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Older People's perceptions of elder abuse: Implications for policy and professional practice

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1. Introduction

Traditionally policy has developed from a top down-approach, guided by policy makers and practitioners perspectives. Research presented in this paper, funded by the Centre for Ageing Research and Development in Ireland (CARDI), redresses this balance as it consulted directly with older people about elder abuse and what responses they think would be appropriate for people living in the community. The specific objectives of the research were to identify what older adults consider the main threats to their personal safety and wellbeing, issues related to disclosure and what services and supports they think are useful and necessary to address the needs of people who have experienced abuse. Utilising a grounded theory approach 58 people aged 65 years and over took part in focus groups across Ireland. Four peer-researchers were trained to assist in recruitment, data collection, analysis and dissemination. Taking a broadly grounded theory approach eight focus groups, four in Northern Ireland (NI) and four in the Republic of Ireland (ROI), were held between October 2010 and February 2011. A total of 58 community dwelling people aged 65 years or over participated.

1.1 Defining elder abuse

Much of the current discourse around elder abuse centres on the abused being vulnerable; being dependent on others for care for example. There is some evidence of dissatisfaction with the current service-led concepts of vulnerability and abuse. In a consultation on No Secrets in the UK (DOH, 2009: 13) service-users and their representatives provided four key messages:

- Safeguarding requires empowerment.
- Empowerment is everybody's business; but safeguarding decisions are not.
- Safeguarding Adults is not like Child Protection.
- The participation/representation of people who lack capacity is also important.

Daniel and Bowes (2010) echo these themes stating the terms vulnerability and abuse are inadequate in conceptualising the issue of elder abuse. Similarly a World Health Organisation (WHO) report (2002) challenges the prevalent view of abuse based on concepts of perpetrator or family pathology as this narrow focus fails to recognise the importance of broader societal issues.

The concept of elder abuse was first described in the UK in scientific journals in the 1970's (Baker 1975; Burston 1975). At an international and European level there have been increased debate and discussion on the rights of older people and the prevention of elder abuse (United Nations, 2002; WHO, 2001); with the conceptualisation of abuse on age grounds emerging towards the end of the 20th century. O'Loughlin (2008) suggests that this was due to an increased focus on abuse in general, the growing emergence of child abuse as a social problem and commitments in the 1990's to tackle violence against women. Addressing elder abuse is now regarded as a universal reflection of worldwide concerns about human rights, gender equality, domestic violence and population ageing (Killick and Taylor, 2009; O'Loughlin 2008; quoting Krug et al, 2002). However, it is only very recently that the issue has received government attention particularly in the Republic of Ireland (O'Dwyer and O'Neill, 2008). Before 2002 it was not formulated as an issue with defined policies for action (NCAOP, 2009).

1.2 Defining elder abuse

There is a lack of a universally accepted definition of elder abuse. On the one hand it is argued that this can create problems relating to prevention, identification and management (NCPOP, 2009). On the other it is recognised that elder abuse needs to be viewed within specific cultural contexts (WHO, 2002; Van Bavel et al, 2010) which then dictate mechanisms for prevention and appropriate responses. This is reflected in definitions and

typologies used in different jurisdictions: “Existing definitions of abuse of older persons reflect distinctions between acceptable and unacceptable interpersonal and communal behaviour in different societies” (UN, 2002: 4). The No Secrets document in England recognises the difficulty defining abuse but suggests the following as a “starting point”:

> Abuse is a violation of an individual’s human and civil rights by any other person or persons (Department of Health (DH, 2000: 9).

The definition of abuse outlined in Safeguarding Vulnerable Adults; Regional Adult Protection Policy and Procedural Guidelines (2006:10) in NI, derived by the Department of Health and Social Services in 2006, identified abuse as:

> The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependent, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship.

This definition outlines various typologies of abuse including acts of omission. It recognises abuse can occur within a relationship of trust but also outside it, thus incorporating abuse by strangers. Issues such as financial abuse by people who target older adults such as robbery, burglary or crimes of violence because they are old and ‘easy targets’ can be included in this definition.

In the Republic of Ireland (ROI) the definition of elder abuse in government policy documents (Protecting our Future, 2002), is based on Action on Elder Abuse’s (1995) definition, which was also adopted by the WHO (2002), where elder abuse is described as:

> 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 or violates their human and civil rights.

The definition concerns the frequency and intensity of abuse; recognising acts of omission and commission as well as intentional and unintentional forms of abuse. There is a relationship between the abuser and the abused where there is some expectation of trust (Daichman, 2005). This definition also does not include abuse by strangers or self-neglect.

