

Briefing Paper: The UK Study of Abuse and Neglect of Older People 2007



Action on Elder Abuse
Astral House, 1268 London Road, London SW16 4ER
tel: 020 8765 7000 fax: 020 8679 4074
e-mail: enquiries@elderabuse.org.uk
website: www.elderabuse.org.uk

Briefing Paper: The UK Study of Abuse and Neglect of Older People 2007

Contents		Page
Preface	Introduction	1
	Action on Elder Abuse	2
Part One	Background to the Survey	4
	Who undertook the Work	4
	How the Survey was done	4
Part Two	Key Points of the Survey: Summary	4
	AEA Action calls	5
	AEA Direct Actions	6
Part Three	The Prevalence Data: How widespread, including by nation	6
	What is the Abuse	6
	Who are the Victims	7
	Who are the Abusers	7
	Who did Victims tell	8
Part Four	What is Elder Abuse	8
	What is Domestic Violence	8
	Societal perceptions	8
Appendix	The Definitions of abuse used in the Survey	9
	Copies of the Powerpoint presentation	10

Introduction



Since 1992, when Jim Ogg and Gerry Bennett first produced indicative data on the possible extent of elder abuse within the UK, there has been a growing debate about the reliability of those figures. Neither Jim nor Gerry ever intended their limited research to assume the importance that it subsequently did, but it is perhaps a reflection of the growing awareness of the abuse of older people that a debate has 'quietly' and increasingly raged around the issue.

In 2004 the Health Select Committee at the House of Commons held an Inquiry into the nature and extent of elder abuse. During that debate the then Minister, Stephen Ladyman, questioned the validity of the 5% prevalence figure that was being used by AEA and this led to a recommendation in the final report of the Committee that *'multi-disciplinary research be commissioned by the Department of Health to clarify the full extent of elder abuse and to allow the Department for the first time to ascertain the extent of this problem within society.'* Following the Health Select Committee Inquiry, AEA sought support from both Comic Relief and the Department of Health and I am pleased to say that the response was warm and positive, and the Report published today is testament to that support. Consequently, we now have that research and we now know the extent of the problem, insofar as it relates to older people living within the community.

But research in this context is not about statistics or figures or percentages. It is about pain, suffering, humiliation, degradation and, in some cases, even death. When we talk about physical abuse or sexual abuse, for example, we are describing experiences that are often called by different names when inflicted upon younger people. And yet, we rarely witness charges of 'Grievous Bodily Harm' or 'Sexual Assault' when the victim is 84 or 85 years of age. Alternatively, while the British Crime Survey may have found 'virtually no domestic violence among men and women aged 65 and over', it is hard to reconcile such findings with the reality of today's report. This is a reflection of our societal attitudes toward Older People that often refuse to acknowledge their experiences, or re-define them in ways that are more acceptable but less accurate in terms of their impact. We hurt just as much at 78 years as we do at 8 years. And, if the Prevalence Report finally makes us challenge those attitudes toward Older People, it should do so no less for those with Learning Disabilities. Anyone doubting that view would do well to read the excellent MENCAP report, 'Death by Indifference'.

Today we are at a crossroads and there is now only one way forward; to recognize and accept that a very large number of older people face abuse within our Nations – more Older People than can be found in some of our cities – and to take the appropriate steps to alter that situation. We need a change in attitudes, publicity to highlight the issue, adequate funding of protective systems, appropriate use of criminal and domestic violence law, and a direction of travel that ensures people achieve a quality of life in their 'twilight years' and not just an existence.

AEA will always associate the publication of this new research with the late Gerry Bennett, our former President and long time champion against elder abuse. He would have been proud of the progress made to highlight the pain of such abuse. But he would also probably have cautioned that today is just a beginning – it's what we all do with the Report that will count.



Action on Elder Abuse (AEA) was established in 1993 with the aim of preventing the abuse of older people. It is a membership organisation with over 600 individual and group members throughout the United Kingdom and Ireland. These include older people, local and national voluntary organisations, academics, health authorities and trusts, and social services departments (often, but not exclusively, represented by Adult Protection Coordinators). It works proactively with statutory organisations and is variously described as a 'critical friend' and as a 'social entrepreneur'.

The charity is seeking an environment in which the abuse of older people is no longer tolerated. It is seeking to encourage public and practitioner recognition of elder abuse and to facilitate policies, procedures and cultures that both abhor and challenge such abuse. Simultaneously, the charity recognises that it operates within an adult protection environment, and consequently seeks to ensure that its work benefits all vulnerable adults.

We believe it is vital that it is recognised that elder abuse exists and that it may have a profound effect on the quality of life for older people; that both the rights and autonomy of the older person and their possible need to be protected from abuse are recognised; that all older people have the confidence, knowledge and support to take the action they choose to counter abuse; that health and social care practitioners at all levels are trained to recognise the different types of abuse and to respond to the needs of both the abused and the abuser; that both health and social service purchasers and providers have staff and services that are responsive to the needs of the abused and the abuser; that the responses of all statutory, voluntary and independent agencies are collaborative and appropriate; and that a broad range of research is undertaken to expand knowledge of the issues.

Practical activities of AEA include providing up to date information for its members; running conferences on elder abuse and related issues (including an annual two day event that brings together academics, practitioners and voluntary sector representatives to consider current developments and challenges); providing direct training, and facilitating training, as appropriate, giving presentations to a wide range of organisations; producing leaflets, resource materials and reports for practitioners and the public; and acting as a resource for practitioners, television, radio and the press.

In recent years the charity has sought to highlight the links between elder abuse, which predominantly occurs within family situations, and domestic violence. For this reason a key partner of the charity is Women's Aid in Ballymena, Northern Ireland.

[What do we do?](#)

Although the primary focus of Action on Elder Abuse is the protection of vulnerable *older* people we have established ourselves in the last five years as one of the key voices on the protection of vulnerable adults in general and our work is consequently often generic in nature. We have a stated view that we do not wish to see hierarchies of vulnerability created, and in recent years have chosen to highlight the abuse and disadvantage of people with learning disabilities (LD) wherever possible, as a clear recognition of the scandals of abuse uncovered within LD support services.

We have supported an Elder Abuse Strategic Alliance of organisations in England, an Adult Protection Alliance in Wales, and plan to establish an Alliance in Northern Ireland on the question of adult protection legislation. We view partnership working crucial, where it is mutually respectful of the strengths and contributions of each partner and this includes our joint working with Age Concern, Alzheimer's Society, Women's Aid in Ballymena, the Relatives and Resident's Association, the Practitioner's Alliance against the Abuse of Vulnerable Adults, and the Centre for Sheltered Housing Studies.

Between 2004 and 2006 we undertook a major project on behalf of the Department of Health in Westminster, considering the need for, and structure of, an Adult Protection Data Monitoring and Collection system. The results, which were accepted by the Government, included recommendations on such a system, recommendations for a Performance Indicator on Adult Protection, and recommendations on the need for Adult Protection legislation.

We positively interact with key bodies, including (but not limited to) the Association of Directors of Adult Social Services, the General Social Care Council, the Commission for Social Care Inspection, the Care and Social Services Inspectorate for Wales, the Association of Chief Police Officers, the Police Service of Northern Ireland, the Adult Protection Forum in Northern Ireland, and a range of care provider bodies throughout the UK. We have established an ability to cross divides, being able to speak to and work with statutory, voluntary, regulatory and care provider organisations.

In recent years we have contributed to the development of the Protection of Vulnerable Adults list, the new Safeguarding Vulnerable Groups Act, the Domestic Violence, Crimes and Victims Act, the Adult Protection protocol produced by CSCI and its partners, and the shaping of adult protection thinking and work across the nations.

Our strategy is to criticise where necessary but, more importantly, to help where needed.

Background to the Survey:

Following our submission to the Health Select Committee in 2003/04, AEA proposed to Comic Relief that the single most important contribution they could make to elder abuse would be to fund a prevalence study. In our view, the absence of reliable national knowledge about prevalence continually hampered efforts to raise the profile of the issue and led to under-funding of preventative services. This had been a key recommendation of the Health Select Committee Inquiry into elder abuse (House of Commons Health Committee, 2004b, page 13). We simultaneously put forward a similar proposal to the Department of Health and this resulted in a jointly funded piece of research. AEA has maintained a watching brief/supportive role throughout the evolution of the project.

Who undertook the work:

King's College London is in the top group of universities for research earnings with income from grants and contracts of more than £101 million (2004-05) and has an annual turnover of £364 million. King's is a member of the Russell Group, a coalition of the UK's major research-based universities. Twenty-four of the College's subject-areas were awarded the highest rating of 5* and 5 for research quality in the last research assessment exercise, demonstrating excellence at an international level.

The National Centre for Social Research (NatCen) is the largest independent social research institute in Britain. NatCen has an international reputation for conducting high quality social surveys and has become the UK's leading centre for qualitative research on social issues. They carry out research into all areas of social policy, including health, crime, education, employment, travel, social attitudes and families, and undertake the annual National Health Survey on behalf of the Department of Health.

The Survey itself:

2,100 older people in England, Scotland, Wales and Northern Ireland took part in the survey, between March and September 2006. 98% were White, with 2% classified as non-White – matching the general population. It included older people aged 66 years and over. The sample was a nationally representative random probability sample, based on a follow-up of respondents who previously took part in government commissioned health surveys in England, Scotland and Northern Ireland. In Wales there was no follow-up sample available, so NatCen carried out a screening exercise for residents aged 66 and over, living at private addresses that were randomly selected from the Postcode Address File.

It did not include people living in institutions like the NHS or Care Homes, or people with dementia. Some people may have declined to disclose, due to fear, shame or guilt.

This part of the Study had three stages:

- Preliminary focus groups to consider definitions, terminology, risk factors, and barriers to reporting;
- Fieldwork between March and September 2006, using face to face interviews;
- Subsequent qualitative in-depth interviews with a number of respondents, to explore barriers to reporting, strategies and coping mechanisms.

Key points:

- Primary abuse prevention work has rightly identified and targeted elder abuse occurring within regulated care settings, (such as care homes and hospitals), invariably perpetrated by paid members of staff.

