"A Total Indifference to our Dignity"

Older People's Understandings of Elder Abuse

Contributors

Marita O'Brien
Independent Researcher

Emer Begley
Social Inclusion Officer, Age Action Ireland

Janet Carter Anand
Research Fellow, Social Policy and Ageing Research Centre, Trinity College Dublin
Lecturer in Social Work, Queens University, Belfast

Campbell Killick
Research Officer, South East Health and Social Care Trust, Northern Ireland

Brian Taylor
Senior Lecturer, Institute for Research in Social Science, University of Ulster

Evelyn Doyle
Peer Researcher (NI)

Mary McCarthy
Peer Researcher (ROI)

Sam McCrossan
Peer Researcher (NI)

Evelyn Moran
Peer Researcher (ROI)

For further information please contact:
Emer Begley

Telephone: 00 353 (0)1 4756989
Email: socialinclusion@ageaction.ie
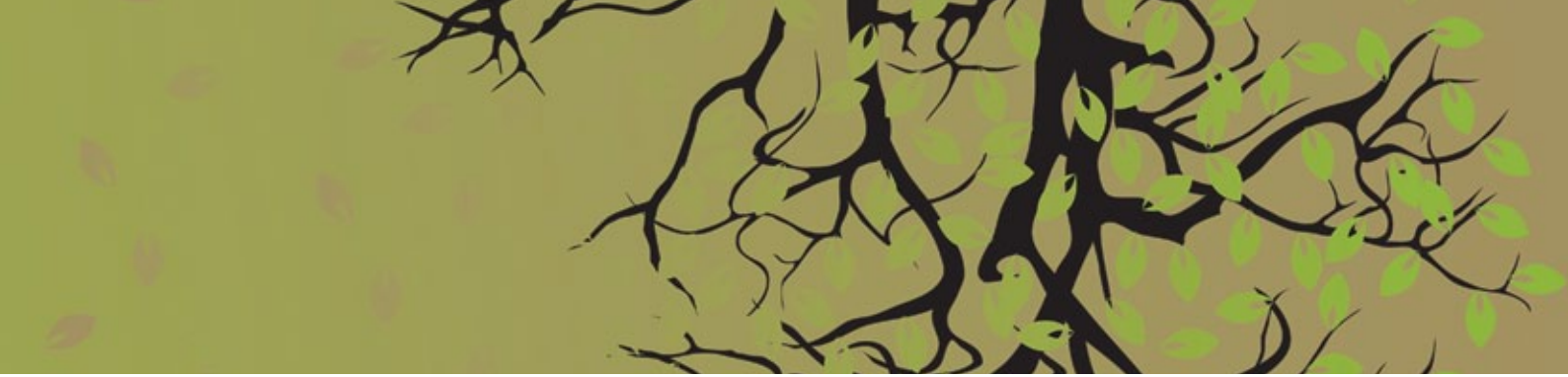
Acknowledgements

Foreword

It is indeed a pleasure to introduce this report to you the reader. Like me you will perhaps be impressed that there are so many older people across Ireland who are willing to talk about the subject of abuse and who hold strong beliefs that it is not only unacceptable but that steps can be taken to prevent it and to support those who have suffered in this way.

There are many interesting points raised in this report and I will not delay your own reading. However, I hope that, like me, you will hear the great conviction of older people that abuse must be addressed as a policy issue and within communities and families. This comes across strongly. There are many calls for politicians to 'do something' and here are the voices of older people saying that their own rights to live safely need to be ensured as far as possible while respecting their own decisions.

Importantly the older people consulted in this research are not 'victims' in the main, though some doubtless have had sad experiences. They are voters and tax payers who are perhaps talking on behalf of many older people in wanting elder abuse to be addressed and because they were recruited to this research study from community organisations, they also confirm that older people's groups are willing to address issues which are painful and raw. Now may be a good time to investigate how older people can support each other and challenge abuse and abusers.

There are few examples of older people contributing to debates on elder abuse so this report will be of interest to policy makers, researchers and practitioners in helping services beyond the island of Ireland. I would not be surprised if the study were repeated in other areas of the world.

It is important too to recall that this is only one step in a longer journey to explore older people's views and experiences. As you will gather on reading the report, the older people interviewed and indeed those older researchers who participated in the study itself, were not living in care facilities and many were not very disabled or frail. We will need to talk to people who are in different circumstances to complete our picture of what older people want and feel they have a right to expect.

I know that the authors of the research would very much like to hear from you with your reactions to the study. May I on your behalf as well as my own, thank the authors and the participants in this study for their work and contribution to this important subject.

Jill Manthorpe

Professor of Social Work
Social Care Workforce Research Unit
King's College London
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Contents

Contents

Executive Summary

ABOUT THE PROJECT

Elder abuse is recognised increasingly as a socially and culturally constructed phenomenon. However, older people's understandings of abuse and how these understandings affect their interactions with existing support services remain relatively unknown. Supports and services in response to this issue have traditionally been developed by professionals and practitioners. The current project addressed this gap in knowledge by being the first study carried out in the island of Ireland to directly consult older people on their perceptions of elder abuse. This report documents the findings of eight focus groups which were carried out across Ireland between October 2010 and February 2011. A total of 58 people aged 65 years and over took part in the research.

TAKING A PARTICIPATORY APPROACH

The design of the study was participatory, qualitative, multi-disciplinary and had a cross-border dimension. The reason for taking this approach was that by its nature elder abuse dis-empowers older people, it was therefore important that the research methodology supported empowerment. Hence older people were involved at both ends of the continuum, as research informants (through focus group participation) and as peer-researchers. Following training in research methods, specifically in facilitating focus groups and data analysis, four lay people aged 60 years and over became part of the research team as 'peer-researchers'.

The active involvement of the peer researchers provided an additional richness to the design, data-gathering and analysis. In the focus group sessions, by connecting with participants, they created informal spaces where participants felt free to speak their minds and share experiences. Their reflections on what lay behind particular utterances highlighted social and cultural norms that influenced this cohort of older people. This indicates that the notion of peer researcher, traditionally confined to the field of youth research, is as valid and important to the field of gerontology, in that the peer researchers and the group being studied shared common understandings and experiences specific to them that those outside this group may not access as easily.

RESEARCH AIMS

The aim of this research was to shed light on how older people understand elder abuse. It also sought to identify what older adults consider to be the main threats to their personal safety and well-being in their communities and what services and supports they think are useful to address cases of abuse.

Executive Summary

Findings show that the current definitions of elder abuse, which centre on the actions or inactions of a person or persons where there is an expectation of trust, ignore wider societal issues like the withdrawal of respect and recognition. This serves to place older people in vulnerable positions. Standard typologies of abuse were recognised by participants, although sexual abuse was not commonly mentioned except when prompted. However, what also emerged was a new concept of 'personhood abuse'. This refers to societal attitudes; how these affect a person's confidence, autonomy and agency resulting in an inability to say no or to stand up for oneself against abusive acts, words and pressures possibly from fear of negative repercussions such as withdrawal of contact and/or care.

Many ways were identified to support older people and reduce the opportunity for abusive actions to occur. They centred on community-based and peer supports through 'having someone to talk to' and being aware of their rights. Continued involvement in community based activity which keeps people active and participating in society, such as community transport and clubs, supported people's access to amenities and opportunities for engagement and were identified as ways to prevent abuse from happening. Enhanced status, resources and support therefore need to be given to these types of community activities to prevent abuse occurring in the first place. These types of supports can enable older people to share their concerns in an everyday setting and to gain informal support and confidence; seeking more formal interventions when necessary.

Section 1

Details of the Project

"Everyone has been betrayed by someone - some more profoundly than others. Betrayal is a violation that strikes at the core of our being; to make ourselves vulnerable and entrust our well-being to another, only to be harmed by those on whom our hopes were set, is among the worst pain of human experience." (Eldredge, 1998)

1.1 INTRODUCTION

Studies on the prevalence of elder abuse estimate that 2.2% (Naughton et al, 2010) in the Republic of Ireland (ROI) and 2% (O'Keefe et al, 2007) of older people in Northern Ireland (NI) experience abuse in community settings. Population ageing suggests that the phenomenon of elder abuse and the number of people who will experience abuse in older age will increase. In both the Republic and Northern Ireland, policy and practice responses have been developed, albeit still in their infancy, following the publication of Protecting our Future (Working Group on Elder Abuse, 2002), No Secrets (Department of Health, 2000) and Safeguarding Vulnerable Adults; Regional Adult Protection Policy and Procedural Guide (Northern Ireland Health and Social Services Board, 2006). These responses are welcomed. However, elder abuse is recognised increasingly as a socially and culturally constructed phenomenon (Estes, 2001). Older people's understandings of abuse and how these understandings affect their interactions with existing support services remain relatively unknown. Policy has generally been developed from a top-down approach focusing on criminal actions and the responsibilities of investigating agencies rather than on the perceptions and needs of older people (Estes, 2001; Philips, 1996).

This project addressed this gap in knowledge as the first Irish study to directly consult with older people about their perceptions of elder abuse. Funded by the Centre for Ageing and Research and Development in Ireland (CARDI) the project titled A total indifference to our dignity: Older People's Understandings of Elder Abuse brings together research partners from a range of agencies, sectors and disciplines, including Trinity College Dublin, the University of Ulster, the South Eastern Health and Social Care Trust (NI), Age Action Ireland, an independent researcher and four peer researchers.

1.2 RATIONALE

The broad rationale for undertaking the study is that despite extensive research relating to elder abuse, very few studies have considered the perceptions of older people themselves. The definitions and investigations of elder abuse have also to date been professionally driven; it can be argued that these are based on policies and procedures for the protection of children. Research has sought to investigate professional (Cooper et al, 2009, Daly and Coffey, 2010, Killick and Taylor, in Press) and public (Hussein et al, 2007) perceptions of abuse but little is known about the views of older people and studies that have been undertaken suggest that the perceptions of older people may differ from those of professionals and policy makers. For example, a World Health Organisation

study (WHO/INPEA, 2002) in eight countries found that older people placed particular emphasis on the themes of rights, choice, dignity, respect and the devaluing of older people in families and communities.

The debate on elder abuse has shifted from defining forms of abuse to how best to respond to and protect older adults against aggression, violence and exploitation. Governments and service providers have favoured protective and legalistic approaches to elder abuse. Yet the law and protective services alone cannot adequately protect vulnerable older adults (McCallum, 1993). It can be argued, therefore, that more sustainable and proactive models of service delivery which interweave informal sources of support (family, friends, peers etc.) with formal services (health, welfare, advocacy and legal services) are the key to empowering older people in communities. However, we first need to establish how older people think and feel about the issue.

1.3 AIMS AND OBJECTIVES

This research sought to explore the concept of elder abuse from an all-Ireland perspective by engaging with older people living in the community.

The specific objectives of the study were to:

(i)   Investigate what older adults perceive to be elder abuse

(ii) Identify what older adults consider to be the main threats to their personal safety and well-being in their communities

(iii) Identify what services older people would use if they experienced abuse

(iv) Identify what changes to services older people would like to see.

We did not want to explore individual experiences but wanted to discuss the issues more broadly so participants were invited to take part in a focus group in their local area.

1.4 STUDY DESIGN

The research was a participatory, qualitative study using elements of grounded theory. A total of 58 people took part in 8 focus groups conducted across the island of Ireland (four in Northern Ireland and four in the Republic of Ireland) between October 2010 and February 2011. All study participants were aged 65 years or over and lived in the community, either in their own homes or in sheltered accommodation. The study was explorative and due to the sensitive nature of the topic a key component was the involvement of four older people as peer-researchers to encourage and engage participants. Following training in research methods, specifically in facilitating focus groups and data analysis, the peer researchers became part of the research team. Section 3 describes the participatory element of the research in more detail. The peer researchers were integral to decisions taken about study design, data collection and analysis and they have subsequently engaged in disseminating information about the research.

1.5 REPORT STRUCTURE

The main body of the report focuses on the findings of the study (Section 4 and 5) and how the findings have added to knowledge and their relevance to policy and practice. The findings follow a discussion of the literature, examining both the policy context North and South and a review of older people's understandings of abuse. The methodology section outlines the participatory and qualitative nature of the research; its uniqueness involving older people in a number of ways, as participants, as gatekeepers and significantly as peer-researchers. In the following two sections the findings are outlined. The report concludes with a discussion on the implications of the findings for policy and practice.

Section 2
Policy and Literature Review

2.1 NATIONAL AND INTERNATIONAL CONTEXT

Abuse of older people is not a new phenomenon, although formal responses are still in their infancy. The concept of elder abuse was first described in the UK in scientific journals in the 1970's (Baker, 1975; Burston, 1975). However, the conceptualisation of 'elder abuse' only emerged towards the end of the 20th century. O'Loughlin (2008) suggests that this was due to: an increased focus on abuse in general, the growing emergence of child abuse as a social problem, and commitments in the 1990's to tackle violence against women. Addressing elder abuse is now regarded as a universal reflection of worldwide concern about human rights, gender equality, domestic violence and population ageing (Killick and Taylor, 2009; O'Loughlin, 2008; quoting Krug et al, 2002).

In recent years there has been a growing body of UK and international literature relating to prevalence (Thomas, 2002), risk factors (Campbell and Browne, 2001; Lachs et al, 1997) and attitudes (Hudson and Carlson, 1998). Evidence from international studies shows that between 0.8% and 18% of older people living in the community experience abuse (Comijs, 1999; Lowenstein et al, 2009; Marmolejo, 2008; Pillemer and Finkelhor, 1988; Podnieks, 1990; O'Keefe et al, 2007), although it must be noted that different forms of abuse were measured in different studies. A study by O'Keefe and colleagues (2007) indicated that prevalence rates in Northern Ireland (2%) were lower than in England (2.6%), Scotland (3%) and Wales (3.1%). However, due to wide confidence intervals in this study, the accuracy of estimates cannot be guaranteed (Killick, 2008). The National Centre for the Protection of Older People (Naughtan et al, 2010) carried out the first Republic of Ireland elder abuse prevalence study in 2010. The findings are similar to prevalence rates documented in Northern Ireland; 2.2% (10,200) of older people in the Republic of Ireland had experienced abuse in the previous 12 months.

It is argued that there have been slow responses to prevention and the protection of people at risk of abuse (McAlpine, 2008). For instance, it is only very recently that the issue has received government attention in the Republic of Ireland (O'Dwyer and O'Neill, 2008). Before 2002 it was not formulated as an issue with defined policies for action (NCAOP, 2009). The issue first received attention at a national level in the Republic of Ireland (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 to place 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 relation to broader public awareness, the Leas Cross nursing home scandal shown on national television is regarded as propelling the issue of elder abuse onto the national agenda and into

the public's consciousness in the Republic of Ireland (O'Dwyer and O'Neill, 2008). It exposed the neglect and mistreatment of older people in a long-term care setting.

