

表 5 虐待者の続柄別にみる虐待発生の原因(上位3位まで)*

虐待者の続柄	1位	2位	3位
夫	虐待者の介護疲れ (55.2%)	虐待者の性格や人格 (48.4%)	高齢者本人の身体的自立度の低さ(43.4%)
妻	虐待者の介護疲れ (51.9%)	高齢者本人と虐待者の人間関係/虐待者の性格や人格 (共に 44.9%)	
娘	虐待者の性格や人格 (52.0%)	虐待者の介護疲れ (48.0%)	高齢者本人と虐待者の人間関係(45.9%)
息子	虐待者の性格や人格 (50.1%)	高齢者本人と虐待者の人間関係(42.9%)	高齢者本人の痴呆による言動の混乱(36.8%)
息子の配偶者(嫁)	高齢者本人と虐待者の人間関係(67.8%)	高齢者本人の性格や人格 (50.9%)	高齢者の性格や人格 (48.6%)

*医療経済研究機構：家庭内における高齢者虐待に関する調査 報告書；概要版，20，財団法人医療経済研究・社会保険福祉協会医療経済研究機構，東京(2004b)，の表 44「虐待者の続柄別虐待発生の原因(回答率上位5位)」の一部を表示。

要を紹介した「家庭内における高齢者虐待に関する調査」が，立法担当者的高齢者虐待についての知識向上に役立ったことは間違いない。どのような「高齢者虐待防止法」が成立するのか分からないが，わが国がこれまでに児童虐待や家庭内暴力(DV)の分野でどのような法律を打ち立ててきたか，また，現在の海外での高齢者虐待領域における立法化の流れ，などを参考にしてみると，わが国の立法化の選択肢は以下の3つであるように思える。

①通報義務者(mandatory reporters)による通報で虐待の早期発見，調査，確認，および早期介入の流れを確立させるアメリカの成人保護サービス(APS)法のような法律をつくる。

②虐待を受けている高齢者は，「社会的弱者」であると定義して，それら的高齢者の人権擁護を目的とするアメリカの連邦高齢者虐待防止法(OAA 第7条)のような高齢者権利擁護(elder rights protection)法のような法律をつくる。

③早期発見・早期介入は重視するが，通報制度は含まず，被虐待者(高齢者)へのサービス提供と保護(protection)を第1目的にする「福祉の法律」をつくる。

わが国においては，「高齢者虐待防止法」の制定

を目指してロビイング活動を展開している非営利組織は，筆者が知る限り存在しない。アメリカでは最近「高齢者正義法」(Elder Justice Act)の連邦議会での成立に向けて130以上の非営利組織が連合体(coalition)をつくって活発なロビイング活動を2年以上も行っていった。似たような動きが，わが国の高齢者虐待防止法に関連してあることは聞いていない。したがって，同法の法案作成や議会での進行に関してアメリカでよくあるような立法担当者と支持者団体や圧力グループの組織的な活動はないであろう。しかし，高齢者虐待防止法案を準備している立法担当者や法制事務の関係者は，専門家と接触をしているといわれている。たとえば，与党を代表するような形で早くからこの問題に取り組んできた公明党の古屋衆議院議員は，「高齢者虐待の防止に関する法律案要綱(骨子)」を作成する過程で，北米の高齢者虐待に関する法律を自ら研究する一方，日本高齢者虐待防止学会(JAPEA)の関係者と意見交流を行ってきた。

筆者はアメリカにおいてAPS法や通報義務の条項を含む連邦高齢者虐待防止法の成立を支援する活動に長年かかわってきた。したがって，法律の形態としては，アメリカのAPS法(通報義務および障害をもつ成人の保護を含む)が，高齢者虐待防止法の理想だと思っている。しかし，わが国の

国情や諸々の事情を考えると、アメリカ型の高齢者虐待防止法が、わが国にもっとも適している法律だとは思わない。なぜならば、そのような法律が地方の行政担当者や高齢者サービス現場の専門職によって支持されるとは思えないからである。現時点では、定義もあいまいで分かりにくいところも多くあるが、上述した選択肢のなかでは、「福祉の法律」がわが国の現状にもっともふさわしい高齢者虐待防止法の形態ではないであろうか。しかし、福祉の法律といえども、「なにが高齢者虐待なのか」を含む、基本的な概念や用語の定義は、法律のなかで明確にされるべきであろう。

まとめ

本稿では、わが国で初めて大がかりな高齢者虐待の全国調査(正式名称は、「家庭内における高齢者虐待に関する調査」)の結果の概要を述べた。高齢者虐待を30年以上前に「発見」して、その対応の法制化に直ちに取り組んだアメリカでさえ、これまでにたった1度しか大規模な高齢者虐待の全国調査をしたことがない⁵⁾。ところが、高齢者虐待を「発見」してから短い期間で日本は、本稿で紹介したようなスケールの大きい全国規模の調査を実施できるような国に進展した。その調査も無事終了して、立法担当者や高齢者サービス現場の専門職らは十分な資料を得たであろう。しかし、今回の調査は、家庭内の高齢者虐待の問題に限ら

れていたので、施設内の高齢者虐待をどうするかという課題は残ったままである。これからは、この残された課題についての研究やアドボカシー活動が活発化されなくてはならないであろう。

いづれにしても、本稿が活字になるころには、わが国でも何らかの形の高齢者虐待防止法が成立しているか、その法案が国会で討論されているか、その法律が有効に機能するかどうかは、専門職の活躍が必要なことはもちろんであるが、最終的には、われわれ国民1人ひとりが、高齢者虐待に対する高い自覚を持ち続けることができるかにかかっているであろう。

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Gerontology Programs in Japanese Higher Education: A Brief History, Current Status, and Future Prospects

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SUMMARY. The development of gerontological education is lagging behind in Japan in spite of Japan's large population of elders. Nevertheless, there are signs that this may be changing. In this paper we discuss how gerontology education has evolved in Japan over the past 40 years. Specifically, we provide an overview of the development of academic societies related to gerontology, the number of gerontological books published, government statements about gerontology education, and Japan's only graduate program in gerontology. We also identify some reasons for the delay in creating gerontology programs and propose specific steps that might be taken to reverse this trend. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH.*

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The extent of aging in the Japanese population has been marked in recent years due largely to rapidly declining fertility rates on the one hand and extended life expectancies on the other. For example, in 2003 the fertility rate of 1.32 was the lowest ever in Japan, and the proportion of older people in the population was 19.0%. The World Health Organization (WHO) reported that healthy life expectancy in Japan was the highest in the world (WHO, 2000) as was life expectancy at birth ("Nihonjin no Heikin Jumyo," 2003). If the current trends continue, the proportion of older people in the population in this country is expected to reach 26.0% by 2015, when all baby boomers will turn 65 years of age and older.

In view of these demographic changes that are taking place in Japan, the importance of gerontology as an academic discipline for studying and understanding the dynamics and impact of aging, is great in this country. It is therefore critical that gerontology education, whereby people would be taught knowledge, skills, and values to appreciate the issues and problems of an aging society and engage in problem-solving efforts, be developed and expanded in Japan. Geriatrics has been a part of the curriculum of Tokyo University's Department of Medicine since 1962, and to date, at least 20 universities across the country have implemented educational programs in geriatrics (Iguchi, Kuzuya, Suzuki, & Umegaki, 1998). As for gerontology education in Japan, very little has been done to date. In this paper we describe the efforts that have taken place to advance gerontological education in this country and review some factors that could possibly help facilitate the expansion of gerontology education in Japan.

THE BIRTH OF GERONTOLOGY AND ITS GROWTH AS AN ACADEMIC DISCIPLINE IN JAPAN

Development of Academic Societies Related to Gerontology

The history of gerontology in Japan began in July 1954 when a small group of medical researchers and social scientists founded an academic organization and named it the Gerontological Association of Japan (GAJ). Over the years, many people wondered why the founders of the GAJ used the term "gerontological" in the English version of the name

of the organization, because its Japanese name "Jumyou Gaku Kenkyuu Kai" (a group for the study of life span) could not be directly translated into its English equivalent of "gerontological." However, an examination of the literature published by the GAJ reveals that the founders of the GAJ were aware of the definition of gerontology as the quantitative and qualitative study of the processes of aging and wanted to form an organization of scientists interested in pursuing interdisciplinary research into the phenomena and processes of aging, as suggested by this definition (Watanabe, 1959). Following the formation of the GAJ, their founders maintained that the objective of the association would be to study the phenomena of aging and the factors that would influence the processes of aging, but held that the academic discipline pursuing this objective should be referred to as "Jumyou gaku" (a study of life span) in Japanese (Watanabe, 1959).

The GAJ conducted its first national conference on December 8-9, 1956. This two-day conference, which was referred to as the first Gerontological Congress of Japan, was held at the conference facilities of the Japan Medical Association (JMA) in Tokyo, and nearly 400 people participated in the event (The Gerontological Association of Japan, 1957). The GAJ then consisted of two committees, the Geriatric and the Cultural Sciences Committees. On the first day of the conference, Hiroshige Shiota, the president of the GAJ, delivered a keynote address on "Critical Issues in Gerontology." In his address, Shiota (1957) stressed the importance of "advancing a study of the fundamentals of aging from the perspectives of biology and the medical sciences and of furthering interdisciplinary studies of the social meaning of aging through an integration of various social science disciplines" (p. 6). He further stated that "our measures to combat aging must be developed on the basis of the findings of all these scientific inquiries," and that a new scientific discipline, "gerontology," which was then rapidly becoming known across the world, "should help us with efforts to better understand aging" (Shiota, 1957, p. 6).

The GAJ held its second Gerontological Congress of Japan in Osaka in 1957 and its third in Nagoya in 1958. Judging from how gerontology has evolved in Japan, what happened at the third Congress turned out to be significant. That is, at this Congress, the GAJ changed the name of the Congress to the Gerontological Society of Japan (GSI), and also renamed their two committees. Thus, the Geriatric Committee became the Japan Geriatric Society (JGS), while the Cultural Sciences Committee was renamed the Japan Socio-Gerontological Society (JSGS) (The Gerontological Association of Japan, 1959). The newly renamed GSI,

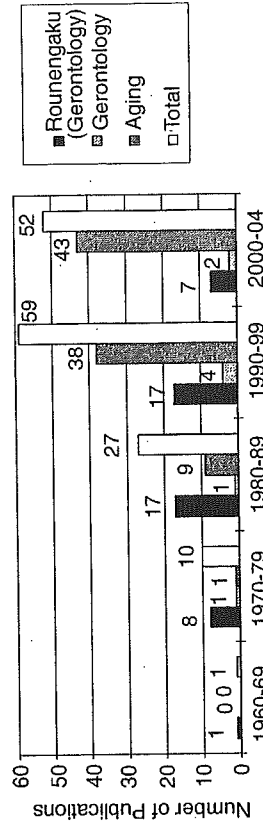
along with two component groups, JGS and JSGS, officially began their business in 1959. Subsequently, between 1982 and 2003, four scholarly associations became affiliated with the GSI as their component group: the Japan Society for Biomedical Gerontology (JSBG) joined the GSI in 1982; the Japanese Society of Gerontology (JSG) in 1991; the Japanese Psychogeriatric Society (JPG) in 1999; and the Japan Society of Care Management (JSCM) in 2003. These four groups along with the two original ones still operate within the GSI today. Although these groups are often referred to as the component groups of the GSI, each group has its own board of directors who determine the organizational objectives, activity plans, and annual budgets. Each group also has its own constituency and membership. Nevertheless, all of these groups, including the GSI, share the common goal of advancing scientific studies of aging in Japan. In fact, many members of these groups support an interdisciplinary approach to studying the phenomena and processes of aging and try to practice such an approach through membership in more than one group.

Over the years, all of the groups have grown organizationally by increasing their individual membership. By April 29, 2004 ("The Japan Geriatrics Society," n.d.), the Japan Geriatrics Society had become the largest of all organizations operating within the Gerontological Society of Japan, with 6,400 members, most of whom are geriatricians. The Japanese Psychogeriatric Society is a distant second, with 2,451 members. The Japanese Society of Gerontology is the third largest group, with 1,859 members, the fourth largest one is the Japan Society of Care Management with a reported 1,261 members. Other groups are considerably smaller in terms of their individual membership.

TRENDS IN JAPANESE PUBLICATIONS THAT CONTAIN THE TERMS, "ROUNEN GAKU," "GERONTOLOGY," OR "AGING" IN THE MAIN TITLES OR SUB-TITLES

Over the past 40 years, close to 150 books related to aging have been published in Japan. Figure 1 presents the number of books containing the terms "rounen gaku" (the study of older people), "gerontology," or "aging" in their main titles or sub-titles that were published in Japan between the 1960s and the 2000s. On average, 10 books containing the term "rounen gaku" in their titles or sub-titles were published in each decade, indicating a steady increase in the acceptance of "rounen gaku" mainly among university students and researchers. The popularity of

FIGURE 1. Trends in the publications that contain the terms, "Rounengaku" (Gerontology in Japanese), "Gerontology" or "Aging" in the main titles or sub-titles



Years

(March 1, 2004)

	1960-69	1970-79	1980-89	1990-99	2000-04
Rounengaku (Gerontology)	1	8	17	38	52
Gerontology	0	1	1	4	7
Aging	0	1	9	38	43
Total	1	10	27	59	102

the English term "aging" in publication titles has risen sharply in the 1990s when a total of 38 books with the term "aging" in their titles or sub-titles were published. Since 2000, a total of 43 books containing the English word "aging" in their titles or sub-titles were published in Japan. It is true that the English term "aging" began to appear frequently in the titles of Japanese books in the early 1990s, when the Japanese government started to strengthen measures to address the effects of aging of the country's population through the Gold Plan and the New Gold Plan. Launched by the Ministry of Health and Welfare in 1989, the Gold Plan set forth Japan's 10 year-plan, with specific numerical objectives, to improve the infrastructures of welfare and health care for older people. It was revised in 1994, and was renamed the New Gold Plan. In contrast, the English word "gerontology" has been used in the publication titles only several times in Japan since the 1960s. This is a little surprising in view of the fact that the word has been well understood by many Japanese researchers and practitioners in the field of aging and that many Japanese have enjoyed membership in the International Gerontological Association (IGA) and the Gerontological Society of

America (GSA) and have regularly participated in the activities of these organizations.

The Term "Rounen Gaku" in Japanese Government Publications

The term "rounen gaku," which means the study of older people, first appeared in a publication of the Japanese Government in 1985, when "Kagaku Gijutsucho Shigen Chosakai" (Resources Study Committee of the Science and Technology Bureau) (1985) issued a report, "*Sukoyakana Shinkoureiiki*" (Healthy New Aging). This report predicted that if the aging of the Japanese population continues as fast as it has until now, "by 2020, the proportion of older people in our nation's population will be among the worlds highest" (Kagaku Gijutsucho Shigen Chosakai, 1985, p. 2). Later in the report, the authors stressed that a new academic discipline, "gerontology," would have to be established in Japan to help solve the various problems of an aging society and that the creation of this new discipline would be possible when "such existing academic disciplines as medicine, biology, philosophy, sociology, economics, jurisprudence, psychology, and cultural anthropology that are related to older people are integrated" (Kagaku Gijutsucho Shigen Chosakai, 1985, pp. 75-76).

It took another 12 years until the word "rounen gaku" appeared again in a publication of the Japanese government. In the 1997 edition of a Kousei Hakusho (White Paper), the Ministry of Health and Welfare set up a special column on "rounen gaku" and wrote this comment regarding their expectations for the future of "rounen gaku" in Japan:

The effects of an aging population upon our society are many and profound. They are also wide-ranging but are related with one another. "Rounen gaku" (gerontology) is an academic discipline that is concerned with the interdisciplinary study of older people and all of the issues faced by an aging society. When we must examine the entire spectrum of an aging society to meet the demands of a new era, the methods of inquiry used by existing disciplines are no longer adequate. Thus, the importance of "rounen gaku" as an academic discipline that would help us understand an aging society has become greatly pronounced. "Rounen gaku" has been developed as an academic discipline in the United States. In the U.S., there have been a large number of educational and research programs on "rounen gaku" at institutions of higher learning. Begin-

ning with an inquiry into the dynamics and processes of aging, the subjects of inquiry in "rounen gaku" are wide-ranging and include, but are not limited to, the psychology of older people, life styles and living conditions of older people, family relationships, social security programs, housing and urban problems, employment and business, and issues of inheritance. In Japan, as we begin to strengthen efforts to understand an aging society, we must learn more about "rounen gaku." (The Ministry of Health and Welfare, 1997, p. 123)

In addition to the term "rounen gaku," the term "karei gaku" (a study of becoming older) has also been used to represent the Japanese equivalent of the English term, "gerontology." When "Tokyo Seikatsu Bunka Kyoku" (The Tokyo Metropolitan Government's Life and Cultural Affairs Bureau) made its policy recommendations to the government in 2000, there was a reference to "karei gaku" in one of the recommendations regarding aging issues. In that recommendation, this office urged that the perspectives of "karei gaku" (gerontology) be used to examine the issues of an aging society. "Tokyo Seikatsu Bunka Kyoku" (2000) further stated that a gerontological approach would be more appropriate than approaches of any existing discipline, because "gerontology does not view the phenomenon of aging as a problem and does not see older people as anything unusual" (p. 78). This office also noted that gerontology recognizes aging as a normal process and argued that older people must not be labeled as being special (Tokyo Seikatsu Bunka Kyoku, 2000, p. 78).

There was another development in gerontology at the national level. That is, in September 2001, Naikakufu (The Cabinet Office) held a special meeting of policymakers and social policy scholars to discuss the basic assumptions of the nation's strategy for an aging society and stressed the importance of refuting misconceptions (the "mythology for older people," as they were referred to in Japan, with a sarcasm) about older people. The participants agreed that such notions as "older people are unproductive," "older people are not as bright as young people," and "older people are not interested in love or sex" are simply wrong and must be corrected. The meeting organizers were adamant that stereotypical views of older people are not useful to anyone. They insisted that more scientific studies of older people must be promoted, and concluded that gerontology as a scientific tool to study the process of aging and an aging society would be useful (Naikakufu, 2001, p. 23).

rior high school teachers in the mid-1990s, resulted in findings that were disappointing to many. For example, the survey revealed that, on the whole, teachers themselves held a negative view of older people; only 3.1% of the respondents had received formal training on aging (Takeda, 1995, pp. 83-84). Of the teachers who responded to the survey, only 1.7% had taught material on aging in their classes, and only 1.9% had been actively involved with some type of activities with older people (Takeda, 1995, p. 84). One thing that became clear from this survey was that aging education in primary schools must begin with the teachers.

Gerontology Education at the Undergraduate and Graduate Levels

As of April, 2004, no colleges or universities in Japan offered educational programs leading to the bachelor's degree in gerontology or aging, although classes on gerontology ("rounen gaku," "karei gaku," "aging") are taught at several universities. The following academic departments and universities currently teach gerontology classes: Faculty of Human Development at Kobe University in Kobe; Faculty of Human Life and Environmental Sciences at Ochanomizu University in Tokyo; Department of Human Welfare at Okinawa International University in Naha, Okinawa; and Faculty of Education at Ibaraki University in Mito, Ibaraki. The "rounen gaku" class at Ochanomizu University, which has been taught since 1968 (Sodei, 1995), must be the longest established gerontology course at the university level in Japan. Today, there are 702 four-year universities in Japan, but only four offer courses on gerontology in their undergraduate curricula. This dismal track record in gerontology education at the undergraduate level, however, does not necessarily mean that topics in aging are not taught in Japanese universities. According to the Japanese Association of Schools of Social Work (JASSW), an organization similar to the Council on Social Work Education (CSWE) in the U.S., a total of 176 four-year universities and junior colleges are currently approved by the Ministry of Education and Science to offer Bachelor's or Associate degrees in Social Work. Given that inclusion of the courses on "social welfare for older people" and "field practicum in aging" in the social work curricula is required by the Government, these 176 member universities of JASSW all provide their social work majors with a considerable amount of education in aging.

At the graduate level, Obirin University Graduate School of International Studies in Tokyo is the only institution of higher learning in Japan

Tokyo Metropolitan Institute of Gerontology (TMIG)

The Tokyo Metropolitan Institute of Gerontology (TMIG) has trained many of the leading Japanese researchers in geriatrics and gerontology over the years. The Institute was founded by the Tokyo Metropolitan Government in 1972 as their research agency in the field of aging. It soon began to assume the role of a national research agency in geriatrics and gerontology by launching research projects of national significance and by collaborating with such organizations as the National Institute on Aging (NIA) in the U.S., the Ukrainian Academy of Medical Sciences in Kiev, and the World Health Organization (WHO). In 1995, the Japanese Government created the National Longevity Research Institute and started to play a more active role in the management of geriatric and gerontological research activities at the national level, but the Institute still remains very active. Today, the Institute is made up of six divisions, namely the divisions on Molecular Gerontology, Neuroscience and Brain Function, Physiology and Aging, Human Science, Cognitive Brain Science, and Basic Research Facilities. Currently it conducts more than 30 research projects, including two long-term projects, "Comprehensive Research on Senile Dementia," which started in 1989, and "Longitudinal Interdisciplinary Study on Aging," which was launched in 1991. Approximately 130 research scientists with a wide range of expertise, and their support personnel, work on these research projects ("Tokyo Metropolitan Institute of Gerontology," n.d.). Some years ago, it was said that the Institute would be one of the three best research institutes in gerontology in the world, along with the earlier-mentioned Ukrainian Academy of Medical Sciences and the National Institute on Aging (NIA) (Karasawa, 1996).

GERONTOLOGY EDUCATION IN JAPAN

Educational Programs on Aging

Yaguchi (1995) reports that many educators in Japan agree that an educational process designed to help reduce prejudice against aging or older people must start early, and to that effect, a special curriculum on aging issues for students between the ages of 6 through 12 was prepared. However, it does not appear that this curriculum on aging has been utilized extensively. In fact, a nation-wide mail survey on the status of aging education, completed by nearly 2,000 elementary and ju-

that currently offers a Master's degree program in gerontology. Effective April 2004, this graduate school became the nation's first institution that administers a doctoral program in gerontology. In addition to these graduate gerontology programs at Obirin, the other graduate schools or departments across the country that offer classes on gerontology are the Graduate School of Cultural Studies and Human Science at Kobe University in Kobe; Graduate School of Humanities and Sciences at Ochanomizu University in Tokyo; Graduate School of Regional Cultures at Okinawa International University in Naha, Okinawa; Graduate School of Human Sciences at Waseda University in Tokyo; and Nihon University Graduate School of Business in Tokyo. It is noticeable that many of these gerontology classes are more advanced than those that are taught at the undergraduate level, and some of them (e.g., educational gerontology, socio-gerontology) could be defined as applied-gerontology classes. There are a total of 529 graduate schools and programs in Japan, but only five provide classes in gerontology, as described above. In contrast to the U.S., Japan puts more emphasis on social work education at the undergraduate level than at the graduate level, and as a result, there are only 47 graduate programs in social work in the country. These programs all must offer courses on "social welfare of older people," "welfare laws for the aged," or something similar, as required by the Government.

GERONTOLOGY PROGRAM AT OBIRIN UNIVERSITY GRADUATE SCHOOL OF INTERNATIONAL STUDIES

About Obirin University

Obirin University, founded in 1966 by Yasuzo Shimizu, a Christian missionary, is located in Machida city (pop. 400,000) about 20 miles southwest of Tokyo. The university aims to provide young people with a liberal arts education, and is part of Obirin Gakuen, a large educational institution that includes a kindergarten, a junior high school, a senior high school, a junior college, and a graduate school, in addition to the university. Today, approximately 9,300 students (of whom 7,000 are in the university) attend various schools of the institution. Obirin University is composed of the undergraduate colleges of the Humanities, Economics, International Studies, Business and Public Administration, as well as a Graduate School of International Studies. The nation's first graduate program in gerontology is housed within this graduate school.

The Obirin Graduate School of International Studies started in 1993 when it opened with two Master's degree programs, one in International Relations and the other in Pan-Pacific Cultural Studies. After it was shown that these two programs were a success, Master's programs in Higher Education Administration and Foreign Language Instruction were added in 2001. Subsequently, two other Master's programs, one in Human Science and the other in Gerontology, were created in 2002, bringing the total number of Master's programs to six. The Ministry of Education, Culture, Sports, Science and Technology capped the total number of students who may enroll in these six programs at 320 at any given time. In addition to these Master's programs, the Graduate School also offers three small doctoral programs, including one in gerontology.

Because students pursuing graduate degrees in Higher Education Administration, Foreign Language Instruction, and Gerontology focus mainly on returning or non-traditional students who may already be employed, the Administration of Obirin University decided to offer evening and weekend classes at a location that would be easily accessible via public transportation from the center of Tokyo ("Obirin Shinjyuku," n.d.). This approach of making graduate programs more accessible to non-traditional students has also been implemented by other universities in recent years, and several of them have set up classrooms in office buildings in the center of Tokyo and begun operating evening and weekend classes. Some even hold classes on Sundays.

Gerontology at the Obirin Graduate School of International Studies

The gerontology Master's program at the Obirin Graduate School of International Studies was first offered in April 2002, with the main purpose of "educating future professionals who would be equipped with knowledge and skills to effectively engage in problem-solving activities in an aging society" ("Obirin Nihon," n.d.). The educational and research objectives of this two-year graduate program are three-fold: (1) to help improve the quality of life of older people; (2) to promote greater social contributions by older people; and (3) to help strengthen inter-generational exchanges of ideas and activities (see Table 1). In Japan, all educational institutions, including colleges and universities, must receive formal approval from the Ministry of Education and Science for any academic degrees they confer and for the respective requirements. To receive the Master's in Gerontology, students must complete the required coursework, write a Master's thesis, and pass written final examinations in a period of two years. There is no requirement for students to

complete an agency-based practicum, but students must take a supervised research course in which they learn research methods in gerontology. Non-traditional students who are employed may choose to write a research paper based on some aspects of their job-related activities instead of a more scholarly master's thesis.

The rules of the Ministry of Education, Culture, Sports, Science and Technology require that, with some exceptions, students seeking a master's degree in Japan complete a minimum of 30 "tan i" (academic credit units) in two years. Each course is worth 2 "tan i" and usually meets

TABLE 1. Curriculum for Master's Program in Gerontology

	Subjects	Credit Units
Master's in Gerontology	Gerontology	2
	Geriatrics I	2
	Geriatrics II	2
	Geriatric Psychology I	2
	Geriatric Psychology II	2
	Gerontological Social Work	2
	Sociology of Aging	2
	Health Promotion of Aging I	2
	Health Promotion of Aging II	2
	Geriatric Nursing Care	2
	Death Education	2
	Aging Policies	2
	Psychology of Reminiscing I	2
Psychology of Reminiscing II	2	
Gerontological Research Method I	2	
Gerontological Research Method II	2	
Social Statistics	2	
Geriatric Rehabilitation	2	
Practice in Gerontology I	2	
Practice in Gerontology II	2	
Master's thesis I (one year around)	2	
Master's thesis II (one year around)	2	

once a week for 90 minutes 12 or 13 weeks per semester. To graduate, therefore, students in Obirin's Gerontology Master's program must successfully complete at least 15 different courses. Additionally, students must take the supervised research course, which is worth 4 "tan i" in total.

As of April, 2004, Obirin's graduate program in gerontology had 12 faculty members of whom four professors and one associate professor hold full-time tenured positions; the seven others hold part-time positions. All full-time faculty members hold doctorates (four MDs and one PhD) and have extensive research experience in Japan and abroad. They have also published widely in their fields which include geriatrics, gerontology, psychology, geriatric psychology, developmental psychology, epidemiology, public health, and hygiene. Four of the five full-time faculty members were at one time senior researchers at the Tokyo Metropolitan Institute of Gerontology (TMIG).

Except for one person who is a senior researcher at the Tokyo Metropolitan Institute of Gerontology, the part-time faculty members are all tenured faculty members of other universities. They are well known in their research communities which include geriatric psychology, developmental psychology, geriatric nursing, gerontology, rehabilitation science, occupational therapy, labor relations, social policy, and social welfare. The qualifications and teaching assignments of these faculty members had to be reviewed and approved by the Ministry of Education, Culture, Sports, Science and Technology when the graduate program in gerontology was created and approved. All applicants to graduate programs in Japan have to take an entrance examination. The entrance examination to Obirin's graduate program in gerontology consists of an English test, a short essay on the applicant's research plan, and a face-to-face interview. Students returning from abroad and other applicants who hold government-issued certificates for English proficiency may be exempt from taking the English test. Obirin's graduate program in gerontology is competitive in that each year there are more applicants than the number of students the program can accept, which is 20 students a year.

The graduate students in gerontology at Obirin are very diverse in terms of their backgrounds. For example, of one recent graduating class, nearly one-half were nurses, the others were retirees, social workers, office workers, part-time workers, persons looking for employment or a career change, recent college graduates, and housewives. The ages of the students in this class ranged from 24 to 72, while the ratio of female to male students was close to 1:1. The nation's only doctoral pro-

gram in gerontology at Obirin University, which started in April 2004, accepted seven students.

Four of these students are graduates of Obirin's Master's program in gerontology, while the remaining three came from other universities. Most are licensed in clinical psychology, occupational therapy, physical therapy, or nursing, but have expressed an interest in seeking university faculty positions after completing their doctoral dissertations.

ISSUES IN GERONTOLOGY EDUCATION IN JAPAN AND FUTURE PROSPECTS

The International Longevity Center-Japan issued a report, "*Nihon ni okeru Rounengaku Kyoiku Kouza Kaisetsu no tameno Yobi Chosa Kenkyu Houkokusho*" (Pre-investigation of development of Gerontology education in Japan), in 1995, and in the preface of this report, Ibe (1995), then the president of the Center, stressed an urgent need for starting gerontology programs at graduate schools across the country. In the same report, Sasaki (1995) argued that a gerontological approach should be much broader than just being concerned with the integration of any two academic disciplines. He went on to mention two reasons for why ideas in gerontology developed abroad would not be accepted in Japan if they were brought into the country without being modified. First, these ideas would not be useful in Japan because they were developed in countries where the extent of aging in the populations was not as great as it is in Japan. Second, Japanese policies, practices, and circumstances dealing with an aging society were so unique that they could not be easily explained or understood by theories that were developed in other countries. Sasaki (1995) therefore proposed the creation of a graduate program in Japan that would teach macro-level social policy and Japan's own brand of gerontology (p. 3).

Additionally, Shibata (2000), who is currently on Obirin's graduate faculty in gerontology and who had been involved with efforts to found Obirin's graduate program, warned in one of the International Longevity Center-Japan publications that any delay in getting gerontology firmly accepted as an academic discipline and as an applied profession in Japan would delay the elimination of ageism and the establishment of social policy that would help improve the quality of life of elders and their opportunities for making social contributions. He then urged policymakers and professionals to continue their efforts to disseminate gerontology in Japan, and he introduced the idea of creating a national

gerontology center which would serve as the basis for all efforts to promote gerontology, with financial and political support from the corporate, governmental, academic, and civic sectors (Shibata, 2000, p. 5).

Starting with the formation of the Gerontological Association of Japan (GAJ) in 1954, there has been considerable effort to establish educational programs in gerontology. Along the way, these efforts were not without support from the government, and academic and research communities, as mentioned earlier. Particularly, the Ministry of Health, Labour and Welfare has lately intensified its support for the recognition of gerontology as a method for understanding the issues of an aging society. In the research community, there has been a marked increase in recent years in the number of Japanese researchers attending and making presentations at conferences of such organizations as the Gerontological Society of America (GSA) and the International Gerontological Association (IGA). Some of these researchers earned graduate degrees from gerontology programs abroad and are involved with gerontology education in Japan. Yet, Obirin's graduate program in gerontology and a dozen or so of under-graduate and graduate classes on gerontology are the only educational programs in gerontology that exist in Japan today. What accounts for this rather lean outcome of all the efforts to get a gerontology education established in Japan?

POSSIBLE REASONS FOR THE SLOW PROGRESS IN GERONTOLOGY EDUCATION IN JAPAN

First, although the Ministry of Education, Culture, Sports, Science and Technology has somewhat relaxed its control, it still controls almost every aspect of education in Japan. For example, without the Ministry's formal permission, universities cannot even change the name of an academic department; much less start a new degree program. This makes it impossible for any new educational program to be initiated without being decreed by law (Tsukada, 2001). The Ministry of Education, Culture, Sports, Science and Technology has not yet shown its active support for gerontology education. Second, it is true that the Ministry of Health, Labour and Welfare has officially stated in several of its publications that gerontology would be a useful academic discipline in an aging society and has supported efforts to promote educational programs in gerontology, as described earlier. However, this national agency has no jurisdiction over matters in formal education and

cannot act officially on behalf of those who try to establish educational programs in gerontology across the country.

Third, although there are several national associations in Japan that represent the interests of researchers and practitioners in the field of aging, none of them is like the Association for Gerontology in Higher Education (AGHE), which was created for the specific purpose of promoting and advancing educational programs in gerontology in U.S. colleges and universities (Takahashi, 2000; Tsukada, 2001). In other words, there are currently no organizations in Japan that are specifically designed to promote gerontology education. Fourth, it has been suggested that Japanese translations of theoretical materials in gerontology created in other countries are often vague and confusing to Japanese educators (Miyajima, 1995). Shibata (1995) argued that for these reasons, gerontology has not yet been established as an academic discipline as firmly as has geriatrics. In light of this situation, officials of the Ministry of Education, Culture, Sports, Science and Technology are not likely to become enthused about promoting formal gerontology education in Japan anytime soon.

