

The MISTREATMENT *of* ELDERLY PEOPLE

Edited by
Peter Decalmer &
Frank Glendenning



中华女子学院



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Second Edition

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THE MISTREATMENT OF
ELDERLY PEOPLE

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Preface

We are immensely grateful to all the contributors to this edition for their commitment to and encouragement of the project. It was one thing for contributors to the first edition to agree to participate in a second edition, but quite another to discover that four years further on, major rewriting had to be undertaken as the 1993 chapters came to be updated and revised. It has also been an exciting experience for us to have been joined by five new contributors who have brought with them their own special flair and knowledge which they have placed at our disposal in order to enable this project to be completed.

We are especially grateful to Michael Davies for his continuing contribution to the checklist on indicators of physical abuse in Chapter 4. We are grateful to a number of people who assisted us to obtain elusive published material: especially Karl Pillemer of Cornell University, Ithaca, New York; Gillian Crosby and her colleagues in the library at the Centre for Policy on Ageing in London; Sonia Coffrey and Deborah Dunton of the North Manchester Post-Graduate Medical Centre Library; Roger Clough of Lancaster University; Simon Biggs, Paul Kingston and Chris Phillipson of the Keele University Centre for Social Gerontology.

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Introduction

Peter Decalmer and Frank Glendenning

When the first edition of this book was published in 1993, it became the first theoretical text in Britain on the mistreatment of elderly people, apart from the training manual by Phillipson and Biggs which was published in 1992. Since then there have been a number of other books: McCreadie (1993, 1994, 1996a, 1996b), Department of Health Social Services Inspectorate (SSI) (1993, 1994), Bennett and Kingston (1993), Eastman (1994), Kingston (1994), Kingston and Penhale (1995), Biggs et al. (1995), Bright (1995), Pritchard (1992, 1995), Clough (1995, 1996), Stevenson (1996) and sundry papers in journals and chapters in books. Recent publications from North America have included Pillemer and Hudson (1993), Pillemer (1994), Wolf (1994), T.F. Johnson (1995), Kosberg and Garcia (1995) which contains papers from a dozen countries, Lachs and Pillemer (1995), Baumhover and Beall (1996) and in Europe, Saveman (1994) and Wetzels et al. (1995).

Thus the problem of elder mistreatment is gaining an international profile and the first edition of this book has already been translated into Japanese. However, there is a consensus that apart from the categories of abuse developed by Wolf and Pillemer, which we affirmed in 1993 and continue to do so, the ability to define precisely what we mean by elder abuse remains elusive. See further, Chapter 3 of this volume.

The Social Services Inspectorate of the Department of Health (SSI) has offered these definitions of abuse to older people in domestic settings:

Abuse may be described as physical, sexual, psychological or financial. It may be intentional or unintentional or the result of neglect. It causes harm to the older person, either temporarily or over a period of time. (SSI, 1993)

The physical, emotional or psychological abuse of an older person by a formal or informal carer. The abuse is repeated and is the violation of a person's human and civil rights by a person or persons who have power over the life of a dependant. (Eastman, 1984, cited *ibid.*: 3)

In 1995, the pressure group Action on Elder Abuse defined elder abuse 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.

In Britain we still have insufficient training materials and curricula to support care professionals in the recognition of the signs and symptoms of elder abuse through screening and assessment (Kingston et al., 1995). We also still lack prevalence studies apart from the findings of Ogg and Bennett

(1992b) and, as will be broached several times in the ensuing pages, while the social problem of elder abuse has been recognized publicly by the SSI and to some extent by the media (especially television and radio: see British Broadcasting Corporation, 1995), public and press awareness is limited and the responses of the statutory caring agencies have by no means been uniform. One reason for this must be that, as Ambache suggests in a later chapter, the government's recognition of the problem in 1993 through the SSI Guidelines coincided with the implementation of the 1990 National Health Service (NHS) and Community Care Act. This implementation brought with it the necessity to understand the implications of the concept of case or care management throughout health and social welfare provision.

