Title: Prevent Elder Abuse and negleCt initiativE (PEACE)

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Acknowledgements: This study is funded by the University of Malaya Grand Challenge Programme: Preventing Elder Abuse and Neglect Initiative (PEACE) (GC001-14HTM)
Abstract:

Elder abuse and neglect (EAN) includes psychological, physical and sexual abuse, neglect and financial exploitation. There remains great paucity in research, practice, and policy dealing with this issue. The dearth of evidence-based intervention and outcomes research to assist the victims of elder abuse calls for more systematic and rigorous research. In Malaysia, very little is known about this problem in the local context. The Prevent Elder Abuse and negleCt initiative (PEACE) initiative is implemented with the aim of contributing to the achievement of the objectives of the National Health Policy for Older Persons (2008) and National Policy for Older Persons (2011) which emphasize the formulation of strategies that safeguard elderly safety and protection, promotion and advocacy of elderly issues, encourage lifelong learning among elderly, community’s active participation and intergenerational solidarity, and encourage strong governance and shared responsibility among stakeholders. Specifically PEACE is aimed at i)examining the magnitude, risk factors and consequences of elder abuse and neglect, ii)investigating the role of caregiver strain in preventing elder abuse and neglect, iii)providing education and training to health care providers, iv)providing education and training to family caregivers who provide care for elderly and v)identifying existing laws on elder abuse and neglect, understanding the gaps and refining the law to address the gaps through a more comprehensive approach. It is hoped that the results from PEACE will improve policies and the practices of prevention and management of elder abuse and neglect in Malaysia.

Key words: Elder, abuse, neglect, geriatrics
INTRODUCTION

Elder abuse and neglect (EAN), also known as elder mistreatment or elder maltreatment, includes psychological, physical, and sexual abuse, neglect, and financial exploitation. It was estimated that 1 out of 10 older adults experiences some form of elder abuse, and only a fraction of cases are actually reported to social services agencies. Elder abuse is associated with significant adverse health outcomes such as psychosocial distress, anxiety, post-traumatic stress disorder, decline functions, disabilities and even premature mortality\(^1\). In Europe elder abuse was responsible for 2500 deaths annually (WHO, 2011)\(^2\)

Emerging evidence shows that elder maltreatment has great economic costs, including the direct costs to health, social, legal, police and other services. The direct cost arising from maltreatment was attributed to increased health care costs to treat and rehabilitate the maltreated elderly. Direct health care costs of injuries due to elder maltreatment contributed more than US$ 5.3 billion to the annual health care expenditure in the United States\(^3\). Maltreated elderly were reported to have longer hospital stays, higher rates of utilization of emergency services and hospital admission compared to their non-maltreated counterpart\(^4\). Other costs include provision of protection and care by the legal and social system, such as adult social services agencies.

Given these enormous social and economic costs, and there remains great paucity in research practice, and policy dealing with this pervasive issue. Hence, there is a dire need for evidence-based immediate interventions on elder abuse. There are very few studies focused on elder abuse.

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\(^1\) Lancet. Preventing elder abuse: can we learn from child protection? The Lancet. 2011;377(9769):876.
\(^3\) Lancet. Respect your elders. The Lancet. 2011;377(9784):2152
incidence and its causes. The dearth of evidence-based intervention and outcomes research to assist the victims of elder abuse calls for more systematic and rigorous research. The issue of EAN is gaining more interest among researchers worldwide.

In Malaysia, very little is known about the problem of EAN. There is no data available on elder abuse and neglect. The number and proportions of older people in Malaysia are increasing rapidly, making up 15% of the total population by 2035. Traditionally, most Malaysian older adults used to rely on their children for care and financial support. However, socioeconomic changes and large scale migration of younger populations to urban areas have brought about dramatic changes in traditional values and eroded family's support and care for their elder members. The lack of financial support and greater dependence on children make the older people more vulnerable for elder abuse and neglect.

