CARDI GRANTS PROGRAMME

Research Brief

Insights into elder abuse

Ageing population: ROI	Ageing population: NI
• At the 2006 census, there were 468,000 people aged 65+ (11% of the population). • By 2041, there will be 1.4 million aged 65+ (22% of the population). • Life expectancy at birth is 76.8 years for men and 81.6 years for women. • 95% of men and women aged 70+rate their health as very good (19%), good (50%) or fair (26%). • 9.1% of people aged 65+ are still in employment (Q2 2009).	• In 2008, there were 248,500 people aged 65+ (14% of the population). • In 2041 the 65+ age group is projected to make up 24% of the population. • Life expectancy is 76.3 years for men and 81.3 years for women. • 66% of people aged 70+ rate their health as good (25%) or fairly good (42%). • 9% of men aged 65 and women aged 60+ are still in employment (Q2 2009).

Elder abuse policy: ROI	Elder abuse policy: NI
• The publication of *Abuse, Neglect and Mistreatment of Older People* in 1998 led to the establishment of a Working Group on Elder Abuse. • *Protecting Our Future: report of the working group on elder abuse* (2002) set out a framework for action, including placing elder abuse within the wider context of health and social care. • The 2007/8 *Annual Report of the Elder Abuse National Implementation Group* reported it was disappointed with progress on recommendations outside the sphere of health.	• *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (2002) was a UK Department of Health guidance document for local agencies dealing with elder abuse. • *Safeguarding Vulnerable Adults: regional adult protection policy and procedural guide* (2006) was a NI publication which built on *No Secrets*. • The key principles were privacy, respect, dignity and being able to lead an independent life. The guide also promoted inter-agency and multi-disciplinary working.

Introduction

Studies on the prevalence of elder abuse on the island of Ireland estimate that 2.2% in the Republic of Ireland (ROI) and 2% in Northern Ireland (NI) experience abuse (Naughton et al, 2010; O'Keefe et al, 2007). An ageing population means that the number of people who will experience abuse when they grow older is set to increase unless measures to tackle elder abuse are introduced.

In ROI, a Working Group on Elder Abuse published the *Protecting Our Future* strategy in 2002. In NI, the policy guide *Safeguarding Vulnerable Adults* was published in 2006. While these policy and practice responses are welcome, little is known about older people's understanding of abuse and how this understanding affects how they utilise support services.

To address this deficit, CARDI funded a study which set out to consult older people on their perceptions of elder abuse. This briefing is based on the findings of *"A Total Indifference to Our Dignity": older people's understandings of elder abuse, a* study led by Dr Emer Begley, Age Action Ireland as well as drawing on information collated by CARDI. It discusses how elder abuse is defined, looks at the views on abuse of older people themselves and examines the policy implications of the study.

Key findings

- 2.2% of people aged 65+ in ROI had experienced abuse in the past 12 months. The prevalence rate in NI is 2%.

- In both NI and ROI there is a lack of legislation addressing elder abuse, and the response of services is perceived as not taking into account the needs of older people.

- Older people with significant physical or cognitive impairment who are dependent on others for care were identified as being particularly vulnerable to elder abuse.

- The current definition of abuse focuses heavily on the vulnerability of older people (physical and safety needs), rather than empowerment to counter elder abuse.

- Older people in this research believe there is a link between elder abuse and their own status and value to society.

Context

Elder abuse is not a new phenomenon but policy and practice responses to the problem are still in the early stages. The concept of elder abuse was first described in the UK in scientific journals in the 1970s. Since then, there has been a growing body of UK and international literature relating to prevalence, risk factors and attitudes. However, it has also been argued that responses in preventing abuse and protecting people at risk have been slow (McAlpine, 2008).

Government strategies

The issue was first addressed at a national level in ROI with the publication of *Abuse, Neglect and Mistreatment of Older People* in 1998 (O'Loughlin and Duggan, 1998). The government responded by establishing a Working Group on Elder Abuse in 1999 which published *Protecting Our Future; report of the working group on elder abuse* (2002). This was a seminal policy document setting out a framework of action under a number of recommendations. One of the key recommendations was placing responses to elder abuse within the wider context of health and social care for older people. Funding was subsequently set aside for the establishment of a dedicated elder abuse case work service within the Health Services Executive (HSE).

In England, a national strategy entitled *No Secrets* was published in 2000. The subsequent publication *Safeguarding Vulnerable Adults: regional adult protection policy and procedural guide* (2006) in Northern Ireland built upon many of the themes identified in the English document. It promoted the guiding principles of respect, dignity and independence while affirming the individual rights of older people in terms of access to information; support in making complaints; urgent investigation of abuse; and receiving treatment after abuse.

Services

The service response to elder abuse in NI is through the vulnerable adult protection service, which is situated within the Health and Social Care Services. In 2006 a policy and procedural guidance document was produced by the former Health and Social Services Boards,[1] which outlines procedures for staff to take if they suspect abuse or if a case of abuse has been disclosed to them. The Health and Social Care Trusts in NI typically have in place Safeguarding Vulnerable Adults Forums that comprise senior managers from appropriate directorates and programmes of care. These monitor the implementation of the procedures and policies of the Safeguarding Vulnerable Groups (NI) Order. Cases of alleged or suspected abuse are investigated in accordance with strict procedures by a social worker working in an appropriate team, such as elder care, mental health or disability. A designated officer (a senior manager) will then consider the report of the investigating social worker and other relevant reports in deciding on an appropriate health and social care response.

In ROI, the service response is through the elder abuse casework service. In 2008, the Health Service Executive published *Responding to Allegations of*

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1 The Health and Social Care Board replaced the four previous Boards in 2010 and focuses on commissioning, resource management and performance management and improvement. The five Health and Social Care Trusts are the main providers of health and social care, covering both hospital and community care.

Elder Abuse. As with the NI document, it lists procedures for staff in dealing with elder abuse. Thirty-two elder abuse case workers operate through local health offices, while a further structure of the elder abuse service comprises four dedicated elder abuse officers supported by regional steering committees. Procedures and policies are overseen by a National Steering Committee responsible to the Office for Older People situated in the Department of Health.

A lack of legislation[2] in relation to the abuse of older people is evident in both jurisdictions. Research by Taylor (2006) found that there is some inconsistency in the professional responses to elder abuse, and there are also indications that responses may relate more to risk management within public organisations than to the actual needs of older people.

International approach

The Second World Assembly on Ageing held in Madrid in 2002 recommended the elimination of all forms of neglect, abuse and violence of older persons and the creation of support services to address elder abuse (UN, 2002). The World Health Organization (WHO) has also recognised the need to develop a global strategy for the prevention of elder abuse. Other international initiatives include the International Network for the Prevention of Elder Abuse which was established in 1997; the Toronto Declaration on the Global Prevention of Elder Abuse; and the 2008 WHO publication a *Global Response to Elder Abuse and Neglect*.

Key statistics

Evidence from international studies suggests that between 3% and 5% of older people living in the community experience abuse. O'Keefe et al. in 2007 showed that prevalence rates in NI at 2% were lower than those in England (2.6%), Scotland (3%) and Wales (3.1%).
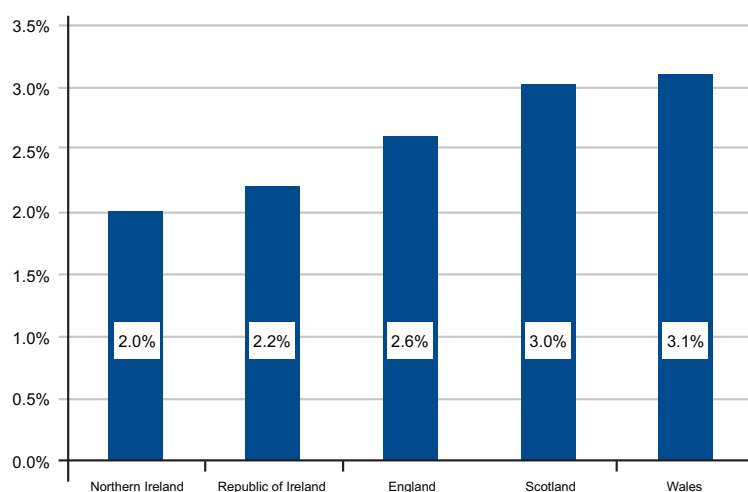

