

**Abuse, Neglect and Mistreatment of Older People:
An Exploratory Study**

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Foreword

The National Council on Ageing and Older People is pleased to present this exploratory study, *Abuse, Neglect and Mistreatment of Older People*. The Council hopes that this report will serve to increase awareness of the issue of elder abuse in Ireland and assist in the development of appropriate responses when cases of such abuse come to light.

In April 1996, the Council's predecessor, the National Council for the Elderly, prepared and submitted a preliminary briefing on the subject of elder abuse to the then Minister for Health Mr Michael Noonan TD. However, on the advice of experts in the field it also agreed that it should examine and evaluate the issue in greater depth. The Council therefore commissioned this study to explore questions of elder abuse in the light of the Irish and international literature and the views of service providers.

The researchers were asked:

- to review the literature on elder abuse;
- to survey parties relevant to the issue of elder abuse in order to describe the correct mechanisms for identifying and responding to cases of abuse as they occur in Ireland, and to collate views on the best means of developing an infrastructure for dealing with elder abuse;
- to formulate recommendations on the development of such an infrastructure, with suggestions for appropriate policies at national, regional and local levels.

While it is clear therefore that the study does not pretend to indicate the precise incidence of elder abuse in Ireland, it will be equally clear that much work remains to be done to properly address and respond to actual or alleged cases of abuse when they occur. This report and the Council's comments and recommendations appended to it, seeks to provide guidance on the mechanisms required to address the problem of elder abuse in Ireland in an effective and comprehensive manner.

National Council on Ageing and Older People

Comments and Recommendations

Introduction

1. Disclosures that older persons are being abused, neglected and mistreated have prompted scientific and governmental activity throughout the world. Although the vast majority of older people enjoy the benefits of family life, there has been a growing awareness, during the past twenty years in particular, that older people are sometimes abused, neglected or mistreated. Progress on building a response to elder abuse has been difficult, however, as the issue is shrouded in secrecy, denial and guilt. The present study was carried out following a request by the Minister for Health and Children for information on elder abuse in Ireland. This request followed the documentation of a number of particularly disturbing cases in the media and discussion about a small number of pioneering case studies in the Irish professional literature.

2. Based on the study, the National Council on Ageing and Older People believes there is an obvious need for an official response to the problem in Ireland. The international literature suggests that around three per cent of older people in the community suffer from some form of domestic abuse, neglect or mistreatment at any one time. The literature also indicates that an unspecified level of abuse occurs in institutional settings. While there has been no comprehensive study of the prevalence of elder abuse in Ireland, the present study catalogues disturbing accounts from Irish service providers.

3. The accounts provided by service providers underline the complexity of the problem. Elder abuse is not limited to a particular setting, type of older person or type of perpetrator, and in many cases, the victim suffers multiple forms of abuse with multiple causal factors.

4. The Council is aware of the negative effect that sensationalist reporting of research on elder abuse may have. The Council is concerned therefore that any future response to the issue is conducted in a considered and restrained manner, with due acknowledgement of the sensitivity of the issue.

A definition

5. The Council agrees with the researchers that elder abuse whether in the home or an institution should be seen as distinct from other forms of adult abuse, such as domestic violence and the abuse of people with learning disabilities. We therefore advise that abuse suffered by persons aged 65 years or more, whether in the home or in an institution, be provided for in any official response to the problem. While the study of elder abuse has much to learn from responses to other forms of adult abuse, it is vital that the abuse of older people is dealt with separately, to ensure clarity when defining and measuring the problem and to help focus responses to abuse.

6. At a conceptual level the Council favours the following definition:

Elder abuse is 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. (Action on Elder Abuse 1995)

The definition is sufficiently broad to cover the many behaviours which constitute abuse and the settings in which it may occur. For the definition to be useful, however, it is necessary to specify which types of behaviour constitute abuse or neglect. The Council considers the following actions to warrant the terms abuse and neglect:

- Physical abuse (the infliction of physical pain or injury, physical coercion, physical restraint, chemical restraint)
- Psychological abuse (the infliction of mental anguish)
- Material abuse (the illegal or improper exploitation and/or use of funds or resources)
- Sexual abuse
- Active neglect (refusal or failure to undertake a caretaking obligation, including a conscious and intentional attempt to inflict physical or emotional distress on the older person)
- Passive neglect (refusal or failure to fulfill a caretaking obligation, excluding a conscious and intentional attempt to inflict physical or emotional distress on the older person).

At a broader level, abuse also occurs when the civil rights of older people are violated within the health and social care context. This may occur when older people are not provided with comprehensive, accurate and accessible information about their rights and options (such as alternative forms of medical treatment). It can occur when older people are not consulted about decisions affecting their lives (e.g. changing medication, or transferring them between locations without consultation). It can also occur when poor or negligent care is delivered by statutory providers, or when appropriate services are not available.

As noted in the report, the term elder abuse should exclude self-neglect and abuse by strangers, so that efforts can be concentrated on a conceptually distinct area. The definition must not be overstretched to include broader social problems such as low incomes, poor housing and age discrimination. However, it must be recognised that all these factors may adversely affect the well-being of older people.

7. The above suggestions are no more than a framework within which a working definition can be formulated. The steps required to develop a working definition and other procedures suitable for Ireland are described below.

