UK Study of Abuse and Neglect of Older People

Prevalence Survey Report

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Summary of key findings

Introduction

- The UK Study of Abuse and Neglect of Older People, carried out by the National Centre for Social Research (NatCen) and King’s College London (KCL), was commissioned by Comic Relief and the Department of Health. Over 2,100 people in England, Scotland, Wales and Northern Ireland took part in the survey between March and September 2006. The survey included people aged 66 and over living in private households (including sheltered accommodation).

- The achieved sample was weighted to be representative of the general UK population aged 66 and over living in private households.

- This national prevalence survey forms part of a wider programme of research involving a literature review, focus groups with service-providers and stakeholders, qualitative interviews with older people who had experienced mistreatment, and a feasibility study for researching abuse and neglect in care homes.

- Throughout this report, “mistreatment” is used to describe both abuse and neglect. There are four types of abuse: psychological, physical and sexual abuse (sometimes referred to collectively as “interpersonal abuse”) and financial abuse.

Prevalence of mistreatment in the past year

- Overall, 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker (i.e. those in a traditional expectation of trust relationship) during the past year.

- This equates to about 227,000 people aged 66 and over in the UK who were neglected or abused in the past year.

- When the one year prevalence of mistreatment is broadened to include incidents involving neighbours and acquaintances, the overall prevalence increases from 2.6% to 4.0%. This would give a figure of approximately 342,400 older people subject to some form of mistreatment.

- Using this broader definition, mistreatment by neighbours and acquaintances was reported in 33% of cases, which is comparable with mistreatment by partners (35%) and other family members (33%).

- “Stranger abuse” was considered to be beyond the scope of this study.
The following key points refer to mistreatment involving family, close friends and care workers.

Types of mistreatment

- Prevalence rates for the individual types of mistreatment were: neglect (1.1% or 11 people in 1000), financial (0.7% or 7 people in 1000), psychological (0.4% or 4 people in 1000), physical (0.4% or 4 people in 1000) and sexual (0.2% or 2 people in 1000). 6% of those who had experienced mistreatment in the past year reported two different types of mistreatment.

Mistreatment by sex and age

- Women were more likely to say that they had experienced mistreatment than men (3.8% of women vs. 1.1% of men).

- Men aged 85 and over were more likely to have experienced financial abuse than men in the younger age groups, whereas women aged 85 and over were more likely to have been neglected.

- Looking at the prevalence of abuse excluding neglect, it increased with age for men, but decreased with age for women.

Mistreatment by socio-economic position and tenure

- Mistreatment varied by socio-economic position (from 4.3% of those who last worked in semi-routine and routine occupations to 0.1% of small employers and own account workers). Overall, and among both sexes, those who lived in rented housing (social or private) tended to have higher prevalence rates than owner-occupiers.

Mistreatment by marital status and living arrangements

- Mistreatment varied by marital status (from 9.4% of those who were separated or divorced to 1.4% of those who were widowed).

- People living alone were more likely than those living with others to have experienced financial abuse in the past year.

Mistreatment by health status

- Prevalence of mistreatment increased with declining health status. The level of mistreatment was higher for people with: a self-reported health status of bad or very bad, a limiting long-term illness, a lower quality of life, and for those suffering from depression.

- Overall, there was a higher prevalence of mistreatment among people who reported feeling lonely in the past week compared with those who had not felt lonely.

Perpetrators of mistreatment

- Overall, 51% of mistreatment in the past year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)
80% of interpersonal abuse (i.e. physical, psychological and sexual abuse combined) perpetrators were men and 20% were women. The split for financial abuse was more equal (56% men, 44% women).

The age profile of perpetrators tended to be younger for those carrying out financial abuse than for those carrying out interpersonal abuse.

Overall, 53% of perpetrators were living in the respondent’s household at the time of the abuse – this included 25% of financial abuse perpetrators and 65% of interpersonal abuse perpetrators.

**Effect of mistreatment**

Three-quarters of those asked said that the effect of the mistreatment was either serious (43%) or very serious (33%). The most commonly reported effects were emotional (such as feeling angry or upset), and social (for example feeling cut off from family and friends).

**Reporting mistreatment**

The majority (70%) of those who had experienced mistreatment in the past year said that they had reported the incident or sought help. Respondents mainly sought help from a family member or friend (31%) or a health professional or social worker (30%).

**Abuse since 65**

Abuse since the age of 65 was collected for physical (0.8%), financial (1.2%) and sexual abuse (0.3%). The since 65 prevalence rates were between 50% and 100% higher than these three types of abuse in the past year. (Mistreatment since 65 was not asked for neglect or psychological abuse.)

**Key results**

- The 2.6% prevalence rate of mistreatment for older people living in the community is broadly in line with other international research.
- When neighbours and acquaintances are added to family, friends and care workers, the prevalence rate increases from 2.6% to 4.0%.
- Both of these are likely to be an under-estimate because of the conservative definitions used to measure mistreatment, and the absence of people in the survey with severe dementia or living in residential care.
- The problem of neglect stood out as the predominant type of mistreatment, followed by financial abuse. This is in contrast to the commonly assumed notion of “abuse” as physical violence.
- It may be the case that only a small proportion of cases of mistreatment are currently coming to the attention of Adult Protection services.
- Risk factors for neglect include: being female, aged 85 and over, suffering bad/very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.
- The risk of financial abuse increased for: those living alone, those in receipt of services, those in bad or very bad health, older men, and women who were divorced or separated, or lonely.

- Risk of interpersonal abuse was higher for: women aged 66-74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them.
1 Introduction

1.1 Background and policy context

Introduction
Elder abuse and neglect (elder mistreatment) are increasingly acknowledged as a social problem in the UK and internationally. Knowledge of the extent of mistreatment has improved internationally over the past 25 years with prevalence surveys in the USA, Canada and The Netherlands, as well as a modest attempt in 1992 in Britain. In 2005, the National Centre for Social Research (NatCen) and the Institute of Gerontology at King’s College London (KCL) were commissioned by Comic Relief and the Department of Health to carry out the UK Study of Abuse and Neglect of Older People. This is the first dedicated study of its kind in the UK, and its aim is to provide nationally representative prevalence estimates on elder abuse and neglect in the UK.

Policy context
The overall context of policy addressing the abuse and neglect of older people is the growth of the older population and increasing longevity. These developments have involved concomitant growth in the numbers of people with disabilities, mobility and cognitive problems. Most people, as they age, remain in their own homes and policy aims to support them in this, although as people age, particularly after 85, greater proportions move to care homes. There have been substantial and rapid changes in the way social care is provided, involving the growth of independent provision of services, increased importance of regulation, service commissioning and assessment. This has been paralleled by a substantial growth in the private funding of both domestic help and personal care in people’s own homes.

Policy bearing indirectly on abuse
The National Service Framework for Older People set out standards for providers of care and support to older people in England in 2001. Key standards relevant to the prevention of abuse are: rooting out age discrimination (standard 1), person centred care (standard 2) and mental health in older people (standard 7). Legislation has been introduced to extend regulation to the area of private domiciliary care (Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002, Safeguarding Vulnerable Groups Act 2006).

The introduction of Fair Access to Care Services in 2003 introduced criteria for eligibility for adult social care that aimed to target provision on those assessed to have priority need. The Green Paper 2005 Independence, well-being and choice followed by the White Paper 2006 Our Health, Our Care, Our Say have shifted the policy debate, by emphasising the sometimes positive aspects of risk and the importance of personalising care through which people are more involved in making choices about the type and level of support they need. These developments are influencing the background against which abuse is recognised as a social problem.
The Department of Health has also more recently launched a Dignity in Care campaign, with dignity tests, dignity champions and a “dignity challenge” that requires services to have a “zero tolerance of all forms of abuse” and to ensure that people feel able to complain without fear of retribution. The significance of “partnership working” – between the NHS and social care, between social care and the police and between statutory, voluntary and independent sectors - has also been a theme reflected in successive policy documents.

Policy parameters relating specifically to abuse

Policy specifically addressing the abuse of older people has had two main parameters:

**Protection:** Policy towards adults has in many respects replicated policy towards children, although commentators, including the Department of Health, have been quick to point out the differences. However, the White Paper, Modernising Social Services, made protection of adults one of three key priorities. This was mainly interpreted in terms of regulation, both of care standards and of staff working in social care. Most local authorities have addressed the issue of abuse under the heading of Adult Protection.

**Vulnerability:** Rather than focusing on all adults, older people have been regarded as a vulnerable group, along with people with learning disabilities, mental health problems and physical disability. A “vulnerable adult” is defined, in line with reports from the Law Commission, as one “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

No Secrets and In Safe Hands

No Secrets is the current Government guidance in England and Northern Ireland, issued by the Department of Health and the Home Office, addressing the abuse of vulnerable adults, and In Safe Hands is the comparable Welsh guidance. Both were issued in March 2000, and required local authorities, the mandated lead agency, to collaborate with other local bodies, notably the police and the NHS, in drawing up multi-agency responses to abuse through policies, procedures, joint training, information sharing and so on. Abuse was defined in the No Secrets guidance as: “a violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of a single or repeated acts. It may be physical, verbal, or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”. The guidance stressed that a vulnerable adult might be abused by a wide range of people, and cited “relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers”.

The definitions in No Secrets and In Safe Hands now constitutes a relatively early attempt to describe mistreatment in policy terms. There is, for example, no attempt to expand upon when single or repeated acts should most appropriately be considered as mistreatment, nor whether different types of abuse arise in particular circumstances or require different remedies. It reflects a civil rights approach and is broad in what it attempts to cover. As such it anticipates a move away from notions of vulnerability, toward an understanding of mistreatment as affecting the well-being of older people.
This approach has now been refined in a turn toward the role of “safeguarding” older adults as promoted by the Association of Directors of Social Services (see below).

Multi-agency policies and procedures for addressing abuse now exist in all local authorities, but there is considerable diversity in administrative arrangements and in the resources allocated to this work.\(^\text{12}\)

**House of Commons Health Committee**

The House of Commons Health Committee addressed the topic of elder abuse in the 2003/4 Parliamentary session. The Committee viewed the definition of abuse in No Secrets as a valuable starting point, but recommended a broadening of the definition to include: "those individuals who do not require community care services, for example older people living in their own homes without the support of health and social care services, and those who can take care of themselves".\(^\text{13}\) Overall, the Committee focused their attention on standards and regulation, and on the whole area of relationships between vulnerable older people and paid staff in both community and institutional settings. Abuse by family members, in all its complex variations, was relatively neglected. However, the Committee were clear that the absence of any sound research on prevalence meant that there was a major gap in knowledge and recommended that this should be remedied, a recommendation that led directly to the commissioning of the UK prevalence survey described in this report.

**Action on Elder Abuse**

Action on Elder Abuse (AEA)\(^\text{14}\) was founded in 1993 by a group of people who were concerned about the low profile of the abuse of older people. The charity has grown substantially since then and has received on-going financial support from the Department of Health, as well as other sources. In 1997, the charity set up a national telephone help-line that provides free, confidential information and advice on mistreatment to the public. The service took over 10,000 calls between 1997 and 2003, and this information contributed substantially to the charity’s significant volume of evidence to the House of Commons Health Committee. Following the Committee’s report, Action on Elder Abuse suggested to Comic Relief that the single most important contribution that could be made at the present time to help address the problem of elder abuse would be to fund a prevalence study. The result was that Comic Relief, with co-funding from the Department of Health, offered the funding required to finance a robust piece of research. In April 2004, the Department of Health commissioned the charity to report on Adult Protection recording systems in England. The report, issued in 2006, made three main recommendations. Adult Protection work should have: a) a national data collection system; b) a performance indicator; c) a statutory framework with increased resources. The charity is currently pressing in particular for “comprehensive legislation that defines the nature of abuse, makes protection a legislative requirement and provides penalties for those guilty of such offences”.\(^\text{15}\)

**Other voluntary sector organisations**

Help the Aged, in conjunction with Action on Elder Abuse, initiated a campaign in 2006 to stop the abuse of older people.\(^\text{16}\) The Practitioner Alliance against the Abuse of Vulnerable Adults (PAVA) was founded in 1997.\(^\text{17}\) It brings together practitioners in the private, statutory and voluntary sectors to promote good practice in relation to the abuse of vulnerable adults. In 2002, the Department of Health gave the organisation a Section 64 grant for three years to examine practice in the wake of the No Secrets guidance. A final report was issued in 2005, and gives a wide range of good practice examples, from case monitoring and reporting to partnership and training initiatives.\(^\text{18}\)
Safeguarding Adults (Association of Directors of Social Services, 2005)

Safeguarding Adults is arguably the most important policy document since No Secrets, as it reflects the experience of those charged with implementing the guidance and was drawn up in consultation and partnership with key organisations that included the Association of Chief Police Officers, the Commission for Social Care Inspection, the Department of Health and the Public Guardianship Office. This document does away with the language of vulnerability and protection. “Safeguarding” replaces “protection” in line with the movement in children’s services in the 2004 Children Act. “Vulnerability” ceased to be a criterion for eligibility for services under Fair Access to Care and was replaced by a criterion of “level of risk to independence”. A critical level (priority 1) included the risk that “serious abuse or neglect has occurred or will occur”; while a substantial level (priority 2) included the risk that “abuse or neglect has occurred or will occur”. Most users of social care services provided through (if not financed by) the statutory sector will now have to meet the “substantial” level of risk criterion outlined in the CSCI report.

The report states that the term Safeguarding Adults “means all work which enables an adult ‘who is or may be eligible for community care services’ to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect”. The report continues: “This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community case services but whose need – in relation to safeguarding – is for access to mainstream services such as the police”. The report also argues that while vulnerable people may be disproportionately in the category of those who are abused, the label of vulnerability “can be misunderstood, because it seems to locate the cause of abuse with the victim, rather than in placing responsibility with the actions or omissions of others”.

The principal recommendations of the report are for the extension of partnership working in relation to the problem of abuse and the firm linking of the Safeguarding Adults Partnership to the Crime and Disorder Reduction Partnership under the aegis of the Local Strategic Partnership. The report sets out eleven good practice standards covering partnership, access to help and response to need. The importance of resources is emphasised.

Mental Capacity Act 2005

The Mental Capacity Act attempts to provide a rights-based, flexible framework for decision-making that addresses the varying mental capacities of particular individuals. For the first time, an offence is created relating to abuse or neglect. Under Section 5 of the Act, a person is guilty of an offence if he has the care of a person who lacks capacity (reasonably believed), or is donee of a Lasting Power of Attorney, and ill-treats or wilfully neglects the person. The Act also replaces the current Enduring Power of Attorney with a Lasting Power of Attorney and this confers responsibility on the donee to consider the personal welfare, as well as the finances, of the person without capacity.

Adult Support and Protection (Scotland) Act 2007

Scotland has proceeded further down the legislative route than the rest of the UK in relation to abuse and neglect, adopting a legislative framework to protect adults at risk of abuse or neglect, including self-neglect. The following information is from the briefing paper prepared for the Health Committee of the Scottish Parliament. The draft bill has abandoned the use of “vulnerability”, using instead “Adults at Risk” – “adults, who because they are affected by disability, mental disorder, illness, infirmity or ageing, are – (a) unable to protect themselves from abuse, or (b) more vulnerable to being abused than persons who are not so affected” (Section 3). The definition of abuse (Section 50)
"includes any conduct which harms or exploits an individual, and in particular includes – (a) physical abuse, (b) psychological abuse, (c) theft, fraud, embezzlement and extortion, (d) self-abuse, and (e) any other conduct which causes fear, alarm or distress or which dishonestly appropriates property".

The briefing concludes with a statement of resource implications of the reforms. It is estimated that this will be "of the order of £13m".

1.2 Earlier prevalence studies on elder abuse

Published studies of the prevalence of elder abuse have been carried out in Boston, USA, Canada, Britain, and Amsterdam, The Netherlands. Prevalence estimates from these studies (for mistreatment in the past year) have ranged from 2.6% to 5.6%. Table 1.1 provides a summary of these findings.

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<td>Past year / since 65</td>
<td>&quot;Recently&quot;</td>
<td>Past year / since 65</td>
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<tr>
<td>Neglect</td>
<td>0.4 (past year)</td>
<td>0.4 (past year)</td>
<td>na</td>
<td>0.2 (past year)</td>
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<tr>
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<td>1.4 (past year)</td>
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<td>1.1 (past year)</td>
<td>5.4</td>
<td>3.2 (past year)</td>
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<td>0.5 (since 65)</td>
<td>1.5</td>
<td>1.2 (past year)</td>
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<td>Sexual</td>
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<td>na</td>
<td>na</td>
<td>3.9 (since 65)</td>
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<tr>
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<td>na</td>
<td>0.8</td>
<td>na</td>
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<tr>
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<td>2.6 (past year)</td>
<td>4.0 (since 65)</td>
<td>na</td>
<td>5.6 (past year)</td>
</tr>
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Sample size 2020  2008  593  1797

1. Age range varied. Adults were 65 and over in Boston and Canada, 60 and over in Britain, 65-84 in Amsterdam.
2. na indicates data not available as abuse type not included in study.
3. In the Boston and Canada studies, since 65 "any mistreatment" prevalence estimates include the past year estimates for neglect and psychological abuse.

Variation in prevalence estimates is heavily influenced by differences in methodology. The studies used different definitions of elder abuse, included different ranges of behaviours and perpetrators and had varied sampling strategies and modes of data collection (Boston and Canada, telephone interviews; Great Britain and Amsterdam, face to face interviews).
Initial prevalence studies focused on a relatively narrow range of behaviours and perpetrators. The Boston study did not include financial abuse, neglect was not covered in Britain and sexual abuse was not covered in any study. There were also variations in the way different types of abuse were defined and in question wording. For example, the British study consisted of only three questions of events that had “happened recently”. Verbal abuse was defined as: “being frightened because a family member had shouted at you, insulted you or spoken roughly to you” and financial abuse as whether a close family member or relative had "taken money or property from you without your consent". A single question format was used to represent a range of behaviours, whereas the Canadian study used a series of questions about individual behaviours ranging from theft of money and property to attempts to persuade the elderly person to sign over property or change a will in their favour. Perpetrator type was also more limited in these studies. Family and care workers were typically included, but abuse by friends was excluded or not categorised. Relationships where there is an expectation of trust are now widely accepted to include those with family, friends and paid care workers or volunteers.

The earlier prevalence studies also differed in survey design. The age range of respondents varied: the Boston and Canadian studies focused on adults aged 65 and over; the Amsterdam study adopted a narrower age range of 65-84, while in Britain the lower age limit was 60. Previous surveys were conducted either using face to face (Britain, Amsterdam) or telephone interviewing (Boston, Canada). Although most were dedicated studies of elder abuse, questions about elder abuse in Britain were asked in the context of a more general Omnibus survey, undertaken by the Office of Population Censuses and Surveys.

1.3 The UK Study of Abuse and Neglect of Older People

The UK Study of Abuse and Neglect of Older People was commissioned following the 2004 report of the House of Commons Health sub-committee on elder abuse, which identified the absence of any sound data on the prevalence of elder abuse in the UK. As with studies in other countries, the UK Study of Abuse and Neglect of Older People focuses on abuse in community settings, and excludes both people living in institutions and those who cognitively are not able to take part in a survey. We now know that in community settings, there is a whole range of mistreatment, varying in severity, and ranging from the deliberately exploitative to the much more complex dynamics involved in relationships between adults. Individuals may mistreat others because they have substantive behaviour or personality problems, or health problems of their own and these also have to be seen in the light of how we, as a society in the 21st century, care for an increasingly older population.

The UK Study of Abuse and Neglect of Older People had four stages:

1. During the initial development stage focus groups were carried out with older people and carers, including black and minority ethnic elders and carers of older people with Alzheimer’s Disease, as well as with Adult Protection Officers and domiciliary care workers. Discussions covered definitions of abuse, terminology, risk factors and barriers to identifying and reporting mistreatment. Feedback from the focus groups informed questionnaire and survey design.

2. The second stage involved a UK wide prevalence survey, examining prevalence of mistreatment among older people living in private households. A new questionnaire was developed, based on earlier studies and current definitions of mistreatment, and was informed by the stage 1 focus
groups, an older person’s reference group and expert advisors. Results from the prevalence survey are described in detail in this report.

3. Qualitative in depth interviews with respondents were used to explore barriers to identifying and reporting mistreatment, and strategies and coping mechanisms which individuals develop in order to deal with mistreatment. The findings from the qualitative study will be published separately from the prevalence survey report.30

4. The fourth stage was a feasibility study exploring the barriers to studying mistreatment in care homes and recommending an appropriate methodology for carrying out a survey among care home residents. The findings from this stage of the research will be published separately from the prevalence survey report.31

1.4 Definitions of abuse and neglect

Introduction
Estimating prevalence by means of a national survey requires having clear and unambiguous definitions, but the definition of abuse is widely agreed to be a problematic area for research.32 The prevalence survey started from the definition developed by Action on Elder Abuse and which was adopted in 2002 by the World Health Organisation: “a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.33

This definition can be seen to have three components – behaviour, relationship and impact. Impact was investigated in both the survey and the qualitative phase of the research, but for the purpose of estimating prevalence, the research focused on clear definitions of the behaviour and relationship components. As the first UK attempt to develop definitions that could be operationalised, in a field where there are only a handful of existing studies, the versions used in the prevalence survey are unlikely to be the final word. The behavioural component followed contemporary research and policy guidance in covering five different types of mistreatment – financial, physical, psychological and sexual abuse, and neglect (see Figure 1.1). The relationship component attempted, by using the notion of an “expectation of trust”, to distinguish the behaviour that takes place in the context of relationships from harmful behaviour by strangers, self-neglect or harm and the kinds of “abuse” which people may perceive but that arise at societal level, such as long waits for healthcare treatment or ineligibility for social care provision.21 The key people thus identified for estimating prevalence were family members, close friends and care workers. However, information was also requested about mistreatment by neighbours and acquaintances.

Definitions of abuse and neglect
In this report, three key terms are used when discussing more than one form of mistreatment:

- “mistreatment” is used to refer to all forms of abuse (psychological, physical, sexual and financial) and neglect.
- “abuse” is used to refer to all forms of abuse, excluding neglect.
- “interpersonal abuse” is used to collectively describe physical, psychological and sexual abuse.

This distinction between abuse and mistreatment is useful as neglect is qualitatively different from other types of abuse: while financial, psychological, physical and sexual abuse stem from an action by a perpetrator, neglect is characterised by a lack of action, often by a designated caregiver.
Operational definitions of different types of mistreatment

Figure 1.1 shows the operational definitions of the five types of abuse and neglect covered in this study. The definitions used reflect a consensus among researchers about different types of abuse and neglect; they were taken from a Department of Health sponsored review of the research literature.29

Financial abuse was defined as “the unauthorised and improper use of funds, property or any resources of an older person”.29 This included the use of theft, coercion or fraud to obtain or try to obtain the older person’s money, possessions or property. Taking or attempting to take power of attorney were also included. For this activity to be defined as financial abuse the older person had to experience one or more incident in the past year.

Psychological abuse was defined as “the persistent use of threats, humiliation, bullying, swearing and other verbal conduct, and/or of any other form of mental cruelty that results in mental or physical distress”.29 Behaviours included in this category were verbal threats and insults and behaviour designed to undermine, exclude or isolate the older person. Respondents were asked whether anyone had: insulted them, called them names or sworn at them; threatened them in any way; undermined or belittled them; excluded or repeatedly ignored them; threatened to harm others that the older person cared about (including pets); or prevented them from seeing others that they cared about. Psychological abuse was defined as 10 or more incidents in the past year, by the same perpetrator.

The definition of physical abuse was “the non-accidental infliction of physical force that results in a bodily injury, pain or impairment”.29 Respondents were asked whether they had experienced a range of behaviours, including physical violence (slapping, hitting, punching or kicking), threats to use or actual use of a weapon like a knife or gun, physical restraint (being tied up or locked in a room) or overmedication. Flashcards and showcards were used so that interviewers did not have to read out the questions and each behaviour was asked about in turn (see Appendix A, Section A.2 for details). Physical abuse was recorded if the respondent had experienced one or more incident in the past year.

The questionnaire also covered sexual abuse, defined as “direct or indirect involvement in sexual activity without consent”.29 This was included in the interview in self-completion format, either on the laptop or on paper (see Appendix A, Section A.2 for details). Specifically, respondents were asked whether someone had made them watch pornography against their will, talked to them or touched them in a sexual way, or had sexual intercourse with them against their will. They were also asked whether anyone had tried to carry out each of these behaviours. Sexual abuse was operationally defined as one or more incident in the past year.

Neglect was defined as the “repeated deprivation of assistance needed by the older person for important activities of daily living”.29 Neglect can be deliberate or unintentional, but even in the latter case serious consequences for the individual can potentially arise. At an operational level, and for the purposes of this survey, neglect was defined as repeated deprivation of assistance needed by the older person for important activities of daily living including day to day activities such as: shopping and meal preparation; personal care like washing and dressing; and taking medications at the correct time and dose. In each case, the older person must have stated that they needed and normally received help with the activity, and that they would have difficulty carrying out the activity without help. Failure to help was classed as neglect if help was not provided at least 10 times in the past
**Figure 1.1: Operational definitions of financial, psychological, physical and sexual abuse and neglect**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Examples</th>
<th>Notes</th>
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| **Financial abuse**                                                       | 1 or more instance of financial abuse in the past year by family member, close friend, care worker | - Stolen money, possessions or property  
- Attempted to steal money, possessions or property  
- Made you give money, possessions or property  
- Tried to make you give money, possessions or property  
- Used fraud to take money, possessions or property  
- Tried to use fraud to take money, possessions or property  
- Taken or kept power of attorney  
- Tried to take or keep power of attorney |
| **Psychological abuse**                                                   | 10 or more instances of psychological abuse in the past year by the same person (family member, close friend, care worker) | - Insulted you, called you names or sworn at you  
- Threatened you  
- Undermined or belittled what you do  
- Excluded you or repeatedly ignored you  
- Threatened to harm others that you care about  
- Prevented you from seeing others that you care about |
| **Physical abuse**                                                        | 1 or more instance of physical abuse in the past year by family member, close friend, care worker | - Slapped you  
- Grabbed, pushed or shoved you  
- Kicked, bit or hit you with a fist  
- Burned or scalded you  
- Threatened you with a knife, gun or other weapon  
- Used a knife, gun or other weapon  
- Any other violence  
- Tied you down  
- Locked you in your room  
- Given you drugs or too much medicine in order to control you/to make you docile  
- Restrained you in any other way |
| **Sexual harassment / abuse**                                             | 1 or more instance of sexual harassment / abuse in the past year by family member, close friend, care worker | - Talked to you in a sexual way that made you feel uncomfortable  
- Touched you in a sexual way against your will  
- Tried to touch you in a sexual way against your will  
- Made you watch pornography against your will  
- Tried to make you watch pornography against your will  
- Had sexual intercourse with you against your will  
- Tried to have sexual intercourse with you against your will |
| **Neglect**                                                               | 10 or more instances of neglect in the past year by family member, close friend, care worker | OR less than 10 instances in the past year but judged by the respondent to be “very serious”.  
Respondent must have stated that they need and receive help with an activity, and that they have difficulty carrying out the activity by themselves.  
Neglect grouped into three categories: | - Day to day activities (shopping for groceries or clothes, preparing meals, doing routine housework, travel or transport)  
- Personal care (getting in and out of bed, washing or bathing, dressing or undressing, eating including cutting up food, getting to and using toilet)  
- Help with correct dose and timing of medication |
year, or if help was not provided on less than 10 occasions but the impact was judged by the respondent to be "very serious".

**Incidents**

Financial, physical and sexual abuse were recorded if the respondent had reported a single incident in the past year. Psychological abuse was defined as 10 or more incidents in the past year by a single perpetrator and neglect was defined as 10 or more incidents in the past year by any perpetrator.

Incidents that may be defined as neglect or psychological abuse may occur more often than those involved in other forms of mistreatment and could be expected to occur in the context of a non-abusive relationship. For example, a caregiver may be unable to help when expected for some good reason or a family member may swear at the older person during an argument. Although the AEA definition of elder abuse (Section 1.4), and wider definitions such as that outlined in No Secrets, define abuse as "a single or repeated act" there has, to date, been little attempt to indicate when single or repeated incidents should be taken into account and how different forms of mistreatment should be operationalised and tested for the purposes of research. It was therefore necessary to refine the definitions for the survey and to take the special characteristics of different forms of abuse into account. In order to do this, the research team drew upon definitions used in previous research, and took advice from older adults included in the focus groups and the reference group (see Section 1.5). Taken together, it was concluded that multiple incidents were required before neglect or psychological abuse were included as mistreatment. This conclusion also reflected a concern that, for responses where judgements were less behavioural and more contingent upon subjective evaluation, such as psychological phenomena, results should not appear to the "person in the street" as being either unrealistic or sensational.

Furthermore, neglect is qualitatively different from abuse, characterised by lack of action by someone who normally helps the older person. The different context of neglect was taken into account in its operational definition:

- Neglect was only recorded if the respondent relied on help such that they had difficulty carrying out the activity by themselves if help was not provided.
- If a respondent had experienced 10 or more incidents these were counted as neglect, even if the incidents involved different perpetrators. This contrasts with psychological abuse where all 10 incidents had to be carried out by a single perpetrator.
- Subjective views of severity were taken into account when recording neglect. If a respondent had experienced fewer than 10 incidents but regarded these as "very serious", neglect was recorded. Severity of neglect was also taken into account in earlier research into elder abuse, but no such distinction was made for psychological abuse. This may reflect the likely different impact of these two types of mistreatment and the fact that a single incident of neglect could have serious physical consequences, e.g. bedsores.

**Time period covered**

Respondents were asked whether they had experienced mistreatment in the past year (i.e. since the date of the interview, not the calendar year) and since age 65 and, if so, were asked further details. This report focuses on mistreatment in the past year as it provides a standardised timescale for mistreatment and a shorter time period for recall, limiting the impact of a possibly faulty memory on
reports. Asking about mistreatment since 65 does however allow an estimate of prevalence over a broader time period and captures more incidents.

**Age range of “older” people**

Adults aged 66 and over on 1 March 2006 were selected for the study. The effective lower age limit was 65 as questions focussed on abuse since 65 and in the past year. This is the age range most commonly used in earlier prevalence studies.\(^{25,26}\) Furthermore, as many adults retire from paid work at the age of 65, there are likely to be qualitative differences between adults under 65 and those aged 65 and over.

**Perpetrators**

The report focuses on mistreatment by individuals in a relationship with the older person where there is an expectation of trust, namely family, friends and care workers. This is the widely accepted definition in research literature and thus allows comparison of prevalence estimates with other surveys.\(^{32}\)

However, the survey also covers mistreatment by neighbours and acquaintances as well as by those in a “position of trust”. Qualitative data\(^ {30} \) suggests that the definition of abuse as perpetrated by friends, family or care workers may be unsustainable; adherence to such a strict definition may well mask some instances of abuse. Firstly, distinguishing “friends” from “acquaintances” is ambiguous and may well be interpreted differently by different respondents. Secondly, within the current social context, it is also increasingly likely that older adults come to rely on support from a wider range of people and may well place a degree of trust in neighbours and even acquaintances. For example, an older person may invite a neighbour into their home, seek advice from a neighbour about a financial matter, or may receive help with shopping from a neighbour or acquaintance. It could be argued that mistreatment can, and does, occur in these types of relationships. A person could reasonably expect to trust their neighbour, especially in the case of neglect.

While the report focuses on mistreatment in position of trust relationships with family, friends and care workers there is also some discussion of mistreatment by neighbours and acquaintances in Chapter 6. This does not extend the definition to include stranger abuse.

### 1.5 Developing the measures for abuse and neglect

The prevalence rates for mistreatment are based on self-reports provided by respondents. Hence, the data for the occurrence of the events and the judgement of their severity was dependent on individual respondent recall and evaluation. Judging the reliability and validity of the measurement of mistreatment is a complicated issue.

The development of the questions used to measure the prevalence of mistreatment was guided by previous research in this area and was based on internationally accepted definitions of how to operationalise the general concept of elder abuse. The research team drew on existing studies as a starting point for the survey questions. Of course some areas were experimental and a best attempt had to be made to operationalise a vaguely defined concept. The development stage of the survey included receiving advice and feedback from six focus groups, including three with older people, an older peoples’ reference group, an advisory group set up by Comic Relief and an expert advisor.
(Professor Karl Pillemer from Cornell University, USA). The draft questionnaire was evaluated using cognitive interviewing techniques to examine the thought processes involved in interpreting and answering questions. The revised questionnaire was then piloted by more than a dozen experienced NatCen interviewers in different parts of the country, with up to nine respondents each. This was followed by an extensive and detailed interviewer debriefing and, where there were problems or ambiguities, questions were amended or excluded. These processes ensured that the questions had good "face validity". (Further details of questionnaire development are reported in Appendix A.)

The study aimed to conform with the most up-to-date methods for measuring family violence, by focusing on the measurement of specific behaviours. Most, if not all, surveys on family mistreatment now take an approach in which behaviours or actions are listed and respondents are asked to recall the frequency of their occurrence over a particular time frame (usually the past year). Indeed, as the field of survey research on family violence has developed over the past two decades, it has become apparent that it is difficult to invent measures that do not take this approach.

Using such an approach has a number of advantages. First, despite the sensitive nature of the topic, asking about specific mistreatment behaviours has been found to be acceptable to respondents, with low refusal and antagonism rates. Second, such approaches have been widely used, revised, and adapted. Versions of this type of measurement have been created successfully for use with married and cohabiting couples, with parents, and with children, in addition to older persons. Third, behavioural measures of family violence have had extensive psychometric testing and validation for intimate partners and for parents and children (a notable example is the Conflict Tactics Scales, on which many measures are based). Behaviourally specific measures have a stable factor structure, moderate to high reliability, and considerable evidence of construct validity.34

Fourth, the types of measures used in the prevalence survey conform to the major finding that family violence measures must be specific. The advantages of using specific questions are that: they do not require definitions of terminology (as would a general question such as "Have you ever been abused?"); they are less subject to a respondent's interpretation of terms; they are not highly dependent on intellectual ability; and they reduce the effects of potential cultural differences in interpretation of terms such as "abuse" or "neglect". Fifth, a strength of this approach is to separate the focus on behaviours from that on outcomes: i.e. it is consistent with legal definitions, which negatively sanction assault regardless of whether it results in serious injury; and, mistreatment may be serious, but not cause obvious physical harm.35

1.6 Overview of methodology and response

Sample design
The sample was a nationally representative random probability sample, based on a follow-up of respondents who previously took part in government commissioned health surveys in England, Scotland and Northern Ireland. In Wales there was no follow-up sample available, so NatCen carried out a screening exercise for residents aged 66 and over, living at private addresses that were randomly selected from the Postcode Address File. The target was to achieve interviews with 2,000 adults (about 1,100 in England and 300 each in Scotland, Wales and Northern Ireland). Given the relatively low prevalence of elder abuse, Scotland, Wales and Northern Ireland were over-sampled to improve the survey estimates for those countries. The study was limited to people aged 66 and over
(on 1st March 2006) living in private households (including sheltered accommodation). (The starting age was 66 in order to address mistreatment in the past year and since the respondent turned 65.) One adult, aged 66 or older, was selected in each household and interviews were conducted in private. Proxy interviews were not allowed in any circumstances (e.g. for an individual who may have been suffering from a health problem or cognitive impairment). Further details of the sample design are reported in Appendix A.

Limitations of the sample
Although considerable care was given to the design of the survey and to the way in which it was presented to respondents in order to ensure a representative sample was selected and interviewed, a number of factors can be adduced to suggest that there may have been a systematic bias in the achieved sample which could lead to an under-estimate of the prevalence of mistreatment among all older people. First, the prevalence survey included only older people living in private households, and excluded all individuals in institutional establishments such as nursing homes. (A further stage in the research is examining methodologies for estimating prevalence in institutional settings.31) Second, individuals were excluded from the survey if their mental capacity or ill health prevented them from participating. Evidence suggests that mistreatment is likely to be higher among such individuals.29 Third, there are a number of reasons why someone who is being mistreated might not want to participate in a survey that addresses such a topic, even in the context of “health and well-being”. For example, they may have feared the consequences of participating in the interview, they may have been prevented by someone in their household from taking part in the survey or they may have been reluctant to participate because of psychological factors such as denial, shame and guilt.

Fieldwork
Fieldwork took place between March and September 2006. Interviews were conducted face to face, using CAPI (computer assisted personal interviewing), and respondents were asked to complete a section themselves using the laptop (CASI, computer assisted self-interviewing). A paper version of the self-completion questions was provided for those who were unable (or refused) to use the computer. The self-completion part of the questionnaire included sensitive questions about experience of sexual harassment or abuse, mental health and well-being and also provided respondents with another opportunity to mention abuse or neglect that they had not reported in the face to face interview. On average, interviews lasted for 50 minutes.

Where possible, interviewers with experience of sensitive survey topics and of interviewing older people were selected to work on the survey. Interviewers were fully briefed on the administration of the survey, including screening for eligible respondents in the sample in Wales. All day training sessions were run by the research team, and a full set of written instructions covering survey procedures were provided.

Copies of survey data collection instruments are included in Appendix B.
The content of the interview is summarised below:

- Household size and composition
- Background information (including ethnic origin, educational achievement, accommodation tenure and number of bedrooms, car ownership, economic status/occupation, household income)
- Social contact (regular contact with others, involvement in groups and associations)
- Health (general health, longstanding illness, limiting longstanding illness, use of health and social care services)
- Formal and informal care (care received and care provided for others)
- Neglect
- Financial abuse
- Psychological abuse
- Physical abuse
- Sexual abuse a
- Mental health and wellbeing (CASP, CESD) a,b
- Perception of mistreatment of others in a care home or hospitalc
- Attitudes to growing older

a These modules were administered by self-completion (CASI or on paper).
b See Chapter 2 for further information and references for CASP and CESD.
c The results from the questions about the perception of mistreatment of others in a care home or hospital are reported elsewhere31

Survey response
Table 1.2 shows the response to the survey by country. In England, Scotland and Northern Ireland, 110 people out of the 2,770 people selected for follow-up were not eligible to take part because they had either died or moved to an institution. The remaining 2,660 were “assumed eligible”, and of these 1,784 individuals took part in the survey (which gives a 67% response rate averaged across these three countries).

Of the 3,000 addresses that were issued in Wales, 237 did not contain a private residential household, and 178 addresses were not screened because of non-contact or refusal. Of the remaining 2,585 addresses, 570 (22%) contained one or more residents aged 66 years or older. It was assumed that 22% of the 178 addresses not screened would also contain an eligible respondent, so the estimated number of eligible individuals in Wales was 609. Of these, 327 were interviewed, a response rate of 54%.

