

# DIAGNOSIS OF SITUATIONS OF VIOLENCE AGAINST THE ELDERLY IN SPAIN



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## Introduction

This analysis shows that in Spain, there is no coordinated national strategy on violence by professionals in the care of the elderly.

In Spain, unfortunately, reports of poor attention to elderly people in residential centers are becoming more frequent, often linked to the commercialization of the sector (some news in attached media is attached). This has led administrations to increase inspections and even consider the publication of centers with sanctions. This matter is on the agenda of the Government of Spain itself. For their part, for service providers many of the situations respond to issues outside of good treatment (situations of dementia, attention calls, and other situations seeking the feeling of guilt of families, for example); others are causes derived from low staff ratios or, where appropriate, the isolated behavior of some professionals. There are no regional or national registries that establish how many older people are mistreated when they are taken care of, or even differences in the penalties depending on whether or not there is abuse as a cause.

Unfortunately, the Administration and the social agents have not considered the shortcomings of the current model of professionalisation, which, according to their curricula, focuses on the acquisition of technical knowledge, but not on the development of professional competences linked to good treatment in order to prevent situations of abuse from the training process itself. On the other hand, continuous training is practically non-existent in this field, focusing, according to the latest statistics from FUNDAE: 1 in 10 people are trained mainly in care services for the elderly: geriatrics and geroculture; similarly, 1 in 10 people receive training in personal and interpersonal skills in the work environment.

**As far as informal care is concerned**, the situation is not very different. In general, the administrations limit themselves to granting economic benefits for the development of home care, but do not develop training for informal carers. According to the latest Imserso statistics on this subject, there are 426,938 informal carers in Spain, some of whom receive a financial support allowance.

It is not uncommon for the media to report situations of abuse of these elderly people, either by relatives or by third parties who care for them, whether or not they receive financial support from the Administration. There are no records in this respect either.

In the field of informal care, the problem is not only with the elderly but also extends to the care of people with disabilities, although it is true that the network of occupational or day centres, educational centres for this population group, etc. allows for greater detection, unless they are disconnected from the social protection or education systems when they reach the age of majority.

Below we will describe some situations and data related to the mistreatment of the elderly in our country.

## According to information from the World Health Organisation (WHO)

- Last year, approximately 1 in 6 people over 60 suffered some kind of abuse in community settings.
- The rate of abused senior people is high at institutions such as nursing homes and long-term care facilities: two of every three workers in these institutions admitted abusive behaviour in the last year.
- Abuse on the elderly may bring along serious physical injuries and prolonged psychological damage.
- An increase of the problem is foreseen due to the aging of population in many countries
- Global population over 60 will grow more than double, from 900 million in 2015 to about 2000 million in 2050.

### Approaching mistreatment of the elderly in Spain.

On the context of the different challenges on population aging, there's the development of social policies around the issue of mistreatment in the elderly. All this, due to the rising number of studies showing that this is not a minor problem in Spanish society even though it is still hidden. (Pérez Rojo, et all. 2013)

In this sense, it can be pointed out that there is such an heterogeneity of approaches and definitions about what mistreatment of the elderly is that, until now, there is no an unanimously definition accepted of what is describes as abuse of the elderly. This diversity of statements affects directly to the measurement and estimation of the problem as well as the description of it, characteristics, risk factors, possible solutions and proposals about public policies.

This diversity affects to the definition of the group itself of older people who suffer abuses: those who are in situations of dependency, those in situations of vulnerability, those defined from a certain age, etc. On the other hand, these affect to the kind of behaviour associated with the abuse of older people.

According to the UN, deprivation of the exercise of fundamental rights and lack of equal opportunities are the main forms of mistreatment of all the elderly.

The WHO states that elder mistreatment is an act which causes harm or suffering to an elderly person, or the lack of appropriate measures to prevent them, which occurs in a relationship based on trust. This sort of violence constitutes a violation of human rights and it includes physical, sexual, psychological or emotional abuse; violence for economic or material reasons; abandonment, negligence and serious impairment of dignity and disrespect.

From the legal point of view, the Spanish Constitution gathers certain topics directly related to mistreatment of the elderly:

- The right to life and to physical integrity.
- Equality before the law.
- The right of freedom.
- The right to honour and personal privacy.
- The right to receive truthful information.
- Freedom of expression.
- Guardianship of judges.

The Criminal Code describes mistreatment as:

- a) Crime: voluntary action or omission, punished by law with serious penalty.
- b) Offense: voluntary violation of the law, whose sanction is mild.

