Current Issues of Elder Abuse in Japan

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Introduction: Abuse Culture

The key word *elder abuse* in Japan appeared first and officially in the report "*Toward constructing the new care system*" (the Ministry of Health and Welfare, 1994) published by the research committee on the care of elderly and support system of elderly living independently in the community. In this report, the topic of abuse/neglect is related to family matters between the aged people and their family, and to the protection of their property which the people with dementia have faced with. As recent studies (Yamaguchi, 1997; Araki, 1997; Tanaka, 1994) pointed out, we have a limited story of elder abuse/neglect in Japan; the research had only started in later 1980s. The first publication, "*Elder Abuse*" was written by Kaneko (1987) in Japan.

Elder abuse/neglect occurs not only in the homes but also in residential settings. In the case of Japanese elder abuse/neglect, there is a kind of "abuse culture" based on the Japanese society. It is reflected in its sense of collectivism which links the following related concepts: equality, efficiency and non-disclosure.

The principle of equality is extracted from collectivism of social services including residential care. Residents/older people are treated as users who all have the same needs. For example, they are often given no choice about cakes or drinks. The service workers of the local government offer the same services in terms of a standard of efficiency as well as a principle of equality.

As a result, residents/older people are sometimes forced to

receive only the same type of service, not individualized services. Interestingly, people do not feel confused under such situations; people living in a world based on equality believe that it is natural that giving the same treatment for everybody is the best for all. They cannot find themselves treated unreasonably, and moreover "Typical Japanese conformism" rationalized that one could easily endure and share the hardships or inconvenience. The concept of anti-disclosure can be explained as follows. All nursing homes are run by subsidy from the government. In other words, the government may control and influence them through the subsidy. This means that the local governments would be held responsible if the nursing homes should violate rules of administrations. We often find scandals like a misallocation of the subsidy in the newspapers.

Another social and cultural background is what we call traditional family norm ('IE' norm) by which care's responsibilities are influenced. The 'IE' norm has been changing since the 'IE' had been legally abolished as an anti-democratic system after World War the Second. However, the residential pattern of the elderly people living with a married child's family is still around 30% (see table 1). The tendency for co-residence with their parents of the younger generation is also still high since it was found that 50% to 60% of them support the idea that when parents are aged, it is better to live with the son's family (the research report of Transition in Japanese Modern Families, 1996: 56, see table 8-10). From these facts, it seems that the 'IE' norm is still alive in the mind as a latent consciousness.

There is another data on family care. The "*family care report*" (1995) by the Japan Labor Union (RENGO) also shows that many caregivers have serious burdens and responsibilities (Kinoshita, 1995). One third of family caregivers harbor hatred towards the dependents.

Some argue that a woman looking after a parent-in-law or her husband is likely to take revenge on him/her for the insults she endured during her life under a stem family culture.

Compared to other countries, ageism in Japan is something similar but also unique. Stereotyping older people as being less able is easy to find by taking a look at the labor markets, nursing homes and family life.

Ageism in nursing homes is based on paternalism. Paternalism often supercedes the independent needs of older people by treating them uniformly in relation to protective measures and/or in admission and referral processes. Quality of care and/or quality of life is a popular task goal for nursing home care. Unfortunately, we have very few data on elder abuse. Basic data on institutions are composed of capacity, number of regular staffs and frequency of services such as rehabilitation service, speech training, occupational therapy, bed-sore (yes/no), room space, bathing and meals. The respondents are staffs, not residents. Therefore, we cannot find the problem of abuse/neglect; we find only "maltreatment" of older people in nursing homes and therefore we cannot collect data on abuse/neglect for the purpose of legal action. In this paper, data about abuse/neglect cases in nursing homes are picked up from research documents and/or newspapers; it reviews recent research data from home care support centers.

The characteristics of population and households

The population of 65 years and over in Japan was about 19,000,000 in 1996. Among them, four million were 80 years old and over. This is a number to be high enough so that one can imagine easily how many residential homes will be needed in the future when the population of 65 years old and over will be 25% of the total. Where do the elderly people live? The residential pattern is divided

into two major places: residential homes and the community. More than 95% of the elderly live in the community. While in other welfare states on average of 3 or 4% of the elderly live in nursing homes, in Japan only about 1.2% (about 220,000) live in nursing homes. This is because from a shortage of residential care capacity. As a result, many older people will have to live in a community as they do now regardless of whether they want or not.

