THE ABUSE OF THE ELDERLY. VIEWS OF THE SOCIAL CARE PROFESSIONALS WORKING WITH THE ELDERLY

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Abstract: Old age brings sometimes a kind of powerlessness hard to bear, and sometimes her clothes are further hampered by the attitudes and behaviors of others, be it about the family, about known and unknown people, about the community or even the society itself.

There are abused elderly people, but there are often ignored the situation itself, the support or the preventive measures. More painful is the fact that professionals working with older people commit some of the abuses. The phenomenon of the elderly people abuse is one rarely discussed in the literature of Romania and ignored by the public consciousness while in the context of increasing the number and the proportion of the elderly population it becomes an increasing scale.

This study aims to identify perceptions and views on this phenomenon that the social care professionals have. Given the exclusive exploratory qualitative research, the focus group method was applied to a heterogeneous group of professionals consisting of social workers, doctors, home careers, medical assistants and nurses working with older people in residential institutions or in home care services.

The results obtained are a good starting point for study in depth of the phenomenon of abuse of older people in our country, but also signals the need for specialized training of the multidisciplinary team of elderly welfare.

Abuse - a specific form of violence, discrimination and indifference

Annually, more than 1.6 million people worldwide lose their lives due to violence. In addition each of them is more affected by different physical, sexual, psychological or mental health problems after violence (Krug, 2002). There is an increase in violence throughout the world, from verbal aggression and attitudes to crime. Most often victims of discrimination, neglect or violence are children, women, elderly, disabled people.

Sometimes the people who are prosecuted for such acts are those responsible to take care of them: relatives or professionals. In these cases we speak about abuse. If child abuse and violence against women constituted a point of interest of political decision makers in Romania, drafted the legislation, prevention and intervention strategies, organizing specialized social services for the victims, specialized courses for professionals, the elderly have been forgotten.

Elder abuse is a multifactorial reality, a source of concern today related to human rights, gender equality, domestic violence and aging population.

In all cultures, elderly abuse is underreported. (WHO, Active...) Every year an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect. For every case of elder abuse and neglect that is reported to authorities, experts estimate that there may be as many as five cases that have not been reported (APA). Probably the most misreported is sexual abuse. Annually there are about 2.1 million victims of elder abuse in the U.S. About 3% of the American elderly people assisted in residential care reported abuse (physical abuse, neglect and permanent verbal aggression) (APA, Elder Abuse ...). Studies conducted in recent decades in Canada, the Netherlands, the United States, and United Kingdom show an estimated prevalence of elder abuse (including neglect by caretakers, physical, psychological and financial abuse) of 4-6% (Krug, 2002). We have no statistical data for Romania.

These data confirm the findings of other studies that the most abuses occur at home and not in residential settings. Abusers are close to the elderly: husband, wife, children, grandchildren, and caregivers. The most common situation is that of wife abused by the spouse, often meaning a pattern of abuse developed throughout the whole life together. This type of abuse is followed in frequency of abuse in which his adult son abuses the father. The abusers are usually dependent on the person being abused. Patients with Alzheimer's disease and other dementia disorders have a higher risk of abuse. (APA Working Practitioners...) Elderly abuse occurs in all economic levels. (WHO, Active aging... Working... Practitioners APA) and tends to evolve in the societies facing with economic problems and social disruption, where the general crime and the exploitation tends to increase. (Krug, 2002)

Defining

The 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 in 1995, adopted by INPE) This definition shows that abuse takes place either by commission or by omission. Also, it can be committed either intentionally or unintentionally. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of the human rights, and decreased quality of life for the older person. (Krug, 2002, p. 126)

The literature distinguishes between the following types of elderly abuse: physical abuse, financial abuse, sexual abuse, psycho-emotional abuse, neglect, self neglect and abandonment. In addition older people perceive as abuses: the social exclusion, the violation of human, legal and medical rights, the deprivation: of choices, decisions, status, finances and respect. (WHO / INPE, 2002)

Concerns for the study and prevention of abuse of older people worldwide

Mistreatment of older people – referred to as "elder abuse" – was first described in British scientific journals in 1975 under the term "granny battering". (Krug, 2002, p. 125)

The United States was the first who have taken political action. During the 1980s scientific research and government actions were reported from Australia, Canada, China,

Norway, Sweden, then in the 1990s in Argentina, Brazil, Chile, India, Israel, Japan, South Africa, Britain and other European countries. (Krug, 2002, p. 125) In 1997 The International Network for the Prevention of Elder Abuse (INPE) was established in the U.S., an extremely active NGO having consultative role to the UN, and Action on Elder Abuse with (similar NGO UK) as the most involved in the world. In the United Kingdom and elsewhere in Europe, the abuse of the elderly has been seen rather as a matter of welfare and not of criminal justice.

