



An Exploratory Study of **Elder Abuse** in Cape Town Townships

2024

Research Report by

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Acknowledgements

The researcher is grateful to all individuals and organisations that contributed to this study.

The Ikamva Labantu Older Persons Programme commissioned the study and its staff, particularly Programme Manager, Lulama Sigasana, contributed to the direction and project management of the research.

Special appreciation is expressed to the participants of the study who shared their perspectives and experiences relating to elder abuse in the townships of Cape Town. The participants of Ikamva Labantu's Older Persons Programme, many of whom are affected by elder abuse, shared generously, shedding light on this painful topic. Representatives of civil society organisations and Government who are working to address the scourge of elder abuse provided invaluable insights.

Appreciation is also extended to the following partners in the research:

- Prof. Tanusha Raniga, Interim DST/NRF Research Chair in Welfare and Social Development who provided guidance and obtained ethical approval for the study
- Ms. Carmel Murugen, Divisional Manager, Research, Strategy and Development, The Association for the Aged (TAFTA)

The Advisory Panel

- Prof. Emeritus Sebastiana Kalula, Director, The Albertina and Walter Sisulu Institute of Ageing in Africa
- Dr. Leon Geffen, Director, Samson Institute of Ageing Research
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Abbreviations

Abbreviations	Definition
AAAQ Framework	Availability, Accessibility, Acceptability and Quality Framework
Constitution	Constitution of the Republic of South Africa, 1996
CPF	Community Police Forum
CSC	Community Service Centre of the South African Police Service (<i>police station</i>)
DSD	Department of Social Development
FGD	Focus Group Discussion
FCS	Family Violence, Child Protection and Sexual Offences Unit
GBV	Gender-based Violence
NPO	Non-Profit Organisation
SAHRC	South African Human Rights Commission
SAPS	South African Police Service
SAOPF	South African Older Persons Forum
SASSA	South African Social Security Agency
WCOPE	Western Cape Older Persons Forum

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Executive Summary

Introduction

Relatively little research has been conducted on elder abuse in South Africa. However, research indicates that the most vulnerable older people living in townships and informal settlements, and in areas of high levels of poverty and unemployment, experience a wide variety of elder abuse. Research has also indicated that older women, particularly those with dementia, are vulnerable to certain types of abuse such as sexual abuse and accusations of witchcraft.

Ikamva Labantu is a non-governmental organisation based in the township areas of Cape Town which has focused on the realisation of human rights of older people since the 1960s. The organisation's Older Persons Programme supports 19 Older Persons Clubs and has a home-based care programme in the townships. To provide direction for the improvement of its programme, the organisation conducted a study, in partnership with the Association for the Aged (TAFTA) in eThekweni, South Africa, to explore the nature of elder abuse facing the organisation's participants and their peers. The study had four objectives: 1) to determine the range of abuse suffered by older persons; 2) to determine the perceived risks and protective factors for elder abuse; 3) to determine the gaps and strengths of community and government institutions to address elder abuse; and 4) to determine the influence of gender on elder abuse and its response by services.

Methodology

The research instruments, developed by Ikamva Labantu and TAFTA, utilised participatory rural appraisal methods to engage with stakeholders, namely focus groups and key informant interviews. To assess government services which address elder abuse, it employed the United Nation's 'Availability, Accessibility, Acceptability, and Quality' (AAAQ) Framework. All research instruments probed gender differences in the experience of abuse and in service delivery.

At Ikamva Labantu, the focus group participants, all over 60 years old with equal gender representation, were selected through convenience sampling from Ikamva Labantu's Older Persons Programme. All focus group participants were African isiXhosa speakers, many of whom originated from the Eastern Cape Province. Key informant interviews were conducted with community leaders, and with government and civil society organisations involved in addressing elder abuse.

The data was analysed qualitatively, combining inductive thematic and deductive analysis. The findings were verified through member checking following the circulation of a draft report.

Key Findings

The section below describes the findings of the Ikamva Labantu study.

Types of Abuse Experienced

The findings revealed a diverse range of abuse, mainly perpetrated by victims' children and grandchildren. These include economic abuse, physical abuse, psychological abuse, sexual abuse, spiritual abuse, unlawful confinement or social abuse, neglect, lack of consideration, and unwanted parental burden for the care of grandchildren. These forms of abuse reportedly often co-occur, with physical violence intensifying alongside substance abuse. Economic abuse was found to be the most prevalent form, involving cases where children may leave victims without money to buy basic necessities. Systemic abuse, rules, regulations, policies, or social practices at government offices that harm or discriminate against older adults, was also identified.

Risks and Protective Factors for Abuse

The findings of the study identified the risks and protective factors for elder abuse in the township community setting. These are discussed within the ecological model of abuse i.e., at individual (both of the victim and the perpetrator), relational, community and societal levels.

Substance abuse was the most frequently mentioned risk for elder abuse, which is consistent with international research findings as the most prevalent risk factor.

The table below depicts the study's identified risk factors for elder abuse:

<p>Individual Victim Level</p> <ul style="list-style-type: none">• Frailty and dependency• Dementia• Possession of material assets such as money or saleable items• Technological challenges e.g., unable to use Internet banking• Lack of knowledge and awareness of rights• Underreporting of elder abuse• The gendered nature of abuse, with more women affected
<p>Individual Perpetrator Level</p> <ul style="list-style-type: none">• Substance abuse, especially of 'tik'¹ and alcohol• Financial insecurity, often related to unemployment• Lack of awareness of abuse
<p>Relationship Level</p> <ul style="list-style-type: none">• Erosion of traditional value of respect for parents and grandparents• History of abuse and neglect• Multigenerational households
<p>Community Level</p> <ul style="list-style-type: none">• Normalisation of abuse• Weaknesses in civil society• Lack of civil society monitoring of services
<p>Societal Level</p> <ul style="list-style-type: none">• Weaknesses in the criminal justice system and social services• The marginalisation of older people by government services• Government's budgetary constraints

Summary of the study's identified risk factors for elder abuse.

¹ methamphetamine

The table below provides an overview of identified protective factors against elder abuse:

<p>Individual Level</p> <ul style="list-style-type: none"> • Older people’s awareness of their rights
<p>Relationship Level</p> <ul style="list-style-type: none"> • Caring family relationships
<p>Community Level</p> <ul style="list-style-type: none"> • Community networks and social support • Civil society organisations <ul style="list-style-type: none"> - Clubs or service centres - Local community structures - Western Cape Older Persons Forum
<p>Societal Protective Level</p> <ul style="list-style-type: none"> • Legal protection • Government services • Multistakeholder partnerships

Summary of the study’s identified protective factors against elder abuse

Assessment of Services to Address Abuse

Availability

According to the AAAQ framework, ‘availability’ refers to sufficient services in terms of quantity and type to address the issue concerned.

The existence of the following relevant services to address elder abuse was identified in the area under study:

- Police service centres exist. However, they were found to have insufficient staff and skills to address elder abuse.
- There are some older persons clubs or service centres which provide social protection to older

people. However, they reportedly only serve a minority of older people in the townships.

- The Department of Social Development (DSD) deploys social workers in the townships. However, they reportedly have extremely large caseloads, resulting in challenges for case management.
- Local courts exist for the processing of protection orders.
- Local clinics are available to treat victims of physical abuse. The Thuthuzela Care Centre based at Khayelitsha Hospital has a multidisciplinary team which addresses cases of sexual abuse.

The study found that the following facilities have extremely limited or no availability:

- Places of safety for victims of elder abuse, including old age homes and emergency safety facilities.
- Free drug rehabilitation for perpetrators.

Accessibility

According to the AAAQ framework, ‘accessibility’ refers to aspects of physical, financial, bureaucratic (administrative), social and information accessibility.

A key finding was that accessibility to services is limited by both older people’s and service providers’ lack of knowledge of older people’s rights. Physical accessibility to services is challenged by the high level of crime on the streets, the costs of travel and the lack of integration of government services for older people. Bedbound individuals have particularly limited access to services, relying largely on home-visiting services from Non-Governmental Organisations (NGOs). The lack of prioritisation in queues at services was noted as a consistent problem for older people who are challenged to wait in queues for extended periods.

Acceptability

According to the AAAQ framework, aspects of acceptability include respect for culture, gender and age, adherence to ethical and professional standards and informed consent and confidentiality. Although some services and NGOs are reportedly

respectful towards older people, there is a widely held view that traditional respect for older people is seldom observed in government services. Some older people reported disrespect from police officers, lack of confidentiality at police stations, police officers' discrimination towards abused men who are viewed to not possess the normative patriarchal strength in the family, and the low prioritisation of elder abuse.

Quality

According to the AAAQ framework, 'quality' refers to the alignment with relevant standards such as the skills of staff, the environment, and the safety of facilities to deliver services.

Challenges were reported regarding the identification of elder abuse by medical professionals, the reporting of abuse to the South African Police Service (SAPS), investigative follow-up by SAPS, processing of protection orders and warrants of arrest. In terms of victim support, some police stations reportedly use victim-friendly rooms to interview victims. However, these are predominantly operated by volunteers, of which there are insufficient. Older people were noted to be satisfied with victim support from social workers at service centres or clubs. However, they were less satisfied with the quality of victim support offered by DSD social workers deployed in the community, due to high reported caseloads.

Gender Differences

An analysis of gender differences found that older women are abused more frequently than men. They also experience a wider range of abuse. Women are significantly more likely to experience sexual abuse, including sex trafficking, and spiritual abuse, particularly those with dementia. Women more frequently experience economic abuse and unwanted parental burden for grandchildren, resulting in them being relatively more impoverished.

Women are perceived to be at risk for abuse due to their physical vulnerability, and traditional family norms where women bear the maternal responsibility while there is an allocation of greater power and authority to men within

the household.

For older men, a noted risk is that they are less likely to report abuse due to feelings of shame, fear, and being viewed as weak by community members and protection services.

The assessment of services highlighted the following gender differences:

- Older women are somewhat more vulnerable to crime on the streets when walking to services, limiting their physical accessibility. They may have less money for transport due to spending their pensions to support family members.
- Some older men reportedly experience ridicule by police officers when reporting abuse, affecting social accessibility and acceptability of services. This compounds the shame of abuse, the relative social isolation of men and the tendency not to confide in others on intimate issues.
- Challenges in the Family Violence, Child Protection and Sexual Offences Unit (FCS) in Khayelitsha have negatively impacted the management of sexual abuse cases, mostly affecting women.

Interpretation of the Findings

The study underscores the high level of vulnerability of older people living in the townships, stemming from socio-economic risk factors and cultural factors, such as the normalisation of abuse and a loss of traditional respect for older people. The findings highlight the lack of personal agency among older people to prevent and address elder abuse, which is tied to their political marginalisation, being predominantly excluded from local community structures. It also indicates inadequate support and protection for older individuals, despite governmental commitments and policies, evidenced by the lack of priority given to the needs of older people, compared to other vulnerable groups.

Recommendations

The study generated recommendations to improve the response to elder abuse for both civil society and government services. These recommendations include:

- To increase public awareness of elder abuse, combat normalization, and educate the public about reporting elder abuse and accessing support services.
- To educate older people about their rights, with government services actively empowering them.
- To identify older bedbound individuals living in the community, through a mapping process to ascertain what services they are receiving, and the types and extent of assistance that they require.
- To screen older people's health and well-being regularly.
- To improve government responses to elder abuse including improving queue management, increasing the deployment of social workers, increasing the availability of service centres or clubs, and increasing investment by protection services in terms of human resources, skills and policy compliance.
- To facilitate greater participation of older people in community structures.
- To strengthen multistakeholder relationships and involve civil society in the monitoring of services.
- To rebuild the social fabric, while addressing the breakdown of traditional values.
- To conduct further research to overcome some limitations of the current study, to evaluate the implementation of the Older Persons Act and to understand the prevalence of elder abuse.

Conclusion

The findings offer unique insights into the challenges faced by older persons in township areas, highlighting the significant impact of prevalent socio-economic conditions and the erosion of traditional family values. The findings lay a foundation for guiding risk reduction initiatives and enhancing the quality of protective services, aligning with the principles of the Older Persons Act and the South African Constitution. Recommendations may form the basis of a strategy for Ikamva Labantu and its partners to improve its response to elder abuse and further alleviate the suffering of its victims.





01

Introduction



Many parts of the world are experiencing ageing populations, with the Asia-Pacific region having the largest number of people over 60 years ^[1]. Although Africa has relatively few older people in relation to the rest of the world, the number is anticipated to grow from 64 million in 2017 to 105 million by 2030. In South Africa, the number of people over 60 years had been growing steadily prior to the COVID-19 pandemic ^[2] with older people comprising 9.2 per cent of the South African population in 2023 ^[3].

South Africa has indicated a commitment to protecting the rights of older people as a signatory to the Madrid International Plan of Action on Ageing (2002), the Constitution of the Republic of South Africa (1996) and the Older Persons Act (2006). The Older Persons Act defines elder abuse as “any conduct or lack of appropriate action occurring within any relationship where there is an expectation of trust, that causes harm or distress or is likely to cause harm or distress to an older person”^[4].

Elder abuse is emerging as a growing social and human rights problem globally^[4]. Although Africa has been considered a society that has traditionally revered older people, there is evidence that elder abuse on the continent, including in South Africa, is widely spread^[5, 6]. Research indicates that in South Africa, intersectionality impacts on the risks and types of elder abuse experienced, with older people living in townships and informal settlements, where there are high levels of poverty and unemployment, experiencing a wide

variety of elder abuse ^[7, 8]. Older women have been found to be particularly vulnerable to certain types of abuse such as sexual abuse and accusations of witchcraft associated with dementia ^[5, 7]. The South African Human Rights Commission has documented extensive systemic abuse of older people by government services ^[9], which constitutes violations of their constitutional rights.

However, relatively little research has been conducted on elder abuse in South Africa ^[6]. Specifically, there has been a paucity of research on the risks and protective factors for elder abuse in the country, and the responses of civil society and government institutions to address elder abuse. To address these gaps, there is a critical need for further research to improve the design and delivery of services to older persons and to advocate for improved services.

Ikamva Labantu is a grassroots Non-Governmental Organisation (NGO) based in the township areas surrounding Cape Town, Western Cape Province. Since the 1960s, Ikamva Labantu has partnered with community leadership in these areas to provide services and resources for older people’s health, well-being, and the realisation of their rights at 19 Older Persons Clubs and via home-based care. To address the gaps in knowledge and improve its services to older people, Ikamva Labantu conducted an exploratory qualitative study to understand the nature of elder abuse in the townships. The organisation partnered with the Association for the Aged (TAFTA) in eThekweni, KwaZulu Natal to enhance collaboration and knowledge sharing between the organisations and contribute to the understanding of elder abuse nationally. TAFTA provides accommodation including frail care to older persons in 13 residential units and community-based psychosocial support services in eThekweni, KwaZulu Natal, and operates a recently launched National Toll-free Elder Abuse Helpline.



02

Aims and Objectives

2.1 Aim of the Study

The aim of this exploratory study was to gain insight into the nature of elder abuse in Cape Town's townships.

These insights are intended to improve Ikamva Labantu's design and delivery of services to older persons, and to advocate for improved services to address the problem of elder abuse.

2.2 Objectives of the Study

The objectives of the study were:

1. To determine the range of abuse suffered by older persons;
2. To determine the perceived risks and protective factors for elder abuse;
3. To determine the gaps and strengths of community and government institutions to address elder abuse; and
4. To determine the influence of gender on elder abuse and its response by services.





03

Research Methodology

3.1 Ethical Considerations

Ethical clearance for the study was obtained from the relevant government departments and stakeholder organisations.

The research protocol received ethical approval from the Research Ethics Committee at the University of Johannesburg - REC-01- 324-2023, with the support of Prof. Tanusha Raniga, interim DST/NRF South African Research Chair in Welfare and Social Development.

The following ethical principles were adhered to:

1. Informed consent

All the participants were briefed about the purpose of the research, data collection process and methods, risks, benefits, anonymity, confidentiality, and right to withdraw from the study, and signed a consent form.

2. Confidentiality and anonymity

Participants' confidentiality was respected in terms of their identity and information shared. To safeguard participants' identities, the data was thoroughly denormalised during data collection, analysis and report writing. Data collected will be kept in a safe and encrypted file on Ikamva Labantu's share drive for 5 years and will only be accessible to the research team.

3. Deception

The field workers gave their full identities to focus group participants and interviewees, explained the purpose of the study and sought both verbal consent and written permission regarding their voluntary participation.

4. Engagement and participatory methods

During data collection, the fieldworkers engaged

with participants, avoided leading questions, and withheld personal impressions to build trust and encourage open, honest and participatory engagement.

5. Impact on participants' welfare

The fieldworkers ensured adequate protection of all the participants by providing detailed explanations about the purpose of the study and ensuring that their psychosocial well-being was not jeopardised through participating in the study. Research questions did not intend to elicit personal accounts of abuse. Rather, the questions aimed to gain information about elder abuse in general in the area under study. However, some respondents did detail some abusive experiences. These respondents were offered the support of Ikamva Labantu's social workers who were available for counselling.

6. Reciprocity

To ensure the relevance of the study and its value for the community concerned, the Ikamva Labantu researcher engaged with the leadership forum of Ikamva Labantu's Older Persons Clubs, "Ilizwi Labadala" (Voice of the Elderly), which provided contributions to the design of the study. The draft findings were shared with Ilizwi Labadala and other participants for their feedback on the findings. The researcher did not give the participants any incentives for their involvement in the research process. However, Ikamva Labantu did pay for transport to attend the research site.

7. Accuracy of findings

The researcher made efforts to ensure the accuracy of findings, including member checking of the draft report.

3.2 Participatory Method

In line with Ikamva Labantu's ethos of community participation, the study employed methods of Participatory Rural Appraisal ^[10] combining stakeholder engagement, focus groups, and semi-structured key informant interviews.

The research terms of reference and the research instruments were designed in collaboration with Carmel Murugen, researcher at TAFTA. The direction of the research was supported by Prof. Tanusha Raniga. In addition, the instruments and findings were reviewed by an Advisory Panel of experts in the field of geriatric and elder abuse including:

- Emeritus Associate Professor Sebastiana Kalula - Institute of Ageing in Africa, University of Cape Town
- Dr Leon Geffen – Executive Director, Samson Institute of Ageing Research
- Ms Pat Lindgren- former director of Action on Elder Abuse South Africa and HALT Elder Abuse Line (HEAL)

Ikamva Labantu and TAFTA compiled two separate reports, each outlining their findings. The reason for having two reports was that the populations studied were distinct, with the areas studied by Ikamva Labantu having greater socio-economic disadvantages.

3.3 Conceptual Framework

The study was aligned with the South African Department of Social Development's Framework for Developmental Social Welfare Services in South Africa (2001) ^[11] which seeks to guide the implementation of quality integrated, rights-based developmental social welfare services. The key pillars of the framework are:

1. A human rights-based approach

Emphasizing social justice, a minimum standard of living, equitable access and equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans with a special emphasis on the needs of the most disadvantaged.

2. Harmonisation of economic and social policies and programmes

Involving an integration of human capital, social capital, and economic capital development.

3. Participation and democracy

Active citizenship and civic engagement in achieving human development.

4. Collaborative partnerships

Involving relevant role players who bring expert knowledge, skills, financial resources, and commitment towards set goals of the social welfare sector.

5. Bridging the micro-macro divide

'Micro' (individuals, families and households) and 'macro' (communities and organisations)

In order to provide a framework for the exploration of gaps and strengths of community and government institutions to address elder abuse, the 'Availability, Accessibility, Acceptability and Quality Framework' ^[12] was employed which provided qualitative service-related indicators for the study.

To explore the influence of gender on elder abuse, the research instruments were designed with a gender lens, enquiring into the differences between the experiences of older male and female research participants for all questions.

3.4 Selection of Participants

All participants were over 60 years of age, with approximately 50 per cent being men and 50 per cent being women, reflecting the objective to determine the gendered nature of elder abuse.

