

Mala Kapur Shankardass *Editor*

# International Handbook of Elder Abuse and Mistreatment

 Springer

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# Elder Abuse and Mistreatment in Flanders: Prevalence and Prevention



Liesbeth De Donder, Sofie Van Regenmortel, Deborah Lambotte,  
Nico De Witte and Dominique Verté

**Abstract** This chapter provides an overview of the work that has happened the past ten years in Flanders, in terms of fighting and preventing elder abuse and mistreatment. Flanders has currently two helplines for elder abuse and mistreatment. One organisation (VLOCO) is responsible for the support, training and registration of cases of abuse or mistreatment by professionals. A second helpline called 1712 registers all cases on violence (including elder abuse) by citizens. In 2017 ‘1712’ registered 187 reports on elder abuse from individuals; VLOCO registered 144 reports from professionals. As this is only the tip of the iceberg, additional scientific research is performed trying to capture the prevalence of elder abuse and mistreatment among community-dwelling older people. This chapter describes these different studies and their main results. A final part discusses the increasing attention for preventing elder abuse in Flanders. Flanders participated in three European projects (EUSTaCEA, WeDO and WeDO<sup>2</sup>) working on primary prevention (i.e. awareness-raising on quality care from a human rights approach, and more education and training). In addition, in order to increase secondary prevention, the Flemish Risk on Elder Abuse and Mistreatment Instrument (REAMI) aims to detect elder abuse as early as possible.

**Keywords** Elder abuse · Mistreatment · Prevention · Detection · Prevalence

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## Background: Flanders, the Dutch-Speaking Region in a Complex Belgium

In 2014, the total population of Belgium accounted for 11.2 million people who are spread over 30,528 km<sup>2</sup> (Eurostat 2014). Belgium is the fifth smallest country in the European Union and has almost as many residents as the Metropolitan Area of Paris. Belgium is a federal state subdivided into three main regions: the Walloon region, the Brussels–Capital region and the Flemish region. The Walloon Region, the southern French-speaking region, has almost 3.6 million people in the total population with 17.3% being 65 and older. The Brussels–Capital Region is described as the ‘youngest’ region with the total population being 1.16 million people of whom ‘only’ 13.3% is 65 and older. And a third region, the Flemish region, also known as the Dutch-speaking Flanders, represents the most populated (6.4 million inhabitants) and oldest region with 19.1% of the Flemish population being 65 and older (Federal Planning Bureau and Statistics Belgium 2015). This chapter focuses on the Flemish region.

Belgium has a rather complicated political structure, with three regional governments, with three governments from the communities and one federal government (Deschouwer 2012). Each of the three regions has power relating to fields connected with *their territory* relating, for example, to economy, housing, transport, urban planning. The three communities have power relating to fields concerning *the person* such as education, culture, language and welfare. The federal state retains limited but important power covering everything connected with the *public interest*, such as justice, finance, defence and social security (Deschouwer 2012). Some domains, such as healthcare, are organised by both federal states as well as by the three communities, leading to a high degree of fragmented power with likewise consequences (Eeckloo et al. 2011).

In terms of elder abuse and mistreatment, this means that several governmental levels have responsibilities: federal ministries such as justice and public health play an important role, but also Flemish ministries such as welfare and care. This chapter will focus on what is happening on the regional level of Flanders but will highlight some federal initiatives when relevant.

This chapter consists of two main sections. The first section concentrates on the difficult search for accurate and reliable prevalence data of elder abuse and mistreatment in Flanders. The second section describes efforts and the recent focus on the prevention of elder abuse. Both primary prevention (fighting elder abuse by working on quality care) and secondary prevention (early detection and assessment of elder abuse) will be discussed.

## A Search for the Prevalence of Elder Abuse in Flanders

### *Reporting Data: Flemish Support Centre for Elder Abuse*

In 2003, the Flemish Reporting Point for Elder Abuse was structurally established as part of a Flemish social services organisation that provides several social and residential services in the south of the province of East-Flanders called 'Centrum Algemeen Welzijnswerk Zuid-Oost-Vlaanderen' (Callewaert 2011). This Flemish Reporting Point for Elder Abuse focused on community-dwelling older people. In the other regions, similar Reporting Points exist: the Dutch-speaking Brussels Meldpunt Ouderen mis(be)handeling and the French-speaking SEPAM (Service d'Ecoute pour Personnes âgées Maltraitées) in Brussels and Respect Seniors (Agence Wallonne de lute contre la maltraitance des aînés) in the Walloon Region.