Little has yet been written about the application of care management skills, although Hughes (1995) has gone some way towards developing the concept, and more recently Sonntag (1996) has addressed ethical issues in relation to case management. In Chapter 4 an attempt is made to review existing case studies specifically involving the mistreatment and neglect of older people in multidisciplinary care management terms. Biggs analytically questions in Chapter 5 if care workers can fulfil their responsibilities satisfactorily if they are untrained in psychosocial skills. We concur with this latter view and regret that this emphasis has been virtually absent from social work, nursing and health and social welfare management training for a quarter of a century. Legal skills are now an essential part of the training too.

All the contributors to the 1993 edition of this book have substantially rewritten their chapters for this volume which endeavours both to rework and to bring up to date the 1993 material as well as to take account of recent developments in the debate. This edition is therefore longer than its predecessor, with eight completely new chapters and, we believe, complements it so that, where necessary, students of elder mistreatment may use both volumes alongside one another, while regarding this volume as being representative (we believe) of the current state of the art in Britain. We have attempted to balance theory and good practice and Chapters 4, 9, 12, 13 and 14, particularly, have been written with practice very much in mind, dealing with clinical cases, clinical psychology, social work, nursing and primary health care.

As in the first edition, we are still unable to present coherent data which reflects the experiences of elderly people in the minority ethnic communities of Britain. We have been continually frustrated in our inability to find reliable research studies which are relevant and we have continued to be reticent about including personal material of this nature lest it be misinterpreted and used as a stereotype. This matter continues to require special attention, in relation to specific cultural backgrounds (see also SSI, 1992: 20). One specific piece of good news is that during 1995 Action on Elder Abuse were able to introduce an Asian language service for their telephone Response Line.

Sixteen chapters follow this introduction.

Chapter 2 attempts to set out briefly the socio-economic context within which elder mistreatment has to be studied.

Chapter 3 asks 'What is elder abuse and neglect?' and is a shortened version of Chapter 1 of the original book.

Chapter 4 explores clinical examples in care management terms and considers the role of each profession in the multidisciplinary team, based on the categories of Wolf and Pillemer (which will be outlined in Chapter 3), in relation to detection and assessment tools. This provides a more detailed overview of case studies than was possible in the first edition.

Chapter 5 considers policy responses to the existence of elder abuse within the context of the 1990 NHS and Community Care Act.

Chapter 6 brings the original chapter on law up to date and discusses criminal prosecution, acts and omissions, civil action, false imprisonment, medical treatment, negligence, wrongful interference and the recent Law Commission report on incapacity.

Chapter 7 enlarges our sociological understanding with new material which discusses the history of the debate about elder abuse and also develops the discussion of recent research findings on family and kinship networks.

Chapter 8 recognizes that because the majority of elderly people are female, the socially constructed feminization of poverty is a key feature within the context of any study of elder abuse. Very little attention, the author affirms, has been paid to establishing an age- and gender-integrated theory of elder abuse which can take into account the power relationships that exist within the family.

Chapter 9 stresses the need to address the psychological issues involved in elder mistreatment and neglect, the nature of the relationships that are formed and the psychological factors involved in these relationships, as well as in team-working.

Chapter 10 discusses recent qualitative research data which throw light on social and family networks and societal response in the face of the breakdown of care in domestic situations as a result of lack of resources.

Chapter 11 discusses abuse and neglect in residential centres and considers American and British research findings from the last decade.

Chapter 12 looks at key issues in social work practice in the light of the changes that have resulted from the 1990 NHS and Community Care Act. The chapter also reflects on the role of care management systems in relation to abuse and neglect and on child protection procedures and what we can learn from them. It ends with a discussion of the values espoused by social work practitioners.

Chapter 13 considers central issues in nursing training and practice, including detection, identification and assessment. The assessment protocols proposed in the 1993 edition subsequently underwent pilot studies and in the light of the responses received have been included in a revised form.

Chapter 14 reflects on the role of the general practitioner in relation to the treatment of elderly patients suffering from abuse and neglect and pays particular attention to the question of screening in primary care.

