

ELDER ABUSE CONTEXT AND THEORY

Finland, Ireland, Italy and Romania



S.T.AGE

SOCIO-DRAMA TACKLING AGEISM, PREVENTING ABUSE



Erasmus+

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PREFACE

This book explores the topic of elder abuse from the perspective of four countries, Finland, Ireland, Italy and Romania. The book represents one of a number of resources being developed as part of an Erasmus Plus funded project called Socio-Drama Tackling Ageism, Preventing Abuse (S.T.Age). The main objective of S.T.Age is to design an education programme that will provide new learning opportunities in the field of human rights of older people to prevent elder abuse. Five organisations have come together to develop this project. Age Action (Ireland); Anziani e non solo, (Italy); Asociația HABILITAS Centru de Resurse și Formare Profesională (Romania) and Suvanto – For a Safe Old Age (Finland) are all non-governmental organisations working to improve the lives of older people; the fifth partner the Gaiety School of Acting, Ireland, a not-for-profit theatre school, is involved in developing programmes that address social issues through drama.

‘Elder Abuse, Context and Theory - Finland, Ireland, Italy and Romania’, provides an overview of elder abuse from the perspective of the four countries. It explores theories associated with elder abuse and how they inform policy and responses within the four countries. The theoretical background underlying generational intelligence, the approach taken in the project, will be discussed. The book concludes by outlining the value of sociodrama as a medium for addressing social issues. The aim of the book is to set the context and inform the development of the Respect to Prevent – Education and Training Handbook.

The Respect to Prevent education and training resource will develop a series of workshops to inform and engage older people in residential care settings and care staff. For older people, the aim of the workshop will be to engage them in embracing and activating their human rights, nurturing their confidence to report their concerns. For care staff the focus of the workshops will be on building empathy, addressing ageism and promoting self-care. The Respect to Prevent Handbook will outline the methodology developed and provide step by step guidance on how to implement the workshops.

1.1 Introduction

Abuse of older people is not a new phenomenon, although formal responses are still in their infancy in many countries. The concept of 'elder abuse' was first described in the UK in scientific journals in the 1970's. However, the conceptualisation of 'elder abuse' only received wider public and governmental attention towards the end of the 20th century. Addressing elder abuse is now regarded as a universal reflection of worldwide concern about human rights, gender equality, domestic violence and population ageing. In recent years there has been a growing body of literature relating to elder abuse prevalence, risk factors and interventions. A systematic review of studies on the prevalence of elder abuse and the neglect of dependent older adults in various countries has reported abuse rates ranging between 3.2–27.5 per cent in the general population (Cooper et al, 2008). A study looking at elder abuse in seven countries (Germany; Greece; Italy; Lithuania; Portugal; Spain; Sweden) found that 19.4 per cent of those aged between 60–84 years were subjected to psychological abuse, 2.7 per cent to physical abuse, 0.7 per cent to sexual abuse and 3.8 per cent to financial abuse (Soares et al, 2010).

In Europe, the number of people aged 60 and over is expected to increase from 161 million in 2010 to 236 million in 2050. People aged 60 and older make up 12.3 per cent of the global population now, but by 2050, that number will rise to almost 22 per cent (United Nations Population Fund, 2015). According to the 2011 Census, in Ireland there are approximately 535,393 people aged 65

and over in the state, accounting for 11.7 per cent of the total population, 25 per cent of these are aged 80 and over. By 2041, there will be 1.4 million people aged 65 and over, representing 22 per cent of the population (Central Statistics Office, 2012). In Finland, 19.9 per cent of Finnish population is aged 65 and over, and by 2060, 28.8 per cent of its population is projected to be over 65 years of age (Population and Justice Statistics, 2015). Italy is also facing the challenge of population ageing, with 22 per cent of its population aged 65 and over (National Institute of Statistics, 2016). In Romania, the older population in 2014 represents 22.8 per cent (National Institute of Statistics, 2014) and in 2060 this figure is projected to rise to 35 per cent (Europa, 2009). Elder abuse will become an issue for more people with the subsequent increase in the more vulnerable older old (Soares et al., 2010).

1.2 Definition of elder abuse

In the Republic of Ireland and in Finland the definition of elder abuse is based on that which has been put forward by Action on Elder Abuse in 1993:

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).