Where are the elderly abused/neglected? In Japan, there are two types of family: a three generation family and a nuclear family. According to the review of family relationships of older-parents and their children, the relationships are focused on the communications by calling, visiting, gifting, mailing letters and going out to leisure. Compared with the husband, the wife is more flexible or skillful socially within family networks (Naoi and Okamura and Hayashi, 1984; Okuyama, 1987).

When it comes to family care, children living with parents would be expected to support their parents. Since the 1970s, the living arrangement of older people has shifted from a three generation model to a more diverse model, such as one-person, couple and three generation households. Table 1, based on the official data of the Ministry of Health and Social Security, indicates the change of household structure in Japan since 1975 which includes the aged people 65 years old and over. Table 1 shows three points. The first is a rapid increase of one-person household (1975: 8.6%, 1995: 17.3%) and married couple only (1975: 13.1%, 1995: 24.2%). The second is a prominent decrease of the three generation households (1975: 54.4%, 1995: 33.3%). The third is a high rate of the aged household only (1975: 21.7%, 1995: 41.5%). The household structure is divided into three components.

Who is a caregiver in the family? In almost all the cases, daughters/daughters-in-law would take a role to look after their

Table 1 The change of the percentage distribution of household type (including the aged 65 years and over)

	1975	1980	1985	1990	1995
one-person	8.6	10.7	12.0	14.9	17.3
married couple only	13.1	16.2	19.1	21.4	24.2
married couple with their child(ren)	9.6	10.5	10.8	11.8	12.9
three generations*	54.4	50.1	45.9	39.5	33.3
others	14.4	12.5	12.2	12.4	12.2
total	100.0	100.0	100.0	100.0	100.0
(secondary mention)					
the aged only**	21.7	26.9	31.1	36.3	41.5

* three generations: A couple with child(ren) and parent(s) or other relatives
** the aged only: one-person+married couple only
source: The Basic Survey of the National Life by the Ministry of Health and Social Security

parent(s), and most of them were daughters-in-law in the three generation households. Now in the 1990s, newspapers sometimes print readers' voices such as a son who has to give up his job in a city and to return to look after his parent living in the local community as a consequence of the family care norm.

Table 2 is composed of several research data by the National Council of Social Welfare, Tokyo Metropolitan Office, and the Secretariat of the Ministry of Health and Social Security concerning family status of carers. Table 2 shows that carers of the dependent have changed to spouses and children rather than daughters-in-law. This is due to the decrease in the proportion of three generation households (see table 1). In total, the living arrangement of the elderly 65 years old and over by the 1994 national survey is as follows: living with their children 54.3%; living at the same ground 10.9%; neighborhood area 20.4%; the same local area 25.9%; outside local area 42.8% and no children 7.2%.

Table 2 Family Care in Transition

	1968	1977	1990
(co-living)			
spouse	25.1	31.6	40.8
child	17.3	20.9	26.4
daughter(son)	49.8	38.1	28.4
-in-law			
others	7.9	5.9	4.5

1968, 1977 The Report of the Dependent Elderly by the National Council of Social Welfare

1990 The Report of the Elderly life by Tokyo Metropolitan Office (Shoji Okuyama 1996, Family The Annual Report of the Elderly by National Council of Social Welfare)

With downsizing the household size and the increase in the number of the elderly living apart from their children, the elderly cannot expect the support from their daughters-in-law. As a result of that, family care norm is also changing in terms of the generations and sex.

Review of recent research data

Yamaguchi (1997, 326) wrote the first work on the topic recently when he summarized the components of elder abuse/neglect since 1987. Kaneko (1987) is a psychiatrist and a pioneer of "Elder Abuse" research in Japan. In his clinical case studies, he described various aspects of abuse including child abuse. Ohkuma (1988), a journalist, accused the institutions of the terrible reality "*inside the special hospital for the elderly*" based on his participant observation method. He wrote that there was a lot of abuse within the normal treatment regime within institutions.

