nations, Department of Economic and Social Affairs, Population Division, 2015, p. 2.

[6] Ibid., p. 3.

is estimated to almost double to 1.2 million by 2035, with an even greater relative increase of people aged over 80.[7]

Many countries have developed measures and policies to try to prevent or reduce elder abuse and to provide interventions at different levels. The following literature review surveys available research on the prevalence and forms of elder abuse and on the programmes and practices countries have adopted to address it. It also considers the potential of restorative justice approaches to provide an effective response.[8] It concludes with key lessons that should inform future policy and practice in New Zealand.

DEFINING ELDER ABUSE

Definitions differ with respect to the role or significance of intentionality, frequency, severity, age, vulnerability and power imbalances and whether there is prior relationship of trust.[10]

The abuse or mistreatment of older persons has been described as "a complex subtype of victimization in later life".[9] Various definitions have been developed, reflecting different understandings of the phenomenon. Definitions differ with respect to the role or significance of intentionality, frequency, severity, age, vulnerability and power imbalances and whether there is prior relationship of trust.[10] All agree however that elder abuse is socially (and individually) undesirable, that it causes significant harm to its victims or has the potential to do so, and that it includes both acts and omissions of various kinds.[11]

The World Health Organisation and the International Network on the Prevention of Elder Abuse have both adopted the definition developed by UK's Action on Elder Abuse (1995). It defines 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".[12] Several points are worth highlighting here:

- In order for a behaviour to be considered abusive or neglectful, both the underlying motivation of the actor and its impact on the recipient must be taken into account.[13]
- Neglect is included in the above definition while self-neglect and harm committed by strangers (for example, in cases of financial abuse) are excluded. Most definitions see the role of trust in the relationship as an important element. Elder abuse

[7] Office for Senior Citizens 2015, p. 3.
[8] Literature in English as well as in German has been reviewed.
[9] *Goergen/Beaulieu* 2013, p. 1,225.
[10] See *Goergen/Beaulieu* 2013, discussing critical concepts in research on elder abuse; *Nerenberg* 2008, p. 21 ff. on controversies in defining elder abuse.
[11] *Goergen/Beaulieu* 2013, p. 1,218.
[12] WHO/INPEA 2002, p. 3. According to another definition by the US National Research Council's Panel to Review Risk and Prevalence of Elder Abuse and Neglect, elder mistreatment is seen as "(a) Intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm", *Bonnie/Wallace* 2003, p. 40, as cited in *Goergen/Beaulieu* 2013, p. 1,218.
[13] See *Rabold/Goergen* 2013, p. 131 f.

has been characterised as "victim-perpetrator constellations where the perpetrator has assumed some kind of responsibility toward the victim, where the victim puts trust in the offender, or where the type of interpersonal relationship between the victim and the offender or the role assigned to the latter would create the perception and expectation that the victim may trust the perpetrator".[14] Some countries have adopted a wider view of elder abuse that places less emphasis on the violation of relational trust.[15]

- The age of the victim (whether over 60 or 65) is not considered a crucial factor. This is because there are differences in how individuals age, variations in legal provisions and retirement ages across jurisdictions, and the lack of connection between age and the experience of victimisation.[16]

- A power imbalance usually exists in the relationship between victim and perpetrator, but the key consideration is the older person's *vulnerability*.[17] This term includes "an exposure to situations and conditions where abuse and mistreatment can occur, that person's capacity (or diminished capacity) to defend against abusive (or neglectful) acts (or omissions), his or her risk of suffering severe and long-lasting harm from abuse (or neglect), and the older person's health status or capacity (or lack of capacity) to cope with the abusive act (or the omission entailing neglect) and its consequences".[18] A higher level of vulnerability (for example, being dependent on another's care or support) can be assumed with rising age and declining physical, cognitive and functional abilities in later life, particularly in the so-called "fourth age".[19]

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[14] *Goergen/Beaulieu* 2013, p. 1,225. The authors point out that the relationship can be of a private nature (family, friends, neighbours, etc.), a professional nature (physicians, nurses, lawyers etc.) or of a voluntary nature. Principally, definitions do not encompass harm committed by strangers/people not in relationships of trust (for example in cases of financial abuse). Some countries however have adopted a wider view on elder abuse, and do not solely emphasise the existence of a relationship of trust, *O'Brien et al.* 2016, p. 10.

[15] See *O'Brien et al.* 2016, p. 10.

[16] *Goergen/Beaulieu* 2013, p. 1,220. Many organisations consider older people as those 65 and over, see *Davey* 2014, p. 53. The WHO/INPEA defines older people as 60 and over, WHO/INPEA 2002, p. 2.

[17] *Goergen/Beaulieu* 2013, p. 1,221 ff.

[18] *Goergen/Beaulieu* 2013, p. 1,221.

[19] The fourth age can be linked to a decline in health and functional capacities, whereas the third age refers to the post-employment period with relatively good health conditions, see *Goergen/Beaulieu* 2013, p. 1,222. The third age usually refers to older people between 60 and 80 years, and the fourth age to elderly people aged 80 and over.

FORMS OF ELDER ABUSE

Researchers distinguish between different types of elder abuse and neglect. The most common categories used are:

- ***Physical abuse***, including the infliction of pain, injury or excessive use of force. Examples include hitting, pushing, rough handling, over-medication and the inappropriate use of restraints or confinement.

- ***Psychological/emotional abuse*** involves behaviours causing mental anguish, stress or fear. Examples include threats, harassments or humiliation, preventing choice or decision-making, deprivation of contact with others, blaming, controlling, intimidation, isolation or withdrawal from services or supportive networks.

- ***Financial/material abuse***, including the illegal or improper exploitation or use of funds or resources. Examples include unauthorised taking of money or possessions, misuse of the power of attorney, failing to repay loans and use of home and/or utilities without contributing to costs.

- ***Neglect,*** which entails the intentional or unintentional refusal or failure to fulfil care-taking obligations. Examples include not providing for physical, emotional, medical or social needs, lack of social contact and support, and withholding the necessities of life, such as medication, adequate food, clothing and shelter.

- ***Sexual abuse***, including non-consensual intimate contact of any kind with an older person.[20]

Various forms of abuse often occur together, with differing degrees of severity and frequency depending on individual circumstances.

Further categories of abuse are also sometimes identified:

- ***Institutional abuse.*** In New Zealand, Age Concern adds institutional abuse to the list. This includes any policy or practice within an organisation that disregards a person's rights or causes harm, such as a lack of respect for a person's culture or customs.[21] In Ireland, institutional abuse is linked to residential care and acute care settings that may involve poor standards of practice, rigid routines and inadequate responses to complex needs.[22]

- ***Discriminatory abuse*** includes racism, ageism, discrimination based on disability, and other forms of harassment, slur or similar treatment.[23]

[20] See WHO/INPEA 2002, p. 3; Age Concern New Zealand; *O'Brien et al.* 2016, p. 10.
[21] Age Concern New Zealand.
[22] HSE Elder Abuse Services 2014, p. 40.
[23] Ibid., p. 39.

In practice, various forms of abuse often occur together, with differing degrees of severity and frequency depending on individual circumstances.

THE PREVALENCE OF ELDER ABUSE

Prevalence rates differ significantly between studies, due to the use of different definitions of elder abuse and different methods of measuring it, as well as differences in the demographic profiles of the countries.[24] Data on the extent of the problem in various countries cannot therefore be easily compared.