This definition was subsequently adopted by the World Health Organisation (2002) and is the most widely used also in Italy and Romania. It 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. Self-neglect and abuse by strangers including scams targeting older people because of perceived vulnerability are not universally accepted as elder abuse.

However in some countries, for example in Italy, it is argued that in determining elder abuse, a relationship is not always necessary. Some of the most recognised forms of elder abuse are theft and fraud targeting older persons and opportunistic crimes such as bag-snatching at post-offices on pension days. In these situations, a relationship does not exist, or fraudsters may gain the older person's trust without any previous relationship. In Finland, crimes targeting older vulnerable people are perceived by the authorities as part of the larger phenomenon of elder abuse. In Ireland also, the integration of the National Elder Abuse policy within a wider Vulnerable Adult Safeguarding policy places greater emphasis on taking advantage of a person due to their vulnerability.

A point for debate is the necessity that an act occurs "within any relationship where there is an expectation of trust". In an abusive care relationship, an expectation of trust may no longer exist where the person is experiencing on-going abuse. However this may not mean the relationship is over, as the older person may be dependent on the perpetrator for their care.

Goergen and Beaulieu (2010, 2013) argue that confining the phenomena of elder abuse solely to relationships and narrow notions of vulnerability does not take account of attempted victimisation of an older person. The criminal law systems recognise the distinction between attempted offences and completed offences.

In Romania, a study by Sorescu (2011) shows that, perceptions of abuse amongst professionals working in social services is broader than the generally accepted definition of elder abuse. Some actions such as violence, ignoring health problems and theft are in line with other definitions and understandings of elder abuse. However, other actions such as environments being unsuitable to a person's disability, inadequate pensions and exploitation, while also often bi-products of ageism, do not constitute traditional understandings of elder abuse. However Biggs and Lowenstein (2011) highlight the concern that where definitions are too broad and include self-neglect or abuse and exploitation by strangers, elder abuse loses meaning.

To overcome these challenges, an expanded conceptual framework that includes three dimensions has been proposed (Brownell and Powell, 2013). Within this framework crimes by strangers against older people is one dimension, self-neglect is a second dimension and elder mistreatment the third dimension. Elder mistreatment includes the established understanding of abuse perpetrated by trusted others in the home or in dependent care institutions.

1.3 Types of abuse

In Ireland, Finland, Italy and Romania the types of abuse recognised correlate with those defined by World Health Organization WHO (2002) and include:

- physical abuse: the infliction of pain or injury, physical coercion, physical/chemical restraint. Physical abuse may include hitting, slapping, pushing, kicking, spitting, misuse of medication, restraint or inappropriate sanctions;
- psychological abuse including emotional

abuse, verbal abuse, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks;

- financial/material abuse: the illegal or improper exploitation and/or use of funds or resources. This can include theft, coercion, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, misuse of power of attorney or the misuse or misappropriation of property, possessions or benefits;
- sexual abuse: non-consensual sexual contact of any kind with an older person;
- neglect/abandonment: intentional or unintentional refusal or failure to fulfill a care-taking obligation. This can include 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, and failure to provide appropriate equipment.

Other types of abuse are addressed within national policy documents, legislation and EU research. For example, Irish elder abuse policy recognises discriminatory abuse, defined as racism, ageism, and other forms of harassment, slurs or similar treatment and institutional abuse defined as poor standards of care, rigid routines and inadequate responses to older people's complex needs within care settings. In Italy discrimination and institutional abuse categories are rarely present in legal literature or public debate.

In Italy, the most recognised type of abuse and also the object of penal rules is financial abuse. This probably relates to the fact that criminal offences against property are reportable to the authorities

and occur frequently. These types of abuses can be more objectively measured than for example psychological abuses, and are relatively more easy to prove. The need for a police report to activate special insurance policies that some local governments (such as the Municipality of Rome) provide for older victims of crime is another reason for their increased visibility. Considering the paucity of published studies in Italy about elder abuse there are some authors (among them the Criminologist Isabella Merzagora Betsos) who consider emotional abuse the most widespread even if the least visible. The literature also identifies legal maltreatment, whereby an older person is deprived of his civil rights or declared legally incapable beyond the real extent of their mental and physical conditions. Physical abuse, even if less frequently reported and punished, garners greater media attention and this facilitates social recognition. However, it can be very difficult to officially investigate, prove and punish in situations of physical abuse.

