

全国調査の結果(5)

被虐待者について

被虐待者とケアマネジャーの関係が深いことが分かったので、回答者が「担当ケアマネジャー」であった回答を別途集計し、分析した。以下、結果を報告する。

被虐待者の平均年齢、性別:

- ・ 平均年齢:80.7才。男性:23.7%、女性:75.8%

被虐待者の要介護度:

- ・ 自立(0.4%), 要介護(4.3%), 要介護1(21.3%), 要介護2(19.4%), 要介護3(20.7%), 要介護4(18.7%), 要介護5(11.9%)

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全国調査の結果(6)

世帯の経済状況:

- ・ 余裕がある(18.7%), 困らない程度(46.5%), 時々困る(14.1%), 常時困っている(16.1%), その他(4.6%)。

サービス利用の適切さ:

- ・ 適切なサービス利用はない(51.2%), 適切なサービス利用あり(42.3%)。

利用していたサービス:

- ・ 通所介護(51.4%), 訪問介護(48.6%), 短期入所(26.1%)。

虐待者(虐待をしていると思われる中心的な人物)の続柄:

- ・ 息子(31.2%), 嫁(20.0%), 娘(15.9%), 夫(12.9%), 妻(8.6%)。

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他の虐待者の有無:

- ・ いない(42.0%) いる(32.6%) その他/わからない(30.4%)
(重複回答あり)

他の虐待者の続柄:

- ・ 息子(10.1%), 嫁(8.6%), 孫(5.2%), 娘(3.4%),
配偶者(2.8%)。

虐待者の年齢

- ・ 40代-64才位(63.5%), 65才以上(27.6%), 40才未満(8.1%),
わからない/無回答(0.8%)。

虐待者の性別:

- ・ 男性(50.5%), 女性(48.0%)。

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全国調査の結果(8)

同居・別居の状況:

- ・ 高齢者と同居(88.3%) 近隣別居(8.3%)。

虐待者と被虐待者の接触時間:

- ・ 常時接触(51.5%), 日中以外は常時(27.1%),
週に数日程度(6.4%), ほとんど接触なし(5.8%)。

虐待者の介護の取り組み:

- ・ 主任介護者(60.5%), 関与なし(13.3%),
補佐的役割(11.7%), 介護は不要(7.0%)。

虐待者の介護歴(主介護者のみ):

- ・ 1-3年(32.7%), 5年以上(26.9%),
3-5年(20.2%), 1年未満(14.2%)。

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全国調査の結果(9)

ケアマネージャーが虐待を知った経緯:

- ・ ケアマネ自身の気づき(27.4%), 他の職員(19.2%), 高齢者自身からの申告(15.7%), 他機関からの通報(10.5%), 家族・親族からの申告(9.6%), 虐待者からの申告(7.3%)。

虐待の主な内容:

- ・ 心理的虐待(63.7%), 放棄・放任(51.5%), 身体的虐待(50.1%), 経済的虐待(22.3%), 性的虐待(1.2%)。

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全国調査の結果(10)

虐待の具体的な内容:

- ・ 暴言、威圧、侮辱、脅迫(53.5%), 傷にならない程度の暴力的な行為(37.2%), 入浴・排泄介助放棄(24.4%), 水分食事摂取放任(17.8%), 無視(17.5%), 劣悪な住環境(17.1%), 年金、預貯金、不動産収入の取上げ(15.3%), 外傷(13.8%)
(複数回答あり)。

虐待が最も深刻であった時点での高齢者の状態:

- ・ 心身の健康に悪影響がある状態(51.6%), 意志が無視・軽視されている状態(30.5%), 生命に関わる危険な状態(10.7%)。

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全国調査の結果(11)

虐待についての高齢者本人の自覚の有無:

- ・自覚がある(45.5%), 自覚がない(29.2%)。

虐待者の虐待についての自覚の有無:

- ・自覚はない(53.8%), 自覚がある(24.5%)。

高齢者からの虐待についてのサインの有無:

- ・何らかのサインがある(50.1%), 何の反応もない(29.2%), 隠そうとする(12.1%)。

虐待者から相談等の有無:

- ・ない(69.2%), ある(29.2%)。

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全国調査の結果(12)

虐待の発生に影響があったと思われること全て:

- ・虐待者の性格や人格(49.8%), 高齢者本人と虐待者の人間関係(47.1%), 高齢者本人の性格や人格(38.3%), 虐待者の介護疲れ(37.2%), 高齢者の痴呆による言動の混乱(36.3%), 高齢者の身体的自立度の低さ(30.5%), 高齢者の排泄介助の困難さ(25.3%)。

問題解決のための介護サービスの利用状況:

- ・短期入所者生活介護(31.1%), 訪問介護(29.6%), ケアマネ・在介 支援職員の訪問増加(28.9%), 通所介護(28.0%), 新規利用開始(10.0%)。

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全国調査の結果(13)

問題解決のために関与した機関:

- ・ 担当ケアマネージャー(83.3%), 他の介護サービス機関(59.5%), 在宅介護支援センター(43.3%), 医療関連機関(36.2%), 市区町村(30.8%)。

問題解決のために行った虐待者への働きかけ:

- ・ 虐待者への介護負担軽減を勧めた(62.8%), 虐待者の気持ちの理解に努めた(57.9%), 虐待者の相談に十分にのった(40.1%), 虐待者以外の親族へ理解を求めた(36.4%), (一時的な)分離を勧めた(28.9%), 虐待者への説得を行った(21.6%)。

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全国調査の結果(14)

援助上、困難であった点:

- ・ 虐待者が介入を拒否(38.5%), 技術的に難しかった(33.0%), 立場上難しかった(30.8%), 経済的理由でサービス利用増加困難(26.8%)。

2. 特定地域調査

地域	居宅介護/在宅介護	病院	診療所	合計
横須賀市	回収率 36.2%	30.8%	20.0%	23.4%
	個票 18	4	15	37
大府市	回収率 50.0%	50.0%	58.3%	55.4%
	個票 14	0	0	14
戸畑区	回収率 50.0%	16.7%	46.3%	44.6%
	個票 11	8	3	22
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全体回収率	39.6%	30.4%	27.7%	30.3
個票トータル	43	12	18	73

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3.自治体調査の結果(1)

回収状況:

- ・ 3,193市区町村のうち2,589市区町村の回答があった(回答率80.1%)。

高齢者虐待に中心的に関わる自治体の部署の「機能」:

- ・ 一般高齢者福祉事業(88.9%), 一般高齢者に関する相談(71.9%), 介護保険業務(71.1%), 要介護高齢者に関する相談(63.5%), 保健センター(25.3%), 基幹型在宅介護支援センター(25.0%)。

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自治体調査の結果(2)

地域ケア会議の開催状況(平成14年11月1日ー平成15年10月31日):

- ・ 平均開催回数:11.6回(中央値:12)
- ・ 平均市区町村担当者出席回数:11.2回(中央値:12)

上記一年間に回答部署に持ち込まれた高齢者虐待に関する相談:

- ・ 相談人数合計(6,062人), 身体的虐待(2,797人), 世話・介護の放棄・放任(2,285人), 心理的虐待(1,863人), 経済的虐待(1,277人), 性的虐待(54人)。

高齢者虐待に対する取り組みの現状(n=2,589):

- ・ 取り組みを実施している(8.7%), 準備を勧めている(24.2%), 特になし(65.8%)。

取り組みの内容(実施済みの自治体のみ、n=226)

- ・ 相談窓口の設置(68.5%), 緊急対応型ショートステイ(35.3%), 事業者研修会/勉強会(19.0%), 虐待対応のネットワーク化(7.0%), 市民への啓発活動(6.1%)。

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自治体調査の結果(3)

高齢者虐待のための専門チームの有無(n=2,507):

- ・ ない(96.8%)、ある(2.7%)*、無回答(0.5%)。

*合計70市区町村が「ある」と回答した。

専門チームのメンバー(n=70)

- ・ 在宅介護支援センター(56件80.0%)、民生委員(45件64.3%)、自治体の高齢者虐待所管部局(44件62.9%)、居宅介護支援事業者(41件58.6%)、自治体の保健福祉関連部局(39件55.7%)

専門チームの事務局(n=70):