It is also important to note that official statistics only provide a partial insight into the true extent of the victimisation of elderly people. Elder abuse is a seriously under-reported phenomenon, both because of its hidden nature and because of the difficulty of accessing older people to obtain data. Older victims are often reluctant to disclose harm or involve external agencies, due to feelings of shame, fear or ongoing dependence on the perpetrator, as well as because of declining physical or cognitive abilities.[25] Home care services are often the first to suspect abusive behaviour, but often lack the knowledge or skill to intervene and often fail to report it.

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Despite these challenges, research throughout the world shows that elder abuse and neglect is not a marginal phenomenon; it occurs to an extent far beyond a few isolated cases.

International findings

The Boston-based study conducted by Pillemer and Finkelhor was the first large-scale study on elder abuse in private settings. On the basis of 2,020 interviews with older people or their supporters, the research found that the highest prevalence rates were for physical abuse (20 per 1,000 population aged 65 years or older) and verbal aggression (11 per 1,000). The study found that the overall prevalence of the maltreatment of older people was 3.2%. The majority of perpetrators were spouses, and to a lesser extent adult children or other related people.[26]

Data published by the US National Center on Elder Abuse shows that 10% of those aged 60 or older are likely to have experienced abuse over one year, and often multiple forms of abuse, especially the very elderly. People with dementia have a particularly high risk of victimisation.[27]

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[24] See *Sethi et al.* 2011, p. 18-19.
[25] See for example *Davey* 2014, p. 55; *Davey/McKendry* 2011, p. 2; *Groh/Linden* 2011, p. 128.
[26] *Pillemer/Finkelhor* 1988, cited for example in *Sethi et al.* 2011, p. 18.
[27] National Center on Elder Abuse w. f. r., https://ncea.acl.gov/resources/docs/EA-Impact-What-You-Must-Know-2013.pdf (18.11.2016).

Seeking to develop a global strategy for the prevention of elder abuse, the World Health Organisation partnered with the International Network for the Prevention of Elder Abuse (INPEA) and other organisations to carry out a study of eight countries from around the world.[28] The study aimed at identifying perceptions and attitudes regarding elder abuse. The research examined the perspectives of older people as well as health care workers on elder abuse and identified several types of abuse – structural and societal abuse, neglect and abandonment, disrespect and ageist attitudes, psychological, emotional and verbal abuse, physical abuse and legal and financial abuse.[29]

A meta-analysis by Cooper et al. (2008) found that one in four vulnerable elders are at risk of abuse. The review was based on 49 studies relating to elder abuse and neglect, including general population surveys, reports by family carers, surveys of professional carers and studies using third party measures of abuse. Prevalence rates in general population studies ranged between 3.2% and 27.5%, probably reflecting different abuse rates in different countries as well as differences of definition and methodology.[30]

The report showed that more than 6% of the older general population had experienced abuse during the last month. Almost one quarter of vulnerable older people reported significant psychological abuse and one fifth experienced neglect. One third of family members reported being involved in elder abuse. With regard to professional carers, one in six reported perpetrating psychological abuse and one in 10 physical abuse, and over 80% said they had observed elder abuse.[31] Given that only a small proportion of abuse is being detected, the research team suggested that elders, their families and professional caregivers should be asked routinely about abusive acts.

A cross-sectional study conducted in seven European countries – Germany, Greece, Italy, Lithuania, Portugal, Spain and Sweden – assessed the prevalence of abuse and injury among women and men aged 60-84 years.[32] The study found that 19.4% of the elderly had experienced psychological abuse, 3.8% financial abuse, 2.7% physical abuse, 0.7% sexual abuse and 0.7% injuries. It found that abuse – particularly psychological abuse – was related to an increase of depressive and anxiety symptoms, as well as somatic complaints. Low social support increased the risk of being psychologically or financially abused or injured.[33]

A cross-sectional study conducted in seven European countries found that 19.4% of the elderly experienced psychological abuse, 3.8% financial abuse, 2.7% physical abuse, 0.7% sexual abuse and 0.7% injuries.[32]

A report on elder maltreatment in the WHO European Region gives further insight into the prevalence of elder abuse.[34] Based on several

[28] Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden.
[29] WHO/INPEA 2002, p. 8 ff.
[30] *Cooper et al.* 2008, p. 152, 158.
[31] Ibid., p. 158-159.
[32] *Soares et al.* 2010.
[33] Ibid., p. 9-10.
[34] In the report, the term "maltreatment" is used, and can be equated with abuse. Elder maltreatment is defined as a single or repeated act or lack of appropriate action, occurring within any relationship in which there is an expectation of trust, that causes

studies and data sources, the report found that prevalence rates of abuse for older people in nursing and residential homes were significantly higher than for those in private settings. The report estimated that at least 2,500 homicides annually could be attributed to elder maltreatment, about one third being committed by family members.[35]

Research conducted in Finland found that elder abuse rates were higher for women than for men. An initial study of 1,225 people aged 65 or older showed that 8.8% of women and 3.3% of men had experienced some form of abuse. Results of a second survey of 871 people aged over 75 revealed that 8.8% of women and 7.7% of men had reported being victimised by family members or others, more than double the rate for people aged 65-74.[36] Risk factors include longstanding intra-family conflicts, alcohol abuse, depression and social problems.[37]

Research studies show that women are more likely to experience elder abuse then men. Furthermore, the risk of being victimised increases with rising age.

The first National Prevalence Study of Elder Mistreatment in the United Kingdom was conducted in 2006 and involved 2,111 people aged 66 and older living in private households.[38] Results showed that 2.6% of respondents reported mistreatment by family members, close friends or care workers. The most common type was neglect (1.1%), followed by financial abuse (0.7%), psychological abuse (0.4%), physical abuse (0.4%) and sexual abuse (0.2%).[39] Women were significantly more likely to have experienced mistreatment in the past year than men (3.8% compared with 1.1%). Furthermore, people aged over 85 had significantly higher rates of neglect than the earlier age group of 66-84 (3.2% compared with 0.9%).[40] The study found that partners (51%) and family members (49%) were the main perpetrators, with patterns varying according to the type of abuse. Care workers (13%) and close friends (5%) perpetrated mistreatment to a lesser degree.[41]

In Ireland, a national study carried out in 2010 showed that 2.2% of those aged 65 and over had experienced abuse and neglect in the previous 12 months, representing more than 10,000 victims. The most common types of abuse were of a financial and psychological nature.[42]

According to the Health Service Executive Elder Abuse Service in Ireland, out of 2,590 referrals received in 2014, psychological abuse accounted for 29%, followed by financial abuse (21%), neglect (15%),

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harm or distress to people, *Sethi et al.* 2011, p. 1. The report refers to elderly people as aged 60 and older.

[35] *Sethi et al.* 2011, p. 2, 13 ff.

[36] *Kivelä* 1995, p. 35 ff.

[37] Ibid., p. 37 ff.

[38] The term mistreatment refers to both abuse and neglect.

[39] *Biggs et al.* 2009, p. 4 ff. For more detailed results, see the final project report by *O'Keeffe et al.* 2007.

[40] *Biggs et al.* 2009, p. 8-9.

[41] Ibid., p. 10-11.