In Romania, the most recognised forms of elder abuse are physical abuse and financial abuse. Physical abuse is recognised because it is subject to legislation under prevention and combating of violence by family members. Financial abuse is more likely to be detected and reported, as frauds are subject to public awareness campaigns organised by the national police force. All other forms of abuse are still not recognised or tackled, as elder abuse is a taboo subject and professionals, as well as the general population, are not fully aware of what constitutes elder abuse. A study (Caciula et al., 2010) found that most home care workers were unable to correctly identify abuse and were half as likely to identify the restriction of liberty and neglect correctly as abuse. This is in comparison to similar English and Australian surveys that asked professionals the same questions (Selwood et al., 2007; Hempton et al., 2011). This is probably due to

the fact that elder abuse prevention does not form part of staff training in Romania. Another study from Romania shows that social services professionals identified another form of elder abuse - social abuse seen as isolation, neglect and exploitation (Sorescu, 2011).

1.3.1 Older person's perspective of elder abuse

For research, training and practice development purposes it is important to understand how older persons themselves perceive and define elder abuse. Older person's own views of elder abuse were investigated as a part of an international multicultural research project (Perttu, 1998). The participants of the study were older persons aged 60 years and over. At least 50 people were interviewed in each participating country (including several minority groups in USA, Norway, Japan and Finland). In Finland the recipients named all forms of abuse: physical, psychological, financial and sexual abuse as well as neglect. They also recognised "social mistreatment" as a form of abuse, meaning e.g. violation (i.e. denial) of their personal rights.

A similar study was conducted in Ireland. Older people living in the community participated in eight focus groups. The participants saw elder abuse as a diminishment or withdrawal of personhood, that is the transition of the older person from person to non-person (O'Brien et al., 2011). In another project exploring the older person's own views of elder abuse in Argentina, Brazil, India, Kenya, Lebanon, Canada, Austria and Sweden (WHO/INPEA, 2002), participants identified the following key categories of abuse:

- Structural and societal abuse;
- Neglect and abandonment;
- Disrespect and ageist attitudes;

- Psychological, emotional and verbal abuse;
- Physical abuse;
- Legal and financial abuse.

1.4 Prevalence of elder abuse

Prevalence of elder abuse varies from one country to another, with figures ranging from 2.2 per cent in Ireland to 13.4 per cent in Italy. In the following section, we will examine more closely the statistics regarding the prevalence of elder abuse in Ireland, Finland, Italy and Romania. The focus will not only be on the general older population, but also on vulnerable older persons, abuse perpetrated by family carers, by professional workers, and finally abuse reported to the authorities.

1.4.1 Prevalence in general older population

It is hard to estimate how prevalent elder abuse is in our society. In countries with a well-developed national elder abuse policy, such as Ireland, data is collected. The National Centre for the Protection of Older People carried out the first elder abuse prevalence study in the Republic of Ireland in 2010. This study reported a prevalence rate of 2.2 per cent of people aged 65 and over living in the community who had experienced abuse in the previous 12 months. Financial abuse (1.3 per cent) was the most frequent type of abuse reported, followed by psychological abuse (1.2 per cent), physical abuse (0.5 per cent) and neglect (0.3 per cent). The least common type of abuse reported was sexual abuse (0.05 per cent) (Naughton et al., 2010).

And Finland, figures vary depending on the studies reviewed. Kivelä et al. (1992) reported that between the age of 60 and 75, 9 per cent of women and 3 per

cent of men experienced abuse, rising to 8.3 per cent for women and 7.7 per cent for men in those over 75 years of age in two municipalities in Finland (Virjo&Kivelä, 1994). The AVOW research project found that 25 per cent of Finnish women over the age of 60 living at home had experienced violence or abuse during the past 12 months (Luoma et al., 2011). Emotional/psychological abuse was the most common form of abuse experienced by 21.2 per cent of older women, followed by financial abuse (6.5 per cent), violation of rights (5.7 per cent) and sexual abuse (4.6 per cent). Physical abuse (2.8 per cent) and neglect (2.6 per cent) were the forms of abuse reported least by women.