The selection of focus group participants took place using convenience sampling ^[13], a method whereby which participants aligned with the study's criteria are selected according to the most convenient method possible.

Ikamva Labantu advertised the study at its nineteen Older Persons Clubs by displaying posters concerning the 'treatment of older people' in the community and society.

This initial communication did not mention ‘abuse’ specifically to protect participants who may have been made vulnerable to abuse by participating in the study. The communication requested volunteers for the study and indicated that there would be no payment for participation.

Once selected, the volunteers were informed that the study would focus on elder abuse. At this point, participants had the choice to participate in the study or decline. Participants were told that they would be free to withdraw from the study at any time.

3.5 Data Collection

3.5.1 Focus Groups

Nine focus groups were conducted, including a pilot focus group.

Participants were grouped according to gender, as indicated in Table 1, to allow them to talk as freely as possible and enable data comparisons in relation to each gender. Each focus group consisted of 10-13 participants.

Gender	Women	Men
Number of focus groups	4	4
Number of participants	43	40
Total number of participants	83	

Table 1: Composition of Focus Groups

The focus group discussions were conducted in isiXhosa, the local language, and recorded by fieldworkers. The transcripts were subsequently translated into English for analysis.

The number of focus groups were sufficient to reach a point of redundancy, i.e., where no new information was being yielded.

The focus group guide is attached in Appendix A.

Socio-demographic characteristics of focus group members

All participants were African isiXhosa speakers who reside in the township areas surrounding Cape Town, the largest of which is Khayelitsha. Many participants originate from the rural or semi-rural areas of the Eastern Cape Province, reflecting the long history of migration from rural to urban areas.

The township of Khayelitsha is characterised by a high level of poverty with a significant percentage of informal dwellings (55.4%), unemployment (38%) and low levels of education, with only 30.8% having completed formal schooling ^[14].

The townships are also affected by high levels of violent crime, accounting for 46.7% of the province’s murders and 28.5% of reported sexual offences in 2021 ^[15], thus being labelled as ‘gender-based violence hotspots’ ^[16] by the Police Minister.

3.5.2 Key Informant Interviews

Through a stakeholder consultation workshop, key informant interviewees were identified.

In total, 15 interviews were conducted including 18 interviewees (12 face-to-face and 3 telephonic). Three interviews took place in pairs. Interviewees included representatives of Ikamva Labantu, other civil society organisations, the South African Police Service (SAPS), and the Western Cape Departments of Health and Social Development.

The interview guide is attached in Appendix A.

3.6. Data Analysis

The data was analysed qualitatively using Dedoose software². The analysis combined inductive thematic analysis^[17] and deductive analysis. Inductive analysis involved the identification of common ‘codes’ of meaning in the data which were grouped to form larger ‘themes’. Deductive analysis involved the systematic analysis of data using the AAAQ Framework.

	Research Objective	Coding method
1	Determine the range of abuse experienced by older people	Inductive
2	Determine the perceived risks and protective factors for elder abuse	Inductive
3	Determine the gaps and strengths of community and government institutions to address elder abuse	Deductive
4	Determine the influence of gender on elder abuse and its response by services	Deductive and Inductive

Table 2: Methods of Data Analysis

3.7 Verifications of the Findings

To verify the findings, a draft report was circulated to the research participants for respondent validation or ‘member checking’. This aimed to increase the accuracy, credibility and validity of the findings.

3.8 Limitations of the Study

There were several limitations to the study. Firstly, qualitative research is based on people’s opinions and personal experiences. Therefore, the findings may have been influenced by subjectivity which may have affected the validity of the study. For the assessment of services addressing abuse, research indicates that

there is a tendency for bad service experiences to have salience in people’s minds^[18]. This tendency may have led to respondents highlighting negative experiences of services. To optimise the study’s validity, the researcher used both interviews and focus groups as a means of methodological triangulation, thus obtaining data from a variety of perspectives.

The study used the method of convenience sampling, drawing on volunteers from Ikamva Labantu’s Older Persons Programme who were easy to reach, rather than a more representative sampling method. As a result, the sample may not have accurately represented the broader population of older people in the townships, making it challenging to generalize the findings to a larger or different group^[19]. In addition, the study only included a few programme participants who were bedbound. Therefore, their experiences of abuse may not have been adequately represented.

It is possible that the researcher’s personal bias may also have played a role in the research design and results. To mitigate this risk, the study was designed in a participatory manner including representatives of the population under study. The aforementioned process of member checking also limited the impact of bias.

A limitation of all research in this area is that elder abuse is underreported^[20]. Therefore, findings only relate to cases of reported abuse, or those identified in the study.

² www.dedoose.com





04

Elder Abuse Legislative and Policy Framework



The prevention and management of elder abuse in South Africa is informed by several legislative and policy instruments which are relevant to the assessment of services. This section provides an overview of such instruments.

4.1 The International Agenda

4.1.1 The Madrid International Plan of Action on Ageing (2002)

In 2002, South Africa ratified the Madrid International Plan of Action on Ageing ^[21] which was the first time governments had agreed to locate ageing within other globally agreed frameworks for social and economic development, and human rights.

The plan focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It aims to eliminate all forms of neglect, abuse, and violence towards older persons and to create support services to address elder abuse.

4.1.2 African Union Policy Framework and Plan of Action on Ageing (2002)

The African Union (AU) Policy Framework and Plan of Action on Ageing guides member states in designing and implementing policies on older persons. The policies emphasise economic and social difficulties facing older persons and the need for healthcare.

4.1.3 The 2030 Agenda for Sustainable Development (2015)

The 2030 Agenda for Sustainable Development articulates a global plan of action to achieve sustainable development and the human rights of all people. It calls for “leaving no one behind” and the protection of all vulnerable people, including the elderly ^[1]. The Agenda asserts that it is necessary to go beyond addressing the exclusion and vulnerability of older people. Rather, older people should be regarded as active agents of societal change to achieve transformative and inclusive sustainable development.

4.2 South African Policies and Legislation

Ikamva Labantu's Older Persons Programme is located within a human-rights based legal and policy framework which enables provisions of services to older people and advocacy for their rights, in partnership with other government and civil society organisations that are similarly mandated.

The following instruments are applicable:

- The Constitution of the Republic of South Africa (1996)
- The South African Policy for Older Persons and the Plan of Action on Ageing (2002)
- The South African Older Persons Charter (2002)
- The Older Persons Act (2006)
- SAPS National Instruction on Victim Empowerment (2012)
- SAPS National Instruction 1 of 2014-Protection of Older Persons (2014)
- SAPS Guidelines for Policing of Older Persons (2017)
- The Domestic Violence Act (1998)
- The Domestic Violence Amendment Act (2022)

Table 3: Summary of South African Legislation and Policy Relating to Elder Abuse

4.2.1 The Constitution of the Republic of South Africa (1996)

The South African Constitution ^[22] protects the rights of all people living in South Africa. Chapter 2 of the Constitution contains 27 rights, the Bill of Rights, that applies to all people, including older persons. Three sections of the Constitution apply to the rights of older people:

- **Section 9** declares that no person may be discriminated against on the grounds of age, gender, race, religion or social origin.
- **Section 10** states that everyone has inherent dignity and the right to have their dignity respected and protected.

- **Section 27** recognises social security as a basic right for vulnerable people.

4.2.2 The South African Policy for Older Persons and the Plan of Action on Ageing (2002)

The South African Policy and Plan of Action for Older Persons emphasises the care, support, and development of older persons as a joint responsibility between government, civil society and the corporate sector. Informed by the Madrid Plan of Action, it has four priority areas: older persons and development; advancing health and well-being into old age; ensuring an enabling and supportive environment; and preventing the ill-treatment and neglect of older persons.

4.2.3 The Older Persons Act (2006)

In 2006, the South African government promulgated the Older Persons Act (OPA) ^[4] which gives effect to the Bill of Rights outlined in the Constitution. The Act defines an older person as being a male of at least 65 years and a female of at least 60 years of age. It aims to “deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and the promotion and maintenance of their status, rights, well-being, safety and security” and to provide for associated needs.

One of the objectives of the Act is to shift the emphasis from institutional care to community-based care to ensure that older people remain in their homes within the community for as long as possible. To enable this, Chapter 3 of the Act provides for community-based care programmes and home-based care, such as those provided by Ikamva Labantu.

Chapter 5 of the Act deals with the Protection of Older Persons. It speaks to the following issues:

1. The effect of the Act on the Domestic Violence Act (1998).
2. Older persons in need of care and protection.
3. Notification of abuse of older persons.

4. Written notice to the alleged offender.
5. The procedure for bringing the alleged abuser of older or frail persons before the magistrate.
6. Inquiry into the alleged abuse of an older or frail person.
7. Prohibition of abuse of older persons and special measures to combat abuse of older persons.
8. Keeping a register of abuse of older persons.

The Act also provides for a register of persons convicted of abuse of older persons which has recently been developed in an online format.

The Department of Social Development (DSD) is the custodian of the OPA and thereby responsible for its implementation, which is undertaken in the Western Cape by the DSD Older Persons Programme.

4.2.4 The South African Older Persons Charter (2005)

The charter speaks to the rights of older persons living in residential facilities and the community.

It was developed by the South African Older Persons Forum, a broad network of non-governmental interests that is intended to give older persons a platform, unite the sector and consult and lobby government on issues affecting older persons. The forum has provincial chapters, with one representative in the Western Cape.

4.2.5 SAPS National Instruction on Victim Empowerment (2012)

The purpose of this instruction is to ensure that SAPS, as the initial point of entry to the criminal justice system provides an effective, victim-friendly service recognising and protecting the rights of victims of crime. According to the instruction, an effective, victim-friendly service implies that SAPS must provide a professional, accessible, and sensitive service to the victims of crime and violence when they report it, and during the investigation thereof.

4.2.6 South African Police Service (SAPS) National Instruction 1 of 2014 - Protection of Older Persons (2014)

The instruction provides clear direction to SAPS members on how to respond to a complaint of abuse of an older person in order to comply with obligations in terms of the OPA.

4.2.7 The SAPS Guidelines for Policing of Older Persons (2017)

Noting National Instruction 1 of 2014 and the content of the OPA, the guidelines promote a multiagency approach and community-based partnerships to safeguard older people for effective convictions in cases which involve elderly abuse. The guidelines guide members regarding prevention and early interventions to protect older people. They also outline the responsibility of SAPS members in terms of the OPA.


4.2.8 The Domestic Violence Act (1998) and the Domestic Violence Amendment Act (2022)

The Domestic Violence Act in South Africa recognizes elder abuse as a form of domestic violence. The Act provides legal protection and support for elderly individuals who experience abuse within domestic settings. It provides for the issue of protection orders against abusers, restraining them from further harm. This legal framework acknowledges the vulnerability of older citizens and aims to address their specific needs in cases of abuse.



05

Literature Review



To provide context to the findings and recommendations of the study, a descriptive literature review ^[23] was conducted, providing a summary of the existing literature on elder abuse globally and locally.

5.1 Inconsistent Definitions of Elder Abuse

The accepted definitions of elder abuse impact on its identification, prevention and management. However, there are large intercultural variations in the conceptualisation of elder abuse ^[24], with a global unified definition yet to be established ^[20]. The inconsistent operational definitions of elder abuse, along with the absence of standardised international psychometric instruments for measuring abuse, pose problems for the estimation of its prevalence ^[25].

The South African Older Persons Act identifies the following four types of abuse:

- **Physical abuse** - any act or threat of physical violence towards an older person.
- **Sexual abuse** - any conduct that violates the sexual integrity of an older person.
- **Psychological abuse** - any pattern of degrading or humiliating conduct towards an older person, including:
 - repeated insults, ridicule or name-calling.
 - repeated threats to cause emotional pain.
 - repeated invasion of an older person's privacy, liberty, integrity, or security.
- **Economic abuse**, meaning:
 - the deprivation of economic and financial resources

- to which an older person is entitled under any law.
- the unreasonable deprivation of economic and financial resources which the older person requires out of necessity.
- the disposal of household effects or other property that belongs to the older person without the older person's consent.

However, some South African authors ^[7, 8] believe that this definition does not reflect the full experience of elder abuse in the country and suggest a wider typology of elder abuse is relevant to the South African context including:

- **Loss of respect for elders** – a cited cause of neglect, stemming from the loss of traditional reverence for elders.
- **Accusations of witchcraft** – usually directed at older women, the consequence of which is ostracism, loneliness, and mortal danger.
- **Systemic abuse** – abuse from government services, mainly occurring at health clinics, pension pay points and offices.

The high level of violence and socio-economic vulnerability associated with many cases of elder abuse are also noted distinguishing features of the South African context ^[8].

5.2 Nature and Prevalence of Elder Abuse

5.2.1 The International Context

Globally, the number of affected victims of elder abuse is expected to increase due to the ageing population ^[26]. Elder abuse is frequently underreported, rendering its

global prevalence elusive ^[20]. A 2017 systematic review of 44 studies in 26 countries estimated that 1 in 6 people (15.7%) aged 60 years and older were subjected to some form of abuse in community settings ^[27]. There is an indication that abuse is not usually a single event but a continuous action of perpetrators ^[28]. Most international studies have reported on physical, psychological, financial abuse and neglect, with relatively few investigating sexual abuse ^[29] and systemic abuse ^[25].

Few studies have reported on the prevalence of elder abuse in Lower Middle-Income Countries (LMICs), particularly in Africa. Evidence indicates that the prevalence of elder abuse in LMICs is higher than in more affluent countries, with an extremely varied reported prevalence, being 20.8% in India, 43.7% in Egypt and 79.7% in Peru ^[29].

There are indications that elder abuse is increasing in African countries ^[30, 31], with an alarming high prevalence reported in certain places, such as 89% in rural Uganda^[32]. Elder abuse in Africa is complicated by the fact that older people are intersectionally disadvantaged, usually being the poorest of the poor ^[31] and forced to confront stressors such as severe health crises (HIV/AIDS, tuberculosis), impacting entire families.

5.2.2 South African Context

In South Africa, there is increasing evidence that elder abuse is widespread ^[33], being common in residential homes, hospitals, within families, in communities, and in pension paying queues and government offices ^[5]. A recent qualitative study during the COVID -19 pandemic indicated that emotional abuse and financial exploitation are the most common forms of elder abuse in the country ^[33]. The extreme nature of violence against older people, especially those living with dementia who are also suspected of witchcraft, has been noted.

Systemic Abuse

In 2015, to investigate reports of systemic abuse, the South African Human Rights Commission conducted an investigation ^[9] to identify systemic issues that deprived older people of the right to enjoy and realise

their constitutionally guaranteed rights. The Commission found the following guaranteed rights were not being realised by older people:

The right to healthcare – for those who were poor and ill, particularly those in rural areas. For example, long waiting in queues and common medicine shortages existed at public health facilities.

The right to food, water and social security - For example, the old age grant was not sufficient to buy food necessary to address health conditions and did not meet the cost-of-living escalation.

In support of these findings, Kelly et al. ^[34], in an investigation into access to primary health services in Cape Town's townships, found that older residents had strong perceptions that their health needs were overlooked. Challenges experienced included long waiting times, lack of prioritisation of older people, negative and unhelpful attitudes of health-care staff, shortages of medical personnel, rushed consultations, lack of examination by doctors, poor continuity of care, lack of patient education, and in a few cases, non-availability of medication.

Older people with HIV have also reported discriminatory staff attitudes and practices at health-care facilities, including a triage health delivery system that fuelled community stigma, and verbal and emotional abuse by staff ^[35].

Elder Abuse in the Townships

Only one prior study ^[7] identified has examined the full range of elder abuse experienced in township areas, such as that in the present study. Findings evidenced a wide range of abuse and a high level of violence experienced by older people.

The following forms of abuse were identified:

Physical – e.g., beatings, shoving

Emotional and verbal abuse - discrimination, hurtful words, denigration, intimidation

Accusations of witchcraft - brandishment, ostracism against women

Financial abuse - extortion and control of pension money and assets, exploitation, and theft of property

Sexual abuse – rape including incestuous rape against women

Neglect or lack of respect - loss of respect for elders, withholding affection.

Systemic abuse - dehumanizing treatment at health clinics, pension pay points, and government offices

Challenge in Determining the Prevalence of Elder Abuse in South Africa

There are several challenges in determining the prevalence of elder abuse in South Africa. Firstly, the definition of abuse is contested, with common experiences of marginalisation (having little influence, power or perceived importance) and systemic abuse being excluded from the official definition contained in the Older Persons Act.

In addition, elder abuse in South Africa is underreported by family members and professionals due to: 1) inadequate awareness of rights; 2) inability to identify an abusive situation; 3) discomfort in talking about abuse; and 4) unclear reporting structures ^[33]. Older adults are reportedly reluctant to report abuse due to fear of confrontation with the perpetrator and shame associated with abuse, particularly sexual abuse.

Until recently, another challenge in determining the prevalence of elder abuse in South Africa was the lack of surveillance and monitoring due to the reported dysfunction of the Electronic Abuse Register which was intended to capture the reporting of elder abuse cases ^[33]. This register is now functional in a digital format.

5.3 Risks and Protective Factors for Elder Abuse

5.3.1 Risk Factors

Conceptual Risk Factor Framework

It is necessary to understand the risks for elder abuse in order to design effective interventions to prevent and manage the problem ^[36]. Schiamberg ^[37] proposes an ecological model to identify risks at the individual, relationship and community or societal levels (Figure 1).

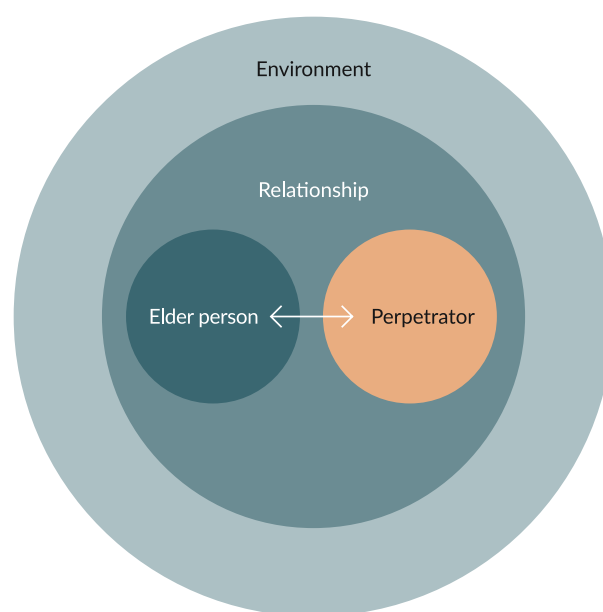


Figure 1: Conceptual Risk Factor Framework for Elder Abuse
Source: Johannesen 2013

Identified Risk Factors Internationally

Several reviews have been conducted on the risks and protective factors for elder abuse globally; however non-Western countries are significantly underrepresented in the research.

Here, the findings of the scoping review by Pillemer ^[36] are described, noting only 'strong' reported evidence for risk. This review has been chosen due to its restricted inclusion criteria limited to population-based elder abuse prevalence studies at a regional and national level using random or exhaustive sampling.

The findings of the review reveal a multifactorial aetiology of elder abuse described according to the ecological framework in Table 4 below.

Strong Individual Victim Risk Factors
Cognitive impairment including dementia
Psychiatric illness or psychological problems including depression
Functional dependency
Poor physical health or frailty
Low income or wealth or low socio-economic status
Strong Individual Perpetrator Risk Factors
Psychiatric illness and psychological problems including depression
Substance abuse or gambling
Dependency on the victim (financial, emotional, functional)
Strong Victim-Perpetrator Relationship Risk Factors
Shared living arrangement
Strong Community-Level Risk Factors
Victim and perpetrator isolation or lack of social support

Table 4: Summary of Internationally Identified Risk Factors According to Ecological Model (Pillemer, 2015)

In another review of 198 studies, Storey found that substance abuse was the single best predictor for the perpetration of elder abuse and that older people are especially vulnerable when caretakers are substance abusers ^[20].