World Health Organization has initiated several investigations in different countries on this issue, developing a series of valuable publications. In the meeting in Geneva between 11-13 October 2001, WHO has initiated a study on abuse of elderly people in eight countries: Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden. The main method used was focus group. They held focus groups with older people, but also with primary health care professionals, aimed at determining those aspects of the abuse of older people identified by themselves, but also by primary health care team.

Understanding professional abuse is a psychosocial phenomenon still underdeveloped, and public awareness on this issue is minimal throughout the world. (Biggs, p. 74) In our country, elder abuse is a phenomenon still largely ignored by public opinion and, worse, it is almost absent from the Romanian literature in the field. There is no coherent strategy for prevention, no intervention in situations of abuse whose victims are elderly.

Starting from the consideration that the first step in preventing abuse of older people, but also in building an effective intervention in situations of this kind is the awareness of professionals, we have initiated an inquiry similar to those organized by WHO in 2001 with a group of professionals working in the field of elderly social work.

Research Methodology

The purpose of this research was to identify the perceptions and the views of the professionals from the social services for the elderly about old people abuse, and to identify the possible solutions. We wanted to answer the following questions: Are they aware that elder abuse is a problem? What is their professional knowledge about abuse: definition, types, signs, causes, risk factors, modes of intervention and prevention? What are the existing services and intervention strategies to prevent abuse? What concrete steps should be taken to optimize intervention and prevention of elderly abuse? What are the needs of the practitioners in the field?

The research group was formed by nine professionals: three social workers, an official with social work responsibilities, a doctor, a nurse and three carers at home. As the level of training, five of the participants are college graduates; one post high school education and three subjects are high school graduates. Six of them work in home care services for older people, two in residential services for older people, all of which are organized by public providers, and a social worker who has expertise in a non-governmental organization providing home care services, is currently a university lecturer. Community home care services were originally organized by private providers, non-profit system, and in partnership with the local council, as is currently provided by local public social service.

The proposed objectives have reported a qualitative research and focus group was preferred as a method in the group interview yielding some psycho-social processes that can generate richer, more detailed information, with a greater focus on the subject under discussion than individual interviews. The interview guide was constructed by consulting the literature, aiming to highlight the following indicators as goals: the concept of abuse of elderly (hereinafter referred to as abuse), the types of abuse, the causes of abuse, the signs of abuse, risk factors, the perception of the prevalence of abuse, the consequences of abuse, specialized intervention services in cases of abuse, the needs of professionals working with older people among the beneficiaries.

Results and discussion

The perception about abuse. The interviewed professionals perceived as abuses: marginalization, the social exclusion of the elderly, the lack of respect for the elderly, the violence of any kind, the social isolation, ignoring health problems, the theft, taking advantage of dependence, the vulnerability of the old man/woman, swindling, environmental unsuitability of their disabilities, such as, for example, high stairs by the transport means (limiting access to the use of various public facilities), the seizure, the small pensions, the exploitation, the rape, influencing the old to not accept social services – "the shame of his son", prohibiting the exercise of human rights.

The notion of abuse has been circumcised as the broader framework of violence or any act prejudicial to the elderly, regardless of the relationship between the abused and abuser. Abuse was not perceived as a problem solely or mainly medical.

Types of abuse. The focus group participants identified the following categories of abuse of elderly: (1) Physical, (2) Emotional - verbal *("old meet whom seem odd if they were talking beautiful (old meet whom seem odd if they were talking beautiful* - astonishment on their faces shows that there are accustomed to be told so.), (3) Financial (4) Sexual (5) Social (isolation, neglect and exploitation). Although such situations corresponding societal abuse (low pensions, inadequate social policies, attitude and mentalities regarding the elderly) were identified, these were not considered a separate category of abuse.

"Consent" to abuse. A different situation was surprised by the focus group members, that the elderly person willingly accepted the abuse or sought to hide it, they were telling about different cases: *"I met an old man who accepted the abuse."*

The alcoholic son of an old institutionalized woman was visiting his mother only after she received her pension, and asked for money, insulted and even assaulted her. At the initiative of the social worker to oversee the patient's meetings with her son, she refused: "When I die, he will not have who to visit, he will not have anybody." The note said the need for systemic social work. In our country there is no coherent system of services to treat the family as a whole and to seek a holistic approach to its problems. That son also had a need to help that institution's staff could not grant, but could not sent him anywhere.