- However the Prevalence Study has identified significant elder abuse within older people's own homes (4% of those aged 66 years and over - equating to 342,000 people), often perpetrated by members of their own family. This is the hidden abuse of UK society, exposed comprehensively for the first time.
- There are significant differences between Nations. Wales has twice the level of identified abuse as Northern Ireland. Scotland is the second highest, and in this nation men are more likely to face abuse than elsewhere.
- There is no evidence from the older people surveyed, that they had any contact with Adult Protection systems. This suggests that protective services are failing to reach or support older people experiencing abuse at home.
- The extent of neglect (105,000+ people) and financial abuse (86,500 people) is worrying, given the nature of the perpetrators. Most neglect is by partners (62%), and most thefts are by family members (35%) or neighbours (35%), with one fifth by domiciliary care workers.
- A high proportion of older people (42,500) are facing sexual abuse; either being forced to participate in sexual discussions or being sexually touched against their will. This is sexual assault.
- The impact of the abuse was serious or very serious, according to more than three quarters of older people reporting abuse.
- Criminal Justice Agencies define some of this abuse as domestic violence, but many Domestic Violence services would not do so. Consequently, older people are often not offered the same interventions, protections and support as other younger victims.

[AEA action calls:](#)

- [An end to 'silo working'](#): The older person experiencing abuse by family members should be given access to whatever systems, processes or legislation increases the potential for their protection. The false barriers between elder abuse, vulnerable adults and particularly domestic violence should be removed to ensure greater joint working across all agencies and sectors, both statutory and non statutory.
- [Further research needs to be commissioned by the Scottish Executive and the Welsh Assembly](#): We need to understand the cultural and social differences that cause these two nations to experience abuse at a higher level or differently. We need further UK research into the experiences of BME communities, and the extent of abuse within residential and hospital settings.
- [We need a greater focus on domiciliary care](#): Nearly one tenth of abusers are home helps, and 20% of all thefts are by those staff. We need a greater focus of attention by regulators and others on the management and control of such services if we are to ensure that they all provide support instead of abuse.
- [Medication](#): Misuse of medication continues to be identified as a serious issue by regulators in Wales, Scotland and England. It was the subject of a series of recommendations by the Health Select Committee Inquiry into elder abuse (House of Commons Health Committee, 2004b, page 60) and these recommendations now need to be re-visited as a matter of urgency.
- [We need greater support for family members who provide care to older people](#): 62% of those identified as neglecting older people are partners and this merits further research and consideration. We need to understand what gives rise to such abuse and what support people need to continue in such roles.
- [We need prosecutions where it is justified by the evidence](#): In two thirds of cases older people told someone about the abuse but there is no indication of what was done in response. We need a major awareness campaign to raise the profile of the issue among the public, the criminal justice system, care providers and health and social care services. We need maximum use of special witness measures to increase older

people's access to justice. Agencies need to adopt a positive action approach toward the crimes reported in the study, with a review of the thresholds for investigation.

Further criminal sanctions should be introduced to protect older people from neglect.

- **We need a major publicity campaign on adult protection:** Older people need to know about the systems available in each local authority, and how these can be accessed. The evidence from the Prevalence Study suggests people either do not know about such services or are wary about accessing them.

AEA direct actions:

- **New Leaflets**, supported by Richard Briers, giving older people information on what to do about financial abuse and about neglect;
- **A two year programme**, in conjunction with Women's Aid in Ballymena, to provide specific training on the links between elder abuse and domestic violence
- **A two year programme** in England working with adult protection and domestic violence teams to improve collaboration and cooperation
- The development of a **new training programme** for domiciliary care services, focusing on how to prevent abuse.
- A **joint policy guidance/tool kit** for domiciliary care agencies written by AEA and the United Kingdom Home Care Association giving guidance on how to write an adult protection policy
- A **Major Conference (Cradle to the Grave) in Northern Ireland**, in conjunction with Women's Aid in Ballymena, bringing together child protection, domestic violence, elder abuse, Mental Health, and Learning Disabilities, to share knowledge and experiences.
- **Survivors Network:** The launch of a peer group support network in England, in conjunction with Age Concern, to provide opportunities for older people who have experienced abuse – and their families – to share experiences and support.

The Prevalence Data:

1. Overall, the prevalence of elder abuse in the UK in the last year was 4%. This equates to 342,000 people.

To contrast this figure, the population of Leicester is 330,574; Cardiff is 292,150, Belfast is 276,459, and Aberdeen is 184,788;

There were clear differences of prevalence between Nations:

Wales	6%
Scotland	4.3%
England	3.9%
Northern Ireland	3%.

2.6% of people were abused by those considered to be traditionally in a position of trust (e.g. family, friends, or care-workers). This equates to 227,000 people.

The Abuse

2. Neglect and psychological abuse were under-counted by the Survey and consequently were likely to be the predominant types of abuse. Despite the nature of the survey, however, neglect was still recorded as the highest (1.2%), then financial (1%), psychological (0.7%), physical (0.7%), and then sexual (0.5%).

Extrapolating these figures against the 2004 population of those aged 66 years and over, (8,587,000 people) indicates:

105,000+ were facing neglect
86,500 were facing financial abuse
58,600+ were facing psychological abuse
62,400 were facing physical abuse
42,500 were facing sexual abuse

3. The majority of neglect (85%) involved a failure to undertake day to day tasks, such as shopping, housework or meal preparation, that the victim could not do for themselves, while a significant amount (41%) involved a failure to get someone out of bed, dress them, wash them, or assist them with toileting or eating. 20% involved a failure to give medication at the right time or in the right dosage.
4. Over three quarters of victims (76%) considered the impact of the abuse to be serious or very serious, and felt angry or upset (78%), or isolated (61%), or experienced a physical effect (11%) as a consequence.

The Victims

5. Victims are predominantly Women (5.4%) rather than Men (1.2%), but there were differences between Nations.

England:	Far more Women (5.6%) than Men (1.6%)
Wales:	Slightly more Women (6.2%) than Men (5.8%)
Scotland:	Significantly more Men (5.2%) than Women (3.6%)
Northern Ireland:	More Women (3.4%) than Men (2.4%)
6. Abuse increases with Age. 3.5% at 66-74
4.2% at 75-84
5.5% at 85 and over
7. More Women than Men experience Neglect. More Men than Women have money or property stolen from them.
8. You are more likely to experience neglect if you live alone (7.1%), than if you have social contact (1%); and you are more likely to experience abuse in general if you are lonely (5.9%) than not (2.1%), if you are in bad health (9.2%) than not (1.2%), and if your consequent quality of life is poor (4.8%) than not (0.4%).

The Abusers

9. Partners (35%), Other family members (33%) and Neighbours/Acquaintances (33%) are the primary abusers, followed by domiciliary care workers (9%) and then friends (3%).
10. Men (74%) are more likely to be abusers than women (26%), and this is equally true for theft (56%), and other forms of abuse (80%).
11. Most neglect is carried out by partners (62%) or other family members (51%), but domiciliary care workers account for 13%.

Most thefts are carried out by Neighbours/Acquaintances (35%) or other family members (35%), although domiciliary care workers account for 20%. Theft is usually by younger people (56% are 16-44 and 36% are 45-64), and usually by people who do not live with the victim (75%). A significant number of these people had relationship problems (30%), or alcohol (30%), financial (30%), gambling (23%), or drug (8%) problems.

Other types of abuse (physical, psychological or sexual) are perpetrated by Neighbours/Acquaintances (45%),

or could be considered domestic violence in that 31% is by partners, and 20% by other family members. The perpetrator usually lives with the victim (65%) and tends to be over the age of 65 years (although not very old – only 7% by those aged 75 years or over). A number of these people had relationship problems (28%), physical (13%) or alcohol (5%) problems.

Who did victims tell

12. Nearly one third of victims (30%) told no-one, while others told family or friends (31%), a health professional (30%), a social worker (30%), a professional organisation (8%) or the police (4%). No victim mentioned adult protection systems, and there was no record made of whether subsequent action was taken or the outcome of such reporting.

Definitions:

What is elder Abuse

We define elder abuse as

'a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'.

Elder Abuse includes physical, financial, sexual and psychological abuse, and neglect. Very often such abuses are criminal acts. They can often have a profound effect on the victim.

What is Domestic Violence?

Domestic violence is a pattern of behaviour that is based on control and power. It affects everyone, regardless of age, race, gender, social class, religion etc. In the vast majority of cases the abuser will be male. The police in the UK receive a domestic violence related call every minute of the day.

The police, Home Office and Crown Prosecution Service use the following definition of domestic violence,

'Any incident of threatening behaviour, violence or abuse (physical, psychological, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender'

Societal Perceptions are part of the problem

- It is difficult for society to accept that older people experience abuse – in a similar fashion to the reluctance twenty years ago to accept the reality of child abuse – and it is particularly difficult to accept that much abuse is perpetrated by family members, or that older people can be sexually active.
- It is difficult for society to accept that older people can be both victims and perpetrators of domestic violence. The persistence of two myths about older people affect our ability to conceive of them being involved in domestic violence. The myths are (a) older people do not have intimate relationships; and (b) older people cannot pose a physical threat.