And, according to the intentionality of the abuse, as:

- a) Dolo: deliberate willingness to commit a crime.
- b) Fault: knowing its criminal nature which is enough reason to legally demand responsibility because of reckless imprudence, negligence, fault accidental

The relation of groups of serious behaviours that are related to elder mistreatment, typified in the Spanish Criminal Code includes the following:

- Injuries (Article 147).
- Detentions, Retentions and Illegal Immobilizations (Article 163).
- Impairment of moral integrity (psychological abuse) (Articles 172 and 173).
- The abandonment of family obligations and omission of aiding duty (Articles 196 and 226).
- Economic mistreatment (Articles 235 and 237).
- Domestic violence (Articles 153 and 173)

## Types of abuse

The following chart describes the different types of abuses to the elderly, their associated behaviours and their possible consequences.

(Report 2016. The Elderly in Spain. IMSERSO)

Types of elder abuse, associated behaviours and consequences.

BEHAVIOURS	CONSEQUENCES FOR THE VICTIM
<b>Physical Abuse</b> Hitting, slapping, burning, pushing, shaking, etc.	Scratches, wounds, contusions, marks, bruises, fractures, dislocations, abrasions, burns, etc.
<b>Sexual abuse</b> Improper touching, penetration, vexation, exhibitionism, etc.	Injuries on genitals, chest, mouth, anal area, sexually transmitted diseases, bite marks, etc.
<b>Psychological abuse</b> Insulting, terrorizing, isolating, yelling, blaming, humiliating, intimidating, threatening, ignoring, denying affection, etc.	Depression, anxiety, helpless, sleep disorder, loss of appetite, fear, confusion, sadness, etc.
<b>Economic abuse</b> Improper appropriation, taking advantage or misusing properties or money from the person, faking the signature, imposing the signature on documents (will, contracts, etc.)	Worsening of living standards, difficulties paying bills, lack of services, eviction, etc.
<b>Negligence</b> Giving inadequate doses or the wrong medication, depriving satisfaction of basic needs (food, hygiene, heat, proper clothing, sanitary assistance, etc.) or abandonment.	Malnutrition, dehydration, poor hygiene, hypothermia, ulcers, aggravation of diseases, etc.

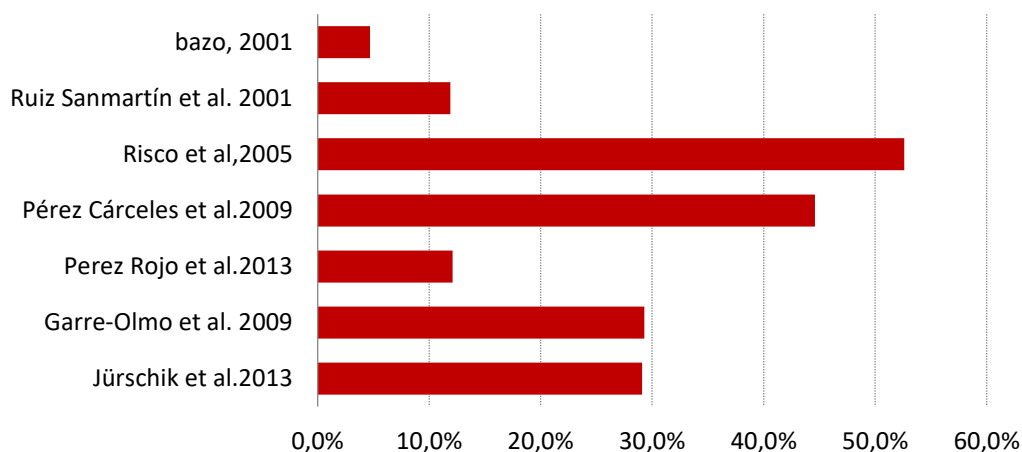
Source: Iborra, 2008.

## Mistreatment of elderly people in Spain

According to diverse studies carried out in Spain, in relation to the abuse, it is worth mentioning that the variations are very significant, due to multiple approaches and definitions existing around the subject question.

In the graphic shown below and according IMSERSO data, mistreatment cases range from 4.7% in 2001 and 52.6% in 2005.