Thus, over all four countries, 3,269 people were eligible to take part, 2,111 people were interviewed, and the overall response rate for the survey was 65%. (Further information and a more detailed table of response are included in Appendix A.)
Table 1.2

Response rate, by country

<table>
<thead>
<tr>
<th>Individual response</th>
<th>England</th>
<th>Scotland</th>
<th>Northern Ireland</th>
<th>Wales</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued cases</td>
<td>1623</td>
<td>567</td>
<td>580</td>
<td>3000</td>
<td></td>
</tr>
<tr>
<td>Total assumed eligible(^a)</td>
<td>1573</td>
<td>517</td>
<td>570</td>
<td>609</td>
<td>3269</td>
</tr>
<tr>
<td>Interviewed, % of eligible(^b)</td>
<td>1048</td>
<td>67</td>
<td>366</td>
<td>71</td>
<td>54</td>
</tr>
</tbody>
</table>

\(^a\) Assumed eligible in Wales = positively screened (known eligible) + proportion of unknown eligible estimated to positively screen

\(^b\) In England, Scotland and NI response is based on the known eligible; in Wales, response is based on the total assumed eligible

**Weighting the data**

The achieved sample was weighted to adjust for different probabilities of selection (e.g. over-sampling Scotland, Wales, and Northern Ireland in relation to England, sampling only one person in a household) and for differential non-response, so that the achieved sample is representative of the general population in the UK aged 66 and over (see Appendix A for details). Further details describing the socio-demographic characteristics of the achieved sample may be found in Chapter 2.

1.7 The content of this report

Chapter 2 describes the characteristics of the sample, and Chapter 3 gives estimates for the prevalence of mistreatment in the past year, and includes analysis by country, age, sex, socio-demographic factors, level of social contact, physical and mental health status and use of services. Chapter 4 looks at characteristics of the perpetrators of mistreatment, and Chapter 5 examines the impact of mistreatment on the respondent. Chapter 6 examines a broader definition of elder abuse and neglect in which the range of perpetrators is extended to include neighbours and acquaintances and also looks at mistreatment since age 65. The final chapter, Chapter 7, includes a discussion of the issues raised and suggestions for further research.

Caution must be used in interpreting results due to small base sizes. In general, commentary in the report highlights differences that are statistically significant at the 90% level, instead of the more commonly used 95% level because of the low prevalence rates of mistreatment. The use of the 90% level means that there is a 1 in 100 chance that the variation we are seeing is simply due to random chance rather than the 5 in 100 chance associated with the 95% level. Hence, there is a possibility that more “false positive” associations will be highlighted by the commentary. It should be noted that statistical significance is not intended to imply substantive importance.

Further information about data analysis and reporting are included in Appendix A.

1.8 Availability of unpublished data

An anonymised survey dataset will be deposited at the UK Data Archive at the University of Essex (www.data-archive.ac.uk).
1.9 Notes on the conventions used in the report tables

- The term “mistreatment” refers to all abuse and neglect; the term “abuse” refers to financial, psychological, physical and sexual abuse only (excluding neglect).

- “Interpersonal abuse” refers to psychological, physical and sexual abuse combined.

- Some questions were filtered (i.e. asked of a sub-set of respondents). In some cases this results in small bases in some cells of the tables. Whenever an unweighted base is less than 30, the percentages in that column are marked by square brackets to show that results should be treated with caution.

- The population sub-group to whom each table refers is stated at the upper left corner of the table.

- All data in this report are weighted. Unweighted and weighted bases are shown at the foot of the table. The unweighted bases show the number of respondents who gave a valid answer to that question. A few respondents failed to answer each question. These “no answers” have been excluded from the analysis, so tables that describe the same population may have slightly different bases. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportion in the UK population, so that data from different columns can be combined in their correct proportions.

- Due to rounding, column percentages do not always sum to 100%.

- Some questions were multi-coded (i.e. allowed respondents to give more than one answer). The column percentages in these tables may sum to more than 100%.

- If a percentage is quoted in the text for a single category that aggregates two or more of the percentages shown in a table, the (more precise) percentage in the text has been recalculated and may differ from the sum of the percentages in the table.

- The following conventions have been used:
  0.0 signifies a positive value of less than 0.05%
  - signifies a zero value
Notes and references


14 For further information see Action on Elder Abuse website: www.elderabuse.org.uk.


17 For further information on Practitioner Alliance against the Abuse of Vulnerable Adults see: www.pavauk.org.uk.


29 McCreddie C. Elder abuse: an update on research. Age Concern Institute of Gerontology, King’s College London, 1996.


35 Much of the information in this section is based on personal communication in May 2007 between the report authors and Professor Karl Pillemer, University of Cornell, USA.
2 Sample characteristics

2.1 Introduction

The achieved sample was weighted to be representative of the general UK population aged 66 and over living in private households. Weighting adjusted for two things: for different probabilities of selection (e.g. over-sampling in Scotland, Wales and Northern Ireland in relation to England, sampling only one person in a household) and for differential non-response (see Appendix A).

This chapter gives an overview of the achieved sample in terms of socio-demographic factors (age, sex, country, ethnicity, marital status, living arrangements, educational qualifications, employment status, NS-SEC and tenure), social contact, health factors and use of services. Where possible, comparisons have been made to the general UK population of people aged 66 and over living in private households.

2.2 Socio-demographics

As is the case for this age group in the general population, the sample contained more women than men (57% women, 43% men, an exact match to 2001 census data). Overall, half of respondents (51%) were aged 66-74, 40% were 75-84, and 9% were 85 and over (Table 2.1). The sample contained more older women than older men (53% of women were aged 75 and over, compared with 44% of men). The average (mean) age of our respondents was 75 (75 for men and 76 for women).

The split of the sample between England (83%), Scotland (9%), Wales (5%) and Northern Ireland (3%) was in line with the proportions of this age group in the general population living in each country (Table 2.1).

Respondents were asked to define their ethnicity. The vast majority (98%) of respondents were White, with 2% classified as non-White. The ethnicity profile of the sample was in line with the ethnicity profile of the general population for this age group, which is 2.5% non-White (Table 2.1).
Table 2.1

Age, country and ethnic group, by sex

All

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Sex</th>
<th>Total</th>
<th>UK population^a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>66-74</td>
<td>56</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td>75-84</td>
<td>37</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td>85 and over</td>
<td>7</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Mean age (years)^b</td>
<td>75</td>
<td>76</td>
<td>75</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>England</td>
<td>84</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Wales</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Scotland</td>
<td>8</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ethnic group</td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>White</td>
<td>97</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>Non-White</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>980</td>
<td>1131</td>
<td>2111 8,914,917</td>
</tr>
<tr>
<td>Bases weighted</td>
<td>918</td>
<td>1193</td>
<td>2111 -</td>
</tr>
</tbody>
</table>

^a 2001 census data. Age and country: household residents aged 65 and over. Ethnicity: includes people living in private households and communal establishments, base 9,340,997.

^b Mean age calculated for household residents aged 65 to 99, base 8,909,971. Mean age was calculated by taking the sum of each person’s age last birthday (in single year counts) and dividing by the number of people.

^c Bases vary, the bases shown here are for age and country. The base for ethnicity is slightly smaller with 977 men and 1125 women (unweighted).

Marital status

Just over half (55%) of respondents were living as a couple (married or cohabiting), and 32% were widowed (Table 2.2). Men were more likely than women to be living as a couple (71% of men vs. 44% of women) and less likely to be widowed (17% of men vs. 43% of women). The other categories were divorced or separated (8%) and single and never married (5%).

Table 2.2

Marital status, by sex

All

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Sex</th>
<th>Total</th>
<th>UK population^a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>%</td>
</tr>
<tr>
<td>Living as a couple (married or cohabiting)</td>
<td>71</td>
<td>44</td>
<td>55</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Widowed</td>
<td>17</td>
<td>43</td>
<td>32</td>
</tr>
<tr>
<td>Single and never married</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>979</td>
<td>1131</td>
<td>2110 8,914,917</td>
</tr>
<tr>
<td>Bases weighted</td>
<td>917</td>
<td>1193</td>
<td>2110 -</td>
</tr>
</tbody>
</table>

^a 2001 census data, household residents aged 65 and over.
Whether lives alone or with others

Respondents were asked whom they lived with and their relationship to other household members. Those living with others have been categorised into those living with others including a partner and those not living with a partner. Just over half of the sample (55%) lived with at least one other person including a partner, 39% lived alone and 6% lived with at least one other person but not with a partner (Table 2.3). Women were twice as likely as men to live alone (49% of women compared with 25% of men), whereas men were more likely to live with others including a partner (71% of men compared with 44% of women).

<table>
<thead>
<tr>
<th>Table 2.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living arrangement, by sex</td>
</tr>
<tr>
<td><strong>All</strong></td>
</tr>
<tr>
<td>Living arrangement</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Lives alone</td>
</tr>
<tr>
<td>Lives with at least one other, including partner</td>
</tr>
<tr>
<td>Lives with at least one other, not with partner</td>
</tr>
<tr>
<td>Bases unweighted</td>
</tr>
<tr>
<td>Bases weighted</td>
</tr>
</tbody>
</table>

<sup>a</sup> General Household Survey 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

Overall, 8% of the sample lived in a household which included one or more of their children, and 1% lived in a household which included one or more of their grandchildren.

**Education**

In line with the general population, most respondents had not achieved a high educational qualification. People with no qualifications were the largest group for both men (43%) and women (58%). 45% of men and 37% of women had achieved an intermediate level qualification, and 13% of men and 5% of women had achieved a qualification at degree level or higher (Table 2.4).

<table>
<thead>
<tr>
<th>Table 2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational attainment, by sex</td>
</tr>
<tr>
<td><strong>All</strong></td>
</tr>
<tr>
<td>Educational attainment</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Degree and higher</td>
</tr>
<tr>
<td>Intermediate</td>
</tr>
<tr>
<td>No qualification</td>
</tr>
<tr>
<td>Bases unweighted</td>
</tr>
<tr>
<td>Bases weighted</td>
</tr>
</tbody>
</table>

Socio-economic classification

5% of respondents said that they were currently working, but the majority of respondents were retired from paid work (80%) (Table 2.5).

### Table 2.5

Employment status, by sex

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired from paid work</td>
<td>89%</td>
<td>74%</td>
<td>80%</td>
</tr>
<tr>
<td>Looking after home or family</td>
<td>2%</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>In paid employment or self employed</td>
<td>7%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Doing unpaid work for business that you or relative own</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Permanently unable to work, long term sickness or injury</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Bases unweighted: 977 1120 2097
Bases weighted: 918 1181 2099

Respondents were classified into one of five NS-SEC categories based on answers to questions about the job they considered their "main" job. Men were most likely to have worked in managerial / professional (39%), semi-routine / routine (23%) and lower supervisory / technical (20%) occupations (Table 2.6). The most common categories for women were semi-routine / routine (38%), managerial / professional (25%) and intermediate (19%).

Comparing these results with the 2005 General Household Survey suggests that the prevalence survey sample had slightly fewer older people in lower NS-SEC categories and slightly more people in higher NS-SEC categories (Table 2.6).

### Table 2.6

National Statistics Socio-Economic Classification (NS-SEC), by sex

<table>
<thead>
<tr>
<th>NS-SEC</th>
<th>All</th>
<th>Sex</th>
<th>Total</th>
<th>GB Population*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Managerial / professional</td>
<td>39</td>
<td>25</td>
<td>31</td>
<td>34</td>
<td>19</td>
</tr>
<tr>
<td>Intermediate</td>
<td>5</td>
<td>19</td>
<td>13</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Small employers / own account workers</td>
<td>12</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Lower supervisory / technical</td>
<td>20</td>
<td>7</td>
<td>13</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Semi-routine / routine</td>
<td>23</td>
<td>38</td>
<td>31</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>978</td>
<td>1130</td>
<td>2108</td>
<td>2206</td>
<td>2621</td>
</tr>
<tr>
<td>Bases weighted</td>
<td>918</td>
<td>1193</td>
<td>2110</td>
<td>3,871,000</td>
<td>4,967,000</td>
</tr>
</tbody>
</table>

* General Household Survey 2005. Household residents aged 65 and over in GB. Based on current or last job. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

* Other includes never worked, long term unemployed, unclassifiable.
Tenure

The majority of respondents (77%) owned their own home, either outright or buying it with a mortgage (Table 2.7). Nearly one-fifth (18%) were in social rented housing (local authority or housing association), 3% were privately renting and 2% were living rent free. The tenure profile of the sample was similar for men and women. Compared with the general UK population of people in this age group, the prevalence survey had slightly fewer people in social rented housing and slightly more owner-occupiers, which is consistent with the findings for NS-SEC (shown in Table 2.6).

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>UK population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner occupied - own outright or buying with mortgage</td>
<td>77</td>
<td>76</td>
<td>77</td>
<td>71</td>
</tr>
<tr>
<td>Rented – social (local authority or housing association)</td>
<td>17</td>
<td>19</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Rented - private</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Lives rent free</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>978</td>
<td>1126</td>
<td>2104</td>
<td>8,914,917</td>
</tr>
<tr>
<td>Bases weighted</td>
<td>918</td>
<td>1187</td>
<td>2104</td>
<td></td>
</tr>
</tbody>
</table>

* 2001 census data, household residents aged 65 and over. Figures for "rented – private" and "lives rent free" are combined.

2.3 Social contact

Regular social contact

Respondents were asked about contact with a range of individuals (other than those the respondent lived with) including family, friends, neighbours, care workers and tradesmen. Successive questions covered three levels of contact - any regular contact (including phone conversations), regular meetings, and regular visits to the respondent's home (with "regular" defined as contact with the same person at least once a month). Table 2.8 looks at whether respondents regularly met with a friend or family member outside their household.

The majority of respondents did have regular social contact: 95% regularly met with at least one friend or family member (outside of their household); 3% of respondents did not have regular contact with anyone outside of their household; and 2% lived alone and had no regular contact with friends or family. These findings were similar for both men and women, and did not differ significantly by age group.
## Table 2.8

### Social contact, by age and sex

<table>
<thead>
<tr>
<th>Social contact</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66-74 %</td>
<td>75-84 %</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular social contact with friends / family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96</td>
<td>94</td>
</tr>
<tr>
<td>No - lives with others</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No - lives alone</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Regular group involvement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>61</td>
<td>58</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>42</td>
</tr>
<tr>
<td><strong>Felt lonely in past week</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>No</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular social contact with friends / family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>No - lives with others</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>No - lives alone</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Regular group involvement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>66</td>
<td>59</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>41</td>
</tr>
<tr>
<td><strong>Felt lonely in past week</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>No</td>
<td>89</td>
<td>81</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular social contact with friends / family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>No - lives with others</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>No - lives alone</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Regular group involvement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>64</td>
<td>58</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td><strong>Felt lonely in past week</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>90</td>
<td>84</td>
</tr>
</tbody>
</table>

*Bases unweighted*

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>545</td>
<td>364</td>
<td>71</td>
<td>980</td>
</tr>
<tr>
<td>Women</td>
<td>515</td>
<td>487</td>
<td>129</td>
<td>1131</td>
</tr>
<tr>
<td>All</td>
<td>1060</td>
<td>851</td>
<td>200</td>
<td>2111</td>
</tr>
</tbody>
</table>

*Bases weighted*

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>514</td>
<td>339</td>
<td>66</td>
<td>918</td>
</tr>
<tr>
<td>Women</td>
<td>561</td>
<td>509</td>
<td>123</td>
<td>1193</td>
</tr>
<tr>
<td>All</td>
<td>1075</td>
<td>847</td>
<td>189</td>
<td>2111</td>
</tr>
</tbody>
</table>

*Bases vary slightly, bases shown here are for regular social contact.
**Regular group involvement**

Respondents were also asked whether they regularly (at least once a month) took part in the activities of any groups. This included a range of different types of groups, for example social clubs, sports and hobby clubs, political, community or religious groups and groups for older people, such as lunch clubs. 59% of men and 61% of women regularly took part in at least one group activity (Table 2.8). As respondents got older they were less likely to do this (64% of those aged 66-74 compared with 49% of those aged 85 and over), but even so, one in two of the oldest age group were regularly involved.

**Loneliness in past week**

Respondents were asked whether they had felt lonely much of the time in the past week. Overall 13% of the sample said that they had felt lonely, 9% of men and 16% of women (Table 2.8). Loneliness in the past week increased with age for women, from 11% of women aged 66-74, to 25% of women aged 85 and over, whereas loneliness did not vary significantly by age for men.

### 2.4 Health

**Self-reported general health**

Respondents were asked about their general health status; 61% said their health was very good or good, 31% said it was fair, and 8% said it was bad or very bad (Table 2.9). The chances of having very good or good health decreased with age (65% of those aged 66-74 compared with 48% of those aged 85 and over), and this was the case for both men and women. However, within each age group, men were more likely than women to say their health was very good or good. The general health status of men was similar to that of men who took part in the English Longitudinal Study of Ageing (ELSA). For women, a higher proportion in the ELSA sample reported very good or good health.

**Long-term illness**

Just over two-thirds (68%) of respondents reported a long-term illness, and 44% said it was limiting (Table 2.9). Limiting long-term illness increased with age for both men and women. Women were more likely than men to suffer from a limiting long-term illness both overall (48% compared with 39%), and within each age group.

Table 2.10 shows the types of long-term illness reported. These included musculo-skeletal system disorders (31% overall, but more common among women than men, 38% vs. 22%), heart and circulatory system disorders (28%), endocrine and metabolic disorders (14%) and respiratory system disorders (10%). These findings are in line with long standing illness data from the 2005 General Household Survey.
Table 2.9

Self-reported general health and long-term illness, by age and sex

<table>
<thead>
<tr>
<th>General health, long-term illness</th>
<th>Age</th>
<th>Total</th>
<th>Population* b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66-74</td>
<td>75-84</td>
<td>85 and over</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good/ good</td>
<td>67</td>
<td>65</td>
<td>58</td>
</tr>
<tr>
<td>Fair</td>
<td>27</td>
<td>23</td>
<td>33</td>
</tr>
<tr>
<td>Bad/ very Bad</td>
<td>6</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td><strong>Long-term illness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>34</td>
<td>34</td>
<td>31</td>
</tr>
<tr>
<td>Non-limiting</td>
<td>29</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Limiting</td>
<td>37</td>
<td>40</td>
<td>49</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good/ good</td>
<td>62</td>
<td>54</td>
<td>43</td>
</tr>
<tr>
<td>Fair</td>
<td>29</td>
<td>38</td>
<td>44</td>
</tr>
<tr>
<td>Bad/ very Bad</td>
<td>9</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>Long-term illness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>33</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Non-limiting</td>
<td>23</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Limiting</td>
<td>43</td>
<td>49</td>
<td>67</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good/ good</td>
<td>65</td>
<td>59</td>
<td>48</td>
</tr>
<tr>
<td>Fair</td>
<td>28</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Bad/ very Bad</td>
<td>7</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td><strong>Long-term illness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>33</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>Non-limiting</td>
<td>26</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>Limiting</td>
<td>41</td>
<td>45</td>
<td>61</td>
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</table>

<table>
<thead>
<tr>
<th>Bases unweighted* c</th>
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<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Men</td>
<td>545</td>
<td>364</td>
<td>71</td>
<td>980</td>
<td>2157</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Women</td>
<td>515</td>
<td>487</td>
<td>129</td>
<td>113</td>
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<td>851</td>
<td>200</td>
<td>111</td>
<td>4719</td>
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</table>

<table>
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<th>Bases weighted</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Men</td>
<td>514</td>
<td>339</td>
<td>66</td>
<td>918</td>
<td>3,788,000</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Women</td>
<td>561</td>
<td>509</td>
<td>123</td>
<td>1193</td>
<td>4,869,000</td>
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</tr>
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<td>All</td>
<td>1075</td>
<td>847</td>
<td>189</td>
<td>2111</td>
<td>8,657,000</td>
<td></td>
</tr>
</tbody>
</table>

* Figures for general health are taken from the English Longitudinal Study of Ageing (ELSA) Wave 2, 2004/2005. Household residents aged 66 and over in England. The categories used in ELSA differ slightly: Excellent to good; Fair; Poor.

b Figures for limiting long term illness are from the General Household Survey (GHS) 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region, age group and sex (population-based weighting).

c Bases vary slightly, bases shown here are for long-term illness.
### Table 2.10

**Type of long-term illness, by sex**

<table>
<thead>
<tr>
<th>Type of long-term illness</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>GB Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Musculo-skeletal system</td>
<td>22</td>
<td>38</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Heart &amp; circulatory system</td>
<td>29</td>
<td>28</td>
<td>28</td>
<td>29</td>
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<tr>
<td>Endocrine &amp; metabolic</td>
<td>13</td>
<td>15</td>
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<td>11</td>
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<tr>
<td>Respiratory system</td>
<td>12</td>
<td>9</td>
<td>10</td>
<td>9</td>
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<tr>
<td>Digestive system</td>
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<td>6</td>
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<tr>
<td>Eye complaints</td>
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<td>4</td>
</tr>
<tr>
<td>Ear complaints</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Genito-urinary system</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Neoplasms &amp; benign growths</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Nervous system</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Blood &amp; related organs</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Skin complaints</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td>Infectious disease</td>
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</tr>
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</table>

**Bases unweighted**

<table>
<thead>
<tr>
<th></th>
<th>980</th>
<th>1131</th>
<th>2111</th>
<th>4880</th>
</tr>
</thead>
</table>

**Bases weighted**

|                | 918 | 1193 | 2111 | 8,930,000 |

*As respondents could give more than one answer, the column totals more than 100%.

*General Household Survey 2005. Household residents aged 65 and over in GB. The GHS is weighted to compensate for non-response (sample-based weighting) and to match the population distribution in terms of region age group and sex (population-based weighting).*

#### Quality of life

Quality of life was measured using the validated CASP-19 measure, broken down into three equally sized groups (or tertiles). Overall, quality of life tended to decrease with age. Around one-quarter (26%) of those aged 66-74 were in the lowest tertile (i.e. with the lowest quality of life) compared with just under half (45%) of those aged 85 and over (Table 2.11). A similar pattern was seen among both men and women.

#### Depression

Respondents were administered the eight item version of the Centre for Epidemiologic Studies Depression Scale (CES-D). Overall, 24% of the sample met the criteria for suffering from depression (scoring three or more depressive symptoms on the scale). Women were more likely to be suffering from depression than men (28% of women compared with 20% of men). Depression tended to increase with age in women (from 25% for women aged 66-74 to 36% for those aged 85 and over), but not in men.
### Table 2.11

#### Quality of life (CASP) and depression (CES-D), by age and sex

<table>
<thead>
<tr>
<th>CASP, CES-D</th>
<th>Age</th>
<th>Total</th>
<th>Population</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>66-74</td>
<td>75-84</td>
<td>85+</td>
<td>66-74</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CASP (quality of life) tertile</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>42</td>
<td>28</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Middle</td>
<td>35</td>
<td>34</td>
<td>43</td>
<td>35</td>
</tr>
<tr>
<td>Lowest</td>
<td>22</td>
<td>38</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td><em>CES-D depressive symptoms</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 3</td>
<td>83</td>
<td>76</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>3 or above</td>
<td>17</td>
<td>24</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CASP (quality of life) tertile</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>42</td>
<td>28</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Middle</td>
<td>29</td>
<td>44</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Lowest</td>
<td>29</td>
<td>28</td>
<td>46</td>
<td>30</td>
</tr>
<tr>
<td><em>CES-D depressive symptoms</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 3</td>
<td>75</td>
<td>71</td>
<td>64</td>
<td>72</td>
</tr>
<tr>
<td>3 or above</td>
<td>25</td>
<td>29</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CASP (quality of life) tertile</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>42</td>
<td>28</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Middle</td>
<td>32</td>
<td>40</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Lowest</td>
<td>26</td>
<td>32</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td><em>CES-D depressive symptoms</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 3</td>
<td>79</td>
<td>73</td>
<td>71</td>
<td>76</td>
</tr>
<tr>
<td>3 or above</td>
<td>21</td>
<td>27</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td><strong>Bases unweighted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>512</td>
<td>343</td>
<td>67</td>
<td>922</td>
</tr>
<tr>
<td>Women</td>
<td>501</td>
<td>459</td>
<td>114</td>
<td>1074</td>
</tr>
<tr>
<td>All</td>
<td>1013</td>
<td>802</td>
<td>181</td>
<td>1996</td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>493</td>
<td>326</td>
<td>62</td>
<td>881</td>
</tr>
<tr>
<td>Women</td>
<td>544</td>
<td>475</td>
<td>115</td>
<td>1134</td>
</tr>
<tr>
<td>All</td>
<td>1037</td>
<td>801</td>
<td>177</td>
<td>2015</td>
</tr>
</tbody>
</table>


*b Bases vary slightly, bases shown here are for CES-D.

### 2.5 Provision of informal care, reliance on help and use of services

**Provision of care**

Respondents were asked whether they provided informal care (care that is unpaid or not part of a job) for anyone living in their household or for anyone outside their household. Overall, 20% of respondents were providing informal care for at least one person (Table 2.12). 13% of men and 9% of women were providing care for someone that they lived with, while 11% of both men and women were providing care for someone outside of their household.
Table 2.12

Provision of informal care, by sex

<table>
<thead>
<tr>
<th>All</th>
<th>Sex</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provision of informal care</td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
</tr>
<tr>
<td>Provides informal care for someone living in household</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Provides informal care for someone outside of household</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Provides any informal care*</td>
<td>22</td>
<td>19</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>980</td>
<td>1130</td>
<td>2110</td>
<td></td>
</tr>
<tr>
<td>Bases weighted</td>
<td>918</td>
<td>1193</td>
<td>2111</td>
<td></td>
</tr>
</tbody>
</table>

* Respondents could provide informal care both for someone living in their household and someone outside their household.

Reliance on help

Respondents were asked whether they needed and received help with day-to-day activities (such as housework and preparing meals), personal care (such as washing and bathing), or with taking medication at the right time or the correct dose. For each of these, respondents were asked whether they could do the activity by themselves or whether they could only do the activity with help. A quarter of respondents (25%) were reliant on help for at least one of these activities. Women were more likely than men to be reliant on help (32% and 16% respectively). (Table not shown.)

Use of services

Respondents were asked if they currently used a private or local authority provided home help, home care worker, or meals on wheels, or were currently visited by a health professional, social worker, care manager or helper from a voluntary organisation. Overall, 21% of respondents were currently using one or more of these services, 18% of men and 23% of women (Table 2.13). 6% of respondents currently visited a lunch club or day centre. As would be expected, those who were reliant on help were more likely to use these services than those not reliant on help.
## Table 2.13

Use of services, by whether reliant on help for daily activities/personal care and sex

<table>
<thead>
<tr>
<th>Use of servicesa</th>
<th>Whether reliant on helpb</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reliant on help</td>
<td>Not reliant on help</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses services</td>
<td>49</td>
<td>11</td>
</tr>
<tr>
<td>Visits lunch club / day centre</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses services</td>
<td>46</td>
<td>12</td>
</tr>
<tr>
<td>Visits lunch club / day centre</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses services</td>
<td>47</td>
<td>12</td>
</tr>
<tr>
<td>Visits lunch club / day centre</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

**Bases unweighted**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses services</td>
<td>161</td>
<td>384</td>
<td>545</td>
</tr>
<tr>
<td>Visits lunch club / day centre</td>
<td>818</td>
<td>747</td>
<td>1131</td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td>149</td>
<td>383</td>
<td>532</td>
</tr>
<tr>
<td>Uses services</td>
<td>768</td>
<td>810</td>
<td>1578</td>
</tr>
<tr>
<td>Visits lunch club / day centre</td>
<td>918</td>
<td>1193</td>
<td>2111</td>
</tr>
</tbody>
</table>

---

*a Services included private or local authority provided home help, home care worker, meals on wheels, and being visited by a health professional, social worker, care manager or helper from a voluntary organisation.

*b Respondents were coded as being reliant on help if they said they could not carry out the activity without help, or could carry it out, but with difficulty. See Appendix B for the full list of activities asked about.

## Notes and references

1. Children included: natural; adopted; step; in law; foster.

2. Intermediate level educational qualification included: A level / higher education below degree; O level or other; CSE or other.

3. The National Statistics Socio-Economic Classification (NS-SEC) is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. There are fourteen operational categories representing different groups of occupations (for example higher and lower managerial, higher and lower professional) and a further three ‘residual’ categories for full-time students, occupations that cannot be classified due to lack of information or other reasons. The operational categories may be collapsed to form a nine, eight, five or three category system. The prevalence survey uses the five category system in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations.


3 Prevalence of mistreatment

- Overall, 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker during the past year.

- This equates to about 227,000 people aged 66 and over in the UK who were neglected or abused in the past year.

- Prevalence rates for the individual types of mistreatment were: neglect (1.1% or 11 people in 1000), financial (0.7% or 7 people in 1000), psychological (0.4% or 4 people in 1000), physical (0.4% or 4 people in 1000) and sexual (0.2% or 2 people in 1000). 6% of those who had experienced mistreatment in the past year reported two different types of mistreatment.

- Women were more likely to say that they had experienced mistreatment than men (3.8% of women vs. 1.1% of men).

- Men aged 85 and over were more likely to have experienced financial abuse than men in the younger age groups, whereas women aged 85 and over were more likely to have been neglected.

- Looking at the prevalence of abuse excluding neglect, it increased with age for men, but decreased with age for women.

- Mistreatment varied by socio-economic position (from 4.3% of those who last worked in semi-routine and routine occupations to 0.1% of small employers and own account workers). Overall, and among both sexes, those who lived in rented housing (social or private) tended to have higher prevalence rates than owner-occupiers.

- Mistreatment varied by marital status (from 9.4% of those who were separated or divorced to 1.4% of those who were widowed). People living alone were more likely than those living with others to have experienced financial abuse in the past year.

- Prevalence of mistreatment increased with declining health status. The level of mistreatment was higher for people with: a self-reported health status of bad or very bad, a limiting long-term illness, a lower quality of life, and for those suffering from depression. Overall, there was a higher prevalence of mistreatment among people who reported feeling lonely in the past week compared with those who had not felt lonely.
### 3.1 One year prevalence of mistreatment

#### Overall prevalence

In this section the prevalence of mistreatment is examined for the UK as a whole, by country, sex and age group. Table 3.1 shows the prevalence estimate of mistreatment in the UK in the past year; it also shows the estimated number of people in the UK population experiencing mistreatment (along with the upper and lower 95% confidence intervals) based on these rates of prevalence.

#### Table 3.1

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Prevalence %</th>
<th>95% confidence interval</th>
<th>Number in UK population N</th>
<th>95% confidence interval</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>1.1</td>
<td>0.6 - 1.8</td>
<td>93,200</td>
<td>55,300 - 156,500</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>0.7</td>
<td>0.3 - 1.3</td>
<td>56,600</td>
<td>27,600 - 115,800</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>0.4</td>
<td>0.2 - 1.0</td>
<td>38,600</td>
<td>16,600 - 89,400</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>0.4</td>
<td>0.2 - 1.1</td>
<td>38,100</td>
<td>15,700 - 91,800</td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td>0.2</td>
<td>0.0 - 1.1</td>
<td>13,100</td>
<td>1,800 - 92,300</td>
<td></td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td><strong>2.6</strong></td>
<td><strong>1.9 - 3.8</strong></td>
<td><strong>227,000</strong></td>
<td><strong>159,200 - 322,600</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td><strong>1.6</strong></td>
<td><strong>1.0 - 2.5</strong></td>
<td><strong>135,300</strong></td>
<td><strong>84,100 - 217,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Bases unweighted | 2106 | 2106 | 8,586,890 | 8,586,890 |
| Bases weighted   | 2106 | 2106 | -         | -         |

---

*a Respondents could mention more than one type of mistreatment.

*b Bases vary slightly, bases shown here are for neglect.

Overall, 2.6% of people aged 66 and over reported that they had experienced mistreatment during the past year. Given that there were about 8,587,000 people aged 66 and over living in private households in the UK in 2004,¹ a prevalence rate of 2.6% equates to about 227,000 people aged 66 and over experiencing mistreatment, or around one in forty of the older population. When neglect is excluded, 1.6% of people had experienced abuse during the past year, which is equivalent to about 135,300 people aged 66 and over.

The most predominant type of mistreatment reported was neglect (1.1%), followed by financial abuse (0.7%). The prevalence of psychological and physical abuse were similar (both 0.4%), and sexual abuse was the least reported type (0.2%).

Due to the small number of reported cases of psychological, physical and sexual abuse in the survey, prevalence rates for these types of abuse have been combined and are reported as “interpersonal abuse” in the remainder of the tables in this report.

When considering the prevalence rates, it is important to keep in mind the wide range of behaviours being measured by the survey (see Figure 1.1, Chapter 1) and the types of mistreatment mentioned by respondents can be found in Section 3.2.

#### Prevalence by country

The one year prevalence estimates for each country were: 2.6% in England, 3.1% in Wales, 3.0% in Scotland and 2.0% in Northern Ireland (Table 3.2). (The differences between countries were not
statistically significant overall.) As for the UK as a whole, neglect was the most commonly reported type of mistreatment in each country.

There were significant differences by country for men, but not for women. The prevalence of mistreatment among men was 4.5% in Scotland, 2.4% in Northern Ireland, 2.1% in Wales and 0.7% in England. The higher level of mistreatment amongst men in Scotland was mainly due to neglect: 2.1% of men in Scotland reported neglect compared with 1.6% of men in Wales and 0.3% of men in England (there were no reports of neglect among men in Northern Ireland). When neglect was excluded, the level of abuse for men was 2.4% in both Scotland and Northern Ireland, 0.5% in Wales and 0.4% in England.

### Table 3.2

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Country</th>
<th>England</th>
<th>Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td>0.3</td>
<td>1.6</td>
<td>2.1</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td>0.4</td>
<td>0.5</td>
<td>1.9</td>
<td>1.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Any mistreatment</td>
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<td>2.1</td>
<td>4.5</td>
<td>2.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td></td>
<td>0.4</td>
<td>0.5</td>
<td>2.4</td>
<td>2.4</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td>1.6</td>
<td>1.9</td>
<td>0.8</td>
<td>1.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td>0.7</td>
<td>1.9</td>
<td>-</td>
<td>-</td>
<td>0.7</td>
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<tr>
<td>Interpersonal</td>
<td></td>
<td>1.7</td>
<td>1.4</td>
<td>1.1</td>
<td>-</td>
<td>1.6</td>
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<tr>
<td>Any mistreatment</td>
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<td>4.1</td>
<td>3.9</td>
<td>1.9</td>
<td>1.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td></td>
<td>2.5</td>
<td>2.9</td>
<td>1.1</td>
<td>-</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td>1.0</td>
<td>1.8</td>
<td>1.4</td>
<td>1.0</td>
<td>1.1</td>
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<tr>
<td>Neglect</td>
<td></td>
<td>0.6</td>
<td>1.3</td>
<td>0.8</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Financial</td>
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<td>1.0</td>
<td>0.8</td>
<td>0.8</td>
<td>0.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td>1.0</td>
<td>1.9</td>
<td>1.6</td>
<td>1.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Any mistreatment</td>
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<td>2.6</td>
<td>3.1</td>
<td>3.0</td>
<td>2.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td></td>
<td>1.6</td>
<td>1.9</td>
<td>1.6</td>
<td>1.0</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Bases unweighted</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>507</td>
<td>141</td>
<td>158</td>
<td>172</td>
<td>978</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>540</td>
<td>185</td>
<td>206</td>
<td>197</td>
<td>1128</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>1047</td>
<td>326</td>
<td>364</td>
<td>369</td>
<td>2106</td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>770</td>
<td>49</td>
<td>76</td>
<td>22</td>
<td>917</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>989</td>
<td>65</td>
<td>104</td>
<td>31</td>
<td>1189</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>1759</td>
<td>114</td>
<td>180</td>
<td>54</td>
<td>2106</td>
</tr>
</tbody>
</table>

*a Interpersonal abuse includes psychological, physical and sexual abuse.

*b Bases vary slightly, bases shown here are for neglect.

### Prevalence by sex

Overall, women were more likely to have experienced mistreatment than men: 3.8% of women and 1.1% of men reported mistreatment in the past year (Table 3.2). When neglect was excluded, the prevalence rate for abuse was also higher for women (2.3%) compared with men (0.6%). Women were more likely than men to have experienced neglect and interpersonal abuse, whereas the prevalence of financial abuse was similar for both sexes.
In England, women were more likely to have experienced mistreatment than men (4.1% of women compared with 0.7% of men), whereas in Wales, Scotland and Northern Ireland, there were no significant differences between men and women (although this may be due to the small bases for each country).

**Prevalence by age**

To look at the relationship between mistreatment and age, the sample was divided into three age groups: 66-74 years, 75-84 years and 85 years and over. Table 3.3 shows that 4.1% of people aged 85 and over reported mistreatment compared with 2.8% of people aged 66-74 and 2.1% of people aged 75-84. Although these differences were not significant, the high prevalence among the older age group is mainly explained by neglect: people aged 85 and over were significantly more likely to have experienced neglect than people aged 66-84 (3.2% compared with 0.9%).

The prevalence of financial abuse was 0.4% among those aged 66-74, 0.9% among those aged 75-84, and 1.0% among adults aged 85 and over. For interpersonal abuse, the prevalence rate among people aged 66-74 was 1.4%, and among people aged 75-84 it was 0.5%. Perhaps surprisingly, no one aged 85 and over in the survey reported interpersonal abuse in the past year. While it cannot be inferred that there is no interpersonal abuse at all in the general population amongst this age group, this result does suggest that the prevalence rate is likely to be low.

The prevalence of neglect was highest among women aged 85 and over (5.0%, compared with 1.1% among women aged 66-84). As Figure 3.1 shows, when neglect was excluded, abuse among women decreased with age: 3.2% of women aged 66-74 reported abuse compared with 0.3% of women aged 85 and over.

In contrast, among men the prevalence of abuse increased with age, from 0.5% of men aged 66-84 to 2.5% of men aged 85 and over. This was largely explained by an increase in financial abuse: the proportion of men aged 85 and over reporting financial abuse was 2.5%, six times as many as the proportion of men aged 66-84 (0.4%).
<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Age</th>
<th>66-74</th>
<th>75-84</th>
<th>85 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.8</td>
<td>0.2</td>
<td>-</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>0.2</td>
<td>0.8</td>
<td>2.5</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.0</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.0</td>
<td>1.1</td>
<td>2.5</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.2</td>
<td>0.9</td>
<td>2.5</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.3</td>
<td>1.0</td>
<td>5.0</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>0.6</td>
<td>1.0</td>
<td>0.3</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.6</td>
<td>0.8</td>
<td>-</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>4.5</td>
<td>2.7</td>
<td>5.0</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>3.2</td>
<td>1.8</td>
<td>0.3</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.0</td>
<td>0.7</td>
<td>3.2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>0.4</td>
<td>0.9</td>
<td>1.0</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.4</td>
<td>0.5</td>
<td>-</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>2.8</td>
<td>2.1</td>
<td>4.1</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>1.8</td>
<td>1.4</td>
<td>1.1</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>

<sup>Bases unweighted<sup>b</sup>  
Men 544 363 71 978  
Women 513 487 128 1128  
All 1057 850 199 2106  

<sup>Bases weighted  
Men 513 338 66 917  
Women 557 509 123 1189  
All 1071 847 189 2106  

<sup>a Interpersonal abuse includes psychological, physical and sexual abuse.  
<sup>b Bases vary slightly, bases shown here are for neglect.
3.2 Types of mistreatment reported

Neglect
Overall, 1.1% of the sample reported that they had been neglected in the past year: 0.5% of men and 1.5% of women. To be neglected, the person must rely on help from others to carry out day to day or personal care activities, or to take medication at the right dose and time. 25% of respondents said that they relied on help in this way and, when only these people were considered, the prevalence of neglect rose to 4.3% overall, 3.1% for men and 4.8% for women.

Of those who reported being neglected, 85% had not received help with a day to day activity (such as shopping, housework or meal preparation), 41% had not received help with personal care (such as getting in and out of bed, washing, using the toilet, dressing and eating), and 20% had not received help with taking medication at the right time or dose. (The percentages total more than 100, as respondents could mention more than one category.) In each case, there was an expectation that this help was going to be provided, and the person was unable to carry out the activity without assistance. According to the survey definition, neglect occurs if help was not provided at least 10 times in the past year, or less than 10 times but judged by the person to have a “very serious” effect.

Financial abuse
Respondents who reported financial abuse mentioned: theft of money, possessions or property; the use of fraud to take money, possessions or property; being made to give someone money, possessions or property against their will; and attempted theft and attempted use of fraud.

Psychological abuse
People who had been psychologically abused reported being: undermined or belittled; insulted, called names or sworn at; prevented from seeing others; and excluded or repeatedly ignored. These had occurred 10 or more times in the past year involving the same person.²

Physical abuse
Incidents of physical abuse in the past year included violence (being slapped; being grabbed, pushed or shoved; being kicked, bit or hit with a fist); there were also reports of restraint (for example being locked in a room). There were no examples of a weapon being used.

Respondents who reported physical abuse by a family member were asked questions to ascertain whether there was a history of violence in the relationship. This applied in about two-fifths of cases.

Sexual abuse
The only reports of sexual abuse had to do with being talked to in a sexual way that had made the person feel uncomfortable and being touched in a sexual way against their will. These reports are at the less serious end of abuse and are more properly classified as harassment.

3.3 Clustering of mistreatment
Of those who had experienced mistreatment in the past year, 6% had reported two different types of mistreatment. All cases of this in the survey were found among women (none among men); 8% of
women who had been mistreated had experienced two different types of mistreatment. (Table not shown.)

The likelihood of having experienced two types of mistreatment differed by mistreatment category, ranging from 15% of those who had experienced interpersonal abuse, to 6% of those who had been financially abused and 3% of those who had been neglected.

### 3.4 Mistreatment and socio-demographic factors

This section examines the prevalence of mistreatment by a number of socio-demographic factors including marital status, living arrangements, educational attainment, National Statistics Socio-Economic Classification (NS-SEC) and tenure.

**Marital status**

Prevalence of mistreatment varied by marital status, ranging from 9.4% of those who were separated or divorced, to 2.6% of those who were single, 2.4% of those who were married or cohabiting, and 1.4% of those who were widowed (Table 3.4).

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single %</td>
</tr>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>-</td>
</tr>
<tr>
<td>Financial</td>
<td>0.2</td>
</tr>
<tr>
<td>Interpersonal[a]</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>0.2</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>0.2</td>
</tr>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>4.6</td>
</tr>
<tr>
<td>Financial</td>
<td>-</td>
</tr>
<tr>
<td>Interpersonal[a]</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>4.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>-</td>
</tr>
<tr>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>2.5</td>
</tr>
<tr>
<td>Financial</td>
<td>0.1</td>
</tr>
<tr>
<td>Interpersonal[a]</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>2.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**Bases unweighted**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63</td>
<td>72</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td>654</td>
<td>389</td>
<td>1043</td>
</tr>
<tr>
<td></td>
<td>54</td>
<td>85</td>
<td>139</td>
</tr>
<tr>
<td></td>
<td>206</td>
<td>582</td>
<td>789</td>
</tr>
</tbody>
</table>

**Bases weighted**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>58</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>647</td>
<td>518</td>
<td>1165</td>
</tr>
<tr>
<td></td>
<td>65</td>
<td>95</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td>154</td>
<td>517</td>
<td>671</td>
</tr>
</tbody>
</table>

\[a\] Interpersonal abuse includes psychological, physical and sexual abuse.

\[b\] Bases vary slightly, bases shown here are for neglect.
There were differences by sex, however, with this pattern found among women, but not men. The rates of financial and interpersonal abuse also differed significantly across marital status categories for women. An interesting result that might merit further investigation was the particularly high prevalence of mistreatment among separated or divorced women (15.4%).

Whether lives alone or with others
Respondents were asked whom they lived with and their relationship to other household members (see Section 2.2).

Living arrangement was significantly associated with the level of abuse excluding neglect: 2.5% of those who lived alone reported abuse, compared with 1.1% of those who lived with a partner and 0.4% of those who lived with others but not with a partner (Table 3.5). This difference was largely accounted for by financial abuse, which ranged from 1.3% of those who lived alone, to 0.4% of those who lived with others but not with a partner and 0.2% of those who lived with a partner. This pattern for financial abuse was seen among both men and women, but was only significant for women.

| Table 3.5 |
|------------------|------------------|------------------|
| **Type of mistreatment in the past year, by living arrangement and sex** |
| **All** |
| **Type of mistreatment** | **Living arrangement** |  |  |
|  | Lives alone | Lives with at least one other, including partner | Lives with at least one other, not with partner |
|  | % | % | % |
| **Men** |  |  |  |
| Neglect | - | 0.7 | - |
| Financial | 1.0 | 0.4 | 0.7 |
| Interpersonal\* | 0.1 | 0.0 | - |
| **Any mistreatment** | 1.1 | 1.2 | 0.7 |
| **Any abuse excluding neglect** | 1.1 | 0.5 | 0.7 |
| **Women** |  |  |  |
| Neglect | 1.2 | 2.2 | - |
| Financial | 1.4 | - | 0.3 |
| Interpersonal\* | 1.6 | 1.8 | 0.3 |
| **Any mistreatment** | 4.1 | 4.0 | 0.3 |
| **Any abuse excluding neglect** | 3.1 | 1.8 | 0.3 |
| **All** |  |  |  |
| Neglect | 0.9 | 1.4 | - |
| Financial | 1.3 | 0.2 | 0.4 |
| Interpersonal\* | 1.2 | 0.8 | 0.2 |
| **Any mistreatment** | 3.3 | 2.4 | 0.4 |
| **Any abuse excluding neglect** | 2.5 | 1.1 | 0.4 |

\* Interpersonal abuse includes psychological, physical and sexual abuse.
\( \text{b Bases vary slightly, bases shown here are for neglect.} \)
**Education**

Most respondents had not achieved a high educational qualification (see Section 2.2).

The prevalence of mistreatment overall did not vary significantly by level of educational qualification. 3.4% of those with no educational qualification, 3.0% of those with a degree level qualification and 1.6% of those with an intermediate level qualification reported mistreatment (Table 3.6).

### Table 3.6

Type of mistreatment in the past year, by educational attainment and sex

<table>
<thead>
<tr>
<th>All</th>
<th>Type of mistreatment</th>
<th>Educational attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Degree and higher</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Any mistreatment</strong></td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td><strong>Any abuse excluding neglect</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td><strong>Any mistreatment</strong></td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td><strong>Any abuse excluding neglect</strong></td>
<td>5.0</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td><strong>Any mistreatment</strong></td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td><strong>Any abuse excluding neglect</strong></td>
<td>1.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bases unweighted&lt;sup&gt;b&lt;/sup&gt;</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>117</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>59</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>176</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bases weighted</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
</tr>
<tr>
<td><strong>Women</strong></td>
</tr>
<tr>
<td><strong>All</strong></td>
</tr>
</tbody>
</table>

<sup>a</sup> Interpersonal abuse includes psychological, physical and sexual abuse.

<sup>b</sup> Bases vary slightly, bases shown here are for neglect.

**Socio-economic classification**

As respondents in this survey were past the age of retirement, NS-SEC was based on the respondent’s main job before retirement (see Section 2.2). NS-SEC had a significant impact on the level of mistreatment overall, and on the level of neglect. Overall, the level of mistreatment ranged from 4.3% of those who had worked in semi-routine and routine occupations, 3.2% of those who had intermediate occupations, 1.6% of those who had managerial and lower supervisory occupations, and 0.1% of those who were small employers (Figure 3.2 and Table 3.7).
Among both men and women, those who had semi-routine and routine occupations had the highest prevalence of mistreatment (2.3% men, 5.3% women), although the differences within each sex were not significant.

### Table 3.7

Type of mistreatment in the past year, by National Statistics Socio-Economic Classification (NS-SEC) and sex

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>NS-SEC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managerial and professional occupations (%)</td>
</tr>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.5</td>
</tr>
<tr>
<td>Financial</td>
<td>0.1</td>
</tr>
<tr>
<td>Interpersonal(^a)</td>
<td>0.1</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>0.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.2</td>
</tr>
<tr>
<td>Financial</td>
<td>0.7</td>
</tr>
<tr>
<td>Interpersonal(^a)</td>
<td>1.7</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>2.7</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.3</td>
</tr>
<tr>
<td>Financial</td>
<td>0.4</td>
</tr>
<tr>
<td>Interpersonal(^a)</td>
<td>0.8</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>1.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Bases unweighted(^b)</strong></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>361</td>
</tr>
<tr>
<td>Women</td>
<td>284</td>
</tr>
<tr>
<td>All</td>
<td>645</td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>357</td>
</tr>
<tr>
<td>Women</td>
<td>293</td>
</tr>
<tr>
<td>All</td>
<td>650</td>
</tr>
</tbody>
</table>

\(^a\) Interpersonal abuse includes psychological, physical and sexual abuse.

\(^b\) Bases vary slightly, bases shown here are for neglect.
**Tenure**

Overall, and among both sexes, those who lived in rented accommodation (social or private) tended to have higher prevalence rates than owner-occupiers (own outright or buying with mortgage) (Table 3.8). These differences were significant for men and women combined, and for women only (but not for men only).

Similarly, the rate of financial abuse varied significantly by housing tenure for men and women combined, and for women only (but not for men only).

**Table 3.8**

*Type of mistreatment in the past year, by housing tenure and sex*

<table>
<thead>
<tr>
<th>All</th>
<th>Tenure</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owner occupied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>Neglect</td>
<td>0.6</td>
<td>0.3</td>
<td>[-]</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.3</td>
<td>2.0</td>
<td>[-]</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal(^a)</td>
<td>0.0</td>
<td>-</td>
<td>[-]</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>0.9</td>
<td>2.3</td>
<td>[-]</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect</td>
<td>0.3</td>
<td>2.0</td>
<td>[-]</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>Neglect</td>
<td>1.4</td>
<td>2.2</td>
<td>[-]</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.4</td>
<td>0.9</td>
<td>[10.5]</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal(^a)</td>
<td>1.5</td>
<td>1.6</td>
<td>[6.4]</td>
<td>-</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>3.2</td>
<td>4.7</td>
<td>[16.9]</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect</td>
<td>1.9</td>
<td>2.4</td>
<td>[16.9]</td>
<td>-</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>Neglect</td>
<td>1.1</td>
<td>1.4</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.3</td>
<td>1.3</td>
<td>5.5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Interpersonal(^a)</td>
<td>0.8</td>
<td>0.9</td>
<td>3.3</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>2.2</td>
<td>3.7</td>
<td>8.8</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect</td>
<td>1.2</td>
<td>2.2</td>
<td>8.8</td>
<td>0.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bases unweighted(^b)</th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>747</td>
<td>833</td>
<td>1580</td>
</tr>
<tr>
<td></td>
<td>167</td>
<td>223</td>
<td>390</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>39</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bases weighted</th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>709</td>
<td>902</td>
<td>1612</td>
</tr>
<tr>
<td></td>
<td>156</td>
<td>224</td>
<td>380</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>31</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>26</td>
<td>49</td>
</tr>
</tbody>
</table>

\(^a\) Interpersonal abuse includes psychological, physical and sexual abuse.

\(^b\) Bases vary slightly, bases shown here are for neglect.
3.5 Mistreatment and social contact

Regular social contact
Respondents were asked about contact with a range of individuals, covering three levels of contact (see Section 2.3). This analysis examines whether respondents regularly met with a family member or friend.

Those who did not have regular contact were no more or less likely than those who did have this contact to have experienced mistreatment overall (Table 3.9). However, those living alone with no regular contact with friends or family reported a notably high level of neglect (7.1%, compared with 1.0% of those who did have regular social contact, and 0.3% of those who did not have regular social contact but lived with others). The level of neglect varied significantly by social contact for men and women combined, and for women only (but not for men only).

Regular group involvement
Respondents were also asked whether they regularly (at least once a month) took part in the activities of any groups (see Section 2.3). Men who had no regular group involvement were more likely to have experienced any abuse excluding neglect (0.3% of those involved in group activities, compared with 1.1% of those not involved) (Table 3.9). This difference could be attributed to financial abuse; 1.0% of men not involved in group activities reported financial abuse compared with 0.2% of men who were involved. This difference for men was not seen when looking at mistreatment overall (including neglect), and no differences were observed among women.

Loneliness in past week
In addition to questions about social contact, respondents were asked whether they had felt lonely much of the time during the past week.

This appeared to be linked to some types of mistreatment – 5.9% of those who reported being lonely in the past week had experienced any mistreatment, compared with 2.1% who had not felt lonely (Table 3.9). This was significant for women (7.5% of those who had felt lonely compared with 3.0% who had not) but not for men (2.2% compared with 1.1%). The overall figures for abuse (excluding neglect) were 4.2% of those who had felt lonely and 1.3% of those who had not, and again this was significant for women (5.4% compared with 1.8%) but not for men (1.5% compared with 0.6%). Women who reported loneliness in the past week were more likely to have experienced financial abuse than those who did not (2.7% compared with 0.4%).
### Table 3.9

**Type of mistreatment in the past year, by social contact and sex**

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Regular social contact</th>
<th>Regular group involvement</th>
<th>Felt lonely in past week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No – lives with others</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Financial</td>
<td>0.6</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.2</td>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.7</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.4</td>
<td>-</td>
<td>1.6</td>
</tr>
<tr>
<td>Financial</td>
<td>0.8</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>1.7</td>
<td>-</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>3.8</td>
<td>-</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>2.4</td>
<td>-</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.0</td>
<td>0.3</td>
<td>7.1</td>
</tr>
<tr>
<td>Financial</td>
<td>0.7</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>1.0</td>
<td>-</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>2.6</td>
<td>0.3</td>
<td>7.1</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>1.7</td>
<td>-</td>
<td>1.4</td>
</tr>
</tbody>
</table>

**Bases unweighted**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Men</th>
<th>Women</th>
<th>Women</th>
<th>All</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>928</td>
<td>37</td>
<td>1066</td>
<td>32</td>
<td>1994</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>587</td>
<td>391</td>
<td>703</td>
<td>424</td>
<td>1290</td>
<td>815</td>
</tr>
<tr>
<td></td>
<td>101</td>
<td>825</td>
<td>176</td>
<td>904</td>
<td>277</td>
<td>1729</td>
</tr>
</tbody>
</table>

**Bases weighted**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Men</th>
<th>Women</th>
<th>Women</th>
<th>All</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>877</td>
<td>34</td>
<td>1130</td>
<td>28</td>
<td>2007</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>538</td>
<td>379</td>
<td>729</td>
<td>457</td>
<td>1268</td>
<td>836</td>
</tr>
<tr>
<td></td>
<td>82</td>
<td>804</td>
<td>179</td>
<td>962</td>
<td>262</td>
<td>1766</td>
</tr>
</tbody>
</table>

---

*a Regular social contact was defined as seeing the same person (friend or family) at least once a month.

*b Regular group involvement was defined as at least once a month. See Section 2.3 for description of groups included.

*c This measure has a relatively low base because it was asked in the self-completion questionnaire which was not completed by all respondents (see Appendix A).

*d Interpersonal abuse includes psychological, physical and sexual abuse.

*e Bases vary slightly, bases shown here are for neglect.
3.6 Mistreatment and health

Respondents were asked about their general health status and experience of long-term and limiting long-term illness. Additional questions were included to examine quality of life and to screen for signs of depression (see Section 2.4).

**Self-reported health status**

Overall, mistreatment rose significantly with declining health. Among all adults, the level of mistreatment varied from 9.2% of those with self-reported bad or very bad health to 3.7% of those with fair health and 1.2% of those with good or very good health (Figure 3.3 and Table 3.10). In particular, levels of neglect were highest for those in the lowest category of general health (5.1% of people with bad or very bad health) compared with people who reported being in good or very good health (0.4%).

![Figure 3.3](image)

The level of mistreatment among men with self-reported bad/very bad health was almost 10 times higher than the level among men with self-reported good/very good health (4.8% compared with 0.5%). The same pattern was found for abuse excluding neglect (2.6% and 0.1% respectively). Men with bad/very bad health were significantly more likely to experience neglect (2.3%) and financial abuse (2.5%) compared with men with good/very good health (0.3% and <0.05% respectively).

Similarly, 12.5% of women with self-reported bad/very bad health reported mistreatment compared with 1.9% of women with self-reported good/very good health. Neglect was particularly high for women with bad/very bad health (7.3%, nearly 15 times higher than the 0.5% prevalence of neglect amongst women with self-reported good/very good health). The rates of abuse excluding neglect showed a similar trend, ranging from 5.0% for women with bad/very bad health to 1.5% of those with good/very good health (although these differences were not significant).

**Long-term illness**

Long-term illness also had a significant association with mistreatment: 4.5% of those with a limiting long-term illness reported mistreatment, compared with 1.5% of those with no long-term illness and 0.7% of those with a non-limiting long-term illness (Figure 3.4 and Table 3.10). This was mainly due to neglect, which was significantly higher among those with a limiting long-term illness for both men
and women. Rates of abuse excluding neglect did not show any significant differences between those with a limiting long-term illness and those with no long-term illness.

### Table 3.10

**Type of mistreatment in the past year, by general health, long-term illness and sex**

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>General health</th>
<th>Long-term illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good/very</td>
<td>Bad/very</td>
</tr>
<tr>
<td></td>
<td>good</td>
<td>bad</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Financial</td>
<td>0.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>0.1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>0.5</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.5</td>
<td>7.3</td>
</tr>
<tr>
<td>Financial</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>0.9</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.9</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>1.5</td>
<td>5.0</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Financial</td>
<td>0.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Interpersonal*</td>
<td>0.5</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.2</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.9</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Bases unweighted\#**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All</th>
<th></th>
<th>Men</th>
<th>Women</th>
<th>All</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neglect</strong></td>
<td>634</td>
<td>647</td>
<td>1281</td>
<td><strong>Financial</strong></td>
<td>270</td>
<td>393</td>
<td>663</td>
<td><strong>Interpersonal</strong></td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>73</td>
<td>87</td>
<td>160</td>
<td><strong>Any mistreatment</strong></td>
<td>343</td>
<td>355</td>
<td>698</td>
<td><strong>Any abuse excluding neglect</strong></td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>307</td>
<td>364</td>
<td>671</td>
<td><strong>Bases weighted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\* Interpersonal abuse includes psychological, physical and sexual abuse.

\# Bases vary slightly, bases shown here are for neglect.
Quality of life
Quality of life was measured using the validated CASP-19 measure,\(^3\) broken down into three equally sized groups (or tertiles) (see Section 2.4).

Overall, the prevalence of mistreatment increased with decreasing quality of life: 0.4% of respondents in the highest tertile (i.e. with the highest quality of life) reported mistreatment compared with 2.9% of those in the middle tertile and 4.8% of those in the lowest tertile (Table 3.11). This pattern was found for all types of mistreatment, although the differences were significant only for neglect and financial abuse.

Among men, reported mistreatment was 0.1% in the highest tertile, 1.0% in the middle and 2.7% in the lowest. The equivalent figures for abuse excluding neglect were 0.1%, 0.7% and 1.2%. Among women, mistreatment was 0.6% in the highest tertile, 4.4% in the middle and 6.5% in the lowest; the figures for reported abuse excluding neglect were 0.6%, 2.7% and 4.1%.

Depression
Respondents were administered the eight item version of the Centre for Epidemiologic Studies Depression Scale (CES-D)\(^4\) (see Section 2.4).

For both men and women, mistreatment was more prevalent among those defined as suffering from depression (score of 3 or more) than among those who were not suffering from depression (score less than 3): men 3.6% vs. 0.6%; women 7.8% vs. 2.2% (Table 3.11). Overall, this difference was significant for neglect, financial and interpersonal abuse. Men suffering from depression were more likely to have been neglected, whilst both men and women suffering from depression were more likely to have experienced interpersonal abuse compared with those who were not suffering from depression.

The differences were also found for abuse excluding neglect: men 1.8% vs. 0.4%; women 5.3% vs. 1.3%.
Table 3.11

Type of mistreatment in the past year, by quality of life, depression and sex

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>CASP (quality of life) tertile</th>
<th>CES-D depressive symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest %</td>
<td>Middle %</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td>Financial</td>
<td>0.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>0.1</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Financial</td>
<td>0.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.5</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>0.6</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.6</td>
<td>2.7</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Financial</td>
<td>0.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Interpersonal&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.3</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>0.4</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.4</td>
<td>1.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bases unweighted&lt;sup&gt;b&lt;/sup&gt;</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>317</td>
<td>320</td>
<td>272</td>
<td>751</td>
<td>170</td>
</tr>
<tr>
<td>Women</td>
<td>355</td>
<td>391</td>
<td>312</td>
<td>771</td>
<td>301</td>
</tr>
<tr>
<td>All</td>
<td>672</td>
<td>711</td>
<td>584</td>
<td>1522</td>
<td>471</td>
</tr>
<tr>
<td>Bases weighted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>306</td>
<td>306</td>
<td>258</td>
<td>707</td>
<td>173</td>
</tr>
<tr>
<td>Women</td>
<td>371</td>
<td>405</td>
<td>337</td>
<td>813</td>
<td>317</td>
</tr>
<tr>
<td>All</td>
<td>677</td>
<td>711</td>
<td>595</td>
<td>1520</td>
<td>491</td>
</tr>
</tbody>
</table>

<sup>a</sup> Interpersonal abuse includes psychological, physical and sexual abuse.

<sup>b</sup> Bases vary slightly, bases shown here are for neglect.

Prevalence of mistreatment by health status and age

As health status tends to decrease with increasing age, the relationship between the level of mistreatment and health status might be influenced by age. Tables 3.12 and 3.13 examine mistreatment by self-reported health status and depression separately for two age groups: those aged 66-74 and those aged 75 and over. After controlling for age, the level of mistreatment rose significantly with declining health status in terms of general health and depression for both age groups, but especially for the younger group (66-74).
Table 3.12

Type of mistreatment in the past year, by general health and age

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>General health</th>
<th>66-74</th>
<th>75 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good/very good</td>
<td>66-74</td>
<td>75 and over</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.3</td>
<td>1.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Financial</td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Interpersonal^</td>
<td>0.4</td>
<td>2.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>1.2</td>
<td>4.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>0.9</td>
<td>3.2</td>
<td>4.3</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.6</td>
<td>1.1</td>
<td>4.4</td>
</tr>
<tr>
<td>Financial</td>
<td>0.2</td>
<td>1.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Interpersonal^</td>
<td>0.6</td>
<td>0.2</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>1.4</td>
<td>2.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>0.8</td>
<td>1.6</td>
<td>3.7</td>
</tr>
</tbody>
</table>

| Bases unweighted^    | 684            | 301   | 71          |
| Bases weighted^      | 693            | 302   | 75          |

^ Interpersonal abuse includes psychological, physical and sexual abuse.
^ Bases vary slightly, bases shown here are for neglect.

Table 3.13

Type of mistreatment in the past year, by depression and age

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>CES-D depressive symptoms</th>
<th>66-74</th>
<th>75 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below 3</td>
<td>3 or above</td>
<td>Below 3</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.3</td>
<td>3.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Financial</td>
<td>0.5</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Interpersonal^</td>
<td>0.6</td>
<td>4.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>1.5</td>
<td>8.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>1.2</td>
<td>4.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Neglect</td>
<td>810</td>
<td>201</td>
<td>712</td>
</tr>
<tr>
<td>Financial</td>
<td>812</td>
<td>220</td>
<td>708</td>
</tr>
</tbody>
</table>

^ Interpersonal abuse includes psychological, physical and sexual abuse.
^ Bases vary slightly, bases shown here are for neglect.

3.7 Mistreatment and use of services

Respondents were asked if they used a private or local authority home help, home care worker or meals on wheels, or were currently visited by a health professional, social worker, care manager or helper from a voluntary organisation (see Section 2.5). Overall, those who did use any of these services were more likely to have experienced mistreatment than those who did not (4.5% compared with 2.2%) (Table 3.14). This was mainly accounted for by financial abuse and neglect: of those who used these services, 1.7% had experienced financial abuse and 2.3% had experienced neglect (compared with 0.4% and 0.8% of those who did not).

A similar pattern was seen among women, but not among men.

Those who attended a lunch club run by the local authority or a voluntary body, or a day centre for the elderly, were more likely to have experienced mistreatment compared with those who did not use these services (6.7% compared with 2.4%) (Table 3.14). When examined by sex, this was also found
for women (9.1% compared with 3.3%), but not for men. These differences were mainly due to a higher rate of neglect among those who used these services.

In contrast, men who attended a lunch club or day centre were less likely to have experienced mistreatment: 0.2% of men who used these services had experienced mistreatment compared with 1.2% of those who did not.

The higher prevalence of neglect among respondents who used the services described above was largely explained by the greater likelihood of those using these services to also require help with their personal care. Respondents who were reliant on help with any day to day activity, personal care or taking their medication were significantly more likely to use the services mentioned above than were those who did not require any such assistance. For example, of those who required such personal care, nearly half (47%) currently used these services compared with only 12% of those who were not reliant on help (see Section 2.5).

Table 3.14

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Uses servicesa</th>
<th>Visits lunch club/day centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Financial</td>
<td>1.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>1.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>3.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Financial</td>
<td>1.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>0.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>6.2</td>
<td>3.1</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>2.8</td>
<td>2.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Uses servicesa</th>
<th>Visits lunch club/day centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>2.3</td>
<td>0.8</td>
</tr>
<tr>
<td>Financial</td>
<td>1.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>4.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>2.3</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Bases unweighted:

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Uses servicesa</th>
<th>Visits lunch club/day centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Men</td>
<td>188</td>
<td>790</td>
</tr>
<tr>
<td>Women</td>
<td>274</td>
<td>854</td>
</tr>
<tr>
<td>All</td>
<td>462</td>
<td>1644</td>
</tr>
</tbody>
</table>

Bases weighted:

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Uses servicesa</th>
<th>Visits lunch club/day centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Men</td>
<td>161</td>
<td>757</td>
</tr>
<tr>
<td>Women</td>
<td>269</td>
<td>920</td>
</tr>
<tr>
<td>All</td>
<td>430</td>
<td>1677</td>
</tr>
</tbody>
</table>

*a Services included private or local authority provided home help, home care worker, or meals on wheels, being visited by a health professional, social worker, care manager or helper from a voluntary organisation.

*b Interpersonal abuse includes psychological, physical and sexual abuse.

*c Bases vary slightly, bases shown here are for neglect.

Table 3.15 shows that just over a third (35%) of those who had been mistreated in the past year were using one or more of these services at the time of the interview (although they may not have been using the service at the time of mistreatment).
Table 3.15

Whether people who had been mistreated were using services, by sex

All who experienced mistreatment in past year

<table>
<thead>
<tr>
<th>Uses servicesa</th>
<th>Sex</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>[26]</td>
<td>37</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>[74]</td>
<td>63</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>18</td>
<td>34</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Bases weighted</td>
<td>10</td>
<td>45</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

a Services included private or local authority provided home help, home care worker, or meals on wheels, being visited by a health professional, social worker, care manager or helper from a voluntary organisation

Notes and references

1 Household population estimates (excluding people living in institutions) from the Office of National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA).

2 If the criteria for psychological abuse were expanded to include one to nine incidents, but judged by the respondent to be “very serious” (the criteria used for neglect), the prevalence of psychological abuse would increase from 0.4% to 0.5%. See Section 1.4 for a discussion about the definitions of neglect and psychological abuse.


4 Perpetrator characteristics

- Overall, 51% of mistreatment in the past year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)

- 80% of interpersonal abuse (i.e. physical, psychological and sexual abuse combined) perpetrators were men and 20% were women. The split for financial abuse was more equal (56% men, 44% women).

- The age profile of perpetrators tended to be younger for those carrying out financial abuse than for those carrying out interpersonal abuse.

- Overall, 53% of perpetrators were living in the respondents household at the time of the abuse – this included 25% of financial abuse perpetrators and 65% of interpersonal abuse perpetrators.

4.1 Introduction

Initial prevalence studies collected basic information about perpetrator type, albeit from a relatively narrow range of perpetrators, such as family members\(^1\) or family members and care workers.\(^2\) More recently, the definition of perpetrator has been widened to include friends as well as family and care workers,\(^3\) but relatively little is known about perpetrators.

The prevalence study carried out in Boston, USA reported that the majority of abuse was carried out by spouses (58%), and spouses were more likely to be perpetrators of abuse than children of the older person (24% carried out by children).\(^1\) It was suggested that the high proportion of spouse abuse was mediated by living arrangements - when abuse was examined among those living in the same household, the prevalence of abuse by spouses was similar to that by children of the abused older person. (Perpetrator type was not specified for perpetrators outside the family in the Boston study.)

4.2 Methodology and questionnaire design

A key component of elder abuse and neglect is that the harmful action (or lack of action) occurs within a relationship where an expectation of trust could reasonably be expected. “Position of trust” relationships are generally accepted to include family, close friends and care workers. The questionnaire covered a wide range of perpetrator types, including family members, close friends, care workers, neighbours and acquaintances, but only position of trust relationships (family, close friends and care workers) are reported in this chapter. (Chapter 6 gives results for mistreatment using a broader definition which includes neighbours and acquaintances.)

For reports of mistreatment, respondents were asked whether the perpetrator was a: partner or spouse; son or daughter; son or daughter in law; grandchild; brother or sister; parent; parent in law; niece or nephew; other family member; care worker or close friend. (Further options included...
neighbour, acquaintance or other.) Respondents who reported involvement of a care worker were asked for more information about the type of care worker, and options included: health professionals (e.g. doctor, nurse, health visitor), social workers and home care workers. Cognitive testing at the development stage showed that, in general, respondents did not know whether care was being provided on a formal or informal basis, for example whether a home care worker was provided by the local authority, a private or voluntary organisation, or whether through an informal arrangement. The analysis is therefore unable to differentiate between these types of care providers.

Respondents were asked about the perpetrators of each incident, even if these were the same “type” of mistreatment. For example, if a respondent reported that someone had stolen money, property or possessions from them and that someone had tried to take power of attorney, they would be asked about the perpetrators of the theft and then asked who had tried to take power of attorney. Multiple perpetrators could be reported for each incident. In the example above, the respondent could report that a nephew and a care worker had taken money, property or possessions from them.

Further questions about the perpetrator were asked separately for each type of abuse. If more than one incident was reported for financial or physical abuse, respondents were asked which event had the most serious impact on them. For sexual abuse, the most serious incident was defined by the researchers and selected automatically by the laptop. Questions were then asked about the perpetrator of that event. Where more than one perpetrator had been reported, questions were asked about the main perpetrator as defined by the respondent. For psychological abuse, follow-up questions were asked about the first perpetrator identified by the respondent to have carried out the abuse.

Respondents were asked the perpetrator's sex, age and employment status (e.g. whether in work, retired etc.) at the time of the abuse.

They were also asked whether the perpetrator lived in the same household as the respondent at the time of the incident, and whether the respondent provided help for the perpetrator in any way. Finally, they were asked whether the perpetrator had any problems (e.g. alcohol, gambling or drug use, or mental health problems).

Questions about neglect differed from those for other forms of mistreatment. Only perpetrator type was established, and no further questions were asked.

This chapter examines the relationship between the perpetrator and respondent for neglect, financial abuse and interpersonal abuse (psychological, physical and sexual abuse combined).

Perpetrator categories have been aggregated into four broad types: partner, other family members, close friends and care workers. Because the bases are small, results must be treated with caution; differences have not been tested for statistical significance in this chapter.
4.3 Perpetrators of abuse and neglect

Partners (51%) and other family members (49%) were most commonly reported as perpetrators of mistreatment (Table 4.1). Relatively little mistreatment was carried out by others (care workers 13%, close friends 5%).

Perpetrator type varied with type of mistreatment. Neglect was mainly by partners (70%) and other family members (58%). Similarly, partners (57%) and other family members (37%) were the main perpetrators of interpersonal abuse.

A different pattern was observed for financial abuse where the main perpetrators were other family members (54%) and care workers (31%), compared with only 13% for partners.

Table 4.1

| Relationship of perpetrator to respondent, by type of mistreatment |
|----------------------------------|------------------|------------------|------------------|------------------|
|                                  | Neglect          | Financial        | Interpersonal²   | Any abuse (excl. neglect) | Any mistreatment |
|                                  | %                | %                | %                | %                | %                |
| Partner                          | 70               | 13               | 57               | 40               | 51               |
| Other family                     | 58               | 54               | 37               | 43               | 49               |
| Close friend                     | 3                | 2                | 6                | 5                | 5                |
| Care worker                      | 14               | 31               | -                | 12               | 13               |
| Unweighted base³                 | 24               | 15               | 16               | 30               | 52               |
| Weighted base⁴                   | 23               | 14               | 22               | 36               | 69               |

a  As respondents could give more than one answer, columns may total more than 100%.
b  Interpersonal abuse includes psychological, physical and sexual abuse.
c  Bases vary slightly, bases shown are for partner.
d  Weighting was used for summary categories (interpersonal abuse, any abuse excluding neglect and any mistreatment) to compensate for selection, ensuring that all perpetrators were represented if the respondent had experienced more than one form of mistreatment within a summary category (e.g. psychological and physical abuse).

4.4 Characteristics of perpetrators and relationship to respondent

Table 4.2 shows the sex and age of perpetrators, by type of abuse. On the whole, abuse was more commonly carried out by men (74%) than women (26%). This pattern was also observed for interpersonal abuse (men 80%, women 20%) but for financial abuse, there were a similar proportion of male and female perpetrators (men 56%, women 44%).

Interpersonal abuse was most commonly carried out by adults of retirement age and older (75% by adults aged 65-74). Perpetrators of financial abuse tended to be younger: 56% were aged 16-44 and a further 36% aged 45-64.
Table 4.2

Sex and age of perpetrator, by type of abuse

All perpetrators of abuse (excl. neglect) in past year\(^a\)\(^b\)

<table>
<thead>
<tr>
<th>Sex, age</th>
<th>Type of abuse</th>
<th>Financial</th>
<th>Interpersonal(^c)</th>
<th>Any abuse (excl. neglect)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>[56]</td>
<td>[80]</td>
<td>[74]</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>[44]</td>
<td>[20]</td>
<td>[26]</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 16</td>
<td></td>
<td>[3]</td>
<td>[1]</td>
<td>[2]</td>
</tr>
<tr>
<td>16 - 44</td>
<td></td>
<td>[56]</td>
<td>[4]</td>
<td>[19]</td>
</tr>
<tr>
<td>45 - 64</td>
<td></td>
<td>[36]</td>
<td>[13]</td>
<td>[20]</td>
</tr>
<tr>
<td>65 - 74</td>
<td></td>
<td>[4]</td>
<td>[75]</td>
<td>[55]</td>
</tr>
<tr>
<td>75 and over</td>
<td></td>
<td>[-]</td>
<td>[7]</td>
<td>[5]</td>
</tr>
<tr>
<td>Unweighted base</td>
<td>10</td>
<td>16</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Weighted base</td>
<td>8</td>
<td>20</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

\(^b\) As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

\(^c\) Interpersonal abuse includes psychological, physical and sexual abuse.

Table 4.3 shows the employment status of the perpetrator at the time of the abuse, by type of abuse. There is a clear distinction between interpersonal abuse and financial abuse. While the perpetrators of interpersonal abuse tended to be retired from paid work (81%), perpetrators of financial abuse tended to be in paid work (78%).

Table 4.3

Employment status of perpetrator, by type of abuse

All perpetrators of abuse (excl. neglect) in past year\(^a\)\(^b\)

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Type of abuse</th>
<th>Financial</th>
<th>Interpersonal(^c)</th>
<th>Any abuse (excl. neglect)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>In paid employment / self-employed</td>
<td></td>
<td>[78]</td>
<td>[11]</td>
<td>[30]</td>
</tr>
<tr>
<td>In full time education</td>
<td></td>
<td>[3]</td>
<td>[1]</td>
<td>[2]</td>
</tr>
<tr>
<td>Unemployed, and looking for work</td>
<td></td>
<td>[8]</td>
<td>[-]</td>
<td>[2]</td>
</tr>
<tr>
<td>Permanently unable to work - long term sickness / injury</td>
<td></td>
<td>[-]</td>
<td>[3]</td>
<td>[2]</td>
</tr>
<tr>
<td>Retired from paid work</td>
<td></td>
<td>[4]</td>
<td>[81]</td>
<td>[59]</td>
</tr>
<tr>
<td>Looking after home or family</td>
<td></td>
<td>[7]</td>
<td>[4]</td>
<td>[4]</td>
</tr>
<tr>
<td>Unweighted base</td>
<td>10</td>
<td>16</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Weighted base</td>
<td>8</td>
<td>20</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

\(^b\) As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

\(^c\) Interpersonal abuse includes psychological, physical and sexual abuse.
Table 4.4 shows the proportion of perpetrators who lived in the same household at the time of the abuse, and who were receiving care from the older person whom they had abused. While most perpetrators of interpersonal abuse lived in the same household as the older person (65%), perpetrators of financial abuse tended to be living in another household (75%).

Respondents were asked whether they provided care for the perpetrator, such as help with day to day activities, financial advice or money. 39% of interpersonal abuse perpetrators and 25% of financial abuse perpetrators received some form of care from the respondent.

### Table 4.4

Whether perpetrator lived in respondent’s household and received care from respondent, by type of abuse

<table>
<thead>
<tr>
<th>Lived in household, received care</th>
<th>Type of abuse</th>
<th>Financial %</th>
<th>Interpersonal %</th>
<th>Any abuse (excl. neglect) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator lived in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>[25]</td>
<td>[65]</td>
<td>[53]</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>[75]</td>
<td>[35]</td>
<td>[47]</td>
<td></td>
</tr>
<tr>
<td>Perpetrator received care from respondent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>[25]</td>
<td>[39]</td>
<td>[35]</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>[75]</td>
<td>[61]</td>
<td>[65]</td>
<td></td>
</tr>
</tbody>
</table>

Unweighted base: 10 16 26
Weighted base: 8 20 28

---

*a* Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

*b* As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

*c* Interpersonal abuse includes psychological, physical and sexual abuse.

Respondents were also asked about the type of personal problems, if any, the perpetrator had. Whilst nearly half of the perpetrators of interpersonal abuse were reported to have none of the problems asked about (48%), 28% had relationship problems and 13% had problems with their physical health (Table 4.5). Perpetrators of financial abuse were reported to have a range of personal problems including relationship problems (30%), alcohol use (30%), financial problems (30%), gambling problems (23%), and drug use (8%).
## Table 4.5

### Whether perpetrator had behaviour or other problems or habits, by type of abuse

All perpetrators of abuse (excl. neglect) in past year<sup>a,b</sup>

<table>
<thead>
<tr>
<th>Problems of perpetrator</th>
<th>Type of abuse</th>
<th>Financial</th>
<th>Interpersonal&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Any abuse (excl. neglect)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td></td>
<td>[-]</td>
<td>[8]</td>
<td>[7]</td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
<td>[3]</td>
<td>[1]</td>
<td>[2]</td>
</tr>
<tr>
<td>Relationship problems</td>
<td></td>
<td>[30]</td>
<td>[28]</td>
<td>[21]</td>
</tr>
<tr>
<td>Gambling problems</td>
<td></td>
<td>[23]</td>
<td>[-]</td>
<td>[1]</td>
</tr>
<tr>
<td>Other problems</td>
<td></td>
<td>[-]</td>
<td>[-]</td>
<td>[1]</td>
</tr>
<tr>
<td>None of these problems</td>
<td></td>
<td>[27]</td>
<td>[48]</td>
<td>[36]</td>
</tr>
</tbody>
</table>

Unweighted base 10 16 26
Weighted base 8 20 28

<sup>a</sup> Bases differ from other tables in the report. The base for Tables 4.2 to 4.5 is perpetrators of a particular abuse type rather than respondents: perpetrators are represented separately for each type of abuse (see table note b).

<sup>b</sup> As perpetrators are represented separately for each type of abuse, those who have carried out more than one type of abuse are represented more than once. For example, an individual who has carried out financial abuse and physical abuse would be represented twice, once for financial abuse and again for physical abuse.

<sup>c</sup> Interpersonal abuse includes psychological, physical and sexual abuse.

### Notes and references


4. In the prevalence survey, the most serious event for sexual abuse was automatically selected by the laptop. Events defined as sexual abuse were, in order of seriousness: 'made you have sexual intercourse against your will', 'tried to have sexual intercourse with you against your will', 'touched you in a sexual way against your will', 'tried to touch you in a sexual way against your will', 'made you watch pornography against your will', 'tried to make you watch pornography against your will', and 'talked to you in a sexual way against your will'.

5. Follow-up questions about perpetrator characteristics were included in the pilot stage but caused considerable upset among some respondents as they felt that the perpetrators were often partners or family members who wanted to help but were unable to do so. These questions were removed from the questionnaire for the main stage of fieldwork.

6. Respondents were asked to specify the type of care worker. All incidents of abuse and neglect reported in the past year were carried out by a home help, home carer or paid caregiver: no other professionals were mentioned.
5 Impact of mistreatment

- Three-quarters of those asked said that the effect of the mistreatment was either serious (43%) or very serious (33%). The most commonly reported effects were emotional (such as feeling angry or upset), and social (for example feeling cut off from family and friends).

- The majority (70%) of those who had experienced mistreatment in the past year said that they had reported the incident or sought help. Respondents mainly sought help from a family member or friend (31%) or a health professional or social worker (30%).

5.1 Introduction

Respondents who reported that they had experienced mistreatment were asked a series of follow-up questions to establish their reaction to the mistreatment and what effect it had on them. Due to the distinctive nature of each of the five types of mistreatment the follow-up questions differed.

- For neglect, respondents were asked about the overall effect of being neglected, and whether they had sought any help about the situation.
- For financial, physical and sexual abuse, respondents were asked about a specific incident (the one they considered the most serious if there had been more than one incident). Respondents were asked how they reacted to the incident, whether they sought help or advice about it and from whom, what effect the incident had on them, and how serious that effect had been.
- For psychological abuse, the same questions were asked in relation to the perpetrator’s overall behaviour, rather than a specific incident.

The questions asked can be seen in Appendix B.

The results in this chapter are based upon those who had experienced any of the five types of mistreatment in the past year, where the perpetrator was a family member, close friend, or care worker, and who had been routed to the follow-up questions on impacts of mistreatment. Since the bases for each of the five types of mistreatment are very small, it is only possible to report the results for mistreatment overall and for abuse (excluding neglect) overall.

5.2 Reaction to abuse

For each type of abuse reported in the survey, respondents were asked how they reacted (they could mention more than one type of reaction).

Overall, 77% reported that they had reacted emotionally, for example becoming visibly angry or upset, 52% said they walked away from the incident or deliberately ignored that it had happened and 49% reported that they had a verbal, physical or confrontational reaction (Table 5.1). 4% said they had no reaction (but this was found only among respondents who reported psychological abuse).
Table 5.1

Reaction to abuse

All who experienced abuse in past year and answered questions on reaction

<table>
<thead>
<tr>
<th>Reaction to abuse</th>
<th>Any abuse (Excl. neglect)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Ignored it or walked away</td>
<td>[52]</td>
</tr>
<tr>
<td>Emotional reaction</td>
<td>[77]</td>
</tr>
<tr>
<td>Reacted verbally, physically, or confronted the perpetrator</td>
<td>[49]</td>
</tr>
<tr>
<td>No reaction</td>
<td>[4]</td>
</tr>
<tr>
<td>Other reaction</td>
<td>[2]</td>
</tr>
<tr>
<td><strong>Bases unweighted</strong></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

*Not all respondents who reported abuse were asked all follow-up questions (see Section 5.1).*

**As respondents could give more than one answer, the column totals more than 100%.**

*Reaction questions were not asked for neglect, so this table includes abuse only (financial, psychological, physical, sexual).*

*The unweighted base of 25 includes a similar number of cases of financial, physical and psychological abuse, and fewer cases of sexual abuse.*

5.3 Effect and seriousness of mistreatment

A third (33%) of respondents who had experienced mistreatment in the past year said that the effect was very serious, 43% said it was serious, and 24% said that the mistreatment was not serious or that there was no effect (Table 5.2).

Respondents could report more than one type of effect the incident of mistreatment had on them, and the most commonly reported effects were emotional, such as feeling angry or upset (78%), and social, for example feeling cut off from family or friends (61%) (Table 5.2). 11% reported a physical effect, such as discomfort or pain (mentioned only by those who experienced neglect or physical abuse).

Table 5.2

Type of effect and seriousness of mistreatment

All who experienced mistreatment in past year and answered questions on effect and seriousness

<table>
<thead>
<tr>
<th>Effect and seriousness of mistreatment</th>
<th>Type of mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any abuse (excl. neglect)</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Social</td>
<td>[57]</td>
</tr>
<tr>
<td>Emotional</td>
<td>[78]</td>
</tr>
<tr>
<td>Physical</td>
<td>[2]</td>
</tr>
<tr>
<td>No effect</td>
<td>[12]</td>
</tr>
<tr>
<td>Very serious</td>
<td>[40]</td>
</tr>
<tr>
<td>Serious</td>
<td>[30]</td>
</tr>
<tr>
<td>Not serious/no effect</td>
<td>[30]</td>
</tr>
<tr>
<td><strong>Bases unweighted</strong></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td><strong>Bases weighted</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

*Not all respondents who reported mistreatment were asked all follow-up questions (see Section 5.1).*

**As respondents could give more than one answer for the type of effect, the column totals more than 100%.**

*Bases for physical effect were slightly lower because this was not an option for psychological abuse.*

*The unweighted base of 30 includes a similar number of cases of neglect, financial, physical and psychological abuse, and fewer cases of sexual abuse.*
5.4 Seeking help and reporting mistreatment

Of those who experienced mistreatment in the past year, 30% said they did not report the incident or seek help, but the majority (70%) did take some action (Table 5.3). They mainly sought help from a family member or friend (31%), or a health professional (e.g. GP, nurse) or social worker (30%). 8% had gone to another professional organisation or person, for example their local authority or citizens advice bureau (the latter was only mentioned by those who experienced financial abuse). The police were contacted by 4% of those who had experienced any mistreatment. None of the respondents in our sample who had experienced mistreatment said they contacted a helpline or asked a charity for assistance.

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Any abuse (excl. neglect)</th>
<th>Any mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or friend</td>
<td>[40]</td>
<td>[31]</td>
</tr>
<tr>
<td>Police</td>
<td>[6]</td>
<td>[4]</td>
</tr>
<tr>
<td>Health professional or social worker</td>
<td>[22]</td>
<td>[30]</td>
</tr>
<tr>
<td>Helpline or charity</td>
<td>[-]</td>
<td>[-]</td>
</tr>
<tr>
<td>Other professional organisation or person</td>
<td>[10]</td>
<td>[8]</td>
</tr>
<tr>
<td>Somewhere/someone else</td>
<td>[9]</td>
<td>[7]</td>
</tr>
<tr>
<td>Sought help or reported mistreatment at all</td>
<td>[73]</td>
<td>[70]</td>
</tr>
<tr>
<td>Did not seek help or report mistreatment</td>
<td>[27]</td>
<td>[30]</td>
</tr>
<tr>
<td>Bases unweighted</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>Bases weighted</td>
<td>24</td>
<td>31</td>
</tr>
</tbody>
</table>

Table 5.3

Whether sought help for or reported mistreatment

All who experienced mistreatment in past year and answered questions on seeking help

Notes and references

1 The most serious event for sexual abuse was automatically selected by the laptop. Events defined as sexual abuse were, in order of seriousness: 'made you have sexual intercourse against your will', 'tried to have sexual intercourse with you against your will', 'touched you in a sexual way against your will', 'tried to touch you in a sexual way against your will', 'made you watch pornography against your will', 'tried to make you watch pornography against your will', and 'talked to you in a sexual way against your will'.

2 Respondents who reported mistreatment (excluding sexual abuse) in the CAPI interview were asked the full set of follow-up questions. However, a proportion of respondents only reported mistreatment in the self-completion questionnaire; this group was only asked a sub-set of follow-up questions. (Both the CAPI and self-completion questionnaires can be found in Appendix B). Questions about sexual abuse were only asked in the self-completion component of the questionnaire – those who completed the self-completion as CASI were asked these follow-up questions, while those who completed the paper self-completion were not.

3 The follow-up questions for neglect did not ask about reaction to the incident, so Section 5.2 looks at abuse only.
6 Prevalence estimates using alternative definitions of mistreatment

- Two other methods for estimating prevalence of mistreatment were also reported: a) abuse since age 65 and b) a broader definition of mistreatment which includes neighbours and acquaintances as well as family, close friends and care workers as potential perpetrators.

- Abuse since the age of 65 was collected for physical (0.8%), financial (1.2%) and sexual abuse (0.3%). The since 65 prevalence rates were between 50% and 100% higher than these three types of abuse in the past year. (Mistreatment since 65 was not asked for neglect or psychological abuse.)

- When the one year prevalence of mistreatment is broadened to include incidents involving neighbours and acquaintances, the overall prevalence increases from 2.6% to 4.0%. This would give a figure of approximately 342,400 older people subject to some form of mistreatment.

- Using this broader definition, mistreatment by neighbours and acquaintances was reported in 33% of cases, which is comparable with mistreatment by partners (35%) and other family members (33%).

- For financial and interpersonal abuse, neighbours and acquaintances were reported as perpetrators as often as, or more often than, other perpetrator types. The inclusion of neighbours and acquaintances had relatively little impact on neglect.

- As with the baseline definition, women were more likely than men to say that they had experienced any mistreatment, both using the broader one year prevalence definition, and when looking at mistreatment since age 65.

6.1 Introduction

The earlier chapters of this report have examined the prevalence of mistreatment that has occurred in the past year and that has involved family, friends or care workers. While this “baseline” definition tends to be the most widely accepted one, it can be viewed as being somewhat narrow and conservative. This chapter looks at the prevalence of mistreatment using two alternative and broader definitions. Section 6.2 examines the prevalence of mistreatment since the age of 65, while Section 6.3 broadens the definition to include mistreatment in the past year involving neighbours and acquaintances.
6.2 Prevalence of mistreatment since age 65

Overall prevalence since age 65
For three types of abuse – financial, physical and sexual - respondents were asked about their experience of mistreatment since the age of 65 (defined as one or more instances of the abuse occurring since the respondent turned 65). Table 6.1 shows the prevalence estimates of mistreatment in the UK since age 65 and in the past year.

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Timeframe</th>
<th>Since 65</th>
<th>Past year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td>1.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td>n.a.</td>
<td>1.1</td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td>n.a.</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td><strong>Any abuse excluding neglect</strong></td>
<td>3.4</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>All</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2104</td>
<td>2104</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2106</td>
<td>2106</td>
</tr>
</tbody>
</table>

a n.a. = not available.
b The estimate for any mistreatment since age 65 includes the past year estimates for neglect and psychological abuse; and for abuse (excluding neglect), it includes past year estimates for psychological abuse. Respondents could mention more than one type of mistreatment.
c Bases vary slightly, bases shown here are for financial abuse.

Including the past year estimates for neglect and psychological abuse, overall, 3.4% of respondents reported that they had experienced mistreatment since the age of 65 and 2.4% had experienced abuse (excluding neglect). This is about one-third more than the estimate of 2.6% experiencing mistreatment in the past year (and one-half more for abuse, excluding neglect). This is of course a conservative estimate for mistreatment since age 65, since the figures for neglect and psychological abuse refer only to the past year. If it were possible to measure experiences since age 65 for these two types of abuse, the overall prevalence estimate since age 65 would undoubtedly be higher. For the three types of abuse where past year prevalences can be compared with those since age 65, the since age 65 prevalence rates are between 50% and 100% higher than those for the past year.

Prevalence since age 65 by country
The prevalence estimates of mistreatment since age 65 for each country were: 3.3% in England, 4.0% in Wales, 4.4% in Scotland and 2.5% in Northern Ireland (Table 6.2). These overall differences between countries were not significant. However, there were significant differences by country for men; the prevalence of mistreatment ranged from 6.5% among men in Scotland to 1.9% among men in England. The differences by country for women were not significant. These patterns are consistent with those seen when looking at mistreatment in the past year (see Section 3.1).
Table 6.2
Type of mistreatment since age 65,\(^a\) by country and sex

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>England</td>
<td>Wales</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since age 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Physical</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.2</td>
<td>-</td>
</tr>
<tr>
<td>Past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychological</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment(^a)</td>
<td>1.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Any abuse excluding neglect(^a)</td>
<td>1.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since age 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>1.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Physical</td>
<td>1.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.3</td>
<td>-</td>
</tr>
<tr>
<td>Past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychological</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment(^a)</td>
<td>4.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Any abuse excluding neglect(^a)</td>
<td>3.0</td>
<td>4.5</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since age 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>1.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Physical</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.3</td>
<td>-</td>
</tr>
<tr>
<td>Past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychological</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Any mistreatment(^a)</td>
<td>3.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Any abuse excluding neglect(^a)</td>
<td>2.4</td>
<td>2.8</td>
</tr>
</tbody>
</table>

| Bases unweighted\(^b\) |          |       |          |                   |       |       |       |       |
| Men                    | 507      | 141   | 158      | 172               | 978   |       |       |       |
| Women                  | 540      | 185   | 206      | 197               | 1128  |       |       |       |
| All                    | 1047     | 326   | 364      | 369               | 2106  |       |       |       |

| Bases weighted        |          |       |          |                   |       |       |       |       |
| Men                    | 770      | 49    | 76       | 22                | 917   |       |       |       |
| Women                  | 989      | 65    | 104      | 31                | 1189  |       |       |       |
| All                    | 1759     | 114   | 180      | 54                | 2106  |       |       |       |

\(^a\) Since age 65 for financial, physical and sexual abuse, in the past year for neglect and psychological abuse.

\(^b\) Bases vary slightly, bases shown here are for neglect.

Prevalence since age 65 by sex

As with mistreatment in the past year, women in the UK were more likely to have experienced mistreatment since age 65 than men (4.3% of women compared with 2.3% of men). While this was also found within England (women 4.4%, men 1.9%), this difference between the sexes was not consistent for all countries. In Wales and Northern Ireland, the differences in the prevalence of mistreatment between men and women were not significant. In Scotland, the prevalence of mistreatment was higher among men (6.5%) than women (2.9%). This difference between men and women in Scotland was not seen for past year prevalence rates.
Prevalence since age 65 by age

Looking at all adults, the prevalence of mistreatment overall since age 65 did not vary by respondent’s age, although financial abuse did vary significantly by age, ranging from 0.4% of people aged 66-74 to 2.2% those aged 85 and over (Table 6.3).

Among men, the prevalence of abuse (excluding neglect) increased with age: 0.8% of men aged 66-74 reported abuse compared with 2.8% of men aged 75-84 and 4.9% of men aged 85 and over. As was seen when looking at the prevalence of mistreatment in the past year, this increase was mainly explained by financial abuse. Older men were more likely to have been financially abused since age 65 compared with men in the two younger age groups (2.5% compared with 1.9% and 0.2%). In addition, the prevalence of physical abuse was significantly higher among men aged 85 and over (2.3%) compared with men aged 66-84 (0.5%).

In contrast, the prevalence of physical abuse since age 65 among women decreased with age and was higher among those aged 66-84 (1.1%) than those aged 85 and over (0.1%). None of the other types of abuse differed by age among women and the prevalence of abuse (excluding neglect) since age 65 tended to decrease with age (although this trend was not significant). This is in line with the patterns observed by age for women when looking at prevalence in the past year.
### Table 6.3

Type of mistreatment since age 65, by age and sex

<table>
<thead>
<tr>
<th>All</th>
<th>Type of mistreatment</th>
<th>Age</th>
<th>66-74</th>
<th>75-84</th>
<th>85 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Men</td>
<td>Since age 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td></td>
<td>0.2</td>
<td>1.9</td>
<td>2.5</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
<td>0.2</td>
<td>0.8</td>
<td>2.3</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
<td>0.4</td>
<td>0.1</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td></td>
<td>0.8</td>
<td>0.2</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Psychological</td>
<td></td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Any mistreatment‡</td>
<td></td>
<td>1.6</td>
<td>3.0</td>
<td>4.9</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect‡</td>
<td></td>
<td>0.8</td>
<td>2.8</td>
<td>4.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Women</td>
<td>Since age 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td></td>
<td>0.6</td>
<td>1.9</td>
<td>2.0</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
<td>1.7</td>
<td>0.4</td>
<td>0.1</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>Past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td></td>
<td>1.3</td>
<td>1.0</td>
<td>5.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Psychological</td>
<td></td>
<td>1.3</td>
<td>0.4</td>
<td>-</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Any mistreatment‡</td>
<td></td>
<td>4.6</td>
<td>3.3</td>
<td>6.8</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect‡</td>
<td></td>
<td>3.6</td>
<td>2.4</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>All</td>
<td>Since age 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td></td>
<td>0.4</td>
<td>1.9</td>
<td>2.2</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
<td>1.0</td>
<td>0.6</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
<td>0.5</td>
<td>0.0</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>Past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td></td>
<td>1.0</td>
<td>0.7</td>
<td>3.2</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Psychological</td>
<td></td>
<td>0.7</td>
<td>0.3</td>
<td>-</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>Any mistreatment‡</td>
<td></td>
<td>3.2</td>
<td>3.2</td>
<td>6.2</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>Any abuse excluding neglect‡</td>
<td></td>
<td>2.3</td>
<td>2.5</td>
<td>3.1</td>
<td>2.4</td>
</tr>
</tbody>
</table>

| Bases unweighted | Men | 544 | 363 | 71 | 978 |
|                 | Women | 513 | 487 | 128 | 1128 |
|                 | All | 1057 | 850 | 199 | 2106 |

| Bases weighted | Men | 513 | 338 | 66 | 917 |
|               | Women | 557 | 509 | 123 | 1189 |
|               | All | 1071 | 847 | 189 | 2106 |

‡ Since age 65 for financial, physical and sexual abuse, in the past year for neglect and psychological abuse.

### 6.3 One year prevalence of mistreatment - broader definition

This section looks at the one year prevalence estimates when the definition of mistreatment is broadened to include incidents involving neighbours and acquaintances (see Chapter 1 for discussion about the baseline and broader definitions).

**Overall prevalence (broader definition)**

Including mistreatment involving neighbours and acquaintances increases the overall prevalence of mistreatment in the past year from 2.6% to 4.0%. Given that there were about 8,587,000 people
aged 66 and over living in private households in the UK in 2004, a prevalence rate of 4.0% equates to about 342,400 people aged 66 and over experiencing mistreatment.

Table 6.4 shows the one year prevalence estimates for each type of mistreatment based on the broader definition. The predominant type of mistreatment was neglect (1.2%) followed by financial abuse (1.0%).

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Prevalence</th>
<th>95% confidence interval</th>
<th>Number in UK population</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>1.2</td>
<td>0.7 – 2.0</td>
<td>105,000</td>
<td>63,900 - 172,000</td>
</tr>
<tr>
<td>Financial</td>
<td>1.0</td>
<td>0.6 - 1.8</td>
<td>86,500</td>
<td>48,500 - 153,800</td>
</tr>
<tr>
<td>Psychological</td>
<td>0.7</td>
<td>0.4 - 1.3</td>
<td>58,600</td>
<td>30,600 - 111,800</td>
</tr>
<tr>
<td>Physical</td>
<td>0.7</td>
<td>0.4 - 1.4</td>
<td>62,400</td>
<td>32,900 - 118,100</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.5</td>
<td>0.2 - 1.2</td>
<td>42,500</td>
<td>18,100 - 99,800</td>
</tr>
<tr>
<td>Any mistreatment</td>
<td>4.0</td>
<td>3.0 - 5.3</td>
<td>342,400</td>
<td>259,200 - 450,900</td>
</tr>
<tr>
<td>Any abuse excluding neglect</td>
<td>2.8</td>
<td>2.0 - 3.9</td>
<td>239,100</td>
<td>170,900 - 333,500</td>
</tr>
</tbody>
</table>

Comparing these estimates to those for the baseline definition, the inclusion of neighbours and acquaintances changes the prevalence of neglect very little (1.1% compared with 1.2%). There is more impact on the estimates for the other types of abuse: financial increases from 0.7% to 1.0%, psychological from 0.4% to 0.7%, physical from 0.4% to 0.7% and sexual from 0.2% to 0.5%.

Comparing these estimates to those for the baseline definition, the inclusion of neighbours and acquaintances changes the prevalence of neglect very little (1.1% compared with 1.2%). There is more impact on the estimates for the other types of abuse: financial increases from 0.7% to 1.0%, psychological from 0.4% to 0.7%, physical from 0.4% to 0.7% and sexual from 0.2% to 0.5%.

Prevalence by country (broader definition)
Using the broader definition, the prevalence of mistreatment across the four countries was: 3.9% in England, 6.0% in Wales, 4.3% in Scotland and 3.0% in Northern Ireland (Table 6.5). As was found with the baseline definition of mistreatment, overall, differences across countries were not significant. There were significant differences by country for men, with prevalence estimates ranging from 5.8% in Wales and 5.2% in Scotland, to 2.4% in Northern Ireland and 1.6% in England. For women, the differences across countries were not significant (5.6% in England, 6.2% in Wales, 3.6% in Scotland and 3.4% in Northern Ireland).

Prevalence by sex (broader definition)
As was the case with the baseline definition, women were more likely than men to have experienced mistreatment using the broader definition (5.4% of women compared with 2.1% of men), and women were significantly more likely to report interpersonal abuse (2.7% of women compared with 0.6% of men).

While in England women were more likely to have experienced mistreatment than men (5.6% of women compared with 1.6% of men), there were no significant differences by sex in the other countries.
Table 6.5
Type of mistreatment in the past year, by country and sex (broader definition)*

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>England %</td>
<td>Wales %</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Financial</td>
<td>0.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>0.4</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.6</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>1.0</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Financial</td>
<td>1.2</td>
<td>2.7</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>2.8</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>5.6</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>4.0</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Financial</td>
<td>0.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>1.7</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>3.9</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>2.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

**Bases**

Unweighted: Men 507, 141, 158, 172, 978; Women 540, 185, 206, 197, 1128; All 1047, 326, 364, 369, 2106.

Weighted: Men 770, 49, 76, 22, 917; Women 989, 65, 104, 31, 1189; All 1759, 114, 180, 54, 2106.

* Broader definition includes mistreatment involving neighbours and acquaintances.

b Interpersonal abuse includes psychological, physical and sexual abuse.

c Bases vary slightly, bases shown here are for neglect.

Prevalence by age (broader definition)

Although not significant, the data suggests that there is a trend for mistreatment to increase with age (3.5% of those aged 66-74, 4.2% of those aged 75-84, and 5.5% of those aged 85 and over reported mistreatment) (Table 6.6). The higher level of mistreatment among older people was mainly explained by neglect: 3.2% of those aged 85 and over reported neglect which is significantly higher than the 1.0% of those aged 66-84 who reported neglect. This overall increase by age for neglect is due to the increase for women (5.0% of women aged 85 and over reported neglect compared with 1.2% of women aged 66-84 years). For men, financial abuse increased with age (2.5% of men aged 85 and over reported financial abuse compared with 1.3% and 0.2% of men aged 75-84 and 66-74 respectively).

These differences by age are similar to the patterns observed when looking at the baseline prevalence estimates (in Chapter 3).
### Table 6.6

**Type of mistreatment in the past year, by age and sex (broader definition)**

<table>
<thead>
<tr>
<th>Type of mistreatment</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66-74 %</td>
<td>75-84 %</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Financial</td>
<td>0.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>0.2</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>1.1</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>0.4</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Financial</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>3.2</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>5.7</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>4.4</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Financial</td>
<td>0.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Interpersonalb</td>
<td>1.7</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Any mistreatment</strong></td>
<td>3.5</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Any abuse excluding neglect</strong></td>
<td>2.5</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Bases unweighted**

<table>
<thead>
<tr>
<th>Age</th>
<th>66-74</th>
<th>75-84</th>
<th>85 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>544</td>
<td>363</td>
<td>71</td>
<td>978</td>
</tr>
<tr>
<td>Women</td>
<td>513</td>
<td>487</td>
<td>128</td>
<td>1128</td>
</tr>
<tr>
<td>All</td>
<td>1057</td>
<td>850</td>
<td>199</td>
<td>2106</td>
</tr>
</tbody>
</table>

**Bases weighted**

<table>
<thead>
<tr>
<th>Age</th>
<th>66-74</th>
<th>75-84</th>
<th>85 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>513</td>
<td>338</td>
<td>66</td>
<td>917</td>
</tr>
<tr>
<td>Women</td>
<td>557</td>
<td>509</td>
<td>123</td>
<td>1189</td>
</tr>
<tr>
<td>All</td>
<td>1071</td>
<td>847</td>
<td>189</td>
<td>2106</td>
</tr>
</tbody>
</table>

---

*a* Broader definition includes mistreatment involving neighbours and acquaintances.

*b* Interpersonal abuse includes psychological, physical and sexual abuse.

*c* Bases vary slightly, bases shown here are for neglect.

**Mistreatment in the past year by perpetrator (broader definition)**

Table 6.7 shows the perpetrators of mistreatment using the broader definition. Overall, mistreatment by neighbours and acquaintances was reported in 33% of cases of mistreatment, which is comparable to mistreatment by partners (35%) and other family members (33%).

Including mistreatment by neighbours and acquaintances altered the pattern of perpetrator type for interpersonal abuse and financial abuse. For these types of abuse, neighbours and acquaintances were reported as perpetrators as often, or more often, than other perpetrator types. However, the inclusion of neighbours and acquaintances had relatively little impact on neglect, with partners (62%) and other family members (51%) remaining the predominant perpetrators.
### Table 6.7

**Relationship of perpetrator to respondent, by type of mistreatment (broader definition)**

All who experienced mistreatment in past year (broader definition)

<table>
<thead>
<tr>
<th>Relationship of perpetrator</th>
<th>Type of mistreatment</th>
<th>Neglect</th>
<th>Financial</th>
<th>Interpersonalb</th>
<th>Any abuse (excl. neglect)</th>
<th>Any mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td>62</td>
<td>9</td>
<td>31</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>Other family</td>
<td></td>
<td>51</td>
<td>35</td>
<td>20</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>Close friend</td>
<td></td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Care worker</td>
<td></td>
<td>13</td>
<td>20</td>
<td>-</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Acquaintance or neighbour</td>
<td></td>
<td>11</td>
<td>35</td>
<td>45</td>
<td>41</td>
<td>33</td>
</tr>
<tr>
<td><strong>Bases unweightedc</strong></td>
<td></td>
<td>27</td>
<td>24</td>
<td>38</td>
<td>61</td>
<td>85</td>
</tr>
<tr>
<td><strong>Bases weightedd</strong></td>
<td></td>
<td>26</td>
<td>21</td>
<td>40</td>
<td>61</td>
<td>87</td>
</tr>
</tbody>
</table>

a Broader definition includes mistreatment involving neighbours and acquaintances.
b Interpersonal abuse includes psychological, physical and sexual abuse.
c Bases vary slightly, bases shown are for partner.
d Weighting was used for summary categories (interpersonal abuse, any abuse excluding neglect and any mistreatment) to compensate for selection, ensuring that all perpetrators were represented if the respondent had experienced more than one form of mistreatment within a summary category (e.g. psychological and physical abuse).

### Notes and references

1 The operational definitions of neglect and psychological abuse include a measure of frequency: to be included, both forms of mistreatment must have occurred ten or more times in a single year. It is therefore difficult to obtain reliable measures for the prevalence of these types of mistreatment since the age of 65.

2 Household population estimates (excluding people living in institutions) from the Office of National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA).
7 Discussion of results

- The 2.6% prevalence rate of mistreatment for older people living in the community is broadly in line with other international research.

- When neighbours and acquaintances are added to family, friends and care workers, the prevalence rate increases from 2.6% to 4.0%.

- Both of these are likely to be an under-estimate because of the conservative definitions used to measure mistreatment, and the absence of people in the survey with severe dementia or living in residential care.

- The problem of neglect stood out as the predominant type of mistreatment, followed by financial abuse. This is in contrast to the commonly assumed notion of “abuse” as physical violence.

- It may be the case that only a small proportion of cases of mistreatment are currently coming to the attention of Adult Protection services.

- Risk factors for neglect include: being female, aged 85 and over, suffering bad/very bad health or depression and the likelihood of already being in receipt of, or in touch with, services.

- The risk of financial abuse increased for: those living alone, those in receipt of services, those in bad/very bad health, older men, and women who were divorced or separated, or lonely.

- Risk of interpersonal abuse was higher for: women aged 66-74, men who felt lonely in the past week, and both men and women reporting three or more depressive symptoms. There was a higher rate of interpersonal abuse reported by women who were separated or divorced. Perpetrators lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them.

7.1 Introduction

The aim of this research was to explore the life experiences and well being of older people living in their own homes (including sheltered housing) in the UK in order to discover the extent of abuse and neglect. The research involved face to face interviews with over 2000 people aged 66 and over between March and September 2006. This was followed up by in-depth interviews with 36 people who had participated in the survey (which is reported on separately).1
The prevalence survey component of the research focused on answering two questions:
1) How many people have been abused or neglected within the past year or since the age of 65?
2) What distinguishes those who have been abused or neglected from those who have not? In other words, what are the risk factors for mistreatment?

In this final chapter, the results of the survey are discussed in the context of other research and of what is known about current practice within the UK.

The importance of the research is, firstly, that the voices of older people have been heard throughout all stages of the project. They have been asked, and have reported on, their own experiences. Secondly, the sample of over 2000 respondents has been designed to be representative of all people aged 66 and over within the UK. This means that the prevalence estimates are robust, and can be reliably generalised to the whole population (within known limits of statistical confidence). Thirdly, a rigorous and transparent approach has been adopted for defining abuse and neglect, which brings the survey into line with other international studies. Fourthly, it addresses serious and significant problems being faced by older people. In-depth exploration of some of these problems is provided by the qualitative follow-up study, which also examined impact, coping strategies and reporting of the mistreatment.

7.2 UK prevalence rates

UK prevalence
A prevalence rate of 2.6% is equivalent to about one in 40 of the older population, that is about 227,000 people in the UK aged 66 and over (see Section 3.1). The statistical confidence limits suggest that the real figure will be somewhere between 159,200 and 322,600. As Lachs and Pillemer wrote: “a busy clinician seeing between 20 and 40 older people a day could encounter at least one clinical or sub-clinical victim of elder abuse daily”.

76% of those asked said that the effect on them was either serious (43%) or very serious (33%). This is therefore an important problem for some older people.

An obvious corollary of this 2.6% prevalence rate is that far more older people are not mistreated than are mistreated.

UK prevalence compared with other countries
While at the lower end of national estimates, 2.6% is in line with comparable international research. McCallum suggested in 1993 that 3% was “a realistic expectation based on international evidence”. The only earlier study in Britain, by Ogg and Bennett, was based on very different definitions and employed a much smaller sample. The highest rate, for Amsterdam in 1994, estimated a prevalence rate of 5.6%.

Prevalence of mistreatment compared with other types of crime
Findings from the 2005/2006 British Crime Survey show that elder mistreatment is a comparable problem for older people to burglary (1.2% aged 65-74, and 1.5% aged 75 or over) or theft (0.2%
7.3 A likely under-estimate of prevalence

The 2.6% prevalence estimate almost certainly errs on the conservative side for a number of reasons over and above the narrow definitions (e.g. perpetrators including only family, friends and care workers) that were adopted and the exclusion of care home residents. A higher rate of mistreatment can be hypothesised in non-respondents for a number of reasons. Some of the most vulnerable older people, for example, those with severe dementia, would not have been able to take part in the survey. Comijs et al in The Netherlands found that older women and people with bad health and cognitive problems were less likely to have responded to their survey. Similarly, the UK prevalence survey showed that poor health is associated with an increasing likelihood of mistreatment (see Section 3.6). It could therefore be expected that people excluded on grounds of health may be more likely to be mistreated. Some individuals who did not take part may have experienced mistreatment but may not want to dwell on it, and may feel emotions (identified in the focus groups) such as denial, shame and guilt. Yet others may have been fearul of the consequences of participating in the survey or someone close to them may have blocked their participation.

7.4 Prevalence since age 65 and international comparisons

Respondents were asked about mistreatment since they turned 65 as well as in the past year, for financial, physical and sexual abuse, involving family members, close friends and care workers. The reported prevalence of physical abuse doubled from 0.4% to 0.8%, and of financial abuse from 0.7% to 1.2%. The overall prevalence estimate increased to 3.4%, or about one in 30 of the older population. This compares with a prevalence of 3.2% in Boston, USA (although this survey excluded financial abuse) and 4% in Canada. The Canadian survey combined prevalence in the past year for psychological abuse and neglect with prevalence since age 65 for physical and financial abuse, making it directly comparable to the UK study’s prevalence figure since age 65.

It might be thought surprising that the estimate did not increase even further. As pointed out in Section 6.2, if it were possible to measure neglect and psychological abuse since age 65, the overall estimate would undoubtedly be higher. Further possible explanations are that some potential respondents in this category (i.e. who had been mistreated since age 65) did not participate in the survey (i.e. they were non-respondents) or they had already died. Lachs found higher mortality rates among older people with corroborated mistreatment in a prospective cohort study in the USA. The UK survey found a significant association of mistreatment with bad health. Other explanations of the difference between the two estimates may be that mistreatment began only recently, or that respondents were unwilling to talk about, or to “resurrect”, a more distant event, or that they had forgotten it.
### 7.5 Prevalence of mistreatment including neighbours and acquaintances

Using the broader definition that includes neighbours and acquaintances as “perpetrators” (but restricting mistreatment to the past year only), the prevalence rate increases from 2.6% to 4.0%, and the estimated number of people in the UK who have been mistreated increases to 342,400, or about one in 25 of the population aged 66 and over. The difference in the two estimates is explained by differences in reported abuse, rather than neglect, but with variations by gender and age. Most marked is the reported increase in interpersonal abuse. Overall, rates of interpersonal abuse increased from 0.1% to 0.6% for men, and from 1.6% to 2.7% for women; however, nearly all the increase is found in the 75-84 age group. When looking at perpetrators, neighbours or acquaintances become the largest group in relation to interpersonal abuse (45%) and account for the same proportion as “other family” (35%) in relation to financial abuse. This raises questions about a definition of abuse that attempts to operationalise the idea of a “position of trust” by restricting its remit to family members, close friends and care workers. The remit of Adult Protection services takes in a much wider range of perpetrators. The current guidance lists: “relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers”. It can be argued that neighbours may increasingly be placed in a “position of trust”, or that whether someone trusts someone else is an empirical question and cannot be defined a priori. The qualitative component of the research explored this issue in some detail, by interviewing respondents who had experienced mistreatment by neighbours and acquaintances. There is a full discussion in that report of the limitations and restrictions of the definition adopted in the survey in the context of the substantial diversity that was uncovered and explored in the in-depth interviews.

### 7.6 How the prevalence estimate relates to adult protection cases

The proportion of mistreatment cases coming to the attention of social services is likely to be small. In the USA, it has been estimated that one in fourteen cases came to public attention. It is possible to come up with a rough estimate of the number of mistreatment cases referred to Adult Protection by applying the 2.6% prevalence estimate for England to the 2004 mid-year population figures at local authority level and compare the figure with Adult Protection records of older people living in the community who had experienced abuse or neglect. For example, among older people living in the community in Wakefield there were 39 referrals of mistreatment to Adult Protection involving family, friends and care workers in 2006. This compares with the estimated 1,265 cases of elder mistreatment in the community in Wakefield (range from 827 to 1,925) obtained by assuming the prevalence is 2.6%. Similarly, in Hull and East Riding, there were 65 referrals in 2005/6. Applying the prevalence estimate of 2.6% to the elderly population in Hull and East Riding suggests that 2,493 people (range 1,630 to 3,793) would be mistreated. Although these two areas are by no means representative of Adult Protection services across the UK, these figures do suggest that, in these two areas at least, only a very small proportion of cases (approximately 3%) are apparently picked up by Adult Protection services.
If we apply the prevalence estimates by age for England to a typical English county like Northamptonshire, we have the following results shown in Table 7.1. It is important to note that the confidence intervals are wide, so that the estimated numbers of people aged 85 and over who are likely to be mistreated range from a low of 118 to a high of 1,148.

### Table 7.1

<table>
<thead>
<tr>
<th>Age</th>
<th>Northants population</th>
<th>Estimated number mistreated (based on survey estimates)</th>
<th>95% confidence intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>66 - 74</td>
<td>48,563</td>
<td>1,360</td>
<td>755 – 2,428</td>
</tr>
<tr>
<td>75 - 84</td>
<td>32,807</td>
<td>656</td>
<td>320 – 1,331</td>
</tr>
<tr>
<td>85 and over</td>
<td>9,270</td>
<td>380</td>
<td>118 – 1,148</td>
</tr>
<tr>
<td>66 and over</td>
<td>90,640</td>
<td>2,350</td>
<td>1,537 – 3,577</td>
</tr>
</tbody>
</table>

### 7.7 The prevalence of different types of abuse

Our prevalence figures show neglect as the predominant form of reported mistreatment in the UK at 1.1%, followed by financial abuse (0.7%), physical and psychological abuse (both 0.4%) and sexual abuse (0.2%). Compared with surveys from other countries, these figures are lower for all types of abuse, but higher for neglect. We cannot say whether this reflects a genuine difference between the UK and the other countries for which we have data, or whether it is an artefact of survey methodology – for example, the possible inclusion in the other surveys of a wider range of perpetrators. Thus, when neighbours and acquaintances are taken into account, neglect barely increases, but financial abuse goes up to 1.0%, psychological and physical abuse to 0.7% each and sexual abuse to 0.5%.

The prevalence of neglect (1.1%) and financial abuse (0.7%) goes against the still common perception of abuse as physical violence. Relatively, we know much less about these forms of mistreatment.

Our estimates for physical abuse, which are low, are consonant with the results of the British Crime Survey which has a weighted sample size of 12,000 older people. The 2005/2006 British Crime Survey, which asks respondents directly about their experience of crime, found virtually no domestic violence among men and women aged 65 and over. However, the survey did find that 57% of interpersonal abuse involved partners which suggests that this is a serious problem for a number of older people.

Although the prevalence survey included no examples of physical abuse involving a weapon in the past year, there were three cases of respondents being threatened with a weapon by a family member since they turned 65.

At first sight the prevalence figures for sexual abuse are alarming, but it is important to note that these reports are all at the less serious end of abuse and are more properly classified as harassment.
7.8 Identifying those at risk of being mistreated from those not at risk

Ideally, policy makers and practitioners would like to know the characteristics of mistreated people that distinguish them accurately from those who are not mistreated. In an ideal world, too, researchers would help them make these distinctions. However, in the context of the prevalence survey, a few key problems make this very difficult. Firstly, relatively few respondents in the survey reported mistreatment. The small numbers involved, while reassuring in one sense, make analysis of the data problematic. More cases are needed to enable the multi-variate analysis that would throw light on the relationships between all the various factors which contribute to the likelihood of mistreatment. We do not have enough cases in the survey to assess the differential contribution to being mistreated of sex, age, living arrangements, health status, etc. Secondly, the terms “abuse” and “mistreatment” bring together diverse scenarios under one “flag”. The prevalence survey bears out earlier research in finding that different types of mistreatment generally have different explanations; hence, there were very few respondents in the survey who experienced more than one type of abuse (see Section 3.3). Thirdly, mistreatment, as has been widely recognised, is the product of many complex factors. But again, when the analysis is examined by these other factors, as well as by type of mistreatment, the numbers are simply too small to untangle the complex picture. What can be said about risk is therefore limited.

In principle, however, we can distinguish three groups of factors, i.e. those relating to: the individual, the perpetrator and the environment. The findings from this survey provide some information on each, but predominantly on the individual.

Only one factor consistently emerged that distinguishes overall, and in relation to all types of mistreatment, those who have been mistreated from those who have not. That is depression. It cannot be inferred from the data whether mistreatment leads to depression or depression to mistreatment, so it is not necessarily a causal relation, but one of two factors occurring together. The average prevalence of depression in community samples has been estimated at 14.1% for older women and 8.6% for older men, but only small proportions of these receive treatment for their depression. The survey findings support other research in suggesting that depression is an important risk factor for mistreatment.

One factor not flagged up in other studies is that the level of reported mistreatment was notably high among those whose main job before retirement was in semi-routine or routine occupations, especially in comparison with small employers and own account workers who had consistently low rates of reported mistreatment.

7.9 Distinguishing people who have been neglected

Approximately one older person in a hundred reported neglect in the past year. Of these, 85% had not received help with a day to day activity (such as shopping, housework or meal preparation), 41% had not received help with personal care (such as getting in and out of bed, washing, using the toilet, dressing and eating), and 20% had not received help with taking medication at the right time or the
right dose. When the definition is broadened to include neighbours and acquaintances, there was very little change to this figure. Neglect dominates mistreatment figures for the oldest old (85 and over) but this is overwhelmingly a problem for women, for whom neglect increases sharply with age. Those in bad or very bad health were more likely to report neglect as were those who suffered from a limiting long-term illness. This is partly explained by the definition of neglect, which assumes that the respondent has dependency or disability related needs. Neglect is associated with poor quality of life and with depression.

Perhaps not surprisingly, since by definition they had dependency or disability related needs, women who were in touch with services were more likely to report neglect. While this raises the question of the extent to which the services themselves contribute to neglect through failures in delivery, our perpetrator data suggests that only a small proportion of neglect is by care workers. A more likely explanation is that services are simply insufficient to address the needs of the older people concerned.

Interestingly, although our numbers are very small, partners (closely followed by other family members) emerge as the main perpetrators of neglect. In this context, the age pattern for neglect is interesting, with a sharp rise for those aged 85 and over. One hypothesis is that the “partner effect” is positive up till the mid-80s, and after that disability in the partner sets in – either mental or physical or both – and neglect thereby increases. Thus what is being reported is not necessarily at all deliberate neglect, but rather the kind of neglect that comes about as a consequence of two people with increasing disabilities trying to support each other – and increasingly failing. The latest report from the Commission for Social Care Inspection outlines some of the difficulties for older people and carers, as local authorities increasingly tighten their eligibility criteria. The qualitative data also suggested that service failure was an important issue for some respondents.

In summary, the risk factors for neglect emerging from our research are general: being female, aged 85 and over, suffering bad/very bad health and depression and probably already in receipt of, or in touch with, services. Unfortunately, the data do not discriminate between those who are neglected and those who are not in a way that would allow resources to be targeted accurately at the neglected group.

### 7.10 Distinguishing people who have been financially abused

Financial abuse is the second most prevalent type, affecting roughly one older person in every 150. Financial abuse increases with age for men, a pattern not seen for women. These findings are in line with those found in other studies. The survey supports earlier research in finding that financial abuse is significantly more prevalent for people living on their own. Divorced/separated women are also at higher risk. Both men and women in bad/very bad health report higher rates of financial abuse, but the association does not hold for limiting long-term illness. Women who reported being lonely were more likely to experience financial abuse, but this was not found for men. Both men and women who were in receipt of home care services or in touch with professionals were more likely to report financial abuse.
Financial abuse also displays a quite different pattern in relation to what we know about perpetrators (although we only have small numbers to go on). The survey confirmed other work that family, other than partners, are the most common perpetrators. The survey results also suggest that care workers may commit around 30% of financial abuse. (However, if neighbours and acquaintances are included, they are equal to other family members as the most common perpetrators of financial abuse, see Section 6.3.) Perpetrators of financial abuse tended to be in the 16-64 age range and in paid employment. 25% lived with the respondent and the same proportion received care from the respondent. Although just over one-quarter have no obvious problems, one-third were described as having financial, relationship, alcohol or gambling problems (as respondents could give more than one answer, there could be overlap here). This contrasts with other research and suggests that there may be more pathology around financial abuse than is sometimes thought.

In summary, the risk factors are: those living alone, those in receipt of services, those in bad/very bad health, older men, and women who are divorced or separated, or lonely. But the very limited data on perpetrators suggest that the driving force in much financial abuse may be the problems that the perpetrator suffers from.

7.11 Distinguishing victims of interpersonal abuse

The prevalence of interpersonal abuse (psychological, physical and sexual) is low and the small numbers make it difficult to draw reliable conclusions about risk. These three types of abuse are more likely to be under-reported because of the factors already highlighted (Section 7.3.). Unlike neglect and financial abuse, it is dominated by women aged 66-74. It virtually disappears among those aged 85 and over (unless neighbours and acquaintances are taken into account, when there is a low prevalence – see Section 6.3). In contrast with other research findings, there is little difference in interpersonal abuse between those living alone and those living with others. Interpersonal abuse was significantly higher for men who felt lonely in the past week and significantly more prevalent among both men and women reporting three or more depressive symptoms. A marked finding was the higher rate of interpersonal abuse reported by women who were separated or divorced. Although the base is small, 7.8% reported interpersonal abuse in the past year (and 15.4% reported any mistreatment). Allied to the higher rate among women aged 66-74, this suggests that “domestic violence” may remain a force in some women’s lives, even when they are no longer living with their partner (although of course they could have moved out during the past year). Unlike other research, where there have been clear indications of pathology in the perpetrators of interpersonal abuse, this surprisingly did not emerge, although rather over one-quarter of respondents said that the perpetrator had relationship problems. What does emerge is that the perpetrator lived in the same household in two-thirds of the cases, and in two-fifths of cases the respondent was providing care for them. 75% of perpetrators of interpersonal abuse were aged 65-74 and 80% of them were men. The implication, allied with the data on living arrangements is that they are either “the elderly graduates of domestic violence” or that they have a condition, like dementia, that sometimes gives rise to aggressive or challenging behaviour – or both.
7.12 Suggestions for further research

This study of community prevalence could be supported by a future programme of research. The following topics are suggested:

- specific sub-groups, examining the differences in those sub-groups between people who are, and those who are not, mistreated. Some such groups, like the carers of people with dementia, have been the topic of research around abuse; others, like older divorced women or people with depression, have not;
- the relevance of economic factors and socio-economic status;
- processes that drive interpersonal and financial abuse, e.g. long standing relationship problems, mental illness, dementia, alcohol and drugs;
- “model” interventions, e.g. peer counselling and support; one stop advice and information services; and outcomes;
- prevalence among black and minority ethnic older people.

7.13 Summary and conclusions

The survey findings suggest that the problem of abuse and neglect of older people in the UK is comparable with that in other Western societies. While the estimated prevalence of 2.6% may appear low, it translates into a significant number of older people who have experienced, or are continuing to experience, a problem which may have serious effects on their health and well-being. Moreover, there are good reasons for thinking that our estimate is conservative and that some mistreated people, including some of those who are most vulnerable, will not have been included in the survey.

Once wider groups such as neighbours and acquaintances are added, this figure rises to 4.0% and draws attention to the possibility of “social” forms of abuse beyond the areas of family and caring that have traditionally been looked at.

An encouraging finding from the research is the extent to which older people who are living in the community, regardless of mistreatment, have regular social contact with friends and family outside the household. That is, the survey findings question the view that those who are mistreated are necessarily socially isolated. Another positive finding is the extent to which people sought help. Nearly three in four of those experiencing mistreatment including neglect sought help or reported it. They were equally likely to tell a family member or a friend or a health professional or care worker. Those experiencing abuse (excluding neglect) were nearly twice as likely to seek help from a friend or family member than from a health professional or care worker. The findings also suggest that a number of mistreated people are in touch with services (see Section 3.7), but only a very small fraction feature in Adult Protection statistics; we estimated that perhaps only 3% of mistreatment cases in the community feature in Adult Protection records (see Section 7.6).

Questions may also be raised about whether neglect is usefully addressed under the “umbrella” of mistreatment. There are important distinctions to be made between the absence of a carer, the difficulties that a carer may have in coping, the presence of someone in the household who may be ill-equipped for whatever reason to provide care, and someone who is wilfully neglecting the older person. Findings from the survey and the qualitative follow-up interviews suggest that the latter type of perpetrator is rare. The finding that four out of ten of those who suffered interpersonal abuse were
providing care for the perpetrator raises issues about the support of carers and the ability of support services to address these complex issues and to provide in-depth support.

A conclusion that can be drawn from these final comments is that older people can be cast too much in a role of dependency and frailty, and needing to be rescued. In many instances, at least as suggested by the survey, older people are struggling with complex interpersonal or social circumstances where there may not be a simple, legalistic solution. Better prevention with earlier intervention, more choice with a stronger voice, tackling inequalities and improving access to community services, and more support for people with long-term needs, would all be part of the picture in working toward an abuse-free world. If these aspirations were realised, much of the mistreatment reported in this research might be addressed and prevented in future.

Finally, while this study is an important starting point, it is also the end of a story. For many years there has been a call for facts about numbers of abused older people. This has had the effect of providing an excuse for lack of services while we wait for the facts to emerge. We now know that there is mistreatment of older people, we have a modest pointer to those at risk and we are increasing our understanding of factors contributing to mistreatment. Research on responses is far less developed. We now should move to determining which responses work. We owe this to those who have had the courage to report their experiences and to other older people, as well as the many practitioners who have been left to devise their own response and would clearly welcome an evidence base from which to develop practice and services.

Notes and references


11 Data kindly supplied by the Adult Protection Officer, Dennis Appleyard.

12 Some of these may have involved neighbours and acquaintances; data kindly supplied by the Adult Protection Coordinator, John Curry.
Age data for Northamptonshire kindly supplied by Senior Research Officer, Dr John Woolham.


Fisher, BS and Regan, SL. The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. Gerontologist, 2006;46 (2): 200-209.


Appendix A Methodology

Appendix A is a summary of the survey methodology for the UK Study of Abuse and Neglect of Older People. It includes an account of the sample design, questionnaire development, fieldwork procedures, quality control, ethical review, survey response, weighting and data analysis.

A.1 Sample design

Overview of sample design
The UK Study of Abuse and Neglect of Older People was designed to provide a nationally representative sample of 2000 older people living in private households in the UK. Older people were defined as those who were aged 66 and over on 1st March 2006. (The starting age was 66 in order that we could address mistreatment in the last 12 months and since the respondent turned 65.)

The sample was a random probability sample, based on a follow-up of respondents who had taken part in health surveys in England, Scotland and Northern Ireland. In Wales a screening exercise was used to identify age-eligible residents, living at addresses randomly selected from the comprehensive Postcode Address File (PAF). One individual was selected in each household. Given the relatively low prevalence of certain types of elder abuse, over-sampling Scotland, Wales and Northern Ireland was used to improve the survey estimates for those countries, with a target of 300 interviews per country. The sample design for individual countries is described below.

Sample design in England
In England, the sample was drawn from respondents to the Health Survey for England 2005 (HSE 2005). The HSE is a series of annual surveys designed to collect a range of health information and biometric measures from adults and children living in private households in England. It is a two stage survey, with an interview and a nurse visit. HSE 2005 included a boost sample of adults aged 65 and over as well as a general population sample of adults and children. The survey was carried out by the National Centre for Social Research (NatCen) and Department of Epidemiology and Public Health at University College London (UCL) on behalf of the Information Centre for Health and Social Care.

The HSE 2005 adopted a multistage stratified probability sampling design. The primary sampling units (PSUs) were postcode sectors, drawn from the PAF, a list of all addresses in the UK used by the Post Office to deliver mail. The addresses were sorted by Local/Unitary Authority to ensure correct regional balance, and then, within each Local Authority, by the percentage of households with household heads in non-manual occupations. 720 postcode sectors were then selected with a probability proportional to its total number of addresses, and a fixed number of addresses were then selected from each sector. Interviewers were instructed to select up to three households at each address and to interview all adults and up to two children at core general population addresses, or all adults aged 65 and over at boost addresses. Further details of the HSE 2005 sample design are available in the HSE 2005 Technical Report.1

Adults from the HSE 2005 core and boost samples were eligible for the UK Study of Abuse and Neglect of Older People, provided that they were aged 66 and over on 1st March 2006 and had given...
**Sample design in Scotland**

In Scotland the survey aimed to interview about 300 adults aged 66 and over, following up respondents from the Scottish Health Survey 2003 (SHS 2003). Commissioned by the Scottish Executive, the SHS is very similar in design and content to the HSE, and is also carried out by NatCen and UCL.

The SHS 2003 also used a multistage stratified probability design with postcode sectors selected as PSUs. PSUs were sorted into seven regions (which were grouped Scottish Health Boards) to ensure a correct regional balance, and then ordered by the Carstairs’ index (a deprivation index for Scottish postcode sectors) within region. A total of 338 PSUs were selected with a predetermined number of PSUs selected from each region. A fixed number of addresses was then selected from each PSU, with probability adjusted by the multioccupancy indicator to ensure that those in multi-residence buildings were given an equal chance of selection. Interviewers sought to interview all adults and up to two children at core addresses and all children at boost addresses. Further information about the SHS sample design is available in the SHS 2003 Technical Report.

Three-quarters of the PSUs selected for SHS 2003 were randomly chosen for the UK Study of Abuse and Neglect of Older People. Sectors north of the Caledonian Canal were excluded because of the prohibitive costs of interviewing and, to maximise efficiency, sectors with a lower chance of inclusion for SHS 2003 were given a higher chance of being selected for this study and vice versa. (For the SHS 2003 PSUs were oversampled in the smaller Health Boards in order to obtain adequate sample sizes.)

The estimated response rate for people aged 65 and over in SHS 2003 was 70%. SHS 2003 provided a sample of 1,766 respondents aged 66 and over at 1st March 2006 and living south of the Caledonian Canal. Of these 91% had agreed to be recontacted for a future survey and were included in the sampling frame. A named sample of 567 individuals was selected for the prevalence survey.

**Sample design in Northern Ireland**

In Northern Ireland the follow-up sample was based on respondents from the Northern Ireland Survey of Health and Social Wellbeing 2005 and supplemented with respondents from the 2006 Northern Ireland Omnibus Survey. The Health and Social Wellbeing and Omnibus surveys were carried out by the Northern Ireland Statistics and Research Agency (NISRA) on behalf of the Northern Ireland Department of Health, Social Services and Public Safety.

Both surveys were designed to provide a representative sample of adults aged 16 and over living in Northern Ireland and both were drawn from the Valuation and Lands Agency (VLA) list of private domestic addresses. The VLA addresses are sorted by district council and ward, so the sample was effectively stratified geographically. Interviewers sought to interview one respondent at each
household. Further details of sample design are available in the referenced publications for the Northern Ireland Survey of Health and Social Wellbeing\(^5\) and the Northern Ireland Omnibus survey.\(^6\)

The response rate for the Northern Ireland Health and Social Wellbeing Survey was 66%. 27% of the cooperating households were eligible for the current survey, having at least one adult aged 66 and over, and 60% of these agreed recontact.\(^7\) The Northern Ireland Omnibus had a response rate of 57% and 21% of households contained at least one adult aged 66 and over. 52% of these eligible households had agreed recontact.

The Health and Social Wellbeing and Omnibus surveys provided a named sample of 580 respondents for the UK Study of Abuse and Neglect of Older People.\(^8\)

**Sample design in Wales**

In Wales a screening exercise was used to obtain a sample of adults aged 66 and over.\(^9\) Addresses were selected from the small user PAF. The addresses were sorted by Local Authority to ensure correct regional balance and then, within each Local Authority, by the (banded) percentage of households with household heads in non-manual occupations and by population density. 30 postcode sectors were then selected with a probability proportional to size (total number of addresses) and a fixed number of addresses selected from each sector.

3000 addresses were issued across Wales. Interviewers visited these addresses to carry out a screening exercise. At initial contact, the interviewer established the number of households living at an address. If there was more than one household, one was selected for inclusion in the survey, using a random selection procedure. The interviewer then made contact with the household and established the number of eligible respondents (that is the number of people aged 66 and over on 1\(^{st}\) March 2006). If there was more than one eligible adult, one was selected for inclusion in the survey, again using a random selection procedure. In total, 570 eligible individuals were selected for the UK Study of Abuse and Neglect of Older People.

### A.2 Questionnaire development and survey approach

The interview was carried out on a laptop using Computer Assisted Personal Interviewing (CAPI). A small section of the questionnaire was designed as a self-completion module and could be completed by the respondent on the laptop (Computer Assisted Self Interviewing, CASI) or, if requested, in paper format. If neither format was suitable, the CASI questions could, with the respondent’s consent, be administered by the interviewer.

**Questionnaire development**

The questionnaire was designed to cover five types of mistreatment: financial, psychological, physical and sexual abuse and neglect. Questionnaire development was guided by previous research in this area, generally accepted definitions of elder abuse, and feedback and advice from focus groups, an older peoples’ reference group, an advisory group set up by Comic Relief and an expert advisor (Professor Karl Pillemer from Cornell University, USA). The initial questionnaire was also subject to cognitive interviewing and a pilot.
Exploratory focus groups were carried out with older people, black and minority ethnic elders, adult protection workers, domiciliary care workers, carers of severely disabled older people and relatives of older people in care homes. These groups explored a range of issues including definitions of mistreatment, appropriate language and risk factors, perceived barriers to identifying and reporting mistreatment and presenting the study to encourage participation.

The draft questionnaire was evaluated using cognitive interviewing techniques (such as 'think aloud' and verbal probing) to examine the thought processes involved in interpreting and answering questions. This allowed researchers to judge whether respondents could understand the questions, retrieve the information from memory and the factors involved in deciding what answer to give. Questions that were difficult to answer were amended and other factors, such as question sensitivity, were taken into account in deciding how questions were asked. For example, the most sensitive questions were asked in the self-completion section, or were asked in different ways in CAPI and CASI to provide the respondent more than one opportunity to disclose sensitive information.

A pilot field test was also carried out to test the final questionnaire and fieldwork procedures.

Data collection
As well as covering the five types of mistreatment, the questionnaire included questions on other topics to provide context and assess risk factors for mistreatment. Each respondent was asked questions about their household, education, previous employment and housing tenure. Social contact was assessed through questions about the respondent's contact with family and friends and their involvement in social groups. Respondents were also asked about their use of health services (GP and practice nurse), other 'domestic' services (domestic help, meals on wheels, lunch clubs) and their receipt of informal care (e.g. from family members).

Questions about neglect, psychological abuse, physical abuse and financial abuse were included in the main CAPI interview but questions about sexual abuse were asked in self-completion format. The self-completion section also contained some 'repeat' questions on the other types of mistreatment mentioned. These 'repeat' questions were used to ensure the respondents had a second chance to provide information that they may not have provided in the face-to-face interview. Copies of the CAPI and self-completion questionnaires are included in Appendix B.

Interviewing procedures
Experienced interviewers were selected to work on the survey including, where possible, those with particular experience of sensitive survey topics and of interviewing older people. Interviewers were fully briefed by the research team on the administration of the survey; full day training sessions were run and full sets of written instructions covering the survey procedure were provided.

Procedures were developed to protect respondent confidentiality. The study was given a fieldwork title that did not explicitly mention abuse and the advance letter provided only general information about the survey. More detailed information was provided by the interviewer to the selected person, prior to seeking the respondent's consent to participate. Only one person was selected within each household and the interview was carried out in private to ensure that other people in the household would not be aware of the survey topic or content.
Interviewers stressed that respondents’ answers would be completely confidential. Flash cards were used for certain questions, such as those related to physical abuse, so that the interviewer did not have to read out the behaviour of interest and risk others in the household overhearing the questions. The use of showcards for answer categories and a self-completion module also helped to ensure that sensitive information was not overheard by others in the household.

The average length of the interview was 50 minutes.

### A.3 Fieldwork procedures

Fieldwork took place between March and September 2006. Fieldwork in Northern Ireland was carried out by the Northern Ireland Statistics Research Agency (NISRA). NatCen interviewers carried out fieldwork in England, Wales and Scotland.

**Advance letters**
In England, Scotland and Northern Ireland, each sampled respondent was sent a personalised advance letter. In Wales, a named sample was not available so an advance letter was sent to each sampled address. The advance letter introduced the survey and stated that an interviewer would be calling to provide more information and to seek permission to interview (a sample copy of the advance letter is shown in Appendix B).

**Making contact**
In England, Scotland and Northern Ireland interviewers sought to make contact with the selected individual at each household. In Wales, a screening exercise was first used to identify eligible individuals and carry out a random selection. Once contact had been made with the selected individual, interviewers provided more detailed information about the survey, answered any questions and sought the respondent’s informed consent to take part.

**Information for respondents**
In addition to the advance letter, each respondent was given a specially designed information leaflet containing a list of useful telephone numbers including Help the Aged, Age Concern, NHS Direct, Lifelong Learning, Carers Line and the Action on Elder Abuse helpline (shown as ‘AEA helpline’). A copy of this document is included in Appendix B. Interviewers were instructed to spend time at the end of each interview going through all of the numbers on the card, in particular the AEA helpline, which is a free and confidential helpline offering advice and support to people affected by elder abuse.

### A.4 Quality control and ethical clearance

**Quality control**
A number of quality control measures were built into the survey at data collection and subsequent stages to check on the quality of interviewer performance. The computer program used by interviewers had built-in soft checks (which can be suppressed) and hard-checks (which cannot be suppressed) which included messages querying uncommon or unlikely answers. For example, if someone reported that they had talked to a doctor seven times in the past two weeks, a message
asked the interviewer to confirm that this was a correct entry (a soft check). Recalls to check on the work of interviewers were carried out at 10% of productive households.

**Ethical approval**

Ethical approval for the prevalence survey was obtained using NatCen ethical review procedures, which includes scrutiny by experienced NatCen and other external researchers.

**A.5 Survey response rates**

This section covers response rates to the UK Study of Abuse and Neglect of Older People. Details of the socio-demographic profile of the achieved sample are included in Chapter 2.

**Individual response, by country**

Table A.1 shows response to the prevalence survey by country.

<table>
<thead>
<tr>
<th>Table A.1</th>
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<tbody>
<tr>
<td><strong>Response rate, by country</strong></td>
</tr>
<tr>
<td><strong>All</strong></td>
</tr>
<tr>
<td><strong>Individual response</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Issued cases</strong></td>
</tr>
<tr>
<td>Not eligible</td>
</tr>
<tr>
<td>Known eligible/screened in</td>
</tr>
<tr>
<td>Non contact (presumed eligible)</td>
</tr>
<tr>
<td>Total assumed eligible</td>
</tr>
<tr>
<td><strong>Eligible cases</strong></td>
</tr>
<tr>
<td>Not contacted/refused/other unproductive</td>
</tr>
<tr>
<td>Interviewed</td>
</tr>
</tbody>
</table>

* Not eligible - respondent died or moved to institution.
* Assumed eligible in Wales - positively screened (known eligible) + proportion of unknown eligible estimated to positively screen.
* In England, Scotland and Northern Ireland, response is based on the known eligible; in Wales, response is based on the total assumed eligible.

In England, Scotland and Northern Ireland follow-up samples were used. Although most respondents were eligible and contacted for this survey, a small proportion of respondents were not eligible as they had died or moved to an institution since the earlier survey and others could not be contacted during the survey period. Where recontact was not possible, respondents were assumed to be eligible and included in the base for the response.

In Wales a new PAF sample was used. 3000 addresses were issued and screened for eligible adults. One-fifth of addresses were eligible or assumed to be eligible. Addresses where contact had not been made during the fieldwork period were of unknown eligibility: a proportion of these were assumed to be eligible when calculating response.
Across the UK, 3269 individuals were assumed to be eligible. Of these, 2111 were interviewed, giving an overall UK response rate of 65%. There was some variation by country: response among eligible individuals was 71% in Scotland, 67% in England, 65% in Northern Ireland and 54% in Wales.

A.6 Weighting the data

Weighting was used to correct for unequal chances of selection, to minimise response bias and to ensure that the achieved sample was representative of the general population (living in private households) aged 66 and over. There were some differences in weighting applied in the four countries due to differences in sample design. This section includes details of the weighting procedures used (see Section A.1 for details of sample design).

In England, weighting was applied to compensate for interview non-response to the HSE 2005, bias in the consent to recontact at HSE 2005 and non-response to follow-up in the prevalence survey. (Further details of the weighting used on HSE 2005 can be found in the HSE 2005 Technical Report.) Factors included in the response models were age, sex, region, general health status, NS-SEC and household type. Selection weighting was also used to compensate for the selection of only one person per household and the oversampling of those groups deemed to be more at risk of mistreatment (those aged 75 and over and/or living with at least one other person). Finally, calibration weighting was used to adjust the age-sex and regional (Government Office Region) distribution to that of the 2004 household population.

In Scotland, non-response weighting was based on non-response to the SHS 2003, bias in the consent to recontact at SHS 2003 and non-response to follow-up in the prevalence survey. (Further details of the weighting used on SHS 2003 can be found in the SHS 2003 Technical Report.) Factors included in the response model were age, sex, Health Board, household type and equivalised income quintile. Selection weights compensated for differential probability of selection of PSUs and the selection of only one person per household. There was no oversampling of subgroups in Scotland. Calibration weighting was then used to adjust the respondent age-sex distribution to that of the 2004 household population.

The sample in Wales was obtained by screening addresses selected from the PAF. Non-response weighting was based on the relationship between area-level information and response. Factors included in the response model were the percentage of households in the PSU who were owner-occupiers and the percentage of households with no car. This area-level information was taken from the 2001 census. A selection weight was applied to compensate for the selection of one person per household. Calibration weighting was then used to adjust the respondent age-sex distribution to that of the 2004 household population.

In Northern Ireland, selection weighting was used to compensate for respondent selection within households - only one respondent was selected for interview in each household - and calibration weighting then applied to bring the age-sex distribution of respondents into line with the 2004 Northern Ireland population estimates.

Data from the four countries were combined. Weights were scaled by country to ensure that the four countries were in the correct proportion within the UK. Scaling was based on the proportion of adults
aged 66 and over in England, Scotland, Wales and Northern Ireland. The age-sex distribution of the weighted sample in the survey compared with the UK population distribution is shown in Table A.2.

### Table A.2

**Age-sex distribution for respondents to survey and UK household population**

<table>
<thead>
<tr>
<th>Group</th>
<th>Respondents weighted and scaled by country</th>
<th>UK household population 2004*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66-69</td>
<td>11.6</td>
<td>11.8</td>
</tr>
<tr>
<td>70-74</td>
<td>12.5</td>
<td>12.4</td>
</tr>
<tr>
<td>75-79</td>
<td>9.5</td>
<td>9.4</td>
</tr>
<tr>
<td>80 and over</td>
<td>9.6</td>
<td>9.6</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66-69</td>
<td>13.0</td>
<td>12.8</td>
</tr>
<tr>
<td>70-74</td>
<td>14.3</td>
<td>14.5</td>
</tr>
<tr>
<td>75-79</td>
<td>12.7</td>
<td>12.5</td>
</tr>
<tr>
<td>80 and over</td>
<td>16.9</td>
<td>17.1</td>
</tr>
<tr>
<td>Base</td>
<td>2111</td>
<td>8,586,990</td>
</tr>
</tbody>
</table>

* Household population estimates (excluding people living in institutions) from the Office of National Statistics and the Northern Ireland Statistics Research Agency.

### A.7 Data analysis and reporting

**Introduction**

The survey provides estimates for the prevalence of mistreatment among people aged 66 and over living in private households in the UK, including estimates for individual countries (England, Scotland, Wales, Northern Ireland). It also examines associations of mistreatment in the UK with respondent characteristics, but cannot comment on whether these are causal.

**Presentation of results**

Caution must be used in interpreting results due to small base sizes. In general, commentary in the report highlights differences that are statistically significant at the 90% level, instead of the more commonly used 95% level because of the low prevalence rates of mistreatment. The use of the 90% level means that there is a 10 in 100 chance that the variation seen is simply due to random chance rather than the 5 in 100 chance associated with the 95% level. Hence, there is a possibility that more ‘false positive’ associations will be highlighted by the commentary. It should be noted that statistical significance is not intended to imply substantive importance.

Notes to tables are included in the Introduction (Section 1.9).

**Computing confidence intervals**

Survey data are often characterised by two principal design features: unequal probabilities of selection requiring sampling weights, and sampling within clusters. For this survey, weighting was used to correct for any unequal chances of selection, to minimise response bias and to ensure that the achieved sample was representative of the general population (living in private households) aged 66 and over. Clustering reflects the sampling of surveyed individuals within PSUs. In the absence of clustering, the PSUs are defined to be the individuals or, equivalently, clusters each of size one. For
this survey, the 30 postcode sectors selected in Wales were defined as PSUs. Due to the other countries being follow-up surveys (with a small sample size per original PSU) the PSUs were defined to be the individuals. Generally, sampling by cluster implies a sample-to-sample variability of the resulting estimates that is usually greater than that obtained through sampling individually, and this variability must be accounted for when estimating standard errors or performing significance testing.\textsuperscript{12}

The survey module in STATA (a statistical analysis package) is designed to handle these features of complex surveys. Given the relatively low prevalences of abuse, the \textit{tabulate} command was used to compute 95\% confidence intervals for the key estimates. The distinctive feature of the tabulate command is that the confidence intervals for proportions are constructed using a logit transformation so that their endpoints always lie between 0 and 1. (The standard errors are exactly the same as those produced by the \textit{mean} command.) Significance testing was also performed using the tabulate command: the displayed test of independence is appropriate for complex survey data.

As an example, the prevalence of any mistreatment (expressed as a proportion) was 0.0264 with an estimated standard error of 0.0048. Using the standard 1.96 as the value of the \(t\) distribution corresponding to the desired margin of error a 95\% confidence interval for this estimate on the logit scale can be calculated as:

\[
\ln \left( \frac{\hat{p}}{1 - \hat{p}} \right) \pm 1.96 \times \frac{\hat{s}}{\hat{p}(1 - \hat{p})}
\]

where \(\ln\) denotes the natural logarithm, \(\hat{p}\) the prevalence estimate and \(\hat{s}\) its associated standard error. Plugging in the numbers we have:

\[
\ln \left( \frac{0.02644}{1 - 0.02644} \right) \pm 1.96 \times \frac{0.0048}{0.02644 \times (1 - 0.02644)}
\]

For the lower limit we have \(-3.97366\). This lower endpoint is transformed back to the proportion metric using the inverse of the logit transformation as follows:

\[
\text{lower limit} = \frac{\exp(-3.97366)}{1 + \exp(-3.97366)} = 0.0185
\]

For the upper limit we have \(-3.24161\). Using the same transformation we have:

\[
\text{upper limit} = \frac{\exp(-3.24161)}{1 + \exp(-3.24161)} = 0.0376
\]

Multiplying by 100 gives us an estimate of 2.6\% with a 95\% confidence interval of 1.85-3.76.
Design effects and true standard errors

Standard errors for survey estimates are likely to be larger than those based on a simple random sample of the same size because of the complex sample design used. The design factor (or ‘deft’) provides a measure of the increase in standard error as a result of sample design. The deft is the ratio of the standard error of the complex sample to that of a simple random sample of a similar size.

True standard errors for survey estimates can be calculated by multiplying the standard error of an estimate from a simple random sample by the design factor.

The deft values, true standard errors, and 95% confidence intervals (which are themselves estimates subject of random survey sampling) for mistreatment in the past year are shown in Table A.3.

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Any mistreatment</td>
<td>1.15</td>
<td>970</td>
<td>909</td>
<td>0.35</td>
<td>0.62-2.10</td>
</tr>
<tr>
<td></td>
<td>Any abuse (excl. neglect)</td>
<td>0.64</td>
<td>971</td>
<td>909</td>
<td>0.28</td>
<td>0.27-1.49</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>0.50</td>
<td>978</td>
<td>917</td>
<td>0.22</td>
<td>0.22-1.17</td>
</tr>
<tr>
<td></td>
<td>Interpersonal</td>
<td>0.06</td>
<td>973</td>
<td>911</td>
<td>0.04</td>
<td>0.02-0.21</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.57</td>
<td>975</td>
<td>914</td>
<td>0.27</td>
<td>0.22-1.46</td>
</tr>
<tr>
<td>Women</td>
<td>Any mistreatment</td>
<td>3.80</td>
<td>1118</td>
<td>1177</td>
<td>0.79</td>
<td>2.51-5.70</td>
</tr>
<tr>
<td></td>
<td>Any abuse (excl. neglect)</td>
<td>2.30</td>
<td>1120</td>
<td>1181</td>
<td>0.64</td>
<td>1.33-3.94</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>1.53</td>
<td>1128</td>
<td>1189</td>
<td>0.48</td>
<td>0.83-2.83</td>
</tr>
<tr>
<td></td>
<td>Interpersonal</td>
<td>1.59</td>
<td>1120</td>
<td>1181</td>
<td>0.52</td>
<td>0.83-3.01</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.73</td>
<td>1129</td>
<td>1191</td>
<td>0.37</td>
<td>0.27-1.97</td>
</tr>
</tbody>
</table>

* Interpersonal abuse includes psychological, physical and sexual abuse.

A.8 Documentation

Copies of survey documentation, CAPI and self-completion questionnaires are included in Appendix B.

Notes and references


2 The estimated response rate for people aged 65 and over was based on the known number of people aged 65 and over in the core sample, plus an estimated number from non-responding households. Further details on response can be found in the HSE 2005 Technical Report.

The estimated response rate for people aged 65 and over was based on the known number of people aged 65 and over in the sample, plus an estimated number from non-responding households. Further details on response can be found in the SHS 2003 Technical Report.

For further information about the Northern Ireland Health and Social Wellbeing Survey 2005 see:

For further information about the Northern Ireland Omnibus survey see:

In the Northern Ireland Health and Social Wellbeing Survey and the Northern Ireland Omnibus, consent to recontact was at household level.

It was possible to combine respondents from the Northern Ireland Health and Social Wellbeing Survey and the Northern Ireland Omnibus as they were both random samples, drawn from the Valuation and Lands Agency list of private addresses. The addresses in the list were already sorted by district council and ward so there was no need for additional stratification prior to selection.

In Wales it was not possible to follow up respondents from the recent Welsh Health Survey because of confidentiality promises given to respondents.

Cognitive interviewing is a vital tool when pre-testing new questionnaire items. Cognitive interviews are qualitative in nature and make use of techniques drawn from cognitive psychology in order to uncover aspects of the response process which are usually hidden. For example, a respondent may answer ‘yes’ to a survey question and show no visible signs of confusion, but may be thinking of something totally different to what the question designer had in mind. This would not be revealed in a standard field pilot which primarily focuses on issues of questionnaire flow, salience, length and sample issues. Cognitive interviews can highlight where respondents misunderstand the survey questions or key concepts, where they do not know or cannot recall the needed information from memory, or prefer to hide certain information or provide socially desirable answers.

The pilot was carried out in November and December 2005 and achieved interviews with 46 respondents aged 66 and over living in private households in England.

StataCorp. 2005. *Stata Statistical Software: Release 9*. College Station, TX: StataCorp LP.
Appendix B Documentation

B.1 Advance letter

An example of the advance letter used in the study is shown below. The letter shown is designed to be sent to households in England. There were some small differences in the advance letters sent in different countries.

In England, Scotland, and Northern Ireland, advance letters were sent to selected individuals. Named samples were available as individuals were selected from respondents who had taken part in health surveys in these countries. The advance letters provided information about how respondents were selected, including the name of the health survey from which they were drawn.

In Wales, interviewers carried out a screening exercise at addresses selected from the Postcode Address File. The advance letter was sent to the addresses as no information was available about householders prior to the interviewer’s visit. A Welsh language version of the advance letter was also included.

For purposes of fieldwork the study was known as: "Growing Older: Life Experiences and Wellbeing".
Dear

Growing Older: Life Experiences & Wellbeing

We are writing to ask for your help with an important study. The study will focus on the life experiences and wellbeing of older people.

We would like to interview people aged 65 and over about a range of subjects, such as general health, use of care services and quality of relationships, including disagreements or conflict. Little research on this area has been carried out with older people and it is important to get up to date information from older people themselves, rather than just professionals who work with older people.