Another example of acceptance of resignation by the elder to abuse was reported by home care service employees: An elderly couple refuse admission of their schizophrenic son, who has frequent bouts of violence against them, because they fear that the institution will not provide appropriate care for him. They also refused any aid except food. Any discussions

proved futile. After the death of the mother, son and father had been institutionalized in the same centre, and one week after this event, the father died, after he was convinced that his son was well taken care of. Here's a fatherly devotion led to the extreme.

These examples have led to another question, about the difference in abuse perception between professionals and elderly, abused, people, hence the need to inform these old people. Certain behaviors are not identified as elderly abuse, either because they don't know their rights or because their wish to protect their abusing children wins always before the suffering caused.

The causes of abuse. The main causes of abuse identified by subjects were: the indifference, the lack of education, the lack of respect, the bad intent, the lack of religious education, the discrimination, the vulnerability of the elderly, self marginalization, marginalization, recalcitrant attitude of the elderly (both at home and in the institution). The latter is but one indicator of the lack of staff training and of the lack of support for informal caregivers.

It is true that the practitioners who are burn out and those who are exposed to patients' aggressive behavior are more likely to respond to abuse (Senning, 2000, 411), but hitting a career practitioner trained by a resident with mental illness is common and is seen as part of the job (Middleton and Forbes, 1993, apud Senning, 2000, p. 416).

The signs of abuse. As signs of abuse, the professionals have noticed in abused persons: sadness, melancholy, restlessness, excessive suspiciousness, excessive crying, bruises, scratches observed repeatedly, begging, looking for a job, lost, absent attitude, lack of desire to communicate, communication avoidance, apathy, anxiety, fear, reluctance to beneficial action for that person, unnatural reaction against a certain person, unkempt appearance, afraid to answer certain questions, the unhygienic and bad smelling home, avoiding contact with people, looking for excuses, lack of respect for the elderly of others - they talk ugly, dehydration, isolation, scared, withdrawn, agitated, do everything mechanically. They made a distinction between the person signs and signs of elderly person living environment

The risk factors. Group members interviewed have examined the next risk factors for abuse: (1) social: the insufficient pension, good or bad financial situation, the housing instability, the lack of information, the lack of support, no family (loneliness) or dysfunctional families, the lack of access to information ignorance of their rights, (2) psycho-emotional: the marginalization of the elderly, the lack of love from the family, mental manipulation by both the informal network and the formal care, the family perception that the old person is unnecessary, the old people who psychologically abuse other persons, the lack of self esteem, shame felt after an abuse is that is not confessed, because the environment is conducive to committing a new abuse, (3) physical: poor health, serious illness, dementia, state of helplessness, dependency.

Some of the risk factors listed have been validated by scientific research with substantial evidence, for others the evidence is limited, while some of them are opposed, were not confirmed by solid evidence. (National Research Council NRC, 2003, p. 92 and seq.) Many of the risk factors outlined from the participants were confirmed by the empirical research. But elderly abuse is also favored by other risk factors cited in the literature:

different living arrangements, social isolation, dementia, different individual characteristics of the abuser, like mental illness, hostility, alcohol abuse, abuser dependence on the victim. Gender (women more susceptible than men), the relationship between victim and perpetrator (spouse abusers are more likely than children), personality characteristics of the victim, race is mentioned as possible risk factor.

Some risk factors should be opposed: the physical status of elderly, dependent carer stress victim, and the intergenerational transmission of abuse of elderly people in institutions. Regarding the physical status the elderly often state - including our subjects did so - that the dependent elderly are more vulnerable to abuse. Although the elderly who live alone or have other disabilities are more vulnerable to various forms of violence such as robberies, assaults (WHO, 2002, Active... p. 29), studies have not found a direct relationship between elder mistreatment and functional impairment or poor health. (NRC, 2003, p. 97)

