REPORT: An investigation of the gaps and strengths in service provision to mitigate elder abuse in South Africa

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TAFTA - The Association for the Aged

29 March 2024

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ACKNOWLEDGEMENTS

I acknowledge the Council of The Association for the Aged (Tafta) for commissioning and funding this research study. Special acknowledgement to Tafta's CEO, Ms. Femada Shamam for her support and direction and the management team for their discussion and insights during the research process.

Heartfelt thanks to Professor Tanusha Raniga, SARCHi Chair in Welfare and Social Development and the University of Johannesburg for her ongoing assistance, insights and guidance during the study.

Sincere gratitude to the members of the Advisory Panel for their valuable time and expertise in reviewing the research proposal and final report.

- Prof Sebestiana Kalula
- Dr Leon Geffen
- Ms. Pat Lindren

I would like to thank the team at Ikamva Labantu, in particular Ms. Rachel Glaser, for collaboration in conceptualizing the research goals, designing the data collection tools and ongoing discussions during the research study.

I acknowledge the social work team at Tafta for their assistance with recruitment during the data collection process.

Very special acknowledgement to all the elders who participated and whose valuable input formed the basis of the study.

I also want to thank the government departments; Department of Social Development, Department of Health, the South African Police Services and NPOs who willingly approved the participation of their staff in the study. Special appreciation to all the key informants for their insightful contribution to the data

With sincere thanks,

Mrs Carmel Murugen

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Abbreviations

AAAQ	– Availability, Accessibility, Acceptance, Quality Framework
CCGs	– Community Caregivers
DSD	– Department of Social Development
DOH	– Department of Health
DOJ	– Department of Justice
FGD	– Focus Group Discussion
NPO	– Non-Profit Organisation
OAG	– Old Age Grant
SAPS	– South African Police Services
SASSA	– South African Social Security Agency

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Executive Summary

Introduction and Background

The literature clearly indicates that elder abuse is widely prevalent across the globe and has far reaching detrimental effects for older adults and their families. Some studies found that prevalence rates were as high as one in six people, 60 years and older, having experienced some form of abuse. (Yon et.al, 2017).

Section 30(2) of the Older Persons Act 13 of 2006 defines elder abuse as “any conduct or lack of appropriate action occurring within any relationship, where there is an expectation of trust, that causes harm or distress or is likely to cause harm or distress to an older person.”

Research indicates that in addition to physical, emotional, sexual and financial abuse, there are other categories of abuse found in developing countries, such as the loss of respect for elders and systemic abuse. (Kotze, 2018)

Due to the dearth of recent research on elder abuse, this study attempted to fill the gap in empirical evidence in order to improve services to older persons and to lobby and advocate for changes to policies and programs.

The key aims of the study were:

1. To explore the types of abuse that older persons are subjected to.

2. To explore the perceived risks and protective factors for elder abuse.

3. To determine the gaps and strengths of services provided by NPO's and government to address elder abuse.

Methodology

The descriptive study utilizing a qualitative research design combined stakeholder engagement, focus group discussions and semi structured key informant interviews. Participants were selected through convenience sampling from the communities that TAFTA social workers conduct programs in. The data set comprised of three groups with male participants and three groups with female participants, all of whom were 60 years and over and who reside in low-income communities' in Ethekweni.

Semi structured interviews were conducted with 15 stakeholders from the social service sector, South African Police Services and the public health sector. The researcher utilized the grounded theory approach in addition to Atlas.ti software to analyze the data and develop a thematic map.

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Results

1. Nature of abuse

The key types of abuse noted were financial, economic, physical, sexual, and systemic abuse. In many cases, it emerged that older persons often experienced multiple forms of abuse. Financial abuse and emotional abuse emerged as the most prevalent forms of abuse.

2. Risks and protective factors for elder abuse.

The Ecological Model was utilized to discuss the risks and protective factors identified in the study. The model views interpersonal violence as the outcome of the interaction between the individual, relational, community and societal levels of influence.

The key risk factors identified were:

1. Socio economic factors
2. Fear of reporting
3. Substance abuse by perpetrator
4. Evolving socio cultural values
5. Mental frailty
6. Ageism

The protective factors against abuse involved:

1. Older person being economically active
2. Cognitive and physical health
3. Strong support network
4. Access to community services

Assessment of strengths and gaps in services to older persons

The study utilized the AAAQ model to evaluate potential barriers to accessing services. The model developed by UNICEF analyzes services based on the indicators of Availability, Accessibility, Acceptability and Quality.

Availability

There are a limited number of social workers within the government and NPO sector. While there are social workers based in each municipal ward, they each have very high caseloads to deal with.

The number of safe houses is very minimal in relation to the high demand for them.

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There is a dire shortage of doctors in state hospitals which results in older persons sometimes waiting for long periods or returning home without being attended to by a doctor.

The extremely long queues at SASSA often deters older persons from dealing with their queries.

Mobile clinics help to extend the reach of primary healthcare services to communities.

Victim friendly centres are available in most police stations and are found to be very helpful.

Accessibility

Community members and NPO staff often have difficulty with reaching social workers in government departments on the telephone or via e-mail due to both modes of communication usually being out of order.

The high rate of hijackings and shortage of vehicles hinders social workers from conducting home visits. Load shedding results in systems being offline at SASSA or SAPs which causes delays with service delivery.

The high cost of petrol and public transport make it difficult for elders to go to a police station or social work office to report elder abuse.

The National Toll-Free Elder Abuse Helpline has facilitated reporting of elder abuse.

The presence of community caregivers in some areas facilitates older persons link to social and healthcare services in deep rural areas.

Decongesting is facilitated in some public hospitals through sending repeat medication to local clinics.

Acceptability

The poor infrastructure and open plan spaces in some service points are not conducive to confidentiality and privacy during consultations and in some areas do not protect older people from the weather conditions.

A common concern was that personnel are often on their mobile phones and delay attending to the needs of the public.

In the majority of cases, it appears that services provided by the social workers in NPOs and government are found to be professional and respectful.

Quality

The main concern expressed by older adults around quality of services was being treated with disrespect and a lack of empathy by some staff. The need for training amongst personnel at SAPs in communication and legislation pertaining to elder abuse was noted.

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There is prioritization in chronic and pharmaceutical services for older persons at some healthcare facilities.

Involvement of police in family disputes helps to create a strong deterrent for the perpetrator.

Recommendations

1. Ageism needs to be prioritized in prevention and intervention programs.

2. Government needs to promote integrated planning and coordination between departments and across the three levels of government to expedite services to older persons.

3. A National directive for the prioritisation of older persons at healthcare facilities, SAPs, SASSA and key service providers is critical.

4. Government needs to allocate funding to address resource deficits, particularly pertaining to the dire shortage of social workers, doctors and police officers.

5. Capacity building of professionals on the needs of older persons and around elder abuse issues is necessary.

6. Provision of safe houses, easily accessible legal assistance and economic support for those wanting to leave abusive situations is vital to end the cycle of abuse for the older person.

7. Establishment of caregiver support programs and resource centres for family caregivers of persons living with dementia is vital.

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1. Introduction

"Elder abuse is a global public health and human rights problem that crosses sociodemographic and socio economic strata." Dong (2015) It follows that elder abuse is not confined to a particular race or cultural group, socio economic status or religious affiliation.

Due to the dearth of research on elder abuse, the phenomenon is not fully understood and is consequently not prioritised at a national, regional and global level. However, studies show that it is widely prevalent with far reaching detrimental effects for older adults and families and therefore a critical phenomenon to study.

2. Background

2.1 Legislative Framework

The Madrid International Plan of Action on Ageing (MIPAA) and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002, is the most important United Nations (UN) document on ageing in the last 21 years. (Mahler 2023)

It sets the context for global policies on ageing for the current century and is the key international policy addressing the protection of Older Persons.