Chapter 15 examines the nature of caregiving and its satisfactions, based on recent qualitative research findings.

Chapter 16 assesses the responses both in America and Britain in relation to adult and elder protection and asks: what can be learnt from existing procedures?

Chapter 17 provides a summary and looks towards the future.

The contributors to this book share a common conviction that they wish to raise public awareness about elder mistreatment and neglect, which is now recognized as an established social phenomenon in Britain, a recognition that is shared by others at work in the caring professions, in North America, Australia, Europe and many other areas in the world. For this reason, we believe it is essential that a close working relationship is developed between social services departments, the health authorities, the health care trusts, the voluntary agencies and the police.

It is our hope that this volume will provide the reader with an up-to-date presentation of the issues.

Attitudes to Older People

Frank Glendenning

There are many derogatory stereotypes of older people: 'senile', 'crumbly', 'wrinkly', 'gaga', 'old git', 'geriatric'. But as Norman pointed out in her paper on ageism in 1987, 'we don't call a sick child a paediatric, or a woman having a hysterectomy, an obstetric'. She went on further to declare that the words used about old age were invariably infantilizing: 'old folk', 'old girls', 'second childhood' (Norman, 1987: 4).

Jones wrote twenty years ago:

We learn to be old. . . . We acquire the stereotype from literature, film and from the stage. Above all there comes a time when we are treated differently by the young. We learn the myths and we are taught what it is to be old. So effective is the learning and the role performance that we actually feel more comfortable in fitting the niche created for us: The stereotype of the old is pernicious but very effective, because it permeates the self-image of the older person. (Jones, 1976: 9)

Georges Minois, in his *History of Old Age* quotes a Greek philosopher from the seventh century BC: 'Happy are they who die at the age of 60, since once painful old age has arrived, which renders man ugly and useless, his heart is no longer free of evil cares' (Minois, 1989: 47). It is not surprising that elsewhere he records that the men of Chios committed suicide at the age of 60 (p. 63) and a contemporary Greek commentator reflecting on the existence of elder abuse in modern times has reminded us that Greek history reveals clear cases of selfish carelessness and coarse insolence towards the old. Athenian history, for example, offers several instances of children taking over their parents' property without proof of incapacity in the elders, 'even though Athenian law required that sons must support their infirm or aged parents' (Pitsiou-Darrrough and Spinellis, 1995: 45).

Minois also reflects, as others have done before him, on Shakespeare's seven ages of man, where the final age is 'second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything'. This was Shakespeare's sixteenth-century evocation of the ageing process, describing the experience of later life as one of inevitable dysfunction and disintegration. Montaigne also wrote in about 1580 of 'this calamity of age' which returns us to childhood, and went on to say in his essay, *On Age*, that it was hypocrisy to claim that old age was a good thing because it brought wisdom. 'There is no merit in not being able to indulge in debauchery. If one must make a virtue of one's decrepitude, it is still preferable to lead an enjoyable life' (cited by Minois, 1989: 265).

But the recurrent negative theme about old age is still with us in the twentieth century. It has a long pedigree.

One of the popular myths about old age in the past was that elderly people who were without private means ended their days in the workhouse (Thomson, 1983: 44). But this fear was a simplification of history. While 'the workhouse' was synonymous with poverty and is painfully ingrained in the British collective memory, poverty itself is not a myth.