Criteria and examples of abuse used in interviews during the Study:

<p>Financial abuse</p>	<p>1 or more instance of financial abuse in the past year by family member, close friend, paid care worker</p> <ul style="list-style-type: none"> - <i>Stolen money, possessions or property</i> - <i>Attempted to steal money, possessions or property</i> - <i>Made you give money, possessions or property</i> - <i>Tried to make you give money, possessions or property</i> - <i>Used fraud to take money, possessions or property</i> - <i>Tried to use fraud to take money, possessions or property</i> - <i>Taken or kept power of attorney</i> - <i>Tried to take or keep power of attorney</i>
<p>Psychological abuse</p>	<p>10 or more instances of psychological abuse in the past year by the same person (family member, close friend, paid care worker)</p> <ul style="list-style-type: none"> - <i>Insulted you, called you names or sworn at you</i> - <i>Threatened you</i> - <i>Undermined or belittled what you do</i> - <i>Excluded you or repeatedly ignored you</i> - <i>Threatened to harm others that you care about</i> - <i>Prevented you from seeing others that you care about</i>
<p>Physical abuse</p>	<p>1 or more instance of physical abuse in the past year by family member, close friend, paid care worker</p> <ul style="list-style-type: none"> - <i>Slapped you</i> - <i>Grabbed, pushed or shoved you</i> - <i>Kicked, bit or hit you with a fist</i> - <i>Burned or scalded you</i> - <i>Threatened you with a knife, gun or other weapon</i> - <i>Used a knife, gun or other weapon</i> - <i>Any other violence</i> - <i>Tied you down</i> - <i>Locked you in your room</i> - <i>Given you drugs or too much medicine in order to control you/ to make you docile</i> - <i>Restrained you in any other way</i>
<p>Sexual harassment / abuse</p>	<p>1 or more instance of sexual harassment / abuse in the past year by family member, close friend, paid care worker</p> <ul style="list-style-type: none"> - <i>Talked to you in a sexual way that made you feel uncomfortable</i> - <i>Touched you in a sexual way against your will</i> - <i>Tried to touch you in a sexual way against your will</i> - <i>Made you watch pornography against your will</i> - <i>Tried to make you watch pornography against your will</i> - <i>Had sexual intercourse with you against your will</i> - <i>Tried to have sexual intercourse with you against your will</i>
<p>Neglect</p>	<p>10 or more instances of neglect in the past year by family member, close friend, paid care worker OR less than 10 instances in the past year but judged by the respondent to be “very serious”. Respondent must have stated that they need and receive help with an activity, and that they have difficulty carrying out the activity by themselves. Neglect grouped into three categories:</p> <ul style="list-style-type: none"> - <i>Day to day activities (shopping for groceries or clothes, preparing meals, doing routine housework, travel or transport)</i> - <i>Personal care (getting in and out of bed, washing or bathing, dressing or undressing, eating including cutting up food, getting to and using toilet)</i> - <i>Help with correct dose and timing of medication</i>

**UK Study of Abuse and
Neglect of Older People
June 2007**



The AEA definition of elder abuse was used in the survey:

'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.'

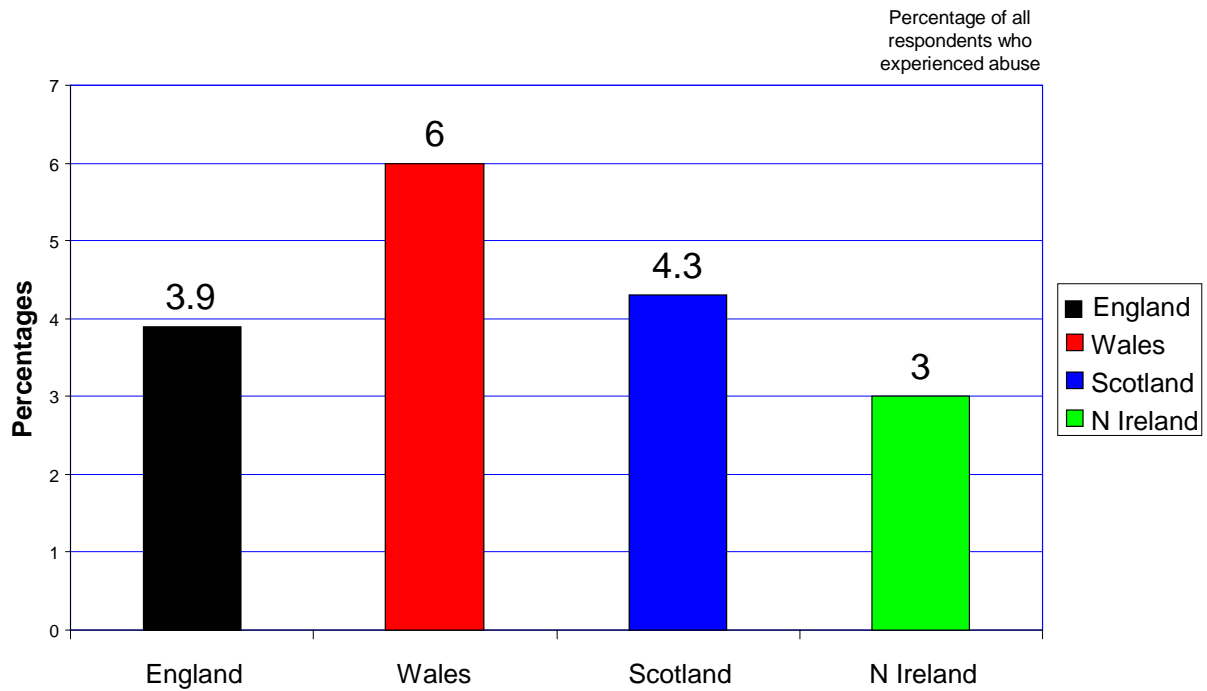
This is in keeping with both No Secrets and In Safe Hands guidance.

People were asked a series of questions about their experience of life in the previous 12 months (i.e. since the date of the interview, not the calendar year) and since age 65. One adult, aged 66 or older, was selected in each household and interviews were conducted in private.

A 4% prevalence rate equates to **342,000** people aged 66 and over

- Leicester population: 330,574
- Cardiff population: 292,150
 - Belfast population: 276,459
 - Aberdeen population: 184,788

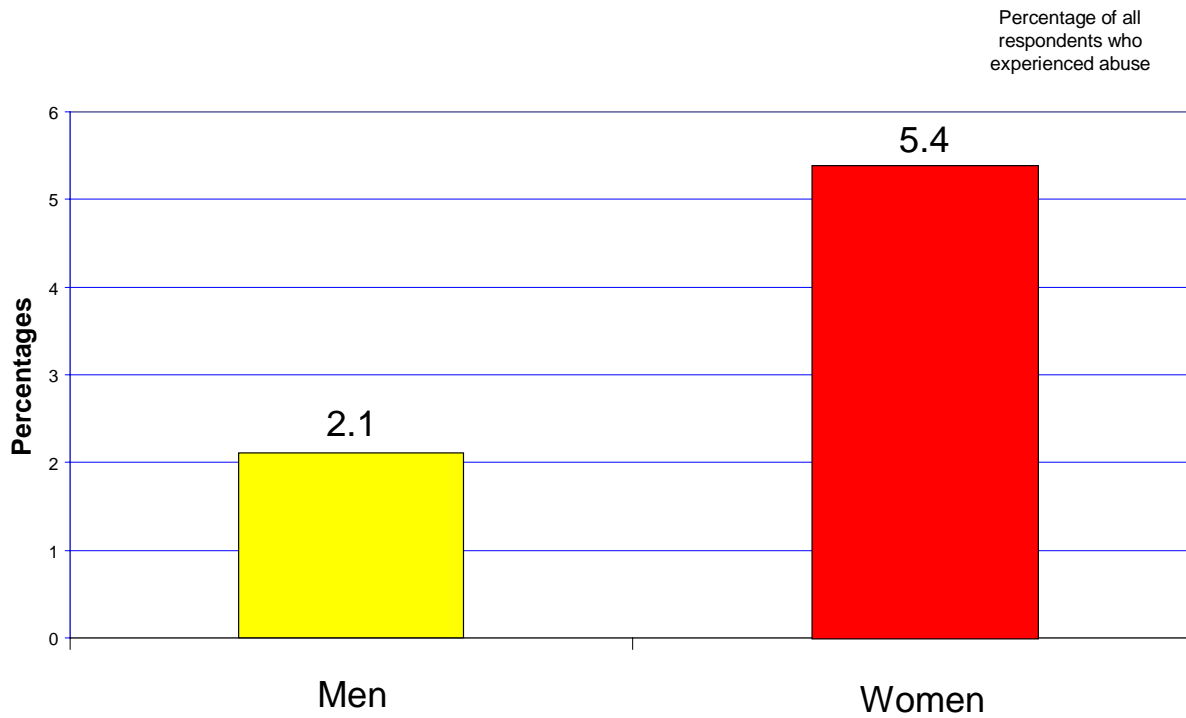
Nation Specific Prevalence



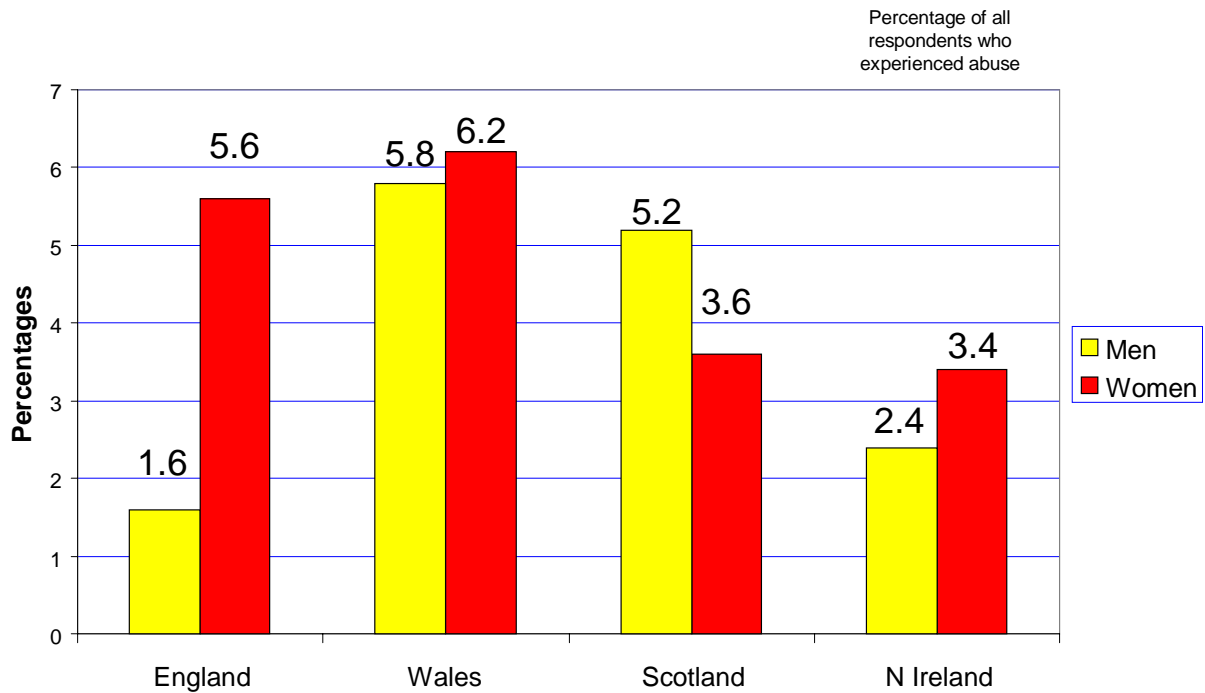


Who is being abused?

Abuse by Gender

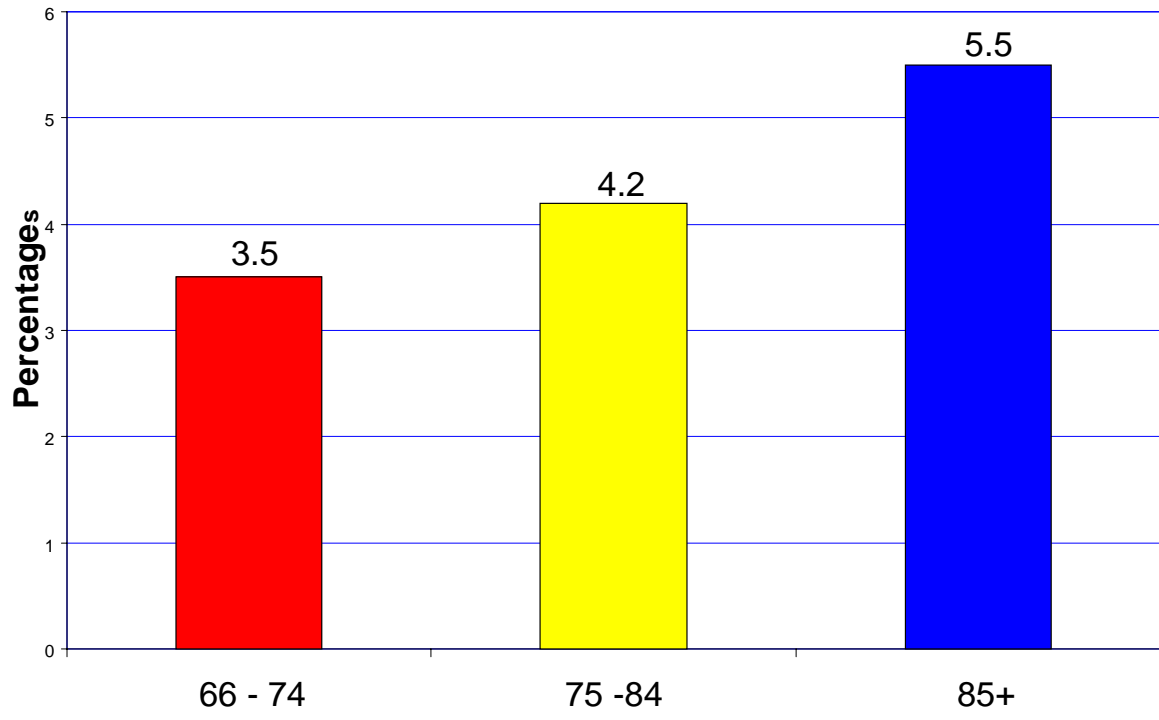


Nation and Gender

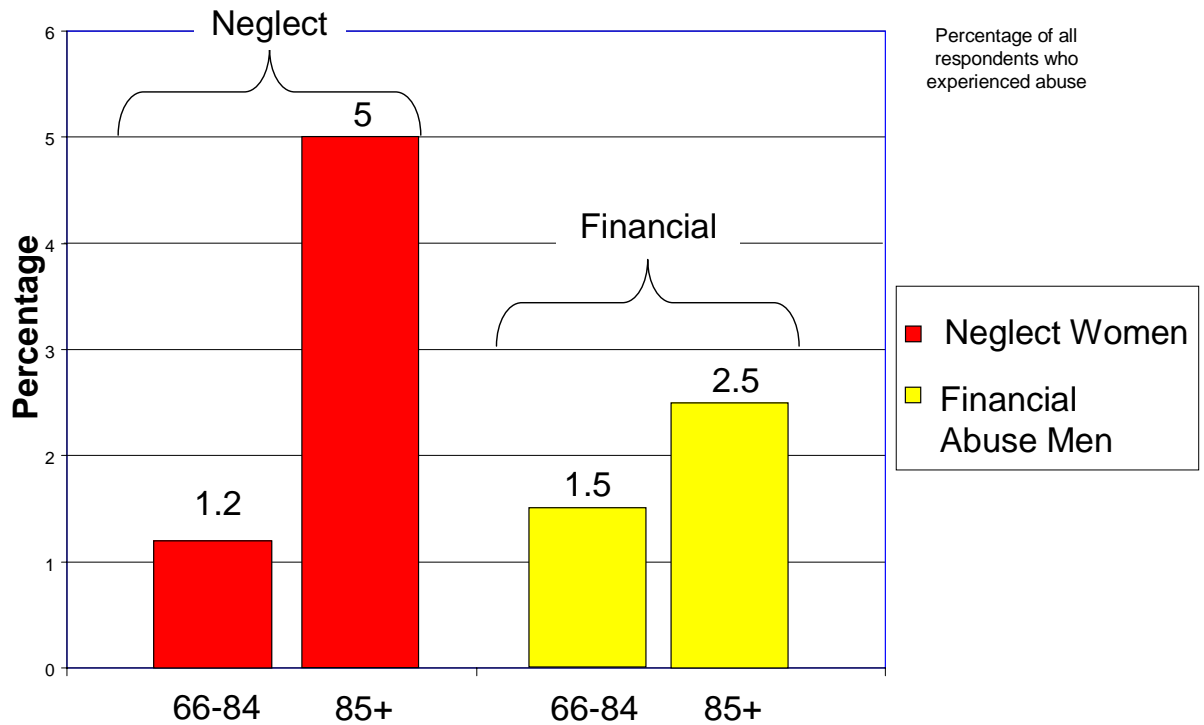


Abuse by Age

Percentage of all
respondents who
experienced abuse

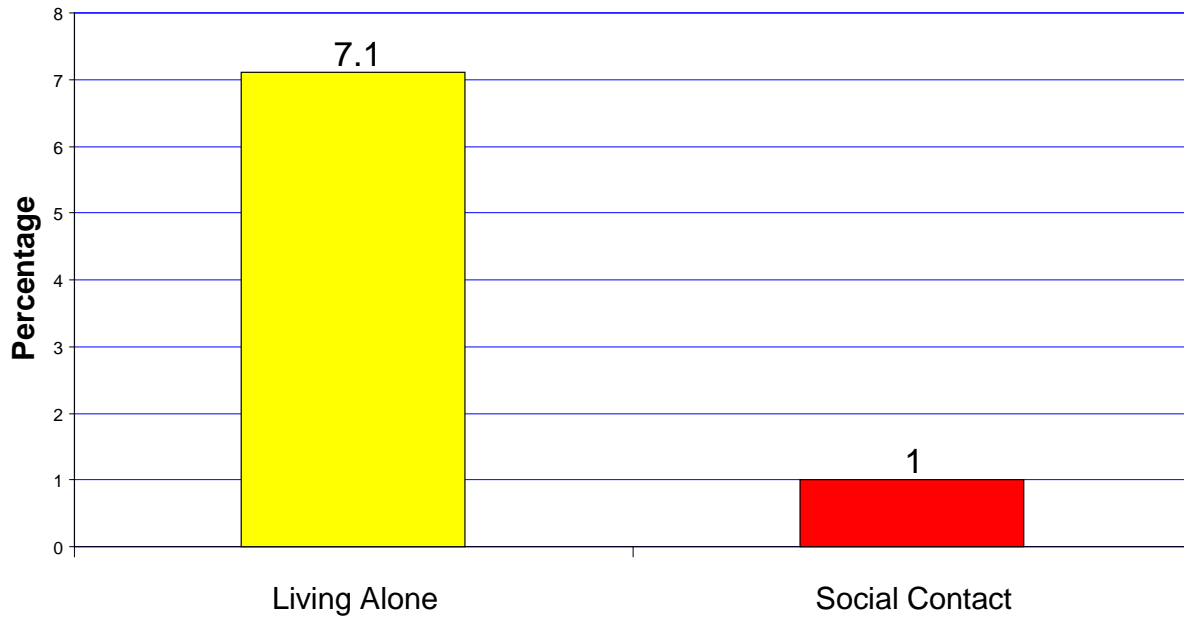


Specific abuse/gender

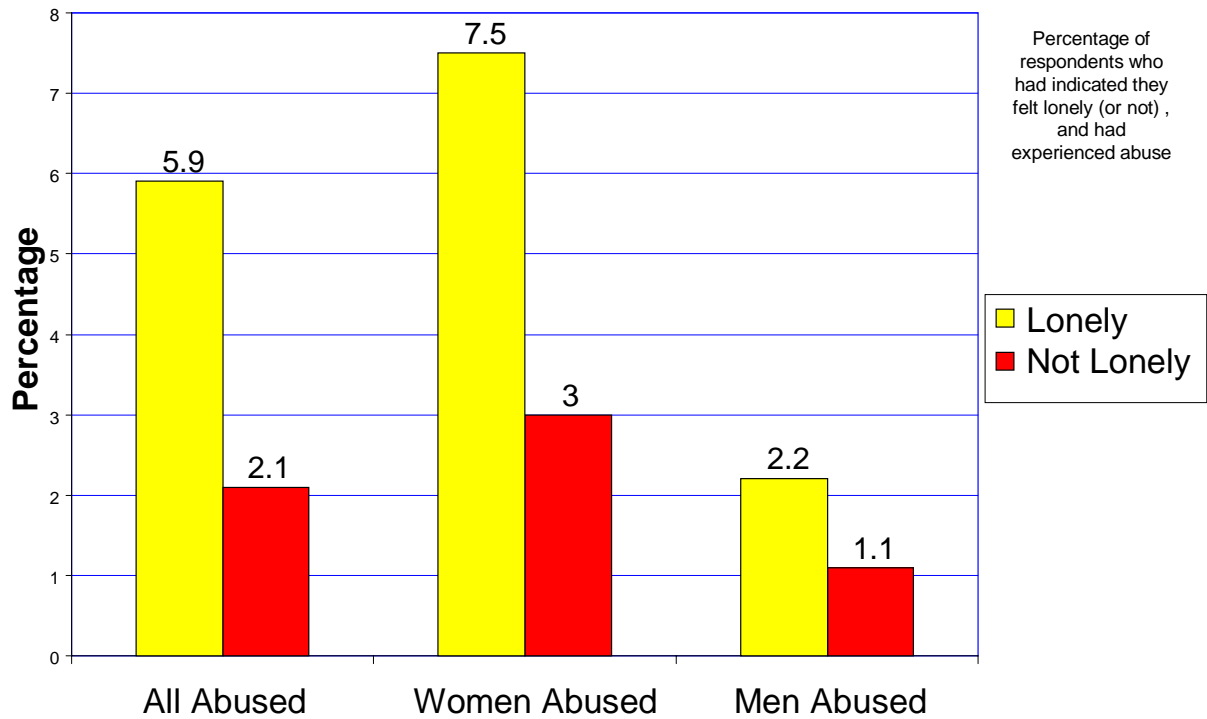


Neglect living Alone

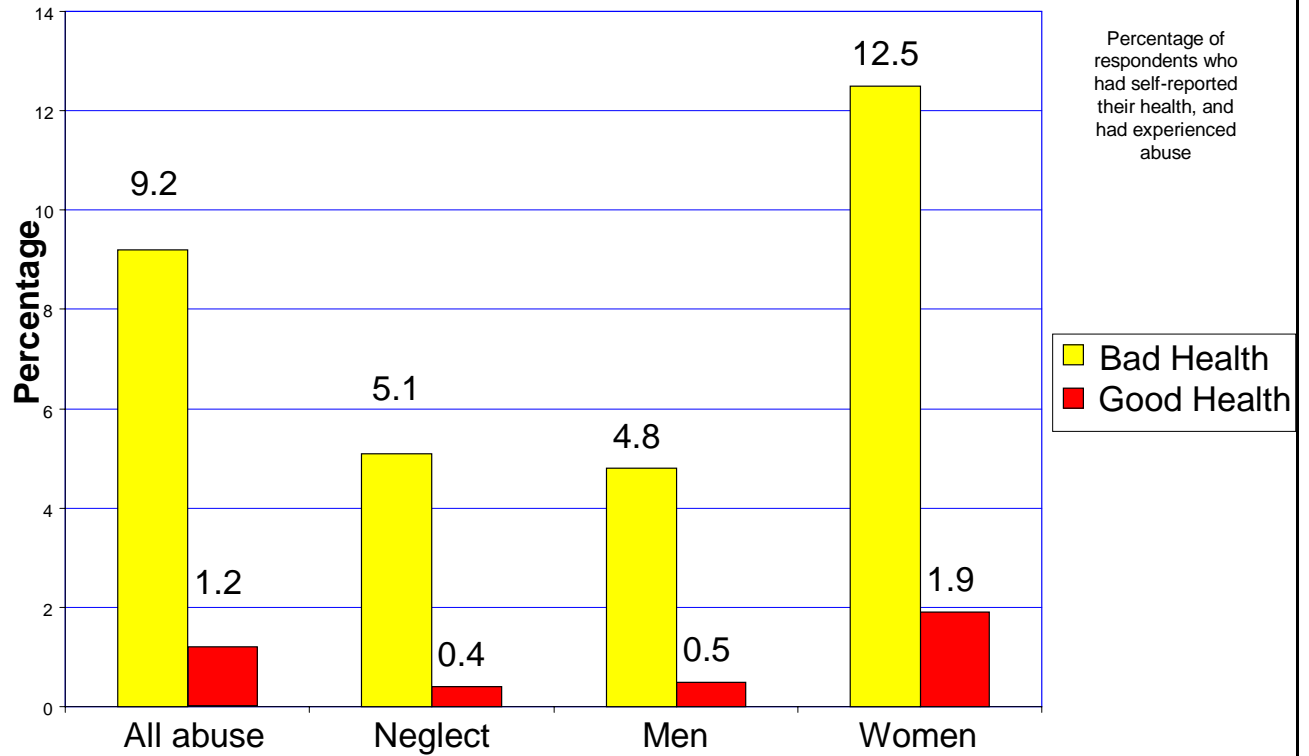
Percentage of respondents who lived alone or had social contact, and experienced abuse



Loneliness and Abuse



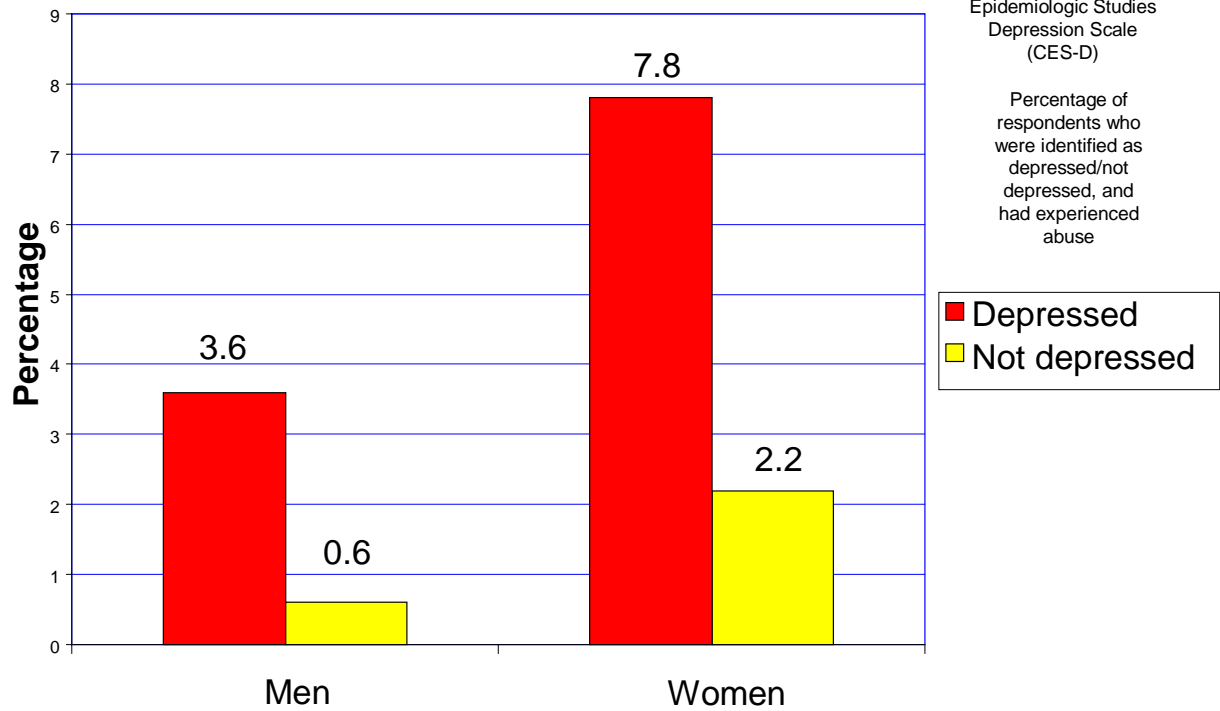
Abuse and Health



Depression and Abuse

Respondents were administered the eight item version of the Centre for Epidemiologic Studies Depression Scale (CES-D)

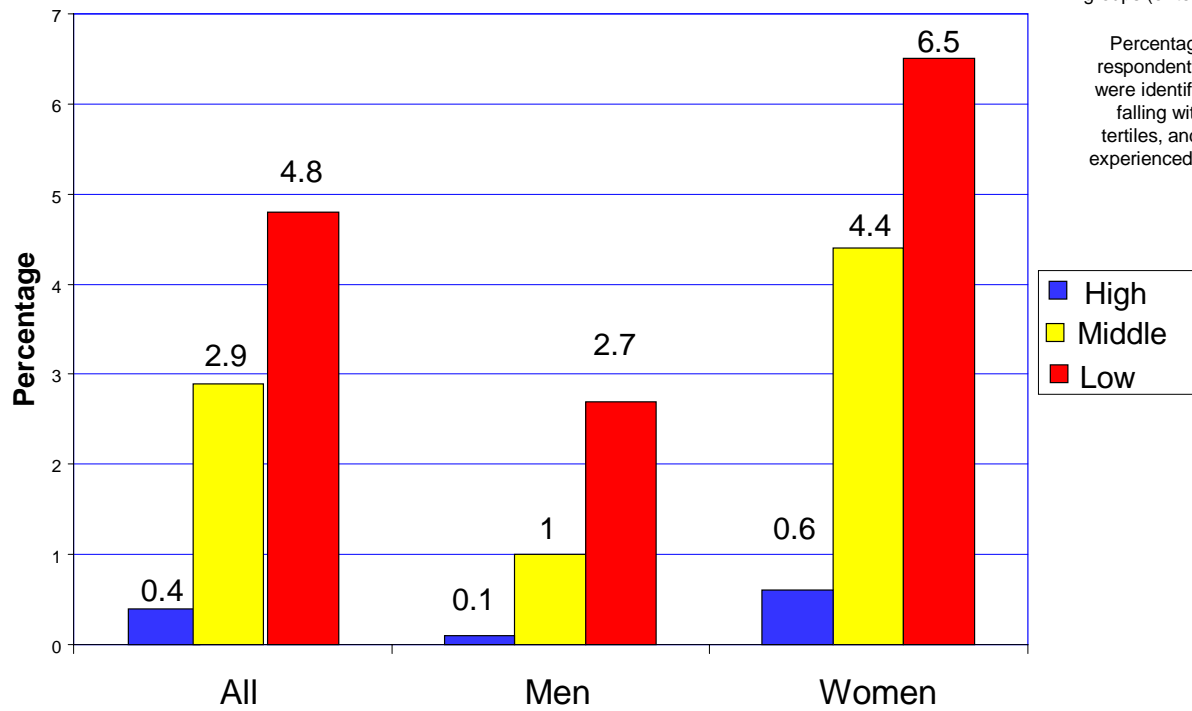
Percentage of respondents who were identified as depressed/not depressed, and had experienced abuse



Quality of Life

Quality of life (QOL) was measured using the validated CASP-19 measure, broken down into three equally sized groups (or tertiles)

Percentage of respondents who were identified as falling within tertiles, and had experienced abuse

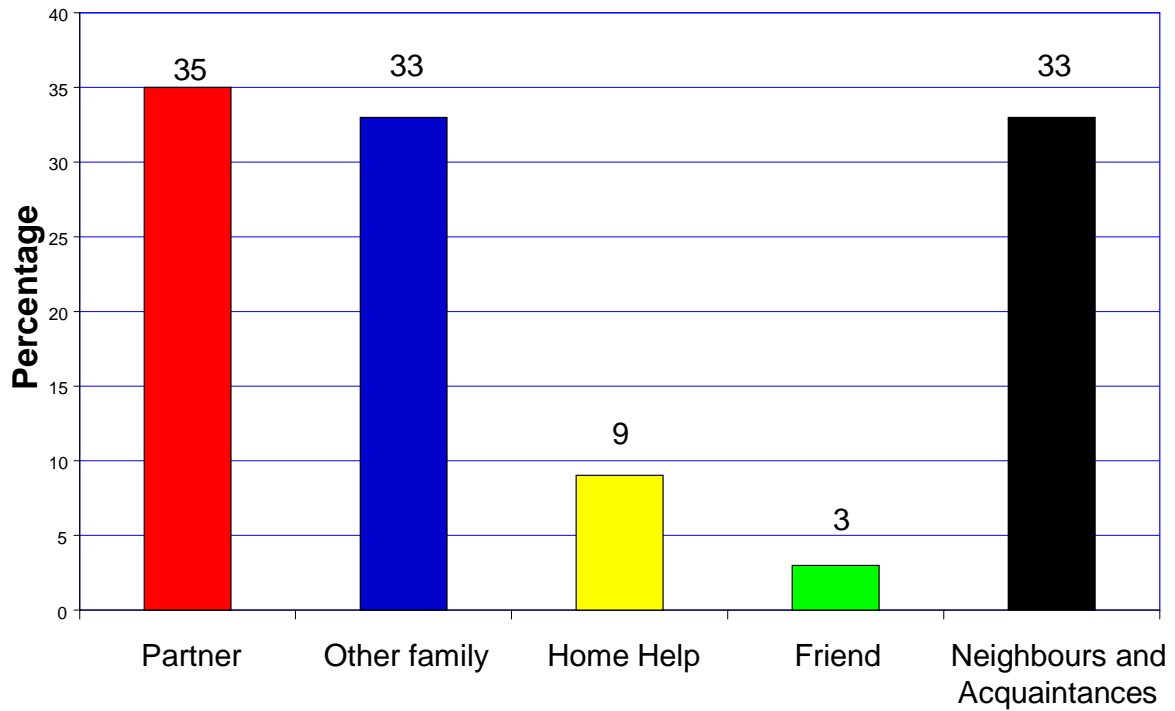




Who are the abusers?