2. AIMS OF Prevent Elder Abuse and negleCt initiativE (PEACE)

The Prevent Elder Abuse and negleCt initiativE (PEACE) gathers empirical evidences and addresses issues of practical significance. This new Initiative reflected our desire to better prepare the community to address the inevitable societal changes brought about by an aging population. This initiative focuses on gathering evidence to inform policy to protect elder abuse rights, re-orientate and encourage the community to be actively engaged in elderly issues, and support independent living among the elderly. This initiative addresses five main areas:

1. Examine the magnitude, risk factors and consequences of elder abuse and neglect

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6 Choo WY, Hairi NN, Othman S, Francis DP, Baker PRA. Interventions for preventing abuse in the elderly. Cochrane Database of Systematic Reviews 2013, Issue 1
2. Investigate the role of caregiver strain in preventing elder abuse and neglect

3. Provision of education and training to service providers providing direct service delivery to elderly

4. Support and train family caregivers who provide care for elderly

5. Identifying existing laws on elder abuse and neglect, understanding the gaps and refining the law to address the gaps through a more comprehensive approach.

This Initiative is in line with Malaysia’s National Health Policy for Older Persons (2008) and National Policy for Older Persons (2011) which emphasize the formulation of strategies that safeguard elderly safety and protection, promotion and advocacy of elderly issues, encourage lifelong learning among elderly, community’s active participation and intergenerational solidarity, and encourage strong governance and shared responsibility among stakeholders.

3. DETAILS OF PEACE

Program 1: Distribution of elder abuse and neglect among community dwelling elderly and institutionalized elderly

Current knowledge about EAN is mainly derived from studies conducted in Western countries. All published epidemiological studies to date have been based on one-time “snapshot” surveys where prevalence is estimated and various correlates are described. While these work has been valuable in defining the problem internationally, there is still a dearth of published time-trend data from cohorts of community-based and institutionalized samples of elderly, especially from
developing countries. We know little about incidence and risk factors for EAN and EAN subtypes in rural Malaysia where the elder population is the most vulnerable. Program 1 would be among the first few community based cohort study that measure incidence of elder abuse and neglect and its causes among community-dwelling and institutionalized elderly conducted in a developing country. The specific objectives are to measure the incidence of elder abuse, determine its risk factors and consequences among a cohort of community-dwelling elderly and to describe the distribution of elder abuse and neglect and investigate its determinants among a cohort of institutionalized elderly.

Program 2: The role of social relationships and caregiver strain in preventing elder abuse and neglect

Social relationship is an evolving concept that is least studied in elder abuse and neglect research although it constitutes an important element of risk factors predisposing elderly to risk of abuse and neglect. The concept of social relationship is still developing and undergoing continual refinement. Current literature defined social relationship in various forms including measuring elderly perceived social support, social networking, social support, loneliness, social isolation and living arrangement. Social relationship is relevant to the study of elder abuse and neglect as older people are at greatest risk of losing critical parts of their ties as they age making them more dependent on others within their communities. Social support for older people is inevitably changing especially among urban and rural older people in Malaysia. These changes are mainly due to the changes in family patterns leading to declining solidarity of (family) care. As help for

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older people from relatives (other than partners) is declining, this results in the increased
dependence of older people on non-kin as source of support. This phenomenon implies that an
insightful understanding of the elder abuse and neglect issue demands a comprehensive assessment
of a wide spectrum of factors between individual (micro) and area (macro/meso) level. EAN is
often complex and multi-faceted, hence solutions to this issue would entail the needs to examine
how social relationship, social support and social ties intertwined and affect elder abuse and
neglect. High social relationship and social support may potentially moderate or act as a cushion
for elderly in adversities. With this perspective in mind, two main questions to be addressed in this
study are: 1. Are elderly with low social relationship (i.e. social support, social networking,
loneliness, social isolation and living arrangement) at risk of elder abuse and neglect? 2. Are there
differences between informal caregivers strain among those who worked and those who do not
with regards to elder abuse and neglect?

Program 3: Education, Training and Awareness for service providers

Medical officers, community nurses, and social service staff are the most common first contact
points for victims of abuse and neglect with the healthcare and social system. Currently, a pilot
study is undergoing among medical officers and nurses to develop a professional education
intervention program related to elder abuse and neglect. This will be expanded from the pilot-
tested curricula and train service providers. An important aspect of this program is that the training
which is designed as a ‘train-the-trainer’ program. Target groups for the training program include
medical officers, community nurses and assistant medical officers. The training aimed at
enhancing identification and intervention with respect to EAN; increases service providers’
knowledge related to recognition and treatment of EAN; and increases service providers’ recognition and reporting of EAN. The objectives of this program are to provide baseline and follow-up data on service providers attending the training program, to evaluate the effectiveness of an educational training program in improving recognition and management of elder abuse and neglect among service providers and to evaluate whether public investments in the training of the service providers provide a return on investments (ROI) or cost-savings to the government.

Program 4: Family and Institutional Caregivers’ Educational and Support Program

Epidemiological studies have revealed that maltreatment of the older people is common in developed countries with family caregivers reported being the most common perpetrator. Caregiver strain is a major risk factor to elder abuse and neglect. Often family caregiving responsibilities for an elderly gradually become more and more demanding especially in caring for older persons in ill health. The Family Caregivers’ education program is designed to decrease caregiver’s inappropriate or abusive behaviours towards elderly, stress reduction, conflict management, dealing with diseases and physical problems of the elderly, coping, management and care for the elderly, creating positive interaction with elderly, and introduction to available community resources. The objectives of this program are to provide baseline and follow-up data on family caregivers burden, coping and psychosocial needs and to evaluate the effectiveness of an educational support group program providing stress relief, support and geriatric care.

Program 5: Protecting elderly against abuse and neglect - A legal strategy
The Malaysian elderly population is increasing exponentially. In 2010, there were 2 million people aged over 60 years in Malaysia (7%). This number will reach 3.4 million (11%) in 2020 and 9 million (22%) by 2050. Malaysia is making efforts to implement policies and strategies to embrace this investable increase in elder population. Incidents of elder abuse are unreported in Malaysia due to the fact that the society does not believe that such a thing could be done by a child towards his parents. Asians believed that filial piety is deeply rooted in the family system; they also believed that each religion requires the believers to provide care for their parents. As such abusing them would not be acceptable. Even though elder abuse is not reported, it does not mean that Malaysia is free from elder abuse. As such strategies and measures to prevent elder abuse must still be formulated, including to maximize the utilization of the existing law, namely the Domestic Violence Act 1994, identifying the existing gaps and further refining the protections through a holistic approach to the law. The objective of this program is to identify the existing laws on abuse and neglect, understanding the gaps and refining the law to address the gaps through a more comprehensive approach to the law.

4. DISCUSSION AND CONCLUSION

Prevent Elder Abuse and Neglect Initiative (PEACE) is a five-package research program which attempts to strategically advance elder abuse and neglect research and services through a statewide effort. The PEACE program employs a coordinated multistep approach involving various stakeholders (such as Department of Health, Department of Social Welfare, community, etc) in
the aim to build partnerships, fostering community empowerment and promoting social protection for the elderly population. The development and evaluation of the PEACE program are guided by the logic model as provided in Figure 1. The logic model was developed to describe the processes and events that are expected from all PEACE programs. It is hoped that all these activities and outcomes result in changes in policy and environmental supports (intermediate outcomes), which in turn influence system and population changes and improve elderly health status (long-term outcomes). The ultimate result of a series of proposed program activities is to decrease elder abuse and disease burden (impact).

In conclusion, the issue of elder abuse and neglect poses a significant public health and social problem to society. The research on EAN remains relatively untapped in many parts of the world. Thus, there is great potential for generation of evidence and contribution to the current existing literature. It is hoped that the results from PEACE will improve policies and the practices of prevention and management of elder abuse and neglect in Malaysia.