Developing an infrastructure to deal with elder abuse in Ireland

8. The Council believes there is an immediate need to establish a Working Party on Elder Abuse to advise the Department of Health and Children on responses to elder abuse. The Working Party should consist of interested parties from all relevant sectors mandated to represent the views of their organisations. The Council believes that participation by the following sectors is essential:

- Older people's representative groups
- Long-stay institutional care staff
- Representatives of private long-stay care providers
- Carer's organisations
- Hospital care professionals
- Community care professionals
- Government departments
- Health boards
- Local authorities
- An Garda Síochána
- Financial institutions
- The Health Promotion Unit of the Department of Health and Children
- The Social Services Inspectorate at the Department of Health and Children
- The Department of Health and Children
- The Department of Social, Community and Family Affairs
- The Department of Justice, Equality and Law Reform
- Legal professionals
- Voluntary service providers
- Experts from the elder abuse, child abuse and domestic violence fields.

9. The Working Party should have responsibility for advising the Department of Health and Children on policy, procedures and guidelines on elder abuse in Ireland. The Council accepts the definitions of these terms used by the researchers. A 'policy' is a general statement of intent and covers definition, types of abuse, indicators and the legal framework; 'procedures' provide specific instructions on actions to be followed by staff when attempting to identify cases and when attempting to intervene; 'guidelines' provide additional helpful information about elder abuse and will be useful in, for example, campaigns to raise awareness of the problem.

10. At a more specific level the Working Party should provide advice to the Department of Health and Children on the development of the following types of procedure:

- Case-finding procedures and screening instruments to identify those at risk of abuse
- Assessment protocols for the detection of abuse
- Recording and reporting procedures, and referral practices
- Uni-professional and multi-professional interventions to deal with validated cases
- Review procedures to evaluate the impact of interventions on the health and social status of older people who have been abused
- Legal procedures regarding the legal status of both abuser and abused.

The procedures developed should not be so rigid as to inhibit good practice. They should be developed gradually and in an experimental fashion to see what works best in the Irish context. Intervention procedures should emphasise the need for co-operation between different professions and co-ordination between different administrative structures. The

Working Party should also develop a plan for the training of relevant staff in the implementation of procedures and should specify the form and content of such training. The Working Party should have the power to evaluate and modify procedures where necessary. This would require the power to commission pilot projects and outcomes research.

11. At a national level, the Council agrees with the researchers that a public education programme designed to raise awareness of elder abuse in Ireland should be carried out. The campaign should be based on information provided by the proposed Working Party on elder abuse.

12. The Working Party will have to liaise with other bodies if its recommendations are to be implemented. The Working Party should therefore advise on the local structures, particularly at health board level, necessary to implement its recommendations effectively. Without wishing to pre-empt the work of the Working Party, the Council wishes to reiterate its long standing concern that local community care services in particular are strengthened to meet the needs of older people. There is evidence that access to these services is limited and variable within and among regional health boards (Ruddle, O'Donoghue and Mulvihill 1997). Given the large projected growth in the older population over the next twenty years, community care services will require considerable expansion in order to function properly. It must also be stressed here that community care should do more than keep people out of institutions. The Health Strategy explicitly states that the objective of such services is '*To maintain older people in dignity and independence at home*' (Department of Health, 1997). The Council therefore wishes to reiterate four particularly relevant recommendations from its recent review of *The Years Ahead* Report (Ruddle, O'Donoghue and Mulvihill 1997).

First, we recommend that social work services for older people be developed within health board community care programmes (as has been done in Donegal). The services should have responsibility for the following areas of social need:

- Protecting the rights of individual older people against exploitation, mistreatment or abuse (including financial, physical, sexual and psychological abuse). The community care social worker (in conjunction with other key staff, particularly the Public Health Nurse) should have responsibility for identifying cases and co-ordinating interventions to diminish the risk of any future abuse. This may include removing the victim from home, at least temporarily. Support and/or therapy for victims would also be an important part of the work.
- Providing support and advice to carers for older people with dementia. The social and psychological strains on dementia carers are well established and the particular skills of social workers should be used to reduce these strains.
- Developing boarding out services whereby older people who cannot remain in their own homes are placed with families who are recruited, trained and supported to care for them.
- Advising older people on their entitlements for social welfare, housing and health and social care services.

- Developing other support services for older people, in co-operation with other professionals, as may from time to time be required.

Second, we recommend the development of a seven day, 24-hour community nursing service. Many problems experienced by older people and their carers require the immediate and specific attention of a nurse. A 24-hour service, with 'on-call' nurses available at all times, would allow for an immediate response to such problems outside normal working hours. This service will place a burden on resources, but such developments are required to meet an outstanding need. Immediate priority should be given to the development of an 'on-call' system operating from 8.00am to midnight, seven days a week.

Third, we recommend the development of psychological counselling services for older people by the health boards. There are many psychological problems arising from the changes associated with late life (e.g. bereavement, retirement, ill-health, cognitive disorders and abusive family situations) which would benefit from some form of counselling. At present there are few or no psychological services available to older people, and few psychologists trained to deal with the problems of old age. The postgraduate courses in clinical and counselling psychology should incorporate modules on old age to ensure trained professionals are available in future.

Fourth, major investment is needed in community care services for older people with mental disorders and their carers including:

- 24 hour a day, seven days a week community services
- Specialised day centres for people with severe dementia, with transport to the centres available when needed
- Day hospitals capable of treating older people with mental disorders, again with transport when needed
- Flexible respite care services, capable of accepting patients at short notice, for day or night care
- In-home respite care services.

13. In relation to institutional care, the Council accepts the recommendations in the report on the need for a standardisation of the inspection system for public and private institutional care settings, and across health board regions. Central to this will be a standard, national training programme for inspection staff, and the development of national procedures and guidelines to cover both inspection and intervention in cases of abuse. The Council believes that the proposed Working Party on elder abuse should advise the Department of Health and Children on these issues. The implementation of recommendations should then pass to the new Social Services Inspectorate at the Department of Health and Children.

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