A milestone work was carried out by Tanaka (1994) in coopera-

tion with 400 home care support centers. This was the most intensive and first nation-wide survey. "*A research committee of the elder treatment*" (Tanaka and others, 1994) also executed an epoch-making research of elder abuse/neglect. Main results from these research are as follows:

28.5% of the victims are men

71.5% of them are women

more than 50% of all victims are over 80 years old

38.9% of the victims were completely dependent

42.4% of them were semi-dependent

18.7% of them were independent

42.4% of them were people with dementia (multiple answer are possible)

Victims were often forced to receive multiple attacks: 1.5 kinds on average.

Five types of abuse/neglect are classified: 56.9% of the elderly complained about neglect; 41.0% about physical abuse (including sexual abuse); 31.9% about psychological abuse; and 15.3% about economic abuse.

There was a clean difference in types of abuse depending on the sex of the victims: men victims more often suffered from neglect, and women ones from physical abuse. 38.2% of the cases occurred within a three generation household.

The main family carers are as follows: daughters-in-law living with older parents (31%); spouses (20%); daughters living with the parents (13%); and sons living with the parents (10%). The relationships between carers and dependents were: wife to men (husband) (46%), in contrast, 65% of the cases about women depended are daughters-in-law or daughters living with them, not their husbands.

The Tanaka research group has analyzed the data as well as exploring hypotheses which needed to be examined. For example, there is an idea about how elder abuse may be caused in dual

dimensions: one is the dimension of carer-dependent relations and the other is that of family/human factor-community and social resources.

Hagiwara (1994) summed the characteristics of victim's cases as follows.

Type 1: A single demented person with home help service was prohibited to use gas because the neighbors were afraid that he will cause fire. As a result, the person had to live without gas and faced much difficulty with cooking The problem in this case was that the home helper did not act to help the person to problem-solve. This can be regarded as a kind of neglect.

Type 2: Difficult family relationships are reorganized as a cause of the elderly

Type 3: A combined problem case; family conflict in two generation households and the carer's sense of stress over his/her own hardship of working life.

Type 4: An old woman living with her son who had suffered from the son's violence. She wanted to move into a nursing home. Although she had four children, no one would be a guarantor for her to enter into nursing home, and so she had to find refuge in a special hospital for the elderly.

In such a case, Hagiwara proposes that the welfare office or nursing homes might have responsibility to assume the role of a guarantor. She points out that Type 1 or Type 4 should be regarded as consequences of insufficient social services, slow improvement of social service system and a lack of social worker's practice.

These suggest a new ideas about factors causing abuse/neglect. They point to the importance of improvement of community services as a way to avoid abuse/neglect based on the lack of social support. As Glendenning (1993, chap9; 160) pointed out, they need to be social service/social work departments' responsibilities and action.

The following research was conducted in 1995 and was published in 1996 by Fukuoka mental health and social service center's Takasaki and her research group project under the title of "Prevention of elder abuse and nursing support". As nursing care professionals in Saitama, Fukuoka and Yamagata prefectures, public health nurses answered the mail survey of elder abuse/neglect and the prevention. 171 data were analyzed. Patterns of abuse were divided into four groups.

neglect 59.1%
emotional/psychological abuse 50.3%
physical abuse 40.9%
material abuse 18.7%

This research project was designed by health care professionals who were associated with department of health care/mental and internal medicine at the university, a local mental health and social service center (an integrated organization). The main purpose of the research was to examine a cross-regional difference based on urban, rural and mixed type regions. The focal point of this research is the possibility of nursing support in preventing families from abuse/neglect and in promoting personal social services to avoid family care crisis.

The Ohkuni Report (1997) says that 60 percents of abusers have no sense of themselves as attackers (Asahi, 27 August 1997).

The sample for this survey consisted of 4,150 organizations, public health centers and home care support centers and 974 samples were gained (women 774, men 200).

With respect to the ADL (Activity of Daily Living) level, half of the respondents was bedbound, 20% were semi-bedbound cases, and no damage was 20 percents. The data consisted of five categories of abuse/neglect; neglect 573 cases, physical abuse 460 cases, psychological abuse 448 cases, economic abuse 149 cases, and sexual abuse 3

cases.

