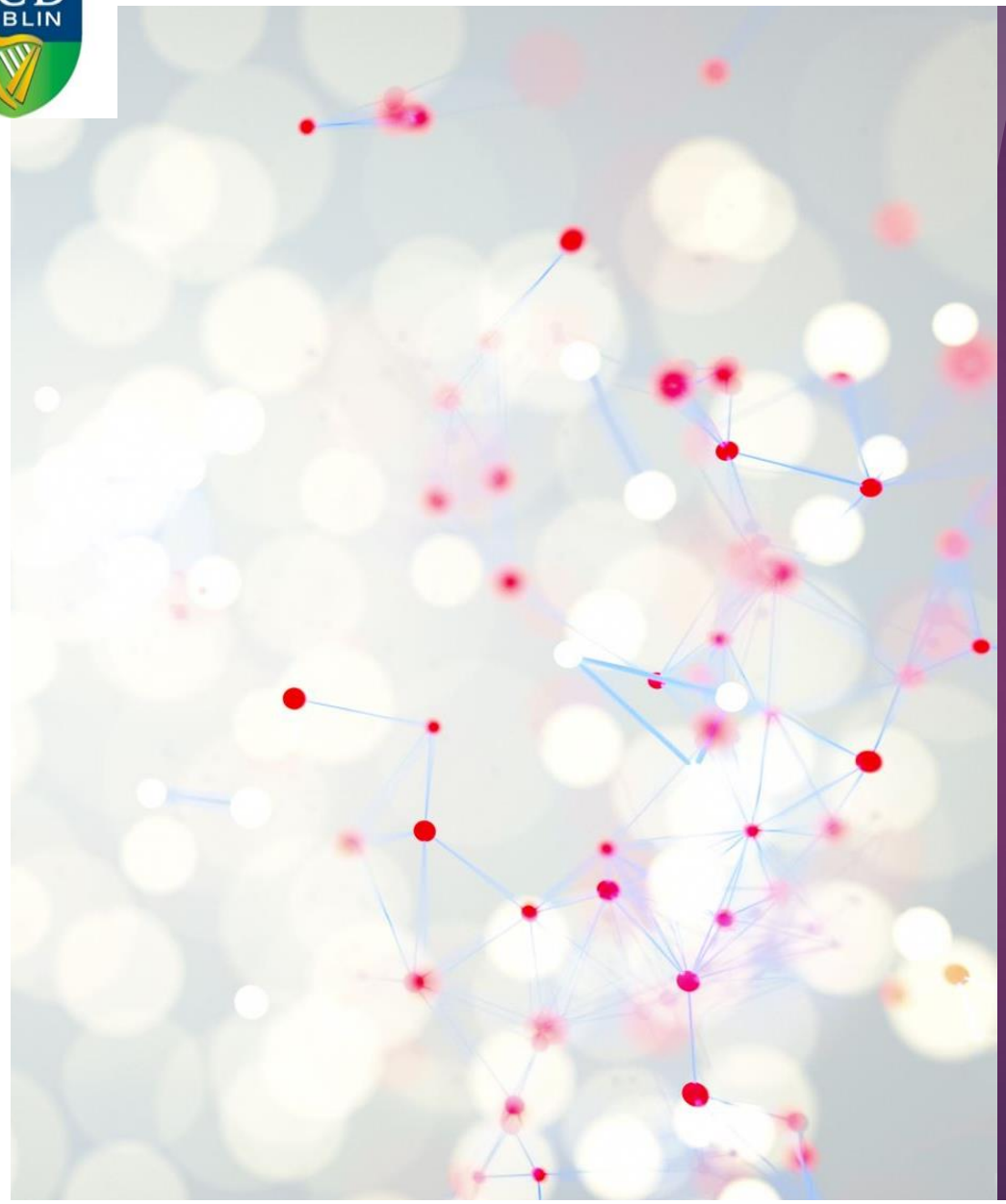

World Elder Abuse Awareness Day 2021

DR SARAH DONNELLY, ASSISTANT PROFESSOR OF SOCIAL WORK, SCHOL OF SOCIAL POLICY, SOCIAL WORK AND SOCIAL JUSTICE, UCD AND

SUSAN GAYNOR, CARE CHAMPIONS

Elder Abuse: Key Facts (WHO,2020)

- Elder abuse is defined 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' (WHO,2002).
- This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.
- A 2017 study based on 52 studies in 28 countries, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse (Yon et al. 2017). Predicted to increase.
- Rates of elder abuse have increased during the COVID-19. "Entrenched ageist attitudes" already undermining the autonomy of older persons in making their own choices and decisions, the pandemic has brought into sharp focus further violence, abuse and neglect against them.
- Elder abuse is increasing, often goes unreported, with official numbers most likely underestimating the extent of the problem (Iborra, Garcia and Grau, 2013).

Elder Abuse in context of Covid19

- Elder abuse is when a

"trusted other" (… your country, the people in charge of the place where you live, your healthcare system) neglect your needs, or fail too act, in ways that cause you harm or distress…' (Aronson,2020).

Contributory Factors

- Our policies and practices make it hard to stay involved with and connected to our communities as we age.
- As a result, older people are more likely to experience social isolation, which increases the likelihood of abuse and neglect.

Elder abuse affects older people across all socioeconomic groups, cultures, and races and can occur anywhere when they are disconnected from social supports:

- In a person's own home
- In nursing homes
- Assisted/Supported living facilities
- Institutional settings
- In hospitals

Abuse in Care Settings

- What little is known about the prevalence of abuse in nursing homes derives largely from research undertaken outside of the UK and suggests that such abuse is a common occurrence (Cambridge et al, 2011; Joint Committee on Human Rights, 2007; Goergen, 2004; Saveman et al, 1999; Pillemer and Hudson, 1993; Pillemer and Moore, 1989)
- A meta-analysis of prevalence studies in both domiciliary settings and care and nursing home settings determined that:
- 16% of staff admitted having committed psychological abuse;
- 10% admitted to physical abuse;
- 80% reported witnessing others committing abuse in their workplace (Cooper et al, 2008).
- Only a fraction of the abuse that occurs is brought to the attention of safeguarding authorities such as local authority social services departments or HIQA/Care Quality Commission (Moore, 2017).

Failure to Report Elder Abuse

- Abuse in nursing homes for older people is not always reported, and sometimes it is deliberately concealed.
- As few as one in every four or five cases are reported (Cooper et al, 2008; Bonnie and Wallace, 2003; Wolf, 2000).
- 57.6% of staff observed one or more neglectful behaviours by other members of staff in the preceding 12 months; (26.9%) of staff had observed at least one psychologically abusive act directed towards a resident in the previous twelve months by another member of staff (Drennan et al.2012)
- Physical abuse was observed as occurring on one or more occasions by 11.7% of respondents (Drennan et al. 2012).
- Nursing home staff often fear the personal consequences of reporting abuse, which could include: victimisation; intimidation; ostracism; reprisal from peers, managers or employers; and loss of employment (Carvel, 2009; Taylor and Dodd, 2003; Moore, 2017).

Irish Context
HSE and HIQA: Lack of Governance and Oversight

- While there is a HSE policy to safeguard adults at risk of abuse, they (SPT social workers) continue to work in a legal lacuna with no primary legislative basis for their work (HSE National Safeguarding Office, Annual Report, 2019)

For many years now we have been raising the issue of the limited legal and enforcement powers of the Chief Inspector…While we can take action to cancel the registration of a provider or attach additional conditions of registration — this is often a slow process (the legislation as it currently stands allows the service provider a right of reply of 28 days and an appeal) and the threshold to meet to cancel registration is very high.

People should not be subjected to significantly deteriorating care and service quality to the point their very lives are at risk because of legal limitations.

(Mary Dunnion, Chief Inspector of Social Services and Director of Regulation, HIQA. Irish Examiner, 27th November 2020)

The Lived Experience of Abuse in Care Settings

- Behind the inspection report accounts of bedsores, dependence, poor hygiene, breaches of conditions, unpleasant smells, insufficient staffing and talk of relocation, dispersal, closure and transfers, are the individuals who receive treatment in/ live in care settings (O'Loughlin, 2004).
- "a tangible reluctance by some to criticise certain aspects of life in residential care" (Age and Opportunity,2003).
- The culture of "not letting on" can be very difficult to penetrate. For the older person, the consequences of speaking out can include victimisation and retaliation, exposure to public view and scrutiny, and fear of being moved on.
- For some, there may be the assumption that nothing will happen, that no-one will take any notice(O'Loughlin, 2004).

Addressing the Problem

- HIQA received a 71% increase on the number of concerns or an issue with the care provided to residents received in 2019 (HIQA, 2020).
- Residents and families often not communicated with in a timely way re; concerns/risks.
- The current safeguarding regulations, including whistleblowing policies, are failing to protect nursing home residents who experience abuse, as it is either not reported, or reported internally but ignored or stifled.
- Insufficient legal powers to protect and take action.
- Under-reporting must be tackled at all levels, including through revisiting the nature of the safe-guarding response, and remodelling the organizational culture and value frameworks of staff who witness or are aware of abuse but allow, or participate in, its concealment.
- "While older persons have become more visible in the COVID-19 outbreak, their voices, opinions and concerns remain unheard" (U.N. expert Claudia Mahler commeting on WEEAD 2021)
- Residents must be empowered to protect themselves.

- Caring about elder abuse is caring about justice for all.
- As a society, we are committed to ensuring the just treatment of all people, but elder abuse violates this value.
- The costs of elder abuse are high for the affected individuals and society alike. Their losses can be tangible (homes and life savings) and intangible (dignity, independence, and possibly their lives).
- Approaches to define, detect and address elder abuse need to be placed within a cultural context and considered along side culturally specific risk factors in care settings.
- In promoting a critical gerontology approach, social workers are encouraged to act as advocates for social change: promoting a preventative agenda, and encouraging consent-driven, rights-based, empowering and person-centred approaches to elder abuse investigation and intervention (Montgomery and Carney, 2021 *in press*).
- It's in everyone's interest to care about and prevent elder abuse.