- ・ 自治体の高齢者虐待所管部局(35件50.0%)、在宅介護支援センター(13件18.5%)、等。

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総括

- 全国調査の単純集計の結果と自治体調査の結果からいくつかを選んで報告した。全国調査のデータはクロス集計もされているが、その結果については時間とスペースの関係で触れなかった。特定地域調査の結果については、現時点でデータが発表されていないので、この報告には入っていない。
- 単独集計のみからでも、主な虐待者の続柄、虐待の深刻度、虐待のサイン、虐待発生要因、高齢者虐待対応におけるケアマネジャーの重要性、自治体の高齢者虐待への対応の関心度等に関して貴重な情報が得られた。クロス集計の分析は次の機会に報告する。

以上

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*57th Annual Scientific Meeting of the Gerontological Society of
America (GSA)
Washington, D.C, U.S.A*

**Findings of Japan's First Nationwide Study
of Domestic Elder Abuse, along
with Their Public Policy Implications**

A Paper Presentation

Shukutoku University Sociology Department

Chiba, Japan

T. Tatara, Ph.D

November 22, 2004

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**Japan's First Nationwide Study
of Domestic Elder Abuse**

Purpose

- To find out the state and causes of abuse of the elderly in the home by family members and others, and
- To examine the extent of services that are available through local agencies.

The organizations that conducted the study

- Institute for Health Economics and Policy in Tokyo
- UFJ Institute, Ltd. In Tokyo, Japan
(subcontractor)
- Advisory committee of 12 experts, chaired by T.Tatara

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Study Subjects

- **National survey (agency survey) – A total of 16,802 providers of nursing care and healthcare services (11 different types of service providers, from each of which a sample of agencies were chosen).**
- **Local governments surveys – All 3,204 municipalities in Japan were studied.**

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Study Period

- **National survey (agency survey): Nov. 25, 2003 to Jan. 7, 2004.**
- **Local governments survey: Nov. 14, 2003 to Feb. 20, 2004.**
- **Entire study: April 1, 2003 to March 31, 2004.**

Survey Methodology

- **National Survey (agency survey): Two types of questionnaires (the agency form and the case data form) were delivered by couriers.**
- **Local governments survey: A questionnaire was faxed to each local government through the prefectural government's unit on public long-term care insurance.**

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Response Rates

- **National survey (agency survey): 6,698 agencies responded; the valid response rate was 39.9%.**
- **Of these agencies, 2,865 (42.8%) reported cases involving elder abuse. These agencies completed individual case data forms that covered a total of 4,877 cases of elder abuse.**
- **Local governments survey: 2,589 municipalities responded, making the response rate at 80.1%.**

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Summary of the Survey Findings

The summaries are based on an analysis of the responses from care managers (N=1,991), who were determined to be the closest to victims of abuse among all the professionals working with older people.

- **The average age of abused persons: 81.6 years old.**
- **23.6% of the victims were male, while 76.2 % were female.**
- **Financial status of households: financially well-to-do (19.1%) had enough to live comfortably (46.9%), sometimes in financial difficulty (14.2%), and always in financial hardship (15.6%).**
- **Identity of the abuser: victim's son (32.1%), victim's daughter-in-law (20.6%), victim's spouse (20.3%), victim's daughter (16.3%).**

○ = the points that need to be stressed for policy implications

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- Age and gender of main abusers: “40 to around 64 years of age” (64.4%), “65 and older” (27.7%); 49.9% of the main abusers were male while 49.8% were female.
- Living arrangement of abusers: co-resident with the abused (88.6%), living separately but nearby (8.2%), living separately far away (2.5%).
- Types of abuse: psychological abuse (63.6%), caregiver neglect (52.4%), physical abuse (50.0%), financial abuse (22.4%), and sexual abuse (1.3%).
- Severity of abuse: life threatening situation (10.9%), negatively affecting physical or mental health of older people (51.4%), and disregard or neglect of the victim’s wishes (30.8%).

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- Victim’s awareness of abuse: “aware of being abused” (45.2%), “not aware of being abused” (29.8%), and “don’t know” (24.5%).
- Abuser’s awareness of abuse: “aware of abusing” (24.7%), “not aware of abusing” (54.1%), “don’t know” (20.4%).
- Victim’s communication of abuse: showed some sort of sign of being abused (49.3%), tried to hide (12.1%), no reaction (30.2%).
- Likely causes of abuse: character and personality of abuser (50.1%), bad personal relationship between the abused and abuser (48.0%), character and personality of the abused (38.5%), abuser’s fatigue from providing care (37.2%), confused behavior of the abused due to dementia (37.0%).