The idea that the dependence of the victim and the caregiver's stress favours the appearance of abuse which had dominated for a long time the thinking of professionals in the field, but it was undermined by research (NCEA 2002). Although there are a substantial number of elderly persons who are dependent on relatives for some degree of care, findings about the prevalence of elder mistreatment indicate that only a small minority of the elderly is mistreated. Since abuse occurs in only a small proportion of families, no direct correlation can be assumed between the dependence of an elderly person and abuse, as sometimes has been done. Second, case-comparison studies have generally failed to find either higher rates of elder dependence or greater caregiver stress in elder abuse situations (NRC, 2003, p. 115). The stress, in and of itself, does not cause caregivers to become abusive; rather, it leads to "mood disturbances," which may lead to abuse, but "when caregivers lack adequate income, problem-solving skills or social support, or when they believe that the situation is beyond their control, it triggers a sequence of events that lead to mood disturbances and a loss of rational behavior. It is these mood disturbances that culminate in mistreatment". (NCEA, 2002, p. 9) In the 1990s some studies have shown a link between the level of care needed and abuse – the risk of abuse increased in direct relation to the amount of care required: a greater risk of abuse is linked by a high level of care (defined as the number of hours of care per day and number of years that the care is provided), but others indicate that subjective factors are more important than the objective measures. The quality of past relationships between caregivers and care receivers, caregivers' perceptions of burden, and caregivers' patterns of coping that explain why stress leads some caregivers, but not others, to abuse. (NCEA, 2002, p. 10) The abusive caregivers feel deprived of family support, social networks and public entities. Abusive caregivers who perceived themselves to be socially isolated, for example, were not, in fact, found to be more isolated than their non-abusive counterparts when objective measures of isolation were employed. The abusive, however, tend to be more stressed by certain behaviours of the elderly (e.g. verbal aggression or refusal to take medication).

Intergenerational transmission of abuse of elderly has not been validated by research to date. Social learning theory gives rise to the hypothesis that when individuals experience violent behavior from parents or other role models in childhood, they tend to revert to these learned behaviors when provoked as adults. Those who have been abused in childhood and

they tend to abuse children as adults - what is called “cycle of violence”. Despite these records, in terms of elder abuse, two studies conducted in 1989 and 1994 on the subject found no evidence of intergenerational transmission of physical violence against the elderly. Risk factors remain to be explored for other types of abuse than physical violence. The conclusion of these studies is that given the long-term relationship between victim and perpetrator rather would assess this relationship as a risk factor. (NCA, 2003, p. 99)

“*We must have respect for the elderly, otherwise we do nothing”* said one participant. Respect is the key to a better quality of life of older people, both in society (Mc Cabe, Mellor and McNamara, 2010), and in the residential care (Noelker Linda S. and Harel, 2001). Unfortunately, as all focus group participants suggest, the old man/woman does not enjoy respect, and this lack of respect is one of the main causes of abuse.

Difficulties of the system. Participants showed a great deal of pessimism on how things work in the social work system in Romania: no money for services, the wages are very low. Reflecting on possible ways of fundraising, the development of externally funded projects, they were appreciating that the Phare projects have moved things, but they are characterized by very much bureaucracy, thorough reporting, high volume work, especially reported by the small number of employees in public services.

There are no measures to prevent abuse of the elderly, as there are neither specialized services for intervention in situations of abuse, nor qualified persons to advice abused elderly. The social assistance system of the elderly has been affected by indiscriminate copying of foreign models. There are situations in which the bureaucracy puts serious obstacles: for example, homeless elderly cannot be received in institutions without papers, but this is the situation of those living on the street. Theoretically, they should be assisted in the emergency services, shelters for the homeless, but these are lacking in most cities.

The training and the job satisfaction. During the meeting, all participants showed a constant interest for the subject, they were willing to share their opinions, knowledge and experiences.

Though they all appreciated that they are poorly paid, that salary is not motivating, they have expressed their commitment to the profession in different forms: “*It's good to keep our principles, you must put heart into what you do, to get involved”, “If you try the impossible, and the providence says something”. “You must have respect for the elderly, otherwise you do nothing”.*

Practitioners have had difficulties to understand the question: “Is there in the institution where you work any organized form of support for staff working with older people?” We've talked a lot about the team meetings, about the discussions about the cases, about the request for mediation between the beneficiary and staff. This is due to the absence of any service to them: there are no counseling services, no support groups, and no trainings. The practitioner is a person with his/her own emotions and feelings, who has his/her own problems, with his/her own skills of coping, and he/she can sometimes be overwhelmed, may be affected psychologically, may develop depression or burn out syndrome: “*What happens to the man who works directly with the elderly person? There are many girls (caregivers at home) who have developed depression. That's it! It's not about a situation when it may be difficult to work with people who have a contentious attitude. There were girls in whose arms*

the beneficiaries died. They were attached to the elderly", "Sometimes you become too attached!", "The program should be over at 4pm, but we stay with him there, with the old image that we left there".