In England a number of scandals and pressure from older people's lobby groups (Cambridge and Parkes, 2006) culminated in a national strategic response entitled No Secrets (Department of Health, 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 No Secrets.

2.1.1 SOCIAL SERVICE RESPONSES

In both jurisdictions there is a service response to alleged incidence of elder abuse through the vulnerable adult protection service in NI and the elder abuse casework service in ROI. In 2006, a regional adult protection policy and procedural guidance document was produced by the Health and Social Services Boards in Northern Ireland. It outlines the procedures that staff should follow should they suspect abuse or if alleged abuse has been disclosed to them. The principles of this document include: individual rights, inter-agency working, confidentiality, and consent and capacity. 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 the procedures by a social worker working in a team, such as elder care, mental health or disability. A designated officer (a senior manager) then considers the report of the investigating social worker and other reports in deciding on the health and social care response.

In ROI, the HSE published Responding to Allegations of Elder Abuse in 2008. Like the NI adult protection policy and procedural guidance, this lists procedures for staff, although not as comprehensively as the NI document. Thirty-two elder abuse case workers operate through local health offices and a further structure of the elder abuse services 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. These structures are not underpinned by legislation and a lack of legislation generally in relation to the abuse of older people is evident in both jurisdictions. There is some inconsistency in the professional responses to elder abuse (Killick and Taylor, in press) and in NI indications are that responses may relate more to risk management within public organisations than to the actual needs of older people (Taylor, 2006; Taylor and Donnelly, 2006a).

At an international level, 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 Organisation (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 (INPEA) which was established in 1997; the Toronto Declaration on the Global Prevention of Elder Abuse (WHO, 2004); the Research Agenda on Ageing for the 21st Century (support to the Madrid International Plan of Action on Ageing) (United Nations, 2002) and WHO's (2008) publication a Global Response to Elder Abuse and Neglect.

Profile of the Ageing Population in Ireland

- 717,000 people aged 65 and over live on the island; a relatively young population by EU standards, where the average is 16.8%;

- 14% (249,100) of the population is aged 65 years and over in NI; 11.1% (467,900) in the Republic of Ireland;

- By 2041 there will be 1.4 million people in the older age group in ROI and 493,000 in NI (24% and 22% respectively);

- It is likely that the number of people experiencing and at risk of abuse will also increase (O'Dwyer and O'Neill, 2008).

2.2 A PROBLEM OF DEFINITION

There is no universally accepted definition of elder abuse (UN, 2002). In England, No Secrets recognises the difficulty in defining abuse but suggests the following as a "starting point":

Abuse is a violation of an individual's human and civil rights by any other person or persons (Department of Health ((DH), 2000: 9).

The definition of abuse outlined in Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidelines (2006:10) in Northern Ireland is derived from the Management Executive of the Department of Health and Social Services in 2006, which states that abuse 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.

This definition is much broader. It outlines various typologies of abuse including acts of omission. It recognises that abuse can occur within a relationship of trust but also outside it, thus incorporating abuse by strangers. Problems such as financial abuse by people who target older people and crimes against older people who may suffer robbery, burglary or crimes of violence because they are old and are perceived as easy targets can be included in this definition.

In ROI the definition of elder abuse outlined by the Working Group on Elder Abuse in 2002 is similar to that outlined in Safeguarding Vulnerable Adults (2006). It is based on Action on Elder Abuse's (1995) definition, which was also adopted by the World Health Organisation (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 definition covers the frequency and intensity of the abuse; recognising acts of omission and commission as well as intentional and unintentional forms of abuse. There is a relationship between the abuser and the abused where there is some expectation of trust (Daichman, 2005). This definition does not include abuse by strangers or self-neglect.

A lack of a universally accepted definition can create problems in relation to prevention, identification and management (NCPOP, 2009). On the other hand it is recognised that elder abuse needs to be viewed within specific cultural contexts (WHO, 2002; Van Bavel et al, 2010), which then dictate mechanisms for prevention and appropriate responses. This is reflected in the definitions and typologies commonly used in different jurisdictions: "Existing definitions of abuse of older persons reflect distinctions between acceptable and unacceptable interpersonal and communal behaviour in different societies" (UN, 2002: 4).

There is some evidence of dissatisfaction with the current service-led concepts or definitions of vulnerability and abuse. In a consultation on the review of "No Secrets" (DH, 2009: 13), adult service users and their representatives provided four key messages:

(i)   Safeguarding requires empowerment/the 'victim's' voice

(ii) Empowerment is everybody's business but safeguarding decisions are not

(iii) Safeguarding Adults is not like Child Protection

(iv) The participation/representation of people who lack capacity is also important

These themes are echoed by Daniel and Bowes (2010) who argue that the terms vulnerability and abuse are inadequate in conceptualising the issue. Similarly the WHO study (2002) challenges the prevalent view of abuse based on concepts of perpetrator or family pathology. This narrow focus fails to recognise the importance of broader societal issues.

The types of elder abuse categorised in national policy documents in NI and ROI are very similar. The Protecting our Future (2002) document outlines a number of specific types of abuse similar to those identified in NI, although, interestingly, institutional abuse is not included. Those categorised include:

- physical abuse - hitting, slapping, pushing, kicking, spitting, misuse of medication, restraint or inappropriate sanctions

- sexual abuse - rape and sexual assault or sexual actions to which the older adult has not consented, or could not consent

- psychological abuse - emotional abuse, threats of harm or abandonment, deprivation or contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

- financial or material abuse - theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

- neglect and acts of omission - ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating or failing to provide appropriate equipment

- discriminatory abuse (racism, ageism, sexism, and other forms of harassment, slurs or similar treatment).

The omission of institutional abuse from the ROI policy document may reflect a cultural or political environment that differs from NI.

There are many other typologies, as outlined in the United Nations (2002) publication Abuse of Older Persons: recognising and responding to abuse of older persons in a global context, which go beyond the four main categories of abuse which they identify as: physical, emotional, financial and neglect. Others include: self-neglect, sexual abuse, spousal abuse, medication abuse, abandonment or desertion, loss of respect, systemic abuse, economic violence, scape-goating, social or domestic violence, political violence and armed conflict and HIV/AIDS related violence.

2.3 THE VIEWS OF OLDER PEOPLE

A review of the literature undertaken as part of the study, sought to identify empirical research relating to older people's conceptualisation of abuse. Studies were identified which focused on older people living in the community. The findings from these can be grouped into five themes, namely care giving, domestic violence, society, abusive acts and thresholds.

2.3.1 CARE GIVING

Many of the investigations into older people's perceptions of abuse have linked the concept with the failure of family members to behave in an expected manner (Annetzberger et al, 1996; Chang and Moon, 1997; Mouton et al 2005). Annetzberger et al. (1996) cited shortcomings in the caring role as one of the "worst things that a family member can do to an elderly person". Older people in a study by Chang and Moon (1997) described disrespectful actions of sons, daughters and daughters-in-law towards their elderly parents. Financial abuse was most frequently cited (36%) followed by psychological abuse (24%) that included a lack of care and emotional warmth.

A second aspect of care giving identified in studies was the potential for a mutually harmful dynamic within the caring relationship (Morbey, 2002; Mouton et al, 2005; Stratton and Moore, 2007). These studies clearly linked the potential for abuse in later life with the quality of the relationship and the stresses of care giving. Stratton and Moore (2007) suggested that men in particular, experience negative consequences from the breakdown of family cohesion (kin keeping). The personalities of the older man and their adult children may also be a factor contributing to conflict and reducing the sense of obligation, which in turn could contribute to neglect.

A common theme described by focus group members in Walsh et al's (2007) study was the intergenerational nature of violence and abuse. Adults who perpetrate abuse on their children were said to become victims of abuse when they were older and dependant. Similarly examples were given of abusive acts replicating from grandparents to parents and on to children.

Participants suggested that older people were not valued within families and children were not brought up to respect older relatives.

2.3.2 DOMESTIC VIOLENCE

In four studies the abuse of older people was described as an extension of domestic violence (Montminy, 2005; Seff et al, 2008; Shibusawa and Yick 2007; Walsh et al 2007). These studies indicated that the abuse of older people incorporated a power dynamic with intimate partner abuse often beginning early in the relationship and continuing into later life. Some participants described how after many years of abuse they began to accept violent behaviour as "normal". Others had witnessed domestic violence by parents and found this was replicated in their own relationships as adults.

2.3.3 SOCIETY

In defining abuse, a number of studies (Stones and Bedard, 2002; Mouton et al 2005; Erlingsson et al, 2005) highlighted the influence of social expectations and norms. Gender roles, family obligations and marital fidelity, were all shown to be influential in older people's conceptualisations of abuse. There was consensus that ageist attitudes within society led to an acceptance of mistreatment. There was a perceived reduction in respect for older people, particularly among children and some participants in these studies felt that these attitudes limited their autonomy.

Studies among different cultural groups (Annetzberger et al, 1996; Chang and Moon, 1997; Pablo and Braun, 1997; Moon and Williams, 1993; Shibusawa and Yick 2007) particularly in the US, found that older people in some minority ethnic groups placed greater importance on family responsibilities and were more tolerant of physical abuse. Chang and Moon (1997) identified differing attitudes to abuse that they attributed to acculturation. They speculated that some groups of Asian-Americans may be more acculturated to the majority US norms and values including attitudes to family responsibilities. The focus on acculturation as a better indicator of views than ethnic grouping was supported by Shibusawa and Yick (2007) who found that older Chinese Americans who were less acculturated were more likely to tolerate physical violence towards women.

2.3.4 ABUSIVE ACTS

Some studies have explored older people's awareness of abuse and the types of behaviours that they perceive to be abusive. The World Health Organisation (WHO/INPEA, 2002) carried out a study in eight countries. While some differences were noted between groups, they all emphasised the devaluing of older people in families and communities. Physical and sexual abuse were rarely discussed but the erosion of rights, choice, dignity and respect were common themes. Six key categories of abuse were identified based on participant view:

- Structural and societal abuse

- Neglect and abandonment

- Disrespect and ageist attitudes

- Psychological, emotional and verbal abuse

- Physical abuse

- Legal and financial abuse

One of the few large-scale studies into older people's conceptualisation of abuse was undertaken by Tsukada et al (2001). During the first stage of a longitudinal study of ageing, over 4,000 Japanese older people were asked if they recognised the term "elder abuse". Those who responded positively were asked to provide examples of abusive acts. Just over half (51.3%) of those surveyed had heard of "elder abuse" with recognition being related to younger age, male gender, married status and high school or higher education. Those living with a daughter-in-law (yome) were less likely to recognise the term than those in other family settings. Those who recognised elder abuse were asked to describe the type of behaviour that might be involved. The researchers later categorised these responses into psychological abuse (68.8%), neglect (37%), financial abuse (13.6%) and physical abuse (3.8%). Behaviours relating to sexual abuse or self-abuse were not described.

For focus group members in a study by Mouton et al (2005) the presence of abuse and its perceived severity were related to physical and mental characteristics of the victim and to characteristics of the interaction including resistance to care, retaliation and perpetrator intent. Older people lacking physical or mental capacity were deemed to be more vulnerable and the actions of the carer were therefore more abusive. The groups also felt that having greater physical size or strength could make a carer (particularly a male) more powerful than the older person. The inappropriate use of this power was deemed to be a component of abuse. Dilemmas were identified where an older person seemed to have the capacity to understand the consequences of exploitation but chose to remain in the situation.

Similar interaction factors were identified in Nandlal and Wood's (1997) discourse analysis of interviews with eight older people who had experienced abuse. The participants recognised various forms of abuse that they linked to the deliberate actions of another person that violated moral standards and had negative consequences for the victim. Neglect and self-neglect were not included in the descriptions of abuse. The main forms of abuse described were physical and emotional (mental) and participants suggested that emotional abuse had the potential to be more severe than physical abuse. In a study by Erlingson et al (2005) participants perceived abuse primarily as criminal activity by strangers (often young people) such as robbery or assault. Abusive acts caused fear, suspicion and degraded victims which in turn might make the older person reluctant to go out alone.

2.3.5 THRESHOLDS

Four studies have investigated some comparison of the conceptual thresholds held by older people and other groups (Stones and Bedard, 2002; Mouton et al 2005; Helme and Cueva, 2007; Shibusawa and Yick, 2007). By questioning professionals and carers in addition to older people, these investigations provide an important insight into similarities and differences in perceptions.

Helme and Cueva (2007) asked General Practitioners, carers, independent older adults and care receiving older adults to rate the seriousness of 10 potentially abusive scenarios. In general the two groups of older people perceived the scenarios as more abusive than the carers did who in turn perceived them as more abusive than the GPs. Beyond these general findings the results of the study indicated a complex interacting relationship between groups, gender and category of abuse. Older care receivers, particularly men, rated psychological abuse higher than the other three groups of participants and older care receivers, particularly women, rated financial abuse lower that the other three groups of participants. Neglect and sexual abuse were perceived as the most severe forms of abuse followed by psychological, physical and finally financial abuse. Helme and Cueva recognise the limitations of quantitative ratings of specific scenarios that represent the categories of abuse. They suggest that in-depth interviews would further illuminate the differences and similarities in perceptions.

Gender was also significant in the study by Shibusawa and Yick (2007) who found that men and less acculturated older people were more inclined to justify physical violence towards women. Stones and Bedard (2002) also found complex relationships when investigating the conceptual abuse thresholds used by older people and professionals. There was some consistency in ratings of abuse provided by older people and professionals but, in contrast to Helme and Cueva they found that older people used higher thresholds (lower ratings of abuse) than professionals. They also found that community size (rural/urban) influenced thresholds whereas gender, occupational status and years of education were not shown to have a significant impact. Mouton et al (2005) found that professionals were less inclined to be influenced by mitigating circumstances and contextual factors. Professionals were also more likely to value the decisions of the older person than lay people whose views were based on a desire to achieve what they perceived as the most satisfactory outcome.

2.3.6 VIEWS OF PEOPLE WHO HAVE EXPERIENCED ABUSE

A small number of studies have investigated the views of people who have experienced abuse (Pritchard, 1999; Douglas, 2004; Hightower et al, 2006). People who had experienced abuse felt they had little control over proceedings and the language used and the pace of the investigation often bewildered them. Many found the investigation process and case conferences to be unhelpful. Pritchard (1999) emphasized the need to build relationships with individuals who may have little experience of trust and she argued for a service based on the needs of the person who experienced abuse and delivered at a pace appropriate for them. This theme is echoed by Hightower et al (2006: 224) in a study of accounts provided by older women who had suffered abuse. They found the isolation and victimization had often occurred over many years and they argued that any intervention needed to recognize the prolonged nature of the victims' experiences:

Older abused women need a safe environment, emotional support, an opportunity for sharing, education and information, a place to talk, interactions with other abused older women, the means for developing coping skills and decision-making abilities, and above all a way of shattering their isolation.