It is interesting to note, that there is no clear trend in perpetrator gender as a risk factor ^[20, 25, 38]. There is also no widely reported evidence that ageism and broader societal attitudes towards older people create a risk for abuse, although there has been speculation in the literature ^[36].

Identified Risk Factors - Sub-Saharan Africa

Relatively little research has been conducted on the risk factors for elder abuse in Sub-Saharan Africa, which shares many cultural, social and economic characteristics with South Africa.

Societal risks have received significant attention from the few authors that have addressed the issue. A key risk in this region is perceived to be 'modernisation', meaning the breakdown of traditional African societal values of honouring and respecting elders, often in favour of seeking material success ^[30]. The loss of traditional African values is commonly associated with migration, urbanisation and the disintegration of the family ^[5, 30, 39, 40]. These changes have led to a breakdown of 'social control', the means by which norms and values regulate social behaviour ^[7], a loss of social cohesiveness ^[39] and older persons being perceived as a burden to the social support system ^[31].

Common conditions of poverty and unemployment, particularly the unemployment of adult children is widely associated with elder abuse in the region ^[5, 7, 39, 41], along with related chronic levels of environmental stress which negatively impact intergenerational relations and family harmony. In addition, poverty is associated with a lack of resources for adequate care and independence of older people ^[31].

The following individual victim and perpetrator risks outlined in Table 5 have been reported in studies in Sub-Saharan Africa:

Victim-related Risk Factors
Poor health
Cognitive impairment or dementia
Disability
Financial dependency
Pension recipients
Gender – relative vulnerability of women
Perpetrator-related Risk Factors
Drug and alcohol abuse
Relationship Risk Factors
Living in multigenerational households
Divorced or separated; living alone

Table 5: Victim and Perpetrator Risks Identified in Sub-Saharan Africa

Gender

Several authors report that elder abuse in the region is highly gendered, with older women, particularly in the peri-urban townships, having a high risk for interpersonal violence and abuse [7]. Older women are particularly vulnerable to sexual abuse [41], witchcraft allegations [30, 33, 41, 42], especially those with dementia [33], and having their property confiscated [31].

Apart from the above-mentioned risks, older women are more likely to suffer from emotional and financial abuse, compared to older men who are more likely to suffer physical abuse [41].

In addition to gender-based cultural norms, risks for older women reportedly stem from physical weakness, and a lack of economic means to care for and protect themselves [31].

5.3.2 Protective Factors

Pillemer [36] found strong evidence that contexts of high social support and social embeddedness in a social network are related to a lower risk of elder abuse.

Although many interventions have been tested to prevent and reduce abuse, almost no interventions have been proven successful in high-quality evaluations [25, 36]. This applies to both locally implemented programmes and broad societal strategies such as policies and laws [25]. Despite the paucity of evaluation data, there is wide agreement that there is a need to expand services for elder abuse.

Identified Approaches to Address Elder Abuse Internationally

Pillemer reports five ‘promising’ approaches in the literature to address elder abuse, all of which address individual victims and perpetrators:

Caregiver interventions: relieving the burden of caregiving.

Money management assistance: supporting older people who are vulnerable to financial exploitation.

Helplines: the most widely used intervention to address elder abuse for which there is considerable evidence of effectiveness.

Emergency shelters: providing security for victims while putting a plan for safety in place.

Multidisciplinary teams: Several studies demonstrate the effectiveness of a multidisciplinary approach. In South Africa, inter-departmental, multi-sectoral responses were also identified as important starting points to strengthen support services for elder abuse [33].

Pillemer also notes the important role of service providers to act as advocates for improved services to address elder abuse in their localities, for which there is evidence of success. To advance advocacy in the field, the World Health Organisation stresses the importance of coalition building on other related issues such as disability, dementia and ageism [25].

Identified Approaches to Address Elder Abuse in Sub-Saharan Africa

There has been little information and research in Sub-Saharan Africa on strategies for prevention and management of elder abuse.

A scoping review of ethical issues in the care of older people in East Africa including 24 studies, indicated that governments tend to demonstrate a “lack of interest in protecting this population group”^[43], manifested by a lack of attention to improve the well-being of older adults including lack of inclusion in social security schemes and low expenditure on geriatric care.

In Uganda, the Social Work response to elder abuse incorporates the following strategies ^[39]:

Individual Victim Level Protective Strategies

1. Increasing awareness - rights education.
2. Cash transfer - to pay for basic needs and reduce dependence on extended family.
3. Livelihood support activities - for example, assistance to establish businesses.
4. Psychosocial support - assists victims to develop their own plan of action to address abuse.

Family Level Protective Strategies

5. Mediation to address family conflicts.

Society Level Protective Strategies

6. Research and advocacy to influence legislation – for example, demand for protection laws, gender-inclusive budgets, better social protection systems, inclusive financial services, and inclusion of older people in government programmes.

There have been no South African studies which have systematically identified the protective factors against elder abuse.







06

Findings

6.1 Types of Elder Abuse

The study sought to determine the focus group respondents' definition of elder abuse and the types of abuse experienced by older people in the township community setting.

Consistent with the findings of Keikelame and Ferreira ^[7] who conducted a study of elder abuse with participants of Ikamva Labantu's Older Persons Programme in 2000, the focus group respondents described a wider range of abuse than that described in the Older Persons Act. Apart from physical, sexual, psychological and economic abuse, identified abuse included unlawful confinement or social abuse, neglect, spiritual abuse, lack of consideration and respect, unwanted parental burden, and systemic abuse by government departments. According to respondents, these types of abuse often co-occur with physical violence, including sexual assault, escalating with substance abuse.

The perpetrators of abuse are reportedly primarily children and grandchildren who share a home with the victims:

“They (older people) are mostly abused by the people they trust, people who are meant to take care of them. The abuse is done by the people who are staying with them in the same house”

– Protection Services,
interview respondent.

Women are more likely than men to experience several types of abuse including sexual abuse, economic abuse, physical abuse, spiritual abuse and unwanted parental burden.

A detailed explanation of the types of abuse identified is provided in the section below.

6.1.1 Economic Abuse

Economic abuse was the most common form of elder abuse reported. Many older people use their Old Age Pensions to sustain multigenerational households, driven by a sense of duty to provide for younger family members who are frequently unemployed. However, this support can also be non-consensual, as some adult children take money forcefully or seize the SASSA (South African Social Security Agency) ATM card to withdraw money for their own purposes. As a result, victims are unable to meet their own needs for food, medication, and other necessities:

“When you get your elderly grant, they want this money, they want this money. There is no peace in this house. They want this money, and everything is depending on you. Everyone comes back from wherever once you get paid wanting this money - unless you hide it. It is painful for us my child, it's better now that we are here (Ikamva Labantu's Older Person's Club).”

– Women's Focus Group
Discussion (FGD)

“Our children abuse us by taking our money, where you place it, you won't find it because it's gone. Not even our SASSA cards are safe. Our children are animals. Even if I have not experienced problems, I do see what's happening in other houses. Elderly people's money is not safe... the elderly people lose their money and are left penniless.”

– Men's FGD

The SASSA card is also reportedly used by perpetrators as collateral for loans with “loan sharks” (local money lenders). As they are left destitute for the rest of the month, victims may also resort to borrowing money from ‘loan sharks’, creating a dangerous cycle of debt.

In certain instances, the adult children of victims receive government child support grants while entrusting their own children's care to grandparents, usually grandmothers. This leads to the allocation of the Old Age Pension funds towards the grandchildren, thereby reducing the available resources for the victim to address their own needs:

“The grandmother must provide for the children in all forms whether it is clothing, food.”

– Civil Society,
interview respondent

Respondents also reported that older people are frequently robbed of household goods by children to sell for drugs and to buy items such as cell phones and clothes:

“I am being abused by my child who breaks into my house and steals, taking everything. That is abuse. He will mistreat you and take everything that is of value.”

– Men’s FGD

Both older men and women experience economic abuse. However, due to grandmothers more frequently bearing the responsibility of providing financially for the younger generation, they were described as relatively more impoverished.

6.1.2 Physical Abuse

Physical abuse of older men and women is widely reported. Physical abuse reportedly includes hitting, punching, pushing and cutting. It often accompanies financial abuse in an attempt to extract money from the older person. Physical abuse frequently co-occurs with perpetrator substance abuse, commonly involving marijuana (dagga), methamphetamine (tik), and alcohol. The level of violence is reportedly more extreme when the perpetrator is under the influence of substances:

“He is abusing us like this. When he has been smoking, he sleeps. Then when he wakes up, he demands food. If he doesn’t find food, he becomes violent and he beats anything and anyone who is in front of him.

And sometimes you could see that he would even kill someone or break something.

That is how he is abusing me”

– Women’s FGD

Women are reportedly more likely to be physically abused due to their perceived physical vulnerability and the traditional allocation of greater power and authority to men within the household.

6.1.3 Unlawful Confinement and Social Abuse

A few respondents reported that older people are sometimes held against their will by their younger relatives, being physically restrained and socially isolated, sometimes to control the victim’s finances. At times, the victim is confined within the house by their family, restricting their contact with friends, or they are locked outside the house behind a gate to prevent them from leaving the premises. There were no gender differences in these reports. However, the victims are reportedly frail or have cognitive impairment:

“The experience that older people encounter is not a happy one because my sister is supposed to be at an old age home based on her condition but the problem rests with her son who is blocking that because he knows that he will lose out because he is using her money, and they are liquor drinkers.”

– Men’s FGD

“What happened is that she got sick, she had a stroke. She is staying in Crossroads with her son and the son doesn’t want anyone going in the house. He locks the mother inside the house. He doesn’t want her to go to the toilet. We want to know what is happening to his mother, but she is quiet, she is not talking.... Even us, he doesn’t want us there. We were talking about that last week and do not know the solution to this.”

– Men’s FGD

6.1.4 Sexual Abuse

Respondents perceived incestuous rape of older women perpetrated by their male children and grandchildren to be common. One female community leader perceived this to be the most common form of abuse. A health-care service provider noted that cases of sexual assault involving older men are infrequent and often linked to dementia.

“It’s women abuse, abused by our sons. A boy grows up to be a man and then rapes his grandmother. That’s the abuse I have heard of, and it makes me sad.”

– Men’s FGD

“She is beaten by her grandson and then the grandson takes her money and does dirty things to his grandmother... He saw her as a virgin to him.”

– Women’s FGD

Rape may reportedly be used as a form of intimidation and revenge when the victim does not comply with monetary demands:

“There was a report about a grandchild who was abusing his grandmother sexually... he would rape his grandmother because he wanted the money.”

– Protection Service,
interview respondent

Sexual abuse is often associated with substance abuse and is sometimes related to sex trafficking of the older person:

“It came out that the boy was sexually abusing the grandmother and even invited his friends who were smoking over to do the same thing with the grandmother.”

– Women’s FGD

In another case, a respondent related a situation of a daughter selling sex with her grandmother for money to buy alcohol.

Besides the trauma of sexual abuse, the consequence of being sexually abused at home results in a constant fear of the next assault, and the need to stay away from the home until the conditions feel safer:

“If he comes out of rehab, who says he is going to overcome this lus (lust) for his mother or desire to have sex with her? So, what did she have to do? She had to sit at the school or some public place where she could stay away from home and not be alone at home and go back home when the rest of the family is there.”

– Protection Services,
interview respondent

Sexual assault was noted to be particularly underreported, compared to other forms of elder abuse, partly due to shame and cultural taboo relating to the language of sexuality.

6.1.5 Neglect

Neglect of older relatives is described as a common form of abuse affecting both men and women. Reported forms of neglect include depriving an older person of food, ignoring their sanitary needs, and depriving them of shelter. Neglect is sometimes unintentional, as perpetrators may not recognize that their actions constitute abuse against the older person.

Respondents described situations of older people not being given a share of the family meals:

“Even in dishing food, big chunks of meat are reserved for children. If you are not working, the treatment is worse. When you get home, you can observe that in your absence the family has enjoyed food. You observe that when you left there were no (used) dishes but, on your return, there are (used) dishes.”

– Men’s FGD

Home-visiting health-care professionals described cases of immobile older people who are unable to wash themselves and go to the toilet, lying in their soiled clothes and sheets, often with open bedsores. At times, it is reportedly necessary for health-care workers to bathe the victim before they can begin the home-based treatment due to their soiled state, for which the victim feels ashamed.

It was reported that some families occupy the older person’s house while relegating the victim to live in a shack (‘hokkie’) outside. In most cases, the shack has no ablution facilities. The family members may also neglect to provide food to the victim.

In many cases, neglect reportedly leads to isolation and loneliness, and a disconnection from social networks needed for survival and well-being.

6.1.6 Psychological Abuse

Respondents described emotional abuse that affects both women and men. One respondent reflected that all forms of abuse result in emotional suffering, irrespective of whether the abuse is intended to hurt a

victim emotionally. Intentional forms of emotional abuse cited include swearing, 'hurtful words', intimidation, humiliation, and threats of extreme violence.

Respondents report significant trauma, heartbreak, and disillusionment as a consequence of abuse. There is a prevalent feeling of disappointment in the absence of intergenerational care and reciprocity, reflecting a perceived breakdown of traditional values:

"I sent my grandchildren out of the house - they were abusing me in my house - after my husband passed away....I evicted this one due to these drugs. He was taking my belongings, kettles, and pots, selling them. When reprimanding him, he would say, 'You know what, you annoy me. I can easily find a gun from a rasta to just kill you'. I brought him up. When his mother passed away, he was two and a half years old, and his brother was three months old. I brought them up very well when my husband was still alive. But now, when they got older, they changed on me."

- Women's FGD

"We end up praying for our days to be shortened on earth. Whilst we sometimes pray for a long life so that we can look after these children whilst they are growing, on the other hand, we pray for our life to be shortened due to heartbreak."

- Women's FGD

"When you sit down and talk to them during the abuse awareness (therapeutic sessions), some of them cannot even hold themselves, especially the women, when they are describing the manner in which they are abused or the situation at home."

- Civil Society,
interview respondent

A notable trait of emotional abuse is its normalization, rendering it concealed in plain view. This is apparently in part due to the limited understanding of what constitutes psychological abuse and the impact it has on the older person.

6.1.7 Spiritual Abuse

Reportedly, spiritual abuse is a type of mistreatment that mainly impacts older women, particularly those living with dementia. Women with dementia are frequently stigmatized as witches, inspiring fear in the community. Being branded as a witch renders them vulnerable to social isolation, abandonment, and acts of violence:

"When you go there and try to help the person who is being abused, you are called a witch, and you are told that you are coming to save another witch."

- Women's FGD

“I want to say that nothing hurts like people calling you a witch.”

– Women’s FGD

6.1.8 Lack of Consideration and Respect

Many respondents reported that children and grandchildren lack respect for older people and are thoughtless in prioritizing their own desires, often ‘bullying’ the grandparents and rendering them powerless in their own homes. This behaviour generates ongoing stress for victims.

Disrespectful behaviour affects both older men and women. However, women, due to expectations associated with their traditional maternal role, tend to be relied on without commensurate gratitude, whereas older men typically hold a certain degree of authority within the household, which accords them some respect:

“I buy groceries with my elderly grant. She (the daughter) cooks all of that food all at once and invites everyone to come and eat.”

– Women’s FGD

“He does as he pleases in the house. He stays in the backyard, but he will come in the house at midnight looking for food.”

– Men’s FGD

6.1.9 Unwanted Parental Burden Placed on Grandparents

Many older women who took part in focus group discussions perceived the responsibility imposed on them by their children to care for grandchildren as abusive. This responsibility often entails using their own pension to provide for grandchildren, even when adult children are earning an income. Grandmothers typically feel they have no alternative but to bear this responsibility:

“When you are here at home, you see that your daughter and grandchild stay here with you. But when your grandchild needs parental assistance, you as the grandparent are the one to wake up early in the morning and prepare a bath for the grandchild. We are abused, looking after the child, taking the child by the hand and waiting for the school transport in front of the house. Afterwards, you cannot go back to bed as you are cold and frozen. That is abuse, whilst the mother is present but pressing her phone in her room, busy with social media, whereas you brought the mother up.”

– Women’s FGD

“The worse and worse is one of our daughters leaving their children with us. My daughter leaves me with her daughters in this very condition as I am walking with crutches. So now I am forced to stand up and look after these children. I end up taking care of myself secondary. So, I end up having to stand up and cook for these children. Sometimes the food is not even there. With the little strength that I have, I can only look after myself.”

– Women’s FGD

6.1.10 Systemic Abuse

In this context, systemic abuse refers to rules, regulations, policies, or social practices that harm or discriminate against older adults. Systemic abuse includes rules that are developed for an apparently neutral purpose, but that impact negatively on the person ^[44].

Although South Africa’s policies do protect older people, both older women and men are reportedly subject to systemic abuse by health, social and protection services, impacting their access to services and their dignity. Common examples were the rules to wait in long queues at police community service centres, clinics, and SASSA offices, with no consideration being given to older people’s relative frailty, and perceived disrespect by service providers.

“I really hate day hospitals and police stations. The first priority should be older persons, no matter what time you arrive, especially when you come with a wheelchair. They are supposed to help those people. They don’t care about us, especially in service delivery places, like hospitals and police stations. I really don’t know what’s happening in South Africa.”

– Men’s FGD

“I also notice that we are regarded as a nuisance. People fail to understand our conditions. For example, I went to the clinic this one time and met a lady who had a broken leg. She was walking with crutches. The nurse was sending this lady to a different department and instructing her what she should do when she gets to the next department. She was given her folder which she needed to carry. With which hands? ... She will end up breaking the second leg!”

– Women’s FGD

6.2. Risk and Protective Factors for Abuse

The findings of the study identified the risks and protective factors for elder abuse in the township community setting. These are discussed within the ecological model of abuse i.e., at individual (both of the victim and the perpetrator), relational, community and societal levels.

Many risk and protective factors identified were found to be consistent with international evidence. However, several context-specific elements relating to the socio-economic circumstances of the township areas were identified.

The study found that women are at higher risk for certain types of abuse and are abused more frequently, although men are also at risk for chronic abuse.

6.2.1 Risk Factors

The identified risk factors for the current study are elaborated in Table 6 below:

<p>Individual Victim Level Risk Factors</p> <ul style="list-style-type: none"> • Frailty and dependency • Dementia • Possession of material assets • Technological challenges • Lack of knowledge and awareness of rights • Underreporting of elder abuse • The gendered nature of abuse
<p>Individual Perpetrator Level Risk Factors</p> <ul style="list-style-type: none"> • Substance abuse • Financial insecurity • Lack of awareness of abuse
<p>Relationship Level Risk Factors</p> <ul style="list-style-type: none"> • Erosion of traditional value of respect for parents • History of abuse and neglect • Multigenerational households
<p>Community Level Risk Factors</p> <ul style="list-style-type: none"> • Normalisation of abuse • Weaknesses in civil society • Lack of civil society monitoring of services
<p>Societal Level Risk Factors</p> <ul style="list-style-type: none"> • Weaknesses in the criminal justice system and social services • The marginalisation of older people by government services • Government's budgetary constraints

Table 6: Summary of Identified Risk Factors for Elder Abuse

6.2.1.1 Individual Victim Risk Factors for Abuse

a. Frailty and Dependency

Many respondents held the view that vulnerability to abuse was heightened among frail individuals, as they could not often protect themselves and were less inclined to report abuse, primarily because they were dependent on the perpetrator for tasks such as grocery shopping:

Impersonating the perpetrator:

“She (victim) won’t report me (perpetrator). She depends on me. She must ask me to go to the shop. So, if I take R50 and don’t give back change it will be a loss, but she must still ask me the next day. So, she won’t report me.”