**Percentage of vulnerable elderly people who recognize abuse or those are suspected to suffer abuse, according to existing studies**

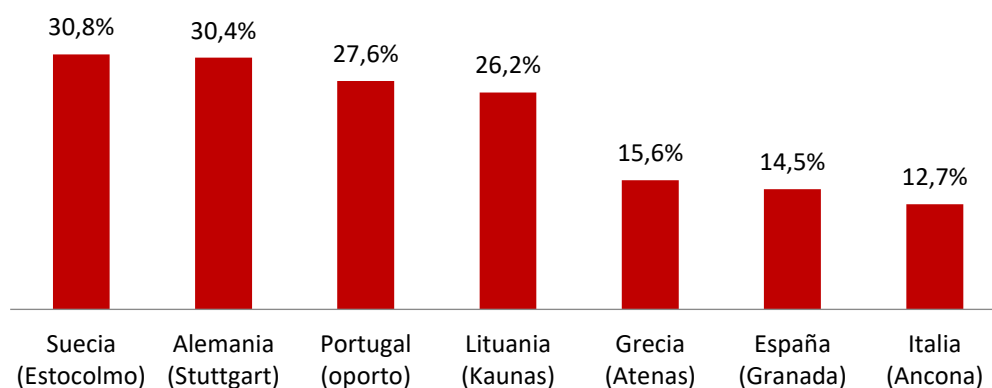


### Comparison with other countries

In this sense, to be able to make a comparison with other countries, and given the existing information – often scarce-. A comparison about elderly people between 60 and 84 living in seven European cities who declare some sort of abuse is shown below.

As can be appreciated in the graphic, it refers to cities and not countries specifically. In Spain, data from Granada have been taken since there are no data on the entire Spanish territory.

**Percentage of elderly people 60 to 84 in seven European cities who declare some sort of abuse**



## Risk factors

There are several risk factors in this complex issue that abuse toward the elderly:

- Individuals: poor physical or mental health of the victim, the sex of the victim and sharing housing.
- Relational: Sharing housing, dysfunctional family relationships among others.
- Community: Social isolation of caregivers and of the elderly, lack of support.
- Social-cultural: stereotypes due to the age, weakening of bonds between generations, lack of funds to pay for care.

Because of everything mentioned above, it is necessary to develop action aimed at the prevention, detection and intervention of abusive situations toward the elderly. These actions can be aimed at training relatives, volunteers and professionals in the field of care.

## Courses offered by LARES and also offered by other institutions

In Spain all professionals have to obtain a degree to work in residences and home help "Socio-health care for dependents in social institutions", which means 370 hours of theoretical training and 80 hours of practical training. Since 2007, in addition, it has been allowing the partial or total validation of these studies by experience and demonstration of sufficient knowledge in some fields.

To date, many people - 60,000 gerocultores or SAD auxiliaries - still do not have this certification despite the fact that in 2013 all the Spanish Autonomous Communities approved the extension of the deadline for everyone to form until 2022.

Although this training is not specific to prevent violence and ill-treatment, it is necessary to be able to perform functions within a residential center or to attend people in situations of dependency at home.

It is very important to train all the staff that works with older people and people in a situation of dependency, only in that way will it be guaranteed that good people are treated.

Grupo Social Lares promotes and develops any kind of action of a social, training, assistance, health, employment, etc. nature, as long as its ultimate aim is to help the elderly or their environment. Thus, the Lares Foundation Training Centre manages, implements and develops training activities for professionals related to the care of the elderly and people in a situation of dependency.

Fundación Lares develops training actions for the entire national territory.

Number of trainings in 2019 and 2020: In total 178 trainings have been carried out with a total of 1,665 students.

COURSE NAME	TOTAL PARTICIPANTS	HOURS COURSE
<b>MF1016_2: Support in the organisation of interventions in the institutional environment.</b>	1	100
<b>MF1017_2: Intervention in hygienic and food care in institutions.</b>	2	70
<b>MF1018_2: Intervention in social and health care in institutions. (RD 1379/2008 of 1/August BOE nº 218 of 9/09/2008) + (RD 721/2011 of 20/May BOE nº 149 of 23/06/2011)</b>	2	70
<b>Implementation of BBPP through ACP (1st part)</b>	30	14
<b>TOOLS TO MANAGE AND PLAN</b>	6	4
<b>Implementation of BBPP through ACP (Part 2)</b>	19	14
<b>Implementation of BBPP through ACP (Part 2)</b>	26	14
<b>Implementation of BBPP through ACP (3rd Part)</b>	23	7
<b>White Cross takes care of us: The Way of Listening and Dance to Connect and Take Care of Ourselves</b>	18	3
<b>White Cross cares for us: The Way of Listening and Dance to Connect and Take Care of Ourselves</b>	16	3
<b>The Value of the Team or Team in Value</b>	24	5
<b>Becoming Aware of Absenteeism. Causes and Solutions</b>	29	2
<b>MentalizArte: Relating to Mental Health</b>	7	12
<b>MentalizArte: Relating to Mental Health</b>	6	12
<b>HOW TO MAKE ANNUAL REPORTS THAT BUILD TRUST</b>	33	5
<b>HOW TO MAKE ANNUAL REPORTS THAT BUILD CONFIDENCE Extremadura</b>	21	6
<b>HOW TO MAKE ANNUAL REPORTS THAT GENERATE CONFIDENCE Zaragoza</b>	21	6
<b>HOW TO MAKE ANNUAL REPORTS THAT GENERATE CONFIDENCE Asturias</b>	10	6
<b>HOW TO MAKE ANNUAL REPORTS THAT GENERATE CONFIDENCE Navarre</b>	16	6
<b>The Management Function: Mission, vision and values and legal framework</b>	27	11
<b>FIRST AID</b>	11	4
<b>FIRST AID</b>	11	4
<b>SKILLS AND ABILITIES FOR ACTION, PREVENTION AND MANAGEMENT OF BEHAVIOUR IN PEOPLE WITH INTELLECTUAL DISABILITIES</b>	30	10
<b>The Management Function: Selection by competences and staff sizing</b>	29	11
<b>The Managerial Function: Welcoming and integrating. Mobilising</b>	29	11
<b>The managerial function: Training by competences. Orientation</b>	30	11
<b>The managerial function: Rewarding. De-link</b>	30	11
<b>IMPLEMENTING ACP THROUGH BBPP (Part 4)</b>	17	7
<b>Communication and recognition: Opening doors to the</b>	20	10



relationship		
Communication and recognition: Opening doors to the relationship	20	10
TEAM MANAGEMENT (4H)	8	4
TEAM MANAGEMENT (4H)	8	4
Team management (12 HOURS)	8	12
Introduction to payroll	6	3
BASIC TRAINING IN DRUG ADDICTION	12	10
EMPATHY	12	5
EMPATHY	12	5
ERGONOMIC PREVENTIVE PRACTICES APPLIED TO THE MOBILISATION OF DEPENDENT PERSONS	5	4
IMPLEMENTATION OF ACP THROUGH BBPP 1st Edition (5th part)	25	7
IMPLEMENTATION OF ACP THROUGH BBPP 2nd Edition (3rd part)	14	7
IMPLEMENTING ACP THROUGH BBPP 3rd Edition (3rd part)	22	7
IMPLEMENTING ACP THROUGH BBPP 4th Edition (2nd part)	27	7
IMPLANTACIÓN DE ACP A TRAVÉS DE BBPP 5ª Edición (1ª parte)	15	7
MAX-Empathy and Awareness	9	8
MAX-Empathy and Awareness	10	8
MAX-Empathy and Sensitisation	8	8
DEMENTIA: SYMPTOMS AND BEHAVIOURAL DISORDERS	12	4
DEMENTIA: SYMPTOMS AND BEHAVIOURAL DISORDERS	11	4
SENSITISING TO CARE WITHOUT RESTRAINT	14	4
Team Management	8	4
Team Management	8	4
Theoretical principles of ACP and dementia training petrogenetic model	22	6
Teamwork and Radiography of the ACP centre	22	6
Presentation and creation of ACP working tools	22	6
PREVENTION OF SUICIDAL BEHAVIOUR	11	10
MOTIVATION AND VALUES	20	4
CARE OF PEOPLE WITH COGNITIVE IMPAIRMENT. MANAGEMENT OF BEHAVIOURAL SYMPTOMS	10	4
CARING FOR PEOPLE WITH COGNITIVE IMPAIRMENT. MANAGEMENT OF BEHAVIOURAL SYMPTOMS	10	4
CONFLICT RESOLUTION IN THE WORKPLACE	16	4
CONFLICT RESOLUTION IN THE WORKPLACE	17	4
MOTIVATION	16	4
MOTIVATION	16	4
Accompaniment and care at the end of life	13	8
Sexuality in care homes	7	4
Sexuality in care homes	7	4
PREVENTION OF BIOLOGICAL RISK IN HEALTHCARE	28	2