Douglas (2004) found that victims of abuse in Northern Ireland had similar negative experiences of investigations. He described two extremes of "unresponsive" and "disempowering" interventions. He suggested that a more effective approach might be "sensitive authority" which combined humanity with protection.

2.4 SECTION SUMMARY

Policy and practice responses to elder abuse in both jurisdictions, North and South, are in their infancy. However, policy to address elder abuse has been developed in both areas. A critical difference is that in the North it relates to all vulnerable adults, shaping an adult protection response. In the South, there has been a dedicated approach to the issue of elder abuse. The question of positioning abuse within a vulnerable adults' framework would raise significant operational implications for the HSE (NCAOP, 2009) which means that to date a vulnerable adults' framework has not been adopted. Moreover, a variation in definitions used in the two jurisdictions represents different attitudes and approaches to abuse.

The research relating to older people's perspectives of abuse is limited but it suggests two key themes that require further investigation. Firstly, the term 'abuse' may not be one that older people understand or use to describe their experiences. When prompted to describe abuse, there was some recognition of types of mistreatment including neglect, physical harm and financial exploitation; however some participants also emphasised the failure of family members to meet expectations of care and respect. Secondly, many of the studies found that older people perceived abuse within a societal context which is in stark contrast to existing definitions which focus on the vulnerability of the individual. Some of the participants linked abuse to ageist attitudes within families and society. As such, mistreatment may be seen as a symptom of a society that failed to value older people or prioritise their needs.

Much of the available research on older people's perceptions of abuse relates to specific cultural groups or populations. There is little data from Ireland or the UK that would allow local policies and definitions to be evaluated.

Section 3
Research Methods

The purpose of the study was to elicit older people's understanding of elder abuse and their preferred strategies for prevention, support and protection in Ireland, North and South. A qualitative approach embodying elements of grounded theory was adopted as this method of enquiry looks at meanings and understandings. Seeking older people's views as service users is a key principle of best practice in health and social research (Fenge, 2010). However, by its nature, elder abuse dis-empowers older people and hence it was important that the methodology used in this study supported empowerment. Participatory research methods aim to balance power between researchers and researched; involving the researched in the research process is viewed as a mechanism for empowerment and action for change (Isreal et al, 1998; Newell and South, 2009; Cornes et al, 2008; Clough et al, 2006). Therefore, in this research the methodology involved two elements: qualitative research methods and participatory research methods involving older people at both ends of the continuum, as research informants and as peer-researchers.

3.1 QUALITATIVE RESEARCH METHOD

In considering the tool to be used for data collection the sensitivity of the topic of elder abuse and the lack of discourse in everyday conversation were important. Focus groups are a 'self-contained' method of data collection in that they reveal participants' experiences and perspectives that might not be accessible without group interaction (Liamputtong and Ezzy, 2005). Wilkinson (2004) cited the usefulness of focus groups in eliciting understanding of a concept and suggested that they are particularly suited to exploring sensitive issues because they create a sense of solidarity amongst friends and are more 'naturalistic' (closer to everyday conversation) then one-to-one interviews. Krueger and Casey (2009) pointed to the value of focus groups in identifying needs and helping developing policy and practices. Hence, for this study, data was collected from eight focus groups across Ireland, four in the North and four in the South.

3.2 PARTICIPATORY RESEARCH METHOD

3.2.1 INVOLVING OLDER PEOPLE AS PEER RESEARCHERS

Walker (2007) argued that the engagement of older people in research is warranted for a number of reasons. Firstly, on grounds of human rights older people have a right to be part of a process where they are the subject or object of research. Providing older people with the skills necessary to carry out research builds capacity and confidence enabling older people to exercise control over the process. Secondly, if findings are to be relevant they need to reflect older people's understanding of issues, which may be far removed from those of social scientists. Thirdly, engagement is a means

of challenging ageism and enabling self-representation by older people. We also recognized that people have different expertise; older people are experts in the field of ageing, they have the advantage of life experience and the topic of elder abuse has particular salience within their realm. In addition, the sensitive nature of the topic meant people may not feel comfortable discussing it and having older people as peers to co-facilitate the focus groups might encourage and engage participants. This is echoed in other research findings which show that interviewees were more inclined to disclose information about their personal life to trainee older researchers as they perceived them as sharing similar life experiences and outlooks, perhaps like an encounter between friends (Leamy and Clough, 2006).

Barnes and Taylor (2009) described four ways older people can be involved in research, as active subjects, advisors, research practitioners and direct commissioners of research. In this study older people were involved as active subjects and research practitioners working in collaboration with other members of the research team (academics, independent researcher, practitioner, and community worker).

Four unpaid volunteers, two from Northern Ireland and two from the Republic of Ireland were recruited through Age Action Ireland and Age Northern Ireland (AgeNI) networks. An informal meeting took place at the beginning of the research to discuss the project and the level of their involvement. At this meeting peer researchers were provided with information on the study and consent forms. In relation to inclusion, peer researchers had to be aged over 60, living in the community and interested in learning and using research skills. Selection was based on general communication skills and willingness to undertake training. The four peer researchers included three women and one man. Their ages ranged from the mid 60's to mid 80's and they were all retired or semi-retired. Their professional backgrounds included psychology, nursing/social work, teaching and business. They took on aspects of research design, data collection, analysis and dissemination. To increase learning, the peer researchers recorded their critical reflection of the research process (Schon, 1991) along with other team members and these reflections were shared at a reflective event convened at the end of the project.

3.2.2 PEER RESEARCHERS' ROLE IN DESIGNING AND CONDUCTING THE RESEARCH

The peer researchers took part in two day-long workshops. Like Burholt et al (2010), the training module followed principles of andragogy, the art and science of teaching adults. These principles recognise that adult learners bring with them different knowledge and experiences. In our meeting with the peer researchers prior to developing the training workshops, we spoke about their life experiences and this informed the training modules. The first workshop presented background information on the project, explored the peer-researchers expectations and sought peer-researchers input into these aspects of the study:

- design and content of the information sheet
- design and content of the consent form
- the focus group interview schedule
- site selection and sample recruitment

This workshop also provided the peer researchers with training in facilitating focus groups using guidelines set down by Krueger and Casey (2009). These guidelines outline two distinct roles: the moderator/facilitator or leader directs the discussion and keeps the conversation flowing and the assistant moderator/facilitator observes, takes notes and follows up topics of interest that the facilitator may have overlooked. Having completed the training day, the peer researchers felt confident to undertake this role. Their confidence may be in part due to their experiences in discussion groups (members of Age NI platform group for instance) and in past occupations and previous work in a research environment. We agreed that the project researcher (MOB) and a peer researcher would form facilitating teams to carry out the focus group sessions. One team member took the role of facilitator and the other assistant facilitator (Krueger and Casey, 2009). The project researcher (MOB) acted as facilitator at each of the peer researcher's first focus groups. At the peer researchers' second focus group sessions, they chose their role, facilitator, or assistant facilitator, as it was important they felt comfortable in their role. The location generally dictated which peer researcher was involved in facilitating the focus group. The peer researchers facilitated or co-facilitated at their second focus group session. At the end of the session the peer researchers provided feedback on what they saw as the issues raised, what went well and what needed improvement.

The second workshop provided an introduction to qualitative analysis using Krueger and Casey's (2009) classic approach. This approach was used as it enabled the peer researchers to take a 'hands-on' approach to the data so they were able to participate fully in the analysis of the data, both at the training workshop and individual sessions with the project researcher going through the data generated at their focus group sessions. Whilst some of the peer researchers had access to and used computers, undertaking analysis using computer software such as NVivo would have excluded some people. The classic approach that was used promoted partnership, which Dewar (2005) argues is essential to a participatory model.

Three of the peer researchers went on to facilitate and analyse seven of the eight focus groups; unfortunately one of the peer researchers from NI had to withdraw from the project due to her ill health.

3.3 SAMPLE RECRUITMENT

Convenience sampling was used to recruit participants from community-based organisations including senior citizen social clubs, luncheon club, University of Third Age group, Active retirement group, seniors' voluntary group and other older people's forums. Moylneux and Irvine (2004) observed that there is no 'one' service user voice; hence recruiting from different types of community groups in urban and rural areas throughout Ireland provided diverse voices. However, the method of sampling had consequences for gender breakdown of participants with a four-to-one ratio in favour of women, reflecting the tendency for older people's community groups to have a high female membership. The criteria for inclusion were: being aged 65 or over, living in the community and linked to a community organisation. Fifty-eight people took part in the eight focus groups, with the groups comprised of four to 12 people. Table 1 outlines the details of the participants.

Table 1 - Details of participants		
	Republic of Ireland	Northern Ireland
Number of participants	21	37
Gender	17 female, 4 male	33 female, 4 male
Age	6 in each category 65 - 69, 70 - 74, 75 - 79 and 3 between 80 - 84	9 in 65 - 69 range, 8 in 70 - 74, 10 in 75 - 79, 4 in 80 - 84 and 2 in 85 - 89. Age not indicated on 4 forms
Location	12 rural area*, 9 urban area	19 rural area, 18 urban area
Occupation	17 had worked outside the home, 4 stated housewife / homemaker	33 had worked outside the home, 4 stated housewife / homemaker

*rural area = open countryside or town/village with population less than 3000, urban area = large town or city.

3.4 DATA COLLECTION AND ANALYSIS

A semi-structured interview guide comprising open-ended questions was used during data collection. Questions focused on participants' understanding of the abuse of older people, the forms of abuse, reasons why people may experience abuse, ways of preventing abuse and support for those who have experienced abuse (Appendix C). The focus group sessions lasted one to two hours. With the permission of the participants, the sessions were tape-recorded and transcribed.

Data collection and analysis used thematic qualitative analysis. Elements of a grounded theory approach (Glaser and Strauss, 1967) were incorporated in that the theoretical understanding of the topic was not predefined and data collection and analysis took place as an interactive process enabling cumulative development of themes

3.5 ETHICAL APPROVAL

The eight focus groups took place mainly in accessible community centres, in urban and rural areas across Ireland. Prior to the focus group session, the study was explained to the participants and they were made aware of the sensitive nature of the issue. Follow up support was offered after each session and the phone number of the elder abuse helpline/information service in Northern Ireland and in the Republic of Ireland was handed out with the information sheets. All participants gave signed informed consent. The study received ethical review, advice and approval from the Ethics Committee, School of Sociology, Social Policy and Social Work, Queen's University, Belfast in Northern Ireland and the Research Ethics and Approval Committee, Trinity College Dublin in the Republic of Ireland. Written information was given and formal consent obtained from the peer researchers and all focus group participants.

3.6 VALIDITY AND RELIABILITY

The project researcher and one or more peer researcher coded each focus group transcript and the meanings and patterns that emerged were compared. All the team members read detailed summaries of each focus group and provided feedback on what they saw as the main themes. Members compared coding and agreed the main themes to give greater validity to their development (Mays and Pope, 1995). Including the whole team in the analysis strengthened the validity of findings.

Burns and Schubotz (2009) noted that an "insider" perspective can help generate a fuller understanding of the topic. Being a cross-border and thus cross-cultural initiative, the peer researchers' local knowledge and their input into the interpretation of the data enhanced reliability.

3.7 STUDY LIMITATIONS

Given that this is an exploratory study, there are significant methodological limitations to the replication of the study, the representativeness of the participants involved and the generalizability of the findings. All participants were involved in their communities as members of social clubs/ groups. The experiences of older people who are marginalised (e.g. cognitively impaired, unwell) or socially excluded were not recorded as a result. However, this study provides unique insights about how some older people understand elder abuse across two different cultural and political contexts which has the potential to be compared and incorporated into professional practice and responsive policy in the fields of abuse and vulnerability.

3.8 LEARNING FROM THE PROCESS

The active involvement of the peer researchers provided an additional richness to the design, data gathering and analysis. In the focus group, by connecting with participants, the peer researchers created informal spaces where participants felt more able to speak their minds and share experiences. Their work on the analysis was invaluable in building understanding of the focus group participants' meanings. The peer researchers had first-hand experience of some of the issues, for example being ill and/or needing support. Their reflections on what lay behind particular utterances highlighted social and cultural norms that influenced this cohort of older people, for example, the duty to care for parents. This indicated that the notion of peer researcher, traditionally confined to the field of youth research, is valid and important to the field of gerontology. The peer researchers and the group being studied in this project seemed to share a culture specific to them which others outside the group may not be able to access so easily.

Empowerment, defined as a right to express an opinion, underlies user-involvement ideology (Fudge et al, 2007). It was reflected not only by peer-researchers themselves but also by research participants who stated that they had learned from the process. They commented on how the discussion had made them think about elder abuse and gave them an opportunity to speak about something that was rarely discussed or mentioned in social interactions, except at a distance on TV, radio and newspapers. They felt that these discussions increased their knowledge and made them more aware and they would look at older neighbours' situations in a different way. Their involvement helped them challenge some of the taboos which surround the issue.

In relation to other members of the research team, differing perspectives across the research team opened up new ways of understanding as we came to the project from a variety of backgrounds, e.g. academic, social work practice, community development and so on. By the end of the project our knowledge had widened. In this way the findings have not only uncovered new ways of understanding elder abuse but have also affected how we approach our practice within our professional lives.

Section 4

Findings 1:
Understandings of Elder Abuse

Two broad categories related to older people's understanding of elder abuse emerged from the data. Firstly, the concept of the abuse of older people was understood at the level of the individual, the micro-level, in terms of physical, financial, verbal, psychological/emotional abuse and neglect; these were seen to affect the minority of older people. The second category of abuse understood by participants related to broader societal issues. This is the way society treats older people as different and encompassed notions of personhood and the qualities that confer distinct individuality, including attributes such as agency, self-awareness, having a past, a future and rights. This form of abuse was viewed as impacting on the majority of older people. These categories were identified by participants in each of the eight focus groups and when raised by a participant, there was general agreement.

4.1 DIFFERENT KINDS OF ABUSE

Participants 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. Focus group participants, however, did not view themselves as the 'older people' being discussed, people who had "outlived their usefulness", as the participants did not "behave like older people"; they were "assertive" (Jane ROI, urban). Participants believed that older people may be more aware of some forms of abuse, like physical abuse than others:

> *…well, I immediately think about being beaten, hit and things like that but there are uses for it which I heard one today you know where something was done that they weren't getting their food properly and all this kind of thing (Kay, NI, urban).*

> *…emotional abuse…deprive people of food, drink, adequate clothing, adequate heating, besides taking their money…some people do not realise that this is abuse, especially older people (Len, ROI, rural).*

Other interpretations of abuse included older people being left on their own, with no visitors; not being allowed to see grandchildren if their relationships with their children break down; taking away an older person's choice; not letting older people speak; handling older people roughly and taking older people's independence in the context of wider societal abuse, which will be addressed in greater detail in a later section.

Participants saw the different types of abuse in a hierarchical way in that different forms represented different intensities. Abuse that impacted on older people's psychological, mental or emotional well-being was deemed the most damaging, "the worst", as described by Amy (NI, urban):

I think it comes under the categories of physical abuse, financial and emotional, and emotional comes at the very top where I'm concerned…in the withdrawal of interaction, where the older person becomes almost invisible in the corner or wherever, and even touching you know, the whole withdrawal of human kindness almost.

4.1.1 PSYCHOLOGICAL ABUSE

The concept of "abuse" represented an "insidious", "very gradual", "subtle process", not something that suddenly happened like being robbed, "that's momentarily", whereas psychological abuse is, Una (ROI, rural) believed, "living with something in your mentality". Hence, each form of abuse was usually associated with an element of psychological pressure, referred to as "mental torture" by some participants. Psychological pressure could be exerted through bullying or manipulating older people to do things like sign over property, give relatives their pension, keep quiet or be pressurised into moving into a nursing home. It could include or result in other forms of abuse such as financial abuse and possible physical and verbal abuse and neglect. The notion of bullying and psychological pressure was explored in this extract:

Jane (ROI, urban): But you see this is it some old people don't look on it as bullying because like me…if one of mine asked me for something, I'd leave myself short to give it to them, I don't consider that bullying. I'll go to the credit union and I'll give it to them.
Liz: Oh no, no that's not bullying, that's a helping hand.
Jane: Yes but you see, the thing is the kids then can know that they have you, they can take advantage of you.
Ann: The helping can go too far.
*   Mary: Do you not think Jane, if you didn't want to go to the credit union, you're capable of saying no?*
Jane: Oh God yes.
Mary: So that means that you are not getting bullied.
Jane: No, but I'm thinking now it's a different form of bullying.
Ann: Its pressure.
Jane: Yes, like they send you on a guilt trip, I mean that too could come under a form of bullying.

This extract illustrates how abuse was associated with a person's ability to say 'no' without consequences or fear of repercussions on their safety or well-being. The significance of the consequence related to the individual's circumstances and their perception of the impact of saying 'no' on their lives. For Jane above, the consequences of refusing to give money to her children was to feel guilty but in another example, described by Joe, where a neighbour's son came on pension day to see his mother and Joe (NI, urban) believed that "if she refused her son [money], he won't come to see her", the consequence of saying no may mean the loss of contact with her son, which may impact more significantly on the woman's life.

However, bullying was not viewed as a one-way street; older people can also bully others, including carers as raised here where Mary (ROI, urban) spoke about the guilt she felt having to move her mother with Alzheimer's disease to long-term care when she could no longer care for her at home. Jane asks the question "who would be bullied… you into keeping her at home, because you're on a guilt trip… or her (Mary's mother) because she's locked away?"

4.1.2 FINANCIAL ABUSE

The issue of financial transactions within families, especially between mothers and sons, occurred in all of the groups' deliberations around financial abuse. For family and neighbours looking on, their interpretation of actions can differ to those directly involved. Rita (NI, urban) summed up the issue:

…well, I know for a fact that my brother robbed my mother blind, but my mother thought the sun shone out his backside, but I mean there is nothing you can do about it… as far as she was concerned she wasn't being abused, he was coming to visit her.

There was a sense of an underlying right or unspoken agreement to older people's property and money on the part of family, especially if they were providing any form of support, such as grandchildren doing the shopping and taking money from their grandparent's purse. Clare (ROI, urban) wondered if "you could put it down to abuse", Joan (ROI, urban) responded:

…you see that's it, you have just answered the thing now, people think of it as not as abuse and it actually is abuse, it's psychological abuse, which is actually in the long-run more damaging… there is this idea that it's their [family] right in some of their minds, it's going to be mine anyway why not give it to me now, there is all of these connotations in it.

4.1.3 VERBAL AND PHYSICAL ABUSE

Understanding of verbal abuse revolved around what is normal within family relationships. Tina's (NI, rural) description of verbal abuse as "using very strong language to older people" prompted John (NI, rural) to question whether this was abuse or just normal interaction within families. John observed how:

> *I can record things when I probably abused my parents, just not wanting to do, what I was told to do…I did it in my own way, and you know you shouted back at them, no doubt about it, and young people will never change, they will shout back at you and I don't know whether you'd call it abuse or not, but to the older person it appears to be abuse maybe… I know our young ones come down sometimes and there will be a disagreement about something and there'll be a bit of shouting, both roads.*

Sue (NI, rural) agreed that this behaviour is "normal" and that it goes on in every family. When the facilitator asked when it became abusive, John replied that he "couldn't answer that, I never experienced it go any further than that". Sue believed it became abuse "when you won't be able to stand up for yourself". The other participants agreed with this and Vera (NI, rural) pointed out that "teenagers anyway you'd say to yourself this is just a phase, and they do grow out of it, but I don't know, if any of mine shouted at me I would cry for a week".

Here, what is and isn't abusive was defined within the context of 'normal' family relationships, the ability of the older person to answer back and the impact on the person's psychological well-being. Within each form of abuse there was a continuum, "a gradual incline until it reaches the maximum, it starts you know harmless, there's no harm and gradual you get away [with it]" (Amy NI, urban). A consensus on the meaning of verbal abuse as outlined by John above was not reached. In situations such as "shouting at them [older people], telling them to shut up and not letting them have their own opinion and not listening to them when they want to talk" (Mary, ROI, urban) and "running down a person's character in front of them" (Una, ROI, rural), these were deemed to constitute verbal abuse.

In examples of physical abuse, there was less of a grey area. For instance, Joan (ROI, urban) put it to the group, "physical abuse, how do you define that?" Joan responded "pushing, rough handling in the sense of just helping them with their clothing, not doing it [intentionally], you know they're stiff…that's abuse, you see abuse can go from the slightest thing down to actual wallop".

4.1.4 PERCEPTIONS OF NEGLECT

Neglect was understood as the meeting of older people's basic needs for food, warmth, care and safety. Perceptions of neglect related to the failure of family, informal and formal carers, nursing homes, hospitals and other agencies of the state to provide the proper care and assistance that an older person may need.

Family neglect centred on leaving an older person alone and not seeing that the older person needed support. This was viewed in the main as unintentional and related to pressure on families caring for an older relative and/or family living at a distance from their relative and not being aware of changes in their relative's health. A family providing care for a relative with Alzheimer's disease in particular had to make difficult decisions around caring and protecting their relative whilst coping with their own family commitments. Mary (ROI, urban) describes how she had "more bolts on the door and people used to think that it was to keep people out but it wasn't, it was to keep my mother in" [her mother had Alzheimer's disease]. Sarah (NI, urban) highlighted the dilemma for families doing their best to care without support from state agencies, having sometimes to resort to extreme measures in pursuit of this task:

> *I had a neighbour and when the family went out they locked the doors and she'd [the neighbour] be banging on the window, she was just gone into senile dementia, now they couldn't be there 24/7…I thought that [is] cruel, because she was frustrated and angry and apart from that it upset me because I knew she was banging to draw attention to herself…the home help comes in for 5, 10 minutes, they're only coming in with the aim of giving them their tea or giving them their tablets, there is not enough time given to help the family in that situation, because the family I'm talking about were actually very, very good to their parent but they just had nothing more to give, they had to go home to their own homes at some time…they ended up having to put her into a home, because they couldn't cope.*

Families living away from relatives or rarely visiting may not see the deterioration in their relatives or the older person may hide any problem they have with shopping, preparing food etc. However in some instances this type of neglect could be motivated by financial gain, where accessing appropriate care for the older person such as nursing home care reduces relatives' future inheritance as illustrated in these two accounts of neglect:

> *…unintentional neglect by her daughter, her daughter worked abroad and the funny part of it is, you can't really blame her daughter completely because every time she come[s] home, her mother brightened up…the girl couldn't see the problem, but I did have to in the end, I did say to her it can't go on like this…when she [mother] took it [Alzheimer's disease] she wasn't responsible for what she was doing (Laura, NI, urban).*

…the specialist said Mrs R could probably only remain another month in her home, her stepson says well she is not going into a nursing home where they can take all the money of this valuable apartment… he set up her apartment with all the help, she was going into no nursing home and he left back to USA …a friend of mine noticed her in the High Street walking in her dressing gown… that girl who brought her home, she rang her stepson and said get you back here immediately your mom is walking the streets in her nighty, night and day and no doors locked and he came back and she went into a nursing home (Elsie, NI, rural).

Participants recognised that older people could contribute to their own neglect by wanting to be independent and refusing to see the reality of their situation, "the independence can be your ruination" (Clare, ROI, urban):

…they can say I'm alright, I'm not going into a home and I know several of them who have had to be actually physically more or less taken in because they were a danger to themselves, they were getting up in the middle of the night to go to the toilet and they fell and they cut their heads and all this kind of thing lying there 'till the morning but you know it can be the fault of the person, as well as the people attending to them (Kay, NI, urban).

Neglect perceived as abuse depended on individual circumstances and the motivation of those involved. Where capacity was not an issue, the older person's understanding of their situation was important for the definition, as expressed by Amy (NI, urban) in this extract:

…well you see it's our definition perhaps of neglect, but equally if we infringe on their dignity isn't surely that is abuse…it's a difficult balance, I'm not talking, hopefully that it's not a rat ridden house or whatever, but there are extremes that somebody will have to intervene, but I think sometimes people rush in and think what's best for this lady, oh residential care and they don't sit down and say what do you think?

Neglect, in the context of formal care was also seen as abuse of older people, for example, older people being left on trolleys in Accident and Emergency Departments for "days". In some ways this was viewed, as worse/less understandable as there was an expectation that a person would be cared for in hospitals and nursing homes, the carers (nurses and care assistants) are paid to provide care, it is their job and people are supervised. Ruth (NI, rural) recounts her experience:

…in the hospitals and some places when they are not able to eat, they put the food down and they come back and you haven't ate, they take it away, they don't even respond to push the patient to eat and my sister was in hospital and she could hardly lift her legs, you had to go up and do these things for her and I think that is a type of abuse too, they should really have somebody there to help people like that…and it is even worse when it happens in a hospital, you don't expect that, you can maybe imagine it happening in a [person'] home where there is no one else watching.

Participants also viewed the withdrawal of needed supports to an older person as abusive because this compromised the person's well-being and safety, irrespective of whether care is provided by family, home help, wardens in sheltered housing, nursing homes, hospitals or the state as proposed by Gretta (ROI. Urban):

…cutting the hours of the home care that a person gets is actually abusing them because that person has become dependent on that lady who came in and helped them clean up the kitchen or helped them make a hot meal or whatever, to cut the time that person has coming in giving them help is actually abuse of the elderly because… they'd already assessed them, she wasn't able to manage on her own... and then to cut the hours that that person can give her on the grounds that it is too expensive or anything and think that they are going to be alright.

4.1.5 SEXUAL ABUSE

The participants did not raise the issue of sexual abuse during the discussions on different forms of elder abuse. When the issue was raised by the facilitator at the end of the discussion, participants reported that they hadn't even thought about sexual abuse. They acknowledged that it did happen but they believed it was not as prevalent as other forms of abuse. Occurences were associated with people taking drugs or alcohol and robbery:

…it does happen, doesn't it, you hear about it, you read it in the paper, I don't know anybody in this district…you do hear of it, people coming in to rob, robbery and then they'll sexual abuse the person (Vera, NI, rural).

4.2 DEFINING ELDER ABUSE

The participants' knowledge and awareness of elder abuse stemmed in the main from the media including newspapers, radio programmes and TV programmes. However, some participants had family members who had experienced abuse. There was little difficulty in defining elder abuse in the context of cases raised by the media. For example, in Northern Ireland a recent case in the media of a care worker eating food meant for the woman she cared for who had Alzheimer's disease was discussed by participants in all of the focus groups in Northern Ireland. But as the previous discussion demonstrates, elder abuse is usually more subtle and complex. For the participants, elder abuse was associated with sustained psychological pressure on the older person where the older person was not in a position to say 'no' without fear or repercussions that could impact significantly on the person's well-being and safety.

The older person's life experience, their personality, their health status, family relationships and cultural norms, were factors participants felt needed to be added to the equation on how elder abuse is conceptualised. Life experiences can "make [older people] hard and able to take abuse" (Gina, NI, rural), they have "tougher skins". In this extract Joan and Pete discuss what can make some older people susceptible to abuse:

> *Joan (ROI, urban): It depends, personality comes into it and physical mental capabilities also play a major part in these things, let's say would you like me to tell you [what to do], let's be honest and use myself do you know, it won't be worth it, you'll be in trouble.*
> *Pete (ROI, urban): Anyway the weak were always abused, not just elderly people but the weak, whether they were young or different or anything if they were weak, they were always the butt of jokes, and the butt of one form of abuse or the other.*
> *Joan: Back to the personality if you are very demure and vulnerable, then they are more at risk let's face it, always.*
> *Pete: If you display any traits of weakness at all, you are vulnerable.*

Joan (ROI, urban) contrasted the confidence and ability she had to do what she wanted with other older people who may lack this and do what they are told. This concept of 'us' as healthy, active, connected and confident and 'those' other who were open to abuse was echoed in every group. Participants did not see themselves as the 'older people' that this research was concerned with:

> *…we're alright, we're all healthy and we're active, look at those old dears, in sheltered housing place…they would be the people, that I'd say you need to research because who's abusing them, I'm sure they have family elsewhere, we're OK, we're never there, we're out doing our own thing, but any of the old folk, now down the country, if there are in a house down a bohereen…there is nobody out there would have the nerve to abuse us now face it (Jane, ROI, urban).*

Those identified as particularly vulnerable were older people with significant physical or cognitive impairment, who have to depend on others for care. Their dependency gives their carer a certain degree of power and participants believe that this power can be used by carers whose nature is to control, and "if there is a bully of a person looking after their things, sometimes their [older people's] voice can't be heard" (Una, ROI, rural). The person requiring care may have no option but to trust this person and, as Paula (ROI, rural) pointed out, give them "the freedom to go into their home generally and gain their trust to a certain degree and then in certain cases will abuse the older person". In most instances older people do not choose their carers; circumstances at the time determine who takes on the role and where there is this shift of power, Tom (ROI, rural) observed:

...shadows of childhood still motivate behaviour, if you have a strict parent who was strict on you when you were a child, you'll harbour still the basic resentment into your adulthood and come the situation that now roles are reversed, I'm the boss now, that can motivate unconsciously unknown to themselves it can motivate their behaviour to their parent.