This study is being carried out by the National Centre for Social Research (NatCen), Britain’s largest independent research organisation, and King’s College London. Your name was randomly chosen from the list of people who took part in the Health Survey for England, to get a representative picture of people across England.

Taking part in the study is voluntary, but we hope that you will be willing to help. An interviewer from NatCen will be visiting your address shortly to explain more about the study and ask for your participation. All interviewers carry an identity card with a photograph. Anything you tell the interviewer will be treated in strict confidence, in accordance with the Data Protection Act.

In the meantime, if you have any queries about the study please contact NatCen on 0800 652 4572 (freephone) and ask for Christine Shaw, or in writing to the address overleaf.

Thank you for your help.

Yours sincerely

Theresa Patterson
Project Controller

The interviewer who will be visiting you is............................................................................
How was my name chosen?
Your name has been randomly chosen from the list of people who took part in the Health Survey for England.

Who is carrying out the survey?
Comic Relief has asked the National Centre for Social Research (NatCen) in collaboration with Kings College London to conduct the survey on their behalf. The study is being funded by Comic Relief with additional funding from the Department of Health.

The National Centre for Social Research and King’s College London are independent of any government departments and political parties.

Is the survey confidential?
All information provided for the purpose of the survey will be strictly confidential. Access to names and addresses of participants will be restricted to the research team at the National Centre for Social Research. Further information on confidentiality and the Data Protection Act will be provided when the interviewer visits.

What will happen to any information I give?
Your answers will be treated in the strictest confidence in accordance with the Data Protection Act. Along with the answers of everyone else who takes part, the results will be anonymised and published at a later date. You will not be identifiable from the published results in any way.

Any other questions?
If you have any further questions, or would like to talk to someone about the survey, please telephone NatCen between the hours of 8.30am and 6.00pm on 0800 652 4572 (freephone), and ask for Christine Shaw.

Alternatively, you may write to Christine Shaw at:

NatCen
101-135 King’s Road,
Brentwood,
Essex CM14 4LX
B.2 Information Card

The information card gave details of various organisations that provide information and support for older people. This included the number for the ‘Action on Elder Abuse’ helpline (shown as AEA Helpline on the card, and pointed out to respondents by the interviewer). Different cards were used in England, Scotland, Wales and Northern Ireland, as some phone numbers differed by country.

Growing Older: Life Experiences and Wellbeing

Some useful numbers:
NHS Direct: 0845 46 47
Help The Aged: 0808 800 6565
Age Concern: 0800 00 99 66
AEA Helpline: 0808 808 8141

Pension Service: 0845 60 60 265
Nuisance call advice: 0800 661 441
Carers Line: 0808 808 7777
Lifelong Learning: 0870 757 7890

The National Centre for Social Research
35 Northampton Square
London EC1V 0AX
Website: www.natcen.ac.uk
B.3 Questionnaire

The main questionnaire was administered as a Computer Assisted Personal Interview (or CAPI interview) carried out by the interviewer using a laptop, and included a self completion component which could either be completed by the respondent on the laptop or on a paper version (PAPI).

The questionnaire covered a range of areas, including:

- Household size and composition
- Background information (including ethnic origin, educational achievement, accommodation tenure and number of bedrooms, car ownership, economic status/occupation, household income)
- Social contact (regular contact with others, involvement in groups and associations)
- Health (general health, longstanding illness, limiting longstanding illness, use of health and social care services)
- Formal and informal care (care received and care provided for others)
- Neglect
- Financial abuse
- Psychological abuse
- Physical abuse
- Sexual abuse {self-completion}
- Mental health and wellbeing (CASP, CESD) {self-completion}
- Perception of mistreatment of others in a care home or hospital
- Attitudes to growing older
Growing Older: Life Experiences and Wellbeing
Questionnaire Documentation

- For single code questions, variable names are written above the question text in bold. Multi-code questions show variable names in bold beside the answer categories. Where questions could be asked a number of times due to loops, variable names are listed in the order of the loops, separated by a semi-colon.

- Interviewer instructions are written in capital letters and question text is in sentence case.

- Routing for each question is shown in brackets above the question text.

- Answer categories are shown below the question text. If the answer category is OPEN then the answer is typed in verbatim by the interviewer.

- ‘SET OF’ before answer categories means multiple answer categories can be chosen.

- Textfills are shown in italics within brackets in the question text.

- The codeframes for open questions are shown under the heading ‘Coding frame at edit stage’, unless they were coded into a pre-existing question. Any codes added to existing codeframes for this purpose are shown under the heading ‘Additional codes at edit stage’.

Hhold grid

{Ask all}

SHGInt

I’d like to know a little about the members of your household.

INTERVIEWER: RECORD RESPONDENT AS FIRST PERSON IN HOUSEHOLD GRID.

{Ask for respondent and each household member – up to 10}

Sex to Sex10

{Respondents name/household members name}

: Male

Female

DOB to DOB10

What is /Your/household members name date of birth?

:dd/mm/yy

Agep to ActAge10

Can I check, what was /Your/household members name age last birthday?

:Age in years

DispAge to DispAg10

{You are age / They are age} years old, is this correct?

: Yes

No

EstAge to EstAge10

INTERVIEWER ASK IF NECESSARY: {Are you / is he/she} under 16 years, 16 or over but less than 45, 45 or over but less than 65, 65 or over but less than 75 or older?

INTERVIEWER: IF NOT KNOWN, TRY TO GET BEST ESTIMATE

: Under 16 years

16 to 44 years

45 to 64 years,
65 to 74 years
75 and over

{Ask about respondent only}
USE SHOWCARD A. What do you consider your national identity to be? Please choose your answer from this card, choose as many or as few as apply:
- SET OF
  - British {NatID1}
  - English {NatID2}
  - Irish {NatID3}
  - Scottish {NatID4}
  - Welsh {NatID5}
  - Or something else? {NatID6}

{Ask if NatID6 = Yes}
EthOth
How would you describe your national identity?
- OPEN

{Ask all}
RespEth
USE SHOWCARD B. Looking at showcard B, to which of these ethnic groups do you consider you belong?
- White British
- Any other White background (Please describe),
  - White and Black Caribbean,
  - White and Black African,
  - White and Asian,
  - Any other Mixed background (Please describe),
  - Indian,
  - Pakistani,
  - Bangladeshi,
  - Any other Asian background (Please describe),
  - Caribbean,
  - African,
  - Chinese,
  - Any other (Please describe)

{Ask if RespEth = Any other white, Any other mixed, Any other Asian, Any other Black, or Any other}
RespEthO
Please can you describe your ethnic group?
- OPEN

{Ask all}
RespMar
What is your marital status? Are you...
INTERVIEWER: CODE FIRST THAT APPLIES. IF QUERIED WE ARE INTERESTED IN LEGAL STATUS
- Single, that is never married,
  - Married and living with husband/wife,
  - Married and separated from husband/wife,
  - Divorced,
  - Or, Widowed?

{Ask if RespMar = Married, Separated, Divorced or Widowed}
NumSep
How many times have you been married?
- 1...9
Background information

{Ask All}

EducEnd

At what age did you finish continuous full-time education at school or college?

Never went to school,
14 or under, 15, 16, 17, 18, 19 or over

Qual

USE SHOWCARD D. Looking at showcard D, do you have any of the qualifications listed on this card? Please look down the whole list before telling me.

: Yes
No

{Ask if Qual = Yes}

Which of the qualifications on this card do you have? Just tell me the number written beside each one. RECORD ALL THAT APPLY. PROBE: 'Which others?'

: SET [10] OF

Degree/degree level qualification (including higher degree), {Qualif1}
Teaching qualification, {Qualif2}
Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife, {Qualif3}
HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher, {Qualif4}
ONC/OND/BEC/TEC/BTEC not higher, {Qualif5}
School Certificate or Matric, {Qualif6}
City and Guilds qualification, {Qualif7}
A-levels/Higher School Certificate, {Qualif8}
SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies, {Qualif9}
O-level passes taken in 1975 or earlier, {Qualif10}
GSE pass, {Qualif11}
CSE GRADES 2-5/SCE Ordinary BANDS D-E, {Qualif12}
CSE Ungraded, {Qualif13}
SLC Lower, {Qualif14}
SUPE Lower or Ordinary, {Qualif15}
NVQ {Qualif16}
Recognised Trade Apprenticeship completed, {Qualif17}
Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce), {Qualif18}
Any other qualification {Qualif19}

{Ask if Qualif19 = Yes}

Was this 'other' qualification... READ OUT. CODE ALL THAT APPLY:

: SET OF

A qualification outside of the UK, {Oqual1}
A vocational qualification, not otherwise codeable, {Oqual2}
Nursery Nurse Examination Board Qualification, {Oqual3}
A Qualification obtained during military service, {Oqual4}
An academic qualification, not otherwise codeable, {Oqual5}
A professional qualification, not otherwise codeable, or, {Oqual6}
Another qualification? {Oqual7}

{Ask if Oqual7 = Yes}

QualB

What qualifications are these? INTERVIEWER: Record all other qualifications in full.
PROBE: Any others?

: OPEN

{Ask if Qualif7 = Yes}

QualCity

Was your city and guilds qualification
READ OUT
A Full Technological Certificate, 
Advanced or Final Level, 
Or, Craft/Ordinary Level

{Ask if Qualif16 = Yes}

**QualNVQ**
What level was your NVQ?
IF ASKED: level 1, 2, 3, 4, or 5:
Level 1,
Level 2,
Level 3,
Level 4,
Level 5,
None - level not specified

{Ask all}

**Tenure1**
USE SHOWCARD E
Now, I'd like to get some general information about your household. In which of these ways does your **household** occupy this accommodation?
Please give an answer from showcard E.
: Own it outright,
Buying it with the help of a mortgage or loan,
Pay part rent and part mortgage (shared ownership),
Rent it,
Live here rent free (including rent free in relative's/friend's property; excluding squatting),
Squatting

{Ask if Tenure1 = Part rent, Rent}

**LandLord**
Who is your landlord?
INTERVIEWER: Read out and code first that applies.
: The local authority/council/ New Town Development,
A housing association or co-operative or charitable trust,
Employer (organisation) of a household member,
Another organisation,
Relative/friend (before you lived here) of a household member,
Employer (individual) of a household member,
Another individual
Private landlord

**Furn1**
Is the accommodation provided... READ OUT...
: Furnished,
Partly furnished (e.g. curtains and carpets only),
Or, unfurnished?

{Ask all}

**Bedrooms**
How many bedrooms does your household have, including bed-sitting 
rooms and spare bedrooms? INTERVIEWER- Exclude bedrooms 
converted to other uses (eg. bathroom).
Include bedrooms temporarily used for other things (eg. study, playroom).
: 0...20

**RespDriv**
Do you have a current driving licence?
: Yes
No
[Ask if RespDriv = Yes]

RespCar
And, is there a car or van normally available for use by you?
INTERVIEWER - THIS MEANS A CAR THE RESPONDENT CAN DRIVE THEMSELVES
: Yes
No

[Ask All]

Rtran2
How often do you use public transport?
: Never,
Every day or almost every day,
1 - 2 times a week,
1 - 2 times a month,
Less often

RtranM
Do you currently use a mobility scooter?
: Yes
No

Contact

[Ask all]

IntFamil
Now I would like to ask you some questions about your family.
: (Continue)

Children
Do you have any living children? Please include step-children and adopted children.
: Yes
No

[Ask if Children = Yes]

ChdN
How many children do you have? Please include step-children and adopted children
: 1...20

[For each child, ask]

ChdName to ChdName20
INTERVIEWER - RECORD NAME OF ONE CHILD HERE (IF >1 CHILD, YOU WILL BE ASKED SEPARATE QUESTIONS FOR EACH)
What is [their name/the name of your next child]? Just tell me their first name, or initials
: OPEN

ChdSex to ChdSex20
Is [Child's name] male or female?
: Male,
Female

ChdAge to ChdAge20
How old is [he/she]?
: 1...99
RespPar
Are any of your parents still alive?
READ OUT: Please include step-parents and parents-in-law.
INTERVIEWER - CODE YES IF AT LEAST ONE PARENT IS STILL ALIVE:
: Yes
: No

RespSib
Do you have any living brothers or sisters? Please include step siblings and in-laws:
: Yes
: No

{Ask if RespSib = Yes}
RespSibN
How many brothers and sisters do you have? Please include step siblings and in-laws:
: 1...97

{Ask all}
RespGrd
Do you have any grandchildren, including great grandchildren?
: Yes
: No

{Ask if RespGrd = Yes}
RespGrdN
How many grandchildren (and great grandchildren) do you have?
: 1...97

{Ask all}
Rtalk
USE SHOWCARD F - MAKE SURE RESPONDENT READS THE WHOLE LIST
Now I would like to ask you about contact you have with people, other than people you currently live with including personal contact, phone calls or e-mails. Looking at showcard F, are you regularly in contact with any of these people? By regularly, I mean at least once a month
INTERVIEWER - THIS MEANS SEEING THE SAME PERSON EVERY MONTH:
: Yes
: No

{Ask if Rtalk = Yes}
INTERVIEWER: CODE ALL THAT APPLY
: SET OF
Husband, wife or partner, {RegTlk1}
Son or daughter (including son-in-law or daughter-in-law), {RegTlk2}
Brother or sister, {RegTlk3}
Grandchild, {RegTlk4}
Other relative, {RegTlk5}
Friends, {RegTlk6}
Neighbour, {RegTlk7}
Home help or paid caregiver, {RegTlk8}
Other caregiver, {RegTlk9}
Community volunteer, {RegTlk10}
Doctor, nurse or other health professional, {RegTlk11}
Tradesmen, DIY help, hairdresser, chiropodist, {RegTlk12}
Anyone else {RegTlk13}

{Ask if RegTlk13 = Yes}
RTlkWhoO
Who else are you regularly in contact with?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN
[Ask if Rtalk = Yes]
RVst
USE SHOWCARD F
And, do you meet with any of these people at least once a month, either in your home or elsewhere? [Please exclude people you currently live with].
: Yes
No

[Ask if RVst = Yes]
INTERVIEWER: CODE ALL THAT APPLY.
IF ASKED: By regularly I mean at least once a month.
: SET OF
Husband, wife or partner, {RegMet1}
Son or daughter (including son-in-law or daughter-in-law), {RegMet2}
Brother or sister, {RegMet3}
Grandchild, {RegMet4}
Other relative, {RegMet5}
Friends, {RegMet6}
Neighbour, {RegMet7}
Home help or paid caregiver, {RegMet8}
Other caregiver, {RegMet9}
Community volunteer, {RegMet10}
Doctor, nurse or other health professional, {RegMet11}
Tradesmen, DIY help, hairdresser, chiropodist, {RegMet12}
Anyone else {RegMet13}

[Ask if RegMet13 = Yes]
RVstWhoO
Who else do you meet with?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN

[Ask if RVisH = Yes]
RVisH
USE SHOWCARD F
And, do any of these people regularly come to see you at home? [Please exclude people you currently live with].
: Yes
No

[Ask if RVisH = Yes]
INTERVIEWER: CODE ALL THAT APPLY
: SET OF
Husband, wife or partner, {RegHme1}
Son or daughter (including son-in-law or daughter-in-law), {RegHme2}
Brother or sister, {RegHme3}
Grandchild, {RegHme4}
Other relative, {RegHme5}
Friends, {RegHme6}
Neighbour, {RegHme7}
Home help or paid caregiver, {RegHme8}
Other caregiver, {RegHme9}
Community volunteer, {RegHme10}
Doctor, nurse or other health professional, {RegHme11}
Tradesmen, DIY help, hairdresser, chiropodist, {RegHme12}
Anyone else {RegHme13}

[Ask if RegHme13 = Yes]
RVisHWhoO
Who else regularly comes to see you at home?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN
USE SHOWCARD G - MAKE SURE RESPONDENT READS THE WHOLE LIST
At the moment, do you regularly take part in the activities of any of the groups on showcard G?
: Yes
No

Which ones? Just tell me the number on the card. CODE ALL THAT APPLY:
- Charity, voluntary or community group, \{RegGrp1\}
- Religious group or church organisation, \{RegGrp2\}
- Education, arts, music or singing group (inc. evening classes), \{RegGrp3\}
- Environmental groups, \{RegGrp4\}
- Hobby group, such as gardening or reading group, knitting circle, railway or motoring club, \{RegGrp5\}
- Group for older people (e.g. lunch club), \{RegGrp6\}
- Political parties, \{RegGrp7\}
- Parent-teacher association or school association, \{RegGrp8\}
- Social club (inc. working men's club, Rotary club), \{RegGrp9\}
- Exercise or dance group, sports club or gym, \{RegGrp10\}
- Tenants' or residents' group or neighbourhood watch, \{RegGrp11\}
- Trade unions (inc. student unions), \{RegGrp12\}
- Women's institute or Townwomen's guild or Women's group, \{RegGrp13\}
- Youth group helper (e.g. scouts, guides, youth club), \{RegGrp14\}
- Other group or organisation {RegGrp15}

Which other groups?
: OPEN

INTERVIEWER: IN YOUR JUDGEMENT, IS THE RESPONDENT COGNITIVELY ABLE TO COMPLETE THE REST OF THE INTERVIEW?
: Yes
No
(If Intervie = No, then END)
Health

{Ask all}

GenHelf
How is your health in general?
Would you say it was... READ OUT...
: Very good,
Good,
Fair,
Bad,
Very bad?

LongIll
Do you have any long-standing illness, disability or infirmity? By long-standing
I mean anything that has troubled you over a period of time, or that is likely to
affect you over a period of time?
: Yes
No

{IF LongIll = Yes, then code up to 6 illnesses}

Whatll01 to Whatll07
What long-standing illness, disability or infirmity do you have?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL. IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
: OPEN {Coded at edit stage}

{IF respondent has reported fewer than 6 illnesses THEN}

Morelll1 to Morelll6
Can I check, do you have any other long-standing illness, disability or infirmity?
: Yes
No

{Ask if any illness reported at Whatll01 to Whatll07}

LimitAc1 to LimitAc6
Does this illness or disability limit your activities in any way?
: Yes
No

{Ask all}

DocTlk
During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone?
INTERVIEWER: EXCLUDE CONSULTATIONS MADE ON BEHALF OF OTHERS
: Yes
No

{Ask if DocTlk = Yes}

DocOccs
How many times have you talked to a doctor in these two weeks?
: 1...97

{Ask all}

PNur
During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
: Yes
No

{Ask if Pnur = Yes}

NPNur
How many times did you see a practice nurse at the GP surgery in these two weeks?
: 1...97
OutPatB
During the last twelve months, did you attend hospital as an outpatient, day patient or casualty?
: Yes
No

NOOutPat
How many times in the last twelve months did you attend hospital as an outpatient, day patient or casualty?
: 1...97

InPatB
During the last twelve months, have you been in hospital as an inpatient, overnight or longer?
: Yes
No

NInPat
How many times in the last twelve months have you been in hospital as an inpatient, overnight or longer?
: 1...997

Medicine
Do you have to take any medicines on a regular basis?
INTERVIEWER: INCLUDE ALL TABLETS, INJECTIONS, LIQUID MEDICINES ETC AND OVER THE COUNTER MEDICATION IF TAKEN REGULARLY
: Yes
No

MedNum
How many different medicines do you have to take regularly?
: 1...99

MedPsy
Are you currently taking any medication prescribed by a psychiatrist?
: Yes, No, Don't Know

MedPsyW
What is this medication for?
: OPEN
Coding frame at edit stage:
Depression
Anxiety
Cognitive function / dementia
Mood stabilisers / antipsychotics
Pain
Care

[Ask all]

Levent

INTERVIEWER: PLEASE TRY TO HELP THE RESPONDENT
ESTABLISH A LANDMARK EVENT.
FOR EXAMPLE: A number of questions I will ask you are about
experiences you have had since you became 65 years. For this reason, I
would like you to try and identify an event or 'landmark' that happened at
around the time you turned 65, to help you recall. From what you’ve said,
you turned 65 in [year turned 65]. Can you think of an event that
happened in this year? This might be something personal to you such as a
birthday celebration or retirement, or it could be a national or world event.
For example, [year turned 65] - [World event that year]

THE RESPONDENT HAS THOUGHT ABOUT THE LANDMARK
EVENT
 : (Continue)

Intro

I would like to ask you about services that people can make use of. Some
of them won't apply to you, but others may. Please tell me about services
you personally have made use of
 : (Continue)

Screen1

At the moment, do you use a Local Authority home help or home care
worker?
 : Yes
 No

[Ask if Screen1 = No]

Care1

Have you used a Local Authority home help or home care worker at any
time since you turned 65?
 : Yes
 No

[Ask all]

Screen2

At the moment, do you use private domestic help?
 : Yes
 No

[Ask if Screen2 = No]

Care2

Have you used private domestic help at any time since you turned 65?
 : Yes
 No

[Ask all]

Screen3

At the moment, do you have a District nurse, health visitor, other kind of
nurse or health professional visiting you at home?
 : Yes
 No

[Ask if Screen3 = No]

Care3

Have you had a District nurse, health visitor, other kind of nurse or health
professional visiting you at home at any time since you turned 65?
 : Yes
 No

[Ask all]

Screen4

At the moment, do you use meals on wheels?
 : Yes
 No
[Ask if Screen4 = No]

Care4
Have you used meals on wheels at any time since you turned 65?
: Yes
No

[Ask all]

Screen5
At the moment, do you go to a Lunch club run by the council or a voluntary body?
: Yes
No

[Ask if Screen5 = No]

Care5
Have you been to a Lunch club run by the council or a voluntary body at any time since you turned 65?
: Yes
No

[Ask all]

Screen6
At the moment, do you go to a Day Centre for the elderly?
: Yes
No

[Ask if Screen6 = No]

Care6
Have you been to a Day Centre for the elderly at any time since you turned 65?
: Yes
No

[Ask all]

Screen7
At the moment, do you make use of a helper from a voluntary organisation?
: Yes
No

[Ask if Screen7 = No]

Care7
Have you used a helper from a voluntary organisation at any time since you turned 65?
: Yes
No

[Ask all]

Screen8
At the moment, do you make use of a social worker or care manager?
: Yes
No

[Ask if Screen8 = No]

Care8
Have you used a social worker or care manager at any time since you turned 65?
: Yes
No

[Ask all]

Screen9
And now thinking about since you turned 65, have you spent time as a resident in a care home or nursing home?
: Yes
No
ResCyr
When did you last spend time as a resident in a care or nursing home?
: Within last month,
Over a month but less than 6 months,
6 months or more but less than 1 year,
1 year or more but less than 2 years,
2 years or more but less than 5 years,
5 years or more ago

ResCFrq
And since you turned 65, about how long in total have you spent in a care
or nursing home?
: Less than a week,
A week or more but less than two weeks,
Two weeks or more but less than a month,
1 month or more but less than 3 months,
3 months or more but less than 6 months,
6 months or more but less than a year,
A year or more

Screen10
At the moment, do you receive informal care from anyone in this
household (including your husband/wife)?
READ OUT: By informal care, I mean unpaid care or care that is not part
of a job.
: Yes
No

Screen10
And since you turned 65, about how long in total have you spent in a care
or nursing home?
: Less than a week,
A week or more but less than two weeks,
Two weeks or more but less than a month,
1 month or more but less than 3 months,
3 months or more but less than 6 months,
6 months or more but less than a year,
A year or more

Care10
And since you turned 65 have you ever received informal care from
anyone who was part of your household at the time (including your
husband/wife)?
At the moment, do you receive informal care from anyone not living in this household? READ OUT:
By informal care, I mean unpaid care or care that is not part of a job.
  : Yes
  No

And have you received informal care from anyone not living in this household since you turned 65?
IF ASKED:
By informal care, I mean unpaid care or care that is not part of a job.
  : Yes
  No

USE SHOWCARD H
Who is this? Please choose an answer from showcard H
CODE ALL THAT APPLY.
  : SET OF
  Partner/spouse, {ohreccr1}
  Son or daughter (including step/adopted), {ohreccr2}
  Son or daughter in law, {ohreccr3}
  Grandchild (including great grand children), {ohreccr4}
  Brother/sister (including step/adopted), {ohreccr5}
  Brother/sister in law, {ohreccr6}
  Parent (including step parent), {ohreccr7}
  Parent in law, {ohreccr8}
  Niece/nephew, {ohreccr9}
  Other family member, {ohreccr10}
  Professional caregiver, {ohreccr11}
  Close friend, {ohreccr12}
  Neighbour, {ohreccr13}
  Other{ohreccr14}

Who else have you received informal care from?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
  : OPEN

Do you look after, or give special help to, anyone living in this household, other than in a professional capacity?
  : Yes
  No

Who is this?
  CODE ALL THAT APPLY.
  : SET OF
  [List of household members] {ihgivcr1to ihgivcr9}

Now looking at showcard I, what help do you give them?
PROBE: What else?
  : SET OF
  General supervision, {ihwhtcr1}
  Help with day to day activities like shopping, housework and cooking or collecting a pension, {ihwhtcr2}
  Personal care, like getting up, dressing, bathing and eating, {ihwhtcr3}
  Financial advice, help with organising current and future finances, like savings, pensions, wills, {ihwhtcr4}
  Give money for them to live on, pay their bills or go out, {ihwhtcr5}
  Other {ihwhtcr6}
GivOth
What other help do you give them?
: OPEN

GivCarO
Do you look after, or give special help to, anyone not living in this household, other than in a professional capacity?
: Yes
No

GivCarO = Yes
USE SHOWCARD J
Who is this? Please choose an answer from showcard J
CODE ALL THAT APPLY
: SET OF
Spouse/partner, {ohgivcr1}
Parent (including parent-in-law), {ohgivcr2}
Son or daughter (including son-in-law or daughter-in-law), {ohgivcr3}
Other family member, {ohgivcr4}
Friend, {ohgivcr5}
Neighbour, {ohgivcr6}
Other {ohgivcr7}

GivCarO = Yes
USE SHOWCARD K
What help do you give them? Please choose an answer from showcard K
PROBE: What else?
CODE ALL THAT APPLY
: SET OF
General supervision, {ohwhtcr1}
Help with day to day activities like shopping, housework and cooking or collecting a pension, {ohwhtcr2}
Personal care, like getting up, dressing, bathing and eating, {ohwhtcr3}
Financial advice, help with organising current and future finances, like savings, pensions, wills, {ohwhtcr4}
Give money for them to live on, pay their bills or go out, {ohwhtcr5}
Other {ohwhtcr6}

GivCarO = Yes
USE SHOWCARD J
Who else do you look after?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN
Neglect

{Ask all}
ScrNeed1
USE SHOWCARD L
Please look at showcard L. Since the age of 65 have you needed help with any of these activities?
: Yes
No

{Ask if ScrNeed1 = Yes}
USE SHOWCARD L
Which activities have you needed help with? Just tell me the numbers on the card.
PROBE: Which others?
CODE ALL THAT APPLY.
: SET OF
Shopping for groceries or clothes, {ned1ac1}
Preparing meals, {ned1ac2}
Doing routine housework, {ned1ac3}
Getting in and out of bed on your own, {ned1ac4}
Washing or bathing (including getting in and out of bath), {ned1ac5}
Dressing or undressing, {ned1ac6}
Eating, including cutting up food, {ned1ac7}
Getting to and using toilet on your own, {ned1ac8}
Taking the right amount of medicine at the right times, {ned1ac9}
Travel or transport, {ned1ac10}
Any other day-to-day activity {ned1ac11}
Additional codes at edit stage:
General mobility in the house {ned1ac12}
Other household activities, such as DIY and gardening {ned1ac13}

{Ask if ned1ac11 = Yes}
Scrneedo
What was this other activity?
: OPEN

{Ask if Scrneed1 = Yes}
ScrHelp1
USE SHOWCARD L
Thinking about those activities on this card you have needed help with, since the age of 65 have you received help with any of these activities?
READ OUT: Please include ALL care, even if it was received for a short time or provided by a family member (or your husband/wife)
: Yes
No

{Ask if Scrhelp1 = Yes}
USE SHOWCARD L
Which activities have you received help with? Just tell me the numbers from the card.
PROBE: Which others?
CODE ALL THAT APPLY
: SET OF
[List of activities needed help with] {hlp1ac1 to hlp1ac11}

{Ask for each activity for which help is both needed and received}
HlpNow to HlpNow11
And do you currently receive help with [Activity for which help is needed and received]?
: Yes
No

USE SHOWCARD M
[Who usually helps you with/who was helping you with] [Activity]?
Please choose an answer from showcard M
INTERVIEWER: CODE ALL THAT APPLY
: SET OF
Partner/spouse, {shophp1; mealhp1; hwrkhp1; bedhp1; washhp1; dreshp1; eathp1; toilhp1; medhp1; travhp1; othahp1}
Son or daughter (including step/adopted), {shophp2; mealhp2; hwrkhp2; bedhp2; washhp2; dreshp2; eathp2; toilhp2; medhp2; travhp2; othahp2}
Son or daughter in law, {shophp3; mealhp3; hwrkhp3; bedhp3; washhp3; dreshp3; eathp3; toilhp3; medhp3; travhp3; othahp3} 
Grandchild (including great grandchildren), {shophp4; mealhp4; hwrkhp4; bedhp4; washhp4; dreshp4; eathp4; toilhp4; medhp4; travhp4; othahp4} 
Brother/sister (including step/adopted), {shophp5; mealhp5; hwrkhp5; bedhp5; washhp5; dreshp5; eathp5; toilhp5; medhp5; travhp5; othahp5} 
Brother/sister in law, {shophp6; mealhp6; hwrkhp6; bedhp6; washhp6; dreshp6; eathp6; toilhp6; medhp6; travhp6; othahp6} 
Parent (including step parent), {shophp7; mealhp7; hwrkhp7; bedhp7; washhp7; dreshp7; eathp7; toilhp7; medhp7; travhp7; othahp7} 
Parent in law, {shophp8; mealhp8; hwrkhp8; bedhp8; washhp8; dreshp8; eathp8; toilhp8; medhp8; travhp8; othahp8} 
Niece/nephew, {shophp9; mealhp9; hwrkhp9; bedhp9; washhp9; dreshp9; eathp9; toilhp9; medhp9; travhp9; othahp9} 
Other family member, {shophp10; mealhp10; hwrkhp10; bedhp10; washhp10; dreshp10; eathp10; toilhp10; medhp10; travhp10; othahp10} 
Professional caregiver, {shophp11; mealhp11; hwrkhp11; bedhp11; washhp11; dreshp11; eathp11; toilhp11; medhp11; travhp11; othahp11} 
Close friend, {shophp12; mealhp12; hwrkhp12; bedhp12; washhp12; dreshp12; eathp12; toilhp12; medhp12; travhp12; othahp12} 
Neighbour, {shophp13; mealhp13; hwrkhp13; bedhp13; washhp13; dreshp13; eathp13; toilhp13; medhp13; travhp13; othahp13} 
Acquaintance, {shophp14; mealhp14; hwrkhp14; bedhp14; washhp14; dreshp14; eathp14; toilhp14; medhp14; travhp14; othahp14} 
Other, {shophp15; mealhp15; hwrkhp15; bedhp15; washhp15; dreshp15; eathp15; toilhp15; medhp15; travhp15; othahp15} 

{Ask if shophp11; mealhp11; hwrkhp11; bedhp11; washhp11; dreshp11; eathp11; toilhp11; medhp11; travhp11; othahp11 = Yes} 
careshp; caremeal; carehwrk; caredbed; carewash; caredres; careeath; caretoil; caremed; caretrav; careothea 
USE SHOWCARD N 
What type of caregiver was this person? Please choose an answer from showcard N 
: SET OF 
Doctor, 
Nurse, 
Social worker, 
Home carer, 
Community psychiatric nurse, 
District nurse, 
Health visitor, 
Home help / home care worker, 
Don't know 
Additional code at edit stage: 
Warden 

{Ask all who need and receive help with each activity} 
HlpNed to HlpNed11 
{Are/were} you able to {activity}… 
READ OUT: 
Without any help at all from someone else?, 
With some difficulty, or, 
{Can/could} you only {activity} with someone to help you? 

{Ask for each activity for which help is both needed and received} 
Neg to Neg11 
You have told me that you {receive/received} help with {activity}. Since you turned 65, has there ever been a time when you needed help but did not receive it from someone you were relying on? 
: Yes 
No
{Ask if Neg to Neg11 = Yes}
USE SHOWCARD M
Who was it that did not (or could not) help you with {activity}?
: SET OF
Partner/spouse, {neg1w1 to neg11w1}
Son or daughter (including step/adopted), {neg1w2 to neg11w2}
Son or daughter in law, {neg1w3 to neg11w3}
Grandchild (including great grand children), {neg1w4 to neg11w4}
Brother/sister (including step and adopted), {neg1w5 to neg11w5}
Brother/sister in law, {neg1w6 to neg11w6}
Parent (including step parent), {neg1w7 to neg11w7}
Parent in law, {neg1w8 to neg11w8}
Niece/nephew, {neg1w9 to neg11w9}
Other family member, {neg1w10 to neg11w10}
Professional caregiver, {neg1w11 to neg11w11}
Close friend, {neg1w12 to neg11w12}
Neighbour, {neg1w13 to neg11w13}
Acquaintance, {neg1w14 to neg11w14}
Other {neg1w15 to neg11w15}

{Ask if neg1w15 to neg11w15 = Yes}
NegWoO
Who is this?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN

{Ask if neg1w11 to neg11w11 = Yes}
NegCar2 to NegCar9; Negca133 to NegCa135
USE SHOWCARD N
What type of caregiver was this person?
:Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know
Additional code at edit stage:
Warden

{Ask if Neg to Neg11 = Yes}
NegFrq to NegFrq11
How many times has this happened in the past 12 months?
INTERVIEWER - IF NEEDED: Was it never, once, 2-9 times, or ten or more times?
:Never,
Once,
2-9 Times,
10 or more Times

{Ask once for each person chosen at Neg1w1 to Neg1w15}
Was there a particular reason you did not get the help you needed from {relationship}?
IF NO REASON RECORD NONE
: OPEN
Coding frame at edit stage:
Carer at work {nwhyshp1; nwhyhml1; nwhyhwhk1; nwhybed1; nwhywsh1; nwhyhrs1; nwhyeat1; nwhyto1; nwhymed1; nwhytrv1; nwhyota1}
Carer on holiday {nwhyshp2; nwhyhml2; nwhyhwhk2; nwhybed2; nwhywsh2; nwhyhrs2; nwhyeat2; nwhyto2; nwhymed2; nwhytrv2; nwhyota2}
Carer ill {nwhyshp3; nwhyhml3; nwhyhwhk3; nwhybed3; nwhywsh3; nwhyhrs3; nwhyeat3; nwhyto3; nwhymed3; nwhytrv3; nwhyota3}
Carer forgot {nwhyshp4; nwhyhml4; nwhyhwhk4; nwhybed4; nwhywsh4; nwhyhrs4; nwhyeat4; nwhyto4; nwhymed4; nwhytrv4; nwhyota4}
Carer busy/unavailable {nwhyshp5; nwhyhml5; nwhyhwhk5; nwhybed5; nwhywsh5; nwhyhrs5; nwhyeat5; nwhyto5; nwhymed5; nwhytrv5; nwhyota5}
Respondent did not ask for help {nwhyshp6; nwhyml6; nwhyhwk6; nwhybed6; nwhywsh6; nwhydrs6; nwhyeat6; nwhytoi6; nwhymed6; nwhytrv6; nwhytota6}
Respondent did not know reason {nwhyshp7; nwhyml7; nwhyhwk7; nwhybed7; nwhywsh7; nwhydrs7; nwhyeat7; nwhytoi7; nwhymed7; nwhytrv7; nwhytota7}
Other reason {nwhyshp8; nwhyml8; nwhyhwk8; nwhybed8; nwhywsh8; nwhydrs8; nwhyeat8; nwhytoi8; nwhymed8; nwhytrv8; nwhytota8}

{Ask if Neg to Neg11 = Yes}
USE SHOWCARD O
Now I would like you to tell me about the time or times that you needed help with /activity/ but did not receive it. Has this affected you in any of these ways? Please look at showcard O and tell me the number or numbers that apply to you.
CODE ALL THAT APPLY
: SET OF
Emotionally, such as feeling angry, frightened, upset or ashamed, {nimpshp1; nimpml1; nimphwk1; nimpbed1; nimpwsh1; nimpdr51; nimpete1; nimppto1; nimpmed1; nimptrv1; nimpota1}
Physically, such as discomfort, pain or hunger, {nimpshp2; nimpml2; nimphwk2; nimpbed2; nimpwsh2; nimpdr52; nimpete2; nimppto2; nimpmed2; nimptrv2; nimpota2}
Socially, such as being cut off from family or friends, {nimpshp3; nimpml3; nimphwk3; nimpbed3; nimpwsh3; nimpdr53; nimpeto3; nimpmed3; nimptrv3; nimpota3}
Other effect, {nimpshp4; nimpml4; nimphwk4; nimpbed4; nimpwsh4; nimpdr54; nimpeto4; nimpmed4; nimptrv4; nimpota4}
No effect {nimpshp5; nimpml5; nimphwk5; nimpbed5; nimpwsh5; nimpdr55; nimpeto5; nimpmed5; nimptrv5; nimpota5}

{Ask if any effect reported}
NegSev to NegSev11
How serious was the effect? was it READ OUT
: Very serious,
Somewhat serious, or,
Not serious

{If NegSev to NegSev11 = Very serious or Somewhat serious}
NegSeek to NegSee11
Did you seek help or advice from anyone about this?
: Yes
No

{If NegSeek to NegSee11 = Yes}
SeekShop; SeekMeal; SeekHWrk; SeekBed; SeekWash; SeekDres; SeekEat; SeekToil; SeekMed; SeekTrav; SeekOthA
Who did you seek help or advice from?
: OPEN
Coding frame at edit stage:
Friend or family member
Professional carer or social worker
GP or practice nurse
Accident and Emergency
The police
Helpline
Citizens advice bureau
Charity (e.g. Help the Aged or Age Concern)
Local authority / Council
Financial mistreatment

{Ask All}

EmpStat
USE SHOWCARD P
I would now like to ask you some questions about what you are doing at
the moment.
Looking at showcard P, which of these descriptions best describes your
current situation?
:In paid employment or self employed,
Doing unpaid work for a business that you or a relative owned,
In full time education,
Unemployed, and looking for work,
Permanently unable to work because of long term sickness or injury,
Retired from paid work,
Looking after home or family,
Doing something else

{Ask if EmpStat = Doing something else}

EmpStatO
What else are you doing?
: OPEN

{Ask if EmpStat = Full-time education, Unemployed, Long-term Sick,
Looking after home, Other}

EmpEver
Have you ever been in paid employment or self employed?
: Yes
No

{Ask if EmpStat = Paid employment, Retired OR EmpEver = Yes}

JobTitle
I'd like to ask you some details about the main job you had, before you
turned 65.
What was the name or title of your main job?

INTERVIEWER - IF NEEDED: By main job we mean the job you held for
the longest period of time, or at the highest level.
IF RESPONDENT UNABLE TO IDENTIFY MAIN JOB: Ask same question
about most recent job
: OPEN

FtPtime
Were you working full-time or part-time?
INTERVIEWER: FULL-TIME = MORE THAN 30 HOURS. PART-TIME =
30 HOURS OR LESS.
: Full-time,
Part-time

WtWork
What kind of work did you do most of the time?
PROBE FULLY
: OPEN

MatUsed
IF RELEVANT: What materials or machinery did you use?
PROBE FULLY
INTERVIEWER: If none used, write in 'None'.
: OPEN

SkilNee
What skills or qualifications were needed for the job?
PROBE FULLY
: OPEN

Employe
Were you
READ OUT
INTERVIEWER: if in doubt, check how this employment is treated for tax
& NI purposes.
: An employee,
Or, Self-employed?
[Ask if Employe = Self employed]

**Dirct**
Can I just check, in this job were you a Director of a limited company?
: Yes
No

[Ask if EmpStat = Paid employment, Retired OR EmpEver = Yes]

**MngFor**
Were you a
READ OUT:
: Manager,
Foreman or supervisor,
Or, other employee?

[Ask if Employe = Employee]

**NEmplee**
Including yourself, about how many people were employed at the place where you worked?
: 1 or 2,
3-24,
25-499,
500+

[Ask if Employe = Self employed]

**SNEmplee**
Did you have any employees?
: None,
1-24,
25-499,
500+

[Ask if Employe = Employee]

**Ind**
What did your employer make or do at the place where you usually worked?
PROBE FULLY

[Ask if Employe = Self employed]

**SlfWtMad**
What did you make or do in your business? PROBE FULLY

[Ask all]

USE SHOWCARD Q
I would like to get an idea of your household's current income. Showcard Q shows possible sources of income. Can you please tell me which kinds of income you and other members of your household currently receive? Just tell me the number or numbers on the card.
PROBE: Which others?
CODE ALL THAT APPLY
: SET OF
Earnings from employment or self-employment, \{IncS1\}
State retirement pension, \{IncS2\}
Pension from former employer/spouses former employer, \{IncS3\}
Personal pension, \{IncS4\}
Child benefit, \{IncS5\}
Job-seekers allowance, \{IncS6\}
Income support, \{IncS7\}
Family credit, \{IncS8\}
Housing benefit, \{IncS9\}
Attendance allowance, \{IncS10\}
Other state benefit (such as disability), \{IncS11\}
Interest from savings and investments (like stocks and shares), \{IncS12\}
Other kinds of regular allowance from outside your household (like rent, or maintenance), \{IncS13\}
Other source of income, \{IncS14\}
No source of income \{IncS15\}

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[Ask if IncS14 = Yes]

**IncSrcO**
What other source of income does your household receive?
: OPEN

[Ask if IncS1 - IncS14 = Yes]

**IncAmt**
SHOWCARD R
Showcard R shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents your household's income from all sources, before any deductions for income tax, National Insurance etc. Just tell me the number beside the row that applies to your household income.

INTERVIEWER: IF RESPONDENT IS UNSURE, NEAREST GUESS IS FINE
: 50...81

[Ask all]

**FinIntro**
USE FLASH CARDS SET A
I would now like to ask you some questions about finance-related events that may have happened to you since you turned 65. Looking at each of these cards in turn, please tell me whether or not you have experienced the event since you became 65.

INTERVIEWER: HAND RESPONDENT FLASH CARDS SET A
: (Continue)

**ScrFin1**
Looking at card 1, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Stolen money, possessions or property from you. By property, I mean your home, or any other house, flat or land you may own.}

: Yes
No

[Ask if ScrFin1 = No]

**ScrFin2**
Since you turned 65, has anyone tried to do this?
INTERVIEWER DO NOT READ OUT {Stolen money, possessions or property from you. By property, I mean your home, or any other house, flat or land you may own.}

: Yes
No

[Ask all]

**ScrFin3**
Looking at card 2, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Made you give them your money, possessions or property against your will}

: Yes
No

[Ask if ScrFin3 = No]

**ScrFin4**
Since you turned 65, has anyone tried to do this?
INTERVIEWER DO NOT READ OUT {Made you give them your money, possessions or property against your will}

: Yes
No

[Ask all]

**ScrFin5**
Looking at card 3, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Used fraud to take your money, possessions or property from you. By fraud I mean tricking or cheating you, forging your signature on a document, or pretending to be you to obtain goods or money.}

: Yes
No

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Since you turned 65, has anyone tried to do this?

INTERVIEWER DO NOT READ OUT {Used fraud to take your money, possessions or property from you? By fraud I mean tricking or cheating you, forging your signature on a document, or pretending to be you to obtain goods or money.}

: Yes

No

Looking at card 4, since you turned 65, has anyone ever done this to you?

INTERVIEWER DO NOT READ OUT {anyone taken or kept power of attorney over you against your will? By power of attorney I mean when a person is appointed to act on someone's behalf, should they lose capacity in the future.}

: Yes

No

Since you turned 65, has anyone tried to do this?

INTERVIEWER DO NOT READ OUT {Anyone taken or kept power of attorney over you against your will? By power of attorney I mean when a person is appointed to act on someone's behalf, should they lose capacity in the future.}

: Yes

No

Looking at card 5, since you turned 65, has anyone ever done this to you?

INTERVIEWER DO NOT READ OUT {Done anything else to take your money, possessions or property?}

: Yes

No

[Ask once for each srcfin1 to srcfin9 = Yes]

USE SHOWCARD S

Who was this? Please tell us all that apply. Just tell me the number or numbers on showcard S.

INTERVIEWER: CODE ALL THAT APPLY

: SET OF

Partner/spouse, {fin1w1 to fin9w1}
Son or daughter (including step/adopted), {fin1w2 to fin9w2}
Son or daughter in law, {fin1w3 to fin9w3}
Grandchild (including great grand children), {fin1w4 to fin9w4}
Brother/sister (including step/adopted), {fin1w5 to fin9w5}
Brother/sister in law, {fin1w6 to fin9w6}
Parent (including step parent), {fin1w7 to fin9w7}
Parent in law, {fin1w8 to fin9w8}
Niece/nephew, {fin1w9 to fin9w9}
Other family member, {fin1w10 to fin9w10}
Professional caregiver, {fin1w11 to fin9w11}

[Ask if scrfin5 = No]

ScrFin6

Since you turned 65, has anyone tried to do this?

INTERVIEWER DO NOT READ OUT {Used fraud to take your money, possessions or property from you? By fraud I mean tricking or cheating you, forging your signature on a document, or pretending to be you to obtain goods or money.}

: Yes

No

[Ask all]

ScrFin7

Looking at card 4, since you turned 65, has anyone ever done this to you?

INTERVIEWER DO NOT READ OUT {Any anyone taken or kept power of attorney over you against your will? By power of attorney I mean when a person is appointed to act on someone's behalf, should they lose capacity in the future.}

: Yes

No

[Ask if scrfin7 = No]

ScrFin8

Since you turned 65, has anyone tried to do this?

INTERVIEWER DO NOT READ OUT {Anyone taken or kept power of attorney over you against your will? By power of attorney I mean when a person is appointed to act on someone's behalf, should they lose capacity in the future.}

: Yes

No

[Ask all]

ScrFin9

Looking at card 5, since you turned 65, has anyone ever done this to you?

INTERVIEWER DO NOT READ OUT {Done anything else to take your money, possessions or property?}

: Yes
Close friend, \{\text{fin1w12 to fin9w12}\}
Neighbour, \{\text{fin1w13 to fin9w13}\}
Acquaintance, \{\text{fin1w14 to fin9w14}\}
Someone you do not know / Stranger, \{\text{fin1w15 to fin9w15}\}
Other, \{\text{fin1w16 to fin9w16}\}
Don't know who it was \{\text{fin1w17 to fin9w17}\}

\{Ask if fin1w16 to fin9w16 = Yes\}

\text{FinWoO}
Who was this?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
: OPEN

\{Ask if fin1w11 - fin9w11 = Yes\}

\text{FinCar1 to FinCar9}
SHOWCARD T
Looking at showcard T, what type of caregiver was this person?
: SET OF
Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know
Additional code at edit stage:
Warden

\{Ask once for each srcfin1 to srcfin9 = Yes and the financial abuse perpetrator is not a stranger\}

\text{FinFq to FinFq9}
How many times in the past 12 months has this happened? \{For this question, we are interested in things that involved people you know, so please do not include the incidents involving a stranger\}
INTERVIEWER - IF NEEDED: Was it never, once, 2-9 times, or 10 or more times?
: Never,
Once,
2-9 Times,
10 or more Times

\{Ask if more than one of srcfin1 to srcfin9 = Yes and the financial abuse perpetrator is not a stranger\}

\text{FinLastN}
INTERVIEWER - READ OUT CARD NUMBERS AND SHOW RELEVANT CARDS TO RESPONDENT, DESCRIPTIONS ARE FOR YOUR REFERENCE ONLY
You told me that, since you turned 65, you experienced the events mentioned on /Card numbers/ : (Continue)

\text{FinLast1}
And which of these events do you think had the most serious impact on you? \{For this survey, we are interested in things that involved people you know, so please exclude the incidents involving a stranger\}. Please tell me the number of the card.
INTERVIEWER: IF RESPONDENT CANNOT CHOOSE MOST SERIOUS INCIDENT, YOU CAN SELECT THE LAST ANSWER CATEGORY ON THE LIST. PLEASE OPEN A NOTE TO SAY YOU HAVE DONE SO.
:\{List of cards showing financial abuse chosen by the respondent\}
[Ask if one of srcfin1 to srcfin9 = Yes and the financial abuse perpetrator is not a stranger]

**FinLast2**
You have told me that since you turned 65 you experienced the event on [Card number].
INTERVIEWER: SHOW THIS CARD TO THE RESPONDENT.: (Continue)

[Ask if any of srcfin1 to srcfin9 = Yes and the financial abuse perpetrator is not a stranger]

**FinWh1**
INTERVIEWER - KEEP THE CARD THE RESPONDENT HAS CHOSEN OUT, IN CASE THEY NEED A PROMPT.
Thinking about this one event, please could you tell me when it happened? READ UNLESS SURE EVENT HAS ONLY HAPPENED ONCE: If it has happened more than once since you turned 65, please tell me about the time it had the most serious impact on you INTERVIEWER: CODE ONE ONLY
: Within last month,
One month or more but less than 6 months ago,
6 months or more but less than 1 year ago,
1 year or more but less than 2 years ago,
2 years or more but less than 5 years ago,
5 years or more but less than 10 years ago,
10 years or more but less than 15 years ago,
15 years or more but less than 20 years ago,
20 years or more ago

**FWhoLast**
USE SHOWCARD U And can I just check, who was involved in this?
Please just tell me the number from showcard U
: Partner/spouse,
Son or daughter (including step/adopted),
Son or daughter in law,
Grandchild (including great grand children),
Brother/sister (including step/adopted),
Brother/sister in law, Parent (including step parent),
Parent in law,
Niece/nephew,
Other family member,
Professional caregiver,
Close friend,
Neighbour,
Acquaintance,
Other,
Someone you do not know/ Stranger

[Ask if FWhoLast = Other]

**FOLast**
What was this person's relationship to you?
: OPEN

[Ask if FWhoLast = professional caregiver]

**FCarLst**
SHOWCARD V Looking at showcard V, what type of caregiver was this person?
: Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know
Additional code at edit stage:
Warden
At the time OR when you found out, did you react in any of these ways? Please tell me the number or numbers from showcard W.

INTERVIEWER: CODE ALL THAT APPLY

: S

SET OF

Ignored that it happened, \{finreac1\}
Reported the incident, \{finreac2\}
Confronted the person, \{finreac3\}
Became visibly angry or upset, \{finreac4\}
Did not react, \{finreac5\}
Other \{finreac6\}

[Ask if finreac2 = Yes]

FinRepe1
Who did you report this to?

: OPEN

Coding frame at edit stage:
The police
Health professional
Professional carer or social worker
Other professional person or organisation
Helpline or charity worker
Family
Friends

[Ask if finreac6 = Yes]

FinRespO
How did you react?

: OPEN

[Ask if finimpt1 = Yes]

FinImpO
How did this affect you?

: OPEN

[Ask if finimpt1 – finimpt5 = Yes]

FinSev
How serious was the affect? Was it... READ OUT...

: Very serious,
Somewhat serious, or,
Not serious

[Ask if FinSev = Very serious or Somewhat serious]

FinHlp1
Did you seek any help or advice about this? READ OUT...

: Yes,
No,
Or no, but I should have done

[Ask if FinHlp1 = Yes]

FinHlp01
Who did you ask for help or advice? CODE ALL THAT APPLY

: SET OF
Friend or family member,
Professional carer or social worker,
GP or practice nurse,
Accident and Emergency,
The police,
Helpline,
Citizens advice bureau,
Charity (e.g. Help the Aged or Age Concern),
Other

**Additional code at edit stage:**
Local authority / Council

{Ask if FinHlp01 = Other}

**FinHlp2O**
Who else did you ask for help or advice?
: OPEN

{Ask all where FWhoLast = Response}

**IntPerp**
INTERVIEWER - SHOW RESPONDENT THE CARD THEY HAVE CHOSEN. I would like to ask you some questions about your *Financial mistreatment perpetrator*, who was involved in this event.
: (Continue)

**PerpSex**
INTERVIEWER: ONLY ASK SEX OF PERPETRATOR IF NOT OBVIOUS:
Is this person male or female?
: Male,
Female

**PerpAge**
How old was *he/she* when this occurred? IF NEEDED: Was *he/she* aged under 16 years, 16 or over but less than 45, 45 or over but less than 65, 65 or over but less than 75 or 75 or older?
INTERVIEWER: IF NOT KNOWN, TRY TO GET BEST ESTIMATE
: Under 16 years,
16 to 44 years ,
45 to 64 years,
65 to 74 years,
75 and over

**PerpEmp**
USE SHOWCARD Y
Looking at showcard Y, which of the numbers on the card best describes what *he/she* was doing at the time?
: In paid employment or self employed,
Doing unpaid work for a business that they owned or a relative owned,
In full time education,
Unemployed, and looking for work,
Permanently unable to work because of long term sickness or injury,
Retired from paid work,
Looking after home or family,
Doing something else

{Ask if PerpEmp = something else}

**PerpEmpO**
Please could you describe what *he/she* was doing?
: OPEN

{Ask all where FWhoLast = Response}

**PerpHH**
Did *he/she* live in your household at the time?
: Yes
No

**PerpHelp**
Did you look after, or provide help for *him/her*?
: Yes
No
[Ask if PerpHelp = Yes]
USE SHOWCARD Z
Looking at showcard Z, what help did you give [him/her]?
CODE ALL THAT APPLY
: SET OF
General supervision, \( fprpcar1 \)
Help with day to day activities like shopping, housework and cooking or collecting a pension, \( fprpcar2 \)
Personal care, like getting up, dressing, bathing and eating, \( fprpcar3 \)
Financial advice, help with organising current and future finances, like savings, pensions, wills, \( fprpcar4 \)
Give money for them to live on, pay their bills or go out, \( fprpcar5 \)
Other \( fprpcar6 \)

{Ask if fprpcar6 = Yes}
PrpHWh to
What type of help did you give [him/her]?
: OPEN

{Ask all where FWhoLast = Response}
USE SHOWCARD AA
At the time, did this person have problems or difficulties with any of the things on showcard AA?
CODE ALL THAT APPLY
: SET OF
Physical health (medical condition or disability), \( fprphb1 \)
Mental health (including dementia or Alzheimer's Disease), \( fprphb2 \)
Learning disability, \( fprphb3 \)
Finances, \( fprphb4 \)
Relationships, \( fprphb5 \)
Alcohol, \( fprphb6 \)
Drug use, \( fprphb7 \)
Gambling, \( fprphb8 \)
Other, \( fprphb9 \)
None of these things \( fprphb10 \)

Psychological / Verbal Conflict

{Ask all}
USE FLASH CARD SET B
I would now like to ask you about some ways in which you may have been treated by other people. Since you turned 65, has anyone done or said any of the things shown on this card? If so, which ones. Please just tell me the number or numbers on the card.
INTERVIEWER: HAND RESPONDENT FLASH CARD SET B
CODE ALL THAT APPLY
: SET OF
Insulted you, called you names or sworn at you, \( ver1a1 \)
Threatened you (e.g.: with putting you in a nursing home, with physical punishment, with breaking things that you care about), \( ver1a2 \)
Undermined or belittled what you do, \( ver1a3 \)
Excluded you or repeatedly ignored you, \( ver1a4 \)
Threatened to harm others that you care about? (eg: pets, children, relatives, friends), \( ver1a5 \)
Prevented you from seeing others that you care about, \( ver1a6 \)
None of these things \( ver1a7 \)

{Ask if Ver1a1 - Ver1a6 = Yes}
USE SHOWCARD BB
Who has done or said any of these things to you? Please tell me all that apply. Just tell me the number or numbers on showcard BB.
INTERVIEWER: CODE ALL THAT APPLY: SET OF
Partner/spouse, \( ver1w1 \)
Son or daughter (including step/adopted), \( ver1w2 \)
Son or daughter in law, \( ver1w3 \)
Grandchild (including great grand children), \( ver1w4 \)
Brother/sister (including step/adopted), \( ver1w5 \)
Brother/sister in law, \( ver1w6 \)
Parent (including step parent), \( ver1w7 \)
Parent in law, \( ver1w8 \)
Niece/nephew, \( ver1w9 \)
Other family member, \( ver1w10 \)
Professional caregiver, \{ver1w11\}
Close friend, \{ver1w12\}
Neighbour, \{ver1w13\}
Acquaintance, \{ver1w14\}
Someone you do not know/ Stranger, \{ver1w15\}
Other \{ver1w16\}

[Ask if ver1w11 = Yes]

\textbf{VerCar0}
SHOWCARD CC
Looking at showcard CC, what type of caregiver was this person?
\textbf{SET OF}
Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know

\textbf{Additional code at edit stage:}
Warden

[Ask if ver1w16 = Yes]

\textbf{VerWhoO}
What was the 'other' person's relationship to you?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO THE RESPONDENT
\textbf{OPEN}

[Ask for each 'Yes' at ver1w1 – ver1w14, ver1w16 and VerCar0]

\textbf{VerSme to VerSme22}
USE FLASHCARD SET B
You have mentioned that your \textit{relationship} has been involved in some of the things on this card. Was this always the same \textit{relationship} or was more than one person involved?
\textbf{: Always the same,}
Different

[If VerSme to VerSme22 = Different]

\textbf{VerSys to Versys22}
How many different \textit{type of relationship} were involved with the things on this card?
\textbf{: 1…10}

\textbf{VerNum to Vernum22}
Please assign each \textit{relationship} a number, as I will be asking you some questions about each \textit{relationship} separately.
\textbf{: (Continue)}

[Ask for each relationship category chosen at Ver1w1 to Ver1w14, Ver1w16 and VerCar0]

\textbf{VerFrq to VerFr214 (numbering not continuous)}
INTERVIEWER - REMIND RESPONDENT TO LOOK AT FLASH CARD B.
Now thinking about the past 12 months, how many times in total has your \textit{relationship} done or said any of the things on this card?
INTERVIEWER - IF NEEDED: Was it never, once, 2-9 times, or 10 or more times?
\textbf{: Never,}
Once,
2-9 Times,
10 or more Times
USE SHOWCARD DD
In general, when your relationship has behaved this way towards you, how have you reacted? Please look at showcard DD and tell me the number or numbers that apply.
CODE ALL THAT APPLY:

: SET OF
Verbally: [rea1prt1; rea1chd1 to rea3chd1; rea1chl1; rea1gch1; rea1sib1; rea2sib1; rea1sib1; rea1doc1; rea1nur1 to rea3nur1; rea1hca1; rea1fr1 to rea4fr1; rea1ngh1 to rea4ngh1; rea1acq1 to rea10acq1; rea1oth1 to rea4oth1]

Physically: [rea1prt2; rea1chd2 to rea3chd2; rea1chl2; rea1gch2; rea1sib2; rea2sib2; rea1sib2; rea1doc2; rea1nur2 to rea3nur2; rea1hca2; rea1fr2 to rea4fr2; rea1ngh2 to rea4ngh2; rea1acq2 to rea10acq2; rea1oth2 to rea4oth2]

Emotionally, such as becoming visibly angry or upset: [rea1prt3; rea1chd3 to rea3chd3; rea1chl3; rea1gch3; rea1sib3; rea2sib3; rea1sib3; rea1doc3; rea1nur3 to rea3nur3; rea1hca3; rea1fr3 to rea4fr3; rea1ngh3 to rea4ngh3; rea1acq3 to rea10acq3; rea1oth3 to rea4oth3]

Walked away: [rea1prt4; rea1chd4 to rea3chd4; rea1chl4; rea1gch4; rea1sib4; rea2sib4; rea1sib4; rea1doc4; rea1nur4 to rea3nur4; rea1hca4; rea1fr4 to rea4fr4; rea1ngh4 to rea4ngh4; rea1acq4 to rea10acq4; rea1oth4 to rea4oth4]

Other: [rea1prt5; rea1chd5 to rea3chd5; rea1chl5; rea1gch5; rea1sib5; rea2sib5; rea1sib5; rea1doc5; rea1nur5 to rea3nur5; rea1hca5; rea1fr5 to rea4fr5; rea1ngh5 to rea4ngh5; rea1acq5 to rea10acq5; rea1oth5 to rea4oth5]

Did not react: [rea1prt6; rea1chd6 to rea3chd6; rea1chl6; rea1gch6; rea1sib6; rea2sib6; rea1sib6; rea1doc6; rea1nur6 to rea3nur6; rea1hca6; rea1fr6 to rea4fr6; rea1ngh6 to rea4ngh6; rea1acq6 to rea10acq6; rea1oth6 to rea4oth6]

[Ask if rea1prt5 to rea4oth5 = Yes]

VerRO
In what way have you reacted?
: OPEN

USE SHOWCARD EE
And have you been affected by this in any of these ways? Please look at showcard EE and tell me the number or numbers that apply to you.

CODE ALL THAT APPLY:

: SET OF
Socially, such as being cut off from family or friends: [aff1prt1; aff1chd1 to aff3chd1; aff1chl1; aff1gch1; aff1sib1; aff2sib1; aff1sib1; aff1doc1; aff1nur1 to aff3nur1; aff1hca1; aff1fr1 to aff4fr1; aff1ngh1 to aff4ngh1; aff1acq1 to aff10acq1; aff1oth1 to aff4oth1]

Emotionally, such as feeling angry, frightened, upset or ashamed: [aff1prt2; aff1chd2 to aff3chd2; aff1chl2; aff1gch2; aff1sib2; aff2sib2; aff1sib2; aff1doc2; aff1nur2 to aff3nur2; aff1hca2; aff1fr2 to aff4fr2; aff1ngh2 to aff4ngh2; aff1acq2 to aff10acq2; aff1oth2 to aff4oth2]

Other effect: [aff1prt3; aff1chd3 to aff3chd3; aff1chl3; aff1gch3; aff1sib3; aff2sib3; aff1sib3; aff1doc3; aff1nur3 to aff3nur3; aff1hca3; aff1fr3 to aff4fr3; aff1ngh3 to aff4ngh3; aff1acq3 to aff10acq3; aff1oth3 to aff4oth3]

No effect: [aff1prt4; aff1chd4 to aff3chd4; aff1chl4; aff1gch4; aff1sib4; aff2sib4; aff1sib4; aff1doc4; aff1nur4 to aff3nur4; aff1hca4; aff1fr4 to aff4fr4; aff1ngh4 to aff4ngh4; aff1acq4 to aff10acq4; aff1oth4 to aff4oth4]

[Ask if aff1prt3 to aff4oth3 = Yes]

VerRO
In what way have you been affected?
: OPEN

[Ask if aff1prt4 to aff4oth4 = Yes]

VerSer to VerSe214 (numbering not continuous)
How serious was the effect? was it
READ OUT:
Very serious, Somewhat serious, or, Not serious

[Ask if VerSer = Very serious or Somewhat serious]
Since you turned 65, did you seek any help or advice regarding this person's behaviour? READ OUT: Yes, No, Or no, but I should have done

[Ask if VerHlp = Yes]
Who did you seek help or advice from?
CODE ALL THAT APPLY

Friend or family member, {hlp1prt1; hlp1chd1 to hlp3chd1; hlp1chl1; hlp1gch1; hlp1sib1; hlp2sib1; hlp1sib1; hlp1ofa1; hlp1doc1; hlp1nur1 to hlp3nur1; hlp1hca1; hlp1fr1 to hlp4fr1; hlp1ngh1 to hlp4ngh1; hlp1acq1 to hlp10acq1; hlp1oth1 to hlp4oth1}

Professional carer or social worker, {hlp1prt2; hlp1chd2 to hlp3chd2; hlp1chl2; hlp1gch2; hlp1sib2; hlp2sib2; hlp1sib2; hlp1ofa2; hlp1doc2; hlp1nur2 to hlp3nur2; hlp1hca2; hlp1fr2 to hlp4fr2; hlp1ngh2 to hlp4ngh2; hlp1acq2 to hlp10acq2; hlp1oth2 to hlp4oth2}

GP or practice nurse, {hlp1prt3; hlp1chd3 to hlp3chd3; hlp1chl3; hlp1gch3; hlp1sib3; hlp2sib3; hlp1sib3; hlp1ofa3; hlp1doc3; hlp1nur3 to hlp3nur3; hlp1hca3; hlp1fr3 to hlp4fr3; hlp1ngh3 to hlp4ngh3; hlp1acq3 to hlp10acq3; hlp1oth3 to hlp4oth3}

Accident and Emergency, {hlp1prt4; hlp1chd4 to hlp3chd4; hlp1chl4; hlp1gch4; hlp1sib4; hlp2sib4; hlp1sib4; hlp1ofa4; hlp1doc4; hlp1nur4 to hlp3nur4; hlp1hca4; hlp1fr4 to hlp4fr4; hlp1ngh4 to hlp4ngh4; hlp1acq4 to hlp10acq4; hlp1oth4 to hlp4oth4}

The police, {hlp1prt5; hlp1chd5 to hlp3chd5; hlp1chl5; hlp1gch5; hlp1sib5; hlp2sib5; hlp1sib5; hlp1ofa5; hlp1doc5; hlp1nur5 to hlp3nur5; hlp1hca5; hlp1fr5 to hlp4fr5; hlp1ngh5 to hlp4ngh5; hlp1acq5 to hlp10acq5; hlp1oth5 to hlp4oth5}

Helpline, {hlp1prt6; hlp1chd6 to hlp3chd6; hlp1chl6; hlp1gch6; hlp1sib6; hlp2sib6; hlp1sib6; hlp1ofa6; hlp1doc6; hlp1nur6 to hlp3nur6; hlp1hca6; hlp1fr6 to hlp4fr6; hlp1ngh6 to hlp4ngh6; hlp1acq6 to hlp10acq6; hlp1oth6 to hlp4oth6}

Citizens advice bureau, {hlp1prt7; hlp1chd7 to hlp3chd7; hlp1chl7; hlp1gch7; hlp1sib7; hlp2sib7; hlp1sib7; hlp1ofa7; hlp1doc7; hlp1nur7 to hlp3nur7; hlp1hca7; hlp1fr7 to hlp4fr7; hlp1ngh7 to hlp4ngh7; hlp1acq7 to hlp10acq7; hlp1oth7 to hlp4oth7}

Charity (e.g. Help the Aged or Age Concern), {hlp1prt8; hlp1chd8 to hlp3chd8; hlp1chl8; hlp1gch8; hlp1sib8; hlp2sib8; hlp1sib8; hlp1ofa8; hlp1doc8; hlp1nur8 to hlp3nur8; hlp1hca8; hlp1fr8 to hlp4fr8; hlp1ngh8 to hlp4ngh8; hlp1acq8 to hlp10acq8; hlp1oth8 to hlp4oth8}

Other {hlp1prt9; hlp1chd9 to hlp3chd9; hlp1chl9; hlp1gch9; hlp1sib9; hlp2sib9; hlp1sib9; hlp1ofa9; hlp1doc9; hlp1nur9 to hlp3nur9; hlp1hca9; hlp1fr9 to hlp4fr9; hlp1ngh9 to hlp4ngh9; hlp1acq9 to hlp10acq9; hlp1oth9 to hlp4oth9}

Additional code at edit stage:

Local authority / Council {hlp1prt10; hlp1chd10 to hlp3chd10; hlp1chl10; hlp1gch10; hlp1sib10; hlp2sib10; hlp1sib10; hlp1ofa10; hlp1doc10; hlp1nur10 to hlp3nur10; hlp1hca10; hlp1fr10 to hlp4fr10; hlp1ngh10 to hlp4ngh10; hlp1acq10 to hlp10acq10; hlp1oth10 to hlp4oth10}
Female

VerpAge
I would like you to think about the last time your [Psychological abuse perpetrator] was involved in any of the things on this card. How old was your [Psychological abuse perpetrator] when this occurred?
IF NEEDED: Was [He/She] aged under 16 years, 16 or over but less than 45, 45 or over but less than 65, 65 or over but less than 75 or 75 or older?
INTERVIEWER: If not known, try to get best estimate.
: Under 16 years, 16 to 44 years, 45 to 64 years, 65 to 74 years, 75 and over

VerPEmp
USE SHOWCARD FF
Looking at showcard FF, which of the numbers on the card best describes what [He/She] was doing at the time?
: In paid employment or self employed,
Doing unpaid work for a business that they owned or a relative owned,
In full time education,
Unemployed, and looking for work,
Permanently unable to work because of long term sickness or injury,
Retired from paid work,
Looking after home or family,
Doing something else

{Ask if VpEmp = Doing something else}

VPEmpO
Please could you describe what [he/she] was doing?
: OPEN

VerPHhld
Did [He/She] live in your household at the time?
: Yes
No

VerPCare
Did you look after, or provide help for [Him/Her]?
: Yes
No

{If VPHelp = Yes}
USE SHOWCARD GG
Looking at showcard GG, what help did you give [Him/Her]?
CODE ALL THAT APPLY
: SET OF
General supervision, \{vppcar1\}
Help with day to day activities like shopping, housework and cooking or collecting a pension, \{vppcar2\}
Personal care, like getting up, dressing, bathing and eating, \{vppcar3\}
Financial advice, help with organising current and future finances, like savings, pensions, wills, \{vppcar4\}
Give money for them to live on, pay their bills or go out, \{vppcar5\}
Other \{vppcar6\}

{Ask if vppcar6 = Yes}

VPHWho
What type of help did you give them?
: OPEN

{Ask all where IntPrp = response}
USE SHOWCARD HH
At the time, did this person have problems or difficulties with any of the things on showcard HH?
CODE ALL THAT APPLY
: SET OF
Physical health (medical condition or disability), \{VprpHb1\}
Mental health (including dementia and Alzheimer’s Disease), \{VprpHb2\}
Learning disability, \{VprpHb3\}
Finances, \{VprpHb4\}
Relationships, \{VprpHb5\}
Alcohol, \{VprpHb6\}
Drug use, \{VprpHb7\}
Gambling, \{VprpHb8\}
Other, \{VprpHb9\}
None of these things \{VprpHb10\}

\{Ask if VprpHb9 = Yes\}
VPHbtO
What problems or difficulties did this person have?
: OPEN
Physical conflict

\{Ask all\}
PIntro2
People can react in different ways and choose different ways to settle their differences. I would like to ask you about disagreements you may have had. Please tell me about all events, even if they do not seem important to you, and even if you have already mentioned the event earlier in the questionnaire.
INTERVIEWER: HAND RESPONDENT FLASH CARDS SET C
: (Continue)

Phy1
Looking at card 1, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Slapped you}
: Yes
No

Phy2
Looking at card 2, since you turned 65, has anyone ever done this to you?

Phy3
Looking at card 3, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Grabbed, pushed or shoved you around}
: Yes
No

Phy4
Looking at card 4, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Burned or scalded you}
: Yes
No

Phy5
Looking at card 5, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Threatened you with a knife, gun or other weapon}
: Yes
No

Phy6
Looking at card 6, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Used a knife, gun or other weapon}
: Yes
No

Phy7
Looking at card 7, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Done anything violent to you which you have not mentioned}
: Yes
No
Restr1
And looking at card 8, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Tied you down}
: Yes
: No

Restr2
Looking at card 9, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Locked you in your room}
: Yes
: No

Restr3
Looking at card 10, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Given you drugs or too much medicine in order to control you / to make you docile}
: Yes
: No

Restr4
Looking at card 11, since you turned 65, has anyone ever done this to you?
INTERVIEWER DO NOT READ OUT {Restrained you in any other way}
: Yes
: No

{Ask once for each time Phy1 - Restr4 = Yes}
USE SHOWCARD II
Who was it that did this to you?
Please tell us all that apply. Just tell me the number or numbers from showcard II.
INTERVIEWER: CODE ALL THAT APPLY
: SET OF
Partner/spouse, {phy1w1 to phy7w1; rstr1w1 to rstr4w1}
Son or daughter (including step/adopted), {phy1w2 to phy7w2; rstr1w2 to rstr4w2}
Son or daughter in law, {phy1w3 to phy7w3; rstr1w3 to rstr4w3}
Grandchild (including great grand children), {phy1w4 to phy7w4; rstr1w4 to rstr4w4}
Brother/sister (including step/adopted), {phy1w5 to phy7w5; rstr1w5 to rstr4w5}
Brother/sister in law, {phy1w6 to phy7w6; rstr1w6 to rstr4w6}
Parent (including step parent), {phy1w7 to phy7w7; rstr1w7 to rstr4w7}
Parent in law, {phy1w8 to phy7w8; rstr1w8 to rstr4w8}
Niece/nephew, {phy1w9 to phy7w9; rstr1w9 to rstr4w9}
Other family member, {phy1w10 to phy7w10; rstr1w10 to rstr4w10}
Professional caregiver, {phy1w11 to phy7w11; rstr1w11 to rstr4w11}
Close friend, {phy1w12 to phy7w12; rstr1w12 to rstr4w12}
Neighbour, {phy1w13 to phy7w13; rstr1w13 to rstr4w13}
Acquaintance, {phy1w14 to phy7w14; rstr1w14 to rstr4w14}
Someone you do not know/ Stranger, {phy1w15 to phy7w15; rstr1w15 to rstr4w15}
Other {phy1w16 to phy7w16; rstr1w16 to rstr4w16}

{Ask if phy1w16 to phy7w16; rstr1w16 to rstr4w16 = Yes}

PhyWoO
Who was it that did this to you?
INTERVIEWER: Record the relationship of the person/people to the respondent
: OPEN

{Ask if phy1w11 to phy7w11; rstr1w11 to rstr4w11 = Yes}

PhyCar1 to PhyCar7; RstrCar1 to RstrCar4
SHOWCARD JJ
Looking at showcard JJ, what type of caregiver was this person?
: SET OF
Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know

Additional code at edit stage:
Warden

{Ask after each time Phys1 - Restr4 = Yes and where physical abuse perpetrator is not a stranger}

PhyFrq to PhyFrq11
How many times in the past 12 months has this happened? /For this question, we are interested in things that involved people you know, so please do not include the incidents involving a stranger.

INTERVIEWER - IF NEEDED: Was it never, once, 2-9 times, or 10 or more times?
: Never,
Once,
2-9 Times,
10 or more Times

{If Physical perpetrator = one or more family member}

DomAbus
You have told me that since you turned 65 you have had some disagreement or conflict with /family member(s). Thinking back over your whole relationship with /this person/these people/ did /they/any of them/ever threaten you or use force against you at other times before you turned 65?
: Yes
No

{IF DomAbus = Yes and If physical perpetrator = two or more family members}

DomWho01
USE SHOWCARD KK
Who was this - Please just tell me the number on showcard KK. If there was more than one person in each category then please state this.
: SET OF
Partner/spouse,
Son or daughter (including step/adopted),
Son or daughter in law,
Grandchild (including great grand children),
Brother/sister (including step/adopted),
Brother/sister in law,
Parent (including step parent),
Parent in law,
Niece/nephew,
Other family member
[Ask for each person mentioned at DomWho01 OR once if only one person at DomAbus]

DomFrq01 to DomFrq10
Thinking about your [family member], did this happen… READ OUT UP TO 'OR, NEVER'
: Only once or twice,
Many times,
Or, Never,
Don't know/ Can't remember,
Do not wish to answer

[Ask if two or more of Phy1 – Restr4 = Yes and physical abuse perpetrator is not a stranger]

PhRes2
You have told me that since you turned 65 you experienced the event on [card number].
INTERVIEWER: SHOW THIS CARD TO THE RESPONDENT.
: (Continue)

[Ask if one of Phy1 – Restr4 = Yes and physical abuse perpetrator is not a stranger]

PhReWh1
Thinking about this one event on [card number], please could you tell me when it happened?
READ UNLESS SURE EVENT HAS ONLY HAPPENED ONCE:
If it has happened more than once since you turned 65, please tell me about the time it had the most serious impact on you
INTERVIEWER: CODE ONE ONLY
: Within last month,
One month or more but less than 6 months ago,
6 months or more but less than 1 year ago,
1 year or more but less than 2 years ago,
2 years or more but less than 5 years ago,
5 years or more but less than 10 years ago,
10 years or more but less than 15 years ago,
15 years or more but less than 20 years ago,
20 years or more ago

PhReWho
USE SHOWCARD LL
And can I just check, who was the main person involved in this? Please just tell me the number from showcard LL
: Partner/spouse,
Son or daughter (including step/adopted),
Son or daughter in law,
Grandchild (including great grand children),
Brother/sister (including step/adopted),
Brother/sister in law, 
Parent (including step parent), 
Parent in law, 
Niece/nephew, 
Other family member, 
Professional caregiver, 
Close friend, 
Neighbour, 
Acquaintance, 
Other, 
Someone you do not know / Stranger

[Ask if PhReWho = Other]

PRLast
Who was involved in this?
INTERVIEWER: RECORD THE RELATIONSHIP OF THE PERSON(S) TO 
THE RESPONDENT
: OPEN

[Ask if PhReWho = Professional caregiver]

PRCalst
SHOWCARD MM
Looking at showcard MM, what type of caregiver was this person?
: Doctor, 
Nurse, 
Social worker, 
Home carer, 
Community psychiatric nurse, 
District nurse, 
Health visitor, 
Home help / home care worker, 
Don't know

Additional code at edit stage:
Warden

[Ask if one or more of Phy1 – Restr4 = Yes and physical abuse perpetrator 
is not a stranger]
USE SHOWCARD NN
At the time, did you react in any of these ways? Please tell me the number 
or numbers from showcard NN.
INTERVIEWER: CODE ALL THAT APPLY
: SET OF
Verbally, {phyreac1}
Physically, {phyreac2}
Emotionally - became visibly angry or upset, {phyreac3}
Reported the incident, {phyreac4}
Walked away, {phyreac5}
Other, {phyreac6}
Did not react {phyreac7}

[Ask if phyreac6 = Yes]

PrespO
How did you react?
: OPEN

[Ask if phyreac4 = Yes]

PrespRel1
Who did you report this to?
: OPEN

Coding frame at edit stage:
The police
Health professional (e.g. Dr, Nurse)
Professional carer or social worker
Other professional person or organisation
Helpline or charity worker (e.g. Age Concern, Help the Aged)
Family
Friends
[Ask if one or more of Phy1 – Restr4 = Yes and physical abuse perpetrator is not a stranger]
USE SHOWCARD OO
Did this affect you in any of these ways?
Please look at showcard OO and tell me the number or numbers that apply to you.
: SET OF
Emotionally, such as feeling angry, frightened, upset or ashamed, {phyimpt1}
Physically, such as pain, bruising or other injury, {phyimpt2}
Socially, such as being cut off from family or friends, {phyimpt3}
Other effect, {phyimpt4}
No effect {phyimpt5}

[Ask if phyimpt4 = Yes]
PhyImpO
How did this affect you?
: OPEN

[Ask if phyimpt1 – phyimpt4 = Yes]
PhySev
How serious was the effect?
was it
READ OUT
: Very serious,
Somewhat serious, or,
Not serious

[Ask if PhySev = very serious or somewhat serious]
PhyHlp1
Did you seek any help or advice about this? READ OUT
: Yes
No
Or no, but I should have done

[Ask if PhyHlp1 = Yes]
Who did you ask for help or advice?
CODE ALL THAT APPLY
: SET OF
Friend or family member, {phhelp1}
Professional carer or social worker, {phhelp2}
GP or practice nurse, {phhelp3}
Accident and Emergency, {phhelp4}
The police, {phhelp5}
Helpline, {phhelp6}
Citizens advice bureau, {phhelp7}
Charity (e.g. Help the Aged or Age Concern), {phhelp8}
Other {phhelp9}
Additional code at edit stage:
Local authority / council {phhelp10}

[Ask if phhelp9 = Yes]
PhyHlp2O
Who else did you ask for help or advice?
: OPEN

[Ask if one or more of Phy1 – Restr4 = Yes and PhReWho<>Stranger ]
RIntPrp
I would like to ask you some questions about your /Physical abuse perpetrator/, who was involved in this event
: (Continue)

RPrpSex
INTERVIEWER: ONLY ASK SEX OF PERPETRATOR IF NOT OBVIOUS: Is this person male or female?
: Male,
Female
RPrpAge
How old was /He/She when the event on /card number/ happened?
IF NEEDED: Was /He/She aged under 16 years, 16 or over but less than
45, 45 or over but less than 65, 65 or over but less than 75 or 75 or older?
INTERVIEWER: If not known, try to get best estimate.
: Under 16 years,
16 to 44 years,
45 to 64 years,
65 to 74 years,
75 and over

RPrpEmp
USE SHOWCARD PP
Looking at showcard PP, which of the numbers on the card best describes
what /He/She/ was doing at the time?
: In paid employment or self employed,
Doing unpaid work for a business that they owned or a relative owned,
In full time education,
Unemployed, and looking for work,
Permanently unable to work because of long term sickness or injury,
Retired from paid work,
Looking after home or family,
Doing something else

{Ask if RPrpEmp = Doing something else}

RPrpEmpO
Please could you describe what /He/She/ was doing?
: OPEN

RPrpHH
Did /He/She/ live in your household at the time?
: Yes
No

RPrpHelp
Did you look after, or provide help for /Him/Her?
: Yes
No

{Ask if RPrpHelp = Yes}
USE SHOWCARD QQ
Looking at showcard QQ, what help did you give /Him/Her?
CODE ALL THAT APPLY
: SET OF
General supervision, {pprpcar1}
Help with day to day activities like shopping, housework and cooking or
collecting a pension, {pprpcar2}
Personal care, like getting up, dressing, bathing and eating, {pprpcar3}
Financial advice, help with organising current and future finances, like
savings, pensions, wills, {pprpcar4}
Give money for them to live on, pay their bills or go out, {pprpcar5}
Other {pprpcar6}

{Ask if pprpcar6 = Yes}

RPrpHWtO
What type of help did you give /Him/Her
: OPEN

USE SHOWCARD RR
At the time, did this person have problems or difficulties with any of the
things on showcard RR?
CODE ALL THAT APPLY
: SET OF
Physical health (medical condition or disability), {pprphb1}
Mental health (including dementia or alzheimers disease), {pprphb2}
Learning disability, {pprphb3}
Finances, {pprphb4}
Relationships, {pprphb5}
Alcohol, {pprphb6}
Drug use, {pprphb7}
Gambling, {pprphb8}
Other, {pprphb9}
None of these things {pprphb10}

{Ask if pprphb9 = Yes}
RPrpHbtO
What problems or difficulties did this person have?
: OPEN

Self Completion

{Ask all}
CASIInt
The next set of questions will probably be easier if you read them and answer them yourself, using the computer. The computer is very easy to use. Some of the questions are quite personal and, in this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.
: (Continue)

CASIacc
INTERVIEWER: HAS THE RESPONDENT ACCEPTED THE SELF-COMPLETION USING THE COMPUTER?
: Respondent has accepted self-completion using computer,
Respondent has accepted self-completion on paper questionnaire,
Interviewer will administer self-completion using computer,
Respondent has refused all forms of administering self-completion

{If CASIacc <> accepted self completion using the computer}
INTERVIEWER: CODE REASON FOR REFUSAL, CODE ALL THAT APPLY
: SET OF
Didn't like computer, {casirf1}
Eyesight problems, {casirf2}
Could not read/write, {casirf3}
Other disability, {casirf4}
Objected to subject, {casirf5}
Worried about confidentiality, {casirf6}
Language problems, {casirf7}
Ran out of time, {casirf8}
Couldn't be bothered, {casirf9}
Other {casirf10}
{Ask if casirf10 = Yes}
reasrefO
What is the reason for refusal?
: OPEN

{Ask if CASIacc = Accepted paper self completion}
Intro3
INTERVIEWER: TAKE THE RESPONDENT THROUGH THE PRACTICE QUESTIONS ON THE PAPER QUESTIONNAIRE, THEN ALLOW THEM TIME TO FINISH THE QUESTIONNAIRE. ONCE FINISHED, RESPONDENT SHOULD PUT THE QUESTIONNAIRE IN THE ENVELOPE AND HAND BACK TO YOU. DO NOT LEAVE THE QUESTIONNAIRE WITH THE RESPONDENT TO PICK UP LATER.
: (Continue)

{Ask if CASIacc = accepted self completion using the computer }
Intro2
INTERVIEWER: TURN SCREEN TO RESPONDENT AND TAKE THEM THROUGH HOW TO ANSWER THE PRACTICE QUESTIONS. WHEN THE PRACTICE QUESTIONS ARE FINISHED, MOVE SO YOU CANNOT SEE THE COMPUTER SCREEN. LET THE RESPONDENT ENTER THEIR ANSWERS WHILE YOU OBSERVE AND HELP IF NECESSARY. PRESS 1 AND ENTER TO CONTINUE.
: (Continue)

prac1
The next set of questions are to be answered by you, the respondent. The first few questions are practice questions. If you make a mistake or do not understand what to do, please ask the interviewer for assistance. Have you used a computer before? Choose one answer.
Press the number next to the answer you want to give then the key with the red sticker.
: Yes
No

prac2
This time you will be given a choice of answers. In general, how often do you listen to the radio? Choose one answer.
To move on please press the key with the red sticker.
: Every day or almost every day,
About twice a week,
About once a week,
About once a fortnight,
About once a month,
Rarely or never

prac3
This time you will be given a choice of answers, and you can choose more than one answer. Which of the following activities have you done in the past week? If there is more than one activity, type in the number, followed by a space, then the next number. The space bar is the long key at the bottom of the keyboard.
To move on please press the key with the red sticker.
: SET OF
Watched television,
Read a newspaper, book or magazine,
Cooked a meal,
Gone for a walk,
Been to the cinema,
Travelled by public transport,
Travelled by car,
None of these activities

prac4
This time you can write your answers into the box using the keyboard. What is your favourite colour?
Please type your answer into the box, then to move on press the key with the red sticker on it.
: OPEN
This time you can select a number by pressing the number keys. How old are you?
To move on please press the key with the red sticker.
: 1...150

You have now finished the practice questions. Remember, if you make a mistake or are not sure what to do, please ask the interviewer for assistance.
Press 1 and then the key with the red sticker on it to continue.
: (Continue)

{Ask if CASIacc = accepted self completion using the computer or Interviewer administered}
{Ask if ned1ac1 or ned1ac2 or ned1ac3 = Yes AND Neg, Neg2, Neg3 = No}
Neg1
Since you turned 65, has anyone you rely on to help you with shopping, housework or meal preparation not helped you when you thought they should have?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

{Ask if CASIacc = accepted self completion using the computer or Interviewer administered}
{Ask if ned1ac4 or ned1ac5 or ned1ac6 or ned1ac7 or ned1ac8 = Yes AND Neg4, Neg5, Neg6, Neg7, Neg8 = No}
Neg2
Since you turned 65, has anyone you rely on for help with personal care not helped you when you thought they should have? By personal care I mean activities like getting in and out of bed, washing and bathing, using the toilet, dressing and eating.
Press 1 for yes or press 2 for no. To move on please press the key with the red sticker.
: Yes
No

{Ask if CASIacc = accepted self completion using the computer or Interviewer administered}
{Ask if ver1a7 = Yes}
Psych1
Since you turned 65, has anyone insulted or sworn at you, called you names, threatened you, or repeatedly said something to deliberately upset you?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

{Ask if CASIacc = accepted self completion using the computer or Interviewer administered}
{Ask if Restr1 – Restr4 = No}
Psych2
Since you turned 65, has anyone restrained you in any way, for example locked you in your room or tied you down?
Press 1 for yes or press 2 for no. To move on please press the key with the red sticker.
: Yes
No

[Ask if CASIacc = accepted self completion using the computer or
Interviewer administered]
[Ask if Phy1 – Phy7 = No]
Phys1
Since you turned 65, has anyone been physically violent towards you in
any way?
Press 1 for yes or press 2 for no. To move on please press the key with the
red sticker.
: Yes
No

[Ask if CASIacc = accepted self completion using the computer or
Interviewer administered]
[Ask if scrfin1 AND scrfin2 = No]
Fin1
Since you turned 65, has anyone stolen money, possessions or property
from you?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

[Ask if CASIacc = accepted self completion using the computer or
Interviewer administered]
[Ask if scrfin3 AND scrfin4 = No]
Fin2
Since you turned 65, has anyone made you give them your money,
possessions or property?
Press 1 for yes or press 2 for no. To move on please press the key with the
red sticker.
: Yes
No

[Ask if CASIacc = accepted self completion using the computer or
Interviewer administered]
[Ask if scrfin5 AND scrfin6 = No]
Fin3
Since you turned 65, has anyone used fraud to take your money,
possessions or property? By fraud we mean forging your signature or
using your identity.
Press 1 for yes or press 2 for no. To move on please press the key with the
red sticker.
: Yes
No

[Ask each time neg1 – Fin3 = Yes]
Who has done this since you turned 65? If there is more than one person,
type in the number, followed by a space, then the next number. To move
on please press the key with the red sticker.
: SET OF
Partner/spouse, {scrn1w1 to scrn9w1}
Son or daughter (including step/adopted), {scrn1w2 to scrn9w2}
Son or daughter in law, {scrn1w3 to scrn9w3}
Grandchild (including great grand children), {scrn1w4 to scrn9w4}
Brother/sister (including step and adopted), {scrn1w5 to scrn9w5}
Brother/sister in law, {scrn1w6 to scrn9w6}
Parent (including step parent), {scrn1w7 to scrn9w7}
Parent in law, {scrn1w8 to scrn9w8}
Niece/nephew, {scrn1w9 to scrn9w9}
Other family member, {scrn1w10 to scrn9w10}
Professional caregiver, {scrn1w11 to scrn9w11}
Close friend, {scrn1w12 to scrn9w12}
Neighbour, {scrn1w13 to scrn9w13}
Acquaintance, {scrn1w14 to scrn9w14}
Someone you do not know/Stranger {scrn1w15 to scrn9w15}
Other {scrn1w16 to scrn9w16}
What type of caregiver was this person? If it was more than one type of carer, type in the number, followed by a space, then the next number. To move on please press the key with the red sticker.

: Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don't know

Additional code at edit stage:
Warden

WhoO
What was their relationship to you? Please type your answer into the box, then to move on press the key with the red sticker.

: OPEN

FrqYr to FrqYr9
(How/Excluding the incidents involving a stranger, how) many times has this happened in the past 12 months?
Press the number next to the answer you want to give. To move on please press the key with the red sticker.

: Never,
Once,
2-9 Times,
10 or more Times

ScrS1
Since you turned 65, has anyone talked to you in a sexual way that made you feel uncomfortable?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.

: Yes
No

ScrS2
Since you turned 65, has anyone touched you in a sexual way against your will?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.

: Yes
No

ScrS3
Since you turned 65, has anyone tried to touch you in a sexual way against your will?
Press 1 for yes or press 2 for no.
To move on please press the red sticker.

: Yes
No

ScrS4
Since you turned 65 has anyone made you watch pornography against your will?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
Yes
No

{Ask if ScrS4 = No}

ScrS5
Since you turned 65 has anyone tried to make you watch pornography against your will?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

{Ask all who accepted CASI on computer or Interviewer administered}

ScrS6
Since you turned 65, has anyone had sexual intercourse with you against your will?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

{Ask if ScrS6 = No}

ScrS7
Since you turned 65, has anyone tried to have sexual intercourse with you against your will?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

{Ask after any Yes at scrs1 to scrs7}

Who has done this? If there is more than one person, type in the number, followed by a space, then the next number. To move on please press the key with the red sticker.
: SET OF
Partner/spouse, {scrs1w1 to scrs7w1}
SWoO
What is this person's relationship to you?
Please type your answer into the box, then to move on press the key with
the red sticker on it.
: OPEN

{Ask if scrs1w16 to scrs7w16 = Yes}
SFrq to SFrq7
{Ask after any Yes at scrs1 to scrs7 and sexual abuse perpetrator is not a
stranger}

SWorst
Now I would like to ask you a few questions about the time someone
{Only or most serious sexual abuse}.
Press 1 followed by the key with the red sticker to continue.
: (Continue)

SWhoLast
{Excluding any incidents involving someone you did not know or a
stranger} When was the last time this happened?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Never,
Once,
2-9 Times,
10 or more Times

{Ask if scrs1 - scrs7 = Yes and sexual abuse perpetrator is not a stranger}
SWhoChk
Here we are asking about events involving people you know, rather than
those involving a stranger. Please press arrow UP to look at your answer
again
: UP “Press the UP arrow to see your answer”
{Ask if SWhoLast = Other}
SL
Who was involved in this?
Please type your answer into the box. Then to move on press the key with the red sticker.
: OPEN

{Ask if SWhoLast = Professional caregiver }
SL
What type of caregiver was this person? Please choose the main person involved
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Doctor,
Nurse,
Social worker,
Home carer,
Community psychiatric nurse,
District nurse,
Health visitor,
Home help / home care worker,
Don’t know
Additional code at edit stage:
Warden

{Ask if scrs1 - scrs7 = Yes and SWhoLast <> stranger }
At the time, did you react in any of these ways? Please tell us all that apply. If you reacted in more than one way, type in the number, followed by a space, then the next number.
To move on please press the key with the red sticker.
: SET OF
Verbally, {sxreac1}
Physically, {sxreac2}
Emotionally, such as becoming visibly angry or upset, {sxreac3}
Walked away, {sxreac4}
Reported the incident, {sxreac5}
Other, {sxreac6}
Did not react at all {sxreac7}

{Ask if sxreac6 = Yes}
SRespO
How did you react?
Please type your answer into the box.
Then to move on press the key with the red sticker.
: OPEN

{Ask if sxreac5 = Yes}
SRespRe1
Who did you report the incident to? Please type your answer into the box.
Then to move on press the key with the red sticker.
: OPEN
Coding frame at edit stage:
The police
Health professional (e.g. Dr, Nurse)
Professional carer or social worker
Other professional person or organisation
Helpline or charity worker (e.g. Age Concern, Help the Aged)
Family
Friends

{Ask if scrs1 - scrs7 = Yes and SWhoLast <> stranger }
Simp1
Did this affect you in any of these ways? Please tell us all that apply. If you were affected in more than one way, type in the number, followed by a space, then the next number.
To move on please press the key with the red sticker.
: SET OF
Emotionally, such as feeling angry, frightened, upset or ashamed,
Physically, such as pain, bruising or other injury,
Socially, such as feeling cut off from family or friends,
Other effect,
No effect
Ask if SImp = Other effect
SImO
How did this affect you?
Please type your answer into the box. Then to move on press the key with
the red sticker.
: OPEN

Ask if SImp <> None
SSev
How serious was this effect?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Very serious,
Somewhat serious,
Not serious

Ask if SSev = Somewhat serious or Very serious
SHlp1
Did you seek help or advice from anyone about this?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Yes,
No,
No, but I should have done

IF SHlp1 = Yes
SHlp201
Who did you ask for help or advice?
If you asked more than one person, type in the number, followed by a
space, then the next number. To move on please press the key with the red
sticker.
: SET OF
Friend or family member,
Professional carer or social worker,
GP or practice nurse,
Accident and Emergency,
The police,
Helpline,
Citizens advice bureau,
Charity (e.g. Help the Aged or Age Concern),
Other
Additional code at edit stage:
Local authority / Council

Ask if scrs1 - scrs7 = Yes sexual abuse perpetrator is not a stranger
IntSPrp
I would like to ask you some questions about your [Sexual abuse
perpetrator], who was involved in this event
Press 1 followed by the key with the red sticker to continue.
: (Continue)

SPrpSex
Is this person male or female?
Press 1 for male and 2 for female.
To move on please press the key with the red sticker.
: Male,
Female

SPrpAge
How old was [He/She] when this happened?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Under 16 years,
16 to 44 years,
45 to 64 years,
65 to 74 years, 75 and over, Don't Know

SPrpEmp
Which of the following best describes what (His/Her) situation was at the time?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: In paid employment or self employed,
Doiung unpaid work for a business that they owned or a relative owned, In full time education,
Unemployed, and looking for work,
Permanently unable to work because of long term sickness or injury,
Retired from paid work,
Looking after home or family,
Doing something else,
Don't Know

{Ask if SPrpEmp = something else}

SPrpEmpO
Please could you describe what (He/She) was doing?
Please type your answer into the box, then to move on press the key with the red sicker on it.
: OPEN

{Ask if scrs1 - scrs7 = Yes and SwhoLast <> stranger}

SPrpHH
Did (He/She) live in your household at the time?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Yes
No

{Ask if SPrpHelp = Yes}

SPrpHelp
Did you look after, or provide help for (Him/Her)?
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Yes
No

{Ask if SPrpHelp = Yes}

What help did you give (Him/Her)?
If you help them in more than one way, type in the number, followed by a space, then the next number.
To move on please press the key with the red sticker.
: SET OF
General supervision, {sprpcar1}
Help with day to day activities like shopping, housework and cooking or collecting a pension, {sprpcar2}
Personal care, like getting up, dressing, bathing and eating, {sprpcar3}
Financial advice, help with organising current and future finances, like savings, pensions, wills, {sprpcar4}
Give money for them to live on, pay their bills or go out, {sprpcar5}
Other, {sprpcar6}
Don't Know {sprpcar7}

{Ask If sprpcar6 = Yes}

SPrpHH
What type of help did you give (Him/Her)?
Please type your answer into the box, then to move on press the key with the red sicker on it.
: OPEN

{Ask if scrs1 - scrs7 = Yes and swho <> stranger}

At the time, did this person have problems or difficulties with any of the things listed below?
If you would like to choose more than one answer, type in the number, followed by a space, then the next number.
To move on please press the key with the red sticker.

: SET OF
Physical health (medical condition or disability), \{sxprhb1\}
Mental health (including dementia or Alzheimer's Disease), \{sxprhb2\}
Learning disability, \{sxprhb3\}
Finances, \{sxprhb4\}
Relationships, \{sxprhb5\}
Alcohol, \{sxprhb6\}
Drug use, \{sxprhb7\}
Gambling, \{sxprhb8\}
Other, \{sxprhb9\}
None of these things, \{sxprhb10\}
Don't Know \{sxprhb11\}

{Ask if sxprhb9 = Yes}
SPrpHbitO
What problems or difficulties does this person have?
Please type your answer into the box, then to move on press the key with the red sticker.

: OPEN

{Ask all who accepted CASI on computer or Interviewer administered}
CASPInt
The following list of statements show different ways people describe their life or how they feel. For each statement, please indicate how often you feel that way.
Press 1 and then the key with the red sticker on it to continue.

: (Continue)

scqola
My age prevents me from doing the things I would like to
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

gsqolb
I feel that what happens to me is out of my control
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

gsqolc
I feel free to plan for the future
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

gsqold
I feel left out of things
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never
scqole
I can do the things that I want to do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolf
Family responsibilities prevent me from doing what I want to do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolg
I feel that I can please myself what I do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolh
My health stops me from doing things I want to do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqoli
Shortage of money stops me from doing the things I want to do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolj
I look forward to each day
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolk
I feel that my life has meaning
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqoll
I enjoy the things that I do
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never
scqolm
I enjoy being in the company of others
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqoln
On balance, I look back on my life with a sense of happiness
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolo
I feel full of energy these days
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolp
I choose to do things that I have never done before
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolq
I feel satisfied with the way my life has turned out
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqolr
I feel that life is full of opportunities
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

scqols
I feel that the future looks good for me
Press the number next to the answer you want to give.
To move on please press the key with the red sticker.
: Often,
Sometimes,
Not Often,
Never

PScedi
Now think about the past week and the feelings you have experienced.
Please say if each of the following was true for you much of the time
during the past week.
Press 1 followed by the key with the red sticker to continue.
: (Continue)
PScedA
Much of the time during the past week, you felt depressed?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedB
Much of the time during the past week, you felt that everything you did was an effort?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedC
Much of the time during the past week, your sleep was restless?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedD
Much of the time during the past week, you were happy?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedE
Much of the time during the past week, you felt lonely?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedF
Much of the time during the past week, you enjoyed life?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedG
Much of the time during the past week, you felt sad?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

PScedH
Much of the time during the past week, you could not get going?
Press 1 for yes or press 2 for no.
To move on please press the key with the red sticker.
: Yes
No

EndCASI1
Thank you, that is the end of this part of the questionnaire. I would like to remind you that all your answers will be kept confidential. If you want to go back over any answers, the interviewer can tell you how to do this. Otherwise please type 1 and press the button with the red sticker.
: (Continue)

EndCASI2
Please now type 1 and press the key with the red sticker on it (This will lock-up your answers and the interviewer will not be able to see them). Then let the interviewer know you have finished.
: (Continue)
I have asked you some questions about disagreements and conflict and about mistreatment. Since the age of 65, has anyone mistreated you in any other way?

Yes

No

{Ask if IntAll = Yes}

Othabuse

Please can you tell me about this?

INTERVIEWER: RECORD AS MUCH DETAIL AS POSSIBLE, INCLUDING THE TYPE OF MISTREATMENT WHO MISTREATED THE RESPONDENT AND THEIR RELATIONSHIP TO THE RESPONDENT, AFFECT ON RESPONDENT ETC.

: OPEN

Coding frame at edit stage:

Neglect – Involving someone in a relationship of trust (family member/friend/professional caregiver)

Financial abuse – Involving someone in a relationship of trust (family member/friend/professional caregiver)

Psychological abuse – Involving someone in a relationship of trust (family member/friend/professional caregiver)

Physical abuse – Involving someone in a relationship of trust (family member/friend/professional caregiver)

Sexual abuse – Involving someone in a relationship of trust (family member/friend/professional caregiver)

Mistreatment not involving someone in a relationship of trust (family member/friend/professional caregiver)

{Ask all}

Confide

I have been asking you about your own experiences, and now would like to ask you a few questions about the experiences of other people you may
know. Again, I would like to reassure you that all of the information that you have given so far and any more information you give is confidential: (Continue)

CHRel
Do you have any contact with anyone aged 65 or over who lives in a care or nursing home?
: Yes
No

{Ask if CHRel = Yes}

CHName
What is his or her first name?

INTERVIEWER: IF THE RESPONDENT KNOWS MORE THAN ONE PERSON LIVING IN A CARE OR NURSING HOME, ASK THEM TO THINK ABOUT THE PERSON THEY HAVE THE MOST CONTACT WITH:
: OPEN

CHSex
Is {care home contacts name} male or female?
: Male,
Female

CHAge
How old is {care home contacts name}?
If DK: Just give me an estimate if you are not sure (RECORD AS ESTIMATE).
: 1...110

CHInt
I would like to ask about {care home contacts name’s} experience in the care home.
: (Continue)
CHOth
Mistreated \textit{\{care home contacts name\}} in any other way? 
: Yes,  
No,  
Don't know  

[Ask if CHOth = Yes]  
In what other way have they been mistreated?  
: OPEN  

\textbf{Coding frame at edit stage:}  
Not given help with day-to-day activities when it should have been provided \texttt{CHOther1}  
Been sworn at, insulted or threatened \texttt{CHOther2}  
Physical violence towards them \texttt{CHOther3}  
Stolen or coerced them into giving them money, possessions or property \texttt{CHOther4}  
Mistreated in another way \texttt{CHOther5}  

[Ask all]  
CHRel2  
Do you have any contact with anyone aged 65 or over who is currently in hospital?  
: Yes  
No  

CHName2  
What is his or her first name?  
\textbf{INTERVIEWER: IF THE RESPONDENT KNOWS MORE THAN ONE PERSON WHO IS CURRENTLY IN HOSPITAL, ASK THEM TO THINK ABOUT THE PERSON THEY HAVE THE MOST CONTACT WITH}  
: OPEN  

CHSex2  
Is \textit{\{hospital contact name\}} male or female?  
: Male,  
Female  

CHAge2  
How old is \textit{\{hospital contact name\}}?  
If DK: Just give me an estimate if you are not sure (RECORD AS ESTIMATE).  
: 1...110  

CHInt2  
I would like to ask about \textit{\{hospital contact name's\} experience in hospital.}  
: (Continue)  

CHCare2  
Does \textit{\{hospital contact name\}} receive help with day-to-day activities like dressing, washing and eating?  
: Yes,  
No,  
Don't know  

CHScr2  
As far as you know, while in hospital has anyone.  
: (Continue)  

CHNeg2  
Not given \textit{\{hospital contact name\} help with day-to-day activities when it should have been provided?}  
: Yes,  
No,  
Don't know  

CHVerb2  
Sworn at, insulted or threatened \textit{\{hospital contact name\}?}  
: Yes,  
No,  
Don't know
CHPhys2
Been physically violent towards \(\text{hospital contact name}\) in any way?
\[\text{Yes, No, Don't know} \]

CHFin2
Stolen or coerced \(\text{hospital contact name}\) into giving them money, possessions or property?
\[\text{Yes, No, Don't know} \]

CHOth2
Mistreated \(\text{hospital contact name}\) in any other way?
\[\text{Yes, No, Don't know} \]

\{Ask if CHOth2 = Yes\}
In what other way have they been mistreated?
\[\text{OPEN} \]

Coding frame at edit stage:
Physical health / fitness \{AgeFeel1\}
Mental health \{AgeFeel2\}
Mobility / ability to travel \{AgeFeel3\}
Social life / contact with family \{AgeFeel4\}
Appearance \{AgeFeel5\}
Compared to others my age \{AgeFeel6\}
General attitude / outlook on life \{AgeFeel7\}
Level of activity \{AgeFeel8\}
Another reason \{AgeFeel9\}

\{Ask all\}
And what would you say are the most positive things about growing older? INTERVIEWER: DO NOT PROBE
\[\text{OPEN} \]

OldInt
We are almost at the end of the interview. I would just like to ask you some final questions relating to the title of the survey, Growing Older. At what age do you consider someone to be old?
\[30...120\]

OldFeel
And do you feel younger, older, or about the same as your actual age?
\[\text{Younger, Older, About the same} \]

\{Ask if OldFeel = Younger or Older\}
AgeFeel
(If you feel younger or older) about what age do you feel you are?
\[1...200\]

Why is that?
INTERVIEWER: DO NOT PROBE
\[\text{OPEN} \]

Coding frame at edit stage:
Physical health / fitness \{AgeFeel1\}
Mental health \{AgeFeel2\}
Mobility / ability to travel \{AgeFeel3\}
Social life / contact with family \{AgeFeel4\}
Appearance \{AgeFeel5\}
Compared to others my age \{AgeFeel6\}
General attitude / outlook on life \{AgeFeel7\}
Level of activity \{AgeFeel8\}
Another reason \{AgeFeel9\}

\{Ask all\}
And what would you say are the most positive things about growing older? INTERVIEWER: DO NOT PROBE
\[\text{OPEN} \]
Coding frame at edit stage:
More free time, leisure time or relaxing / can do what I want with my time {AgePos1}
Less responsibilities / no or fewer worries / can please oneself {AgePos2}
More holidays / travel {AgePos3}
Family - Having grandchildren / see them grow up {AgePos4}
Family - Other family benefits {AgePos5}
Free prescriptions / concessions {AgePos6}
Financial security / having money {AgePos7}
Retirement / free from work {AgePos8}
Getting wiser / experience / knowledge {AgePos9}
Feel more confident / worry less about what others think {AgePos10}
Feel settled / content / calmer / more relaxed {AgePos11}
More tolerant / patient {AgePos12}
Feel that I have achieved things {AgePos13}
Helping my family or community {AgePos14}
Clubs and societies for older people {AgePos15}
Don’t know {AgePos16}
Something else {AgePos17}

{Ask all}

Confid4
Thank you very much for taking part in this survey. I would like to remind and reassure you that all the information you have given me is strictly confidential. By this I mean that anything you tell me will not be disclosed to anyone outside the research team. Before the data is used, all information that could be used to identify you is removed and your answers will be added to answers from around 2,000 other people. The data will be used to get a general picture of the wellbeing and experiences of older adults.
IF ASKED: For example, we might present data showing the proportion of adults aged 75 and over who have very good general health, or the proportion who receive care from a family member.

: (Continue)
B.4 Self-completion

A paper version of the self-completion questions was provided for those who were unable (or refused) to use the computer. The self-completion part of the questionnaire included sensitive questions about experience of sexual harassment or abuse, mental health and wellbeing and also provided respondents with another opportunity to mention abuse or neglect that they had not reported in the face to face interview.

The paper self-completion was modified slightly from the CASI, as more straightforward routing was used. A copy of the paper self completion, marked up with variable names, is shown below.
How to complete the questionnaire:

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow (➔) with a note that tells you what question to answer next, like this:

**EXAMPLE QUESTIONS (please do not fill in)**

**E1** Did you eat breakfast this morning?

Yes  ☑
No  ➔ GO TO E5

**E2** What fruit have you eaten in the last 7 days?

Something else (please specify)  
Cherries

**E3** What did you eat for breakfast? Please tick all that apply

Toast  ☑
Fruit  
Cereal  ☑

If there is no arrow next to the box you have chosen, you should move on to the next question. Don’t worry if you make a mistake: simply cross out the mistake and tick the correct box.

**When you have completed it**, please seal the questionnaire in the envelope provided by the interviewer.
Q1 The next questions ask about events you may or may not have experienced. Remember, all your answers will be completely confidential.

Q2 Since you turned 65, has anyone talked to you in a sexual way that made you feel uncomfortable?

Yes [ ] No [ ] ➔ Go to Q5 on page 4

Q3 Who has done this? Please tick all that apply

- Partner / Spouse [ ]
- Son or daughter (including step/adopted) [ ]
- Son or daughter in law [ ]
- Grandchild (including great grand children) [ ]
- Brother/sister (including step/adopted) [ ]
- Brother/sister in law [ ]
- Parent (including step parent) [ ]
- Parent in law [ ]
- Niece/nephew [ ]
- Other family member [ ]
- Professional caregiver [ ]
- Close friend [ ]
- Neighbour [ ]
- Acquaintance [ ]
- Someone you do not know / Stranger [ ]

Q4 How many times in the past 12 months has someone done this? (Please do not include times when a stranger was involved). Please tick one answer only.

- Never [ ]
- Once [ ]
- 2-9 Times [ ]
- 10 or more Times [ ]
Since you turned 65, has anyone touched you in a sexual way against your will?

Yes ☐

No ☐ ➔ Go to Q8 on page 5

Who has done this? Please tick all that apply.

Partner / Spouse ☐

Son or daughter (including step/adopted) ☐

Son or daughter in law ☐

Grandchild (including great grand children) ☐

Brother / sister (including step/adopted) ☐

Brother / sister-in-law ☐

Parent (including step-parent) ☐

Parent-in-law ☐

Niece / nephew ☐

Other family member ☐

Professional caregiver ☐

Close friend ☐

Neighbour ☐

Acquaintance ☐

How many times in the past 12 months has someone done this? (Please do not include times when a stranger was involved). Please tick one answer only.

Never ☐

Once ☐

2-9 Times ☐

10 or more Times ☐

Someone you do not know / Stranger ☐
Q8 Since you turned 65, has anyone tried to touch you in a sexual way against your will?

Yes ☐  No ☐  ➔ Go to Q11 on page 6

Q9 Who has done this? Please tick all that apply:

- Partner / Spouse ☐
- Son or daughter (including step/adopted) ☐
- Son or daughter in law ☐
- Grandchild (including great grand children) ☐
- Brother / sister (including step/adopted) ☐
- Brother / sister-in-law ☐
- Parent (including step-parent) ☐
- Parent-in-law ☐
- Niece / nephew ☐
- Other family member ☐
- Professional caregiver ☐
- Close friend ☐
- Neighbour ☐
- Acquaintance ☐
- Someone you do not know / Stranger ☐

Q10 How many times in the past 12 months has someone done this? (Please do not include times when a stranger was involved). Please tick one answer only.

- Never ☐
- Once ☐
- 2-9 Times ☐
- 10 or more Times ☐
Q11 Since you turned 65, has anyone made you watch pornography against your will?

Yes □

No □ ➔ Go to Q14 on page 7

Q12 Who has done this? Please tick all that apply

Partner / Spouse □

Son or daughter (including step/adopted) □

Son or daughter-in-law □

Grandchild (including great grandchildren) □

Brother / sister (including step / adopted) □

Brother / sister-in-law □

Parent (including step-parent) □

Parent-in-law □

Niece / nephew □

Other family member □

Professional caregiver □

Close friend □

Q13 How many times in the past 12 months has someone done this? (Please do not include times when a stranger was involved). Please tick one answer only.

Never □

Once □

2-9 Times □

10 or more Times □
Q14 Since you turned 65, has anyone tried to make you watch pornography against your will?

Yes  No  Go to Q17 on page 8

Q15 Who has done this? Please tick all that apply

Partner / Spouse
Son or daughter (including step/adopted)
Grandchild (including great grand children)
Brother / sister (including step / adopted)
Brother / sister-in-law
Parent (including step-parent)
Parent-in-law
Niece / nephew
Other family member
Professional caregiver

Q16 How many times in the past 12 months has someone tried to make you watch pornography? Please tick one answer only.

Never  Once  2-9 Times  10 or more Times
Q17  Since you turned 65, has anyone had sexual intercourse with you against your will?

Yes  [ ]  No  [ ]  Go to Q20 on page 9

Q18  Who has done this? Please tick all that apply

- Partner / Spouse  [ ]
- Son or daughter (including step/adopted)  [ ]
- Son or daughter in law  [ ]
- Grandchild (including great grand children)  [ ]
- Brother / sister (including step / adopted)  [ ]
- Brother / sister-in-law  [ ]
- Parent (including step-parent)  [ ]
- Parent-in-law  [ ]
- Niece / nephew  [ ]
- Other family member  [ ]
- Professional caregiver  [ ]
- Close friend  [ ]
- Neighbour  [ ]
- Acquaintance  [ ]
- Someone you do not know / Stranger  [ ]

Q19  How many times in the past 12 months has someone done this? (Please do not include times when a stranger was involved). Please tick one answer only.

- Never  [ ]
- Once  [ ]
- 2-9 Times  [ ]
- 10 or more Times  [ ]
Q20 Since you turned 65, has anyone tried to have sexual intercourse with you against your will?

Yes: ☐

No: ☐  Go to Q23 on page 10

Q21 Who has done this? Please tick all that apply

Partner / Spouse ☐

Son or daughter (including step/adopted) ☐

Son or daughter in law ☐

Grandchild (including great grand children) ☐

Brother / sister (including step / adopted) ☐

Brother / sister-in-law ☐

Parent (including step-parent) ☐
Q23  The following list of statements show different ways people describe their life or how they feel. For each statement, please indicate how often you feel that way.

Variable Names g24
Variable Labels PAPI_Age prevents me from doing the things I would like to

Q24  My age prevents me from doing the things I would like to. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Variable Names g25
Variable Labels PAPI_What happens to me is out of my control

Q25  I feel that what happens to me is out of my control. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Variable Names g26
Variable Labels PAPI_Free to plan for the future

Q26  I feel free to plan for the future. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Variable Names g27
Variable Labels PAPI_Left out of things

Q27  I feel left out of things. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Variable Names g28
Variable Labels PAPI_Can do the things that I want to do

Q28  I can do the things that I want to do. Please tick one answer only.
Q29  Family responsibilities prevent me from doing what I want to do. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q30  I feel that I can please myself what I do. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q31  My health stops me from doing things I want to do. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q32  Shortage of money stops me from doing the things I want to do. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q33  I look forward to each day. Please tick one answer only.
Q34  I feel that my life has meaning. Please tick one answer only.

  - Often
  - Sometimes
  - Not Often
  - Never

Q35  I enjoy the things that I do. Please tick one answer only.

  - Often
  - Sometimes
  - Not Often
  - Never

Q36  I enjoy being in the company of others. Please tick one answer only.

  - Often
  - Sometimes
  - Not Often
  - Never

Q37  On balance, I look back on my life with a sense of happiness. Please tick one answer only.

  - Often
  - Sometimes
  - Not Often
  - Never

Q38  I feel full of energy these days. Please tick one answer only.

  - Often
Q39 I choose to do things that I have never done before. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q40 I feel satisfied with the way my life has turned out. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q41 I feel that life is full of opportunities. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q42 I feel that the future looks good for me. Please tick one answer only.

- Often
- Sometimes
- Not Often
- Never

Q43 Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during the past week.

Q44 Much of the time during the past week, you felt depressed?

- Yes
- No

Q45 Much of the time during the past week, you felt that everything you did was an effort?

- Yes
- No

Q46 Much of the time during the past week, your sleep was restless?

- Yes
- No

Q47 Much of the time during the past week, you were happy?

- Yes
- No

Q48 Much of the time during the past week, you felt lonely?

- Yes
- No

Q49 Much of the time during the past week, you enjoyed life?

- Yes
- No

Q50 Much of the time during the past week, you felt sad?

- Yes
- No
Variable Names: q51
Variable Labels: PAPI_Could not get going in past week

Q51: Much of the time during the past week, you could not get going?

Yes
No

Thank you that is the end of the questionnaire. I would like to remind you that all your answers will be kept completely confidential. Please put your questionnaire into the envelope provided and hand back to the interviewer.