– Civil Society,
interview respondent

Financial dependency is also perceived to place older people at risk:

“When staying with your child that’s working, you end up having to bow down to them because you are scared that they are bringing in the finances in the house.”

– Men’s FGD

Often older people are dependent on children who are using substances, placing them at an even heightened risk physically, emotionally and financially.

Frailty-related mobility challenges also heighten the risk for chronic abuse as older people are less likely to visit services for support due to vulnerability to high levels of crime on the streets.

b. Dementia

As previously indicated, dementia is a commonly reported risk for spiritual and physical abuse, usually of women, who are frequently accused of witchcraft:

“If you are a woman and they find you in the middle of the morning walking alone and you are short, you are a witch! You have flown out of a cage because witches fly with a cage, especially if you have a darker complexion. You speak about people who were dead a long time ago which means you have killed them.”

– Civil Society,
interview respondent

People with dementia are also reportedly at risk of financial abuse as they have challenges to control their finances.

c. Possession of Material Assets

Financial abuse was the most common form of reported abuse by respondents, with many reporting that the possession of money, usually the Old Age Grant, was a significant risk. Older people are at particular risk of financial abuse on ‘pension day’:

“They are all waiting for the SASSA date.”

– Civil Society,
interview respondent

The possession of other material assets that can be sold reportedly also places older people at risk, particularly if the perpetrator is a substance user.

d. Technological Challenges

Many older people are using basic phones. Therefore, they are not able to track withdrawals from their bank accounts when a family member is in possession of their SASSA ATM card. Due to the expense of data, it is not always easy for them to phone for help in cases of abuse.

e. Lack of Knowledge and Awareness of Rights and Available Support Structures

Many respondents reported that older people and other community members lack the knowledge to enable them to address abuse.

Few reportedly know about the Older Persons Act and many do not know what action to take to report abuse. Further, there is apparently limited knowledge of the obligations of protection and social services in terms of the Act, for example, to remove the perpetrator or the victim from the abusive situation. Due to being uninformed, victims and community members have limited ability to advocate for these measures to be implemented. There is also insufficient knowledge of what community structures could do to support victims.

Some older people do not recognise abuse, particularly when it is not physical:

“When young people misbehave, they say ‘They are still young, they will outgrow it’. They tend to tolerate it over time up until it escalates when somebody ends up with a physical injury, for example, if a grandson is demanding money from a grandmother. It is not seen as abuse until the day he lays his hand on her because he is not getting what he is used to. People don't take it as abuse the first time that it happens. There is always an explanation for it. Up until it is too late, and it has escalated.”

– Health Services,
interview respondent

f. Underreporting of Elder Abuse

The underreporting of elder abuse is widely acknowledged. This presents a substantial risk, as it can potentially perpetuate ongoing abuse and hinder the capacity of social and protective services to intervene effectively:

“If we're looking at the actual reporting, the number of reports that we receive, you can literally count on your fingers. And then you're thinking, is there no abuse happening?”

– Social Services,
interview respondent

Respondents believed that older people do not report abuse for various reasons, including fear, lack of trust in the criminal justice system and the belief that there is no alternative safe place for them to go. Sentences for abuse are perceived to be short. Therefore, there is a belief that the perpetrator will return imminently to abuse the victim:

“When you go to lay a charge, the child will say, ‘You are selling me out, I will kill you!’ It’s better that you die. You decide to bear the burden. When you report to the street committee, he will come home and say, ‘There is no committee here; it’s just me and you’. There’s no other way. By keeping quiet you are protecting yourself.”

– Men’s FGD

There are also reportedly normative cultural beliefs that inhibit victims from reporting abuse. Firstly, there is a belief that conflict should be addressed within the family, rather than ‘hanging out one’s dirty linen’ in discussion with ‘strangers’. Secondly, grandparents are considered the ‘matriarchs’ and ‘patriarchs’ of the family. When older people discuss abuse with strangers, it is perceived to not ‘live up to their role’ from an African perspective.

g. The Gendered Nature of Abuse

While it was frequently reported that both older men and women are abused due to their relative frailty and inability to defend themselves, women were noted to be more likely to experience physical and sexual abuse, and experience abuse more frequently:

“They target the grandmothers mostly.”

– Men’s FGD

The traditional patriarchal role of a man in the household was viewed as a protective factor against abuse by a few respondents. Men were also viewed as being physically stronger and, therefore more able to defend themselves:

“In African households, men are seen as the head, the protectors, the providers, and they are more respected than us women. It’s not easy to bully your father, you think twice.”

– Women’s FGD

On the other hand, due to their traditional maternal role, women are reportedly more likely to be exploited by children and grandchildren to provide care and resources:

“The mother is always providing, no matter how little.”

– Civil Society,
interview respondent

A few respondents reflected that the traumatic life experiences of men living in the townships have been given little attention, compared to that of women. A noted risk was that men are reportedly less likely to report abuse because they are less prone to confide in others due to feelings of shame, fear, and being viewed as weak. There is also fear of repeat victimisation by members of the community and protection services, who reportedly belittle abused men as they are meant to be ‘head of the family’.

“If the man goes out to seek assistance he is victimised by the children. If he goes out to discuss his problems with other men, he becomes the laughingstock. As men, we don’t open up and seek help or help one another.”

– Community Leader,
interview respondent

Whereas women are more likely to report abuse, albeit infrequently, men reportedly bear a stoic acceptance of their ‘fate’. The compounded risk is that abused men are at risk for chronic abuse due to the absence of potential supportive interventions.

“Men just prepare for death.”

– Civil Society,
interview respondent

“Men are so depleted. Nobody cares for them.”

– Civil Society,
interview respondent

6.2.1.2 Individual Perpetrator Risk Factors for Elder Abuse

a. Substance Abuse

Substance abuse was the most frequently cited risk of elder abuse. Specifically, tik and alcohol use was associated with risk for extreme violence against older people. Older people consistently expressed the emotional pain that such abuse inflicted:

“I am very emotionally abused by a child who is my grandson - who smokes tik. When he is high, everyone in the house can feel it. Sometimes I don’t even know where to hide myself.”

– Women’s FGD

A consistent concern was the lack of government-funded facilities to address substance abuse. Where they do exist, they are believed to be ineffective in rehabilitating the perpetrator who often returns home after a short time, to continue abusing the victim.

Substance use also potentially exacerbates the economic hardship of older people as substance-abusing perpetrators are more likely to be unemployed and use violent means to extract money from victims.

b. Financial Insecurity

Unemployment and financial insecurity - ‘a vicious cycle of lacking’ - were frequently cited as perpetrator risks for elder abuse, particularly financial abuse.

c. Lack of Awareness of Elder Abuse

Some respondents reported that abusers are not aware that their behaviour is abusive, especially if abuse is non-physical. Neglect, in particular, is often not recognised as abuse. In cases of dementia, given a low level of awareness of the condition, family members often believe that sufferers are intentionally ‘difficult’ and that their behaviour to control the victim is justified.

6.2.1.3 Relationship Risks for Elder Abuse

a. Erosion of Traditional Value of Respect for Parents

Several respondents believed that the erosion of traditional values, particularly respect for parents, is a risk for elder abuse. Respondents reflected on the disempowerment of parents, including the loss of the historical 'right' to mete out harsh punishment to children for misbehaviour:

“Let’s be honest, the root cause is sparing the rod. It is easy for a child to open a case because I have disciplined him. We did not do those things. Nowadays, the parent has to apologize as if he is the culprit. No matter what time the child comes home whether it’s 1 or 2 am. Open the door and keep quiet. If you say something, you will be in trouble. In old age, the child is not afraid to wield a knife.”

– Men’s FGD

Even though respondents believed that the traditional respect for parents has been eroded, they noted that older people continue to protect their children and grandchildren, at a cost to themselves. There is a common view that parents have ‘spoilt’ their children in order to protect them or save them from suffering:

“You would put a rule that I am locking the door at 9:00 pm and no child will come in. I am switching off the lights in the lounge and dining room. When the child knocks at 10:00 pm or 10:30 pm, you jump from the bed and open it, saying ‘My child is cold.’ We do have a role that we are playing; we don’t stand for the truth.”

– Women’s FGD

Several respondents reported that victims choose to protect their adult children who abuse them, evidenced by the withdrawal of charges and acceptance of the child back into the home:

“I took him to court, and he was 19 years old. But I still wanted to protect him as I did not want him to go to jail. They did take him out of the house, but as a parent, I still took him back.”

– Women’s FGD

b. History of Abuse and Neglect

Some respondents ascribe elder abuse to a cycle of abuse hailing back to the perpetrators' childhood. It has been common practice to leave children with grandparents while parents go to work. Respondents reported that such adult children may feel anger towards their parents for abandoning them and begrudge having to look after them in later life.

Some adult children are reportedly driven to take revenge on their parents in their old age. A representative from civil society cited an example of a family situation in which the grandmother was sleeping on the floor while the children slept in beds. In this home, the mother also gave instructions to the children to lock the grandmother outside when they went out.

A respondent from social services believed there to be a causal link between absent parents and the development of substance abuse in children:

"People end up using substances to suppress their feelings, their sense of worthlessness, also a sense of blame. They say, 'Why me? Maybe my mother didn't love me.'"

– Social Services,
interview respondent

c. Multigenerational Households

Due to the high level of unemployment and limited resources, many people in the townships have no choice but to live in multigenerational households.

Although there are some reports of this arrangement being protective from abusers who refrain from abuse in the company of others, several respondents describe this living arrangement as a risk for elder abuse, partly due to financial desperation and competition for resources in the home. The risk is reportedly exacerbated when the

perpetrator is a substance user as their financial need is higher and the drugs induce violent behaviour.

Respondents described a desire by some adult children for their parents to die so that they could occupy the home:

"And they will tell you to go because they want the house. And ask you 'When are you dying?'"

– Women's FGD

Several older people opined that they would prefer not to live with their extended families but saw no alternative:

"I think...it is staying with the children until they are too old. Just like white people, I so wish we could send them out when they are 18 years old. But we cannot do that because they are unemployed. Some even say, 'You can chase me out to eat what?' You worry that will they eat when they leave?"

– Women's FGD

6.2.1.4 Community Risk Factors for Elder Abuse

a. The Normalisation of Abuse

The normalisation of elder abuse is considered a risk factor as the abusive behaviour is perceived as acceptable.

b. Weaknesses in Civil Society

Community structures in townships are perceived as a potential protective factor for elder abuse as they could prevent, identify and respond to cases in collaboration with government services. However, these structures have several weaknesses which are perceived to limit their effectiveness as described below:

b. i The Erosion of Street Committees

Since the time of Apartheid, street committees, hyper-localised structures in the townships constituting members of a particular street, have mobilised community members on service delivery and have been involved in addressing community security. With the transition to democracy, street committee structures were weakened. However, street committees still exist in some townships, being organised under the South African National Civics Organisation (SANCO) [45].

Several respondents cited the weakening of street committees as a risk for elder abuse as this decline has reportedly led to the loss of social cohesion in streets, with neighbours no longer knowing and engaging with each other to the same extent. Therefore, older people may be more isolated and elder abuse may be unidentified:

“My neighbours don’t know me now and I don’t know them.”

– Men’s FGD

b. ii Marginalisation of Older People on Community Forums

Older People not Adequately Represented on Community Police Forums

Community Policing Forums (CPF) are platforms where community members, organizations, and the police meet to discuss local crime prevention initiatives.

According to the South African Police Service (SAPS) guidelines on Policing of Crimes against Older People:

“It is proposed that the elderly be involved in Community Police Forums at all levels (provincial, cluster and station) so that they can identify their needs and be assisted in crime threat/pattern analysis. The establishment of a subforum of the CPF that focuses on the elderly’s safety concerns provides a platform for elderly crime-related matters to be deliberated on in detail.” (page 9)

In addition, the document recommends that the Older Persons Subforum of the CPF should be extended to the Provincial level so that older people may discuss their concerns as part of the Provincial CPF.

However, according to respondents, older people are rarely represented on CPFs. The fact that older people are underrepresented on CPFs marginalises them politically while limiting opportunities for them to report abuse, and to advocate for themselves as a collective.

The Marginalisation of Elder Abuse in Local Community Structures

Although there are several other community structures addressing the needs of residents in the townships, for example, development forums and health committees, these structures do not tend to have direct strategies to address the needs of older people. Rather, older people’s needs are reportedly absorbed within the ambit of ‘vulnerable groups’. For example, one local development forum has several ‘sectors’ i.e., areas of focus, such as ‘women and children’. However, there is no sector dealing with the needs of older people and elder abuse. This tendency also contributes to the political marginalisation of older people.

c. Lack of Civil Society Monitoring of Services

Local civil society organisations and structures, such as development forums and health forums, are reportedly intended to respond to service delivery complaints by investigating them, for example, regarding services at a health clinic. However, civil society as a whole does not systematically monitor the government's response to elder abuse.

The Western Cape Older Persons Forum is a non-profit organisation mandated by the DSD 'to lobby and advocate all levels of Government on issues affecting older persons in the Western Cape' (Constitution, Western Cape Older Persons Forum, page 1). However, representatives only have an observational function and sometimes observation is reportedly seen as an intrusion by services. The forum has representatives throughout the Western Cape, but this does not extend to a neighbourhood level like some of the other aforementioned structures.

There is a perceived need for more comprehensive, strategic monitoring of services for older people. This would require civil society to have more access to information regarding services rendered by Government.

6.2.1.5 Societal Risk for Elder Abuse

a. Weakness of the Criminal Justice System and Social Services

Several respondents reported weakness in the measures to address elder abuse by the criminal justice system and social services, resulting in older people being at risk of chronic abuse due to continued contact with the perpetrator.

These services will be discussed in Section 6.3 where the findings relating to the availability, accessibility, acceptability and quality of services to address elder abuse will be reported.

b. Elder Abuse is a Relatively Low Priority for Government

In general, the needs of women and children are perceived to receive higher priority from the government than those of older people. Older people are reportedly viewed as 'forgotten, with little urgency accorded to their needs:

"So, youth and children would be seen as a priority. This is something very serious. Where it's of the same nature to an older person, it's sort of in a very slow-moving process."

– Social Services,
interview respondent

The impact is that older people are at risk for chronic abuse due to elder abuse not being sufficiently prioritised.

b. i. Government's Budgetary Constraints

According to respondents, the Western Cape Department of Social Development's ability to implement the Older Persons Act is increasingly limited due to repeated budgetary cuts over the last few years. In addition to budget cuts, there has reportedly been a realignment of funding within the department, with funds redirected from the Older Persons Programme towards programmes dealing with gender-based violence. As a result, some service centres supporting older people have had to close.

6.2.2 Protective Factors against Elder Abuse

The identified protective factors against elder abuse are outlined in Table 7 below:

Individual Level Protective Factors <ul style="list-style-type: none">• Older people's awareness of their rights
Relationship Level Protective Factors <ul style="list-style-type: none">• Caring family relationships
Community Level Protective Factors <ul style="list-style-type: none">• Community networks and social support• Civil society organisations<ul style="list-style-type: none">- Older Persons Clubs and service centres- Local community structures- Western Cape Older Persons Forum
Societal Protective Level Protective Factors <ul style="list-style-type: none">• Legal protection• Government services• Multistakeholder partnerships

Table 7: Summary of Protective Factors against Elder Abuse

6.2.2.1 Individual Victim Protective Factors

a. Older People's Awareness of their Rights

There is strong agreement that older people's awareness of their rights and their ability to recognise signs of abuse is protective. Education of older people on their rights is reportedly conducted at clubs and service centres such as those supported by Ikamva Labantu, and by government protection and social services. However, there is a strong opinion that older people in township communities are not sufficiently aware of their rights and awareness interventions should be amplified.

6.2.2.2 Relationship Protective Factors

a. Caring Family Relationships

Some respondents believed that caring and respectful family relationships are protective factors. In particular, the traditional respect of parents and grandparents was viewed as protective:

"They raise their kids and everybody to know that they are the matriarch."

– Civil Society,
interview respondent

One respondent reflected on the value of intergenerational programmes to build relationships between grandparents and their younger family members.

6.2.2.3 Community Protective Factors

a. Community Networks and Social Support

In focus group discussions, older people reflected on the valuable efforts of friends and neighbours who attempt to intervene in cases of elder abuse, particularly leaders of the Ilizwi Labadala Older Persons Forum which comprises members of the Executive Committees of 19 Older Persons Clubs supported by Ikamva Labantu:

"I can go to your house on the day of the payday and say, 'We are going to get our pay today. Where is your pay card?' Then I will tell you that your children are taking your money. Then I will help you buy groceries. Then I will take the money left and tell you that I will keep it for you."

– Women's FGD

“In short, you are the eyes and ears in your community to safeguard the welfare of others.”

– Community Leader,
interview respondent

It was noted that these informal community interventions mainly involve women. Men tend to be more isolated in their suffering due to a lack of reporting and sharing of information on intimate issues.

b. Civil Society Organisations

b. i Older Persons Clubs and Service Centres

In the townships, there are several older persons clubs or ‘service centres’. Older Persons Clubs provide a variety of health and wellness activities and may be supported by social workers funded by the DSD, if they meet requirements for registration and funding. All DSD-registered centres are required to have an elder abuse management protocol. Respondents attend clubs during the day and return home in the evenings.

Respondents reported that older persons clubs and service centres perform a protective function by enabling respondents to spend time away from their abusers, by educating older people on abuse and by responding to abuse cases. For example, Ikamva Labantu’s auxiliary social workers conduct regular education sessions on elder abuse, and its respondents stage protests about elder abuse in the community, affirming their rights. Numerous focus group respondents expressed the relief they feel by being able to leave their homes to attend the clubs:

“We decided to go and meet up in Ikamva (Labantu) where we will be cared for and be safe... because when we are at home, we become victims. The neighbour, the people

you stay with, they all abuse us. Then we end up deciding to leave the house and go to a place of safety in Ikamva Labantu.”

– Women’s FGD

However, in some instances, clubs only provide temporary relief from abuse:

“They are protected at clubs but when they get home the room is plundered. Some don’t come to clubs to protect their belongings.”

– Civil Society,
interview participant.

b. ii Local Community Structures

Although street committees are relatively weakened, these structures still reportedly play a role in addressing elder abuse, working together with the CPFs, neighbourhood watches and ‘Community in Blue’ crime-fighting volunteers:

“Another thing that I see helpful in my area - if you have a problem, you take it up to the street committee. You have to stand up as a grandma and go to the street committee. The street committee, if you call them, they even come to your house, sit down with you, and discuss the matter. That’s the other thing that’s helping us.”

– Women’s FGD

As previously mentioned, the community forums do not tend to have a dedicated 'sector' for addressing elder abuse. However, these forums do provide a network of support which is inclusive of the older population. For example, a community-based health committee may monitor health services in general while having working relationships with the sister-in-charge:

"In my community - everything starts in the community. We have community committees. If there is a problem, the committee discusses it. Then they take it to the general meeting so that the general meeting can comment on the matter. The committee can also take the matter up to the police."

– Women's FGD

As many ambulant older people attend church, the church is also a reported avenue to address abuse through the pastor who may conduct a home visit.

b. iii The Western Cape Older Persons Forum

The Western Cape Older Persons Forum (WCOPF) is the provincial branch of the South African Older Persons Forum (SAOPF) which was established in response to a report published in 2003 on elder abuse in South Africa ^[46].

The WCOPF is the mandated 'voice' of older people in the Western Cape. Through its eight branches, its role is to identify the needs of older people and represent their issues concerning service delivery. The WCOPF regularly engages with government services such as SASSA and the DSD. It also refers cases of abuse to social services.

According to civil society respondents, the WCOPF has many challenges in complying with its mandate:

1. It primarily receives information about older people from representatives of the 'older person's sector', for example, those who are attending service centres and clubs. However, there is agreement among study respondents that the percentage of older people served by service centres and clubs in the townships is very low. Although forum representatives do seek to identify the needs of residents not associated with clubs, the vast number of older people in the townships are not represented, especially those who are isolated and resultantly even more vulnerable.
2. The eight branches of the WCOPF cover an area too vast to have the required regular meetings with stakeholders. Due to these factors, the forum reportedly has insufficient reach.
3. Apparently, it is challenging to establish a greater number of localised older persons forums due to local 'political interference'. Although the WCOPF is apolitical, the establishment of structures is quickly politicised by local political actors and there is competition for places on the committees that establish the forums. The lack of localised older persons forums further contributes to the political marginalisation of older people.
4. According to a directive of the Minister of Social Development, the WCOPF's office bearers must be aged 60 or above. Although this stipulation lends democratic credibility to the forum, the practical issue is that older people are relatively frail, with their mobility being frequently challenged. For example, older people reportedly prefer not to go out on a rainy day. Therefore, forum meetings are often inadequately constituted.

6.2.2.4 Societal Protective Factors

a. Legal Protection

As discussed in Section 4, the legislative and policy framework provides for the protection of older people's rights, preventative measures against abuse, and direction for social and protective services, and civil society organisations to respond to cases of elder abuse.

In cases of elder abuse, there are two legal mechanisms issued by the magistrate's courts to protect the victim: a written notice in terms of section 27 of the OPA and protection orders:

- In terms of section 27 of the OPA (as indicated in section 9 of the SAPS National Instruction 1 of 2014), a police officer who is "satisfied that it will be in the best interests of the older person if the alleged offender is removed from the home or place where the older person resides, must issue a written notice" which, inter alia, "calls upon the alleged offender to leave the home or place where the older person resides and refrain from entering such home or place or having contact with the older person", until such time as they are called to court to argue against a permanent prohibition.
- Protection orders, issued to prevent the recurrence of domestic violence, contain a list of specific acts that the perpetrator must not commit.

Respondents had opposing views on the effectiveness of protection orders which are issued by the court and are intended to limit the perpetrators' contact with the victim:

"Sometimes when a senior gets a protection order, he (the perpetrator) knows not to abuse. A protection order is effective in limiting the abuse of the senior."

– Civil Society,
interview respondent

"It is a good thing. If they violate it, you can lay a charge. It is one time that they can't refuse to open a docket, but useless if the victim doesn't lay a charge for violation of the protection order."

– Civil Society,
interview respondent

However, some members of protection services were sceptical about the effectiveness of protection orders:

"It is effective and not effective, because remember when you serve that protection order you are not going to stay with that granny. You're going to leave. And when I serve that protection order and I tell you, 'According to that protection order you are not supposed to be in the house, you are supposed to leave and not abuse her'. It's just a piece of paper that tells that person what to do and what not to do. The moment I leave and come back to the police station, now you wonder and ask yourself what will happen... with the substance abuse and all that, it doesn't mean they are not going to do that.... they might do it the very same time you turn your back. The next day is far."

– Protection Services,
interview respondent

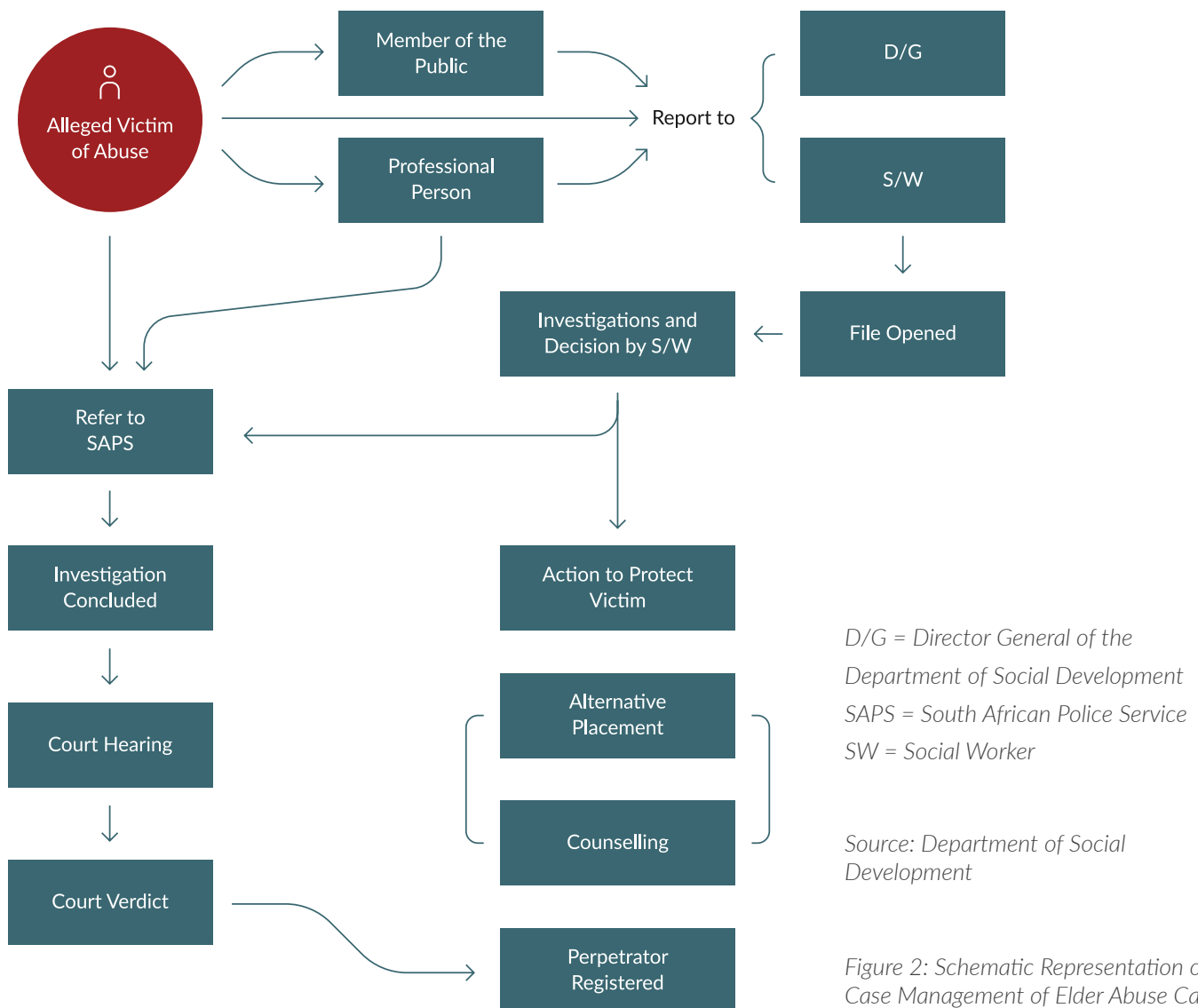
The new Domestic Violence Amendment Act strengthens the protection order system, inter alia, by making provision for Safety Monitoring Notices (Section 49 (a); page 24) which require the relevant SAPS station to monitor the safety of a person awarded a protection order who continues to share a residence with the respondent or perpetrator ^[47].

However, according to a senior respondent representing protective services, the prescripts of the Act are likely to increase the strain on capacity at SAPS community service centres and there are concerns regarding the service's ability to fulfil its obligations.

6.2.2.4 Government Services

This section provides an overview of the protective role that government service providers are intended to play in preventing and responding to elder abuse by the provisions of the Older Persons Act. An assessment of these services is reported in Section 6.3.

Social, Protection and Justice Services are the key government functions that address elder abuse, with Health Services intervening in the case of physical assault. The diagram below provides a schematic overview of the protocol to address elder abuse involving social services and the criminal justice system. A detailed explanation of this process can be found in the DSD's Protocol on Management of Elder Abuse ^[48].



a. Protection Services

a. i Response to Elder Abuse

According to the SAPS National Instruction 1 of 2014, "Protection of Older Persons", in response to a reported case of abuse, members of protection services should investigate the matter to determine if the 'older person is in need of care and protection' (Section 7, page 7). Once an older person has been identified by a member as such, protection services may remove the older person, while working with a social worker to identify a placement for the older person (Section 8, page 8). Alternatively, SAPS may issue a written notice to the offender, instructing them to leave the property and appear at the magistrate's court.

The first option, alternative placement of an older person, is reportedly extremely challenging as there are limited places of safety for older people.

a. ii Prevention of Elder Abuse

Apart from responding to abuse, the SAPS is mandated to conduct primary prevention activities, such as awareness-raising. For example, in 2022, the Western Cape Provincial SAPS focused on older people during the 16 Days of Activism Against Gender-Based Violence.

Sector Policing is intended to play a role in building relationships with organisations that are working with older people by profiling station areas and actively building relationships with stakeholders in the area, focusing on the needs of vulnerable groups. Amongst other activities, Sector Managers are required to establish a database of addresses of each older person and institution in their sector for regular visits by the sector forums in the policing area. The police should also provide information on personal safety to older people, through presentations or the provision of pamphlets.

b. Social Services

The Department of Social Development is the custodian of the Older Persons Act. The Western Cape DSD implements an Older Persons Programme, which is directed by the prescripts of the Act.

The programme's activities include providing information and raising awareness, providing social work interventions, and creating an enabling and supportive environment such as support for services delivered by Non-Profit Organisations (NPOs) and financial awards to service providers including 'service centres' such as those supported by Ikamva Labantu to provide social services to older people from government funds [49]. Ikamva Labantu's Social Workers and Social Auxiliary Workers are funded by the DSD.

Several respondents, particularly older people, reported that Ikamva Labantu's social workers play a critical role in supporting older people who are at risk or being abused. Effective interventions include the facilitation of family meetings to resolve conflict, counselling and working with Community-based Workers (CBWs) to identify abuse of home-based older people. Some older people reported that they would prefer to report abuse to a social worker at a club or service centre than to Protection Services.

"If you want peace you must go to the social workers because going to the police station does not help at all. Yes, there are social workers at the police station, but they don't work like the other social workers we know (at Ikamva Labantu), they work in their own way. They will welcome you, but they will never hear your story like the other social workers do. I would say that the thing that will help us most is, when you see that it is difficult, if there is a social worker you know, go to him or her, talk to him or her, then he or she will help if not they will refer you to the person above them. The police station is the last option for me in everything I do."

– Women's FGD

In contrast, several respondents reported that DSD social workers based at local DSD offices, for example, in Khayelitsha, have very large caseloads, which limit their ability to address elder abuse cases effectively as they are just 'just one of many'.

The DSD monitors the prevalence of elder abuse through the receipt of Guideline 14 from anyone who becomes aware of abuse, including social workers or civil society representatives.

c. **Multistakeholder Relationships**

The collaboration of government departments and community stakeholders, for example, in raising of awareness on elder abuse, was cited as protective. Other instances of collaboration include civil society representatives referring cases to DSD social workers, cases being referred from the magistrate's court to civil society for further examination, and cooperative efforts between services and community forums.

6.2.3 Comparison with Previous Research: Risk and Protective Factors

The risk factors associated with elder abuse identified in this study exhibit some alignment with internationally recognized risk factors, notably cognitive impairment, dependency, shared living arrangements and substance abuse. The prevalence of substance abuse as the most prominent risk factor was evident in both international literature [20] and the present study. Specific risk parallels with Sub-Saharan countries include gender (women) and possession of material assets such as pension receipts. Additionally, this study identified several context specific risk factors including the erosion of traditional family values, weaknesses in civil society and government services, and the normalisation of abuse.

Concerning protective factors, the findings were aligned with international evidence that embeddedness in social networks and multisectoral responses [36] are protective against elder abuse. In the present study, the significance of legislation aimed at protecting older people from abuse was acknowledged, in spite of its lack of implementation being criticised.





6.3 AAAQ Framework Analysis

Services mandated to address elder abuse include protection services, social services, health services and justice services. This section uses the United Nation’s AAAQ Framework^[12] to assess the strengths and gaps in services to address elder abuse with reference to availability, accessibility, acceptability and quality.

6.3.1 Availability

According to the AAAQ framework, ‘availability’ refers to the sufficient existence of services in terms of quantity and type^[12] to address the issue concerned.

Table 8 below summarises the findings relating to the reported availability of services to address elder abuse in the area studied.

Availability of Services	
Identified Strengths	Identified Gaps
Protection Services	
<ul style="list-style-type: none"> • Presence of police stations in areas under study. • Awareness campaigns on elder abuse conducted by protection services. 	<ul style="list-style-type: none"> • Personnel at police stations have insufficient skills to handle cases of domestic violence and sexual abuse. • Police stations are understaffed. • There are insufficient vehicles to respond to reports.
Social Services	
<ul style="list-style-type: none"> • Presence of social workers at clubs and service centres. 	<ul style="list-style-type: none"> • Caseloads of social workers based in the local community are overburdened. • Some police stations lack the presence of social workers. • There are reportedly no free drug rehabilitation centres for perpetrators. • There are extremely limited places of safety for victims. • There are insufficient numbers of clubs and service centres to provide social protection for older people.
Justice Services	
<ul style="list-style-type: none"> • The decentralisation of the magistrate’s court from Wynberg to Phillipi, Khayelitsha and Nyanga has increased availability of courts. 	<ul style="list-style-type: none"> • No gaps identified.
Health Services	
<ul style="list-style-type: none"> • Community clinics treat cases of physical and sexual abuse. • The Thuthuzela Care Centre in Khayelitsha takes referrals of sexual abuse. 	<ul style="list-style-type: none"> • No gaps identified.

Table 8: Availability of services to address elder abuse

6.3.1.1 Protection Services

Police stations are prevalent in all areas under study. In addition, South African Police Service (SAPS) members reportedly conduct awareness campaigns in the community as primary prevention activities. SAPS Sector Managers also reportedly make visits to Old Age Homes to raise awareness of the Older Persons Act (OPA).

However, several respondents do not perceive SAPS to have sufficient skills and resources to address cases of elder abuse. Specifically, it was reported that SAPS members at local police stations lack the necessary specialised skills and capacity to handle domestic violence cases and cases of sexual abuse that take more time to process than other cases.

According to a SAPS respondent, there is concern that the prescripts of the new Domestic Violence Amendment Act will require even more capacity, for example, to monitor victims once a protection order is served.

There were claims that SAPS do not have sufficient vehicles to attend to crime in the area. Several older people indicated that when they reported incidents of abuse, personnel at the police station claimed that 'the vans are out':

"It is difficult. We have been to the commissioner of police twice and get told there are only two vans. Sometimes not a single van is available. When you phone at night you are told all vans are on patrol. There is no help."

– Men's FGD

According to a SAPS respondent, all reports of crime must be attended to within fifteen minutes when reports are made to the national 10111 number. Responses to these calls are monitored electronically, including the use of vehicle trackers. However, there is no such monitoring of responses if calls are made directly to the police station (Community Service Centre).

6.3.1.2 Social Services

a. Social Workers

Older people reported that they were satisfied with the availability of social workers based at clubs and service centres. However, respondents reported that social workers at the local DSD offices are burdened with exceedingly high caseloads and tend not to prioritize elder abuse. It was noted that only a limited number of police stations have social workers available:

"On paper it looks like a wonderful system but they (social workers) are snowed under - one social worker managing 1800 cases, there are so many more important things."

– Civil Society,
interview informant

b. Drug Rehabilitation

Given that substance abuse is the most frequently cited risk factor for elder abuse, the availability of drug rehabilitation centres for perpetrators impacts abuse victims, particularly those who live with perpetrators. Respondents reported a critical shortage of non-fee-paying drug rehabilitation centres in the Western Cape. Existing rehabilitation centres are reportedly fee-paying which is unaffordable for those affected. Respondents believed that the lack of affordable rehabilitation for substance users represents a significant risk for continued abuse:

“The government should be playing a role too. For example, even if I go to the social worker at the Department of Social Development to report that my son is on drugs, they will say, ‘Okay we will assist you,’ then come back with a report that, ‘We found a rehabilitation centre for you, but you will have to pay a very big amount of money for this child.’”

– Women’s FGD

c. Places of Safety

Respondents report a critical lack of places of safety for older people who are abused, whether as emergency placements or long-term care. The DSD reportedly funds 17 emergency beds for older people in the Western Cape, allowing a victim to stay for only four weeks. Victims may be referred to DSD funded shelters which service the general population and reportedly have long waiting lists.

According to respondents, local places of safety for women such as the Saartjie Baartman Centre or Nonceba only provide temporary accommodation for women under 60 years. In certain rare instances, these organisations will reportedly accept older women. There are no such centres for abused older men. The area under study has a restricted number of Old Age Homes. In Khayelitsha, for instance, only three such homes exist, and they are often faced with lengthy waiting lists.

Despite the widely reported shortage of emergency placement for older people, according to a DSD respondent, it has not encountered a critical shortage of emergency placement for older persons who are abused, based on the Department’s statistical analysis of reporting. This is possibly due to the underreporting of elder abuse.

d. Availability of Service Centres

Service centres and clubs are widely recognised by respondents as protective against abuse. However, there is a low coverage of service centres due to limited funding for their operations.

Due to recent budget cuts, some DSD-funded service centres have closed, leading to the disconnection of older individuals from essential social support and services.

Some NGOs are active in seeking out unused community spaces for older people to meet informally for socialisation and mutual support.

6.3.1.3 Justice Services

Some respondents reported satisfaction with the availability of magistrate’s courts in the area under study. The decentralisation of courts from Wynberg to Khayelitsha, Nyanga and Phillipi was viewed as increasing the availability of justice services.

6.3.1.4 Health Services

Many cases of physical and sexual abuse are reportedly seen at the local community health centre. In Khayelitsha, cases of sexual abuse are seen at the local Thuthuzela Care Centre³ based at Khayelitsha District Hospital.

NGOs providing health services in home visits play a role in the identification of elder abuse of homebound individuals. However, there is reportedly no accurate data on the coverage of these services or the monitoring of responses.

6.3.2 Accessibility

According to the AAAQ framework, 'accessibility' refers to physical, financial, bureaucratic (administrative), social and information accessibility.



³Since 2005, the government's Thuthuzela Care Centres have aimed to be 'one-stop facilities' to deal with cases of sexual assault.

Table 9 below provides a summary of the findings relating to the accessibility of services addressing elder abuse.

Availability of Services	
Identified Strengths	Identified Gaps
Knowledge of Legislation	
	<ul style="list-style-type: none"> A limited proportion of older people have knowledge of the Older Persons Act. Some protection services personnel do not have adequate knowledge of relevant legislation.
Access to Justice	
<ul style="list-style-type: none"> Presence of social workers at clubs and service centres. 	<ul style="list-style-type: none"> Reluctance of Magistrates in Domestic Violence Courts to allow applicants to bring in support, as prescribed by legislation.
Participation in Clubs and Service Centres	
<ul style="list-style-type: none"> Some older people participate in clubs and service centres, facilitating access to information and services. 	<ul style="list-style-type: none"> The majority of older people in the townships do not have access to clubs and service centres.
Multistakeholder Referrals	
<ul style="list-style-type: none"> Working relationships between NGOs and government services reportedly facilitate access to services for older people. 	
Mobility	
<ul style="list-style-type: none"> Some older people can use buses and taxis. Some government services and NGOs provide transport for older people. 	<ul style="list-style-type: none"> Transport costs to services are often unaffordable for older people. Government services are not sufficiently integrated, requiring older people to transfer from one service to another. Bedbound individuals have particularly limited access to services.
Safety	
	<ul style="list-style-type: none"> Accessibility is impacted by a high level of crime on the streets, to which older women are more vulnerable.
Queue Management	
<ul style="list-style-type: none"> Some services have directives to prioritise older people in queues. 	<ul style="list-style-type: none"> There were numerous reports of older people waiting for long periods of time in queues at services.
Emergency Services at Night	
	<ul style="list-style-type: none"> DSD workers only attend to cases of 18 years and under after hours. Ambulance services are reluctant to enter communities at night without a police escort.

Table 9: Accessibility of services to address elder abuse

6.3.2.1 Knowledge of the Older Persons Act

There was a prevalent belief that older people's knowledge of relevant legislation facilitates access to services. As mentioned in Section 6.2, few older people in the community studied are aware of the provisions of the Older Persons Act, even though some NGOs, the SAPS and DSD carry out activities to raise awareness. Individuals who are aware of the Act are typically those associated with clubs and service centres. Consequently, the more vulnerable older people who lack social support are less likely to be informed about their rights and how to report instances of abuse, especially those who are homebound.

It was reported that SAPS personnel at police stations are not always aware of the laws pertaining to elder abuse. SAPS and certain NGOs provide training to SAPS personnel to improve their knowledge.

6.3.2.2 Access to Justice

It was reported that Magistrates in Domestic Violence Courts are reluctant to allow applicants to be accompanied by supportive family or community members as provided for by Section 11(1)(f) of the Domestic Violence Act and Sections 51A and 51C of the Magistrates Court Act. Consequently, most older clients are reportedly prejudiced as they are unsupported in an unfamiliar setting, and they are required to be in the presence of the perpetrator which limits their confidence.

6.3.2.3 Participation in Clubs and Service Centres

Participation in clubs and service centres reportedly facilitates access to services through referrals and sharing of information. Social workers associated with service centres were viewed to be more accessible than those at DSD local offices. However, as mentioned previously, only a small percentage of older people in the townships are affiliated with clubs and service centres.

One respondent believed that individuals who have prior positive experience with social services are more likely to access support due to their knowledge and confidence in the system.

6.3.2.4 Multistakeholder Referrals

Working relationships between NGOs and government services reportedly facilitate access to services for older people:

“There is some kind of working relationship with police. We have access to phone numbers to inform them in case there are problems that need their attention. As an elder, if you visit the police station you are given attention.”

– Civil Society,
interview respondent

6.3.2.5 Mobility

For many older people living on an Older Persons' Grant, transport to services is considered expensive, limiting physical access to services. Some can take taxis or buses or walk to services. However, less mobile individuals need to rely on private transport, which is reportedly expensive, costing R300 per trip. Access to services is particularly limited for bedbound individuals. Older women tend to use their income to support family members. Therefore, they may have less money for transport.

Services for older people reportedly lack integration which requires them to walk or find transport to transfer from one service to the other, involving additional expense:

“Government services tend to work in solos. People are being sent from one centre to another. It is not easy for older people to move from one service to another on the same day. For example, you go for chronic medication follow-up, and you have to go to another place because your daughter is mistreating you. They write a letter for social services which is another 5 km away. You have to have money to go there.”

– Health Services,
interview respondent

Some respondents reported that the Ward Counsellor has a budget and a vehicle to transport older people. However, few individuals know how to access this service. SAPS respondents mentioned that unmarked vehicles are available to transport victims to appointments. However, it was reported that these are not frequently available. Some NGOs working with older people also provide transport to services.

6.3.2.6 Safety

The journey to services often poses safety risks for older people. Both frail women and men are reportedly vulnerable to crime on the streets. However, older women are believed to be more vulnerable due to the perception that they are physically weaker.

6.3.2.7 Queue Management

Long queues limit older peoples' access to services as many do not have the stamina to wait for extended periods.

Some services, for example, certain police stations, facilitate access for older people through a queue management policy in line with SAPS's Victim Empowerment Programme.

However, respondents reported that older people typically wait in long queues at clinics and SASSA offices, frequently leaving home early in the morning, to return home in the evening. Some respondents reported that at clinics, security guards manage the queues, determining who is allowed to enter, with no priority given to older people. These findings are consistent with the reports of systemic abuse at government services (Section 6.1).

6.3.2.8 Access to Emergency Care at Night

Older victims of abuse have particularly limited access to emergency care at night. DSD social workers reportedly only address cases of individuals 18 years and younger after hours. Therefore, these social workers are not available to take emergency referrals from clinics or protective services at night when much of the abuse takes place.

According to respondents, the lack of safety in the townships also contributes to limited access to emergency services at night:

“Even the ambulance does not want to come at night. They say they are waiting for the police to escort them. If there are no police to escort, that patient won't be assisted. It could take three to four hours such that the person could die. Because they are scared, they don't come.”

– Women's FGD

6.3.2.9 Gender

Respondents reported that men tend to have less social access to services compared to women due to their reluctance to talk about abuse and fear of repeat victimisation. Women, on the other hand, are more likely to report abuse and therefore have more social access to services. Women are more likely to support each other in social networks, which also facilitates access to services.

6.3.3 Acceptability

According to the AAAQ framework ^[12], ‘acceptability’ refers to respect for culture, gender and age, adherence to ethical and professional standards, and informed consent and confidentiality.

Table 10 below provides an overview of the perceived acceptability of services to address elder abuse.

Availability of Services	
Identified Strengths	Identified Gaps
Loss of Traditional Respect for Older People	
<ul style="list-style-type: none"> Some services and NGOs uphold traditional respect for older people. 	<ul style="list-style-type: none"> There is a widely held view that traditional respect for older people is not observed at government services.
Reporting of Abuse	
	<ul style="list-style-type: none"> Some respondents report disrespect from police officers. Some respondents report a lack of confidentiality at police stations. Numerous respondents report gender discrimination of police officers towards older men who report abuse. Low prioritisation of elder abuse.

Table 10: Acceptability of services to address elder abuse

6.3.3.1 Loss of Traditional Respect for Older People

Numerous respondents expressed dismay at the loss of traditional respect and seniority accorded to older people which is evident in the service they receive at government departments:

“Service providers have an attitude of, ‘I know it all’. It’s changing. There used to be respect for old people. You gave attention to older people. You talked to older people with love and kindness..... now we are very careless with our mouths and attitudes.”

– Civil Society,
interview respondent

“As far as culture is concerned, the old format of sitting according to seniority has been set aside with the youth enjoying privileges not meant for them.”

– Men’s FGD

Some participants reported that they received respectful treatment at the magistrate's court, characterising staff as helpful and commending the confidentiality maintained during discussions about family matters. NGOs specialising in services for older individuals were also noted for their role in upholding the dignity of older people.

6.3.3.2 Reporting of Abuse

a. Respect

There were varying reports of the reception older people received when reporting abuse to the police.

Some respondents reported disrespect by police officers:

“I am being abused by my child who smokes tik. I have resorted to locking him out. When he comes, I don’t allow him to get inside because he is dangerous. If he wants bread, I don’t let him in I just give him the bread. He is very strong. Police don’t arrest him, they just watch. The last time the police advised me to go to a sangoma (traditional healer).”

– Men’s FGD

b. Confidentiality

Respondents reported varying levels of confidentiality when elder abuse is reported at police stations (Community Service Centres):

“In the police station, you must explain your case to a police officer in a cubicle. People can hear what you are talking about. But there is a difference in police stations when they are trained to handle abuse. They escort you to a private room.”

– Civil Society,
interview respondent

According to the SAPS National Instruction on Victim Empowerment (2012), victims of crime should be interviewed in a victim-friendly room (section 9, page 8). Under section 2(o) of the SAPS National Instruction on Victim Empowerment, a 'victim-friendly room' is defined as: "a dedicated room at a police station to provide a space for victims of intimate violence (gender-based violence, child abuse, sexual offenses and domestic violence) to make their statements in private in a non-threatening environment". Section 9 (2) further stipulates that where a police station does not have a victim-friendly room, "the station must arrange to interview the victim in private by using any suitable and available office". This provision mandates that police stations interview defined victims in a private setting, as the provision does not provide for discretion or choice.

c. Gender Discrimination

Reports indicated some gender discrimination by SAPS personnel when taking statements relating to elder abuse. As previously mentioned, sometimes older men face ridicule based on patriarchal stereotypes of male dominance in the home, leading to secondary

victimisation. In some cases, the veracity of older women's statements of sexual abuse is reportedly questioned, compounding the shame and trauma of abuse:

"The woman needs to want to go forward with the case, but she doesn't feel respected. Nobody believes her and she is already embarrassed."

– Civil Society,
interview respondent

These reports are inconsistent with the precepts of SAPS's National Instruction 2 of 2012 on Victim Empowerment:

"Any person who is a victim must be treated with sensitivity, dignity, care and respect. Every member conducting interviews, writing statements or conducting investigations must listen attentively to the victim's account of events and refrain from blaming the victim or making comments and must also avoid facial expressions that can make the victim feel responsible for what has happened to him or her. Members must ensure that a victim does not suffer secondary victimisation". (Section 4 (1); Page4)

d. Low Prioritisation of Elder Abuse

Some respondents reported that unless incidents are violent, protection services treat them with low priority due to a SAPS directive to prioritise violent crime. However, nonviolent crimes - or 'petty crimes' - reportedly have a significant negative effect on older people. This approach is perceived to contribute to the underreporting of elder abuse by victims and the normalisation of abuse in society:

"Petty crimes are crimes that really affect the elderly. Like stealing money, stealing your duvet cover, stealing your blanket ... so this abuse grows into this monster. Because the abuser got away every time because he knows his parents go to the police station and nothing happens. They come back empty-handed and deflated. So, after a while, they give up and then the abuse continues. And then they accept the abuse and give up on this abuse being addressed."

– Civil Society,
interview respondent

6.3.4 Quality

According to the AAAQ framework, 'quality' refers to the standard of care as it is aligned with relevant standards such as the skills of staff, the environment and the safety of facilities to deliver services.

Table 11 below provides an overview of the findings relating to the perceived quality of services to address elder abuse:

Availability of Services	
Identified Strengths	Identified Gaps
Identification of Abuse	
	<ul style="list-style-type: none"> • Medical professionals are reportedly not sufficiently sensitised to elder abuse. • Medical services addressing the needs of older people do not allocate sufficient time to determine the circumstances of patients, including possible abuse.
Challenges in Reporting Abuse	
	<ul style="list-style-type: none"> • Some respondents report that police officers refuse to take statements from victims, claiming abuse is a 'family matter'. • Respondents report unacceptable delays in attending to crime scenes. • There is a common view that police officers are not sufficiently knowledgeable of legislation.
Investigative Follow-up of Cases	
	<ul style="list-style-type: none"> • Respondents believe that the time taken to open a case can be too long. • Respondents report that investigative officers do not maintain sufficient contact to inform victims of the progress of cases. • In Khayelitsha, sexual abuse cases are not seen by detectives as the first service point, leading to delays in the collection of evidence. • Protection services personnel at local police stations are not sufficiently trained to handle cases of sexual abuse.
Processing of Court Interdicts, Protection Orders and Warrants of Arrest	
	<ul style="list-style-type: none"> • Some respondents felt that the time taken to arrest a perpetrator after a warrant was issued is too long. • There were some reported procedural errors in the serving of protection orders.
Victim Support	
<ul style="list-style-type: none"> • Some police stations used victim-support rooms to interview victims. • Older people were satisfied with the victim support received at clubs and service centres. 	<ul style="list-style-type: none"> • The functioning of victim-support rooms relies on volunteers, of which there are insufficient. • There were mixed reports on the victim support provided by DSD social workers, possibly due to high caseloads.

Table 11. Quality of services addressing elder abuse

6.3.4.1. Identification of Abuse

The identification of abuse by services was considered to be compromised by several factors including the fact that most older people do not have contact with clubs or social services due to their limited number. At clinics, a common service point for older people, nurses are reportedly not sufficiently sensitised to elder abuse, and there is limited opportunity for an older person to confide in the service providers:

“In clinics, there is not enough time to speak to older persons about how things are going at home. If we had an extra 10 minutes, we could pick up issues of abuse. As a doctor, you are expected to see volumes.”

– Health Services,
interview respondent

6.3.4.2 Challenges in Reporting Abuse

Respondents cited several challenges in reporting abuse to SAPS.

a. Taking Statements

In some instances, police officers reportedly refuse to take statements from an older person, claiming that the reported abuse is a ‘family matter’, referring to the traditional approach to resolving conflicts within the family (See Section 6.2).

This response is inconsistent with the **SAPS National Instruction 3 of 2011** relating to opening criminal dockets:

- Complainants or reporters of crime, whether the crimes were committed in his or her station area or in the station area of another police station, are treated courteously, and comprehensive affidavits are taken from the complainants or reporters of crime.
- Complainants or reporters of crime are not referred to another station to lodge complaints of crime.
- All complaints or reports made by the public receive immediate attention.

Some respondents reported that police officers question the veracity of a statement in cases where there is no witness. This may be the case when a victim is living alone with the perpetrator, a particularly vulnerable situation.

b. Delay in Attending the Crime Scene

Several respondents mentioned that when they reported incidents of abuse, the arrival time of protection services was unacceptably long, leading to the victim being in prolonged contact with the perpetrator. This may relate to the availability of vehicles at the time (see Section 4.1.1).

c. Police Officers’ Knowledge of Legislation

Many respondents believed that the police officers taking statements lacked adequate knowledge of the OPA and other legislation relating to elder abuse. This was notable despite the requirement for every station member to have signed an acknowledgement of their familiarity with the OPA.

One respondent noted that it is common for one member at the station to be responsible for dealing with elder abuse. However, they are not always available. Inadequate knowledge of the OPA and other relevant legislation may result in reports of elder abuse being treated as regular cases of domestic violence.

“Police as first responders are not always well informed on the operational laws including amendments and regulations pertaining to laws that govern the country. Therefore, if there is a provision for them to take action, they will not be aware that they can enforce a law.”

– Civil Society,
interview respondent

6.3.4.3 Investigative Follow-up of Cases by Police

Several respondents indicated that following the report of abuse, cases take two to three days to be opened and that communication regarding the progress of the case is inadequate, for example, in the provision of a case number by an investigating officer:

“The police are not protecting us; they are not following up on the cases reported to them.”

– Women’s FGD

“Sometimes the police just go there to take a statement but don’t follow up. If the police take a statement, they are meant to investigate the case. It should not be a month or two months.”

– Civil Society,
interview respondent

For cases of sexual abuse, one of the strengths of the Thuthuzela model has been the involvement of specially trained detectives from the Family Violence, Child Protection and Sexual Offences Unit (FCS) of the SAPS who should ideally visit each victim, take statements and collect evidence at the Thuthuzela Care Centre when sexual abuse is reported.

However, for the past five years, due to reported challenges in the FCS, victims of sexual assault in Khayelitsha have apparently been directed to local police stations as the first service point. Consequently, the handling of such cases has reportedly suffered as local police station personnel are less sensitised to working with survivors of gender-based violence (GBV), leading to a decline in case management quality.

Additionally, in these instances, there are reports of delays in evidence collection and the initiation of legal proceedings, which, in certain instances, result in family members convincing the victim to withdraw the case.

According to Section 12(6)(1) of the SAPS National Instruction on Victim Empowerment (page 13), the investigating officer must, inter alia:

- Take all reasonable steps to ensure that the investigation of a case docket is concluded without unnecessary delays.
- Explain police investigation procedures that involve the victim.
- Provide his or her contact details to the victim, should he or she have any enquiries with regard to the case.
- Keep the victim informed of the progress made with the investigation.

6.3.4.4 Processing of Protection Orders and Warrants of Arrest

According to the Domestic Violence Act, protection orders should be handed to perpetrators personally by a clerk of the court. The court may also issue a warrant of arrest of the perpetrator.

However, protection services reportedly may take two to three weeks to remove the perpetrator after a warrant has been issued. This places the older person in continued danger as they are still staying with the perpetrator.

Some respondents were dissatisfied with the effort made by the police to deliver the interdicts and protection orders to offenders:

“I do have the court papers. I've been going to court, but they are saying they cannot get hold of him. Unless you can call the police immediately after he gets in the house they won't come. I stopped a van passing by and pointed them to the house showing them that he is in the house, but they said to me, 'Goodbye.'”

– Women's FGD

In a specific instance, following unsuccessful attempts to serve a protection order to an offender, it was reported that the clerk requested an Ikamva Labantu community-based worker to deliver the order. In some instances, court officials have provided protection orders directly to victims, instructing them to obtain the perpetrators' signatures on the protection orders as proof of delivery, rather than involving the police in this process.

6.3.4.5 Victim Support

Social workers and local police officers are reportedly the main sources of victim support in cases of elder abuse.

According to Section 9(1) of the SAPS National Instruction 2 of 2012 on Victim Empowerment, each station should have a victim-friendly room for counselling a victim. While victim-friendly rooms do exist, it was reported that these rooms are managed by

volunteers, and that there is an inadequate number of volunteers available. As discussed previously (Section 4.3.2), confidentiality is sometimes compromised by interviewing victims in earshot of the public rather than using the victim-friendly rooms.

Respondents consistently reported satisfaction with social work services provided by NGOs. There were mixed reports regarding the level of satisfaction with the services provided by other DSD social workers, possibly due to overburdened caseloads.

6.3.5 Comparison with Previous Research – Assessment of Services

Using the AAAQ framework, the study made unique findings in terms of service provision to address elder abuse in terms of availability, accessibility, acceptability and quality.


The majority of these findings pertained to services provided by SAPS and DSD. Although no identified studies assessed services for the prevention and management of elder abuse in the township areas, other research has indicated that government services are challenged to fulfil their mandates of the general population, such as providing protection to the general population. For example, a study in 2015 found that there are inadequate DSD shelters for victims of crime and violence, and highlighted the need for expanded shelter services in the province ^[50].

Concerning SAPS, the 'Khayelitsha Commission of Inquiry into Allegations of Police Inefficiency and a Breakdown in the Relations Between SAPS and the Community of Khayelitsha'^[51], published in 2014, found many inefficiencies convergent with the findings of this study, including inadequate skill levels, challenges with investigations, and lack of conformity to legislation. The Commission's report also noted a breakdown of relations between the Khayelitsha community and SAPS members stationed in Khayelitsha, characterised by a significant level of distrust in the SAPS. The sentiments of older people participating in this study echoed these findings.



07

Recommendations



The study was exploratory and generated some suggested strategies for civil society and government agencies to improve the response to elder abuse.

These include:

7.1 Raising Public Awareness of Elder Abuse

There is a perceived need for a comprehensive communication initiative at the societal level, akin to the current efforts addressing gender-based violence, aimed at increasing public awareness about elder abuse, targeting the younger generation.

This should include:

- Addressing the need to take care of older people.
- Countering the normalisation of abuse.
- Raising awareness on the legal responsibility of any citizen to report abuse.
- Encouraging reporting by victims.
- Public Education about available services and how to access them.
- Public Education about how to lodge service complaints with government agencies such as SAPS when cases of elder abuse are not dealt with according to the law.
- Communication about cognitive conditions such as dementia, including information for carers and how to support a person with dementia.
- Arranging dialogues to inform older persons about the steps they can take to address abuse, possibly involving service centres and older persons clubs.

It was suggested that a campaign should be driven by the national government, with its reach extending to municipalities. Further, it should extend beyond targeted interventions such as the 16 Days of Activism Against Gender-Based Violence and focus specifically on elder abuse. It should leverage existing social platforms such as churches, schools and radio for maximum reach.

Respondents recommended conducting awareness campaigns in townships and informal settlements, as these areas are perceived to have a high number of elder abuse cases.

7.2 Education of Older People about their Rights

There is a perceived need for more effective avenues to educate older people on their legal rights and recommended actions to address abuse. It is necessary to address the social and language taboos that inhibit older people from reporting.

It is believed that the government should be more intentional about informing the elderly about their rights and what services are available to them. For example, services that come in contact with older people such as SASSA offices and clinics should be proactive in empowering older people to act against abuse. Government services should amplify their efforts to inform older people about the steps they can take to address abuse, possibly involving service centres and older persons clubs.

7.3 Mapping of Older People Living in the Community

There is a need for more information on the types and extent of assistance that older people living in the community require, particularly those who are bedbound. It was suggested that every older person have a regular health and psychosocial screening to identify cases of abuse. There is a need for civil society organisations working with bedbound individuals to collaborate in creating a map of older people requiring care to streamline responses to abuse.

7.4 Improve Government Responses to Elder Abuse

Respondents provided recommendations for the improvement of government services to address abuse.