4.2.1 ELDER ABUSE PERCEIVED AS THE DIMINISHMENT OF PERSONHOOD

The second category to emerge from the data was elder abuse understood as the diminishment of older people's personhood, of older people as individuals with knowledge and desires, capable of taking control of their own lives. Attributes of personhood include self-awareness, agency, having a past and a future, rights and duties. Participants felt older people were often targets of abuse because they looked or behaved like an "old person" or by "outliving their usefulness". This threat to personhood came from family, the state, its agencies and society in general. This concept formed part of the meaning of 'the abuse of older people' but this concept was a separate category to the concept 'elder abuse' understood within the narrow parameters of the common definition of 'elder abuse', as Tom (ROI, rural) outlined here:

...abuse is, I think, is too strong a term, there is a good lot of, of what I call negative abuse... even within families, for instances... there might be an elder person (the owner) residing in the house and a decision would be made about decoration of the house, painting and the opinion of the older person is never asked, to say what colour do you think, again it is not abuse but it's a lack of basic courtesy... to call it abuse is a bit, is too strong a term... it happens on farms, there is a father who will hand over the management of the farm to his son and the son has his own ideas, but he never tells the father, I'm thinking of doing this, I'm thinking of doing that, it's not abuse but it's a lack of tact and common courtesy. I think that type of thing is much more frequent than abuse, abuse as I understand abuse is a person does a deliberate hurtful act on another person that is abuse, but there is subtle things that doesn't qualify for the word abuse but on the other hand can be hurtful.

Participants believed that an older person is "not treated as a normal person who still thinks, still learns, still works as much as you can" (Ann, ROI, urban). This disregard and sense of not having worth or value as a person, permeated much of the groups' discussions. Participants believed that once a person appears 'old', they are perceived as stupid and incompetent. Older people are treated in this way by family and wider society as illustrated by Bess (NI, rural) and Jack (NI, urban):

…as you get older too you do forget things and you do stupid things, everybody does, but you see young ones they make you feel stupid, if you do something, you throw away [something]… but young ones would make you think you're getting worse… but if they do it… that's a different story like that's alright. They belittle you because they are making out that your head is going… because you are older, people call you stupid… even though you're older, you still can do things (Bess).

I would extend it [the meaning of abuse] to the area where you retire at 65 or so and you have got grey hair and suddenly one day you are capable of holding down an important job and the next day then you are considered as having no valued opinion, you're not clever enough to understand what we are doing and we're here to help you and we have a whole organisation to help you rather than thinking that you still have a lot of life left in you (Jack).

The dismissal of the older person as a person was reflected in the way younger people "treat [older people] as if they are 'empty shells', talk over them" (Joan, ROI, urban) "as if they know nothing" (Bernie, ROI, rural); and in the way doctors saw older people's symptoms as something to be accepted not treated, in that the older person "had a good innings so why are you getting uptight about this" (Pete, ROI, urban). The older person as a thinking, feeling being was not acknowledged as evident in Bernie's account of her experience of visiting a hospital clinic:

…you're just there, and I feel they don't always listen to what you have to say, they've already looked at the chart made up their minds… then he looked at me and he said who brought you here, and I said I brought myself and he said but how are you going to get back and I said I'll take myself back and then I said to him would you look at me, do you think I'm incapable of moving around and it was that fact that he never looked up at me, he was reading notes all the time and that to me was a shame it was a total lack of consideration or respect.

Participants believed older people were perceived as "not worth talking to" and there was a sense of being neglected by family, where the older person feels alone and family don't ring or call to the older person, as outlined by Ann (ROI, urban):

…when I wasn't feeling well during the summer, I've 5 children and there was none of them in Ireland, so I'd literally nobody to give as my next-of-kin. It struck me, my God what can I do, I have no one, you know, and that isn't abuse, but it's neglect, which sure is the kind of the negative side of abuse.

4.2.2 THE WITHDRAWAL OF PERSONHOOD

Being treated as incapable of acting for oneself results in others wanting to take control from older people or do things for them. For example, Joe (NI, urban) and his friends ran their seniors' club for years, but when they requested some help from their church, the church decided that it would be best if they took over the running of the club as "you don't know the minute you're going to drop dead" (Joe). Family relationships move from sharing everyday person-to-person interactions to undertaking tasks for older people. The task becomes the focus not the organic interaction associated with being with a person, as explained by Tara (NI, rural):

…[family] they take you somewhere and they leave you and they say I haven't time to stop… well won't you like them to come in and sit down and have a chat, usually they are saying I have to rush to take so and so home from school and I have to rush to do that, but you know they are so good but still.

Older people's self-awareness is regularly brought into question by others, where they believe that older people need to be told what to do, what is safe and what isn't, as Mary (ROI, urban) pointed out "we know ourselves if we can't do something, if we can't climb stairs, we know that, we don't have to be told". Participants felt that others acting in their best interests is accepted dogma. Adult children can be particularly guilty of this and participants were keen to point out that "our children have to accept that they don't know what's good for us, nobody knows what's good, only ourselves" (Ann, ROI, urban).

Other attributes of personhood, a person's past and their aspirations for the future were not perceived by society in general as applicable to older people. Their life experiences and their knowledge were of no consequence, as demonstrated in this interaction between Laura and Freda (NI, urban):

Laura: I don't know if you would call it abuse, but I have to say to you the one thing that really baffles me and I'm not an old, old person yet, is the way people will talk down to you.

Freda: Patronised, you get patronised, they ignore that these people have had a life or that they could teach the young ones things they will never be taught.

There is little acknowledgement either, of a future for an older person. Jim (Nora's relative, NI, urban) for example, whose life revolved around the sheltered workshop he had attended for the past 25 years, having been paralysed due to an accident, can now no longer attend because he is 65. He now sits at home alone every day; having a future does not apply to him.

The abuse of older people is understood as the denial of human rights, rights bestowed on everyone by reasons of being a human. In defining what is meant by 'elder abuse', the disregard and dismissal of older people's rights was seen as fundamental to the abuse of older people as summed up by Patsy (NI, urban):

…denying them of their basic rights and I would go as far to say even the knowledge of their basic rights, a total indifference to their dignity.

There was a perception that older people are unable to speak-up or stand-up for themselves; due to a decline in their physical or cognitive health, they did not have rights to express an opinion or make decisions. In this extract Mary, Jane, Liz and Ann (ROI, urban) discussed Ann's friend's admission to long-term care:

Ann: She had no choice, decisions were taken for her, she was just bulldozed into it.
Mary: Did she give up power of attorney to her sons?
Ann: No, nobody.
Jane: She must have signed something?
Mary: She had to sign something.
Liz: Without realising it…your sons couldn't come home and just put you into a home if you have your faculties about you.
Jane: Unless you were a danger to yourself.
Ann: She didn't have rights when it came down to it.
Liz: I can't understand that.
Jane: Liz, don't cod yourself, if your sons wanted that house, wanted you out, they'd get you out.

The emphasis on and awareness of children's rights were contrasted with the invisibility of older people's rights, "you can't say boo to children...they have this thing that children have all these rights" (Bernie, ROI, urban). Without this emphasis and awareness of rights, people were less likely to listen to older people or take their concerns seriously "whereas if [children], they're bullied, they will get sympathy" (Jane), and "children will grow up" and make people listen.

Regular references were made to the lack of respect for older people, typified as younger people not giving up their seat on the bus or "parents...won't dream of taking up the child on their lap, I've stood on buses and trains with children sitting on seats and... they are hopping about but you daren't sit down, no I feel it's a general lack of respect in the community at large" (Bernie, ROI, urban). Lack of respect was also associated with grandchildren being rude or unkind to their grandparents. Participants put this change in society down to "the way they [children] were brought up and if they were respecting their grandparents and things like that they won't do that (Freda, NI, urban).

4.2.3 'PERSONHOOD ABUSE'

In a similar way to how all forms of abuse were viewed, the transition of the older person from person to non-person is subtle and progressive; gradual, eroding belief in their ability to act for themselves and coming to accept this rather than fight back as Bess (NI, rural) explained:

> *...older people haven't the confidence to sort of fight back, if you were younger you probably could do something about it, but you get older and they make you lose your confidence and then you don't think you can do anything, no matter what you do, it is not right, and so you get that role, you just feel as if you are stupid.*

Diminishing or weakening the personhood of older people has similar outcomes to that of the common understanding of 'elder abuse': loss of confidence, self-esteem, isolation and fear for the future; hence this concept could be considered as an abuse of personhood. This negative concept includes not respecting, not valuing, not including, not listening, not asking. It centres on not being treated as a person, equal to everybody else. Instead older people are dismissed, not seen by their family, the state or society as having a value or anything to contribute.

Section 5

Findings 2:
Well-being and Service Provision

To develop and implement interventions and services that older people would use, awareness of what older people perceive as a threat to their safety and well-being and the barriers to action on the part of older people must be understood.

5.1 THREATS TO SAFETY AND WELL-BEING

5.1.1 SAFETY AND SECURITY

Participants were asked about the main threats to their safety and well-being. Interestingly, personal safety was not a major issue for these participants. In NI, participants living in the city did speak about young people's anti-social behaviour. Although participants would have liked to have said something to these youngsters, they did not for fear of being targeted. Kay (NI, urban) recounts her experience of walking back to her house in the snow:

> *…they were throwing snowballs at buses… I was walking down on my own and I crept along underneath that wall, I could see them go over my head but I didn't say a word because I was absolutely terrified that I would be attacked, I just sort of ignored them. I got down the road alright, you are afraid sometimes… to speak because if they know where you live, you know they would come back to torture you.*

Participants, North and South, referred regularly to the benefits associated with having access to a personal alarm system, where they could call for help in an emergency. Participants in rural areas were particularly appreciative of this service as Bernie (ROI, rural) recounted:

> *…it's called the emergency response and it's a system whereby you push a button or you wear something around your neck… if you have an emergency in the middle of the night, and you're there on your own, and somebody answers you… think that's the most comforting thing, to know that at the push [of] the button a voice comes in and says hello Bernie are you alright… do you need any help? Sure that's very good really, that helps you to go to sleep.*

Participants perceived the biggest threat to their well-being was deterioration in their health, either physical or mental. Being dependant on others for care resulted in a loss of control and created opportunity for older people to be mistreated, as Paula (ROI, rural) observed "you become more vulnerable as you become older for the simple reason that maybe your health isn't good, become dependent on people for things".

In all of the groups, participants spoke of older people's "dread" at having to go into a nursing home. Liz (ROI, urban) described how she prayed that she will always be able to care for herself. Elsie's (NI, urban) mother had been in a nursing home and because of this experience she was very fearful for her future:

…my experience of homes is terrible and the smell of urine when you went in the door, it was terrible, on one of the occasions when I was in that home, there was faeces on the floor when I was going out at 12 noon. It was still there when I come back at half past ten that night, so we have had horrible… I dread the stage of where maybe I would have to go to one of those places myself, seeing all that I have seen.

Participants felt they were highly susceptible to losing control over the decision about their future if they required care. This decision would rest with their family, as they would be the ones more than likely having to provide care. In holding on to ownership of their homes, participants believed older people could retain some control over this decision. They were adamant that signing over the home to adult children or permitting them to move in to the home to provide care was "a big mistake… it's absolutely lethal no one with cop-on will do it, you'll end up in a nursing home two seconds flat" (Joan, ROI, urban).

However, participants believed older people needed to relinquish control over this decision if they developed dementia. Participants who had provided care to a parent or relative with dementia were particularly concerned that their family would not feel they had to care for them if they developed dementia. In the focus groups, a number of participants had cared for their parents, which had encouraged them to plan for their future care as Elsie (NI, urban) relates here:

I'm actually at the moment listening out for good homes, I've only got one girl and I would not want my daughter to have to live through what I lived through, I keep telling everybody, you're never to put up with it Name (daughter), but make sure it's somewhere half decent for me, because I still have nightmares… my daughter said she doesn't want to do it [put mother into home] either.

In Northern Ireland, older people could maintain control for somewhat longer than participants in ROI as there were more options such as sheltered housing and assisted living and as Joe explains this option allowed him maintain control over his life:

…the one thing that would set me off, trying to put me in a care home… I would gladly go into sheltered accommodation, provided it was within Suburb, [where Joe lives] where I've got friends… care homes, it's a like a very gentle prison for doting people… but in sheltered accommodation you have a certain independence, you are still paying a rent…a Fold dwelling with a good size

communal hall in it, where people, men and women could play bowls or play other indoor games… and still have their own flat within it, where they would still have that degree of independence, quiet time to sit in their own wee flat and watch their television or even go out, if any of them were mobile enough to drive a car, like myself, they could go out to church, or go for a wee run around the district, socialise with other people.

Participants believed older people themselves had a responsibility towards their own well-being. Jane (ROI, urban) spoke of how other older people admonished her for not acting her age:

…[acting my] shoe size, as there was a certain way old people were expected to act and that was it when you got to a certain age you were on the scrap heap and that was expected of you, you just kind of went home, got out your rocker, your slippers and your old rosary beads and you didn't interfere in anything anymore, in those days, you see [granny] the wise old owl, granny the matriarch, now they goggle it, so granny is being made redundant now, they goggle everything, so with the result its down now to the older people to keep abreast of what's going on.

5.1.2 BARRIERS TO ACTION

Participants believed elder abuse was most likely to take place within the older person's home and was rooted in family/carer dynamics and informal and formal care provision. Participants spoke of parents' natural instinct to protect their children and to maintain their belief in them as good people no matter what, resulting in older parents being prepared to put up with behaviour that for others is seen as unacceptable, as observed by Sally (ROI, rural):

I think I would be a person like that, I think I would be a person that won't like to discommode my family, I would do everything for them sooner then let any unpleasantness happen, now that's the way I think I am.

This unwillingness to take action or admit to anyone if their child treats them badly, Paula (ROI, rural) believed makes elder abuse within families more difficult to prevent and identify:

…a lot of the elder abuse occurs within the family framework and therefore I think you're vulnerable, because you are going to love your family, an older person is going to love their children and their grandchildren and they are less able and more vulnerable to that type of abuse.