1.3 Discussion of Findings

Findings on participant's perceptions of the main threats to their safety and wellbeing; reasons for non-disclosure of abuse and on the supports they think are appropriate to both prevent elder abuse and support those who have experienced abuse are presented and discussed in this section.

Safety and Wellbeing

Findings show that threats to safety and wellbeing did not centre on physical safety. Rather participants focused on securing wellbeing over personal safety. The biggest threat was reduced health status and subsequent inability and/or lack of opportunities around decision-making, specifically care choices and where to live. They felt dependence on others for care created greater potential for mistreatment. Being dependent was linked to the 'dread' of going into a nursing home.

Loss of decision-making as a threat to safety and well-being

Accompanying a decrease in health status was loss of control over decision-making, particularly where higher levels of care were required. Participants felt that to avoid this loss of agency, maintaining possession of their home was imperative. They were adamant that signing over their home to adult children or permitting them to move-in to provide care was to be avoided. It was suggested that older people in NI could maintain control for longer as there were more choices in care options with more sheltered housing and assisted living options:

Reasons for non-disclosure

Participants believed that elder abuse occurred most often within caring relationships in the person's home; rooted in family/carer dynamics and paid and family care provision. It was recognised that unwillingness to take action or admit to a child being abusive can make elder abuse prevention and identification more difficult. Participants explained a lack of disclosure of abuse on:

- Cultural norms relating to family privacy;
- Reluctance to corroborate others accounts even if a family member is abusive;
- Fear of alternatives to family care. Participants' assertion that admission to nursing homes was an older person's biggest dread;

- Fear of the consequence of disclosing and subsequent repercussions;
- Negative perceptions of formal social service responses not being helpful or appropriate.

Participants felt that easy access to clear information was central to encouraging disclosures of abuse for example, who to contact, what ensues and the step-by-step process following disclosure. They felt people would be more willing to speak to someone if they had this knowledge and to do so in an informal capacity initially to voice their concerns. Once abuse is confirmed, participants believed professionals should work with older person quickly to determine what they want and set a plan in place. Findings therefore indicate the need for older people to be reassured and made aware that reporting abuse does not culminate in the person going into nursing home care, nor does it necessarily result in the end of family relationships.

Preventing and responding to elder abuse

Exploring the type of services and supports that participants felt would be appropriate to respond to elder abuse, emerging themes related to:

- staying connected
- support for family caregivers
- creating awareness
- professional responsibility associated with relationships of care.

The main theme to emerge was the importance of services that enable older people to carry out everyday tasks, staying connected within their communities and to their friends. For example, shopping was not only stocking up the larder but also engaging in everyday social interaction. Participants suggested that access to rural transport schemes enabled people to collect their own pensions, providing shopping opportunities and ensuring they have contact with their friends and community. This maintained confidence, reduced social isolation and their dependence on others to carry out these tasks. Participants identified clubs and groups as the only social interactions some people have, giving them an opportunity to exchange concerns and information. Community workers were identified as empowering older people by providing information, educational opportunities, informal supports and in many instances becoming confidantes, somebody outside the family to talk to. The role of the church was similarly important. Home visits were also viewed as a deterrent against abuse. The

provision and funding of community-based activities and workers for older people was viewed as a mechanism to support older people; making them less likely to accept mistreatment. Participants saw abuse as family-centred; such supports therefore provide someone other than family to confide in. Participants also suggested more organised and regular visitation by public health nurses and community and voluntary groups (aware of elder abuse) as essential in preventing and identifying elder abuse.

Supporting family carers

Participants also viewed supports for family carers as preventative elder abuse measures. They could understand why someone might loose their temper with the sheer frustration and stress of caring 24/7.

Caring can create tension within families, Carers can become isolated, losing touch with friends, reducing their opportunities to share their feelings of frustration. It was also suggested that family guilt can result in them avoiding difficult decisions about care. A solution proposed by participants was a mentoring service for family carers offering information and support.

Creating awareness

Participant's felt increasing awareness of elder abuse was important. Their knowledge was largely based on media coverage but they felt more specific television and radio advertisements were needed.

They felt this needed to be advertised more widely and suggested a greater role for service providers who have regular contact with older people, like GPs, pharmacies, post offices and churches in distributing cards about the helpline. Participants spoke of education and information as a mechanism for prevention; occurring throughout the life course.

Professionals' responsibility towards older people

Participants believed that care professionals working with older people not only had a legal duty of care but also a moral one. Hence formal carers entering people's homes needed proper training, vetting and continuous supervision, but this was not always the experience for participants. Participants also had concerns about the adequacy of training for paid carers. Participants felt older people should have some say in who cares for them. This would also ensure that paid carers knew they could be replaced on the older person's say

so, acting as a preventative measure. Whilst there is legislation governing standards of care in nursing homes, participants believed that spot-checking and enforcement is lax. Participants felt that there is an incentive for private nursing homes to implement minimum standards in the pursuit of profit, so there needs to be strong deterrents for nursing homes not to take advantage of older people. Participants also stated that legislation and policy relates largely to facilities and staffing, it cannot address emotional support. Professionals such as GPs, solicitors and bank officials were also identified as having a role in preventing and identifying elder abuse. The unique relationship many older people have with their GP was seen to be eroded by practice nurses in some surgeries.

2. Translation into policy and practice

In Ireland, North and South, national policy documents focus on protecting and safeguarding vulnerable adults and older people. This approach fails to address the issues that place older people in the position of vulnerable adult. The notion of a category of 'victim' and 'perpetrator' did not emerge in this study. Instead the focus was on the complex dynamics of the family, as families provide most care and much of the meaning in life but also may create environments conducive to abuse. Having alternatives to family care and nursing homes lessens older people's dependency, giving them the confidence to say no without fear of negative repercussions.

In preventing abuse participants focused on how society has to look outside the narrow boundaries of a health and social care framework and explore ways older people can be enabled to maintain their independence, stay connected to their communities, maintain and develop friendships, access information and learn new things thus ensuring they have the confidence to stand up for themselves. Older people in this study highlighted how community development initiatives such as rural transport schemes, senior's clubs and other community-based activities facilitated older people to do all of these things. The principles underlying community development such as social justice, self-determination, participation and building sustainable communities reinforces personhood hence empowering older people in their communities to identify and develop the services and supports they need.

At a practice level, access to informal resources and supports such as community workers trained to address elder abuse reduces people's suspicion and fear associated with procedural driven and perceived 'overly-efficient' social service organisations. They act as a source of information and therefore are well placed to create awareness of elder abuse and

older people's rights. Having information is crucial to empowerment. However, if a community development approach is to be effective, then consistent, ring-fenced funding is essential.

Preventing and responding to abuse requires awareness of abuse; the naming of abuse in all its forms as unacceptable. The research highlights the importance of building and maintaining social networks as people age; information on the signs of abuse and appropriate processes for dealing with abuse. Health and social care agencies need to clearly set out their policies and practices for responding to abuse so people will know of the process and feel confident to speak out.

Participants in this study identified deterioration in health, either physical or mental, as the biggest threat to their well-being, as this was very much linked to loss of decision-making. Hence health and social care policies and practice need to focus on maintaining health and social well-being through preventative and rehabilitative (or re-enablement) measures. Older people's demand for services that support autonomy, personhood and facilitate care-giving should inform health and social care policy and practice. People must be reassured and made aware that reporting abuse does not culminate in the person being admitted to a nursing home, nor does it necessarily mean the end of relationships with family members. Addressing abuse whilst also respecting family relationships and helping them to change is one of the major challenges facing professionals in this field (Taylor and Donnelly, 2006b).

2.1 Considerations for achieving best practice from a policy perspective:

- An understanding elder abuse as multi -level and multi-dimensional social phenomena (involving social, health, welfare, legal, rights discourses)
- The development of clear theoretical frameworks (integrating critical refection, anti-ageist and anti- oppressive practices)
- Promotion of user participation and empowerment
- An understanding of interdisciplinary theory and practice and the tensions involved
- The importance of creativity and flexibility in response to uncertainty and risk
- A working knowledge of legal terms and context

- Acknowledgement of the cultural and political context of elder abuse i.e. the experience of abuse in indigenous and minority communities
- Emphasis on prevention
    - Access to free legal information and advice for professionals and older people
    - Clarity on defining capacity – who determines it, how it is measured (understanding counterproductive effect)
    - Building older people's capacity
    - Proactive advice and strategies to prevent poor decision making
    - Financial management services
    - Mediation services
    - Strengthening community collaboration networks and circles of support

2.2 Considerations for achieving best practice from a practice perspective:

- Understanding the discretionary nature of elder abuse (life course theory)
- Maintaining a non-judgmental stance
- Applying critical reflection/reflexivity and person centeredness
- Balancing informal, community and formal social support networks
- Wholistic, interdisciplinary and collaborative practice
- Advocating rights
- Addressing anti-ageism and oppression
- Balancing risk, rights and self –determination
- Practice research

3. Conclusion

In conclusion it can be argued, that more sustainable and proactive models of service delivery which interweave informal sources of support (family, friends, peers etc.) with formal services (health, welfare, advocacy and legal services) are the key to empowering older people in communities. However, we first need to further establish how older people think and feel about the issue.

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