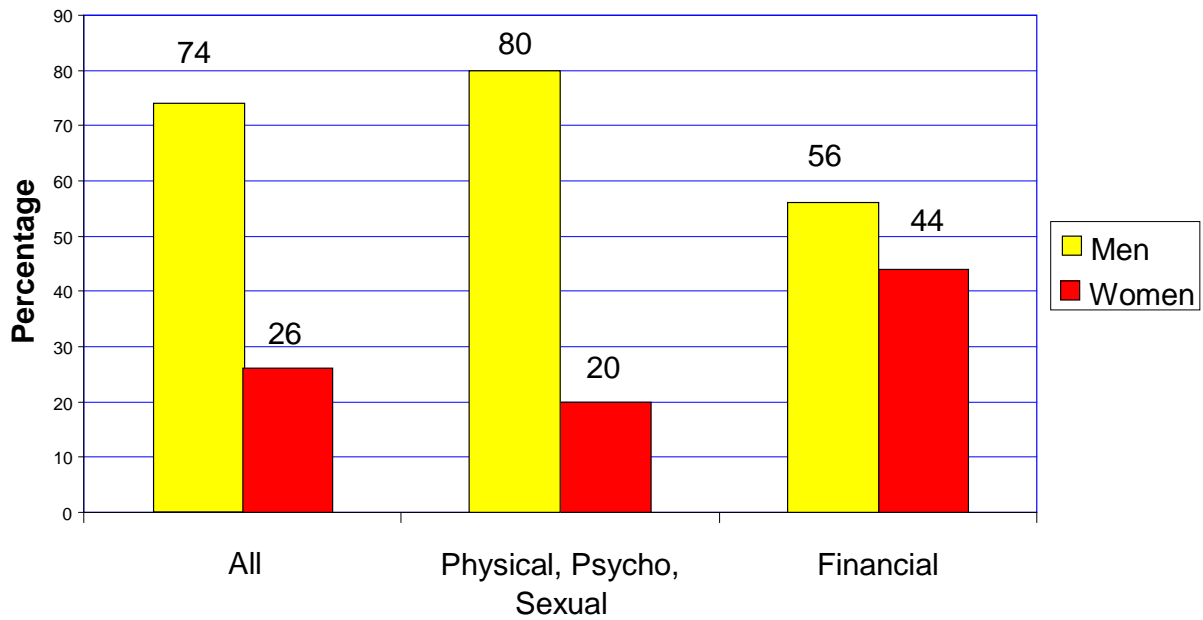
The Abusers

Percentage of all respondents who had experienced abuse in the last year



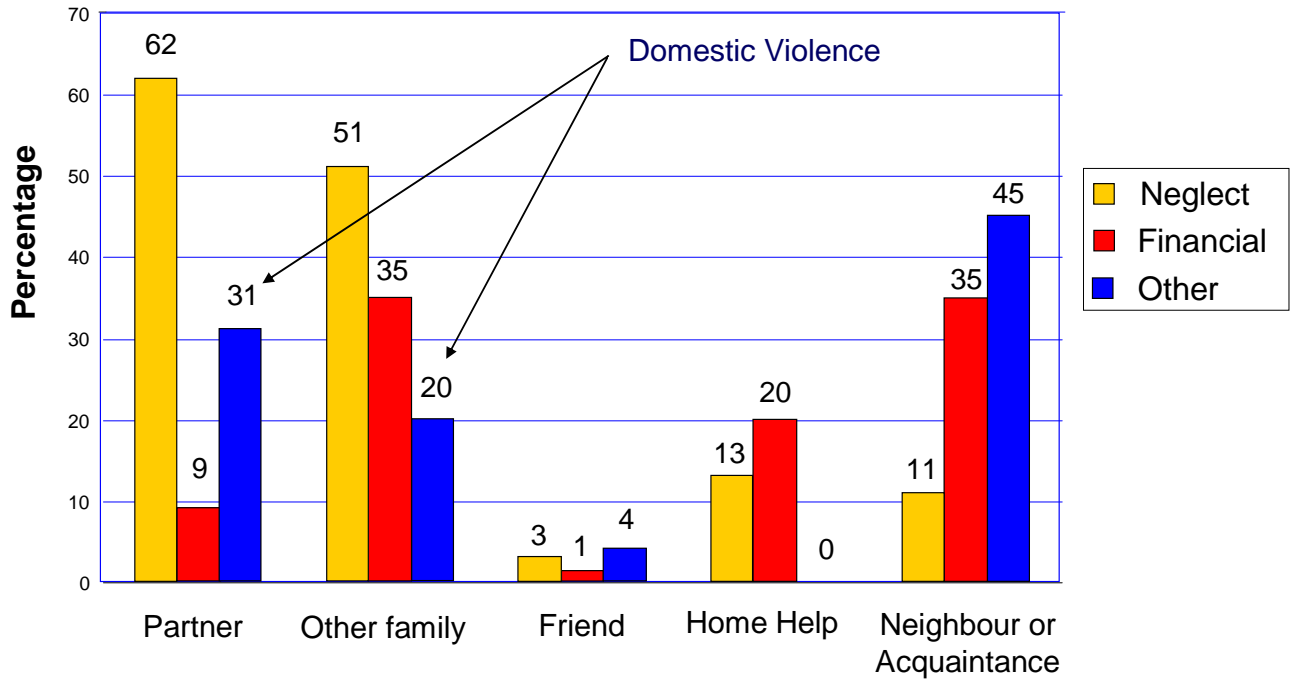
Abusers by Gender

Percentage of those identified by respondents as abusers



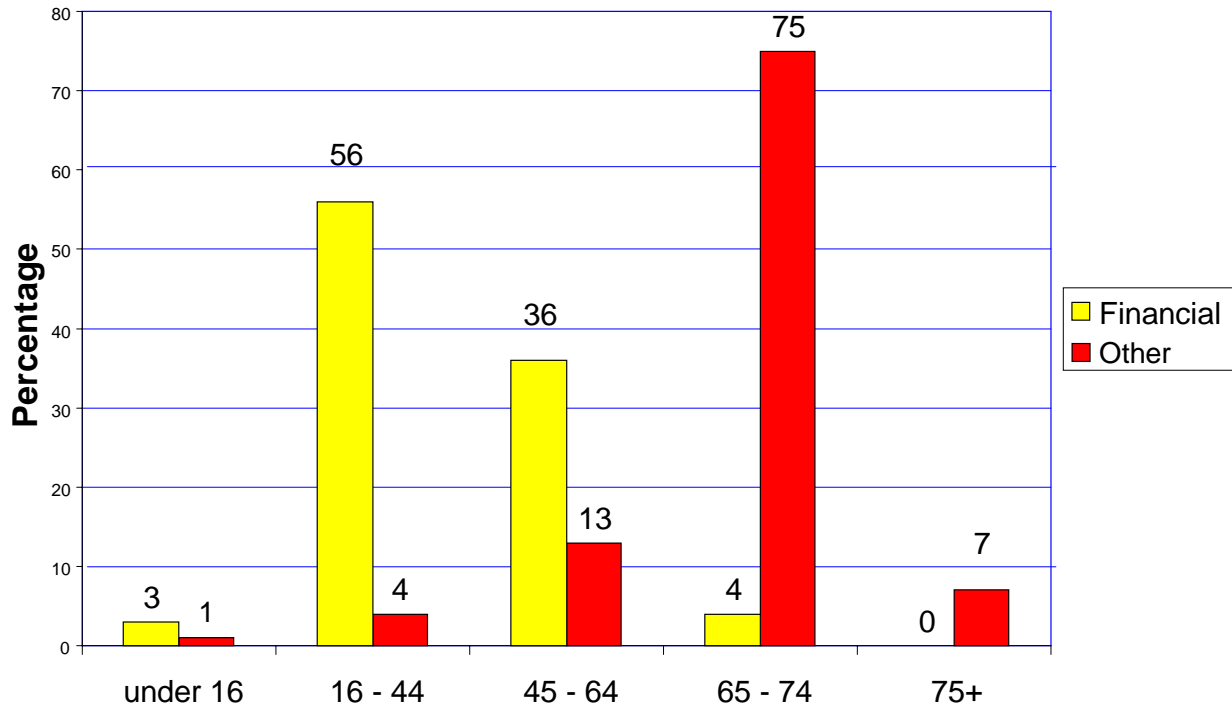
Abusers and Type

Percentage of those who had been identified as abusers in the last year



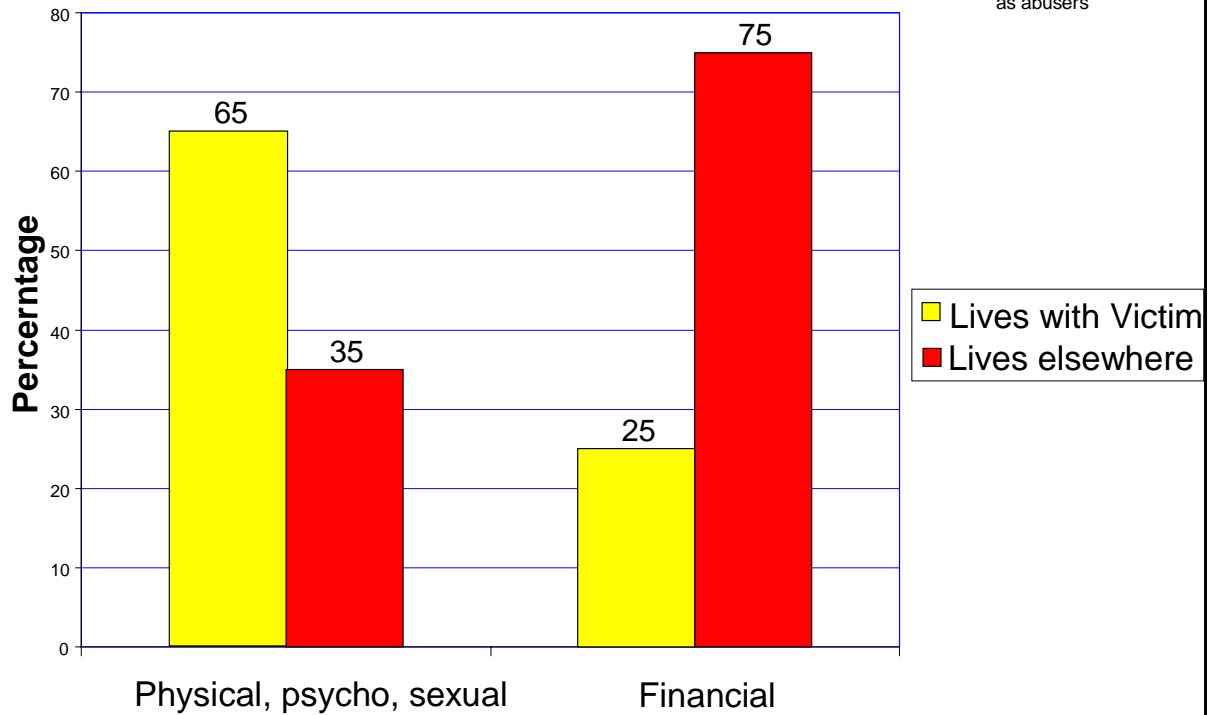
Abusers by age and type

Percentage of those identified by respondents as abusers

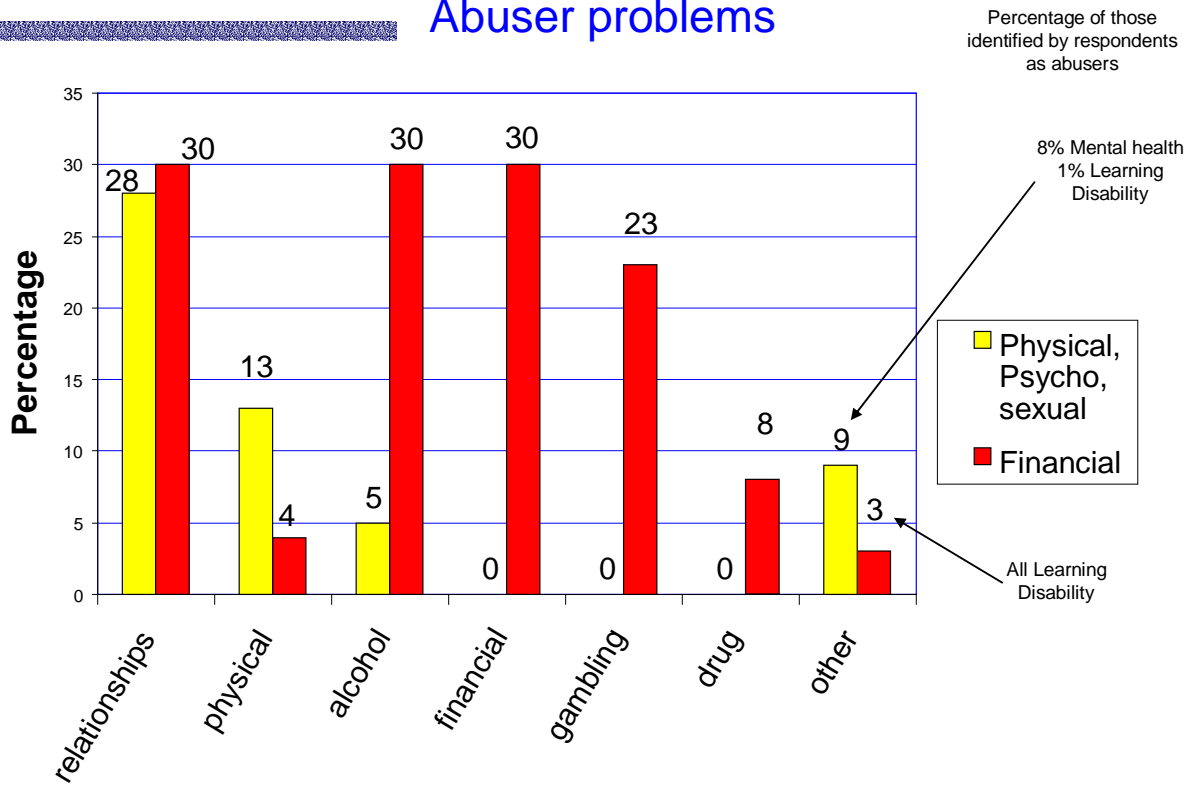


Residence of abuser

Percentage of those identified by respondents as abusers



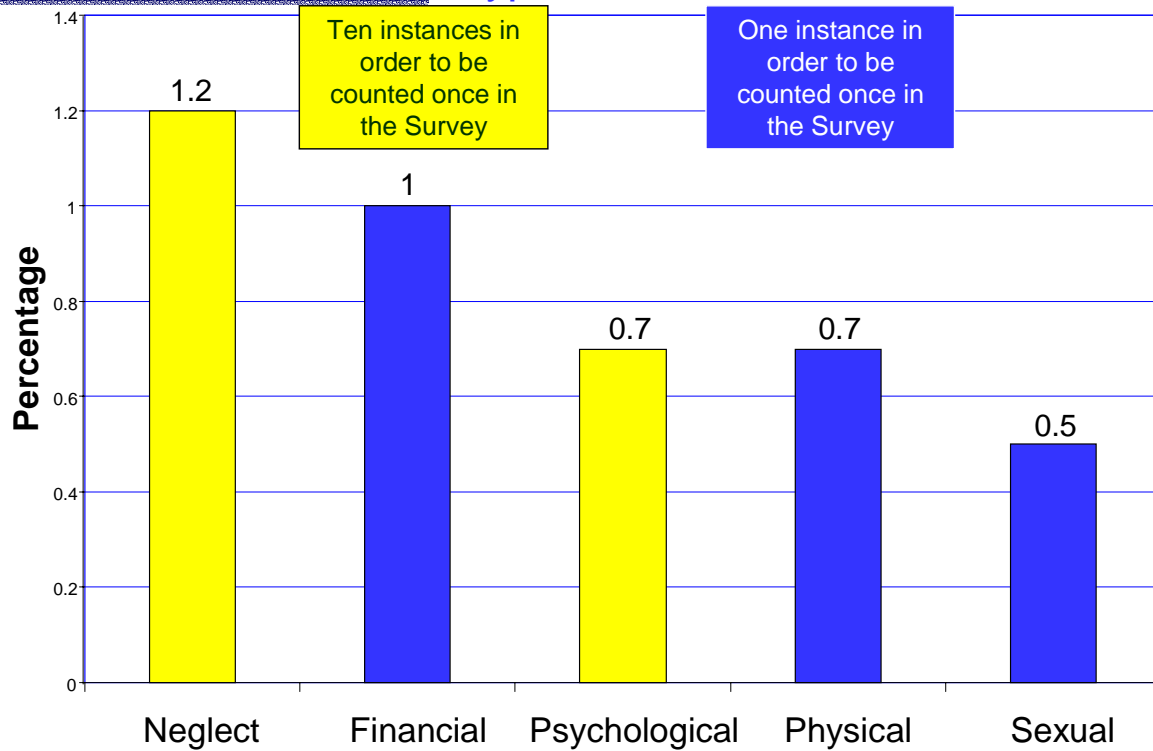
Abuser problems





What form does the abuse take?

Types of Abuse

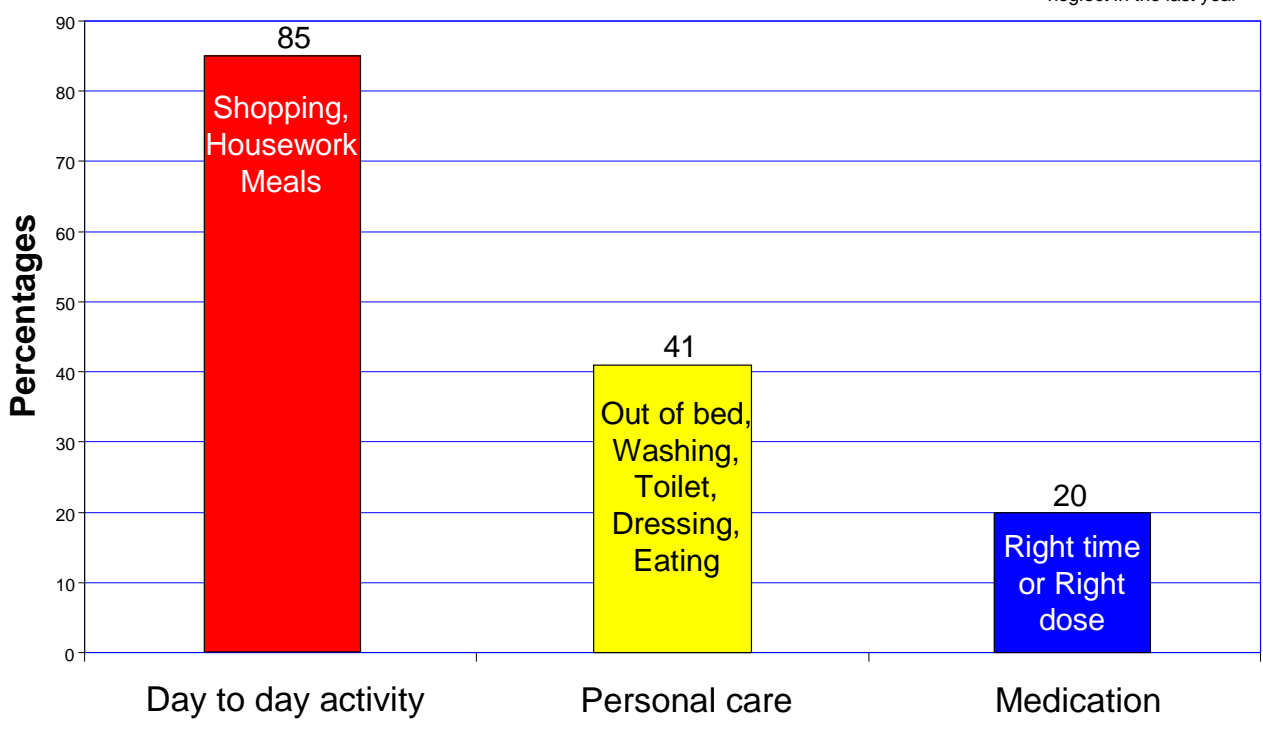


In 2004, there were 8,587,000 people aged 66 years and over in the UK. Extrapolating the prevalence percentages suggests:

- 105,000+ were facing neglect
- 86,500 were facing financial abuse
- 58,600+ were facing psychological abuse
- 62,400 were facing physical abuse
- 42,500 were facing sexual abuse

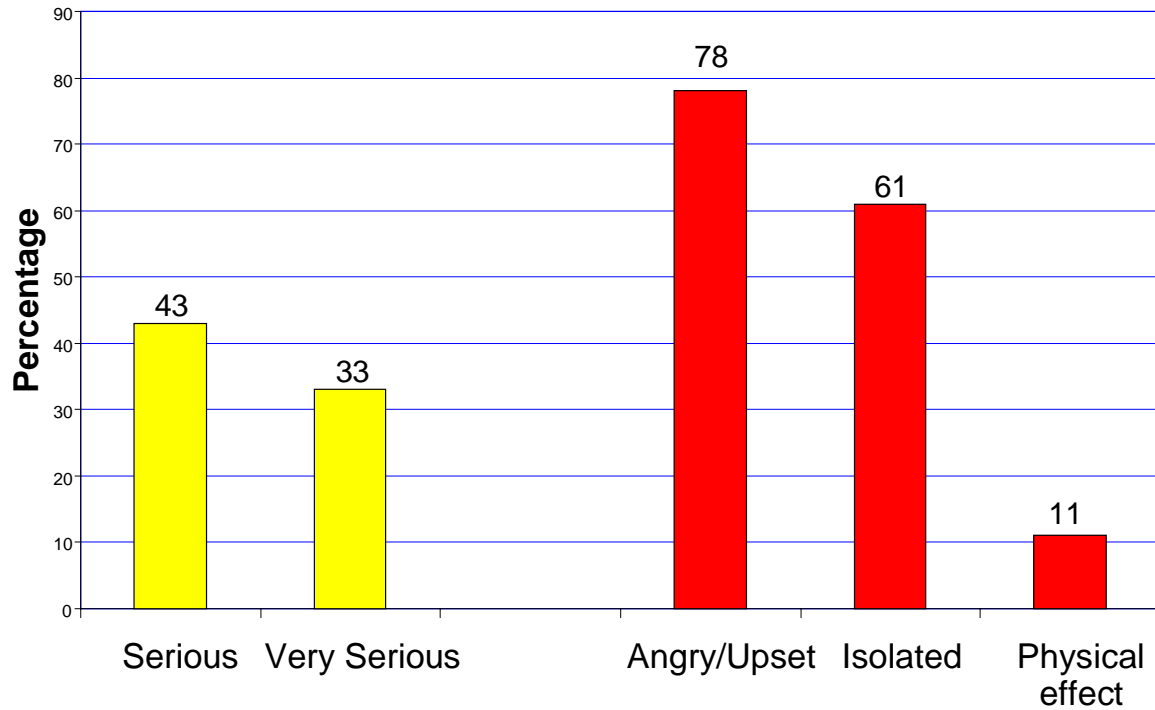
The Nature of Neglect

Percentage of those who had experienced neglect in the last year



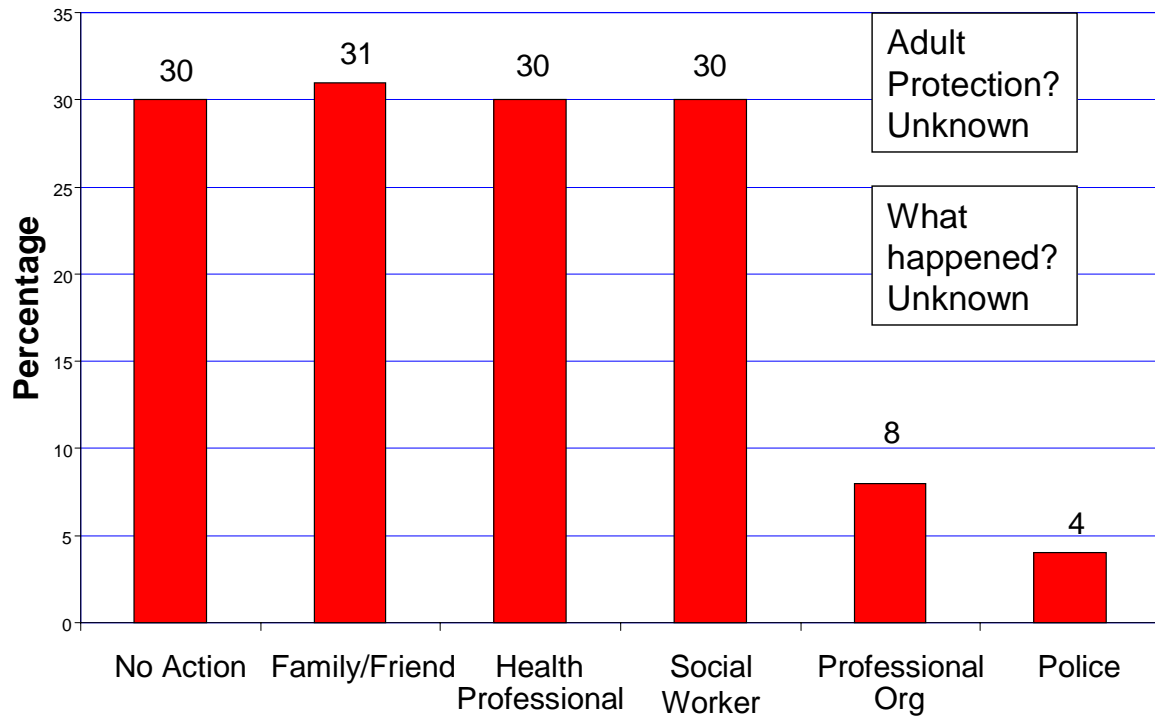
Seriousness and Impact

Percentage of those who had experienced abuse



Who was told

Percentage of those who had experienced abuse





Elder Abuse Helpline 0044 (0)80 8808 8141

Website: www.elderabuse.org.uk

Email: enquiries@elderabuse.org.uk

**Action on Elder Abuse.
Astral House,
1268 London Road, SW16 4ER
0044 (0)20 8765 7000**