Perpetrators to men are their wives (45%), daughters-in-law (19%) and sons (19%). Who perpetrates women?; daughter-in-law 32%, son 23%, and husband 18%. Distorted coping behaviors as a form of abuse/neglect were also remarkable: 'being at a loss if deserted', or 'won't leave home'. As a result, many victims try to get over it by 'forgetting early: being out of mind', 'resigning oneself', 'giving no response', and 'concealing being abused/neglected'.

The research director, Kimika Shirai pointed out that to avoid abuse/neglect implies not to overemphasize the role of family carers and to support older people as well as their family. Especially it is necessary to build up both an early detection system and legal procedures. Otherwise, as Takeda (1995) wrote in "*Why were older women killed by their family?*", after burning out from caring their parents, numerous family carers attempted to kill their dependents or attempted double suicide. It is typical for family carer under insufficient domiciliary services to feel burnt out. Sometimes dependents (mostly men) won't receive personal social services such as home help services and day services so that family carers feel a heavy burden.

Furthermore, journalism took on a policy to explore latent but huge fields of elder abuse which occurred in residential settings including hospitals and nursing homes as well as in their homes. However, elder abuse/neglect was a familiar phenomenon in the shadow world where depended people had been endured and accustomed themselves to survive in a severe environment.

Community care policy and family care

Now, under the shifting process of social welfare policy in Japan as well as in Europe, all local governments are encouraging their elderly citizens to live in the community as long as possible. In

recent years, home help services, meals on wheels, day care services, respite care services, district nursing and other domiciliary services have been provided by voluntary and independent sectors as well as by public sectors which will include non-profit organizations. Hence, the frail elderly can get an alternative to live in the communities. Housing reform services have also prevailed in local communities.

Meanwhile, Japan's unique combined housing for parents and the child's family has also shown various types of dwellings such as sharing a bath, a toilet and a dining room. A combined housing as a new innovation enables people to keep an optimum distance between two generations. This lifestyle will be an alternative for people who want to live together and to control conflicts. Family care is mainly regarded as a family responsibility in Japan, it is not regarded responsible for the society for supporting the elderly.

Consequently, family caregivers are forced to help their parents, out of a sense of responsibility and with little expertise. That is a reason why most women do not want to live with the spouse's parents. Additionally, it is natural that people having got a higher education prefer to choose the freedom and comfort of independent life without being disturbed by other relatives. Even if family care is not required strong health or skilled work, it is too tiring for individual to care for someone all day long. Many family crises will be risen unless the community care policy is established to support the family. If things go on without any improvements, there will be a serious tragedy of the Japanese family in later life.

To improve our family support style, we need more domiciliary services as well as an improved institutional care system such as health service facilities for the elderly or group home care and care houses. Otherwise, the mistreatment of older people will continue to expand more than in Western countries, because in Japan most of the carers cannot rest and keep free time in the isolated environment.

Owing to the reform of the community care system, the responsibility of personal social services has shifted from the central government to local governments since 1990. Every local government now has to plan for better social services for the local people under the new system.

The diversification of Japanese families today is in progress since the Second World War. Changing patterns of family life do not tend toward a convergence on the standards of personal social services for the elderly in Japan.

What does it mean that the difference in the family system makes difference in personal social services? In almost all European countries, a standard of personal social services offered for the elderly is simple and mostly single-person oriented to support later life in the community.

Concerning the protection of property in nursing homes, Ishikawa (1996) did a case study of an economic abuses on people with dementia in nursing homes in order to improve nursing care; older people suffered from the withdrawal of money from the bank by the relatives without the depositor's permission and the transfer of his or her deposit to the accounts of relatives, according to the orders of the persons with dementia.

A concept of equality is set by the principle that it is better for the residents to share the same activities and spaces, even if they have their own tastes/hobby. In a nursing home, many programs involving group work are adopted by physiotherapists who let residents join the exercise of bowling and singing with all members. For instance, some residents prefer reading a book to exercise, and some people do not like exercise wears. Moreover, almost all of them don't want to be treated as children by the word "grandma/grandpa" without their expectations; just same as infantilization by Nolan

(1996).

Elder abuse in residential and nursing homes

First of all, the norm of collectivism makes people endure and share inconvenient situations, such as small space and restricted personal goods at the time of an admission by welfare referral to a nursing home. Moreover, there is large amount of strict rules and time table in nursing homes; the rising hour, cleaning, meals and group exercise without considering the personal needs of the residents. Now we also have housing problems: 4 or 6 persons in a room (a few nursing homes prepare private rooms), which is caused by low standard of subsidy. Private rooms are limited to a maximum 30% of all capacity by national standard; in fact, the rate of private rooms is about 10% of all rooms in 1996 data. Currently in 1997, at least half of the nursing homes are preparing private rooms.

A national standard of service evaluation on nursing homes/ health service facilities for the elderly was established in 1993. Unfortunately, the adaptation is depended on each nursing home's practice; there are no disclosure of figures on service evaluation of nursing homes. In general, this type of restricted disclosure may be interpreted by the logic of paternalism by the bureaucracy in Japan. If the data was open and there were distinct defects, a section of service/department might be afraid of the consequences of the vices within the existing system, and it could not be dealt as only a responsibility of the inspected nursing homes. The responsibilities would be with the competent authorities (failure to supervise effectively) as well as with the scandalous nursing homes. This would mean that we will have to expand the inspection and to look inside the barrier of disclosure. This is the reason why we cannot easily get any data on quality of services which the competent authorities

are concerned with. Of course, the supervised organizations might be released to assume responsibilities. Here, we can see a popular scandalous linkage between the competent authorities and the supervised organizations. However still, it can be said that nursing home care, is to a certain degree becoming user oriented by the quality of care movement and practice and in addition, miserable hospital care for the aged (Ohkuma, 1988) contributed to make a positive evaluation of nursing home care rather than hospital care which is regarded as business oriented.

An evaluation system has not been established nation-wide: currently each nursing home can evaluate itself by using a self-inspection sheet. Complaints procedures in nursing homes are also disfunctional. A few nursing homes have set up an ombudsman committee, which is more familiar in institutions for mentally handicapped people, where the standard of normalization is an index of openness and positive attitude of improvement of administration.

Elder abuse/neglect is also caused by a shortage of residential resources. A statistical data from 1996 shows that the total residential settings have a capacity for only 2.3% of all the people 65 years old and over (18,658,900; see below) and the nursing home capacity is 1.2% of all the people 65 years old and over.

The classification of residential settings and the number of residents (total 429,555) of 1996 data is as follows.

1. accredited nursing home for the elderly (Tokubetsu-yougo-roujin home, residents are 65 years old and over with difficulty to live in the community) residents: 218,769
2. old people's home with limited financial resources (Yougo-roujin home, residents are 65 years and over with economic difficulty) residents: 64,263
3. health service facility for the elderly (Roujin-hoken shisetsu, residents are 65 years old and over and are expected to come back homes

in half a year) residents: 103,000
4. low fee home (care house) for the elderly (Keihi-roujin home, residents cannot afford to pay enough the rent or to live in their homes) residents: 24,465
5. fee-charging home for the aged (Yuuryo roujin home, expensive private rooms equipped with fee-charge) residents: 19,058

A relatively few people are in residential settings on account of social factors, such as they cannot keep good relations with their family. For example; "I do not want making the burden for my family (29.5%)" or "I do not have to do with family trouble (12.7%)". (The ministry of Health and Behavior, The 1995 research report of social welfare institutions),

Conclusion

The topics of elder abuse in Japan have launched since late 1980s and the official use of elder abuse appeared in 1994. I am convinced that elder abuse had been found in both family life and social life such as harassment by a mother-in-law or sexual harassment in school or office. In late the 1990s, the key word "elder abuse" is popular now that media show that numerous older people suffered from their caregivers. The word "elder abuse" will reveal a shadow world of aging problems in Japan as the definition and factors of elder abuse become more clear.

There are three points which may influence elder abuse/neglect. The first is the background of abuse/neglect, that is, a cultural factor affecting elder abuse. The group orientation (attachment of conformity) enables the Japanese people, particularly older people, to endure elder abuse/neglect as "shared hardships" as I have mentioned.

The next factor is the changes in the "IE" norm. While the rate

of three generation households has been declining, the couples or the single households of older people are expanding. Under the 'IE' norm, frail elderly persons could expect to be cared by their son's wife rather than their own wife as carers. Such sense of assurance can not be shared among contemporary older people. Japanese men tend to receive care services from their wives depending on changes of family norm, of living arrangements, and of the improvement of community care services. Family care is considered as equals to an informal care itself: often spouses, daughters and daughters-in-law are involved. Eventually, other informal care such as friends and neighbors cannot be allocated to play a role to support the frail elderly.

The third factor is community services which could support family caregivers in order not to feel heavy burden of responsibilities as the sole/isolated carers. In 1982, the standard of home-help services and other respite care services improved, allowing people looking after their parent(s) to be able to use those services without any requirement of family resources (Fujisaki, 1993). For example, anybody looking after their relatives can now use domiciliary and respite care services as paid services and the level of which depends upon their incomes. These points show that the concept of family care has been changing toward supporting family by the community care system.

The level of services, however, is not enough to support older people in need. For instance, there are about 100,000 home help attendants (1996 data) in comparison to more than one million bed-bound people (estimated in 1993). In fact, bedbound people of 65 years old and over are estimated more than 830,000 (estimated 1993). Because of this absolute shortage of manpower within the community care system in Japan has meant that many carers have difficulties to take care of their parents/spouses.

There is scarce data on elder abuse/neglect compared with US

and England where innovative services such as adult protect services or ombudsman systems have established. Recently, in Japan, a protection of the right of people with dementia has been recognized. In 1996, Japan Center for prevention of elder abuse/neglect was established based on the Research organized by Tanaka.

What should we do to prevent elder abuse/neglect in Japan? At first, we need a practical and operational definition of elder abuse/neglect for research data which shows that not a few cases occurred unconsciously.

A rule needs to be set so that the norm can be internalized, and people need to learn it through a learning process. A standard of abuse/neglect needs what it means even if there are many examples of abuse/neglect which many people may suspect to protect the rights of the older people. It is very important to ensure a comprehensiveness so that we may manage to solve problems. Dependents are more sensitive to the abuse/neglect than carers, which means it is important to be careful to examine which categories will be effective and functional. I am convinced that most cases of abuse/neglect are neglect in Japan as recent research data showed. Respondents as carers neglect dependents unconsciously as well as consciously which will discriminate active or passive neglect as Wolf and Pillemer (1989) classified (Glendenning, 1993: 10, Decalmer, 1993: 38).

A rational reason for the prevention of elder abuse/neglect is existed. There are dual constraints on both carers and dependents. Each of them might have dual roles; both as perpetrators and as victims. Carers are not always perpetrators when they feel caring role as a duty. They would like to support dependents even though dependents may demand over their capacity. To do so, dual roles are exchangeable, back and forth.

We may find another difficult cases as pointed out by Chris

Phillipson in that there may not be a clear distinction between victim and perpetrator.

> Is it responsibility of an adult child to enforce rules of cleanliness on a legally competent elder when the elder does not want to be clean?
> (Phillipson cited, 1992: 2).

Shared hardships force us to endure and keep the same situations which sustain unpleasant situations from an unintended results, that is the reason why the change to set up a private room standard instead of crowded and annoying environment as I mentioned above. Sometimes people say "Japanese have group oriented mentality not private oriented". Moreover, community care policy may restrict the extension of institutional care. As a result, both institutions and family have not guaranteed to release individualism.

Therefore, we need to empower older people to get more information and chance to join the community meeting to get a role.

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Comment

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Abstract

Current Issues of Elder Abuse in Japan

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This article is intended to show three points which may influence on elder abuse/neglect.

The first is a sense of group orientation (i.e., attachment of conformity) which enables the Japanese people, in particular older people, to endure elder abuse/neglect.

The second factor is a changing carer's responsibilities depending on changes of family norm, living arrangements, and the improvement of community care services. Family care is considered same as informal care itself; spouses, daughters, daughters-in-law are involved. Eventually, other informal carers such as friends, neighborhoods cannot be allocated to play a role to support the frail elderly.

The third factor is community services which could support family caregivers not to feel strong burden of responsibilities as the sole/isolated carers.