Source: O'Keefe et al. (2007) and Naughton et al. (2010)

2   Some forms of elder abuse are criminal acts and would therefore be a matter for the Garda/PSNI.

The National Centre for the Protection of Older People in ROI published an elder abuse prevalence study in 2010. It showed that 2.2% (around 10,000) of older people in ROI had experienced abuse in the previous 12 months. The same study showed that in half of all cases the abuser was the adult child of the victim. Figure 1 shows the typical relationship between the elder abuser and victim.

Figure 2: Relationship between elder abusers and victims, ROI
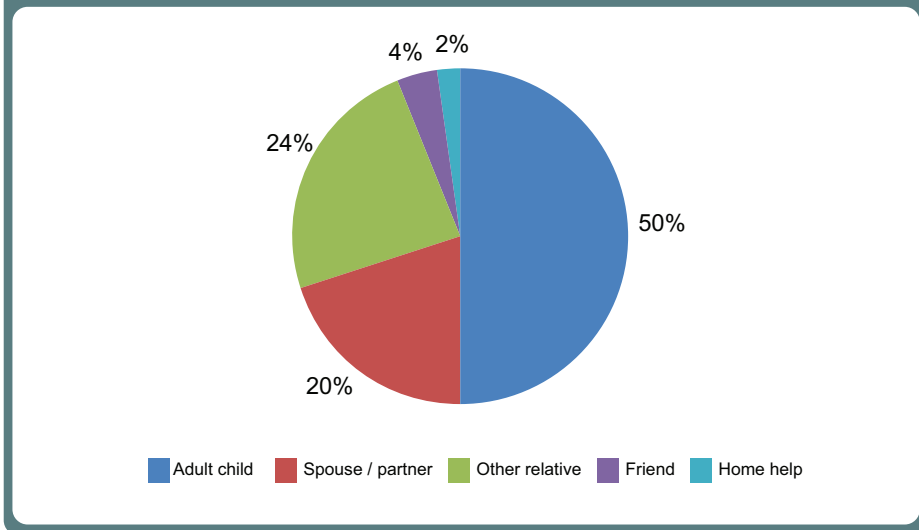
Source: Naughton et al. (2010)

Defining elder abuse

The definition of abuse in *Safeguarding Vulnerable Adults: regional adult protection policy and procedural guidelines* (2006) in NI is:

"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 dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship."

In ROI a definition of elder abuse outlined by the Working Group on Elder Abuse in 2002 is similar to the NI definition. It is based on Action on Elder Abuse's (1995) definition, which was also adopted by the World Health Organization (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" (*Protecting our Future*, 2002).

The NI definition includes abuse both in a relationship and outside it. Note that the ROI definition encompasses financial abuse, but not abuse by strangers or self-neglect. In addition, the ROI policy documents do not include references to institutional abuse. The types of elder abuse categorised in the NI and ROI policies are nevertheless similar, including:

• physical abuse
• sexual abuse
• psychological abuse
• financial or material abuse
• neglect and acts of omission
• discriminatory abuse.

There is growing evidence that the current concept of abuse is too reliant on the vulnerability of older people. In a consultation on *No Secrets* (DOH, 2009) service users and their representatives noted that safeguarding against abuse requires empowerment of the victim, not just protection.

Older people's views on abuse

Current research on the views of older people concerning abuse is limited. However, two key themes arise which this project aimed to investigate:

• Older people may not identify with the term "abuse" or use it to describe their experience.

• Older people perceive abuse within a wider societal context, rather than existing definitions that focus on the vulnerability of the individual.