The UN Decade of Healthy Ageing (2021 – 2030) was launched to improve the lives of older people, their families and the communities in which they live. It also strengthens global protection by addressing the abuse of older persons in a sustained and coordinated way through global collaboration. (WHO,)

South Africa is a signatory to the said Plan of Action on Ageing signed in 2002, and responded with the South African Plan of Action on Ageing which is aligned to the MIPAA.

The element of protection of older persons was included in the South African Policy for Older Persons.

2.2 Definition of Elder Abuse

MIPAA forms the foundation of the **Older Persons Act 13 of 2006.** While there is no universally accepted definition of elder abuse, the definition of elder abuse used in South Africa is strongly informed by the World Health Organisation's definition which states that;

"The abuse of older people, also known as elder abuse, is a single or repeated act or lack of appropriate action occurring in any relationship where there is an expectation of trust, which causes harm or distress to an older person."

Thus, Section 30(2) of the Older Persons Act 13. of 2006 defines abuse of older persons as;

"any conduct or lack of appropriate action occurring within any relationship where there is an expectation of trust, that causes harm or distress or is likely to cause harm or distress to an older person."

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Section 30(3) of the Act further explains that abuse includes “physical, sexual, psychological and economic abuse.”

Physical Abuse refers to any act or threat of physical violence towards an older person.

Sexual Abuse means any conduct that violates the sexual integrity of an older person.

Psychological or emotional abuse relates to patterns of degrading or humiliating conduct towards an older person including:

- Repeated insults, ridicule or name calling
- Repeated threats to cause emotional pain
- Repeated invasion of an older person’s privacy, liberty, integrity or security.

Economic Abuse refers to:

- The deprivation of economic and financial resources which an older person is entitled to under law
- Unreasonable deprivation of economic and financial resources which an older person requires out of necessity
- The disposal of household effects or property that belongs to the older person without their consent.

(Protocol for Management of Elder Abuse DSD, 2014)

In addition, a review of research publications on elder abuse in South Africa suggests that the definition of elder abuse is limited as it does not encompass the needs of developing countries and culturally diverse populations.

“There exists unique categories of abuse not usually found in developed countries. These include loss of respect for elders and systemic abuse, which refers to dehumanizing treatment and marginalization by government departments.” (Kotze, 2018) The latter highlights the need to challenge structures within government that discriminate against older persons and advocate for systems that promote their rights.

Systemic abuse also refers to regulations, policies, systems or social practices that discriminate against older persons and overlook their needs. Rules may have been developed for a particular purpose but could unwittingly be harmful to older persons. (Hirst et al, 2016) In her report to the United Nations, independent expert, Claudia Mahler (2023) identified hate speech as an additional form of abuse against older persons.

Chapter five of the Older Persons Act 13 of 2006 specifically focuses on the protection of older persons. As a landmark development, South Africa’s Older Person’s Act criminalizes elder abuse and imposes a duty to care on all stakeholders working with older persons.

The South African legislation provides a comprehensive framework which outlines the norms of acceptable treatment of older persons, makes provision for mandatory reporting of abuse by any citizen and provides for sanctions against perpetrators, including recording of the perpetrators name in the Elder Abuse Register.

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2.2.1. Elder Abuse Register

In terms of section 31(1) of the Older Persons Act (Act 13 of 2006), the Minister must in the prescribed manner keep a register of persons convicted of the abuse of an older person or of any crime or offence contemplated in section 30(4).

In terms of section 31(2) of the Older Persons Act (Act 13 of 2006), a person whose name appears in the register contemplated in subsection (1) may not in any way: -

(a) operate or be employed at any residential facility;

(b) provide any community-based care and support service to an older person.

While the Elder Abuse Register has been set up, the actual reporting of cases is under captured. The literature shows that very often older people who have been abused rarely follow the entire judicial process. It's only at the conclusion of the judicial process where the perpetrator has been found guilty that the perpetrator's name is recorded on the register. Although South Africa has robust policies in place, the implementation of the policy and enforcement of legislation is weak.

2.3 Population Statistics

Statistics on older persons in South Africa indicate that the population is aging, largely due to an increase in life expectancy arising from improvement in healthcare and living standards. (Mahler, 2023)

According to Statistics SA's Midyear 2022 report, persons aged 60 and above have seen the largest growth over the period 2002 to 2022 with an average annual growth rate of 2.31%. The number of older adults in South Africa increased from 3.3 million (7.2%) of the population in 2002 to 4 million (7.7%) in 2012 and further increased to 5.6 million (9.2%) in 2022.

Stats SA reports that "the proportion of persons aged 60 years and older in South Africa is increasing over time and as such policies and programmes to care for the needs of this growing population should be prioritised." (Statistics SA, 2022)

The ageing population trend is replicated globally as it is estimated that the number of people aged 60 years and older is expected to reach 2 billion by 2050 (Kotze 2018). In the report to the United Nations it was reported that one in every six people will be aged 65 years and above by 2050 (Mahler 2023).

2.4 Prevalence of Elder Abuse

While research on elder abuse is extremely limited, the available data strongly suggests that elder abuse is prevalent and can be detrimental to the health and wellbeing of older persons in our society. In a 2017 review of 52 studies from 25 countries, which analysed prevalence estimates of elder abuse reported between 2002 and 2015, it was found that;

"***1 in 6 persons 60 years and older are said to have experienced some form of abuse***."

Yon et al (2017)

In a study by Bigala and Ayiga (2014) conducted in Mafikeng, North West province in 2011, it was found that 64.3 % of men and 60.3% of women reported experiencing abuse.

Recent studies reveal that elder abuse increased in communities and institutions during the COVID-19 pandemic. (Jacobs, 2020)

In a study by (Jacobs,2023) it was found that elder abuse and the risk of abusing is high in South Africa, with perpetrators of abuse being a family or non-family member in a personal relationship with the older person. In a sample of 490 older people for self-reported elder abuse in Cape Town (Western Cape) and Dikale (Limpopo), it was found that "one in ten older adults screened positive for abuse."

2.5 Factors contributing to Elder Abuse

Mahler (2023) identifies ageism as a significant factor contributing to elder abuse, and one of the key reasons abuse of older persons is not prioritized for action on a national and global level. Ageist attitudes and behaviour refers to stereotypes, prejudice or discriminatory actions against older persons, stemming from the perception that older persons are a burden to society.

The high rate of unemployment in South Africa places great financial strain on families and results in a range of social problems such as substance abuse, criminal activity and psychologically or physically aggressive behaviour displayed through elder abuse, child abuse and intimate partner violence.

According to Statistics South Africa's 2017-2021 Social Profile of Older Persons, "Approximately 50% of older persons live in households without any employed household members."
(Statistics South Africa ,2023)

Unemployment and lack of income are contributing factors to increased frustration among family members, particularly younger people who target older persons for their old age grant. (Jacobs, 2023)

This kind of financial exploitation is evident across generations, between grandparent and adult child as well as parent and adult child.

Efforts to promote socio economic policies and programmes to integrate people into the community will contribute greatly to reducing the financial exploitation of older persons by their adult children and grandchildren.

According to the National Strategy on Ageing in South Africa (2022), "GBVF should be seen in the light of patriarchy and gender equality, accentuated by traditional and religious beliefs. The culture of not respecting women is evident through women being seen as "lesser" than men, as belonging to men, and as sexual objects."

The acceptance of a strongly male dominated power structure within government, corporate and community structures permeates the family system. This underlying bias towards women submitting to men may have resulted in many women enduring abuse at the hand of male

family members and could account for the "normalization" of a culture of violence and in particular, violence against women in South Africa. (Khonye et al, 2017)
Rape of an older female adult by a son, grandson or person unrelated to the older person could be the symptom of the patriarchal ideology that is institutionalized in South Africa.

