

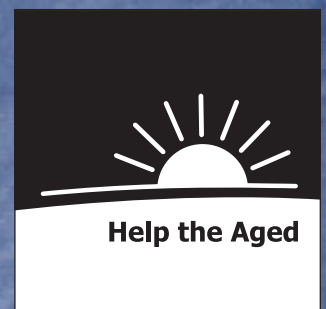
Hidden Voices: Older People's Experience of Abuse

Executive Summary

An analysis of calls to the Action on Elder Abuse helpline.

Written by Action on Elder Abuse and published by Help the Aged

Action
on elder abuse



Summary

Introduction

The prime focus of Action on Elder Abuse (AEA) since it was established in 1993 has been to increase awareness and understanding of the abuse of older people, who are often some of the least-protected members of society.

Elder Abuse Response, the national telephone helpline run by AEA, was set up in 1997 following a successful pilot project. Run by specially trained staff and volunteers, the helpline provides free, confidential information and advice to members of the public, students and practitioners. The service has taken more than 10,000 calls.

AEA has now carried out an analysis of all the calls received in the last six-and-a-half years, providing further evidence concerning the existence, extent and nature of elder abuse in the UK.

The role and purpose of the helpline: putting it all in context

Neglect and mistreatment of older people are not rare events but occur in places that we term 'care' settings and are carried out by those whom we term carers or those who have a duty of care.

It is evident that abuse and mistreatment are not 'simply' the result of 'evil' relations or staff preying on vulnerable older people. The calls to the helpline suggest that it is more complicated and that responsibility for abuse lies at many levels, as does responsibility for improving matters.

Scope of data collection and reporting

An analysis of calls to the Elder Abuse Response helpline has been undertaken on three separate occasions, since it was established six-and-a-half years ago in 1997. This is the third occasion and, like the previous two, shows that an older person may suffer from one or several different types of abuse at the same time, that the abuser can be a fellow resident (if in a care setting or sheltered housing), and that racial abuse manifests itself in standard five categories of abuse.

Who contacts the helpline?

Overall, women are three times more likely to call the helpline than men (a ratio of 76:24).

Despite the existence of the Public Interest Disclosure Act 1998, it is not the experience of AEA that this has created a culture in which social and health care employees feel able to disclose abuse.

It is important to recognise that the two most numerous groups who contact the helpline are relatives and older people themselves – indicating a greater willingness to take action than may previously have been recognised.

Definitions and types of elder abuse

The AEA definition of 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'.

AEA identifies abuse in five primary categories: physical, psychological, financial, sexual and neglect, and gives

examples of such abuse from media reports. It indicates that the type of abuse most frequently reported to the helpline is psychological (34 per cent), followed by financial abuse (20 per cent) and physical abuse (19 per cent) in almost equal numbers. Neglect is reported at 12 per cent, while sexual abuse is identified in 3 per cent of cases. There is a high percentage of multiple abuses, with 44 per cent of callers reporting more than one type of abuse occurring simultaneously.

Who are the abusers?

More men are reported as individual abusers (41 per cent) than women (25 per cent). Overwhelmingly, male abusers are family members (64 per cent). But while this is equally true for women (51 per cent), there is also a significant proportion (33 per cent) of female abusers identified as paid staff.

In a third of circumstances, the abuse is perpetrated by more than one person in collusion. Although 23 per cent of this collusive abuse is perpetrated by family members, a staggering 62 per cent is perpetrated by paid staff – that is, through abusive practices that are institutional and passed from one worker to another.

Although more men than woman are identified as abusers, 33 per cent of abuse is perpetrated by men and women at the same time (with the majority of this being institutional poor practice).

The majority of abusers are related to their victim (46 per cent), while paid workers are the next highest category (34 per cent). However, we are unable to support the hypothesis that the stress of informal (unpaid) caring by family members leads to abusive practices.

While it is accepted that such caring can be intensely stressful, we receive less than 1 per cent of calls identifying these carers as abusers.

Who are the victims?

The vast majority of those who are reported as suffering abuse are women (67 per cent) with 22 per cent of men identified as victims. In a smaller percentage of cases (11 per cent), both men and women are facing abuse at the same time, and more than half of these (50 per cent) are in some form of institution, primarily care homes.

The fact that more women than men are identified as suffering abuse is likely to reflect the reality that women live longer than men and are consequently more likely to be living alone. It may also be that men are also less likely to report being abused.

More than three-quarters of abuse (78 per cent) is perpetrated against people who are over the age of 70, with 16 per cent of that abuse affecting people over the age of 90. For both men and women, it appears that the period between 80 and 89 years of age is the time of most vulnerability to abuse.

Settings of abuse

Most abuse occurs in people's own homes (64 per cent). This is not surprising as it is where the majority of older people live and where it is very difficult to monitor and prevent abuse.