[42] *Naughton et al.* 2010, p. 43 ff. The study included 2,000 people aged 65 and over who were interviewed in their own home.

physical abuse (12%), sexual abuse (1%) and discrimination (1%).[43] Most of the alleged perpetrators were family members, in particular adult children (49%), partners (19%), and other relatives (15%).[44]

In Australia, it has been found that most instances of abuse are financial, psychological and physical, and often all three occur to the same person. Risk-factors include isolation, cognitive impairment, family conflict and/or dependency. Moreover, there are correlations between domestic violence, disability and older women as victims.[45]

Australian research has analysed the financial abuse of older people by family members, using data from three national online surveys conducted by advocacy services.[46] Financial abuse is the most frequently reported kind of abuse, with adult children being the most common perpetrators.[47] The predominant reason found for this kind of abuse was a strong sense of entitlement to the older person's property or possessions. Some respondents reported that family mediation had assisted in preventing and stopping the abuse.[48]

In Australia, it has been found that most instances of abuse are financial, psychological and physical, and often all three occur to the same person.

Correlations exist between domestic violence, disability and older women as victims. [45]

The first national survey on elder abuse and neglect in Israel (2004-05) included 1,045 people aged 65 and over (392 males and 653 females) in urban dwellings. Of the subjects, 18.4% had experienced at least one form of abuse (excluding neglect) in the previous 12 months. Verbal abuse was most frequent (14.2%), followed by financial exploitation (6.4%). Physical abuse and sexual abuse made up around 2% of cases. About one quarter (25.6%) of respondents reported neglect in the three months prior to the interviews.[49] The research found that several forms of abuse often occurred at the same time and that the perpetrators were predominantly partners or adult children.[50] Women were at a higher risk of experiencing certain types of abuse, including physical and sexual assault, as well as financial abuse and neglect.[51]

In Germany, comprehensive research on the victimisation of older people has been carried out by the Criminological Research Institute of Lower Saxony *(Kriminologisches Forschungsinstitut Niedersachsen)*. The Institute's first representative survey was conducted in 1992 and included 2,456 people aged 60 and over living in private accommodation. It showed that physical abuse was the main form of victimisation within close relationships (3.4%),

[43] HSE Elder Abuse Services 2014, p. 44. Discriminatory abuse includes racism, ageism, discrimination based on disability, other forms of harassment, verbal abuse or similar treatment, ibid., p. 38.
[44] Ibid., p. 51.
[45] See *Podnieks et al.* 2010, p. 152 f. w. f. r.
[46] *Bagshaw et al.* 2015. The first study (Cripps 2001) found that financial abuse made up one third of 100 cases over two years. The second study (Office of the Public Advocate 2005) revealed that relatives were most often the alleged perpetrators of financial abuse, and the third study (Clare, Bundell and Clare 2011) identified financial abuse as the most significant type of elder abuse, see *Bagshaw et al.* 2015, p. 444.
[47] Ibid., p. 445 w. f. r.
[48] Ibid. p. 473.
[49] *Lowenstein et al.* 2009, p. 262 f.
[50] Ibid., p. 269.
[51] Ibid., p. 271.

followed by neglect or medication abuse (2.7%), and, to a lesser extent, economic (1.3%) and verbal (0.8%) abuse. The overall rate for all forms of victimisation was 6.6%. The majority of perpetrators were family or household members.[52] The Institute has also undertaken research into the sexual abuse of older people.[53]

The first study of self-reported elder abuse by professional caregivers was conducted in Germany in 2005.[54] Some 503 home care nursing staff participated in the survey.[55] The research found that almost 40% of staff reported being involved in at least one incident of elder abuse or neglect during the previous 12 months. The most frequent kinds were psychological abuse and verbal aggression (21.4%), followed by neglectful care (18.8%) and disregarding the older person's wishes (16%), and forms of physical abuse (8.5%).

A survey of professional caregivers in Germany found that almost 40% of staff reported being involved in at least one incident of elder abuse or neglect during the previous 12 months.[54]

The survey found that 18.1% of all caregivers had exhibited substantial problematic behaviours during the previous 12 months.[56] Severely problematic behaviour (for example, slapping or punching) were reported at least once over this period; less severe forms (such as yelling) at least five times; and at least three different types of less severe behaviours were reported at least once.[57] The risk of abuse increased where there was a convergence of problematic behaviour by professional caregivers and aggressive behaviour on the part of care recipients, particularly behaviours associated with dementia. The study showed that low-level abusive or neglectful behaviour by nursing staff was relatively widespread.[58]

In general, identifying elder abuse on the part of home care workers is challenging. A survey in Romania showed that identification rates were low among professionals. Only 6% of home care staff had admitted a case of elder abuse in the previous year.[59]

International research[60] highlights multiple risk factors for abuse and neglect, including poor health, ongoing dependency, female gender, cognitive impairment, limited social networks, social isolation and financial problems. People suffering from dementia-related con-compliance and depression are particularly at risk.

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[52] *Wetzels et al.* 1995, as cited in *Görgen et al.* 2004, p. 7.
[53] *Görgen/Nägele* 2006; *Görgen et al.* 2005, as cited in *Podnieks et al.* 2010, p. 143. The research showed that significant differences exist regarding the severity of offences dealt with by the criminal justice system, in contrast to the evidence of battered women's shelters and victim services. The latter dealt with more severe forms of sexual violence, such as repeated violence in intimate relationships.
[54] *Rabold/Goergen* 2013. The data presented by *Rabold* and *Goergen* is based on the study "Crime and violence in older people's lives", conducted by the Criminological Research Institute of Lower Saxony, the German Centre of Gerontology and Hildesheim University, *Görgen et al.* 2009.
[55] 46.7% were qualified nurses in elder care or medical care, 14.8% were nursing aides, and 15.4% had another professional qualification in medical care, *Rabold/Goergen* 2013, p. 130.
[56] *Rabold/Goergen* 2013, p. 133 f.
[57] Ibid., p. 132.
[58] Ibid., p. 135 f.
[59] *Caciula et al.* 2010, p. 406 f.
[60] See for example *Bagshaw et al.* 2015, p. 445; *O'Brien et al.* 2015, p. 23 ff. w. f. r.; *Peri et al.* 2008, p. 26 ff.

Risk on the part of caregivers is related to stress, burnout, high workloads, job dissatisfaction and insufficient training. Many lack coping strategies to deal with problematic behaviour by the person in care, including physical violence, verbal aggression or sexual harassment.[61] In institutional settings, organisational aspects such as quality of leadership, staffing levels, supervision and so on, also play a role. These factors impact individual conduct by staff and the quality of care they deliver.[62]

Risk factors for abuse and neglect include poor health, ongoing dependency, female gender, cognitive impairment, limited social networks, social isolation and financial problems.

Findings from New Zealand

Data on elder abuse and neglect in New Zealand is mainly published by Age Concern.[63] Annually there are more than 2,000 referrals to Age Concern's Elder Abuse and Neglect Prevention Network (EANP) services.[64] An analysis of data collected between 2004 and 2006 revealed that 59% of the 944 cases involved people between 70 and 84 years of age. Women were over-represented in the statistics and 41% of victims were living alone.[65] Of the victims, 10% had been diagnosed with dementia.[66]

With respect to the forms of abuse, the study found that the most common types were psychological abuse (62%), followed by financial (42%) and physical abuse (20%). Neglect made up 19% of cases.[67] Of those perpetrating harm, 79% were family members, particularly children of the elderly person (48%).[68]

More recent data gathered by Age Concern New Zealand showed that over the preceding three years, about 75% of cases involved psychological abuse, over 50% financial abuse, 15-20% physical abuse and 10-15% involved neglect. In most cases, older people experienced more than one form of abuse. People aged 80 and over made up almost half of those abused. About 75% of abusers were family members.