Population based surveys in Finland and in the Nordic countries show that between 4 per cent and 6 per cent of older people experience some form of abuse in home settings and that abuse and neglect in institutions may be more extensive than generally believed (Luoma, Koivusilta et al., 2010). In Sweden, a study showed that 16 per cent of women and 13 per cent of men had experienced violence or neglect after the age of 65 (Eriksson, 2001).

In Italy, prevalence of elder abuse, in general, can only be estimated from comparative research carried out at an EU level. For example, the ABUEL Project, *Abuse and Health among elderly in Europe*, 2012, using a sample of people between 60-84 years old in Italy, found that 13.4 per cent of those surveyed reported abuse -excluding abandonment and negligence (Di Rosa, 2015). This sample did not include more vulnerable older people or those living in residential and other care setting. Men reported higher figures than women (60.7 per cent, male; 39.3 per cent, female). People in the 70-74 age group reported the highest incidences of abuse. (Di Rosa et al., 2015).

The most common form of abuse reported was psychological abuse (19.4 per cent). For

psychological and financial abuse men reported higher figures than women and vice versa for physical and sexual abuse. Types of abuse reported in order of prevalence were: financial abuse, physical abuse and sexual abuse (Di Rosa et al., 2015).

Crime figures also give some indication of abuse against older people in Italy. In 2014 crimes against people aged 65 and over increased by 4.4 per cent while crimes reported by people under 65 years fell by 4 per cent (Confartigianato, Ufficio Studi, 2015). This is only an indicator for incidence of financial abuse including theft and scams.

Romania lacks data regarding the prevalence of elder abuse. However, the Special Eurobarometer Survey 283 *Health and Long term care in the European Union* found that Romania is the only country in the EU where the majority of population (86 per cent) considers that poor treatment, neglect and abuse of older people is widespread at national level. Romania also ranks the highest in terms of the perceived risk of older people being maltreated generally; 84 per cent of the Romanian population believe that older people are living in poor conditions, 86 per cent consider that older people lack attention to their physical needs, 84 per cent consider that older persons receive inadequate care, 76 per cent think that older persons are psychologically abused and 71 per cent think that they are physically abused.

1.4.2 Prevalence in vulnerable older population

Older people with significant physical and cognitive impairment who are dependent on others for care were identified as being particularly vulnerable to elder abuse. In Ireland and Italy, this finding is confirmed by research, while in Finland and Romania data is as yet not available.

In Ireland, Naughton et al's (2010) study found that

older people with poor physical health were over three times more likely to report mistreatment, while those with below average mental health scores were nearly six times more likely to report mistreatment. Studies from Ireland and the UK show that half of carers and family carers of persons with dementia or other psychological disorders admit having carried out some form of abusive behaviour (Cooney et al, 2006; Cooper et al., 2009). Verbal abuse was the most commonly reported. The 2014 Health Service Executive (HSE) Elder Abuse report found that in 64 per cent of confirmed cases of abuse, older persons had health issues.

In Italy, studies also indicate that older people with poor health are 2.5 per cent more likely to be victimised than others. This study also shows that older people with lower quality of life are approximately 3 per cent more likely to be victims of abuse than others. (Di Rosa et al., 2015)

1.4.3 Prevalence of abuse perpetrated by family (informal) carers

In Ireland, research undertaken by Naughton et al (2010) found the main perpetrators of elder abuse were adult children (50 per cent of cases), followed by spouse/partners and other relatives. The Health Service Executive's Elder Abuse report (2014) reported a similar figure, with 49 per cent of adult children responsible for abuse reported. In Italy, the situation differs.

According to ABUEL findings (Di Rosa et al., 2015), the main perpetrator of psychological abuse is the spouse or the partner (20.3 per cent), followed by other relatives (14.5 per cent) and, finally, children/nephews (13.4 per cent). As to financial abuse, within the family, "other relatives", meaning members of the family different from spouses/partner, children and nephew, were perpetrators in 5.9 per cent of cases. Related to this data, the setting is also

significant: the victim's home was found to be the setting for psychological abuse in 37.4 per cent of cases and in 41.2 per cent of financial abuse cases.

Similar to the situation in Ireland, the Special Eurobarometer 283 "Health and Long term care in the European Union" states that in Romania, the perceived offenders in elder abuse are mostly the children of an elderly person (25 per cent), followed by care workers/home help/nurses working in the person's own home (22 per cent) and staff in a care home (22 per cent).

Finland has no relevant data on this subject, but in a population-based Swedish study (Grafström, 1993), 12 per cent of family members of cognitively impaired older people reported abusive behaviour in care.

1.4.4 Prevalence of abuse perpetrated by professionals in care settings

The vast majority of older people resident in nursing homes are cared for in safe and supportive settings. However, in many countries, media and other reports highlight incidences of abuse within care settings. Over the last two decades in Ireland, reports and media reporting highlighted instances where older people were mistreated in residential settings. Reports include *Abuse, Neglect and Mistreatment of Older people: An Exploratory Study*, *Protecting Our Future: Report of the Working Group on Elder Abuse*, and the *Commission of Investigation into Lea's Cross Nursing Home*.

In determining prevalence rates for abuse within residential care settings, the results of surveys of nursing staff and/or family gives some indication of the prevalence of neglect and mistreatment in nursing homes. In Finland, studies carried out by Isola et al. (1997, 2003), found that elder abuse was rarely reported. Data was gathered from nursing staff and the family members of residents.

The most common form of abuse was neglect/acts of omission (2003). Around 13 per cent of respondents had witnessed on a weekly basis an older person being left alone unnecessarily and 12 per cent noticed that older people had been kept too long in wet diapers. Episodes of psychological and physical abuse were also observed on a weekly basis and included forms of degrading speech as well as in heavy-handed caregiving. However, it is estimated that elder abuse perpetrated by healthcare professionals in care settings is an everyday phenomenon in Finland. It is, however, invisible due to fear. Elderly people are afraid of reporting to avoid being subjected to more abuse (Uuttu-Riski, 2004; Laakso, 2015).

Research carried out by Drennan et al. in 2012, also gives some indication of the prevalence of neglect and mistreatment in residential care settings in Ireland. Like that of the Finnish study, it found that approximately 57 per cent of staff in residential care settings reported they had observed one or more neglectful acts and 27 per cent reported they had been involved in at least one neglectful act within the preceding year. The most frequent neglectful behaviour observed was of staff ignoring a resident when they called (52 per cent) and staff not bringing a resident to the toilet when they asked (40.4 per cent). The most common form of abuse observed by 26.9 per cent of respondents was psychological, which included staff members shouting, and swearing at residents or otherwise insulting them. Physical abuse was observed by 11.7 per cent of respondents. Financial and sexual abuse were the least observed forms of abuse with 1.2 per cent of respondents reporting that they had observed financial abuse and 0.7 per cent of respondents reporting that they had observed sexual abuse. This survey also asked respondents about their involvement in neglectful act or the mistreatment of a resident. A total of 27.4 per cent of staff

reported that they had been involved in at least one neglectful act including ignoring a resident when they called or requested to be brought to the toilet and not changing a resident who is incontinent. A very small minority (1 per cent) admitted to over medicating a resident to keep them quiet.

The level of self-reported mistreatment was lower, with 7.5 per cent of respondents acknowledging they had perpetrated psychological abuse, 3.6 per cent of respondents reporting they had committed one or more acts of physical abuse, 0.2 per cent admitting to financial abuse, theft of resident's possessions, and 0.2 per cent self-reported talking or touching residents in a sexually inappropriate way.

The findings of this Irish study reflect those found in research carried out in other countries. A seminal study undertaken by Pillemer and Moore in 1989 measured the abuse and mistreatment of older people in the nursing home sector in the US in the late 80s. The most prevalent form of abuse observed by staff working in nursing homes was psychological abuse, with 80 per cent of staff reporting they had observed at least one incident of psychological abuse in the previous 12 month.

An issue identified in many studies on elder abuse within residential care settings is the inappropriate use of restraints, including mechanical and chemical. This is a consistent finding in relation to measures of physical abuse in studies. In Ireland the Department of Health (2012) has published a policy on the use of restraints, *Towards a Restraint Free Environment in Nursing Homes*. The use of restraints is seen as an imposition on a person's rights and dignity. Hence restraints should only be used in very rare exceptional circumstances.