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- Circumstances of discovery of abuse: “noticing of the abuse by care managers themselves” (27.8%), “discovery of abuse by other staff at the same agency” (19.2%), “reported by the abused” (15.6%), “informed by another agency” (10.3%), “reported by family/relatives of the abused” (9.8%).
- Response to the abuse problems: “action being taken to improve situation” (51.8%), “abuse no longer observed” (22.0%), “no action being taken” (14.9%), “the abused died before the abuse being resolved” (6.1%).

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- The use of services to resolve the abuse problem (n=1,470): “no particular use of hospital or other facilities” (26.3%), “admitted to hospital” (14.6%), admission procedures in progress or on waiting-list” (12.9%), “admitted to healthcare facility for the elderly” (8.0%), “admitted to special nursing home” (5.6%).
- New or expanded use of home-based nursing care services (n=1,470): short-stay nursing care services (31.8%), visiting nursing care (home helpers) (29.8%), increase in visits by care managers (29.0%), day services (28.2%), no new or expanded use of services (10.1%).
- Use of local welfare rights protection programs or adult guardianship scheme (n=1,470): local welfare rights protection program (5.0%), adult guardianship scheme (2.5%), neither (89.7%).

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- **Difficulty in responding to abuse (n=1,470): no particular difficulty (9.3%), some difficulty (43.0%), extreme difficulty (45.0%).**
- **Problems encountered while providing assistance (n=1,293): refusal of intervention by abusers (38.2%), technical difficulties (lack of intervention skills) (33.6%), job position related difficulties (conflict of interest, etc) (30.3%), difficulty in increasing service use because of financial reasons (26.8%), no place for emergency refuge (15.2%), refusal of intervention by the abused (14.5%).**

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Summary of the Presentation

- **Among the professionals working with older people, care managers are the closest to victims of elder abuse, professionally. (Care managers are new nursing care professionals, created to work with Japan's Long-Term Care Insurance System.)**
- **More than two-thirds of the elder abuse victims are female in Japan, today.**

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Summary of the Presentation (Cont.)

- **Victim's son is most frequently cited as the abuser of the elderly. (Many previous studies said that victim's daughter-in-law was the most frequent abuser of older people.)**
- **Most abusers live with the abused, and the majority of them are the main caregivers.**
- **Psychological abuse, caregiver neglect, and physical abuse are the three most prevalent types of elder abuse in Japan.**

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Summary of the Presentation (Cont.)

- **Although most elder abuse cases do not place older people in life-threatening situations, about 10% of them do, and this fact can not be ignored.**
- **The majority of abusers are not aware of the fact that they are committing elder abuse, but nearly one-half of the victims are aware that they are being abused. Also, about one-half of the abused are sending some sort of sign of being abused. (These facts need to be included in the training curriculum of care managers.)**₁₄

Summary of the Presentation (Cont.)

- **Caregiving fatigue is responsible for more than one-third of the elder abuse cases, and this fact can not be ignored.**
- **Nearly one-half of the elder abuse cases are discovered by care managers and their colleagues in the same agencies, but about one-fourth are reported by the abused and their family members/relatives. (New law must take these facts into account.)**

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Summary of the Presentation (Cont.)

- **Responding to abuse is difficult, and nearly one-half of the respondents experienced “extreme difficulty.” The refusal of intervention by abusers is the most frequent problem encountered by care managers while providing assistance. (The training curriculum should include appropriate contents on the handling of difficult cases.)**
- **Only a small number people use the services of advocacy programs or adult guardianship programs in Japan for the purpose of solving the problems of elder abuse. (Social workers and care managers need to be trained more on these programs.)**

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Summary of the Presentation (Cont.)

- **Short-stay nursing care services, visiting nursing care services, and day services are the three most popular nursing care services among the families that experience elder abuse in Japan.**
- **Only a small number of cases result in the admission to special nursing homes or healthcare facilities for the purpose of solving the elder abuse problems.**

For questions and more information, please contact T.Tatara at ttatara@beige.ocn.ne.jp.

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*First Conference of Korean International Network
for the Prevention of Elder Abuse (KINPEA)*

**“A Summary of the Findings of Japan’s
First Nation-wide Study of Domestic Elder Abuse
with Some Policy Implications**

A Presentation

Toshio Tataru, Ph.D

INPEA Board Member in Charge of Asia

Professor, Shukutoku University

Chiba, Japan

December 21, 2004

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