One of the aims of the Flemish Reporting Point for Elder Abuse was to register every reported case of elder abuse in order to gain insight into the prevalence of the phenomenon. Everyone (older people, neighbours, professional carers) could report cases by calling to a unique and inexpensive central telephone number. Between 2003 and 2011, the number of reported cases increased from 276 to 474, with the highest reported number of cases in 2007–2008–2009 (>500 reported cases) (VLOCO 2013). In 2012, policy makers decided to reform the Flemish Reporting Centre for Elder Abuse to a Flemish Support Centre for Elder Abuse (VLOCO). Victims and non-professionals are since then redirected to a central helpline on Violence (1712) that helps citizens who want to report violence regardless the type of abuse (e.g. honour-related violence, child abuse, intimate partner violence, elder abuse). VLOCO now focuses only on supporting professionals. In 2017, '1712' registered 187 reports on elder abuse from individuals; VLOCO registered 144 reports from professionals. The top three reported cases were psychological abuse (28%), financial abuse (16%) and physical abuse (17%).

In Flanders, the VLOCO does not use the widely applied definition on elder abuse from the UK's Action on Elder Abuse, the International Network for Prevention of Elder Abuse (INPEA) and the World Health Organisation (WHO): Elder abuse is '*a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person*' (WHO 2002, 3). Instead, VLOCO uses a slightly different definition from the Dutch researcher Comijs who was one of the first in the 1990s to bring the topic to the fore in the Netherlands: The mistreatment of an older person concerns '*all the action(s) or lack of action(s) of all those who have a personal and/or professional relationship with the older person, (possibly) causing (repeated) physical, psychological, or material damage*' (Comijs 1996). Similarly with WHO, VLOCO uses a multidimensional perspective on elder abuse and differentiates six types of abuse: physical, psychological, sexual, financial abuse, neglect and violation of personal rights.

First, *physical abuse* refers to actions causing physical pain or injury (cf. WHO 2002). Second, *psychological /emotional /verbal abuse* describes all actions inflict-

ing mental pain, anguish or distress on a person through verbal or nonverbal acts. Examples are: bullying, threats, humiliation, infantilisation of the older person, and so forth (cf. WHO 2002). Third, *sexual abuse* refers to non-consensual sexual contact of any kind (e.g. unwanted intimacy, touching in a sexual way, rape, undressing in front of the victim). Next, *financial /material abuse or exploitation* describes all actions of illegal or improper use of an elder's funds, property or assets (WHO 2002). Examples are: problems with power of attorney, disappearance of money or goods, obstruction in managing one's own money, legacy hunting and extortion. The fifth type, neglect, deals with the refusal or failure by those responsible to provide essential daily living assistance and/or support such as food, shelter or health care (WHO 2002). Finally, *violation of the personal rights of an older person* includes, for instance, the violation of privacy and the right to autonomy, freedom, refusing access to visitors, isolating the elder or reading or withdrawing mail (WHO 2002).

### ***Academic Research on Elder Abuse***

Notwithstanding, the numerous amounts of victims of elder abuse, a multi-national prevalence study in Europe demonstrate that more than half of the victims never talk about nor report the abuse (Tamutiene et al. 2013). The most common reasons for not reporting are 'considering the incident as being too trivial' (71.8%), 'distrusting the ability of somebody to do anything about it' (56.2%), 'not wanting to involve somebody' (50.3%), but also 'not wanting that the perpetrators to be sent to prison' (22.8%) and 'being afraid the perpetrator might take revenge' (20.1%). This reluctance to report is also demonstrated in official statistics of policy and health services. These only present a tip of the iceberg of cases of elder abuse and a large amount of situations is left undetected (Sethi et al. 2011). As older people are reluctant to report abuse, only a small proportion of these individuals are presently known to protective or social services. Oosterlee et al. (2009) estimate that only 20% of victims are known to one or more organisations, while O'Keeffe et al. (2007) estimate that only 3% of cases are known to the agency for adult protection and social services, in the UK. This is probably the case as well in Flanders. Although approximately 350 cases are reported annually to the VLOCO and 1712, we can suspect this to be only the tip of the iceberg, with the bulk of victims remaining 'underwater', and undetected. Consequently, a number of academic prevalence studies in Flanders have been organised to enrich the reported numbers of the VLOCO (see Table 1).

The first Belgian representative study dates from 1998 (Vandenberk et al. 1998). In this study, a representative sample of the Belgian population, aged 65 years or more, was drawn ( $N = 523$ ). Because of the possibility that differences in elder abuse could be detected between rural and urban areas, urbanisation rate was included as a stratification variable (rural, urban). Cities with a population lower than 20,000 inhabitants were not included. In addition, the amount of respondents was stratified according to the proportion of older people (65 or older) in the different regions and in the different communities. In a third step, the amount of cities and communities

**Table 1** Prevalence rates different types of elder abuse in Flemish/Belgian studies

		Registrations VLOCO 2012 <sup>a</sup>	Vandenberk et al. 1998	BAS 2010–2015	AVOW 2010
<i>Type of abuse</i>					
	Psychological abuse	30%	9.4%	3.5%	28.9%
	Physical abuse	20%	1.7%	2.7%	2.2%
	Sexual Abuse	0%	1%	1.6%	2.4%
	Financial abuse	21%	10.3%	2.0%	5.9%
	Neglect	18%	/	2.5%	5.5%
	Violation of personal rights	11%	/	1.7%	4.5%
	Total abuse	100%	19.7%	6.3%	33%
<i>Gender</i>					
	Men	26%	43%	48%	/
	Women	74%	57%	52%	100%
<i>N</i>		474	523	7869	436

<sup>a</sup>Percentages reflect proportions of the number of reported cases

/Not included in the study

per region was determined. In a small community, 30 respondents were included, and in a city 60 respondents. The interviews were standardised and interviewers received training. A face-to-face interview technique was used. In general, a response of 44% was realised. The study of Vandenberk measured prevalence for four types of abuse and concludes that 19.7% of older people who are living at home became the victim of some kind of elder mistreatment since the age of 60. Financial abuse had the highest prevalence rate (10.3%), followed by psychological abuse (9.4%).

After the study of Vandenberk et al., little research attention was given to the topic of elder abuse. Callewaert in his article, in 2011, (p. 372) even concludes that there is a ‘*very poor academic interest for elder mistreatment in Flanders*’ and the ‘*lack of scientific research has resulted in a poor understanding of the scope and specific dynamics of the problem*’. Elder abuse received little interest from Flemish universities. In response to this void, the VLOCO started a cooperation with the research group Belgian Ageing Studies from the Vrije Universiteit Brussel.

This research group had developed, since 2004, a research project to stimulate evidence-based local policy making; the Belgian Ageing Studies. This research project collects information from people aged 60 and over on their perceptions of various aspects related to the quality of life and living conditions in older age, e.g. well-being, housing conditions, neighbourhood features, civic participation, feelings of safety, health, networks, loneliness. These data are the most detailed representative data on the living conditions of older people living self-reliantly in Flemish municipalities in Belgium. The samples in the Belgian Ageing Studies consist of randomly

chosen older people from population registers in each municipality. They are stratified, using particular quota where variables as gender and age (60–69, 70–79 and 80 years and over) matched the makeup of the underlying population. Depending on the municipality, between 65 and 85% of those contacted were willing to participate (De Donder et al. 2014). All participants were interviewed in their homes using a structured questionnaire. Respondents were free to participate, and their anonymity was guaranteed. In 2010, the questionnaire was revised and on demand of VLOCO an indicator on six types of elder abuse was added. Between 2010 and 2015, these questions on elder abuse have been administered among 7869 older adults. We measured the six types of elder abuse, but each with only one question. This can explain the lower prevalence rates (De Donder et al. 2011a). In general, 6.3% older adults expressed being abused in the past year. Psychological abuse was the highest (3.5%), and sexual abuse was the lowest (1.6%).

Finally, Belgium participated in the European prevalence study of Abuse and Violence against Older Women (AVOW). This research was funded by the EU's Daphne III programme concerning violence against women and children. The study was undertaken by the use of the same instrument translated in five European countries: Austria, Belgium, Finland, Lithuania and Portugal. Three data collection methods were used: postal survey (BE, FI, PT), face-to-face survey (BE, LT) and telephone interviews (AT). Data were collected between April and July 2010. All respondents were informed about the confidentiality of data handling, and anonymity within data analysis was guaranteed. Additionally, (contact) information about the principal researcher and a violence protection service was offered in each country's version of the survey instrument. In total  $N = 2880$  individuals responded in the survey comprising of  $n = 678$  respondents in Finland,  $n = 649$  in Portugal,  $n = 593$  in Austria,  $n = 515$  in Lithuania, and  $n = 426$  in Belgium ( $n = 318$  postal,  $n = 108$  face-to-face). The study target population comprised women aged 60 years or older living in the community.

The survey measured the self-reported prevalence of elder abuse and distinguished between six different forms of abuse: neglect, emotional, financial, physical, and sexual abuse; and violation of personal rights. The reference period for the abuse was the past year. Each form of abuse was operationalised by several items<sup>1</sup> representing different incidents, which were selected and adapted from the Conflict Tactics Scale 2 (CTS2) (Straus 1996, 2007). For Belgium, the general prevalence rate of the past year was 33%. Interesting was that we did not only measure whether it happened, but we also measured frequency and intensity, showing a nuanced picture with people experiencing a lot of abuse, frequently, while others experienced abuse less frequently. These results clearly pointed towards the needs for intervention, but also prevention.

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<sup>1</sup>For instance, the older women were asked if somebody close to her has '...insulted you or sworn at you / called you fat, ugly or other names / shouted or yelled at you? / destroyed something that belonged to you? ...thrown a hard object at you or used some kind of weapon?', etc.

The AVOW results have been described in detail in several international publications (De Donder et al. 2011b, 2013, 2016; Lang et al. 2014; Tamutiene et al. 2013).

## **Prevention of Elder Abuse and Mistreatment**

Based on these and other international empirical studies, and based on their practical experience, several organisations in Flanders wanted to undertake more preventive actions. These actions concerned both primary and secondary preventions: participation in European projects that aimed to fight elder abuse by working on quality care, and the development of the Risk on Elder Abuse and Mistreatment—Instrument (REAMI).

### ***Primary Prevention: Fighting Elder Abuse by Working on Quality Care***

Primary prevention is the earliest intervention and involves all programmes aimed at avoiding the occurrence of elder abuse. In the last few years, the promotion of the well-being and dignity of older people and the fight against elder abuse have gained importance at international and European level with the support of several EU Presidencies, the European Parliament and the European Commission. Public authorities, policy makers, care providers and end users' organisations became more aware that, just like child abuse, elder abuse can no longer be tolerated and measures must be put in place to ensure that all older persons who become dependent on others for care and assistance are adequately protected and can enjoy a dignified old age. As demonstrated by a large body of research over the last decade, elder abuse is a problem in all EU Member States (Sethi et al. 2011). It is found in all types of care settings (institutional, community and home care) provided by public, not-for-profit and commercial service providers as well as families and volunteers. In its call for proposals that funded the WeDO project, the European Commission explained that: *'Elder abuse in institutional and domestic settings is increasingly being recognised as a major societal problem. There is a risk that this problem will grow as Member States experience rapidly ageing populations. It appears, however, that only in a minority of cases the abuse of older people does represent a deliberate attempt to harm or exploit the victims.'* Building on this momentum, Belgium participated in three subsequent European projects: EUSTaCEA, WeDO and WeDO<sup>2</sup>. All three projects focus on improving the quality of care and the rights of older people in long-term care in particular. By working on these topics, the aspiration is to decrease elder abuse and mistreatment.

**Table 2** European charter of rights and responsibilities of older people in need of long-term care

Art. 1: Right to dignity, physical and mental well-being, freedom and security
Art. 2: Right to self-determination
Art. 3: Right to privacy
Art. 4: Right to high quality and tailored care
Art. 5: Right to personalised information, advice and informed consent
Art. 6: Right to continued communication, participation in society and cultural activity
Art. 7: Right to freedom of expression and freedom of thought/conscience: beliefs, culture and religion
Art. 8: Right to palliative care and support, and respect and dignity in dying and in death
Art. 9: Right to redress
Art. 10: Responsibilities of older people

1. **EUSTaCEA (2008–2010).** With the support of the European DAPHNE III Programme, a group of partners from ten countries led by Age Platform Europe<sup>2</sup> have developed a European Charter of Rights and Responsibilities of Older People in need of Long-Term Care. With this Charter, the EUSTaCEA partners seek to set up a common reference framework that can be used across the European Union to promote the well-being and dignity of older dependent people.

The European Charter of the rights and responsibilities of older people in need of long-term care and assistance (EUSTaCEA 2010) states that: ‘*Human dignity is inviolable. Age and dependency cannot be the grounds for restrictions on any inalienable human right and civil liberty, acknowledged by international standards and embedded in democratic constitutions. Everybody, regardless of gender, age or dependency is entitled to enjoy these rights and freedoms, and everybody is entitled to defend their human and civil rights*’. Advancing in age does not involve any reduction of a person’s rights, duties and responsibilities but highlights that a person can be in either a permanent or temporary state of incapacity and unable to protect their own rights. As we grow older and may come to depend on others for support and care, we continue to have the right to respect our human dignity, physical and mental well-being, freedom and security (EUSTaCEA 2010).

At the end of this project, after two years of input, participation and discussions, the EUSTaCEA partners formulated nine articles with rights of older people in need of long-term care, and one with responsibilities (see Table 2).

2. **WeDO project (for the Well-being and Dignity of Older people) (2010–2012).** WeDO is a European project co-financed by the European Commission. It was led by a steering group composed of 18 partners from 12 European Union (EU) Member States interested in working together to improve the quality of life of older people in need of care and assistance. Age Platform Europe was the coordi-

<sup>2</sup>AGE Platform Europe is a European network of more than 150 organisations of and for people aged 50+ representing directly over 40 million older people in Europe. ([www.age-platform.eu](http://www.age-platform.eu)).



nator of the project. The project's aim was to set up a lasting and open European partnership of European, national, regional and local stakeholders committed to improve the quality of services for older people in need of care and assistance and to fight elder abuse. The project ended in December 2012, with the launch of the European quality framework for long-term care services.

The WeDO project has built on the European Charter of Rights and Responsibilities of Older People in need of Long-Term Care and its accompanying guide, developed by the EUSTACEA project, and on the voluntary European quality framework for social services developed by the Social Protection Committee (WeDO 2012).

For the purpose of the project, a national coalition of stakeholders was set up in each partner country to identify the gaps, contribute to the writing of the quality framework and develop a national strategy to protect the dignity and well-being of older people in need of care and assistance through quality long-term care. Similarly, a European coalition gathered key stakeholders at European Union level to help the Steering Group develop the European strategy. For Belgium, the Vrije Universiteit Brussel was coordinator and brought together 27 organisations from the Flemish, Brussels-Capital and Walloon region. These organisations varied from home care to residential care organisations, older people's and informal care associations, regional policy makers, research and training centres, health insurance companies and social services.

The goal of the WeDO project was to develop, in co-creation with all these national coalitions, a EU quality framework for long-term care services. This quality framework introduced 11 quality principles and seven areas of action that define what quality care is and where effort is needed to guarantee the well-being and dignity of older people in need of long-term care and assistance (WeDO 2012) (see Table 3).

The quality framework was officially launched on paper version at the WeDO project's final conference organised in the European Parliament in Brussels on 14 November 2012 and hosted by Heinz K. Becker, MEP and co-chair of the Intergroup on Ageing and Intergenerational Solidarity. This event gathered a wide range of stakeholders who are or could be involved in implementing the quality framework (e.g. policy makers at all levels, research institutes, care service providers, older people's organisations, carers' organisations).

3. **WeDO<sup>2</sup>(2013–2015)** was the third project and was a European learning partnership funded by the European Grundtvig programme. It comprised eight organisations from seven different countries (Austria, Belgium, Germany, Greece, Poland, the Netherlands and the UK), and one European organisation (Age Platform Europe). Our research team from the Vrije Universiteit Brussel coordinated the project. WeDO<sup>2</sup> aimed to produce a training to empower various stakeholders to participate and cooperate as partners in the process of improving the quality of services for older people in need of care and assistance, their quality of life, health and well-being and to fight elder abuse.