However, 23 per cent of reports to the helpline concern care homes (formerly known as residential and nursing homes), where less than 5 per cent of the older population live. This is a disproportionate

figure, made starker by the reality that callers need to be able to access a telephone in private – something that is not always easy in a care home.

Hospital settings account for 5 per cent of all calls while sheltered housing accounts for 4 per cent.

In simplistic terms, it would be possible to suggest that financial and psychological abuses could be associated with domiciliary settings, while psychological abuse and neglect could be associated with institutions.

The four nations

From the perspective of responding to sensitive personal issues such as elder abuse, it is important to consider and understand the background, history and culture of people in order to provide appropriate support. Comparative data for the four nations of the UK, as well as Ireland, is provided. However, although the data is limited, there is some evidence that the nature of abuse can vary across the four nations.

Perceptions that influence our understanding of elder abuse

In considering perceptions of abuse, it is important to look at concepts of crime and ageing, what constitutes abuse itself, and the nature of citizenship. It is also important to question the lesser position of older people within society and the differing responses toward elder abuse.

In avoiding or ignoring the issue of criminality, we fall into the danger of colluding in the discrimination against an older person and, in so doing, of leaving them outside of ordinary civil and human rights. Since older people are

'constructed' as both dependent and a burden, it implies that society has developed a feeling that all people over 65 years need care. However, citizenship seeks to reinforce the mutual obligations (between individual and society) inherent in social inclusion policies, rather than regard vulnerable older people as primarily clients and patients needing protection.

Theoretical models and risk factors

Academics and practitioners have sought to identify certain predisposing factors within abusive situations. These include:

Intra-individual dynamics – for example, mental health problems or alcohol dependency.

Inter-generational transmission of violence An extension of domestic violence into older age, or children of previously abusive parents turning the violence against their dependent mother or father.

Dependency This multi-tiered and complicated issue requires careful consideration in any social or health care assessment (including carers' needs assessment).

Stress of caring Our helpline analysis indicates that only 1 per cent of calls are about abuse perpetrated by a primary carer.

Social isolation 36 per cent of those living in care homes and 19 per cent of those living in private households are rarely visited by relatives or friends, with 6 per cent of care home residents and 2 per cent of those living at home receiving no visits at all (Department of Health 2000a).

There are a number of other theoretical models for risk factors: for example, 'abuser deviance', pathological family cultures and power imbalance. However, the problem with lists of risk factors is that they can rarely be comprehensive, so the aim should always be to ask questions about the lives, support needs and choices of the individuals involved.

Good adult protection occurs when information, behaviour or clues are not judged simply on the basis of 'tick boxes' or 'prejudices' but upon assessment of the individual in totality.

Successful interventions

Underlying principles We believe it is necessary to start from the premise that prevention is always better than intervention and that this approach should be inherent in adult protection policies and procedures. Also, the dynamics of family-related elder abuse are often similar to those within domestic violence settings.

Collaborative working Successful adult protection requires multi-layered strategies that operate simultaneously. It also needs co-ordination between agencies, the sharing of information, and a willingness to seek expert advice from others.

Developing unique strategies It is not appropriate simply to import child protection strategies into adult protection. Adults with capacity have choice, and while they may be frail and vulnerable, they have the right to exercise that choice. We need to think creatively about this area and do much more work to develop strategies that are relevant to adults.

Addressing poor practice: training The experience of the AEA helpline is that poor practice forms the greatest percentage of abuse perpetrated by paid staff. Consequently, we strongly promote appropriate training – both practical and theoretical, and for everyone involved in the sector – as one guaranteed method of reducing the potential for such abuse.

Addressing poor practice: culture We believe that the culture of an organisation can encourage abuse. Maintaining a positive culture can be effected only by good training and good supervision, and setting realistic standards, monitoring them and reacting accordingly. We also need to create a general climate where it is acceptable to question and challenge without repercussions.

Empowerment We also need to look closely at what constitutes genuine empowerment. Research into adult protection in England at the beginning of 2003 showed that the vast majority of local authorities had met their statutory responsibility in enabling procedures (97 per cent). But they had failed miserably to publicise the existence of those procedures (Centre for Policy on Ageing 2003). Less than 2 per cent had invested in systems to tell people about adult protection.

Whistle-blowing We believe that whistle-blowing can be a crucial component in strategies to combat abuse. But this will happen only when whistle-blowing itself becomes integrated into the wider philosophies of good practice, codes of conduct and expected activities – that is, when professional bodies perceive a failure to 'blow the whistle' as an unacceptable breach of their codes of conduct.

About research: a context for the helpline

Research into elder abuse is limited, which makes it easy for the extent of the problem to be underestimated – which is unlikely to be reflected within a child protection debate. However, although information overall is relatively slight, taken collectively, it implies a level of abuse that is significant.

A full copy of the report, *Hidden Voices: Older People's Experience of Abuse*, is available, price £10, from

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