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[61] *Rabold/Goergen* 2013, p. 129 w. f. r.; see also *O'Brien et al.* 2015, p. 23 ff. w. f. r.
[62] See *Rabold/Goergen* 2013, p. 136.
[63] Age Concern is a charitable organisation that advocates on behalf of people 65 and over. They provide a range of services, from visiting services, access to health services and financial management. They also provide free and confidential elder abuse protection services.
[64] The Ministry of Social Development funds 27 Elder Abuse and Neglect Prevention (EANP) services throughout the country, see http://superseniors.msd.govt.nz/health-wellbeing/preventing-elder-abuse/index.html (27.01.2016). According to the Ministry of Health's "Family Violence Intervention Guidelines on Elder Abuse and Neglect" published in 2007, "EANP services offer information, advice and support to the older person and have access to a wide range of professionals who specialise in providing services for older people. EANP coordinators assess cases, provide safety planning and referral and coordinate intervention. They also provide elder abuse prevention training and community awareness raising, and distribute information and advice on elder abuse issues.", *Glasgow/Fanslow* 2006.
[65] Age Concern 2007, p. 27-29.
[66] Ibid., p. 30.
[67] Ibid., p. 30 ff.
[68] Ibid., p. 37 f.

Age Concern says there are a variety of reasons why the elderly do not report abuse, but most commonly it is because they blame themselves, they are ashamed that the abuser is a family member and they depend on the abuser for support.[69]

The New Zealand Longitudinal Study of Ageing (NZLSA) highlights various experiences in the life of elders, including incidents of abuse. The study looked at a random sample of 2,987 people aged between 50 and 86 in 2010 and 2012.[70]

The New Zealand Longitudinal Study of Ageing (NZLSA) revealed relatively high rates of elder abuse and neglect.

About 10% of older people reported to have experienced some form of abuse.[71]

The study revealed relatively high rates of elder abuse and neglect. About 10% of older people reported to have experienced some form of abuse. Older women, Māori people and divorced, separated or widowed people were more at risk of being abused. Women felt a greater sense of vulnerability and dependence than men, were more often afraid of a family member, or were more frequently called names and put down. Men, however, were more likely to report feeling coerced. The study revealed high levels of dejection among respondents, such as feeling uncomfortable with family members, being sad or lonely.[71]

PROGRAMMES AND INITIATIVES RESPONDING TO ELDER ABUSE

Over recent years, a variety of models have been developed in several countries to prevent or reduce elder abuse.[72] Davey differentiates between primary, secondary and tertiary prevention initiatives and recommends a combination of approaches to the problem.[73]

- Primary prevention strategies aim at enhancing public awareness of the problem and providing education on age-related topics.
- Secondary prevention approaches focus on high-risk groups, providing protective services at an individual level, such as telephone helplines, information leaflets and so on.
- The focus of tertiary prevention initiatives is to provide support for older victims and prevent further abuse from

[69] Age Concern website, https://www.ageconcern.org.nz/ACNZPublic/Services/EANP/ACNZ_Public/Elder_Abuse_and_Neglect.aspx#kindsofabuse, accessed on 6.12.2016.
[70] Office for Senior Citizens 2015, p. 4, f 3.
[71] Office for Senior Citizens 2015, p. 10 f.
[72] *Nerenberg* for example distinguishes between eight different service models that are considered to be promising approaches in the area of elder abuse: the Adult Protective Services (APS) Model, addressing the needs of isolated people in the community as well as elder abuse and neglect; the Domestic Violence Prevention Model; the Public Health Model; the Victim Advocacy Model; the Restorative Justice Model; Neutralization Theory; the Family Caregiver Support Model and the Family Preservation Model, see more detail on these models *Nerenberg* 2008, p. 35 ff.
[73] *Davey* 2014, p. 59-60.

> happening.[74] Older people seldom want to involve the police or file formal proceedings against family members, and it is here that alternative responses, such as elder mediation and particularly restorative justice, have a useful role to play. Mediation can be helpful in cases where there is a more or less equal relationship between the parties, whereas restorative practices are able to hold perpetrators accountable for their harmful actions and meet the needs of victims.[75]

A comprehensive review of 104 studies relating to the effectiveness of interventions in the field of elder abuse, at various levels, has recently been published.[76] Here, we will focus on studies involving elements of restorative justice and mediation.

The review highlights *inter alia* the role of community service models, educational programmes and training initiatives.[77]

In Israel, for example, a community-based service model of interventions was trialled in three municipalities from 2005 to 2007. A Specialized Unit for the Prevention and Treatment of Elder Abuse (SUPTEA) was set up to provide interventions such as counselling, group work and family mediation, as well as to raise public awareness and provide workshops for the elderly and conferences for professionals.

Evaluation showed that establishing the specialised unit and training staff improved the management of elder abuse cases. Teaching empowerment strategies and coping skills to older people was effective in reducing the frequency of abuse. The project was also successful in improving awareness about responses to elder abuse

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[74] In New Zealand, elder abuse and neglect prevention services work in cooperation with family violence intervention networks, see *Davey* 2014, p. 60.

[75] *Davey* 2014, p. 60. As Davey declares, "[a]dvocates suggest that restorative justice processes with careful selection, planning and skilled facilitators and with adequate protection and support for the victim, can provide a forum for addressing the needs of elder abuse and neglect victims in a safe environment, which conventional court processes may be unable to do.", *Davey* 2014, p. 60.

[76] *O'Donnell et al.* 2015. The review uses Bronfenbrenner's ecological system theory, which considers individual as well as environmental, social and cultural systems, to classify elder abuse responses at the micro, meso, exo and macro-systems levels. The micro-system includes the direct environment of the individual (family, school, peers, workplace, neighbourhood). The meso-system describes the interactions between the various elements of the micro-systems. The exo-system is formed by the economic, political, educational, religious and other systems, whereas the macro-system includes overarching beliefs, values and norms within society. Furthermore, there is a fifth system, the chrono-system, which includes dimensions of time (events having an impact over the life course) – this system has not been included in the study. See *O'Donnell et al.* 2015, p. 5 f. The papers within the study focussed on the following categories: support groups for older people; interventions targeting perpetrator behaviour; and interventions targeting caregivers, such as informal carers, nurses and nursing assistants, physicians, first responders and other formal healthcare professionals, *O'Donnell et al.* 2015, p. 37.

[77] Meso-system interventions in this study referred to interactions between different micro-systems, including caregivers, family, social networks or community settings, *O'Donnell et al.* 2015, p. 17.

and in increasing the number of identified cases.[78] An analysis of the variables associated with case resolution found that elements such as self-determination, family preservation and resistance to service intervention had an impact on case resolution.[79] One of the recommendations of the first Israeli national study on elder abuse and neglect by Lowenstein et al. was "to focus on a family centered treatment model for abusers while simultaneously working with as many family members as possible within a family system, focusing on strategies of conflict resolution."[80]

One of the recommendations of an Israeli study on elder abuse and neglect was "to focus on a family centered treatment model for abusers while simultaneously working with as many family members as possible within a family system, focusing on strategies of conflict resolution."[80]

Further approaches have also been developed in North America. These include the Waterloo Project in Canada, with its restorative, non-adversarial, family-based approach, which is discussed later. "Family Care Conferences"[81] have also been used in Native American reservation communities to deal with elder harm.[82] These conferences involve family members, supportive neighbours or community members, health and social service providers and spiritual leaders if desired. They are facilitated by trained Native American facilitators known in the communities. The family develops a plan to address the concerns raised in the conference. The entire group then reconvenes to discuss how to implement the plan. The strength of this approach is that it is the family which determines the solution, while still being supported by other community members.[83] It provides a culturally anchored intervention in the field of elder abuse that enlists both family and community resources.[84]