7.4.1 Queue Management at Services

Most older people have limited capacity to wait in queues for hours. Government service providers including SAPS, SASSA and clinics should implement a queue management system giving priority to older people in queues.

7.4.2 Social Services

- The prevailing sentiment is that the number of social workers deployed in township communities should be substantially increased to reduce the effort required by older people to report abuse, and to streamline interactions between SAPS and DSD social workers in the management of abuse cases. It was suggested that DSD social workers should be able to conduct home visits to support investigations.
- As clubs and service centres were considered a protective factor, there is a need to increase their coverage which only supports a small percentage of the older people in the townships at present.
- As substance abuse is a significant risk for perpetrating elder abuse, increased resources are required to provide drug rehabilitation and counselling to perpetrators.

7.4.3 Protection Services

- It was recommended that SAPS invest in an enhanced strategy to combat elder abuse and provide human resources within each precinct to address elder abuse so that every case can be investigated according to SAPS policies.
- SAPS should provide further in-service training on the laws and regulations to address elder abuse and further sensitise members on how to respond to such cases. Investigative follow-up of elder abuse cases should timeously comply with SAPS policies. Investigators should provide adequate information to victims regarding the progress of cases.
- SAPS should ensure that privacy is provided for victims reporting elder abuse.

7.5 Increased Participation of Older People in Community Structures

It was suggested that more older people be represented on local community forums, health committees and community safety structures such as Community Police Forums and Neighbourhood Watches so that the issues facing older people may be adequately represented.

7.6 Strengthen Multistakeholder Relationships

There were recommendations for more collaboration between government departments to address systemic abuse to improve Government's response to elder abuse. This could involve the creation of an integrated 'master plan' and involve a greater inclusion of communities in determining how services are run. A multistakeholder implementation model could be a 'one-stop-shop', akin to the Thuthuzela Care Centres which address gender-based violence. Such centres should include confidential legal services.

7.6.1 Civil Society Monitoring of Government Services

Respondents suggested that civil society should play a greater role in monitoring services as the Western Cape Older Persons Forum is perceived to have insufficient capacity and local reach. It was suggested that members of community structures work with services at a local level to monitor responses to elder abuse while amplifying the 'voice of the elderly', holding services accountable and advocating for service improvement.

7.7 Rebuilding the Social Fabric

Elder abuse was associated with the breakdown of traditional values and the collective trauma of society. It was suggested that interventions be implemented to strengthen families and restore family values. In particular, parenting programmes were seen to be a promising avenue of intervention.

7.8 Suggestions for Future Research

Future research could overcome the limited generalisation of the present study by drawing on a random sample of older people living in the townships and incorporating a more representative sample of those who are bedbound.

An in-depth evaluation of the implementation of the Older Persons Act by government services could be conducted to provide a richer set of recommendations for the improvement of services.

Future research should attempt to identify means to dismantle barriers to reporting elder abuse so that a greater understanding of the phenomenon may be achieved ^[20].

Finally, research to determine the prevalence of elder abuse could play a role in motivating for increased resources to address the problem.




Ikamva Labantu's social workers



08

Discussion



The purpose of this exploratory study was to gain insight into the nature of elder abuse in the township areas of Cape Town.

Specifically, the objectives of the study were to determine the range of abuse suffered by older persons; the perceived risks and protective factors for elder abuse; the gaps and strengths of community and government institutions to address elder abuse; and to determine the influence of gender on elder abuse and its response by services.

8.1 Summary of Key Findings

Older people living in the townships were found to experience a wide range of abuse by younger family members and government services. Abuse within the family was found to be characterised by physical and emotional violence, significantly affecting the well-being of victims. Financial abuse was found to be the most common form experienced, often co-occurring with other forms of abuse to extract resources from victims.

The identified risks for elder abuse reflect the complex relationship between the macro-economic conditions, interpersonal relationships within the family and individual vulnerability associated with age. The socio-economic conditions in the area under study, which are characterised by high levels of poverty, unemployment^[14], crime^[15] and substance abuse^[52], were found to be associated with risks of abuse. The loss of traditional values and the inadequacy of community and societal institutions were also identified as risks. Identified protective factors included social support, older people's awareness of their rights, and government initiatives in the form of legislation and services.

Using the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework, several challenges and strengths were identified for government services and civil society working to address elder abuse. Notable findings included the challenges that social and protection services face in fulfilling the prescripts of the Older Persons Act and other regulations intended to guide the response to elder abuse. These challenges include the reported lack of safe accommodation for victims, the insufficient number of social workers to handle the large caseloads in the townships, the lack of free drug rehabilitation centres for perpetrators, problems in the reporting process, and the inadequate investigation of cases by protection services.

In terms of gender differences, women were found to experience a wider range of abuse, including sexual and spiritual abuse. The findings indicate that women have a higher risk of being abused and are abused more frequently. Women's accessibility to services was noted to be somewhat hindered by a perceived lack of safety in travelling to services due to crime, while men's accessibility and acceptability were perceived to be obstructed by service providers' shaming of abused men as not conforming to traditional norms of patriarchy.

8.2 Interpretation of the Findings

An analysis of the findings has several implications for the understanding of elder abuse in the township areas:

8.2.1 A High Level of Vulnerability

The high level of physical and emotional violence reported, and the spectrum of identified risk factors tied to the socio-economic conditions affecting every sphere of life, depict a scenario of extreme vulnerability for older people living in the townships. These conditions amplify the vulnerability of age such as physical frailty and neurocognitive conditions such as dementia.

8.2.2 Lack of Personal Agency and Political Marginalisation

'Personal agency' refers to the inherent capacity that individuals possess to achieve their chosen goals ^[53]. Older people's personal agency to prevent and address abuse was found to be limited by risk factors at a personal, community and societal level. At a personal level, a lack of knowledge of the law including their rights under the Older Persons Act and understanding of the processes of reporting constrains older peoples' ability to take action on abuse. Dependency on perpetrators, fear of reprisal and the taboo associated with abuse, especially sexual abuse, further limits their agency by inhibiting their ability to respond.

At a community level, older people's personal agency was found to be limited by political marginalisation stemming from their lack of participation in local community structures which commonly represent residents' issues and hold government services to account. At a societal level, although government policies and plans do address elder abuse, older people are incorporated into a wider category of vulnerable people, where women and children tend to be prioritised, with the emphasis on gender-based violence.

8.2.3 Inadequate Support and Protection for Older People

Although South Africa has committed to protecting the rights of older people in terms of the Madrid Convention, the Constitution and the Older Persons Act, the findings suggest that government services, although they do exist, are challenged to provide sufficient support and protection for older people. Challenges of service provision, in general, are believed to be compounded by the lack of civil society monitoring of services to address elder abuse, also hindering advocacy efforts.








09

Conclusion



Using participatory methods, this study aimed to reveal the nature of elder abuse in Cape Town's township areas.

The findings offer unique insights into the challenges faced by older persons in the townships, highlighting the significant impact of prevalent socio-economic conditions and the erosion of traditional family values. The experience of elder abuse is informed by a range of personal and societal factors such as the lack of personal agency, political marginalization, and inadequate protection mechanisms which contribute towards their vulnerability.

Although the study did not provide specific prevalence data, it is evident that elder abuse is a pressing concern in township communities. The findings lay a foundation for guiding risk reduction initiatives and enhancing the quality of protective services, aligned with the principles of the Older Persons Act and the Constitution, which express the right to dignity and freedom from violence.

To address this problem, the study has generated key recommendations for Ikamva Labantu and its partners, including the restoration of intergenerational care and reciprocity through awareness campaigns and education, improved government services, civil society advocacy in partnership with Government, and the establishment of a multistakeholder platform to prioritize and address the needs of older persons in township communities. These recommendations may form the basis of a strategy for Ikamva Labantu and its partners to improve its response to elder abuse and further alleviate the suffering of its victims.

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Appendix A

Focus Group Guide

English Version: Focus Group Guide

Ikamva Labantu/TAFTA Focus Group Discussion Guide:
Elder Abuse

Number of participants	
Venue	
Date	
Facilitator	

Total Time Needed: 2 Hours

Instructions to Facilitator

This is a focus group:

- Ikamva Labantu will have organised the refreshments. As the facilitator, you should decide when these should be served. If you feel the energy is getting low, it is a good idea to have a food break.
- Before you proceed with the focus group, ensure that the participants understand that they are present to discuss the treatment of older people in their community, including the abuse of older people.
- Remember to use paraphrasing as much as possible. Paraphrasing means summarising what people are saying in your own words. You should constantly be checking your understanding, by saying things like "so what you are saying is ...", or "If I understand

you correctly, you are suggesting that..". This is especially useful if there is a difference of opinion, then you can say "I see there are two views here, the one is that ... and the other is that then you can move on.

- Request examples for general comments
- **These questions relate to general thoughts and opinions on elder abuse. Do not ask participants about their own experience of abuse.** This is very important as it may trigger trauma for participants in the focus group and disrupt the session. The participants have not signed consent to discuss their personal experiences.
- Some participants may become distressed during the discussion. If participants are distressed during the discussion, please make a note of this and inform Ikamva Labantu/ immediately after the workshop so that they may be referred to a social worker. If someone becomes distressed, you may take a 'body break' for a few minutes to deal with the issue.
- See to it that everyone has a chance to discuss and talk. Manage instances where one or some individuals dominate the conversation
- The time frames are very tight. Focus on getting key information and keeping strictly to the times allocated per question.
- Use the flipchart paper if you want to capture what people are saying.
- Make sure that participants complete the attendance register
- Focus are 4-6 refer to the UNICEF AAAQ framework - a tool to identify barriers to accessing services. Please re-acquaint yourself with this document that we have discussed in the training which explains this framework and the definitions of **Availability, Accessibility, Acceptability** and **Quality** as they relate to the framework
- Please conduct all the questions in isiXhosa/ English. If not in English, the focus group discussion will be transcribed and thereafter translated into English.

- Please make notes of significant emotional reactions and facial expressions to questions in relation to each question.

Total Time Needed: 2 Hours

1. Welcome and Overview

Time 5 minutes

- Hi, my name is XXX. I am here to get information from you about elder abuse in the areas where you live and to get information about the services that deal with elder abuse. The purpose is to find out what puts older people at risk for abuse, what protects them and how organisations like Ikamva Labantu and government services address the needs of older people who are abused.
- As participants of Ikamva Labantu your experiences, views, knowledge and opinions are valuable in this process, and we would therefore like you to share this with us.
- The study has been approved ethically by the University of Johannesburg.
- Everything that will be said in this room is totally **confidential** and nothing reported will relate to any particular person in this discussion. In other words, your participation in this study will be reported to no one and be stored to prevent access to anyone besides the research team.
- Your comments written down afterwards will be **anonymous**. In other words, your name or any other identifying information will be written down.
- After conducting this study, we will write a report. Your names will not be mentioned in the report at all.
- I will not be asking you about your own personal experiences of abuse but about your thoughts and opinions in general.
- If you feel distressed or uncomfortable during the discussion you are free to leave at any time.
- Although I will not be asking about your personal experiences, I am aware that the discussion may provoke distressing emotions. If you are feeling

distressed during or after the discussion, please ask me to arrange an appointment with the Ikamva Labantu Social Worker to assist you.

- There are no right or wrong answers here.
- The information will be used to improve the Ikamva Labantu programme in the future and to advocate for improved services from Government.
- **Explain ground rules for the session:**
 - o Confidentiality
 - o Honesty
 - o Participation
 - o Anonymity
 - o Allowing each other to finish speaking.
- Feel free to express yourselves, this is a safe space – you will not be judged for your opinion. Can we agree on the ground rules?
- **Explain the timetable and ask if anyone has any time concerns.**
 - o The Focus Group will last about 2.0 hrs.
 - o Explain that there will be food and drink and when they will be served.
- Complete the attendance register.

Does anyone have any questions before we start?

2. Introductions

Time	10 min
Outcomes	People feel relaxed, an open atmosphere is created
Instructions for facilitator	The purpose of this session is to allow participants to get to know each other. There may be some personal things people might need to share and it is therefore necessary to do an activity to break the ice. Below I have suggested a game, you can substitute it with another activity if you prefer

2.1 Activity: Introductory game - 2 truths and a lie

Time 10 minutes

2.1.1 Method:

1. Each person introduces himself or herself.
2. Each person then also has to tell the group two truths and a lie about themselves.
3. The group then has to guess which one was the lie.

This icebreaker will allow participants to engage with each other, share some interesting things with each other, and hopefully also find that they have certain things in common with each other.

3. Welcome and Overview

4. Clarify Definition

Time 5 minutes

Firstly, we are going to clarify the common language used to describe a situation where an older person is not treated well. Can you tell me what words you use to describe it when older people are not treated well?

(Here, the aim is to get a common understanding of “abuse”. What are the common words that older people use to name abuse?)

Conclude by saying that you will use the most common one that people agree with.

5. Focus Group Questions

Time 5 minutes

Firstly, we are going to clarify the common language used to describe a situation where an older person is not treated well. Can you tell me what words you use to describe it when older people are not treated well?

(Here, the aim is to get a common understanding of “abuse”. What are the common words that older people use to name abuse?)

Conclude by saying that you will use the most common one that people agree with.

6. Conclusion of Focus Group

- Thank participants for their participation and for making the effort to talk with you about this important issue.
- Remind participants that if anyone feel distressed as a result of the discussion, they may contact the Ikamva Labantu/ TAFTA social worker (provide details)
- Tell participants that we will be conducting other focus group and interviewing service providers. After this a report will be written with recommendations for the improvement of services to address elder abuse.

	Focus Area	Time	Discussion Questions	Sub Questions	Probe
1	Types of abuse experienced by older people	15	What types of 'abuse' (use most common term) do older people in your community experience?	Which is the most common ? Which has the biggest impact on older people's lives?	<ul style="list-style-type: none"> • Awareness of what constitutes elder abuse • Physical • Sexual • Financial • Psychological • Emotional • Spiritual • Institutional (access to rights and services)
2	Risk factors for abuse	10	What conditions do you think make older people at risk of abuse?	What are the characteristics of abusers? What prevents older people from reporting abuse ?	<ul style="list-style-type: none"> • Personal factors • Gender • Health/disability/fragility • Interpersonal factors • Environmental factors • Family dynamics • Is unemployment rife in the family? • Behavioural problems in children
3	Protection factors against abuse	10	What factors do you think protect older people from abuse?		<ul style="list-style-type: none"> • Family • Personal qualities • Services/ Ikamva Labantu • Community • Education • Legislation
4	Strengths in services and institutions	5	Which services and institutions are doing well in prevention of elder abuse and in victim support ?	Explain why they are doing well.	<ul style="list-style-type: none"> • Availability (how many) • Accessibility (easy to access) • Acceptability (culture, gender, race) • Quality (professional, resources, administrative)
5	Weaknesses in services and institutions	15	What gets in the way of services and institutions in preventing elder abuse and providing support to victims?	What gets in the way of older people reporting abuse?	<ul style="list-style-type: none"> • Availability • Accessibility • Acceptability • Quality
6	Under reporting of abuse	10	What gets in the way of older people reporting abuse?	What would make it easier for older persons to report? Are older persons aware that there are laws that protect them specifically? OP Act, PIE etc.	<ul style="list-style-type: none"> • Taboo • Culture • Shame • Fear of reprisal • Complacency • Lack of knowledge about what constitutes abuse e.g. it is acceptable for younger generation to "take older person's pension". It is acceptable for older persons to be denied services as younger people are more deserving
7	What can be done to improve services to address elder abuse?	10			<ul style="list-style-type: none"> • Personal level • Family level • Institutional level • Community level

Isi Xhosa Version: Focus Group Guide

Ikamva Labantu/TAFTA Isikhokelo seeNgxoxo seQela
lokuGxininisa: Ukuxhatshazwa kwabadala

Inani Labathathi-nxaxheba	
Indawo	
Umhla	
Umbhexeshi	

Ixesha Elifunekayo : Iiyure ezi-2

Imiyalelo kuMququzeleli

Eli liqela lokuGxininisa

- Ikamva Labantu iza kube iququzelele iziphungo. Njengombhexeshi, kufuneka wenze isigqibo sokuba kufuneka zinikezelwe nini ezi zinto. Ukuba uva ukuba amandla esihla, luluvo oluhle ukuba nekhefu lokutya.
- Phambi kokuba uqhubeka neqela ekugxilwe kulo, qinisekisa ukuba abathathi-nxaxheba bayaqonda ukuba bakhona ukuze baxoxe ngempatho yabantu abadala kwindawo abahlala kuyo, kubandakanywa nokuphathwa gadalala kwabantu abadala.
- Khumbula ukusebenzisa amabinzana amagama kangangoko. Ukuhlaziya kuthetha ukushwankathela into ethethwa ngabantu ngawakho amazwi. Kuya kufuneka uhlale ujonge ukuqonda kwakho, ngokuthetha izinto ezinje "ngoko into oyithethayo yile ...", okanye "Ukuba ndikuqonda ngokuchanekileyo, ucebisa ukuba...". Oku kuluncedo ngakumbi ukuba kukho umahluko wezimvo, emva koko unokuthi "Ndiyabona ukuba kukho iimbono ezimbini apha, enye yile ... kwaye enye yile emva koko ungaqhubeka.