In the middle decades of the nineteenth century, between half and three-quarters of all English women over 70 received a weekly Poor Law allowance, a kind of pension, of 2s. 3d. to 3s. Elderly women were not expected to have their own financial resources. Elderly men were treated less kindly. All men under 67 were expected to be in work and capable of making their own living, but over 70, relief was available and between a quarter and a half of all men over 70 in England received it. When Charles Booth published his survey of the aged poor in 1894, people were shocked to learn that a third of all those over 70 were compelled to seek Poor Law relief (Norton, 1990: 15). Nearly a hundred years later, the government's Family Expenditure Survey published in 1992 showed that retired households (however that is defined) depended on social security benefits for 41 per cent of household income in contrast to 11 per cent for all households (Oppenheim, 1993: 68). One may ask, what has changed? Smeaton and Hancock demonstrated recently the difficulty of establishing the meaning of 'poverty'. They affirm that 'poverty is most often defined by means of some threshold which corresponds to a minimum acceptable standard of living', and by 'poor' they mean those whose incomes fall below the supplementary benefit levels. They also show that in 1987, 31 per cent of the poor were elderly (Smeaton and Hancock, 1995: 2-3). And we may go further than this by affirming that the majority of those living on 'the margins of poverty are lone elderly women' (Groves, 1993: 54; Arber and Ginn, 1991a; see also Whittaker, Chapter 8, this volume).

The facts about poverty in old age throughout the centuries have contributed massively to the stereotyping of older people, because for the majority, old age has always been equated with poverty and feared because of the massive shame and resentment it will bring. An important aspect of the development of this stereotype has been the correlation between work and productivity and the consequent notion that older people are unproductive. Until the middle of this century most men worked until they dropped. Phillipson has estimated that at the time of the Old Age Pensions Bill in 1908, 606 out of every 1,000 men over 65 were still working (Phillipson, 1977: 15). In the parliamentary debate on pensions Lloyd George argued in favour of the pension being given at 65, saying that between 65 and 70 the test for continued employment was to be 'infirmity' and the question of 'the broken down old man of 67 and 68 who is left to charity' (Phillipson, 1977: 15). Phillipson comments that the very term 'broken down old man' reflects a historical tradition of identifying the retired working class male as useless, worn out and unemployable, to be grouped with the infirm

and feeble-minded as a category in social policy. The establishment of the stereotype of old age as enfeeblement had by now been established. This was further compounded when the Pensions Act became law on 1 January 1909. Pensions would be withheld from those 'who had failed to work habitually according to their ability and need, and those who had failed to save money regularly' (cited in Roberts, 1978: 84). 'Here,' wrote Roberts,

was a means test with a vengeance. Paupers were not entitled to any pension. . . . [Indeed] 'elderly paupers still went to the workhouse – a word that rang like a knell among us – or died to be borne away in a black glassless hearse to a common grave. There lay the final indignity. For old folk who lived in the district, now dead and under-insured, would have the usual whip-round to prevent the deceased being 'put away on the parish'. My mother would often give away a sheet to make a shroud. Two women went from house to house to collect enough for a wreath. (Roberts, 1978: 85)

By the mid-1950s, it was being argued in social medicine that retirement was detrimental to health and this pessimism came together with the notion of enfeeblement and the constant fear of poverty in old age, which by now was deeply ingrained in the collective memory. Indeed, the state retirement pension has been steadily reduced as a proportion of average male earnings since 1979, when it became related to price increases rather than to earnings, as had previously been the case. By 1992, the pension for a single person was equivalent to 17.8 per cent of average male earnings.

Together with this background, we have become accustomed to the language used in contemporary studies on the ageing population: words and phrases like 'burden', 'danger', the 'demographic time bomb' and 'the rising tide'. If we add to this the dominant biomedical model that older age is a process of inevitable decline then it is not difficult to understand how what we now call 'ageism' has come about.

The word 'ageism' was first used by Robert Butler, the internationally respected American psychiatrist, in 1969, in an article for the *Washington Post*: as Director of the National Council of Aging he rebuked the residents of a fashionable part of Maryland for 'ageism' because they were opposing the use of a high-rise block for the public housing of elderly people. The debate centred on the provision of a swimming pool, air conditioning and parking facilities which, the residents argued, were inappropriate for elderly tenants.

In 1973, he and Lewis defined 'ageism' as 'a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender'. They went on to say:

Prejudice begins already in childhood and is an attempt by younger generations to shield themselves from the fact of their own ageing and death and to have to avoid having to deal with the social and economic problems of increasing numbers of older people. (Butler and Lewis, 1982: 176)

And over twenty years later, Butler wrote: