Review Article

ELDER ABUSE

Frank Glendenning*

> L. B. Cebik, Glenn C. Graber and Frank H. Marsh (eds) *Advances in Bioethics: Volume 1: Violence, Neglect and the Elderly*. JAI Press Inc., Greenwich, Conn. 1996, 240 pp. £62.50 Hbk ISBN 0-7623-0096-5.

This book appears to be the first volume of a series, although it is not clear what additional volumes will follow. The price alone suggests that it is aimed at academic libraries, although serious researchers into elder mistreatment may decide that it is a necessary addition to a personal library as a book of reference.

The Preface explains the origin of this series on *Advances in Bioethics*: 'The magnitude of violence in the United States has become an increasingly grim reality for many Americans'. Walker and Maltby (1997), in their presentation of European research on ageing, recently drew attention to the sense of fear of walking out at night that older people have in all the member states of the European Union. The same appears to be true in the USA as well. The preface catalogues figures for 1992: 207,000 rapes, over 20,000 murders and 690,000 robberies. This has led the National Institutes of Health (NIH) to focus attention on violence and health, seeking to understand violence-related behaviour and its consequences. In 1993, the NIH set up the Panel of NIH Research on Antisocial, Aggressive and Violence-related Behaviours and their Consequences. The Panel included experts on ethics, criminal justice, medicine, behavioural and biological research, public health, epidemiology, anthropology, nursing, sociology, psychology and psychiatry. The Panel's purpose was to 'evaluate the NIH research portfolio in terms of its relevance, adequacy and responsiveness to social and ethical concerns.' It has been necessary to give this background in order that the book may be seen in context.

The book is substantially about the ethical issues raised during the course of caregiving, ethical issues raised by the context in which the victim is to be observed, and ethical issues which are raised by society's responsibility for the abusing situation. A number of ethicists and experts in medical ethics read papers at a conference in 1994 at the University of Tennessee's Centre for Applied and Professional Ethics, which gave rise to these published proceedings. The ethicists were joined by Margaret Hudson, Linda Phillips and Rosalie Wolf whose individual papers are included as background papers on the definition, identification and mandatory reporting of elder abuse,

* Centre for Social Gerontology, Keele University.

respectively. John Hardwig completes the background by contributing a chapter on ethical considerations within the context of elder abuse.

Margaret Hudson became one of the foremost researchers and commentators on elder abuse in the USA during the late 1980s, as she wrestled with the meaning of elder abuse, holding the view that although for twenty years there had been over 150 studies of the phenomena of elder abuse and neglect, we do not know whether we are seeing and measuring the same thing. In 1988 she attempted, through a study with a nation-wide panel of experts, to establish, by consensus, a taxonomy and theoretical definition of elder abuse and then, in another study, to establish how her findings compared with the general public's perceptions of the types and meaning of elder abuse. She presented her provisional findings in her keynote paper at the University of Tennessee conference and demonstrated the different perceptions of elder abuse held on the one hand by experts and on the other by the general public. The five-level taxonomy was developed inductively using the Delphi method, with 63 elder mistreatment experts (researchers, clinicians, educators and policy makers), along with theoretical definitions of 11 elder mistreatment concepts. These are reviewed in this paper, but a less expensive way to refer to these findings would be to consult Hudson (1991).

Alongside this taxonomy and the conceptual definitions, Hudson describes her findings in relation to public perceptions of elder abuse, using her 1988 data. She also extended her study in 1991 and 1992 and targeted a stratified sample of Caucasian and African-American community-dwelling adults in North Carolina. Data collection was planned through personal interviews. Two new instruments were piloted (the Elder Abuse Vignette Scale and the Elements of Elder Abuse Scale). At the time of preparing this paper, Hudson had not yet completed her study for submission to the National Institute for Aging although, in 1994, she contributed two papers on it to the *Journal of Elder Abuse and Neglect*.

In her paper, Linda Phillips turns attention to the dilemma of identification in cases of elder abuse. What struck her at the Tennessee conference was what we have often found elsewhere, when experts can continue to debate for hours the question 'What constitutes elder abuse?' Phillips points out that such exchange of views is not unlike real life situations, when health professionals and others attempt to decide whether or not they are observing elder abuse. She draws attention to her own studies in the early 1980s, which appear to show that personal definitions interfere with, or complicate, identification. She sees one solution to the dilemma in clarifying the law, which still remains imprecise and is insufficient to capture what individuals know personally or intuitively to be abusive. It is necessary, she maintains, to establish intentionality and there must be accurate records if an act is to be confirmed and defined as abuse. When dealing with concepts like victim and perpetrator, how is blame to be assigned? She presents several case studies to drive home these dilemmas. But in her opinion, of all the attempts that have been made over the years to unravel the question of identification, the two most worthy of further study are those provided by T. F. Johnson (1986) (to which we might add, in the light of recent British casework experience, Johnson 1991; see also Decalmer 1997) and O'Malley *et al.* (1983).

In her paper 'Mandatory Reporting Revisited', Rosalie Wolf notes that since the early 1980s, mandatory reporting has been criticized on human rights and ethical grounds. But she goes on to point out that it is the law in 42 states and in the District of Columbia. At the time of her writing, there was still no federal adult protective service legislation in the USA. She reviews the historical development of elder abuse and adult protective service legislation, discusses the benefits and effectiveness of both a voluntary and a mandatory reporting system. She considers the factors that affect reporting, suggesting that we lack a rigorous research study which could illuminate the arguments for and against. She regards these factors as falling into at least six categories: (1) characteristics of the protective service organization, its credibility and visibility, staff ability and inter-agency cooperation; (2) community professionals' commitment to reporting; (3) the socio-demographic characteristics of the population; (4) the configuration of the community; (5) cultural values that emphasize family solidarity; (6) the consequences of reporting for the individual. She stresses the difficulties that are raised through the lack of consensus about definition and the way in which community standards change and legal definitions become modified. She draws a broad canvas, reviewing child abuse, gender, socio-economic status and race, provocative behaviour, non-reporting, professional judgement and the autonomy of the individual. Unsurprisingly, she concludes that there are no reliable findings about the impact of mandatory reporting, commenting that, in the final analysis, it is the older person him/herself who has the authority to declare whether a case of elder abuse is reported or not. About one quarter of victims in the USA refuse services. This, she says, erodes the credibility of the protective service agency and it is necessary to educate the community about its function and the principle of client autonomy.

In his paper on ethics and context, Hardwig's premise is that notions of elder abuse seem to rest squarely on the idea that the abused person has been wrongfully treated. When we adopt this view, he argues, we have effectively condemned the caregiver. The author seeks to identify the moral principles which define the caregiver's obligations: (1) 'Care implies can'. (2) 'Care does not imply ought'. (3) 'Often it is wrong to do all you can for an elderly person even if that is what you want to do'. (4) The wants and interests of caregivers are relevant to defining the limits of their moral responsibilities. (5) What is owed to mentally competent elderly persons depends partly on how they act.

What Hartwig is really arguing (somewhat, I suspect, to our discomfort) is that we need much subtler contextual and complicated thinking and policies about elder abuse, because this will lead us to a sounder account of what caregivers owe the elderly and what elder abuse is: 'We must begin to think in terms of what is fair to all, rather than simply what is best or merely not harmful, for the elderly' (p. 55). Hardwig includes a good section on social abuse, arguing that in order to generate a theory about elder abuse, we do need a theory of what society owes its older people.

There is a valuable paper on theft in nursing homes by two sociologists who, incidentally, have a noticeably stronger grasp of the elder abuse literature than their ethicist colleagues, who in turn contribute papers on autonomy, competence, proxy decision-making and institutional violence, ethical

obligations and violence in the family, and the role of public policy; and finally one on prevention through early age education.

In the nature of published conference proceedings, there is some overlap and, although three editors are listed, there is little evidence of strong editorial control over the positioning of the material. The excellent contributions of Hudson, Phillips and Wolf, while helping to set the context of the debate, cannot avoid the appearance of being 'add on' elements in a book which is primarily reporting to the NIH Research Panel about the ethical implications of elder maltreatment. However, as an introduction to this topic, a great deal of the book makes challenging reading. Ethics have not so far assumed a central place in discourse on elder mistreatment in Britain.

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