(Khonye et al,2017) further state that; "violence against women is often used as a means to obtain revenge and retribution, demand respect and compliance, instill fear, or to exert control."

In a systematic review of 62 studies to identify effective approaches for addressing and preventing the abuse and neglect of older adults in Canada, it was recommended that organisations and governments could respond to elder abuse through:

- Establishing elder abuse/ neglect assessment teams
- Improving working conditions in nursing homes
- Funding programmes and services targeted at elder abuse prevention
- Developing policies and protocols for responding and training
- Creating supports for health care providers.

(Hirst et al,2016)
These strategies will be examined in more depth further on in this report.

2.6 Conceptual Framework

The conceptualization of this study was informed by the Department of Social Development's Developmental Approach to Social Welfare. (DSD ,2011)
The Developmental Approach is underpinned by the notions of social transformation, human emancipation, reconciliation and healing and the reconstruction and development of society. One of its key purposes is to protect and promote the rights of populations at risk. The primary elements of the Developmental Approach are;

- Rights – based - this includes the protection of the rights of populations at risk of oppression and marginalization, challenging policies and social systems that compromise rights and advocacy for needs and rights.
- Harmonizing social and economic policies - the Developmental Approach promotes poverty reduction, sustainable livelihoods, empowerment and participation.
- Participation and Democracy- encourages all South Africans to play an active role in promoting their own well-being and in contributing to society's growth and development.
- Welfare pluralism/ Collaborative partnerships - the success of developmental social welfare services relies on the collaboration of all relevant role players who bring knowledge from their field of expertise, skills, resources and commitment.
- Bridging the Micro- Macro Divide- the policy promotes intervention at different levels to empower individuals, families, groups and communities. (DSD, 2011)

"The Older Persons Act 13 of 2006 calls for a developmental approach to dealing with ageing issues. The objective of the Act is to deal effectively with the plight of older persons by establishing a framework aimed at empowerment and protection of older persons and the promotion and maintenance of their status, rights, wellbeing, safety and security."
(National Strategy on Ageing, 2022)

The (AAAQ) Availability, Accessibility, Acceptance and Quality Framework provides indicators for evaluating humanitarian services. The Framework was applied to the exploration of gaps and strengths of services provided by government departments and community organizations to address elder abuse. (UNICEF 2019)
In analyzing the risks and protective factors for elder abuse the researcher applied the Ecological Model which views interpersonal violence as the outcome of interaction among various factors at four levels of influence – the individual, the relationship, the community and societal. (Rowe et al, 2013)

3. Rationale and Aims

Although some studies on elder abuse in South Africa have been conducted (Keikelame and Ferreira, 2000; Ferreira and Lindgren, 2008) which reported a range of systemic, physical, emotional and financial abuse and neglect, minimal research has been conducted in recent years to examine the experiences of older persons affected by elder abuse, or to determine the responses of civil society and government institutions in addressing this public health problem. This study was an attempt to fill this empirical gap and highlights the critical need for more research to be undertaken to inform and strengthen strategies to address elder abuse.

Tafta is a non-profit organisation (NPO) in Durban that provides fit (independent), assisted living and frail care accommodation to older persons in 13 residential units, and psycho – social support services within communities in the eThekwini municipality. Tafta recently established a National Toll-free Elder Abuse Helpline to facilitate reporting of elder abuse in South Africa, in November 2022.

In collaboration with Ikamva Labantu, a community-led non-governmental organisation that supports 21 Senior Citizens' Clubs in Cape Town's townships, Tafta identified a need to undertake research on elder abuse within the townships and previously disadvantaged communities of Durban and Cape Town.
In Ikamva Labantu and Tafta's experience, a high number of older persons in the townships and communities in Cape Town and Durban experience multiple forms of abuse. However, this is underreported.
Unreliable data on elder abuse makes designing effective services and advocacy initiatives challenging.

Based on reports from Ikamva Labantu's participants and programme staff, there is also a high level of gender-based violence in the townships suffered by older women. Statistics from Tafta's National Elder Abuse Helpline extracted between November 2022 to October 2023 reveal that 60.9% of victims of elder abuse are female.

Professor Tanusha Raniga- Interim Research Chair in Social Welfare and Development at the Centre for Social Development in Africa, at the University of Johannesburg, provided oversight to the research team during the study.

The research proposal, instruments and findings were reviewed by an Advisory Panel comprising of experts in the fields of Gerontology, Research and Elder Abuse:

- Emeritus Associate Professor Sebastiana Kalula – Institute of Ageing in Africa, University of Cape Town
- Dr Leon Geffen – Director of The Samson Institute for Ageing Research and Honorary Lecturer in Geriatric Medicine at the University of Cape Town
- Ms. Pat Lindgren – Former Director of HEAL – Halt Elder Abuse Line

The envisaged contribution of this study is the improvement of social protection policy and delivery of social work services for older persons in South Africa. The findings will also be used to improve the services that Ikamva Labantu and Tafta provides to victims of elder abuse in their programmes and in the communities where they operate.

This report will focus on the data collection, analysis and findings of the study by Tafta in Durban.

The **research objectives** of the study are as follows:

1. To explore the types of abuse that older persons are subjected to.
2. To explore the perceived risks and protective factors of elder abuse.
3. To determine the gaps and strengths of services provided by NPOs and government to address elder abuse.

4. Methodology

A descriptive interpretive study utilizing a Qualitative Research design was conducted.
A qualitative approach offered the opportunity to explore the experiences of older persons in relation to elder abuse in more depth.

Erlingson and Brysiewicz (2017), explain that "an increasing number of researchers opt to use qualitative research approaches in exploring and describing phenomena, providing textual accounts of "life worlds", thereby giving vulnerable populations a voice."

The study combined stakeholder engagement, focus group discussions and semi structured key informant interviews.

4.1 Sampling strategy

Selection of participants for the focus groups was guided by convenience sampling which drew participants from communities where the Tafta social workers undertake programmes. The data set for the focus groups comprised of three groups with male participants and three groups of female participants, all of whom were aged 60 years or over. All participants reside in low income communities in Ethekweni, and had English or isiZulu as their first language. The study was advertised in service centres based in five communities viz: KwaMashu, Ntuzuma, Newlands, Wentworth and Clairwood. 10 to 12 participants per group were selected through self-referral or in response to poster advertisements. It was not a criterion of the sampling strategy for older persons to have lived experience of elder abuse.

A multi stakeholder engagement was held with key stakeholders who work within the older person's sector or within the abuse and trauma space. Consultations were held on critical

issues around elder abuse. The relevant key informants for the interviews were identified during this engagement.
Semi structured interviews were designed and conducted with 15 stakeholders from the following sectors:

1. Public Healthcare - hospitals
2. Social care sector – ageing, substance abuse, trauma, safe houses, social development
3. South African Police Services

4.2 Data Collection

Six gender disaggregated focus groups were conducted by 2 research fieldworkers.
The research fieldworkers were matched by gender to the group which facilitated more open discussion from participants. Hence, each research assistant conducted 3 focus groups utilizing a focus group guide with open-ended questions.
The contents of consent forms were explained in detail to the participants by the research assistant prior to the focus group. Consent forms were signed and handed back to the research assistant.

Table 1 Biographical Profile of Older Persons in Focus Groups

Community	Age	Sex (M,F)	Dominant Language Spoken	Economically Active EA/ Dependent on Old Age Pension OAP
Clairwood	60+	6M, 0F	English 6	Dependent on OAP
KwaMashu	60+	6M, 14F	isiZulu 20	Dependent on OAP
Newlands	60+	0M, 6F	English 5, isiZulu 1	Dependent on OAP
Ntuzuma	60+	0M, 11F	isiZulu 11	Dependent on OAP
Wentworth	60+	7M,0F	English 7	Dependent on OAP

Total number of Sample: 50

The principal researcher conducted 15 semi structured interviews with the following key informants:

Table 2 Biographical Profile of Key Informants

Sector	Stakeholder	Number Interviewed	Sex (M,F)
Public Health Sector	Medical Doctor	1	1F
	Social Workers	2	2F
Social Care Sector	Social workers in NPO	5	5F
	Social workers in Government Departments	1 local 1 Provincial	2F
Support Services	Trauma Counsellor Safe House/Shelters	2	2F

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Safety and Security	South African Police Services	3	3M
Total		**15**	

4.3 Description of the Interview Schedule

The interview questions were broadly focused on:
1. Services provided in relation to elder abuse
2. The gaps and strengths of services provided
3. Risks and Protective Factors for elder abuse
4. Challenges faced by service providers e.g. South African Police Services, Department of Social Development
5. Recommendations for improvements to services

The semi structured interview guide was designed using the Availability, Accessibility, Acceptability and Quality Framework – AAAQ, (Unicef, 2019) to assess the gaps and strengths of services rendered to older persons by community and government organisations.

All interviews except one were face to face interviews. One interview was undertaken virtually with a social care sector official from the provincial level due to geographical location. Consent from Key Informants was secured through signed consent forms which were explained in detail by the researcher prior to the interview.

Data saturation was achieved in both data sets, in that no new data was emerging from interview participants or focus group discussions.

Member checks were undertaken after compilation of the report to verify the findings and discuss the recommendations.

4.4 Data Analysis

The researcher drew on the grounded theory approach to analyse data sets and applied the following steps as prescribed by Braun and Clarke (2006).

- The focus group discussions were translated from isiZulu to English where necessary.
- Focus Group notes and interviews were transcribed verbatim.
- The transcripts of the focus group sessions and interviews were uploaded on to the document manager on Atlas. ti Software.
- The documents were scrutinized and segments of data coded.
- 161 initial codes were identified. These were subsequently merged into 24 codes and structured within a code system.
- Patterns of meaning and relationships between the codes were identified, out of which the initial themes emerged.

- Following further immersion in the data, the advanced thematic map was produced.

In order to strengthen the validity of the study the researcher applied member checking, triangulation and utilized thick descriptions of participant narratives.

5. Ethical Considerations

Ethical approval was obtained from the Research Ethics Committee of University of Johannesburg, REC -01-324-2023, with the assistance of Professor Tanusha Raniga, the Interim DST/NRF South African Research Chair in Welfare and Social Development. In addition, researcher followed the protocol for obtaining ethical clearance from the Department of Social Development, Department of Health and South African Police Services. **Confidentiality and anonymity** - Participants in the focus group completed a register before the session began while key informants provided identifying information such as name, designation and the name of the organization they represented to the interviewer. Transcripts were deidentified for the data analysis. The raw data is stored in encrypted files on the principal researcher's laptop and hard copies are stored in a locked cabinet in the principal researcher's office.

Informed consent - Individual consent was obtained in writing and participants identities were safeguarded through de-identification. The information sheet was translated from English to IsiZulu to ensure all participants had a clear understanding of the purpose of the research, the data collection process and the risks and benefits of the study.

Deception - Participants were fully informed about the purpose of the research prior to the focus group discussions and interviews commencing. They were also provided with information sheets in advance. The identity of the principal researcher and the organisations involved in the study together with the ethical clearance number, was noted on the information sheet.

Reciprocity - Reciprocity will be managed in the study through conducting a member feedback session with key informants and sharing the final research report with organizations who participated in the study. No incentives were provided to the participants, however, older persons attending the focus group discussions were reimbursed for their transport costs.

Minimising Risks - Due to the nature of the subject matter, it was likely that some questions may ignite emotional stress in some of the older persons participating in the focus group discussion. The psychosocial well-being of the participants was protected by providing contact details of a social worker in the area to consult for counseling services should they feel distressed during or after the focus group discussion.

6. Results

In discussing the results, it is noted that *some* excerpts from focus group discussions may relate more to neglect than elder abuse. However, they have been included in the report to provide the reader with a richer understanding of older persons' experiences of negative treatment.

6.1 Nature of Elder abuse

6.1.1 Emotional Abuse

Older persons in the focus groups reported feeling demeaned by derogatory and crude statements made by family members, sometimes within earshot of the neighbors. This public humiliation erodes their sense of dignity.

"Also those things they are saying (which should be) for your ears alone inside the house, no they say them publicly. They say it in such a way that neighbors can hear. I've heard that being said to one of my neighbors and it broke my heart and I said if my children said it and the neighbors heard…"
Older person female – Ntuzuma

'I told you, why can't you remember? But I told you. You never remember anything."
Older person female – Wentworth

"You are a wrinkly old lady, how are you still alive."
Older person female –KwaMashu

The sense that older persons perceive themselves as a burden is clearly depicted in statements such as:

"You become like a burden. They will give you a plate of food and you hungry and while you're eating, they start insulting and using verbal abuse like you shouldn't be living. Like you should have died. Now imagine as an old person they're saying you must die. I actually heard this from an elderly guy. He says, every time my son and daughter make me food, they will swear and give it to me." Older Person male – Clairwood

"They insult you, they call you witch, you are a wrinkly old lady, how are you still alive whilst your friends are long dead. It's all those things that they say and use crude and derogatory words which you won't repeat. We don't know if they say these things because they are under the influence but they break our hearts and abuse us. You even wish to move to an old age home." Older Person female – KwaMashu

These responses are indicative of the devaluing of older persons by families and society in general.

Many older persons assist in the family home with housework or caring for grandchildren while the parents work. Despite their reproductive labour which provides a valuable contribution to the family, they feel disrespected and degraded.

"My daughter goes drinking with her friends. She says she is just stepping out, she doesn't care about her children left at home, that I'm taking care of."
Older Person female, Ntuzuma

"I look after my grandson; he is special needs. No one else in the family contributes anything for him. He's become my full responsibility."
Older Person female, Newlands

"Children really do abuse us because they do not want to do anything. They want to loiter about and sit on their phones and watch, whilst as the elderly you are the busy one. There is no rest.
Older Person female, KwaMashu

A sense of being forgotten also emerged as a strong factor in the experiences of older persons. Often they are not visited nor do they receive any emotional or financial support from adult children who are occupied with their own families or with pursuing their careers.

"The grandson whom I educated all the way to grade 12, after he finished school, I said he could go and further his studies but he refused. He is now working. He now cooks in his own pot. He comes in with his own groceries. I have not said anything, I'm just watching, watching what he is doing. After all the hardships we endured together, how are children? We raised them, did we not raise them so that we can enjoy the fruits of our labor for them to come and say granny, here take this."
Older Person female - Ntuzuma

"Many victims report feeling like they've been forgotten or thrown aside. Loneliness is one of the worst crimes you can inflict on a person, it can drive them to suicide.
Social Sector – Trauma

"The older they get and as their health declines they become more dependent, children place them in care and forget about them. Children tend to become career driven and forget their family values." Social Care Sector– Substance Abuse

In addition, older persons are often used as a pawn in the sibling conflict that their children are engaged in, which is a great source of stress and anxiety for them.

"The employed child does not look out for the unemployed, yet they know what it's like to be unemployed. Once they are employed they look down upon the unemployed child because even if they were to use their things like a roll-on, if they catch them it's a big issue and a big fight starts."
Older Person female - KwaMashu

"*When you are sick they don't pay attention to you*." *Older person female – Newlands.*

6.1.2 Financial exploitation

Against the backdrop of high unemployment rates, economic decline, rising costs of fuel, food and utilities, families are struggling to survive financially. As recipients of the old age grant

which is currently valued at R2090 per month, older persons are often responsible for financially supporting their family members. While this may be a mutually agreed arrangement in some households, the study indicated that in a significant number of homes children or grandchildren forcibly take the older person's SASSA card and collect their old age pension for their own use.

"Now you see, the children wait for the day the parents collect the pension, they never leave until they collect the money."
Older Person male – Clairwood

Very often, only a minimal part of the pension is used for the needs of the older person, often leaving them with insufficient food for their needs.

"Especially when it's time to take their medication and they don't have something to eat, and you got to have something to eat before you take your medication."
Older person female – Newlands

"Granny asked her son about the food as there was none in the house and he is the one that keeps her bank card. She asked and the son replied rudely, then she asked for a bank statement which he refused to give her. She then asked for her bank card back. That is where the trouble started, he punched her to the ground and she had to be saved by the neighbors who called a relative to fetch her."
Older Person female – KwaMashu.

This sense of entitlement by the adult child or grandchild was a recurring theme. It could be reflective of an adult child who was abused by the parent as a child now reciprocating the abusive behaviour towards the older person; or it could be due to ageist attitudes that portray the older adult as less deserving and whose needs are less important.

"My grandchildren, they don't help even if they can see that the washing powder is finished. They shout, "Grandma the washing powder is finished," and even the extra I used to buy and hide to be able to wash the school uniforms is finished. I sometimes say "God, if those houses in Bridge City were built for us, I'd go and stay there but then I cannot leave my house that I built with my sweat and tears. I have struggled with my grandchildren, even when they were young..." Older Person female – Kwamashu

Several participants reflected on the contribution older persons make towards creating this sense of entitlement through the manner in which they raise the younger generation e.g. by failing to instill in their children the values of hard work, unselfishness and respect.

"Nowadays, parents are spoiling the children. They are spoiling these children and the reason they're spoiling them is because they had a hard time when they were growing up so now they are giving their child everything." Older Person female – Newlands

"we as the elderly are also at fault for not providing enough guidance to our children on morality."
Older Person male – KwaMashu

"Adults can demand money from parents for drugs – expect parents to take care of them instead of taking care of themselves. They've been spoilt by their parents so they remain dependent."
Older person male – Wentworth

Intergenerational tensions between the younger generation and older adults in the family is reflected through demands for the older person's pension.

"When you come home with your pension, they say they've got debts. They not working and don't have money but they got debts. Now you forced to take from that little money to help them."
Older person female - KwaMashu

In another instance, a doctor in a public health hospital indicated that a patient's daughter refused to bring her mother's SASSA card and identity document to the hospital when the doctor requested it, claiming that the mother was not of sound mind.

Another older person reported that her SASSA card was taken away and used by her children to take loans.

"I have two children, they have me jumping through hoops. They ran away with my pension card, not jokingly but for real. They use it to take loans. There's not a magistrate's court in Ntuzuma I have not been to."
Older person female - Ntuzuma

Older persons reported that banking apps and cellphone banking make it easier for children to control their parents' pensions or bank accounts.

"Sometimes you give them your card because of your health. You cannot walk anymore and you give them a pin code as well so you send them to get your pension. They go and withdraw it and buy all the things that they want. Even with these apps they are easier for the children to withdraw our money without our knowledge."
Older Person female – KwaMashu

In discussions with stakeholders it was reported that some older persons willingly sign over the title deed to their homes and the pins to their bank accounts with the expectation that their children will care for them until they die only to find that they are later asked to leave the house. In addition, the addiction to alcohol or drugs like Whoonga is rife in most communities. Many addicted persons turn to their parents' old age grant to fund their addiction. When the money is not willingly given they resort to stealing household appliances or food from the freezer to sell, in order to feed their addiction.

"They steal kettles, they steal microwaves, they steal meat out of the freezer."
Older Person female - Ntuzuma

6.1.3 Sexual abuse

Sexual abuse in most cases, is directed at women and is often centered around the demands for money to feed a drug or alcohol addiction. The excessively violent forms of abuse against women are usually related to women who display behavior related to dementia or

Alzheimer's. These women are not just isolated but are assaulted and burned to death because they are considered to be involved in witchcraft. This is consistent with the literature. "There are also problems with allegations of witchcraft, mainly against elderly black women, they can be assaulted or even burnt." (Kotze, 2018)

I had a neighbour, who has passed now, she used to be abused by her child who would say "Give me dad's wares" every night. He first started raping the girls and stopped because he said they were reporting him to the police. The mother was the one saying to the children they should not report him to the police, they should rather leave the house. The children left and she stayed. One day he abused another elderly lady that was older than his mother. He kept saying that to his mother "Give me my father's wares" until one day when he abused this elderly lady he was chased by the neighbor's and he ran home and locked the door behind him. The mother signaled that they should go to the back door that was not locked, they did that, and it opened. As they were opening the back door, the mother ran out the front door and they killed him. When we arrived, she sighed a sigh of relief.

She said, "I am finally at peace." Older Person female - Ntuzuma

It is suspected that incidents of sexual abuse may be much higher than individuals, family or community members reveal due to it being a difficult subject to talk about as its considered a cultural taboo. A small number of participants reported about incidents of sexual abuse that happened to people they knew.

"Sexual abuse is difficult to talk about. Older people aren't able to talk about it much as its considered a cultural taboo."
Social Care Sector - Trauma

6.1.4 Physical Abuse

Incidents of physical violence reported in the study were usually in the context of carer stress or substance abuse where the perpetrator was under the influence of drugs or alcohol.

"My boy is mentally disturbed, even in that state when he wants money, you can see he is not himself. He also smokes weed, when I look at him, he scares me. I told another neighbor when I look at my own child, he scares me, he scares me."
Older Person female – Newlands

"You can see that if you do not give it to them they are going to beat you up."
Older Person female – Ntuzuma

Older persons living with Dementia and the accompanying cognitive impairments are at added risk of extreme forms of violence. Community members lack understanding of the behaviour associated with these illnesses and regard these women as being involved in witchcraft. *(Kotze, 2018)*

"Women who suffer from Dementia or Alzheimer are scapegoated by the community for things that go wrong in the community. They are victimized, isolated and burnt to death.

This practice is still quite common in rural areas. There is limited understanding about dementia and Alzheimer's amongst community leadership, some of whom support these attacks."
Social Care Sector – Social Development

6.1.5 Systemic Abuse

The inability of older persons to access basic services leads to their fundamental rights to food, healthcare and security not being met. This is exacerbated by the historical legacy of social, political and economic exclusion for the majority of older persons in South Africa. SAHRC (2015)

Incidents of systemic abuse reported in the study related to a lack of professionalism by staff at service points expressed through rudeness, ineptitude and lack of attention. Having to endure long queues in almost every department was also frequently mentioned.

"What about the elder abuse when you go to these offices. The lines and things are so long and they are so rude. They say go there and when you go stand in that queue and if you're in the wrong queue they shout, go to that queue. There should be someone who asks where you're going to and whether you should go to A or B, not tell you, go stand there."
Older Person female – Newlands

"I think they are not clued up themselves. They are always on their phones. They are not taught about customer service and don't care about their work."
Older Person male – Wentworth

"The system fails them – cases are not taken seriously by poorly trained staff."
Social Care Sector – Ageing

6.2 Risks Factors

At an individual level, the characteristics which increase the risk of an older person falling prey to abuse include physical and mental frailty such as dementia and fear of reporting. From the perpetrator perspective, the key factors that contribute to the risk of perpetrating abuse pertain to substance abuse and financial dependence on the victim.
At the relationship level, the most frequent relationships identified were that of parent to adult child and grandparent to grandchild. Elder abuse within the marital relationship was also identified but to a far lesser extent.
Community and societal level factors linked to elder abuse that were identified in the study included ageism and breakdown in socio - cultural norms such as the normalization of violence. (Rowe et al, 2013)

6.2.1 Ageism

Ageism is a type of prejudice that both justifies abusive behaviour against older people and leads to overlooking the consequences it has on older people. It is a hidden but dominant

force that pushes older victims into a state of powerlessness and helplessness that creates a barrier to reporting and seeking protection. (Mahler, 2023)

"Promoting social norms through laws and policies that reject ageism can potentially change people's underlying attitudes, which would also help in preventing violence, abuse and neglect in later life." (WHO,2021)

6.2.2 Mental frailty

"Cognitive impairment due to Alzheimer's disease and related dementia places elders at a high risk for abuse and neglect." (NIH, 2018)
"their bodies and minds become slower, they can't defend themselves." Social Services Sector – Ageing

In addition to increased vulnerability of the older person brought on by cognitive frailty, the demands placed on caregivers who care for older adults living with Dementia and other sensory or cognitive deficits, heightens the risk of neglect or abuse of older persons.

Carer stress is related to the physical and emotional toll of ongoing care to an older adult family member. This is exacerbated by limited understanding around the care of someone living with dementia or other cognitive impairments.

"They don't know how to deal with cognitive changes in parents, when they get away with snapping at them, they keep on doing it."
Social Services Sector – Ageing

"Now the caregiver has to take care of that person and the family are gone to work. Sometimes the caregiver also gets frustrated when putting them to sleep. When they don't fall asleep they get a hiding."
Older Person Male, Wentworth

"most people living with dementia live at home and are supported by an unpaid, informal carer who is (usually) a female family member. Despite the government's reliance on the NPO sector for care and support, our study showed that these essential community-based services are grounded on a failing funding model where the need substantially outweighs investment by the State. The large number of unregistered facilities reflect the magnitude of this unmet need at community level, leaving people living with dementia and their families unsupported and at risk of isolation, increased financial hardship, as well as elder abuse and neglect." Jacobs (2023)

6.2.3 Evolving socio cultural values

Traditionally in families, particularly African families, adult children would take on the responsibility of caring for elderly family members. Over the years, in response to poverty and unemployment**,** middle generation migration and urbanisation have led to a shift in roles for

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older persons. Grandparents have taken on the caregiving role for children. This is increased by the fact that many children were orphaned by parents dying from HIV /Aids.
(SAHRC, 2015)

In addition, the movement out of the family home by adult children to start their own family home is perceived negatively by older persons, especially in the townships as they believe this diminishes family support.

"Living by oneself is very risky as I am also living alone, that's why it's an issue when our children are given RDP homes by the government so they move out of the yard instead of building within it and safeguarding the family. Just as you're expecting your kids to take care of you, they move out into their own homes." Older Person male – KwaMashu

On the other hand, it was also reported that living together in one unit gets problematic for extended families and leads to conflict. Older adults would prefer that families build their own units within the property, however while this may work well in rural areas it's not a viable option in townships and urban areas due to limited space.

In addition, the move from living as an extended family to living within nuclear family units is seen as hindering the opportunity for elders to impart knowledge and instill traditional values in their adult children. Many older African adults believe these changes in the social fabric is detrimental to their emotional well-being.

"And this affects our culture and traditions, it makes it difficult to impart knowledge and live in a way that is true to us hence things are getting out of hand. Our traditional and cultural norms are becoming obsolete." Older Person male – KwaMashu

The age-gender distribution among older persons reflects a consistent pattern of the number of older females being significantly higher than older males. This ranges from 15% in the 60 – 70-year category to 37% in the 80+ age category. (Statistics South Africa ,2022)
It is often the case that in most households the patriarch has passed on.

The absence of a father figure within the family results in family members displaying less respect towards the matriarch of the home. The notion of woman being a softer target once again comes into play as societal norms to afford respect to men more than to women within a patriarchal society persists. (Khonje, 2017)

"If there is a man in the home, it is very important because if you cannot handle something as a woman you report it to him that someone is doing this and that. The man can raise his voice but if there is no man in the house the pillar of that home falls. A man is a big pillar in the home." Older Person female – Ntuzuma

6.2.4 Fear of reporting

One of the main patterns that repeatedly emerged in the study was the fear of reporting abuse to the authorities. Underreporting is a global trend with WHO citing that only 4% of elder abuse cases are reported. (WHO 2018)

Under reporting can be attributed to a variety of reasons:

The need to protect the perpetrator who is a close family member. Maternal instinct prevents mothers from having the perpetrator arrested. Older adult parents are also afraid that when they get out of prison they won't be able to access employment and will remain a financial burden on the older person.

"But then people, especially the mothers, whatever would be done they won't open a case or lay a charge against the children. If they lay a charge, before it can go, they recall it or cancel it, it's a real problem. By the time the cops can get to the finality of a case, the mothers will come and ask to release him." Older Person male – Clairwood

"I did not report it. When someone withdrew R7000 and I went to the bank and they gave me a number to report the fraud to the police I didn't. I worried that my child would be convicted and they won't be able to get a job and even though I was hurt I asked God for a forgiving heart, for them to be like other children in the house."
Older Person female – KwaMashu

Fear of retaliation by the perpetrator
Older persons often feel reluctant to report violence due to a sense of shame or fear.

"they are scared they are going to kill them" Older Person female – Ntuzuma

"They don't want to disrupt the family or bring shame. Due to the family bond they don't want to be cut off from the family." Social Care Sector - Ageing

In some cases, family members are unable to recognize that their behaviour can be deemed abusive due to their own ageist perceptions.

From a community perspective, community members and neighbors are sometimes deterred from reporting incidents of abuse after having reported abuse to the police and then being taken to task by the victims for reporting.

"So we called the police to come and sort it out because he was hitting her. The police came and sorted them out and took him away. The next day she came and stood in the middle of the yard and swore all of us, saying we were minding her business and that we wanted her man." Older Person female – Newlands

The tendency to report and then withdraw cases was corroborated by responses from police officers who informed that their hands were tied when parents do not want to report their children.

6.2.5 Socio- economic factors (financial dependence of perpetrator)

The high unemployment rate in South Africa currently sits at 32% (Statistics SA, 2022). As a result, the majority of South Africans are compelled to leave their homes in rural communities to seek employment in the cities.

"Families dependent on migrant labour practices for income therefore become entirely dependent on the older adults' reproductive labour to manage households and provide child

care while adult children are away to work. Old age grants are often the only stable source of income supporting entire households, while a lack of income and financial resources for younger people in South Africa has resulted in older persons becoming targets for financial abuse and exploitation." Jacobs (2023)

Financial constraints of the older person also promote the risk of continued abuse as older persons subjected to abuse find it difficult to access services to ask for help. Transport costs to get to a police station or social worker a distance away are considered too high when compared to feeding themselves and their families.

"Taxi fares, even to go to police in a community is high, it's not possible to walk there. In rural areas facilities are far apart."

Social Care Sector - Trauma

6.2.6 Substance abuse

Addiction to alcohol or drugs, particularly Whoonga, is a key driver of financial, emotional and physical abuse. In the majority of cases, the turning to alcohol and drugs is related to unemployment and the bigger issue of poverty. A pattern was noted across communities in the study where adult sons and daughters would go out with friends, become intoxicated and return home, demanding food from the older family member.
If there was no food in the home due to financial constraints or the older person was in bed due to the lateness of the hour, the perpetrator would become verbally abusive or physically aggressive.

"I live with my son who was very respectful when he was unemployed. He would clean and cook. Then he got a job and started drinking a lot. When he is drunk he bangs on the door at either 12 or 1 .00am, or he would take a pot and like clank it. The one time he was clanking a frying pan and I nearly called the police. You would have sworn he belongs in a mental institution. But if you find him when he is sober, he is an angel."
Older Person female – Ntuzuma

"She comes home late at night and knocks on the bedroom window. If I say anything she complains, other grannies are sleeping but you are up in my business."
"Young people in the home act like they own the house demanding food but not contributing to groceries."
Older person female- KwaMashu

"Children steal the food and sell to buy drugs."
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6.3 Protective Factors

At an individual level, the factors which improve an older person's protection from falling prey to abuse, related to being economically active and being cognitively and physically healthy. On a relationship level it refers to having a strong support network of friends and family, and on a community/ societal level it refers to structures and organisations that provide services and access to resources.

6.3.1 Individual level

Those older persons who are engaged in entrepreneurial activities or are economically active are less prone to being financially dependent on family members for food, accommodation and other material needs.

"I mend and sew clothes using a sewing machine. As I am sitting here, I am thinking of the work waiting for me at home." Older person female – Ntuzuma

6.3.2 Relationships

In many instances the use of the family meeting in involving elders in the extended family has been a useful tool in resolving family conflict and affording protection to the older person.

Community/ Societal

Having access to community services such as home-based care and involvement in service centres, social clubs or church groups reduces older person's dependency on family and creates linkages outside the home for emotional support.

"Community activities and supports that enable older adults to disclose concerns and access assistance if needed," was identified as a best practice guideline for empowering older adults in a Canadian study. (Hirst et al 2016)

Older persons in the focus groups reported that councilors provide assistance with transport and have assisted with facilitating accommodation.

The following community based services were identified as helpful for older persons:

- Attendance at war room meetings provides information on the services available in the community. War rooms are meetings where a task team at ward level provides a link to the community and co-ordinates profiling and integrates service delivery.
- Organizations that provide services to older persons such as awareness and advocacy programs as well as individual and family counseling are valuable, however several of these organisations are under resourced in terms of human resources and vehicles which delays services.
- Community caregivers also known as CCG's play a useful role in visiting older persons and families in the deep rural areas.
- The South African Police Services has intervened with positive results in most cases.

- Support groups help to relieve the pressure on caregivers who are caring for older persons with physical or mental frailty however the number of support groups are very limited in communities.
- The National Toll-free Elder Abuse Helpline established in 2022 is a valuable platform for older persons and community members to report elder abuse and access services.

6.3 Gaps and Strengths of Services using the AAAQ Framework

The AAA Q Model is a tool developed by UNICEF to identify potential barriers to accessing humanitarian services. Barriers that impede older persons 'access to services can increase their risk of continued abuse.

Availability explores whether the various services are available in terms of quantity and type.
Accessibility speaks to physical, financial and administrative access.
Acceptability refers to whether services are respectful of the culture of people, minority groups and communities. Do services respect ethical and professional standards and do services adhere to confidentiality and informed consent? Are there aspects of the service that make older persons uncomfortable with accessing it?
Quality pertains to whether the service providers are skilled or lacking in training and whether the environment is appropriate, nondiscriminatory, private, safe and sanitary.

(UNICEF 2019)

Table 3 Analysis of Gaps in Services

Area of Service	Availability	Accessibility	Acceptability	Quality
Social Care	More social work offices are available in urban than in rural areas. There is a limited capacity of social workers within the government and NPO sectors. Very limited safe houses in relation to need.	There are often problems with reaching social work offices on the telephone. Shortage of vehicles makes it difficult to conduct home visits. High number of hijackings makes it difficult to drive government vehicles in areas perceived as unsafe.	The main concern with services within social care was the delayed response from social workers in some areas, likely due to high caseloads. Ward based social workers are responsible for several fields of service and are unable to prioritise work with older persons.	No negative input was received concerning levels of training of service providers within this sector.

Health care	Shortage of doctors – at times patients go home without being seen. Inadequate number of ambulances – SAPs has to wait for an ambulance to take an older person to hospital. Police aren't allowed to transport members of the public.There is a shortage of State hospitals and clinics in urban areas and the situation is amplified in rural communities.	Have to wait in long queues in most health care facilities to obtain a patient file. Dire shortage of doctors and other health professionals results in long waiting periods to consult with a doctor.	In many communities, the poor infrastructure and open plan spaces do not allow for confidentiality and privacy during consultations.	Older persons reported to being treated with disrespect and lack of empathy by staff in some public health facilities. Process of obtaining a J88 can be complex. Older persons need assistance or they will not see the process through.
Support Services (SASSA)	Extremely long queues which are a deterrent to older persons going to SASSA to deal with queries.	Load shedding results in systems being offline – causes delays.	In some areas, there is inadequate infrastructure. People waiting in queues are exposed to intense heat or rain. Personnel are often on their mobile phones and delays attending to needs of the public.	Staff in some offices speak harshly and lack empathy. Older persons are not prioritised for services.
Safety and Security (SAPS, Dept. of Justice)	Police stations are available in urban areas but serve very large catchment areas. The shortage of vehicles hinders the ability to go	High transport costs to get to police stations to report abuse. Load shedding impacts on radio communication and other	High number of drug related violence and gangsterism cases takes priority over cases of elder abuse. The conditions of police stations	Need to stop viewing people as numbers and focusing on the quantity of people seen and rather focus on the quality of service provided. Some police personnel need training in

	out to alleged crime scenes.	computer functions. Limited vehicles	differs within communities, with varying degrees of comfort and hygiene.	communication skills and legislation such as the Older Person's Act e.g. provisions for removal of perpetrator from the home.

Table 4 - Analysis of Strengths in Services

Area of Service	Availability	Accessibility	Acceptability	Quality
Social Care (Government and NPO sector)	Within the Ethekweni municipality there were 4 primary NPOs providing services within the ageing sector. 1 NPO closed down and another drastically reduced services. Currently there are only 2 NPOs providing services to Older Persons in the community in Ethekweni. This puts a strain on DSD. The Department has social workers in all wards however they deal with multiple fields of work.	The establishment of a new National Toll free Elder Abuse Helpline provides a platform for the community to call in, report abuse and receive crises counselling.	The DSD has commenced a plan to roll out training on Dementia and Alzheimer's to traditional healers, religious leaders and community leaders. In the majority of cases it appears that services provided by social sector personnel is professional and respectful.	The Protocol for Managing Elder Abuse provides a comprehensive, uniform standardized process for intersectoral response to elder abuse and neglect.
Health care	Healthcare services are available at a primary healthcare level through mobile clinics.	Community care givers in some areas are able to visit homes in deep rural areas. Decongesting is facilitated at some public health hospitals by sending repeat		In some healthcare facilities, older persons are prioritised in chronic and pharmacy queues.

		medication to local clinics.		
Safety and Security (SAPS, Dept. of Justice)	Victim friendly centres are available in most police stations and provide counselling, direction on how to proceed, assistance with obtaining protection orders and in some cases, access to groceries and other basic needs.	Recent policy changes allow for Protection Orders to be emailed to the recipient. This circumvents delays caused by the perpetrator trying to avoid receiving the protection order by hand.		Victim friendly/ Trauma centres based in most police stations provide counselling from trained counsellors. Several older persons cited examples of receiving tangible results from police officers called on during family conflict. The involvement of police in family disputes or elder abuse cases does create a strong deterrent.

7. Challenges in Service Delivery

Service providers identified various challenges they encounter in providing effective services to prevent and protect older persons who have been abused.

1. The law enforcement process is hindered as few clients see the process through.

2. Older persons feel overwhelmed with the process of reporting, accessing J88 or protection orders. It would be helpful to have volunteers to assist when there is no family support.
3. People are seen as numbers and are treated with no empathy and even disrespect at some service points.

4. Finding affordable alternate accommodation for older persons with lower income as there are long waiting lists for accommodation units in residential centres that are subsidized by government.