<b>INSTITUTIONS.</b>		
<b>PREVENTION OF BIOLOGICAL RISK IN HEALTHCARE INSTITUTIONS.</b>	28	2
<b>PREVENTION OF BIOLOGICAL RISK IN HEALTH CARE INSTITUTIONS.</b>	30	2
<b>PREVENTION OF BIOLOGICAL RISK IN HEALTH CARE INSTITUTIONS.</b>	12	2
<b>PREVENTION OF BIOLOGICAL RISK IN HEALTH CARE INSTITUTIONS.</b>	11	2
<b>FIRST AID (4H)</b>	12	4
<b>PERSON-CENTRED CARE</b>	27	4
<b>PERSON-CENTRED CARE</b>	24	4
<b>PREVENTIVE ERGONOMIC PRACTICES APPLIED TO THE MOBILISATION OF DEPENDENT PERSONS.</b>	9	4
<b>PREVENTIVE ERGONOMIC PRACTICES APPLIED TO THE MOBILISATION OF DEPENDENTS</b>	8	4
<b>EMOTIONAL MANAGEMENT/ EMOGESTION</b>	26	3
<b>LIFE WITH QUALITY UNTIL THE END</b>	25	2
<b>QUALITY OF LIFE TO THE END</b>	8	2
<b>REDUCTION OF THE USE OF RESTRAINT (PRESENT 4 hours)</b>	3	4
<b>Mobilisation of dependent people.</b>	14	4
<b>MAINTAIN HEALTHY EQUIPMENT</b>	13	4
<b>MAINTAIN HEALTHY EQUIPMENT</b>	8	4
<b>MAINTAIN HEALTHY EQUIPMENT</b>	6	4
<b>MAINTAIN HEALTHY EQUIPMENT</b>	12	4
<b>MAINTAIN HEALTHY EQUIPMENT</b>	6	4
<b>FIRST AID</b>	13	8
<b>Tool for positive communication. Management Team</b>	2	50
<b>Responsible Public Procurement</b>	1	40
<b>PROJECT MANAGEMENT 9H</b>	16	9
<b>PROJECT MANAGEMENT 9H</b>	15	9
<b>PROJECT MANAGEMENT</b>	9	5
<b>PROJECT MANAGEMENT 9H</b>	29	9
<b>Equality Plan</b>	7	2
<b>Project Management - Arona</b>	4	5
<b>the mission, vision and values of the organisation.</b>	1	2
<b>THE MISSION, VISION AND VALUES OF THE ORGANISATION</b>	12	2
<b>THE MISSION, VISION AND VALUES OF THE ORGANISATION</b>	12	2
<b>THE MISSION, VISION AND VALUES OF THE ORGANISATION</b>	5	2
<b>Handling Excel</b>	10	5
<b>THE MISSION, VISION AND VALUES OF THE ORGANISATION</b>	5	2
<b>Drug addictions</b>	5	4
<b>Social intervention tools</b>	9	4
<b>EXCEL Algeciras</b>	9	4
<b>mission, vision and values (Madrid)</b>	20	2

<b>MISSION, VISION AND VALUES (CORDOBA)</b>	10	2
<b>HIV/AIDS AND STDS</b>	5	2
<b>EXCEL BASIC</b>	22	5
<b>Excel</b>	9	3
<b>individualised accompaniment sessions</b>	60	90

## Conclusions

In general, as can be seen, the issue of the mistreatment of people in vulnerable situations due to their age or capacity is a taboo, but its repercussion is increasingly relevant in social demands. In Spain, as of 31 December 2018, there are 1,115,183 people with a situation of dependency recognised by the Administration, 250,318 In home help services, 96,748 In day centres and 151,340 receive money conditional on the private contracting of any of these services. SISAAD, the computer tool that allows the Spanish Government to control the dependency system implemented by the Autonomous Regions in the exercise of their powers, does not receive or have the option of collecting specific statistics that reflect the reality of mistreatment in the care of the persons being cared for.

Generally, this lack of records has meant that an annual national statistic on maltreatment and abuse of elderly people who have been the object of a complaint and/or sentence has been publicly requested. Unfortunately, the few existing data on the application of criminal legislation in relation to the mistreatment of this population group are handled with different criteria by each Autonomous Community, with Catalonia possibly having the most approximate data on this reality in relation to crimes suffered by elderly people who are not linked to residential care services.

There is another issue linked to the mistreatment of elderly people in care centres and social services which should also be mentioned due to the absence of registers in our country: a) on the one hand, situations of mistreatment between elderly people due to gender, especially between spouses, and which try to be detected through services such as tele-assistance, home help or the intervention of professionals in day and residential centres; b) another relevant situation is the violence which, at certain times, may occur between elderly people and which, although strictly speaking is not the responsibility of the caregiver, nevertheless it could be considered that the professional has certain responsibilities, insofar as these situations are usually associated with situations of dementia or previous aggression which have not been the object of adequate intervention and for which the professionals are not prepared, and adequate training is also necessary in these cases.