- Cela imizekelo yezimvo jikelele
- **Le mibuzo inxulumene neengcinga jikelele kunye neembono malunga nokuphathwa gadalala kwabantu abadala. Musa ukubuza abathathi-nxaxheba malunga namava abo okuxhatshazwa. Oku kubaluleke kakhulu njengoko kunokubangela ukwenzakala kubathathi-nxaxheba kwiqela ekugxilwe kulo kwaye kuphazamise iseshoni. Abathathi-nxaxheba abakhangela basayine imvume yokuxoxa ngamava abo obuqu.**
- Abanye abathathi-nxaxheba basenokukhathazeka ngexesha lengxoxo. Ukuba abathathi-nxaxheba banxunguphele ngexesha lengxoxo, nceda ubhale oku kwaye wazise i-Ikamva Labantu/ ngokukhawuleza emva kocweyo ukuze bathunyelwe kunontlalontle. Ukuba umntu uyanxunguphala, usenokuthabatha 'ikhefu lomzimba' kangangemizuzu embalwa ukuze uhlangabezane nalo mbandela.
- Qinisekisa ukuba wonke umntu unethuba lokuxoxa nokuthetha. Lawula iimeko apho umntu okanye abathile balawula incoko
- Amaxesha amisiweyo axinene kakhulu. Gxininisa ekufumaneni ulwazi oluphambili kunye nokugcina ngokungqongqo amaxesha abelwe umbuzo ngamnye.
- Sebenzisa iphepha letshati ukuba ufuna ukuthabatha into ethethwa ngabantu.
- Qinisekisa ukuba abathathi-nxaxheba bayayizalisa irejista yokubakho
- Kugxilwe ku-4-6 kubhekiswa kwisikhokelo se-UNICEF AAAQ - isixhobo sokuchonga imiqobo ekufikeleleni kwiinkonzo. Nceda uphinde uziqhelanise nolu xwebhu siye saxoxa ngalo kuqeqesho oluchaza esi sikhokelo kunye neenkcazo zokuFumana, ukuFikelela, ukwamkeleka kunye noMgangatho njengoko zihambelana nesakhelo.
- Nceda ubuze yonke imibuzo ngesiXhosa/ ngesiNgesi. Ukuba akukho ngesiNgesi, ingxoxo yeqela ekugxilwe kuyo iya kubhalwa kwaye emva koko iguqulelwe kwisiNgesi

- Nceda ubhale amanqaku eemvakalelo ezibalulekileyo kunye nenkangeleko yobuso kwimibuzo ngokunxulumene nombuzo ngamnye

Ixesha Lonke Elidingekayo: Iiyure ezi-2

1. Ukwamkeleka kunye nesishwankathelo

Ixesha yimizuzu emi-5

- Molo, igama lam ndingu-XXX. Ndilapha ukuze ndifumane ulwazi kuwe malunga nokuxhatshazwa kwabantu abadala kwindawo ohlala kuyo kwaye ndifumane ulwazi malunga neenkonzo ezijongene nokuxhatshazwa kwabantu abadala. Injongo kukufumanisa ukuba yintoni ebeka abantu abadala emngciphekweni wokuphathwa gadalala, yintoni ebakhuselayo kunye nendlela imibutho efana ne-Ikamva Labantu kunye neenkonzo zikarhulumente ezihlangabezana ngayo neemfuno zabantu abadala abaxhatshazwayo.
- Njengabathathi-nxaxheba be-Ikamva Labantu amava, iimbono, ulwazi kunye nezimvo zenu zixabisekile kule nkqubo kwaye singathanda ukuba nabelane nathi ngalomba.
- Uphononongo lwamkelwe ngokweenqobo ezisesikwe yiYunivesithi yaseRhawutini.
- Yonke into eza kuthethwa kweli gumbi iyimfihlo ngokupheleleyo kwaye akukho nto ixeliweyo eya kunxulumana naye nawuphi na umntu kule ngxoxo. Ngamanye amazwi, ukuthatha kwakho inxaxheba kolu phononongo akuyi kuxelwa nakubani kwaye kugcinwe ukuthintela ukufikelela kuye nabani na ngaphandle kweqela lophando.
- Izimvo zakho ezibhalwe phantsi emva koko aziyi kuchazwa. Ngamanye amazwi, igama lakho okanye naluphi na olunye ulwazi oluchongayo luya kubhalwa phantsi
- Emva kokwenza esi sifundo siya kubhala ingxelo. Amagama akho akasayi kukhankanywa kwingxelo konke konke.
- Andizukubuzwa malunga namava akho obuqu okuxhatshazwa kodwa malunga neengcinga kunye nezimvo zakho ngokubanzi.
- Ukuba uziva ukhathazekile okanye ungakhululekanga ngexesha lengxoxo ukhululekile ukuba umke nangaliphi na ixesha.
- Nangona ndingazokubuzwa ngamava akho obuqu, ndiyazi ukuba ingxoxo inokuvusa iimvakalelo ezicinezelayo. Ukuba uziva ukhathazekile ngexesha okanye emva kwengxoxo, nceda undicele ukuba ndilungiselele idinga kunye noNontlalontle wase-Ikamva Labantu ukuze akuncede.
- Akukho mpendulo zichanekileyo okanye zingalunganga apha.
- Ulwazi luya kusetyenziswa ekuphuculeni inkqubo ye-Ikamva Labantu kwixesha elizayo kunye nokukhuthaza ukuphuculwa kweenkonzo ezivela kuRhulumente.
- Cacisa imigaqo esisiseko yeseshoni:
 - o Ukuba yimfihlo
 - o Ukunyaniseka
 - o Ukuthatha inxaxheba
 - o Ukungaziwa
 - o Bavumelane ukuba bagqibe ukuthetha
- Zive ukhululekile ukuvakalisa izimvo zakho, le yindawo ekhuselekileyo – awuyi kugwetywa ngoluvo lwakho. Ngaba sinokuvumelana ngemithetho esisiseko?
- Cacisa ithayimthebhile kwaye ubuze ukuba kukho nabani na onenkxalabo yexesha.
 - o IQela lokuGxininisa liya kuhlala malunga neeyure ezi-2.0.
 - o Cacisa ukuba kuya kubakho ukutya neziselo nokuba ziya kunikwa nini.
- Gcwalisa irejista yokubakho.

Ngaba ukhona umntu onemibuzo ngaphambi kokuba siqale?

2. Iintshayelelo

Ixesha	10 min
Iziphumo	Abantu baziva bekhululekile , umoya ovulelekileyo iyadalwa
Imiyalelo yombhexeshi	Injongo yale seshoni kukuvumela abathathi-nxaxheba ukuba bazane. Kusenokubakho izinto zobuqu abantu abanokufuna ukwabelana ngazo kwaye ke ngoko kuyimfuneko ukwenza umsebenzi wokuqhekeza umkhenkce. Ngezantsi ndicebise umdlalo, ungawufaka endaweni ngomnye umsebenzi ukuba uyafuna

2.1 Umsebenzi: Umdlalo oyintshayelelo-iinyaniso ezi-2 kunye nobuxoki

Imizuzu eyi-10

2.1.1 Indlela:

1. Umntu ngamnye uzazisa ngokwakhe.
2. Umntu ngamnye ke kufuneka axelele iqela iinyaniso ezimbini kunye nobuxoki ngabo.
3. Iqela ke ngoko kufuneka liqikelele ukuba yeyiphi inkohliso.

Le nqanawa yokuqhekeza umkhenkce iya kuvumela abathathi-nxaxheba ukuba babandakanyeke omnye komnye, babelane ngezinto ezinomdla omnye nomnye, kwaye ngethemba kwakhona bafumanise ukuba banezinto ezithile ezifanayo omnye komnyethings in common with each other.

3. Ukwamkelwa noshwankathelo

4. Cacisa nzulu

Imizuzu eyi-5

Okokuqala, siza kucacisa ngolwimi oluqhelekileyo olusetyenziselwa ukuchaza imeko apho umntu omdala angaphathwa kakuhle. Ingaba ungandixelela ukuba ngawaphi amagama owasebenzisayo ukuchaza xa abantu abadala bengaphathwa kakuhle?

(Apha, injongo kukufumana ukuqonda okufanayo "ngempatho-gadalala". Ngawaphi amagama aqhelekileyo asetyenziswa ngabantu abadala ukubiza ukuxhatshazwa?)

Qukumbela ngokuthi uya kusebenzisa awona axhaphakileyo abantu abavumelana ngawo.

5. Imibuzo yeQela eliGxinileyo

6. Ukuqukunjelwa kweQela lokuGxininisa

- Enkosi abathathi-nxaxheba ngokuthatha kwabo inxaxheba kunye nokwenza iinzame zokuthetha nawe ngalo mba ubalulekileyo
- Khumbuza abathathi-nxaxheba ukuba ukuba nabani na uziva enxunguphele ngenxa yengxoxo, angaqhagamshelana ne-lkamva Labantu/TAFTA unontlalontle (anike iinkcukacha)
- Xelela abathathi-nxaxheba ukuba siza kube siqhuba elinye iqela ekugxilwe kulo kunye nodliwano-ndlebe nababoneleli ngeenkono. Emva koku kuya kubhalwa ingxelo kunye neengcebiso malunga nokuphuculwa kweenkono zokujongana nokuxhatshazwa kwabantu

	Indawo Yokugxininisa	Ixesha	Umbuzo wokuxoxwa	Umbuzo wokuqonda ngakumbi	Phanda
1	Iindidi zoxhatshazo olufunyanwa ngabantu abadala	15	Zeziphi iintlobo 'zempatho-gadalala' (sebenzisa elona gama lixhaphakileyo) abathi bahlangabezane nazo abantu abadala kwindawo ohlala kuyo?	Loluphi olona hlobo lohlukumezo oluxhaphakileyo? Olonalunefuthe lukhulu kubomi babantu abadala	<ul style="list-style-type: none"> • Ukwazi ukuba yintoni na eyenza ukuxhatshazwa kwabantu abadala • Enyameni • Ngesondo • Ezemali • Ezomphemfulo / Psychological Ezokhathazeka umxhelo • Ezomoya • KwiZiko (lofikeleleko lwamalungelo neenkonziso)
2	Imiba esemngciphekweni wokuphathwa gadalala?	10	Zeziphi iimeko ocinga ukuba zenza abantu abadala babe semngciphekweni wokuxhatshazwa	Zeziphi iimpawu zabaxhaphazi? Yintoni ethintela ukuba abantu abadala bangaxeli xa bexhatshazwa	<ul style="list-style-type: none"> • Imiba yobuqu • Isini • Impilo / ukukhubazeka • Imiba phakathi kwabantu • Imiba yokusingqongileyo • Usapho dynamics • Ingaba intswela-ngqesho ixhaphakile kusapho?
3	Imiba yokhuseleko ekuxhatshazweni?	10	Zeziphi izinto ocinga ukuba zikhusele abantu abadala kuxhatshazo		<ul style="list-style-type: none"> • Usapho • Intlobo zobuwena • Iinkonzo • Uluntu • Imfundo • Umthetho
4	Ukomelela kwiinkonzo nakumaziko	5	Zeziphi iinkonzo neziko eliqhuba kakuhle ekuthinteleni ukuxhatshazwa kwabantu abadala kunye nenkxaso yamakhoba	Cacisa ukuba kutheni besenza kakuhle	<ul style="list-style-type: none"> • Ukufumaneka • Ukufikeleleka • Ukwamkeleka • Umgangatho
5	Ubuthathaka kwiinkonzo nakumaziko	15	Yintoni ephazamisa iinkonzo kunye namaziko ekuthinteleni ukuxhatshazwa kwabantu abadala kunye nokubonelela ngenkxaso kumakhoba	Yintoni ephazamisa indlela abantu abadala abaxela ukuxhatshazwa	<ul style="list-style-type: none"> • Ukufumaneka • Ukufikeleleka • Ukwamkeleka • Umgangatho
6	Ukwehla kwengxelo yokuxhatshazwa	10	Yintoni ephazamisa indlela abantu abadala abaxela ngayo uxhatshazo	yintoni enokwenza kube lula kubantu abadala ukuba baxele? Ngaba abantu abadala bayaqonda ukuba kukho imithetho ebakhusela ngokukodwa? Umthetho Wabantu Abadala njl	<ul style="list-style-type: none"> • Ukufumaneka • Ukufikeleleka • Ukwamkeleka • Umgangatho • Into engamkelekanga • Isiko • Intloni • Ukoyika impindezelo • Ukungakhathali • Ukungabi nalwazi lokuba yintoni uhlukumezo umzekelo: kwamkeleleke kwisizukulwana esincinci ukuthatha imali yenkamnkam yabantu abadala. ukuba abantu abadala bangavinjwa iinkonzo zinikwe abantu abatsha?
7	Yintoni enokwenziwa ukuphucula iinkonzo zokujongana nokuxhatshazwa kwabantu abadala	10			<ul style="list-style-type: none"> • Inqanaba lomntu • Inqanaba losapho • Inqanaba leziko • Inqanaba loluntu

Appendix B

Key Informant Interview Questionnaire

English Version

Name of Interviewer:

Name of Interviewee:

Organisation:

Date Time:

Thank you for agreeing to participate in the study on elder abuse in Cape Town's townships/eThekweni.

The study is a situation analysis to determine the range of abuse suffered by older persons, the perceived risks and protective factors for elder abuse, and to determine the gaps and strengths of community and government institutions to address elder abuse. The findings of the study will be to improve the services of Ikamva Labantu/TAFTA with respect to elder abuse and to advocate for improved services. The ethical clearance number for the study is: **REC-01-324-2023**

In order to make the study as useful as possible, we kindly ask that you respond openly and honestly to the questions that follow. Your responses will be completely confidential. Your name and the name of your institution will not be identified in any report from the study. We invite you to add any observations where necessary.

Do you have any questions before we begin?

1. Please describe the work that your organisation does to address elder abuse in the community.

Probe: Is there anything in particular to address the abuse older women face?

2. What types of elder abuse does your organisation come in contact with?

2.1 Which is the most common form of elder abuse that you encounter?

2.2 What type of abuse do you think has the greatest impact on older people?

2.3 Please describe differences in abuse suffered by older men and women.

I am now going to ask you some questions about the risks and protective factors for elder abuse.

3. In your opinion, what are the risk factors which make older people vulnerable to being abused?

Probe: gender, family, environmental factors, community, institutions, fragility/health of older person, dementia.

Lastly, probe socio-economic if not already mentioned.

Physical fragility but also mental fragility e.g. those suffering from a form of dementia is a risk factor.

3.1 Sub question: What prevents older people from reporting abuse?

Probe: Difference between men and women

4. In your experience, what leads a person to perpetrate abuse against an older person?

Probe: mental health, addiction, understanding of ageing, characteristics of older person, unemployment/financial instability, history of abusive behaviour e.g., GBV

5. What do you think are the factors that protect older people from being abused?

Probe: family, status, community, institutions including NGOs, legislative framework, rehabilitation of abusers, prosecution of abusers

I am now going to ask you some questions about services to address elder abuse. I am going to cover four areas and I will explain their meaning as we go along: availability, accessibility, acceptability and quality of services. Let's start now to talk about the AVAILABILITY of services to address elder abuse.

6. What is your opinion about the **availability** of services in the townships/eThekweni to address elder abuse?

Probe: ask for examples,

Probe: men/women

7. What is your opinion about the **accessibility** of services in the townships/eThekweni to address elder abuse?

Probe: physical, financial, bureaucratic and administrative, social, information, the safety of accessing services, transport

Probe: men/women

8. What is your opinion about the **acceptability** of services to address abuse for older people? In other words, are they respectful and mindful of your culture and language?

Probe: men/women

9. What is your opinion about the **quality** of services to address elder abuse in the townships?

Probe: perception of benefits, satisfaction with the service, response of SAPs to victim's complaints

Probe: men/women

Probe: men/women

I am now going to ask you more about the services that your organisation provides to address elder abuse in the community.

10. In your opinion, what are the strengths in your service to address abuse?

10.1 Sub question: What are the enabling/facilitating factors for your organisation to address elder abuse?

11. What are the challenges your organisation faces to address elder abuse?

Probe: financial, prioritisation, skills, collaboration

Probe: gender

12. What do you think are the solutions to these challenges?

13. In summary, how do you think your organization's work could improve to address elder abuse?

Probe: What services and facilities could be improved or created?

Key Informant Interview Questionnaire

isiXhosa version

Uluhlu Lwemibuzo Kubantu Abanolwazi ngomxholo wokuxhatshazwa kwabantu abadala

Uphononongo malunga nokuxhatshazwa kwabantu abadala

Igama loMvavanyi:

Igama Lodliwano-ndlebe:

Umbutho:

Ixesha lomhla:

Ukuze senze isifundo sibe luncedo kangangoko, siyakucela ukuba uphendule ngokuphandle nangokunyaniseka kule mibuzo ilandelayo. Iimpendulo zakho ziya kuba yimfihlo ngokupheleleyo. Igama lakho kunye negama leziko lakho aliyi kukhankanywa kuyo nayiphi na ingxelo yolu phando. Siyakumema ukuba wongeze nayiphi na into oyiqwalaseleyo apho kuyimfuneko.

Ingaba unayo na imibuzo phambi kokuba siqale?

1. Nceda uchaze umsebenzi owenziwa ngumbutho wakho ukujongana nokuxhatshazwa kwabantu abadala ekuhlaleni?
Phanda: Ingaba ikhona into enokwenziwa ukulungisa uxhatshazo olujongene namaxhegwazana?

2. Zeziphi iintlobo zokuxhatshazwa kwabantu abadala umbutho wakho udibana nazo?
 - 2.1 Yeyiphi eyona ndlela ixhaphakileyo yokuxhatshazwa kwabantu abadala odibana nayo?
 - 2.2 Loluphi uhlobo loxhatshazo ocinga ukuba lunempembelelo enkulu kubantu abadala?
 - 2.3 Nceda uchaze umahluko kuxhatshazo olufunyanwa ngamadoda nabasetyhini abadala?

Ngoku ndiza kukubuza imibuzo malunga nezinto ezibeka abantu abadala emgciphekweni kunye nezinto ezikhuselayo ekuxhatshazweni kwabantu abadala

3. Ngolwakho uluvo , yeyiphi imiba ebeka abantu abadala emgciphekweni wokuxhatshazwa?
Phanda: Isini, usapho, imiba yokusingqongileyo, uluntu, amaziko, ubuthathaka/impilo yomntu omdala, iDementia (iDayi-Dayi) . Okokugqibela, phanda ngentlalo-qqosho ukuba akukakhankanywanga. Ubuthathaka bomzimba kunye nobuthathaka bengqondo umzekelo. abo banesifo sengqondo esiyingozi ngunobangela womngcipheko.
 - 3.1 Umbuzo ongezantsi: Yintoni ethintela abantu abadala ekuxeleni ukuxhatshazo
Phanda: Umahluko phakathi kwamadoda nabafazi
4. Kumava akho, yintoni ekhokelela umntu ekubeni enze uxhatshazo kumntu omdala?
Phanda: impilo yengqondo, umlutha, ukuqonda ukwaluphala, iimpawu zomntu omdala, ukungaqeshwa/ ukungazinzi kwezemali, imbali yokuziphatha kakubi, umzekelo, i-GBV
5. Ucinga ukuba zeziphi izinto ezikhusela abantu abadala ekuxhatshazweni?
Phanda: Usapho, iwonga, uluntu, amaziko aquka iiNGO, ubume bowiso-mthetho, ukubuyiswa kwabaxhaphazi, ukutshutshiswa kwabaxhaphazi.

Ngoku ndiza kukubuza imibuzo malunga neenkonzozokujongana nokuxhatshazwa kwabantu abadala. Ndiza kugubungela imiba emine kwaye ndiza kuyicacisa intsingiselo yayo: ukufumaneka, ukufikeleleka, ukwamkeleka kunye nomgangatho weenkonzoz. Masiqale ngoku sithethe **NGOKUFUMANEKA** kweenkonzo zokujongana nokuxhatshazwa kwabantu abadala

6. Luthini uluvo lwakho malunga **nokubakho** kweenkonzo ezilokishini zokukhawulelana nokuxhatshazwa kwabantu abadala?
Phanda: *cela imizekelo,*
Phanda: *amadoda / abafazi*
7. Luthini uluvo lwakho malunga **nokufikeleleka** kweenkonzo ezilokishini/eThekwini zokukhawulelana nokuxhatshazwa kwabantu abadala?
Phanda: *ngokwasemzimbeni, ngokwemali, ngolawulo kunye nolawulo, lwentlalo, ulwazi, ukhuseleko lokufikelela kwiinkonzo, ezothutho*
Phanda: *amadoda/abafazi*
8. Luthini uluvo lwakho malunga **nokwamkeleka** kweenkonzo zokujongana nokuxhatshazwa kwabantu abadala? Ngamanye amazwi, ngaba bayayihlonela kwaye bayikhathalele inkcubeko nolwimi lwakho?
Phanda: *amadoda/abafazi*
9. Luthini uluvo lwakho malunga **nomgangatho** weenkonzozokukhawulelana nokuxhatshazwa kwabantu abadala ezilokishini?
Phanda: *imbono yeenzuzo, ukwaneliseka ngenkonzo, impendulo ye-SAPs kwizikhalazo zexhoba*
Phanda: *amadoda/abafazi*
Phanda: *amadoda/abafazi*

Ngoku ndiza kukubuza ngakumbi malunga neenkonzoz ezinikezelwa ngumbutho wakho ukujongana nokuxhatshazwa kwabantu abadala ekuhlaleni.

10. Ngolwakho Uluvo, zeziphi izinto ezikunika amandla okuphuhlisa iinkonzoz zokukhawulelana nohlukumezo?
 - 10.1 Umbuzo ongezantsi: Zeziphi izinto ezinceda kwaye zivumela umbutho wakho ukuba ujongane nokuxhatshazwa kwabantu abadala
11. Yeyiphi imingeni umbutho wakho ojongene nayo ukuze ujongane nokuxhatshazwa kwabantu abadala?
Phanda: *imali, ukuhlenga hlengisa , izakhono, intsebenziswano*
Phanda: *Isini*
12. Ucinga ukuba zeziphi izisombululo zokuhlangabezana nale mingeni?
13. Ngokufutshane , ucinga ukuba umsebenzi wombutho wakho unokuphucula njani ukujongana nokuxhatshazwa kwabantu abadala?
Phanda: *Zeziphi iinkonzoz kunye nezibonelelo ezinokuphuculwa okanye ziqulunqwe?*