The *Older People's Understandings of Elder Abuse* study led by Dr Begley included 58 people aged 65 and over who took part in focus groups across the country. These groups were asked open-ended questions on their understanding of elder abuse; forms of abuse; why people may experience abuse; and how to prevent abuse. This section presents the findings from the focus groups and includes views of abuse at an individual level and also broader societal abuse.

Research findings

Respondents believed that the abuse of older people covers a broad spectrum of actions and inactions, including physical, financial, verbal, psychological (referred to also as emotional or mental abuse) and neglect. Abuse that impacts on older people's psychological, mental or emotional well-being was deemed the most damaging. Each form of abuse is associated with an element of psychological pressure, e.g. bullying or manipulating older people into signing over property or pensions. However, defining abuse was not seen as straightforward, but was dependent on the outcome of refusing to comply with a request, as illustrated by a focus group participant who talked about a son coming to see his mother each week when she received her pension: refusing to give him money could have meant the end of the visits.

Neglect was perceived as abuse but depended on individual circumstances and the motivation of those involved. It was viewed in the main as unintentional and related to pressure on families caring for an older relative, especially one with dementia. Where capacity was not an issue, the older person's understanding of their situation was important for the definition. Neglect in the context of formal care was also seen as abusive, as was the withdrawal of necessary supports.

For the respondents, elder abuse was associated with sustained psychological pressure on the older person where they were not in a position to say "no" without fear of repercussions to well-being or safety. The focus group participants felt that the older person's life experience, personality, health status, family relationships and cultural norms were important factors in the potential for elder abuse. There was a view that normal conflict within a family becomes abuse if the older person does not have the capacity to stand up for themselves.

The focus group participants felt that people who are particularly vulnerable to elder abuse include those with significant physical or cognitive impairment who have to depend on others for care.

Respondents also considered abuse as something which diminishes the personhood of older people. Personhood bestows on individuals the attributes of agency, self-awareness, a past and future and rights. This threat to personhood could come from family, the state, government agencies or society in general. It leads to a loss of confidence and self-esteem and to isolation and fear for the future. As a result, this concept could be considered as an abuse of personhood.

The older people participating in the focus groups felt that the biggest perceived threat to well-being was a deterioration of mental or physical health, with a dread of having to go into a nursing home. This was mostly due to becoming susceptible to losing control over decision-making.

Who is at risk of elder abuse?

In ROI, Naughton et al. (2010) studied the demographic, socio-economic, health and social network characteristics of people who had experienced abuse within the previous 12 months, compared with those who had not. This work provides indicators as to who may be at particular risk of elder abuse.

The study reveals that women (2.4%) were more likely than men (1.9%) to report experiences of mistreatment in the previous 12 months, particularly if there had been financial or interpersonal abuse. People aged 70 and above reported double the levels of abuse reported by the 65–69 age group. The 70–79 age group experienced more interpersonal abuse, while financial abuse was more common among the 65–69 and over-80 age groups.

Higher levels of mistreatment were reported by those who had lower levels of education, and lower socio-economic status was also associated with higher levels of mistreatment. A correlation between health status and levels of mistreatment was also identified. Older people with below-average physical health scores were over three times more likely to report mistreatment, while those with below-average mental health scores were nearly six times more likely to report mistreatment.

While statistics on the victims of elder abuse contribute to our understanding of the problem, research indicates that any older person could potentially be the victim of elder abuse, regardless of economic, social or health status. However, some groups are more at risk than others.

Tackling the conditions that facilitate elder abuse

The focus group participants were asked to identify the types of services and supports useful in response to elder abuse. The responses can be grouped into four areas.

1. Creating awareness of elder abuse

People need to be made more aware of the different forms of abuse and potential signs to look out for. To this end, education and information provision throughout a person's life were considered vital. Furthermore, faith in services dealing with elder abuse would be bolstered by people having easy access to clear information on whom to contact and what steps to take if elder abuse is reported, and an assurance that investigations of alleged abuse will be speedily and sensitively dealt with. One of the main findings on awareness was the role of peer support ("informal confidants") and community-based sources of information and support – moving away from the more traditional ways of informing people.