RECOMMENDATIONS

What, then, would be the best way to overcome all of these obstacles to advancing gerontology in Japan? Clearly, we must take small but realistic and well-calculated steps to move forward by taking advantage of what we now have in terms of expertise and resources in gerontology or aging studies. First, we have to strengthen our existing associations of gerontological researchers in Japan by increasing their active membership and by promoting greater opportunities for their research. In this respect, we must aggressively seek greater support from private foundations and corporate communities in the form of grants and contracts. Second, we must encourage and support university students interested in gerontology to go abroad for graduate study in gerontology. As we are faced with the problems of an aging society in Japan, it is imperative that we rely on the expertise of those who have the knowledge and skills in solving these problems. It is clear that Japan's need for the expertise of gerontologists will continue to grow, but our country is not yet serious about formally training gerontologists. Third, we have to expand educational programs in aging at both the undergraduate and graduate levels and become actively involved in teaching and research in the

field of aging. Although courses on aging are being taught in a number of colleges and universities in a variety of departments, Obirin is currently the only institution of higher learning in Japan that offers graduate programs in gerontology. Thus, the chances for any gerontologist to be able to teach a formal gerontology course in a Japanese university is very slim. However, faculty could make efforts to become involved in teaching university-level aging courses in such disciplines as nursing, social work, and clinical psychology. Fourth, by being involved with civic and social activities at the community level, those of us who are trained in gerontology must become active advocates for disseminating knowledge about the nature of aging and an aging society. All practicing gerontologists must make it their personal responsibility to speak about the importance of creating gerontology programs at colleges and universities across the country.

CONCLUSIONS

As shown in this paper, the fact remains that currently there is only one Master's program in gerontology in Japan, and this program generates about two dozens of trained gerontologists each year. In addition, Obirin University, which operates this program, started a small doctoral program in gerontology in April 2004, with an enrollment of seven students. Even if all goes well, the first gerontologist with a doctorate earned in Japan would not graduate before 2008 or 2009 at the earliest. A handful of undergraduate and graduate programs that offer courses in gerontology are unlikely to start providing academic degrees in gerontology. It is indeed regrettable that the growth of gerontology education in institutions of higher learning is lagging so far behind in Japan, in spite of the fact that Japan has one of the oldest populations in the world. We firmly stand by what we stated in the recommendations, and we believe that we as researchers and practitioners in gerontology can make progress in gerontology graduate education if we keep plugging away at the specific tasks we outlined above. We are not sure if our government will do anything spectacular to promote gerontology education in our country; but we are certain that if we are not going to make efforts to help ourselves in this endeavor, no one else will help us to create gerontology education in Japan.

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第一回日本高齢者虐待防止学会 (JAPEA)

東京大会

日本大学文理学部百周年記念館

「家庭内における高齢者虐待に関する全国調査」

報告

淑徳大学社会学部教授

JAPEA研究活動推進委員会委員長

多々良紀夫

2004年7月3日 (土)

1

「家庭内における高齢者虐待に関する(全国)調査」

- 実施機関: 財団法人医療経済研究社会保険・社会保険
福祉協会医療
経済研究機構
(東京都千代田区永田町)
- Funding: 厚生労働省老人保健健康増進等事業補助金
- 作業グループ: (株)UFJ総合研究所(保健・医療・福祉政策部)
- 調査企画委員会(助言グループ)12名(研究者、自治体担当者、
機関代表、等)

2

調査目的

- 「家族による高齢者虐待の全体像、地域における取り組みの状況などを把握・分析する」
- 「(虐待の)解決のための方策の議論のための基礎資料とする」
- 「介護保険サービスの利用の援助に資するものとする」

一 日本で初めての大規模な高齢者虐待に関する全国的な調査。

一 虐待発生 の頻度を把握するための調査 (A prevalence or incidence study)ではない。

3

調査研究の設計 (Research Design)

1. 全国調査
 - ・機関票
 - ・個票
2. 特定地域調査
 - ・横須賀市
 - ・大府市
 - ・北九州市戸畑区
3. 自治体調査

3つの独立した調査を
組み合わせて
目的の達成を目指す。

4

1. 全国調査

- 対象: 居宅介護支援事業所、訪問介護事業所、訪問看護ステーション、通所介護事業所、病院、介護老人保健施設、保健所、保健センター(機関種別ごとにあらかじめ設定した抽出率に基づいて無作為に抽出。合計16,802 調査対象機関)
- 機関票: 回答機関ごとに1票記載。
- 個票: 虐待の実態等について1人(被虐待者)1票記載。

5

サンプリング

機関	抽出率	発送数
● 居宅介護支援事業所(併設なし)	30%	5,886
● 地域型と併設	30%	2,029
● 基幹型と併設	30%	498
● 訪問介護事業所	10%	2,002
● 訪問看護ステーション	30%	882
● 通所介護事業所	20%	2,566
● 病院	20%	745
● 介護老人保健施設	30%	906
● 都道府県設置保健所	30%	131
● 政令都市・中核市・特別区設置保健所	100%	138
● 市町村保健センター	30%	1,019
合計:	—	16,802機関

6

調査票記入者

機関票: 事業所の管理者

個票: 対象者を主に担当した職員

記入対象者(調査対象者)

機関票: 過去1年間(平成14年11月1日ー平成15年10月31日)の利用者/相談者で被虐待者の総数および種類別人数、機関の属性、対応の仕組みの希望等。

個票: 過去1年間(上記と同じ期間)の利用者/相談者の中で被虐待者と思われる者に1票機関ごとに順番に合計3人まで。

被虐待者: 65才以上の高齢者で対象者の範囲にあてはまる者。

7

調査対象者の範囲 (虐待の定義)

- 身体的虐待: 暴力的行為などで、身体に傷やあざ、痛みを与える行為や、外部との接触を意図的、継続的に遮断する行為。
(具体的な例は省略)
- 心理的虐待: 脅かしや侮辱などの言語や威圧的な態度、無視、嫌がらせ等によって精神的、情緒的に苦痛を与えること。
(具体的な例は省略)
- 性的虐待: 本人との間で合意が形成されていない、あらゆる形態の性的な行為またはその強要。
(具体的な例は省略)

8

調査対象者の範囲（つづき）

- 経済的虐待: 本人の合意なしに財産や金銭を使用し、本人の希望する金銭の使用を理由なく制限すること。
(具体的な例は省略)
- 介護・世話の放棄・放任: 意図的であるか、結果的であるかを問わず、介護や生活の世話をしている家族が、その提または
行っ
供を放棄ま
放任し、高齢者の生活環境や、
高齢者自身の身体・精神的状態を
悪化させること。
(具体的な例は省略)

調査期間: 平成15年11月25日ー平成16年1月7日(調査票記載の締切り日は平成15年12月12日であったが回収票を確保するために回収期間を延長した)。

9

2. 特定地域調査

調査対象機関:

	居宅介護/在宅介護 支援センター	病院	診療所	合計
横須賀市	71	13	275	359
大府市	16	4	36	56
北九州市戸畑区	14	6	54	74
合計:	101	23	365	489

調査票:

機関票: 489事業所の管理者が記入。

個票: 全国調査と同じ基準。但し被虐待者と思われる者「全員」を対象。

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特定地域調査（つづき）

調査期間：全国調査と同じ（平成15年11月25日－平成16年1月7日）。

3. 自治体調査

調査対象：全国3,199全市区町村の高齢者虐待のケースに「中心に対応する可能性が最も高い部署」。

調査目的：高齢者虐待への取り組みの状況、虐待措置件数、対応の仕方等に関する情報の把握のため。

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自治体調査（つづき）

調査期間：平成15年11月14日－平成16年2月20日

調査実施方法

全国調査及び特定地域調査：調査票を「宅配メール便」で全対象機関（17,291機関）に発送。しかし、回答は郵送で回収。

自治体調査：全国3,199調査対象市区町村にFAXで厚生労働省から都道府県介護保険所管課を経由で発送。調査票の回収もFAXで行う。

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全国調査の結果(1)

回収率：

機関	有効回収率 (%)	個票回収数
◎ 居宅介護支援センター/事業所	41.5	3,253
◎ 訪問介護事業所	32.9	348
◎ 訪問介護ステーション	46.5	362
◎ 通所介護事業所	35.9	545
◎ 病院	25.5	64
◎ 介護老人保健施設	44.9	240
◎ 都道府県設置保健所	74.1	42
◎ 政令都市・中核都市・特別区設置保健所	38.7	131
◎ 市町村保健センター	43.4	282
総計：	39.9%	5,267

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全国調査の結果(2)

虐待を受けた虐待者の把握の有無:

機関	有 (%)	無 (%)	回答なし (%)
◎ 居宅介護施設 (n=2,023)	41.7	55.4	2.9
◎ 地域型在支援 (n=1,064)	57.1	40.9	2.0
◎ 基幹型在支援 (n=404)	67.8	31.2	1.0
◎ 訪問介護 (n=658)	31.6	65.7	2.7
◎ 訪問看護 (n=410)	48.0	50.2	1.7
◎ 通所介護 (n=922)	34.1	64.0	2.0
◎ 病院 (n=190)	19.5	78.4	2.1
◎ 老健 (n=407)	37.3	61.2	1.5
◎ 都道府県保健所 (n=97)	27.8	70.1	2.1
◎ 政令等保健所 (n=81)	69.1	29.6	1.2
◎ 市町村保健センター (n=442)	33.7	62.4	3.8

X₂: p=0.00

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全国調査の結果(3)

被虐待者の数:

機関	回答件数	合計人数	ケアマネとの関係(順位)
			74.8%の被虐待者
◎ 居宅介護施設	1,951	1,898	1
◎ 地域型在支援	1,039	1,707	1
◎ 基幹型在支援	398	1,252	2
◎ 訪問介護	639	528	2
◎ 訪問看護	401	437	2
◎ 通所介護	904	710	—
◎ 病院	186	92	—
◎ 老健	399	340	—
◎ 都道府県保健所	95	51	—
◎ 政令等保健所	80	317	—
◎ 市町村保健センター	424	449	—
* 重複回答多くあり。		(7,781) *	

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全国調査の結果(4)

被虐待者と最も近い関係にある専門職:

機関	職種 1位	職種 2位
◎ 居宅介護施設	担当ケアマネ(86.0%)	介護サービス提供者(4.0%)
◎ 地域型在支援	担当ケアマネ(61.8%)	その他(31.8%)
◎ 基幹型在支援	その他(38.1%)	担当ケアマネ(25.0%)
◎ 訪問介護	介護サービス提供者(78.4%)	担当ケアマネ(12.6%)
◎ 訪問看護	看護師(79.6%)	担当ケアマネ(12.7%)
◎ 通所介護	介護サービス提供者(67.3%)	看護師(9.0%)
◎ 病院	看護師(28.1%)	MSW(26.6%)
◎ 老健	ケースワーカー(29.2%)	その他(22.5%)
◎ 都道府県保健所	保健師(78.6%)	その他(14.3%)
◎ 政令等保健所	保健師(79.4%)	ケースワーカー(9.9%)
◎ 市町村保健センター	保健師(68.4%)	その他(11.3%)

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