Regarding the need for training in the interview the group revealed that only nurses are regularly attending training courses, motivated by the accumulation of professional credits required by nurses, while the public service employees in other professions say that only certain people always go to the training courses (not necessarily strictly geriatric issues), while some professionals have never received such training.

We identified a huge need for communication between professionals: *"Communication is the most requested service in home care. It is important to communicate with the elderly, but also communication between professionals.", "If you do not read, if you do not hear about what others have done, you cannot even dream of things that can be done for the elderly".*

Proposals. Participants made a number of proposals aimed on the one hand at social services for older people, and on the other hand at practitioners in the field. For development of the services they have proposed: ensuring greater social visibility of the social work field, creating partnerships between institutions from different sectors that provide social services as long-term care and emergency services organization, setting up home care services within each rural municipality, the initiation of proposals for legislative changes on Elder Abuse, volunteer development for the elderly in particular for communication services company, one of the main issues that remain unresolved and painful for the elderly is felt, reflected in the tone as his physical and mental solitude. Above all, we need an education in the spirit of respect for the elderly from the earliest ages.

To meet the needs of professionals they have been proposed: organization of training courses in gerontological social work, creating a framework for professional communication experiences, creating a framework for emotional ventilation, counseling for staff, the prevention of the burn out syndrome, introducing social medicine in the curricula for the initial training of doctors.

Conclusions

Professionals working in social services for older people, whether it is home care or residential care, are aware of the vulnerability to abuse of this category of beneficiaries. They have an accurate perception of abuse, identify various types of abuse, but cannot provide a detailed description of the signs of abuse. This is probably due to the lack of training in the field: This information has never been heard, read, studied, and that they are not accustomed to discuss such situations, to report details. Risk factors identified by research subjects have been numerous and are found mostly among those remembered in the literature. Agreement was unanimous in the absence of specialized social services to prevent abuse and to intervene in emergency situations. The need for geriatric training, although much needed, is uncovered. It was highlighted an urgent need for practitioners to communicate among themselves, to receive individual and group counseling, to learn coping strategies.

References

American Psychological Association (APA), *Elder Abuse and Neglect: In Search of Solutions,* http://www.apa.org/pi/aging/resources/guides/elder-abuse.aspx.

APA, *Practitioners Working With Older Adults. What Practitioners Should Know About Working With Older Adults: APA Working Group on the Older Adult.* http://www.apa.org/pi/aging/resources/guides/practitioners-should-know.aspx (08.09.2010, 14.30).

Biggs, S. (1997) *Social Policy as Elderly Abuse* in Decalmer, P. and Glendenning, F. (1997) *The mistreatment of elderly people*. London, New Dely: Sage Publications Lmt.

Jaffe-Gill, E., De Benedictis, T. and Segal, J. (2008) *Elder Abuse and Neglect. Warning Signs, Risk Factors, Prevention, and Help* http://www.helpguide.org/mental/elder_abuse_ physical_emotional_sexual_neglect.ht (7.06.2010).

Krug, E.G. et al., eds (2002) *World report on violence and health*. Geneva: World Health Organization.

McCabe, M.P., Mellor, D. and McNamara, J. (2010) *Respect in an Ageing Society*. March 2010 http://www.cotavic.org.au/__data/assets/pdf_file/1665/respect_in_an_ageing_ societyfull_report.pdf (10 septembrie 2010).

National Center on Elder Abuse NCEA (2002) *Preventing Elderly Abuse by Family Caregivers,* Washington, D.C: National Center on Elder Abuse, March.

National, Research Council (2003) *Elder mistreatment: abuse, neglect, and exploitation in an aging America.* (U.S.). Panel to Review Risk and Prevalence of Elder Abuse and Neglect, Bonnie R.J. şi Wallace R.B. Editors, Washington DC: National Academies Press.

Nerenberg, L. (2008) *Elder abuse prevention: emerging trends and promising strategies.* LLC, New York: Springer Publishing Company.

Noelker, L.S. and Harel, Z. (2001) *Linking quality of long term care and quality of life.* Inc., New York: Springer Publishing Company.

Perel-Levin, S. (2008) *Discussing Screening for Elder Abuse at Primary Health Care Level.* Geneva: World Health Organization.

Senning, J. (2000), *Prevent Abuse in Long Term Care* in Pritchard Pritchard, J. (2000) *Elder abuse work: best practice in Britain and Canada.* Jessica Kingley Publishers.

WHO/INPEA (2002) *Missing voices: views of older persons on elder abuse.* Geneva.

WHO (2002) *Active Ageing A Policy Framework.* A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002, World Health Organization.