2. Enabling older people to maintain independence and social networks: supporting social inclusion

The focus group participants felt that older people who are isolated are at greater risk of abuse than those who regularly meet other people. This is supported by the Naughton et al. (2010) research, which suggests that older people with poor levels of community support were five times more likely to report mistreatment compared to those with strong or moderate levels of community support. Women with poor community support were particularly vulnerable to interpersonal and financial abuse. As a result, services that support and empower older people to carry out their everyday tasks and stay connected to their communities and friends were considered crucial by focus group participants, as they help to prevent the potential for elder abuse in the first place. Such services include personalised transport schemes, social clubs, educational opportunities or home support service in NI.[3]

3. Supporting family carers

The participants felt that care can lead to stress and strain on caring relations. This is confirmed by the Naughton et al. (2010) work, which found that home

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[3] This includes the Good Morning schemes, where volunteers provide free confidential calls and support to older people every day.

care staff are responsible for elder abuse in just 2% of cases, while family members are responsible in 50% of cases. One solution proposed was a mentoring service, whereby family carers could ring someone for information and support on how best to approach the challenges of caring for an older person. Advice and support on choosing nursing homes and other options was also felt by participants to be important. The focus groups suggested that ageing policy can help to support family and unpaid carers through providing adequate respite care, particularly at night-time.

4. Professional responsibility in caring for and advising older people
While statistics indicate that only 2% of abuse cases involve professionals, media stories heighten sensitivity to this aspect. Focus group participants agreed that professionals involved in the care of older people have a legal and moral duty of care. In terms of home care, paid carers going into older people's homes should be properly trained, vetted and supervised. There are no regulations for home care in ROI, whereas NI has minimum standards which are enforced by regulations. For residential care, respondents felt that private nursing homes only implement minimum standards as, it was felt, there was little incentive for them to do otherwise. It was agreed that enforcement of legislation on standards of care is vital in order to identify incidents of elder abuse: for example, un-notified spot-checks Overall, it was felt that identifying elder abuse should be seen as having wider relevance to other professionals – for example, GPs, bank officials and solicitors, rather than simply those working within the health field.

Policy implications
This project revealed a link between older people's status and value to society, personhood and abuse in examining older people's perceptions of elder abuse. In both NI and ROI policy documents and services operate within the narrow boundaries of a health and social care framework. However, policy and practice to prevent elder abuse must, to be effective, address the issues that place older people in the position of vulnerability.

Health and social care agencies need to set out more clearly their policy and practices for responding to abuse. This research demonstrated that many older people are reluctant to involve police or social services in cases of abuse, particularly when family members are involved. For example, a parent's sense of love and obligation to their children can make them willing to put up with otherwise intolerable situations. However, by raising awareness of elder abuse and providing older people with information on prevention, signs of elder abuse and procedures for reporting and responding to abuse, older people can be empowered to protect themselves and their peers.

Another important issue is institutional abuse, where systemic practices by the state or other providers failed to provide good care for older people. More generally, there is the perception that older people's views, past

experience and future desires are dismissed as of no significance by society as a whole. Ageing is often combined with a decline in health, which can bring about a loss of control over our lives and increase the likelihood of our becoming a vulnerable adult. The research found that the development of assisted living facilities as exists in NI allowed older people not only to have greater choice about how and where they lived but supported and facilitated their ability to exert some control over their lives, whereas admission to a nursing home marked the end of this control.

Research indicates that enabling older people to maintain their involvement with friends and the community is an essential aspect of limiting the potential for abuse. This can be facilitated through strong transport links (particularly in rural areas), support for community-based activities, and providing educational opportunities, which in turn lead to greater independence. This research asserts that strong links with communities have been identified as building the support networks and confidence of older people, which can both help to prevent elder abuse from happening and help older people to seek formal intervention if it does occur.

In summary, policy on elder abuse should be focused on "empowerment", strengthening older people's rights and enabling them to act and make choices in what they see as their best interest. While services that respond to elder abuse are crucial, empowering older people themselves can help to prevent elder abuse and facilitate the independence of older people in society.

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