**Table 3** What is quality care? Principles and areas of action of the European Quality framework for long-term care services (WeDO)

Quality principles—Quality care should be:	Areas of action—Quality care should contribute to:
Respectful of human rights and dignity	Preventing and fighting elder abuse and neglect
Person-centred	Empowering older people in need of care and creating opportunities for participation
Preventive and rehabilitative	Ensuring good working conditions and working environment and investing in human capital
Available	Developing adequate physical infrastructure
Accessible	Developing a partnership approach
Affordable	Developing a system of good governance
Comprehensive	Developing adequate communication and awareness-raising
Continuous	
Outcome-oriented and evidence-based	
Transparent	
Gender and culture sensitive	

Education and training seem to be one of the few evidence-based<sup>3</sup> elder abuse prevention programs that show positive effects (De Donder 2014). Evaluations of education among professional carers, for instance, showed an increased knowledge of elder abuse (e.g. Richardson et al. 2002), and increased caregiving knowledge, but even more so, also showed a decrease in psychologically abusive behaviour from staff to older persons (Hsieh et al. 2009). Most training and education programmes aim to increase professional awareness and knowledge of elder maltreatment among health professionals (Bond 2004) or social workers (Richardson et al. 2002). Such education programmes often include identifying signs and symptoms of elder abuse, how to manage suspected cases, and the role of the professional in protecting potential victims and ethical issues. In addition, also awareness and education programmes for older people exist. Such programmes aim to empower and encourage victims to report elder abuse as early as possible and to seek help (De Donder 2014).

The specific aim of WeDO<sup>2</sup> was to develop an innovative ‘train-the-trainer’ toolkit about quality care (the antipode of elder mistreatment) that could be adapted and used for different stakeholders (older people, formal and informal carers, volunteers, care professionals). The WeDO<sup>2</sup> ‘train-the-trainer toolkit’ was created using a co-creation methodology. It is a special case of collaboration where the intent is to create something that is not known in advance, building on the needs of the learners, and using the ideas and experiences of different stakeholders. Co-creation was used in the complete process from concept to

<sup>3</sup>Measured using high-quality evaluations.

implementation: from the development of the content of the training and the way it should look like, testing and evaluating of several versions of the training, feedback on ways to implement the WeDO<sup>2</sup> ‘train-the-trainer toolkit’ in the national regions.

The WeDO<sup>2</sup> quality care training consists of three steps: vision, EU rights on older people-quality framework and What Can We DO?

- Step 1: Help the participants define and reflect on what good quality care and elder abuse means for them;
- Step 2: Inform them about at least the quality framework concerning long-term care services (WeDO) or the rights of older people in need of care or assistance as defined in EUSTaCEA;
- Step 3: Encourage the participants to consider how they and others can contribute to quality care. Generate ideas that can put into practice the rights or principles addressed in step 2 and how they could implement them.

A training session should include at least one activity from each of the three steps given in order. To raise the flexibility of the training, each activity has a short and long version. The trainer can choose which activities and which version of the activity to include in the training to fit, e.g. the groups’ needs, their educational level and time available (WeDO<sup>2</sup> 2015).

The WeDO<sup>2</sup> toolkit can be of particular interest to those who are linked to or engaged with providing services to older people and are committed to improving the quality of life for older people in need of care and assistance. This includes family and friends as well as small locally run groups and clubs, regional organisations, national bodies and Europe wide establishments. These target groups can be both learners and become trainers themselves. For example, the testing phase in Poland showed how important it was to reach all age groups within the population. The most revealing was a meeting with young people, students, children and older volunteers, who showed a lack of knowledge and understanding on relevant issues concerning older people who were in need of care and assistance. In Belgium, we organised training sessions to students of Social Gerontology, Social Workers and Nurses. All the students were very enthusiastic in exchanging their ideas about ‘good care and support’ that went beyond the medical and physical training standards of their courses. They described the WeDO quality framework for long-term care services as a very innovative perspective (WeDO<sup>2</sup> 2015).

### ***Secondary Prevention: Early Detection of Elder Abuse and Mistreatment (REAI)***

Secondary prevention aims at identifying and detecting elder abuse early before it causes significant problems and to prevent it from getting worse. The premise of

screening and detection interventions is clear: elder abuse remains unknown until the problem is brought to light (Pillemer et al. 2007).

In order to do so, VLOCO asked us in 2011, to search for a well-designed, valid and widely available detection and screening instrument. Such an instrument that could be used to recognise elder abuse in the home environment in an early phase was needed to give opportunities to support professionals in screening and detecting elder abuse, and consequently to take preventive actions for at-risk groups (De Donder 2014). We found that several screening instruments for detecting (risks of) elder abuse have been developed, but almost exclusively in the USA (Perel-Levin 2008). Already in 2001, Anetzberger concluded that risk assessment instruments lack important qualities (such as accurateness, sensitivity and reliability) to be widely adopted. Imbody and Vandsburger (2011) ascertained very little progress more than ten years later. In their literature review, Imbody and Vandsburger (2011) described most current elder abuse assessment tools: Conflict Tactics Scale, Brief Abuse Screen for the Elderly, Elder Assessment Instrument, Elder Abuse Diagnosis and Intervention Model, Indicators Of Abuse screen, E-IOA: Extended Indicators Of Abuse screen, and EASI: Elder Abuse Suspicion Index, and concluded that we still lack an instrument that fulfils the need for thoroughness, user-friendliness and multidisciplinary. Because VLOCO needed such an instrument, we started with the development, validation and valorisation of the ‘Risk on Elder Abuse and Mistreatment—Instrument’.

In Spring 2012, we performed a validation research, in cooperation with Familiehulp vzw, the largest home care organisation in Flanders. All home carers from Care Region 3 (Antwerp and Brussels) were instructed to assess their clients aged 55 years and older, using the REAMI. In total, 1922 clients were assessed. After this study, several healthcare organisations and social services implemented the instrument in the daily practice. The REAMI is used for the early detection of elder abuse and mistreatment, and enables professionals to take preventive measures and has several benefits: The REAMI includes signs of abuse as well as risk factors of abuse (1), is evaluated by the users as a short and to the point instrument which can be completed in time-demanding work environments (2), and refers to the physical, psychological and the social environment of the older person (3). In examining the psychometric properties, an exploratory analysis revealed three factors. The confirmatory factor analysis has confirmed this three-factor model with excellent goodness of fit estimates. Based on these measures of overall fit, there is evidence that the hypothesised model of REAMI is a good-fitting model (4) (De Donder et al. 2018). At this moment, the REAMI is structurally used in over 15 organisations in Flanders and piloted in Finland.

### **Summary: Elder abuse in Flanders (Belgium)**

- Flanders uses a multidimensional perspective on elder abuse, including physical, psychological, sexual, financial abuse, neglect, and violation of personal rights.

- Flanders has two helplines for elder abuse: VLOCO for professionals and 1712 for citizens. In 2017, “1712” registered 187 reports on elder abuse from individuals; VLOCO registered 144 reports from professionals.
- Prevalence studies in Flanders demonstrate that these reports are only the tip of the iceberg. Although Callewaert (2011) concludes that Flanders has a *very poor academic interest for elder mistreatment in Flanders*, the most recent years we see an increase in academic studies: Measuring prevalence of elder abuse is a structural component of the survey used in the Belgian Ageing Studies and Flanders participated in the European AVOV-prevalence study.
- A recent trend in Flanders is an increasing attention for preventing elder abuse. VLOCO, VUB and Familiehulp developed the Risk on Elder Abuse and Mistreatment—Instrument (REAMI) which is currently more and more widely used. In addition, Flanders’ participated in three European projects that aimed to fight elder abuse by working on quality care, from a human rights approach: EUSTaCEA, WeDO and WeDO<sup>2</sup>.

### Interesting links

- VLOCO, Flemish Support Centre for Elder Abuse: <http://www.ouderenmisbehandeling.be> (in Dutch only)
- [www.belgianageingstudies.be](http://www.belgianageingstudies.be)
- More information on the European Charter of the rights and responsibilities of older people in need of care and assistance: <http://www.age-platform.eu/policy-work/quality-long-term-care-fight-against-elder-abuse>
- More information on the WeDO and WeDO<sup>2</sup> project: <https://www.age-platform.eu/project/wedo-wellbeing-and-dignity-older-people>.

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