Participants contrasted their lives, caring for their children and parents as they aged, with that of the present generation, whose lives are consumed by mortgages, work, driving their children to activities, with little time left for the older generation. They stressed however that they did not want their children to have to care for them; yet there was an underlying belief or expectation that they could depend on their children for support if they needed it. However, participants recognised that children go on to have relationships with other people, thus changing the terms of their relationship with their parents. Sally (ROI, rural) spoke about a friend who signed over his house to his only son and daughter-in-law with the agreement that he would continue living in the house, but found himself living in a basement flat 6 months later:

> *…they believe their own children that they're going to be there for them and look after [them] and I think he only had the one son and like he said but sure he might as well have it now and have a bit of money and I think that's why they do it, you know, they trust them that they are going to fulfil what they said they would fulfil.*

With nursing home care being the only real alternative to family care, and participants' assertion that admission to nursing homes was an older person's biggest dread, older people were dependent on their children for care and so would be reluctant to tell anyone about mistreatment for fear of having to go into a nursing home as Gretta (ROI, urban) and Vera and John (NI, rural) explained:

> *…if you are living in the care of your own family and you are having abuse, you would be reluctant to report them or to say anything about it because you don't want to hurt them and at the same time you need their help. I'd say they'd be very reluctant to go and seek the help even from their own GP.*

Vera supposed that: "you won't really want anybody to know, you would hide it rather than let anyone know if your family was being bad to you, won't you" and John replied "or otherwise they'd put you into a home".

Fear of the person abusing you and fear of the consequences of telling were factors that participants felt made it unlikely for an older person to report abuse. Joan (ROI, urban) believed "there is fear as well involved, if I mention it what might happen, reprisals" and as Gretta said the fear of "who'd look after them".

Cultural norms around the privacy of the family also deter older people from speaking up and others from intervening. Len (ROI, rural) felt that "you can't meddle too much in family affairs". People don't see what happens in families as their business; Stella (NI, urban) raised this issue:

…if you see something that's not right and say something to somebody about it, report it… sometimes they think you are a busy-body and are afraid to get involved in case people say oh you shouldn't be interfering, it's none of your business anyway.

Also participants believed that the older person would not appreciate a neighbour intervening and would probably not corroborate the neighbour's account, as John (NI, rural) outlines here:

…taking that an older person is living in a house with their own family with say a son or a daughter and the neighbour knows that they are being abused, what can that neighbour do because the person that's being abused will not turn against their own family and support the person that might make the complaint and if you made a complaint to somebody about that it is you that would get into cold water. The people that are doing the abusing would go free.

Participants, particularly those living in NI, felt it was not helpful or appropriate to involve outside agencies like the police or social services. Kate (NI, rural) wondered about the benefit of "bringing the police in. I think if it was a family member you would try to solve it within the family". In the North, social services were perceived by the participants as "over efficient, [as they] look into things they have no need to look into" (John, NI, rural) and Stella (NI urban) felt you'd be better to:

…try to keep away from social services as long as possible, not everybody trusts the social services, [that] they don't know them [family and older person] and they don't really care, it's a job to them.

However, where social services were directly involved with family or friends of participants, the experience differed. One person spoke about her relative who had been abused physically and mentally by her son for years. The abuse was discovered when the relative was admitted to hospital for another matter. The intervention of social services resulted in the son being removed from her flat, the flat was refurbished and the woman now goes to a day centre twice a week and has told the participant that "she never was as happy" (Bess, NI, rural). Her son still visits, and "the social worker still comes up to the home to see her every few weeks to see if everything is still alright, he's been very, very good, he has been more than good so he has, and checks that she's [OK]. She has to tell him if her son has been there, he still comes" (Bess, NI, rural).

Participants believed that anyone can abuse an older person if the right conditions prevail. These included where an older person has limited social connections, is dependent on one person for care or has dementia. Another contributory factor could be the personality of the person providing care, their stresses and opportunity as illustrated in this report:

…it was her carer who became the official carer of her, who was abusing her in terms of money; I'd say she lost thousands of pounds as a result of her carer's abuse of her. It was very severe psychological as well because you know she had no one else to care for her and at this stage now she was between 80 and 90 years of age and very vulnerable, and she dependent entirely on this lady for help… she had no friends as such because the friends were blocked from her… Anybody can fall from grace really, this lady that I'm talking about now seemed to be an outstanding person but as the years went by, we began to see her in her true colours (Paula, ROI, rural).

People who abuse older people do not look or act differently to the rest of the population in the opinion of Bess (NI, rural) who described her friend's son who abused his mother but noted that few people knew this because his mother did not want the police involved and no charges were brought, "he is such a charming type of person, you know, I've a good mind to go down to his work, tell them what a 'good son' he is".

It is evident from these findings that older people perceive many obstacles to older people in speaking out if they are being abused. The shame, hurt and fear associated with abuse makes people feel there is no way out, hence if they are to speak out they must be provided with "the means to get up and go" (Una, ROI, rural).

5.2 SERVICES PERCEIVED AS USEFUL IN RESPONSE TO ELDER ABUSE

The types of services and supports identified as useful in response to elder abuse centred on four areas: those that enabled older people particularly in relation to maintaining their independence and their involvement in social networks, those that supported family carers, those that created awareness of elder abuse and those relating to professional responsibility associated with relationships of caring and advising older people.

5.2.1 SERVICES THAT ENABLE OLDER PEOPLE

In exploring the types of services older people would use in response to elder abuse, much of the discussions focused on preventing elder abuse. The main theme to emerge from these discussions was the importance of services that enable older people to carry out their everyday tasks and stay connected to their communities and with friends. For example, shopping not only fulfils the task of stocking up the larder so a person can eat for the week, but it also provides opportunity for everyday social interaction, especially for older people who do not attend clubs or other social events. Access to a rural transport scheme enables older people to collect their own pensions and do their own shopping, ensuring they stay connected to their friends and community, helping to maintain their confidence and reducing their social isolation and their dependency on others to

carry out these tasks. This was true for participants living in rural areas in NI and ROI. Helen (ROI, rural) gives an account of her shopping day:

…there is a great bus service, I'm collected at my house on a Friday morning and taken into [Name] town to do my shopping… we can do our bits and pieces and leave everything at the shop in our bags, and when it's time to go home, the minibus comes for us and the driver of the bus goes in and lifts all the bags out and then when he leaves us off at our houses, he walks into the door and will carry the stuff in and put it on the kitchen table… in the terms of that, it means that people that otherwise won't be able to get out to do their own shopping unless a member of their family [brings them] and when you're with [a] member of family 'oh hurry up', you have only so long and all this sort of thing whereas when older people go out like that… you can sit in the wee place [local grocers with bar] they have for us to sit until the bus comes and we can chat away, whereas if you are with your family, what are you doing talking there, will you hurry up come on, they can't wait for you, why are you taking so long?

In contrast, Jean (ROI, rural) outlined how not having access to transport she was dependent on her family for lifts:

…but like you gave me a lift today and that's good, otherwise I couldn't have got here, whatever I do. I have to check with my daughter, my daughter has to give me a lift. I can't walk out the door and get milk or catch a bus.

Clubs and groups create space for older people to meet and chat. For many older people, they are the only opportunity to meet with other older people and exchange concerns and information. Club organisers, in many instances community workers, play a huge role in enabling older people through provision of information, educational opportunities and informal support and in some instances they become their confidant, somebody outside the family they can talk to:

…[the] senior citizens club has been really of benefit to the village… it is one of the best things that has ever happened in the village… Name (community worker) tries to include as much as possible information that is related to the age group and I think it has been great, plus it's not all just the different agencies [giving talks], it is somewhere you can come and talk and chat together and find out things about each other and I think that is most important. Even if it is every other week, but it is to make a link with somebody of the same age group and you are able to sit and talk to each other and communicate with each other and ask Name (community worker) for things (Kate, NI, rural)

Other services participants believed were important for older people included a Good Morning Call Service where volunteers ring an older person every day to see if they are alright and chat with them, and personal alarms, which make many older people feel safe and secure at home.

In NI, belonging to a church community provided older people with an opportunity to socialise, especially for men. Attending events like a church breakfast was acceptable to men, whereas coffee mornings were not always so attractive to men. Participants saw men as a difficult group to reach and men were a very small minority in all of the community groups we visited. Kate (NI, rural) thought that:

> …men are more self, they won't express their inner thoughts and they won't come out to anything, I think men are very hard to reach… they won't speak out about it, they would just suffer in silence… ladies will suffer in silence too, but then they would eventually maybe come out and say… they won't like people to know… it would be their problem, they'd be all out to solve it themselves, if it doesn't get solved they'd rather live with it, they'd just try to hide the problem… I know my father won't have come in at any time [to club], because they won't have seen it as a man thing.

In NI, church communities also organised visits to older people who were unable to attend church due to poor health. Stella (NI, urban) described her role as a volunteer in a pastoral care team:

> …we are asked to go and visit them [older people]… and see how they are and if they have any problems to come and I have to report back to the minister… or maybe they are worried about members of their family, it is confidential between me and them and the minister, you have to ask them could I mention it to so and so, do you want prayed for or something like that… it gives them confidence and it makes them know that they are not forgotten.

Hence, the provision and funding of community based workers to work with older people was seen as important. Such work could involve developing clubs, transport, information sources and educational opportunities to enable older people to continue to do everyday things like shopping, collecting their pension, meeting and making friends, keeping informed, learning new things, maintaining independence and building older people's self-esteem and confidence. It was suggested that this would make them less likely to accept or put up with mistreatment and ensure they had someone other than family to confide in and chat about things.

All participants believed visiting older people in their homes was very important for the prevention of abuse, particularly for older people unable to leave their homes due to ill-health. Knowing that an older person had contact with other people, could deter abuse by a carer:

…through conversation let them [the carer] know that such a one comes twice a week, or three times a week and somebody else comes… so they know that they are not getting anybody coming into them for the whole lot of the week. They are more vulnerable then (Una, ROI, rural).

However, changes in lifestyle and advances in technology have reduced personal contact resulting in fewer callers to an older person's home. For example, the postman may now deliver mail to boxes at the gate of houses, GPs do fewer house calls, public health nurses are not regular callers and pensions go directly into bank accounts and are accessed through ATM machines. There was a consensus within groups that more organised and regular visits by public health nurses and members of community and voluntary groups (aware of elder abuse) were essential in preventing and identifying elder abuse. The same person should call consistently as one participant believed it's important to build up a relationship with the older person and to listen intently to them because a person being abused may never say it but "give them [regular caller] little titbits of information that make bells ring and you never know how things can go across without being said" (Joan, ROI, urban).

Giving older people choices around care provision prevented older people being dependent on support limited to either family or nursing homes. In NI, participants were not as insistent on staying in their own home, as some had chosen to move into sheltered housing and assisted living facilities. They still felt they had some support but also maintained their independence and in many instances said they led busier lives than they had before moving in. In this extract, participants describe their experiences and their friends' experiences of living in such housing:

Rachel (speaking about a friend's apartment): "apartments [are] all on the ground and they have one hall that leads up to a communal hall but they also have a door that leads into the garden, and she has a dinner every week and she also has a bus run every week somewhere, she has like a bingo or a game thing but there are things that you do to keep you occupied.

Stella (talking about her sister in law): "she is 82, and she is in her lovely little flat on her own, we go to see her and she has her little kitchenette and makes you a cup of tea and all that, but she doesn't go down and mix with the rest of them, she just prefers to sit in her own place and watch television".

These types of choices for assisted living were reportedly not as available to older people in the Republic of Ireland.

Friends were another important source of support to older people and in some instances were thought to understand the older person's life better than the older person's children, yet they were often powerless to intervene where children as next-of-kin made decisions for older people. Ann (ROI, urban) recounted how she and her friend were accused of "interfering, we were the only people who took my friend out [of nursing home] and brought her home for a visit and the daughter-in-law rang me and she said 'what's your problem?' She really resented the intrusion".

5.2.2 SERVICES TO SUPPORT FAMILY CARERS

Essential to the prevention of elder abuse are services to support families caring for an older person. Participants who had cared for parents or other relatives spoke of how they could understand why someone could lose their temper with the sheer frustration and stress of caring around the clock. People in these situations often had no choice but to "put their coat on and go for a walk" said one person (Mary, ROI, urban). For people unable to call on family or friends to take over, it meant leaving a parent alone in the house but this was seen as better than risking losing your temper as outlined in this extract:

> Mary: There's never any excuse for abusing an old person because there is always, you can walk away from it.
> Jane: You can't always walk away from it because the person I'm thinking of was bordering on Alzheimer's but he was dangerous, you couldn't walk away from him because you daren't leave him alone… it's very different for us living in a place like
> [city suburb], where you have people, you're never actually alone, if you were down the country with this old person you'd be lost.
> Mary: I'd still, I'd shut the door and go for a walk… until I get rid of my temper.
> Jane: I'm sorry well that passes as abuse… if you walk out and leave an Alzheimer's patient alone that is abusive.

Caring can create tension within families between the carer, spouse and siblings, as Liz (ROI, urban) recalled:

…it was always me that Mommy would contact when my dad would be sick and then when she was left on her own the neighbours contacted me, you know to come down, but I didn't mind it. Sometimes I would get annoyed, I might be going off somewhere and I'd have to go, so my husband used get annoyed then sometimes. He'd say, are you the only one in the family?

Carers can lose touch with friends and the outside world, reducing their opportunities to share their feelings of frustration or anger. Len (ROI rural) spoke of the importance of not keeping this anger inside:

I think that you should be able to call on someone, even if it is in the middle of the night and say look she is driving me or he is driving me bonkers and I feel like strangling. Would you come over for an hour, give me an hour's break so I can get a rest you know… I can understand that, but you always call on someone, you don't just bottle it up inside.

A solution proposed by some was to have a mentoring service, where family members caring for an older person could ring someone for information and support. One person pointed out that you become a carer by default in many instances and you are not prepared for this role and there are "all the books in the world about babies but there is nothing to tell you this may happen [to an older person]" (Eve, NI, Urban). Another spoke of the need to provide respite at night for people caring for someone with Alzheimer's disease as "this would give the carer the time to sleep and be fit for the day because sleep deprivation is the worst thing you can have" (Len, ROI, rural).

When family carers are no longer able to provide care, carers and the older person need advice and support and they need good nursing homes or other options. Keeping an older person at home when the family can no longer cope but don't want to face this and are feeling guilty about having to seek another form of care, and letting down their parent, was described as detrimental to the health of the older person and family carer. Janet (NI, urban) spoke about this sense of guilt, "I mean we didn't want to have her in a home, we couldn't, we were spread all over the place and we couldn't, and there was nothing done to ease the sort of guilt, that we felt about having to have her there ".

5.2.3 CREATING AWARENESS

Whilst participants were aware of physical abuse, it is only in recent years they reported being aware of other types of abuse, mainly through the media. However, abuse was still a subject that wasn't often spoken about or discussed at a community level. Most believed that people need to be made more aware of the different forms of abuse and the signs to look out for. The best way of creating awareness was thought to be through advertisements on television and the radio.

Advertisements such as those used by the Road Safety Authority where people speak about an accident they were involved in were seen as effective. These adverts need to specify in detail what is and isn't accepted behaviour. Paula (ROI, rural) suggested:

…maybe one of these people here who are supporting this project might consider sponsoring an ad, even if it was only once a week, like 'are you a prisoner in your home?', 'are you afraid to go out?' or something like that, that might make people aware and watch out for what might be happening because the big thing about elder abuse is that people are not watchful enough as to what is occurring.

A service similar to the telephone helpline Childline was mentioned by many who were surprised to learn that an elder abuse help line already existed. They thought that this needed to be advertised more widely and that service providers in contact with older people, such as GPs, pharmacies, post offices and churches could distribute cards with the helpline number to older people. Participants felt every older person should also have their local public health nurse's telephone number.

Education and information provision were also deemed crucial to prevention and reporting of elder abuse. Many spoke of education throughout a person's life in terms of highlighting to people the importance of social interaction and having friends to support their mental health throughout their lives. Participants highlighted the importance of getting people to think about and plan for the stage in their lives when they may no longer be able to look after themselves, teaching people about dementia and where people are caring for a family member, giving them the skills they need such as the right way to lift and so on. Educating young people through multi-generational programmes at post primary level and civic-like programmes in national school to teach, "respect for their elders" was also suggested. One person spoke favourably of a programme in some schools in the US called Respect and Manners, for children in primary school.

To report abuse, one person believed you had to have "faith in the system, that [the person you told] they're a conduit, they know the way to go with these complaints, they know who else to make the contact with" (ROI, Bernie, rural). Hence, people needed easy access to clear information: on whom to contact, what would ensue, the step-by-step process of what happens if a person reports abuse. Participants felt that people would be more willing to speak to someone with this knowledge informally first, just to voice their concerns, as it was such a serious accusation; to go about it officially, they felt they needed evidence, as illustrated in this extract:

Elsie (NI, rural) asks the group "so would that mean that if you were aware of something like this happening to someone you know that you would go to the social services?" Bess replies "you'd have to have evidence".

Once abuse is confirmed, participants believed professionals need to work with the older person in determining what the older person wants and set a plan in place quickly as "everything grinds slowly when things are mentioned because they have to be verified and what happens in between, when all this [is happening], where would I go?" (Joan, ROI, urban). Older people must be reassured and made aware of interventions available and that reporting abuse does not culminate in the person being admitted to a nursing home, nor does it necessarily mean the end of relationships with family members. One participant suggested running information clips before the news on TV with an older person, a family member, a social worker or public health nurse talking about what happened when a person spoke out about being abused. Knowing "what they're going through… might encourage them to do it [to tell]" maintained Sally (ROI, rural).

5.2.4 PROFESSIONALS' RESPONSIBILITY TOWARDS OLDER PEOPLE

Participants believed that professionals involved in providing care and advice to older people, not only had a duty of care in the legal sense but also a moral duty to care. Therefore, care workers going into older people's homes should be properly trained and police-vetted and continuously supervised, but this was not the experience of some. Eve (NI, urban), for example, had a bad experience with a care worker looking after her father and wondered "how did she get that job when I asked them not to send her back? You know what they did, they doubled her shifts. Why is there no proper screening there?"

Some also had concerns as to the adequacy of carer workers' training. Brenda (NI, rural) queried "does a carer do any training or anything now? You just apply to be a carer, they insure you, who are you, you don't know who is coming into your house. It's alright if it's somebody you know… if you were trained and shown and trained to have respect for older people, and patience".

Care work was not just a job but also required people to have "that nature". John (NI, rural) highlighted how "an older person has to take the carer that comes, regardless of who they are or what they are". Participants felt older people should have some say in who cares for them and care workers should know that they could be replaced if the older person decides to reject their help.

Whilst there is legislation governing standards of care in nursing homes, participants believed that spot-checking and enforcement are lax. Sarah (NI, urban) made the observation that in the 12 months her mother resided in a nursing home, she never witnessed a spot check, the staff always

knew when the inspection was happening and "if they knew someone was coming round, the air-freshener was gone into the carpets, and there was vases of flowers, my reckoning is that they [should] just be never told when someone is coming".

Participants felt that there is an incentive for private nursing homes to implement minimum standards in the pursuit of profit, so there needed to be strong deterrents for nursing homes not to take advantage of older people. Ann (ROI, urban) felt that "[abuse] is more likely to happen in a paying home where they are saving on staff". However, others thought that legislation and policy can only really relate to facilities and staffing. Legislation and policy cannot address, as Amy (NI, urban) pointed out:

…the need of vulnerable older people for emotional support… but how do you vet a home for warmth? I'm talking about human dignity, warmth impossible to legislate, or ensure the meeting of older people's emotional needs for warmth and human dignity.

Hence, participants stressed the importance of family calling to see relatives in nursing homes to ensure not only that their basic needs for assistance with eating and going to the toilet were met but also their need for respect and dignity. Sally (ROI, rural) spoke about how older people can be categorised as incontinent even though they are not, just to save staff the time of having to bring them to the toilet. She described this as very upsetting and embarrassing for older people. For older people with little in the way of social networks outside the nursing home, some thought that advocacy is important, someone to watch out for residents and to speak-up for them.

Many participants identified GPs, solicitors and bank officials as having a role in preventing and identifying elder abuse. Practices such as the introduction of practice nurses in some surgeries were actually seen as further eroding the one-to-one relationship older people have with their GP, as when the older person makes an appointment to see their GP, they have to be interviewed by the practice nurse to ascertain if they need to see the GP. Helen (ROI, rural) explained the process:

…the older people, they don't like this new thing that when they go to see their doctor, there is a nurse meets them and she decides whether they'll see the doctor or not, it goes on in some of the GP places, practice nurse, where the older person prefers to see the doctor and talk to the doctor in confidence, they don't want the in-between, they just don't like that, they can't understand why is this nurse coming to me, why is she deciding whether I see the doctor or not, particularly the older person now, the people over 70 and going into their 80s and 90s, when they want to see the doctor.

Participants believed older people had a right to see the doctor and more assertive younger people would insist, but an older person may decide not to go to the surgery, with serious repercussions for their health. They argued that doctors should seek older people's views before these changes are implemented. Introduction should be gradual, explaining to people the process, giving them information and asking them if they would mind seeing the practice nurse first. Participants also felt that doctors should speak to and provide older people with information about their medical condition and their medication. A number of participants envisioned a role for GPs in monitoring older people for signs of abuse because the majority of older people are on a GPs register and Clare (ROI, urban) suggested that where an older person doesn't visit a doctor for over a year, the practice nurse could make contact with the person and call to see how they are.

Solicitors also have a duty of care to older people, especially in transfer of property or changes in wills. Participants saw it as important that older people were made aware of the consequences of actions like adding a child to their tenancy or signing over their house. Helen (ROI, rural) recounted how her solicitor's advice had ensured she kept her house:

> *…my son got married and luckily I'd a good solicitor and told me I wasn't signing the place over. He [son] brought in the wife and he said to me quietly one day give us a chance in the house on our own. My daughter who lived a field away took me in but if I had signed that house over to him, I would have been without [when they separated].*

Banks were also seen as having a role in preventing financial abuse. In NI, some participants expressed surprise at how easy it was for older people's families to take money out of their accounts. Laura (NI, urban) told of an instance where her friend went to check her savings and there was £4000 missing. The bank manager "says to her a funny thing about it, it's the son that comes in with you has been coming in quite a lot lately he says, like I can only see through my window." Although not directly involved in these transactions, the bank manager did not address the issue.

Section 6
Discussion and Conclusion

In this study older people living in communities across the island of Ireland shared their views on elder abuse and the types of services and supports they believe should respond to this issue. This knowledge is important for a number of reasons. Disparities in definition can result in conflict between those being abused and those who seek to support them. Older people also may have different views than professionals on the most appropriate responses (Douglas 2005). Consequently, knowing older people's views is essential to the development and implementation of effective policy and practice.

The findings indicate that older people in Ireland conceptualise elder abuse at the micro-level of individual relationships and also at the macro-level of societal relationships. At the micro-level, elder abuse is understood as being experienced by a minority of individuals in their relationships with family and institutions. At a macro-level, elder abuse is perceived in the way society treats older people as a group. These findings share similarities with findings from previous studies but also add to existing knowledge.

6.1 UNDERSTANDINGS OF ABUSE: AT THE INDIVIDUAL LEVEL

Elder abuse understood at the level of individual relationships included physical, psychological, verbal, financial abuse and neglect. The different forms were seen in a hierarchical way, with abuse that impacted on the older person's psychological or emotional well-being deemed the most damaging. This finding has been observed in other studies. In Helme and Cueva's study (2007), Australian care receivers ranked psychological abuse high on a scale of abuse. Older people living in the US believed that emotional abuse had the potential to be more severe than physical abuse (Nandlal and Wood, 1997). The study presented in this report clearly highlighted how abuse, in its different forms, was not seen as a stand-alone event but a subtle, gradual process that usually involved an element of psychological pressure. This psychological pressure placed older people in a position where they believed that saying 'no' would have significant negative repercussions on their well-being and safety. Psychological abuse was perceived as central in determining the severity or impact of abuse on an older person.

Being able to stand up for oneself was relevant in determining elder abuse. This ability was related to the older person's life experience, their personality, their health status and their family relationships and circumstances. Significant physical or cognitive impairment was said to place older people in vulnerable situations. Dependency on others for care can create unequal power relationships between the older person and the carer and if it is in the nature of the carer to use this power over the older person, abuse can occur. Mouton et al (2005) identified the inappropriate use of power as a component of abuse and discussed dilemmas where the older person had the capacity to understand but chose to stay in situations where they were being exploited. The findings in this

study indicate that older people have little choice but to trust the person they are dependent on for support and care to fulfil their role. Trust in this regard is not unconditional as in beyond the realm of reciprocity, but relates to being able to count on or depend on the person to fulfil their role in the circumstances.

The findings indicate that parents' love for their children and their sense of responsibility to take care and protect their children endures throughout a person's life. Hence, determining abusive behaviour requires an understanding of individual family dynamics. Role reversal in relation to dependency changes family dynamics but may not necessarily change a parent's deep-seated obligation and loyalty towards protecting their children, no matter what, making them willing to tolerate otherwise intolerable situations. For example, there is a delicate balance between informal financial arrangements within families and financial abuse, and family members' understandings of a situation can differ depending on whether they are onlookers or directly involved. Other studies have identified elder abuse in terms of violation of a family obligation and loyalty (Chang and Moon, 1997) but the persistence of obligation and loyalty of parents towards children even in abusive situations has not been noted previously and merits further exploration.

The delineation between neglect and keeping an older person safe whilst caring, and meeting the older person's wishes to remain in their own home, requires an understanding of intentionality. Family neglect is viewed in the main as unintentional and related to pressure on families providing care to an older person or lack of awareness on behalf of families as to their relative's need for support. The motivation of those involved and the individual's circumstances was thought to determine if an act or inaction was abusive. For example, bolting the doors whilst a family member caring for a person with Alzheimer's disease went out for 5 or 10 minutes to calm down or pick up milk was acceptable but keeping an older person with Alzheimer's disease at home without support because of the financial implications for inheritance if the person was admitted to long term care was not acceptable.

Abuse and neglect within the context of professional care workers was not understandable or acceptable as they were supposedly trained and paid to carry out the job. In other studies this distinction has also been drawn (Annetzberger et al, 1996; Morbey, 2002; Moutan et al, 2005). In these other studies, the intent of family caregivers was identified as a factor influencing the seriousness of the abuse and a well-meaning action militated against a negative outcome. In the current study, perceptions of abuse at the micro-level also included institutional abuse where systematic practices by institutions of the state or care providers failed to provide good care for older people. An example mentioned by some was hospitals, where older people were left on trolleys 'for days' or the absence of a rights-based approach to social care in the Republic of Ireland.

6.2 UNDERSTANDINGS OF ABUSE: AT A STRUCTURAL LEVEL

Perceptions of elder abuse relating to wider societal and structural mechanisms have been reported in previous studies. Erlingston et al (2005) reported that Swedish participants identified social decline and poor government as primary causes of abuse. These older people felt that insufficient emphasis was given to funding and training health and care staff, and schools did not instil in children appropriate respect for older people. Group members felt that limits to their autonomy including making decisions on their behalf could breach their human rights and therefore constitute abuse. A World Health Organisation study (WHO/INPEA 2002) using data from eight countries noted similar findings where their participants emphasised the devaluing of older people in families and communities and emphasised the themes of rights, choice, dignity and respect. These issues were raised in the current study, but formed part of a wider contextualisation of elder abuse at a macro level that of personhood abuse. This concept centres on the way society as a whole operates to characterize older people as other rather than full members of society with the same needs and rights.

Abuse understood within a personhood framework has not been proposed previously and is a significant finding. It is contended that as people become older, society gradually withdraws the attributes that confer personhood: those of agency, self-awareness, rights and responsibilities and the importance of a past and a future. Older people's views, past experience and future desires are dismissed and regarded as of no significance to families, the state, its agencies and society in general. This reduces older people's confidence and esteem in their ability to act in their own best interests. This, along with decline in health brings about a loss of control over their lives placing them in vulnerable positions so that they become vulnerable adults. This leads older people to be seen only in relation to their physiological and safety needs, basic human needs as proposed by Maslow (1943) in his hierarchy of need. Elder abuse becomes associated with breaches or failures by others to meet these needs, when individuals are no longer able to do so for themselves. For policy and practice purposes these needs are easily measured and monitored. Such disregard and dismissal of older people as people with the same need for love, belonging, esteem and aspirations to realise their potential as other sections of society, curtails their human rights in relation to respect, equality and dignity and is fundamental to the concept of elder abuse. The withdrawal of personhood dehumanises older people, making it easier for others to mistreat or harm them.

6.3 IMPLICATIONS OF THE FINDINGS FOR POLICY AND PRACTICE

Many of the types of abuse identified by older people living across communities in NI and ROI fit into the typologies outlined in national policy documents, Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidelines (2006) in NI and Protecting our Future (2002) in the ROI. In this study, participants identified without prompting:

(1) Psychological abuse (emotional abuse, threats of harm or abandonment, humiliation, controlling, intimidation, coercion, isolation)

(2) Physical abuse (beating, handling roughly, pushing)

(3) Financial or material (pressure in connection with wills, property or inheritance, misappropriation of possessions or benefits)

(4) Neglect and acts of omissions (ignoring medical or physical care needs, the withholding of the necessities of life)

(5) Discriminatory abuse (ageism)

(6) Institutional abuse (e.g. absence of a rights-based approach to social care provision in Republic of Ireland)

However, older people living in communities in NI and ROI believed that the understanding and tackling of abuse needs to move outside these narrow definitions and conventional ways of thinking and look at the wider societal context and a different understanding of abuse in terms of personhood abuse, which is the gradual withdrawal from older people of the characteristics that make them human with the same needs and rights as the rest of society. Viewing the abuse of older people within a personhood framework requires fundamental changes to policy and practice, beyond the present focus of policy on protection and safe-guarding older people, evident in Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidelines (2006) in NI and Protecting our Future (2002) in the ROI. Abuse understood from a protectionist standpoint concentrates on meeting the older person's physiological and safety needs, but not their need for love, belonging, esteem and the realisation of their potential. Hence, policies and practices to tackle the abuse of older people which evolve and operate within a health and social care framework and fail to address the underlying structures that undermine older people's confidence in their own ability to act which can place them in vulnerable situations, predisposing them to abuse within one-to-one relationships.

The emphasis of policy developed to tackle 'personhood abuse' would be on strengthening older people's rights, enabling them to act and make choices in what they see as their best interest; acknowledging their skills, past experiences and future potential and in this way build older people's confidence, giving them skills and resources they need to stand up for themselves. Tackling abuse within this policy framework of empowerment focuses on the building of sustainable communities, where older people can access resources and supports that enable social inclusion, choice and access to information, and provide older people with means to assert themselves.

6.3.1 TACKLING ABUSE THROUGH SOCIAL INCLUSION

Enabling older people to carry out everyday social activities like going shopping, collecting their pension and going to church, for example, keeps people connected to their communities but also lessens their dependency on others. Therefore, access to services like transport, local shops and post offices are essential in maintaining these connections. The findings presented in this report illustrate how providing older people with opportunities to expand their social network made older people feel less isolated and enhanced their confidence and social life. Having access to transport and joining community groups, such as seniors' clubs, luncheon clubs, 'Go for life' groups and University of Third Age, enabled older people to be included in their communities, to build and sustain friendships, access information and learn new skills, building esteem and facilitating the realisation of their potential.

On paper, rural transport schemes and groups like seniors' clubs could be perceived as initiatives aimed at just enhancing the older person's social life and access to local amenities. However, this belies the less obvious benefits of these supports in tackling elder abuse, such as enabling the older person to leave their homes once or twice a week, stay in control of their pension, giving them the opportunity to speak to others and hear what's happening in their community. It establishes relationship with other people such as the bus driver and/or community worker, giving them an insight into and awareness of the older person's life which places these people in a position where they can provide information on services and supports in an informal way. These benefits are difficult to measure and so do not appear as statistics in elder abuse reports. These service providers hold untapped potential, which could be realised if policy focused on empowerment as well as protection. For example, present health and safety measures rightly require people like bus drivers and community leaders working with older people to have Garda clearance but the potential of these people as resources in the prevention and identification of elder abuse if provided with the appropriate training is largely ignored.

Confident older people engaged in their communities are more likely to assert themselves and have the opportunity to share their concerns and gain informal support. Therefore, to strengthen older people's personhood and prevent abuse occurring in the first place, a national policy aimed at

building sustainable communities needs to be developed and implemented to ensure these types of services can grow and provide the type of services and supports older people want in their local communities, particularly for the more marginalised such as older men and those with a disability. Implementation of such a policy requires dedicated budgets and the services need to be accorded equal status and political commitment to that of services such as health and social care. The present system of discretionary funding creates uncertainty, making it more difficult to expand programs and ensure the continuance of the presence of community workers older people have come to know and trust.

To ensure the inclusion of older people with significant impairment or unable to leave their homes, regular visits by professionals such as Public Health Nurses, primary practice nurses or social care assistants and community volunteers is required

6.3.2 TACKLING ABUSE THROUGH THE PROVISION OF CHOICE

Participants in this study identified deterioration in health, either physical or mental, as the biggest threat to their well-being as older people. Hence, health and social care policies and practice need to focus on maintaining health and social well-being through preventative and rehabilitative (or re-enablement) measures.

Where older people need support, providing choice and control over decisions around care provisions would strengthen their agency. However, the present system of care provision militates against this. For older people with disability, health and social care providers offer limited support and in many cases can only supplement family care. Assessment focuses on the older person's physiological and safety needs and older people must take the services available and the carer allocated by the service provider.

Older people's dread of going into nursing homes, voiced by many participants in this study, was said to be such that they would see abuse by their family as more acceptable. Families are put in the position of having to provide care, with little outside support, and this pressure to provide care knowing their parent's opposition to going into a nursing home can result in them trying to provide care beyond their capabilities. In NI, older people could opt to go into assisted living facilities. The evidence from this study is that assisted living facilities are an acceptable option in the event of a decline in older people's health status, if they are located within local communities. This option is not available to the majority of older people living in the ROI. The acceptability of assisted living facilities was due to the fact that older people perceived they could still exert some control over their lives whereas admission to nursing home marked for older people the end of this control.

The existing policies and practices outlined above can serve to reinforce the stereotype of older people as lesser beings, not entitled to the same rights as the rest of society and in so doing limit their control and choice of support. These practices create unequal power relationships, which may aggravate the older person's dependency and isolation placing them in a vulnerable position. By adopting a human rights-based approach to service delivery, the autonomy of older people with significant physical or cognitive impairment could be promoted, and alternative types of care and services such as supported family care, personal care budgets, assisted living facilities developed. Having alternatives lessens older people's dependency on one form of care, giving them the confidence to say 'no' without consequences or fear of repercussions to their safety or well-being.

6.3.3 TACKLING ABUSE THROUGH INFORMATION AND AWARENESS

In this study, participants perceived that there was little information on elder abuse available to older people. 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 are essential in empowering older people to protect themselves and their peers. Making it easy to tell someone is imperative to the reporting of abuse. However, traditional confidants, like GPs and priests, are less available. For example, GPs make fewer house calls and in some practices, practice nurses act as gatekeepers to the GP. However, new confidants and sources of information are emerging. For example in NI, participants saw the Commissioner for Older People as someone who would listen to their concerns. In the North and South, community workers act as confidants and a point of information and support to many older people. Peer support is also an important resource for older people. These informal confidants are seen as more acceptable to some older people than a procedural driven reporting policy and a sometimes perceived 'overly-efficient' social service.

Preventing and responding to abuse requires awareness of abuse, the naming of abuse in all its forms as unacceptable, the provision of information on the signs of abuse and appropriate processes for dealing with abuse. Health and social care agencies need to set out their policy and practices for responding to abuse clearly so that people know about the process and feel confident to speak out. In this study, people wanted to be reassured that reporting abuse does not culminate in the person being admitted to a nursing home nor does it necessarily mean the end of relationships with family members. Addressing abuse, whilst respecting family relationships and helping them to change, is one of the major challenges facing professionals in this field (Taylor and Donnelly, 2006b).

6.4 IMPLICATIONS FOR PROFESSIONAL PRACTICE

Social research is not complete until applied to theory, policy and practice. Translating the findings of this study into guidelines for professional practice is therefore the completion and final section of this report. The findings of this study have practical implications for health and social care practitioners including general practitioners, nurses, social workers and social care as well as community workers.

The study highlights that elder abuse is a socially constructed phenomena meaning different things to different people across different countries. Subtle differences in definitions and emphasis on elder abuse across Ireland reinforce this lack of universality. The current categories of elder abuse i.e. psychological, emotional, physical, financial and neglect, form the basis of Irish social policy and protocols. However, the findings of this study provide a different reality in terms of how old people define abuse. Therefore, the tendency to adopt and apply rigid categories and definitions of abuse in adult services needs to be continually challenged through professional training involving critical frameworks for professional judgments and decision-making, reflective practices and the involvement of service users.

How professionals currently prioritise, include or exclude different types of abuse was also challenged by the findings. Neglect by family members, in the sense of not calling or spending time with older relatives, was repeatedly highlighted as a type of abuse, part of the withdrawal of personhood, which could be just as damaging as psychological and physical abuse. This highlights the importance of good assessment tools which are needs-led rather than service-led or resource-led and are proactive in identifying more subtle but equally damaging forms of neglect and vulnerability. Neglect, loneliness, lack of self-worth, identity and isolation are all precursors of mental health conditions and issues of heightened vulnerability, and require equal attention by health and social care professionals.

Significantly older adults in this study did not see themselves as old or victims. Public perception that they may be in need of protection or were vulnerable because of their age was not necessarily their reality. Paternalistic and protectionist (victim-perpetrator) models in responses to elder abuse may have limited validity. Focus group findings suggest that older people with decision-making capacity have the right to take calculated risks and to this end professional intervention should ultimately uphold their rights and promote empowerment. For older people in this study, the fear of being institutionalised if you are considered old and vulnerable in Irish society was a reality and needs to be addressed.

The importance of social inclusion, rights, choice, and general awareness as highlighted in the findings offers potential opportunities for preventative community development practice. Prevention is currently an underdeveloped dimension of adult protection across Ireland which needs addressing at the local community level of health and social care practice.

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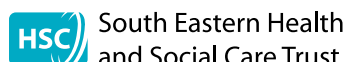Missing Voices: Views of older persons on elder abuse. Geneva: WHO.

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Appendices

Research Project Title:

Older People's Views of Abuse of Older People and Related Support Services

ABOUT THE RESEARCH:

A number of organisations including Age Action Ireland, Ulster University, Trinity College Dublin and the South Eastern Health and Social Care Trust in Northern Ireland are working together on a research project. We are exploring how older people view and understand the abuse of older adults and what types of supports and services they think should be put in place to prevent and respond to this issue.

This is a very important study as it is the first time across Ireland, the older population are being asked about these issues. Your involvement is very valuable and important to us. It will ensure that outcomes from the study reflect the reality for older people on the ground. Information you give will inform future policy and service development as key professionals and policy makers will be provided with a greater understanding of the issues.

IMPORTANT INFORMATION:

There are a number of important points that you should be aware of before agreeing to take part:

- If you or anyone else discloses information about a situation involving the risk or possible harm of a person, then we will need to discuss this further with you after the discussion group to ensure that persons safety.

- We do not believe that you will suffer any distress or discomfort from taking part. However, it is a sensitive topic and there may be unforeseen emotional experiences. In this event the researcher will provide you with information on access to appropriate support services.

- Anything you say will be treated in the strictest confidence; your privacy will be respected. As this is a group discussion, we also ask that you respect other people's privacy when taking part and ensure that anything they say during the discussion group will be treated confidentially.

TO GET INVOLVED:

You are invited to take part in a discussion group as part of the project.
Participation in the study is for any person:

- aged 65 years or over,
- who is living in the community, and
- who is linked to a community organisation.

* No special knowledge or experience of abuse is needed to take part.

The discussion group should take between one and two hours. Participation is voluntary
and if you are interested in getting involved please contact the national project researcher
Dr. Marita O'Brien who will let you know where and when the event is taking place in your area.

Thank you very much for taking the time to read this information sheet.

CONSENT FORM

Taking part in this study is voluntary. If you would like to take part, please fill in this consent form after you read the information sheet.

Please circle the appropriate response to each question:

1. The study has been explained to me   **YES**   **NO**

2. I have had an opportunity to ask questions   **YES**   **NO**

3. Any possible upset or discomfort from taking part in the study has been explained to me   **YES**   **NO**

4. I understand that I have the right not to participate   **YES**   **NO**

5. I understand that I can stop participating at any time   **YES**   **NO**

6. I know I can refuse to answer any questions   **YES**   **NO**

7. I know I am free now, and in the future, to ask any questions   **YES**   **NO**

8. I have been assured confidentiality and that my privacy will be respected at all times   **YES**   **NO**

10. I agree to respect the confidentiality and privacy of other group members at all time   **YES**   **NO**

11. I agree to the group discussion being tape recording   **YES**   **NO**

12. I understand that I will receive a signed copy of this consent form   **YES**   **NO**

I hereby consent to take part in this study (please sign the following)

Name of person:
....

Signature:
....

Date:
....

Name of Researcher:
....

Signature:
....

Date:
....

If you have any further question or queries about the research,
please contact Dr. Marita O'Brien

Thank you

FOCUS GROUP QUESTIONS

1. **Introduction:**
   Invite each person to introduce themselves (say their first name)

2. **What do you understand to be the abuse of older people?**

3. **Is it different to other kinds of abuse?**

4. **What kind of things do you think of as elder abuse?**

5. **Who abuses older people?**

6. **Where do these abuses happen?**

7. **Can you think of any reasons why some older people experience abuse and others do not?**

8. **Keeping in the mind the types of abuse you mentioned, can there ever be a situation where abuse is understandable?**

9. **What do you think should be done to prevent abuse from happening?**

10. **What do you think should be done for older people who experience abuse?**

sAsk each person taking part to fill in the following questions and return to you before leaving.

ABOUT YOU:

(i)   What age are you?
- 65 - 69   ○
- 70 - 74   ○
- 75 - 79   ○
- 80 - 84   ○
- 85 - 89   ○
- 90 - 94   ○
- > 95   ○

(ii)   Do you live in
- a city (10,000 people or more)   ○
- town (1,500 to 9,9999)   ○
- village (less than 1, 500)   ○
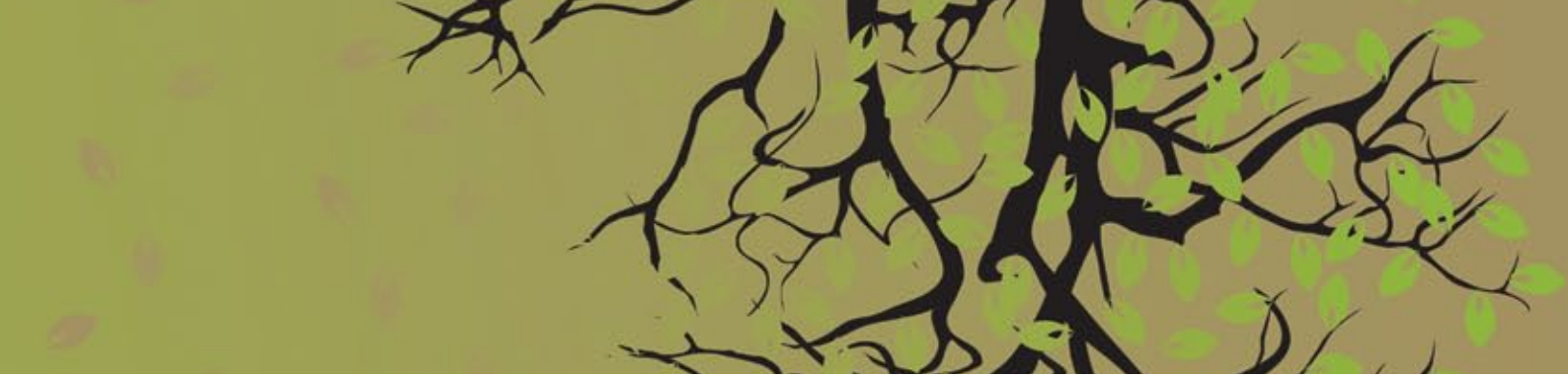- open countryside   ○

(iii) Are you male or female?   Male ○   Female ○

(iv)   What is/was your main working occupation?

....

Notes