5. Service providers especially in health care facilities sometimes miss the indicators of elder abuse due to the fast pace at which they are forced to work to manage high volumes of work.

6. Service points, e.g. offices, police stations, clinics are in poor condition and in a state of disrepair.

7. Although laws are in place, implementation is not effective.

8. Elders are not given priority attention at hospitals and at some government service points.

9. Services in rural areas are scattered and difficult to access.

10. Criminal elements make it difficult for service providers to reach beneficiaries.

"sometimes ambulances get attacked or shot at in some communities."

"social workers can't go into some areas with government vehicles due to hijackings."

8. Limitations

Focus groups were utilized as the group dynamic stimulates discussion and yields a varied perspective thus enriching the data, however the technique can be limiting as it provides less confidentiality than individual interviews, particularly when the subject matter is sensitive as in the case of elder abuse.

All of the data pertaining to rural areas was obtained from participants residing in urban areas. While these participants' knowledge of circumstances within rural areas may be sound, based on relationships with people resident in those communities or spending extended periods of

time in the year living there themselves, the data could have been enriched had a focus group been undertaken in a rural area.

9.Discussion

Elder abuse is a widespread reality globally which impacts people from all race, cultural or socioeconomic groups. The exponential growth of the aging population has grave implications for an increase in the number of elder abuse cases. Studies in 2017 indicate that one in six persons, 60 years and older have experienced some form of elder abuse. (Yon et al, 2017)

South Africa has an effective legislative and policy framework to address elder abuse but lacks the resources i.e. financial, human and capacity, to effectively implement the framework. Effective implementation is also impeded by a lack of co-ordinated action by the various stakeholders e.g. the Departments of Social Development, Health and Justice and the South African Police Services.

The study revealed that the predominant forms of abuse experienced by older adults are emotional, financial, sexual, physical and systemic abuse. Often, older persons endure multiple forms of abuse, for example, financial abuse was often accompanied by emotional and/or physical abuse. The primary risk factors that contribute to the abuse of older adults include ageist thinking and behaviour, frailty of older adults, fear of reporting abuse, socio economic factors and the breakdown in social and cultural values.

Urbanisation due to economic factors has resulted in a change in family structure which has "diminished kin support for older persons." (National Strategy on Ageing, 2022)

Socioeconomic factors such as poverty, unemployment and substance abuse feed into each other and play a major role in contributing to elder abuse.

Older persons are often averse to reporting abuse which becomes an enabling factor in the ongoing cycle of abuse.

Efforts to prevent elder abuse from escalating further should focus on strengthening protective factors by encouraging economic activity and education on healthy ageing, strengthening support systems, promoting involvement in social networks outside the home and facilitating access to community based services.

Organizations in the Government and NPO sector encounter several challenges in providing services to older adults which include:

- the dire shortage of key personnel including social workers, doctors and police officers,
- lack of training and sensitisation of employees on older person's needs,
- infrastructure gaps and insufficient service points for older persons to access services.

Despite these barriers, there are several strengths within the current system that can be built on.

Key initiatives that should drive the strategy to prevent and protect elders from abuse include the implementation of caregiver support programs, programs to address ageism, a national directive to prioritize older persons at healthcare facilities and other critical service points, the promotion of intersectoral collaboration and government funding to address a myriad of resource deficits.

10. Conclusion

This study examined the nature of abuse as understood and described by community dwelling older adults. It delved into underlying socio economic and systemic determinants of violence and abuse and the interplay of factors such as a breakdown in socio cultural values, substance abuse and the fear of reporting in contributing to the problem. The severe shortage of critical human resources and infrastructure to effectively prevent and protect older adults from elder abuse was highlighted and strategies recommended to address these gaps. The importance of strengthening identified protective factors and aspects of existing services that are working effectively is also strongly recommended.

11. Recommendations

According to the World Health Organisation; "Many strategies have been tried to prevent and respond to abuse of older people, but evidence for the effectiveness of most of these interventions is limited at present. Strategies considered most promising include caregiver interventions, which provide services to relieve the burden of caregiving; money management programmes for older adults vulnerable to financial exploitation; helplines and emergency shelters; and multidisciplinary teams, as the responses required often cut across many systems, including criminal justice, health care, mental health care, adults' protective services and long-term care." WHO 2022

In providing recommendations to prevent and protect against elder abuse, strategies will be categorised in terms of:

Legislative and Policy Actions

Prevention Programmes

Intervention programmes.

11.1 Policy and Legislative Actions

i. Government needs to scale up their prevention and protection measures in line with the United Nations Decade of Healthy Ageing's focus on creating age friendly environments.

11.1.2 Ageism must be recognised as a root cause of elder abuse and prioritised in prevention and intervention programmes accordingly. Age discrimination should be prioritised as highly as other forms of discrimination.

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11.1.3 Laws and policies on violence and elder abuse must take into account the needs of older persons as a non- homogenous group.

11.1.4 There needs to be more integrated planning and co-ordination between government departments and across the 3 levels of government to expedite services to older persons.

11.1.5 Government needs to develop and adopt a National Plan of Action (Mahler 2023) that is informed by data which will identify the root causes of elder abuse and set out a detailed plan including objectives, priorities, timeframes, evaluation mechanisms and a budget to address the causes of elder abuse.

11.1.6 A National directive is needed for the prioritization of older persons to be attended to at health care facilities, SAPs, SASSA, financial institutions and other key service points.

11.1.7 Government needs to plan and allocate funding to address resource deficits (financial, capacity and human) as identified in the findings; particularly pertaining to:
The dire shortage of social workers in government and inadequate subsidization of social work posts in the NPO sector to adequately investigate and intervene in reported cases as well as to undertake prevention programmes. Inaccessible police stations – establish community based satellite stations in rural communities utilizing containers.

11.2 Prevention Programmes

11.2.1 Capacity building and awareness raising of professionals including the police, health care personnel, court officials, social workers and employees of support services such as SASSA, trauma centres etc. on the needs of older persons and around elder abuse issues is critical.

11.2.2 Public awareness campaigns on the types of elder abuse, risk factors, prevention strategies and ways to respond help to reduce the number of elder abuse cases and could also prevent further abuse from occurring.

11.2.3 Awareness campaigns and dialogues around older persons living with Dementia or Alzheimers disease are needed to educate the public that behaviour displayed by older persons living with Dementia is due to neurological deficits and are not a result of witchcraft. The killings of older women in some rural areas due to witchcraft accusations must be prioritised as an area for action by the government.

11.2.4 The provision of safe houses, emergency beds, easily accessible legal assistance and economic support for older persons wanting to leave abusive situations is necessary to end the abuse cycle for the older person.

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11.2.5 The establishment of caregiver support programmes through resource centres where family caregivers of older persons living with dementia, can access equipment and information and support groups to provide emotional support to overburdened caregivers.

11.2.6 Awareness campaigns in the community to dispel myths about dementia and Alzheimer's disease.

11.3 Intervention programmes

11.3.1 "One of the main reported strategies for preventing abuse of older persons is caregiver support programmes.
Support and guidance to family caregivers who lack understanding on how to appropriately care for their family member with severe cognitive or physical deficits, would better serve the community than criminalizing these caregivers." Mahler (2023)

11.3.2 Intervention strategies must be linked to supportive services such as home based care, safe houses, support groups.

11.3.3 Strengthen protective factors through education and awareness on healthy aging.

11.3.4 Due to limited resources i.e. vehicles for home visits, shortage of ambulances, shortage of human resources such as social workers, police officers, doctors and community care givers, there is a need for greater coordination between government departments and community organisations to ensure successful outcomes for older persons. In line with the Management of Elder Abuse Protocol in South Africa, it is critical that the various partners such as the South African Police Services, Health care professionals, Departments of Social Development, Health and Justice, Older Person organisations, faith based organisations and civil society work together.

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