One evaluation cited in the review by O'Donnell et al. recommends the use of both family centred therapy and therapeutic mediation, given that abusive behaviour is mainly carried out by family members.[85] The combination encourages the development of elder care plans that are based on the best interests of the older person and the whole family. It encourages creative problem-solving strategies,

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[78] *O'Donnell et al.* 2015, p. 17, referring to an evaluation by *Alon* and *Berg-Warman*, see *Alon/Berg-Warman* 2014 for further information.
[79] *O'Donnell et al.* 2015, p. 18, citing *Wolf/Pillemer* 2000.
[80] *Lowenstein et al.* 2009, p. 274.
[81] The Family Care Conference (FCC) in this programme was based on the New Zealand Family Group Conferencing Model, *Holkup et al.* 2007, p. 249 f. There are almost no statistics on the rates of elder abuse in Native American communities because there is a fear that conducting research on problems in Native American communities will pathologise native life and will further act to exploit Native American people. The FCC model focuses on strengths over pathology and recognises that there is inherent power within families. Additionally, Native American women have become facilitators in the FCC.
[82] *Holkup et al.* 2007, cited in *O'Donnell et al.* 2015, p. 20-21.
[83] *Holkup et al.* 2007, p. 249 ff.
[84] Ibid., p. 253.
[85] See *O'Donnell et al.* 2015, p. 43, citing *Wall/Spira* 2012. O'Donnell et al. further point out a study by *Bergeron* (2002), providing an alternative response to elder abuse based the family preservation model, acknowledging the principle of self-determination. According to Bergeron's findings, older people "make better choices for themselves if solution choices are also being offered to other family members", *Bergeron* 2002, p. 556, cited in *O'Donnell et al.* 2015, p. 43.

helps to prevent future conflicts within the family and widens practitioners' understanding of family members' strengths.[86]

Another example of a community response has been developed in Newfoundland and Labrador.[87] This model aims to bring together groups working with elderly in all sectors of the community. It was developed after it became apparent that there was no specific pathway for learning about stories of elder abuse and ensuring that all the necessary people were involved in responding to them. An Elder Abuse Helpline refers people to the relevant Provincial Elder Abuse Office, which then coordinates a response with police, health workers and community support workers. An Elder Abuse Coordinator follows up with the family to ensure the situation has been resolved. Although this model does not include specific restorative justice practices, it does attempt to bring together the broader community to respond to the abuse. A central coordination point enables the gathering of information about the various types of elder abuse that are occurring, how they are being dealt with and whether responses have been successful.

A community response to elder abuse has been developed in Newfoundland and Labrador. This model aims to bring together groups working with elderly in all sectors of the community.[87]

In Nova Scotia, a Restorative Approach with Seniors Network has been set up to explore how to work with older people in a restorative way. Various stakeholders have been involved in developing the network, including seniors, restorative justice agencies, police, academics from Dalhousie University, government partners, healthcare partners, lawyers, courts and community members. The restorative approach provides an umbrella under which strategies, practices and policies are developed in various fields. It is relationship-focussed and comprehensive and aims at providing ways to repair the harm caused and enhance victim satisfaction and safety.

In Nova Scotia, a Restorative Approach with Seniors Network has been set up to explore how to work with older people in a restorative way.

In the United States, the Jamestown S'Klallam Family Group Conferencing Project was a three-year project sponsored by the Administration on Aging, as part of the Native American Caregiver Project.[88] It sought to explore the use of conferences in resolving familial conflict, including about issues such as caregiver burnout, sibling rivalry, end of life planning and confronting anger and guilt.

Project Daybreak Bluebird was established in 2000, to offer family group conferences and community education programmes addressing domestic violence in southern England.[89] In 2006, the Project received funding for a three-year trial for family group conferences in cases of elder abuse. Results have been encouraging. There appears to have been an overall reduction in abuse and an

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[86] *Wall/Spira* 2012, p. 286 ff. Family-centred mediators/clinicians have to employ skills in both the family therapy and the mediation model to ensure adequate interventions.

[87] "A Community Response to Elder Abuse: A Model for Newfoundland and Labrador", information on the model is available at http://nlnpea.ca/sites/default/files/documents/model_report.pdf (25.01.2016).

[88] *Nerenberg/Baldridge/Benson* 2003, cited in *Nerenberg* 2008, p. 136-137.

[89] *Moore/Browne* 2016, p. 10. As Moore and Browne point out, "emerging and innovative practices offer new approaches and directions for the field, although they are less empirically studied", ibid., p. 9.

increase in understanding of the problems.[90] Project Daybreak continues to offer family group conferences for adults at risk of abuse.[91]

Relationships Australia is currently trialling a model that provides mediation and counselling services to older people and their families. Elder Relationship Services commenced in January 2016, and is available in six Australian locations. It offers conflict resolution and prevention services, as well as support for age-related issues.[92]

Elder mediation

The concept of elder mediation first emerged in Canada, and has since spread to many other countries. Different models of practice have been developed, but in broad terms elder mediation may be understood as:

> ...a cooperative process, in which a professionally trained elder mediator helps facilitate discussions that assist people in addressing the myriad of changes and stresses that often occur throughout the family cycle. Elder mediation typically involves larger numbers of participants, including older people, family members, friends and others who are willing to give support. Depending on the situation, it is not uncommon to include paid caregivers, hospital staff, nursing home and or community care representatives, physicians and other professionals.[93]

Using a person-centred approach, elder mediation aims to enhance the wellbeing and rights of the elderly and promote communication between everyone involved.[94] The right of the elderly to be actively involved in the resolution process, and to be empowered to do so, are core commitments.[95] Areas of application include disputes over health and medical care, caregiving responsibilities, financial issues, guardianship issues, inheritances, housing and living arrangements, abuse, safety issues and neglect.[96]

Elder mediators require similar competencies and skills as restorative justice facilitators, and there is a consensus they should

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[90] *Tapper* 2010, p. 28 ff. The outcomes were not formally evaluated by then.
[91] See website of Project Daybreak http://www.daybreakfgc.org.uk/adult-safeguarding (27.01.2016).
[92] See website of Relationships Australia https://www.relationships.org.au/what-we-do/services/elder-relationship-services (01.02.2016).
[93] *McCann-Beranger* 2010, p. 1.
[94] Ibid., p. 2.
[95] *Barry* 2015, p. 436 ff. Barry differentiates between mediation to resolve conflicts within families and mediation prioritising the will and preferences of older people, underlining that "[m]ediators should be clear about whether they are facilitating a process designed to resolve family conflict over aging-related decisions or if their role is to ensure that the rights, needs and preferences of the older person are prioritized.", ibid., p. 437.
[96] *McCann-Beranger* 2010, p. 2-3; *Martin* 2015, p. 482; *Braun* 2012, p. 2; *Barry* 2013, p. 251-252 w. f. r.; *Krabbe* 2012, p. 187.

have specialist knowledge of aging and age-related issues.[97] The Canadian Elder and Guardianship Mediation Project, based in British Columbia, provides best practice recommendations, including the need for specialised skills-based training and practical experience, the need to determine the capacity of older people to participate meaningfully and the need to be aware of power imbalances. As in restorative justice, pre-mediation sessions with the parties and co-mediation of the process are regarded as characteristic features of this kind of mediation.[98]

Elder mediators require similar competencies and skills as restorative justice facilitators. This includes special knowledge of aging and age-related issues, including dementia.

Opinion differs on the issue of assessing the capacity of elderly participants.[99] Some experts think that mediators should, if they have any doubt, and with the consent of the older person, request an expert assessment of their cognitive capacity before proceeding.[100] Others, such as Barry, argue that the capacity to participate in a mediation is different from the capacity to sign a legal agreement at the end of the process and should be judged on different grounds.[101] She expresses doubt about the adequacy or relevancy of applying clinical assessment tools to the mediation context.[102] Instead of a capacity assessment approach, Barry favours a human rights approach that provides support for elders to exercise their rights of participation.[103] Involving advocates may be an option to ensure the voices of older people are heard and their effective participation guaranteed.[104]

A broad range of practical and procedural accommodations are required in elder mediation – such as conducting shorter mediation sessions at suitable times of the day, using specific communication techniques adapted to the elderly or people with dementia, and

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[97] *McCann-Beranger* highlights various process models for elder mediation, including interest-based approaches, insight approaches, facilitative approaches, transformative approaches, narrative approaches, the adult guardianship mediation model, the therapeutic elder mediation model and the restorative justice approach, p. 6 ff.

[98] British Columbia Law Institute 2012, p. XV, 27 ff.; *Smyth* 2011, p. 138. See furthermore detailed on skills and knowledge of mediators specialising in issues of aging *McCann-Beranger* 2010, p. 67 ff.

[99] Capacity means the ability to make a decision for yourself and, in a legal sense, to have the abilities of understanding, appreciation, reasoning and choice related to decision-making, see *Barry* 2013, p. 252 w. f. r. See a more detailed discussion on legal and clinical perspectives on capacity with regard to the elderly *Dobson/Duncan* 2016. Furthermore, useful information for practitioners with regard to capacity (assessment) is provided by Australia's NSW Government in a "Capacity Toolkit", available at http://www.justice.nsw.gov.au/diversityservices/Documents/capacity_toolkit0609.pdf (26.01.2017).

[100] See *Martin* 2015, p. 490-491 w. f. r.

[101] *Barry* 2013, p. 253; *Barry* 2015, p. 439.

[102] *Barry* 2013, p. 254 w. f. r.

[103] *Barry* refers to providing "accommodations necessary to support a person's capabilities", in line with a human rights approach based on the *Convention on the Rights of Persons with Disabilities* (CRPD) (in light of the absence of a convention on the rights of older persons), *Barry* 2013, p. 256 f.

[104] See *McCann-Beranger* 2010, p. 79; *Martin* 2015, p. 495; *Bagshaw et al.* 2015, p. 475.

involving support people in the process.[105] The University of Windsor Mediation Services, which has developed specialised interdisciplinary training in elder mediation, stresses the importance of age-friendly settings. This includes using accessible spaces, creative seating arrangements, comfortable locations and written material in large print. It recommends the use of an Intake Guide to gather information that is both mediation-related and elder-specific.[106]

Mediators also require specialised knowledge of dementia, which becomes more common with advancing age. It is important that mediators can help families to access information on dementia, to obtain interdisciplinary assessments of older people and to understand the appropriate support and quality of care required.[107]

An Australian study exploring the potential of elder mediation in cases of financial abuse highlights the wide range of skills and knowledge mediators require in elder work.[108] These include knowledge about family systems theory, family life cycle development, family dynamics, the aging process, dementia, competence to identify abuse, financial, legal and commercial knowledge, cultural awareness, empowerment techniques and a strengths-based approach to developing outcomes.[109] Given the complexity of age-related issues, a style of mediation is needed that emphasises character strengths, resources, choice, autonomy and dignity and that promotes a creative process that empowers the parties.[110]

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[105] *Barry* 2013, p. 257 f. w. f. r. *Krabbe* points out the importance of respect and building trust in the context of elder mediation, while acknowledging the rich life experience of older people and the multitude of conflicts they have overcome. Mediators should have specific knowledge in multiple aspects of ageing, including multi-generational families, professional care, housing, etc., *Krabbe* 2012, p. 189.
[106] *Smyth* 2011, p. 136 ff.
[107] See *Martin* 2015, p. 491-492, 496. *Smyth* reports that part of the training on elder mediation within the University of Windsor project was delivered by experts on Alzheimer and dementia, *Smyth* 2011, p. 136.
[108] *Bagshaw et al.* 2015, see above. Participants in the three online surveys included chief executive officers of organisations providing services to older people and their families, service providers working in these organisations, as well as older people and their relatives, see *Bagshaw et al.* 2015, p. 447.
[109] Ibid., p. 474.
[110] See *Martin* 2015, p. 496.

RESTORATIVE APPROACHES: THE WATERLOO PROJECT

The first known example of using restorative justice to respond to elder abuse emerged in Waterloo, Ontario in 2000.[111] The Waterloo Project had the goal of increasing the reporting of abuse and the creation of healthier relationships through holding perpetrators accountable. One of its central aims was to "develop people's own capacity to deal with abuse".[112]

The Waterloo Project (Canada) had the goal of increasing the reporting of abuse and the creation of healthier relationships through holding perpetrators accountable.

The model had two major components. The first was community education targeting older people as well as professionals working with the elderly, to help them identify abuse and report victimisation. The second was the use of restorative justice processes to respond to incidents of abuse. This proved much more challenging than expected, as there were no precedents to follow. The organisers began by identifying the principles they wished to uphold – safety, respect, dignity, confidentiality and autonomy – and how these could be accomplished through the use of circle processes.[113]

Referrals came from a variety of sources, including the justice system, health care workers, families and community groups. A trained facilitator conducted the circles after a preparation period. Ideally only one circle was required and there was a post-circle follow up to check that the agreed resolutions had been implemented.

The project was evaluated by means of a self-assessment survey and by two external evaluations, conducted in 2004 and 2005.[114] The self-assessment found that while not all objectives had been met, the model could be considered broadly successful. In terms of community education, a total of 108 presentations to about 3,000 people, as well as conferences, workshops and training programmes addressing 390 participants, had taken place. Collaboration between agencies had also improved. With regard to the restorative justice processes, a total of 137 people had participated in the process in some way.

An external evaluation by Stones focused on both community engagement and client intervention outcomes. Educational presentations from project staff were found to have had an impact on changing attitudes towards elder abuse. Results were mixed for restorative justice outcomes, but processes were "for the most part effective in providing satisfaction, safety, and protection for victims

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[111] See about the project and its evaluations *Groh/Linden* 2011; *Groh* 2003. The project was developed and implemented by the Community Care Access Centre (CCAC) of Waterloo Region in partnership with several other social service agencies. The initiative started its activities in the year 2000, based on three-year funding.

[112] *Groh/Linden* 2011, p. 129.

[113] A circle process involves the perpetrator, victims and supporters and aims at consensus decision-making of the participants. The "keeper" of the circle facilitates the meeting and safeguards the circle guidelines. A talking piece is passed around to ensure that everyone is given the chance to be heard, see *Groh/Linden* 2011, p. 131; *Groh* 2003, p. 25. For more in-depth information on circle processes see for example *Pranis* 2005.

[114] *Stones* 2004 and *Linden* 2006, as referred to in *Groh/Linden* 2011, p. 132 ff.

of elder abuse... the project appears to be a great success, with the restorative justice approach proving to be a significant form of intervention for cases of elder abuse."[115] Circle processes provided satisfaction for victims and helped to address the needs of perpetrators. A major challenge, however, was the lack of referrals for the project.

A subsequent evaluation of the project reached similar conclusions. It found that the network of community agencies had been strengthened, staff morale and dedication had been enhanced, and knowledge about elder abuse had increased in the community. Another positive feature was the inclusive and participatory nature of the intervention – older people from various cultural backgrounds could be successfully involved in the planning and implementation of the restorative model. Overall, results were encouraging.

The two main weaknesses of the project were its small number of referrals and problems in completing the circle process. Professionals often assumed that victims would be reluctant to be involved in circle processes because the issue was too sensitive or too private, so would not refer them. For a variety of reasons, even when referrals occurred, many did not go ahead, or the circles were never completed. Many cases were extremely complex, and often the elderly victim was cognitively impaired and could not understand what was taking place. Another barrier was that family members lived too far away to attend the meetings. The need to rely on volunteers to facilitate complex circles processes due to limited funding was also a problem.

In order to increase referrals for the project, an Elder Abuse Response Team was created, to provide a more collaborative, coordinated and interdisciplinary model.

In view of these findings, the organisers decided to create an Elder Abuse Response Team (EART), which they hoped would provide a more collaborative, coordinated and interdisciplinary response to the needs of victims, while continuing to undertake education and outreach activities. An Inter-Agency Elder Abuse Working Group became the platform for information sharing and problem-solving among relevant agencies. Permanent staff included a police officer and a Community Care Access Centre case manager, thus bringing together professionals from both health and justice sectors.

As a result, the number of referrals increased significantly, coming from police, financial institutions, victims, relatives, neighbours and medical professionals. EART's practice model is holistic and flexible. The team meets with the affected parties wherever they feel comfortable and lets them bring whoever they want to the meeting. The programme's guiding philosophy is still restorative justice, and circle processes are still used in suitable cases. However, a wider range of options is also offered and most cases are resolved by other means. In the end, EART has become a comprehensive conflict management programme guided by restorative principles.

[115] *Stones* 2004, cited in *Groh/Linden* 2011, p. 135.

SUMMARY AND LESSONS

- Elder abuse is a multifaceted phenomenon, including physical, psychological, financial, sexual and systemic abuse, as well as neglect and abandonment. It occurs in private as well as in institutional settings, and often involves a combination of several forms of abuse.

- According to demographic data, the percentage of older people in the population is expected to increase worldwide, owing to longer life expectancy, progress in health care and better living conditions. Accordingly, the number of older people at risk of harm will increase as well.

- The extent of elder abuse is difficult to assess, due to its hidden nature. The abuse is often psychological, which is particularly hard to identify. Because perpetrators are usually family members, victims are reluctant to notify authorities about the abuse. This makes it hard to intervene on their behalf.

- Studies on the prevalence of elder abuse consistently find it to be a significant problem that needs to be taken seriously. Overall prevalence rates range from between 3.2% and 27.5% of the general population.[116] New Zealand data shows that 10% of older people have faced some form of abuse, which is consistent with data from the United States.[117]

- Family members are the most common perpetrators, particularly the intimate partner or the adult children of the older person. A variety of risk-factors have been identified, including poor health, dependency, social isolation, cognitive impairment and caregiver's stress, with dementia sufferers and older women being at most risk of becoming victims of abusive behaviour. Moreover, the risk increases with age.

- In addition to the suffering of individual victims, elder abuse has a negative impact on families, communities, the health system and society as a whole. Therefore, comprehensive responses aiming at protecting vulnerable older people and tackling the complexity of the phenomenon are needed.

- Comprehensive models employ a holistic approach and consider individual, inter-relational and societal factors, as well as the multiple needs of victims and all involved.[118] As family members are often implicated, participatory approaches that engage the (extended) family offer the greatest potential to repair the harm and strengthen family connections. Evaluation studies underline the benefits of such an approach. By using the strengths and resources of family members, the various needs of those involved can be

Comprehensive models employ a holistic approach and consider individual, inter-relational and societal factors, as well as the multiple needs of victims and all involved.[118]

[116] *Cooper et al.* 2008, p.152, 158.
[117] See above, p. 7, 13.
[118] See *Nerenberg* 2008, p. 242.

more adequately addressed, participants empowered and sustainable solutions implemented.

- Restorative practices, such as circles, conferencing and mediation have the potential to create a safe space for clarifying and repairing the harm that has been done and for empowering older people to have a voice. Circles promote consensus decision making and can be convened in a variety of settings, both domestic and institutional. If a circle takes place, it is crucial to follow-up with the elderly person afterwards. It is also important that facilitators are specifically trained about elder abuse and neglect, and have some knowledge about gerontological aspects such as dementia.

Due to the complexity of elder abuse, best practice models require interagency collaboration and/or the involvement of multidisciplinary teams.

- Due to the complexity of elder abuse, best practice models require interagency collaboration and/or the involvement of multidisciplinary teams. By widening the circle of expert knowledge and perspectives, a better basis exists for dealing with all the age-related issues involved. Prevention strategies should similarly be based on "a comprehensive approach involving a multifaceted intervention including multiple sectors of society".[119]

- It is important that elder abuse programmes combine prevention and intervention measures. Educational programmes should be employed to raise public awareness about age-related issues and to increase sensitivity to and reporting of abusive behaviour. Training should also be provided for caregivers and for professionals. General practitioners and other health agencies often have the most direct contact with elderly victims who live alone, so it is important they are taught to recognise signs of abuse.

The further development of the Waterloo project highlighted the value of providing a wider range of conflict management options which are tailored to the needs of individual cases.

- The Waterloo Project on elder abuse confirms the value of participatory, community-based approaches that bring those involved together to address the harm and find solutions that will support and protect the elderly person. The second phase of the project highlighted the value of providing a wider range of conflict management options which are tailored to the needs of individual cases, and the importance of working collaboratively with other agencies in the field, including health and law enforcement.

Although hard evidence and practical experience are still limited, there is every reason to believe that responses based on restorative justice principles and practices offer a promising approach in the elder abuse context and will contribute to the larger goal of elder abuse prevention. However, there is a need for further evaluative research on the effectiveness of restorative models in this challenging field.

[119] *Daly et al.* 2011, p. 361.

Appendix 1
Major Programmes, Models and Networks Employing Restorative Tools for Elder Abuse

Elder Abuse Response Team, Waterloo, Canada

From 2000-04, the community-based Restorative Justices Approaches to Elder Abuse Project provided community education as well as restorative circles to deal with elder abuse.[120] The project was successful in raising the profile of elder abuse in the community and established a strong network of community partners. However, due to limited referrals and a low number of completed circles, project providers decided to redesign the model. The 2004-established Elder Abuse Response Team (EART) provides a wide range of options for conflict resolution, adapted to the individual needs of the elderly. This comprehensive conflict management model involves multi-agency partnerships to address elder abuse issues. Project evaluation has shown that after applying the new approach, the number of referrals has increased.

Restorative Approach with Seniors Network, Nova Scotia, Canada

A Restorative Approach with Seniors Network has recently been developed in Nova Scotia. Key stakeholders, including seniors, restorative justice agencies, police, academics, government partners, lawyers, courts, healthcare partners and community members were involved in establishing the network. The restorative approach provides an umbrella under which strategies, practices and policies are developed in various fields. The holistic approach aims at developing knowledge, capacities and skills across several sectors in order to provide a meaningful way to handle elder harm.

Jamestown S'Klallam Family Group Conferencing Project, USA

The Jamestown S'Klallam Family Group Conferencing Project was a three-year project funded by the Administration on Aging in 2000.[121] The model sought to explore the use of conferences in familial conflict situations, including to resolve issues such as caregiver burnout, sibling rivalry, end of life planning and confronting anger and guilt. The project was inspired by the New Zealand Family Group Conferencing (FGC) model, and adapted for elders and their caregivers. Conferences were held in elders' private settings in order to better respond to elders' needs. Usually, conferences included 12 to 15 participants. Plans of care were based on the four dimensions of the "medicine wheel" (emotional, physical, spiritual and social aspects).

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[120] See *Groh/Linden* 2011.

[121] *Nerenberg/Baldridge/Benson* 2003, cited in *Nerenberg* 2008, p. 136-137; see also the website of the National Indian Council on Aging, http://nicoa.org/wp-content/uploads/2016/03/Preventing-and-Responding-to-Abuse-of-Elders-in-Indian-Country.pdf (20.02.2017).

Family Care Conferences in Native American Communities, USA

Family Care Conferences, based on the New Zealand FGC model, have been used in Native American reservation communities to deal with elder harm.[122] The conferences are facilitated by trained Native American facilitators and involve family members, supportive community members, relevant health and social service providers and spiritual leaders. The group is invited to talk about the welfare of the elderly person. After the family has developed a plan to address the concerns raised in the conference, the entire group discusses how to implement the plan. The strength-focused model recognises that there is inherent power within families.

Project Daybreak Bluebird, England

Project Daybreak Bluebird was established in 2000 and offers FGCs and community education programmes to address domestic violence in southern England. In 2006 the Project received funding for a three-year trial of FGCs in cases of elder abuse. Results have been encouraging. There appears to have been an overall reduction in abuse and an increase in understanding of the problems.[123] Project Daybreak continues to offer family group conferences for adults at risk of abuse.[124]

A Community Response to Elder Abuse, Newfoundland and Labrador, Canada

This model aims to bring together groups working with the elderly in all sectors of the community.[125] It was developed after it became apparent that there was no specific pathway for learning about stories of elder abuse and ensuring that all the necessary people were involved in responding to them. An Elder Abuse Helpline refers people to the relevant Provincial Elder Abuse Office, which then coordinates the response with police, health workers and community support workers. An Elder Abuse Coordinator follows up with the family to ensure the situation has been resolved. Although this model does not include specific restorative justice practices, it does attempt to bring together the broader community to respond to the abuse. A central coordination point enables the gathering of information about the various types of elder abuse that are occurring, how they are being dealt with and whether responses have been successful.

Relationships Australia

Relationships Australia is currently trialling a model that provides mediation and counselling services to older people and their families. Elder Relationship Services commenced in January 2016, and is available in six Australian locations. It offers conflict resolution and prevention services, as well as support for age-related issues.[126]

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[122] See *Holkup et al.* 2007.

[123] *Tapper* 2010, p. 28 ff.

[124] See website of Project Daybreak http://www.daybreakfgc.org.uk/adult-safeguarding (27.01.2016).

[125] "A Community Response to Elder Abuse: A Model for Newfoundland and Labrador", information on the model is available at http://nlnpea.ca/sites/default/files/documents/model_report.pdf (25.01.2016).

[126] See website of Relationships Australia https://www.relationships.org.au/what-we-do/services/elder-relationship-services (01.02.2016).

University of Windsor Mediation Services, Canada
This elder abuse mediation project is based on an interdisciplinary approach involving various professional groups.[127] The programme focusses on a strength-based approach to elder mediation. A specialised intake guide was developed for elder abuse screening, in order to gather information on the form and extent of potential abuse. The guide allowed for the exploration of multiple options for case resolution and promoted collaboration.

The Elder and Guardianship Mediation Project, Canada
This project, based in British Columbia, provides best practice recommendations, including the need for specialised skills-based training and practical experience, the need to determine the capacity of older people to participate meaningfully, and the need to be aware of power imbalances.[128] As in restorative justice, pre-mediation sessions with the parties and co-mediation of the process are considered essential.

Specialized Unit for the Prevention of Elder Abuse (SUPTEA), Israel
This integrative model for intervention was implemented in three municipalities in Israel. A multidisciplinary Specialized Unit for the Prevention of Elder Abuse (SUPTEA) was set up. Interventions include counselling, group therapy and family mediation, as well as supportive services to victims, perpetrators and family members. Workshops and conferences for professionals are organised to enhance awareness about elder abuse. The project was found to be successful in reducing the frequency of abuse, raising awareness about elder abuse responses and increasing the number of identified cases.[129]

Canadian Network for the Prevention of Elder Abuse
The Canadian Network for the Prevention of Elder Abuse serves as a national platform for knowledge sharing and collaboration, as well as enhancing programme and policy development across Canada in the field of elder abuse prevention. The network delivers its activities at local, regional, provincial/territorial and national levels.[130]

Australian Network for the Prevention of Elder Abuse
This network was established to share ideas and approaches in the field of elder harm, as well as to exchange details on policies, programmes, community education and training for professionals.[131]

Australasian Elder Mediation Network
This network aims at enhancing knowledge about elder mediation and providing information for dispute resolution practitioners and

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[127] See *Smyth* 2011.
[128] British Columbia Law Institute 2012.
[129] See *Alon/Berg-Warman* 2014.
[130] See for further information http://cnpea.ca/en/ (14.02.2017).
[131] For further information, visit the website http://www.sa.agedrights.asn.au/abuse_prevention/australian_network_for_the_prevention_of_elder_abuse (20.02.2017).

other professionals.[132] It also encourages referrals of elder abuse cases to relevant services, including mediation services. The network also provides information on research and events in the field of elder abuse.

[132] See the website of the network for more details, http://elder-mediation.com.au/ (08.02.2017).

Appendix 2
Lessons and implications for a safe practice

In order to handle elder harm in a respectful, safe and sustainable way, the following aspects serve to guide practice:

- Models should be based on **interdisciplinary, multi-agency approaches** involving key stakeholders. This ensures that all relevant perspectives in the complex area of elder harm are included (for example, health care services, geriatric medicine, restorative conflict resolution, police, law, etc.).

- Programmes should be **developed collaboratively**, ideally including the voices of the elderly in their design.

- Programmes should provide a **diversity of interventions** to tackle elder harm, tailoring responses to individual circumstances and needs.

- Processes of redress should seek, where possible, to engage **both victims and perpetrators** in developing solutions, as well as family members, friends and other support people. Efforts to strengthen the **network of support** for older people contribute to enhancing sustainable practices and promoting coping strategies of the elderly.

- Providers should devise a **specialised intake guide** in order to gather information on the nature and extent of harm and the history of abuse. It should include a risk or safety assessment and information on the elder's health status, power of attorney and living arrangements. This can provide a basis for tailoring appropriate responses.

- In planning interventions**,** providers need to consider **organisational details** such as the length of conflict resolution sessions, the most appropriate time of the day to meet and the safety and accessibility of the location.

- **Facilitators of restorative meetings** require advanced facilitation skills, developed communication techniques and specialist knowledge of the issues affecting older people, especially those dependent on caregivers. Preliminary meetings are important; shorter sessions are preferable; co-facilitation is highly recommended; and follow-up sessions are essential to ensure the agreement has been completed and to identify whether further support is needed.

- Due to the complexity of elder harm, restorative conflict resolution when older people are involved requires **specialised training**. Facilitators should be knowledgeable about forms of elder abuse, including indicators of the different forms; age-related issues, such as a basic knowledge of the aging process and dementia; risk-factors of elder abuse and neglect, for example, social isolation, cognitive

impairment, the increased vulnerability of people aged 80 and over, etc.; family dynamics and family systems; relevant legal knowledge; cultural awareness (language and family values); healthcare related aspects; and knowledge about available community resources.

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