In Romania a study showed that only 6 per cent of the home care workers interviewed had knowingly

encountered a case of abuse in the past year (Caciula et al., 2010). This is lower than the prevalence found in a recent meta-analysis, in which a third of healthcare professionals had detected a case of older adult abuse in the past year (Cooper et al., 2009). The observed differences may be due to lack of training for professionals in elder abuse recognition and prevention; hence they do not recognise signs of abuse even when it occurs.

In Finland the National Institute for Health and Welfare, THL, collects information on the assessed health and social care needs of clients in certain services, e.g. in nursing homes and home care. This data is stored on a database. Information is collected using a multi-disciplinary resident assessment tool, the interRAI Assessment Instrument¹, which includes indicators for neglect and abuse. Five indicators are used to measure neglect and abuse. These include: the client is afraid of a family member or a carer; the client is exceptionally untidy; the client has inexplicable injuries, fractures or burns; the client is being neglected, battered or abused; motion of the client is prevented by any reason. In Finland, 26 per cent of the home care services are using the interRAI assessment method.² Approximately 6 per cent of homecare clients meet at least one of the five indicators. However, the reliability of this result depends on the perceptions of the professionals.

A study by Silvernet research group (2007) on recipients of home care services in Italy which included responses from 4,600 people aged 65 and over, evaluated the prevalence of potential elder abuse. The study also looked at the association between behavioural symptoms and potential abuse. Signs of potential abuse were identified in 9 per cent of participants without behavioural

symptoms but in 17 per cent with behavioural symptoms. Moreover, in 2013 the Ministry of Health created a joint task force with the police corps responsible for crimes against public health safety (NAS) in order to strengthen the inspections in residential care facilities. In 12 months, over 1,000 inspections were carried out – as a result 174 penal crimes have been identified.

1.5 Abuse reported to the authorities

Reporting elder abuse to the authorities can be a challenge for an older person, therefore generally speaking there is an issue of under-reporting across Europe. However, rates and procedures to report abuse vary across the countries involved in this report.

In 2014, the HSE Elder Abuse Service received 1,961 referrals of alleged cases of elder abuse in Ireland. Of these, psychological abuse was the most frequently reported form of abuse at 29 per cent, followed by financial abuse (21 per cent), neglect (15 per cent) and physical abuse (12 per cent). Of referrals received, 26 per cent came from the older person themselves, with the remainder of older people more likely to tell health care professionals, reflecting referral sources: Public Health Nurse (21 per cent), hospital (15 per cent), HSE community staff (9 per cent) and GP (7 per cent). The vast majority of cases involved older people residing in their own home (83 per cent), followed by residing in a nursing home (7 per cent), 4 per cent in a relative's home and 4 per cent residing in public continuing care units. The majority of referrals related to older females with most cases alleging just one type of abuse. Where cases involved more than one type of abuse the second form was most likely to be psychological abuse (HSE, 2015)

¹ www.interrai.org

² National Institute for Health and Welfare THL. A multi-disciplinary quality tool Resident Assessment Instrument RAI, www.interrai.org, <https://www.thl.fi/fi/web/ikaantyminen/palvelujen-ja-hoidon-laatu/raivertailukehittaminen>

In 2014, the Health Information and Quality Authority (HIQA) received 357 notifications regarding alleged, suspected or confirmed cases of abuse of a resident across 182 designated centres. In addition HIQA received 609 items of unsolicited information on 303 designated centres for older people, the majority, 72 per cent, related to quality and safety of care. This information was mostly received from relatives of residents (56 per cent). Reporting by residents was low at 4 per cent (Health Information and Quality Authority, 2015).

In Finland, compared to Ireland, data on elder abuse reported to social and health care authorities is not yet systematically collected, with few incidences of abuse reported to the authorities. The AVOW study (Luoma et al., 2010) found that over half of the older women subjected to elder abuse did not report it to anyone. Only two out of three of those who reported the events to the authorities felt it helped them.

A report by the Norwegian Centre for Violence and Traumatic Stress Studies (Juklestad, 2007) notes that only a very small proportion of violence against older people is reported to the police. In national victimisation studies, older victims almost never appear.

Police statistics collected in Finland on family violence in 2013 indicate that there were 407 cases in which the victim was 60 years of age or older. Of these 407 cases, the majority of victims were women (264). In 300 cases, violence was perpetrated by a family member living in the same household with the victim. In the rest of the cases, the perpetrator was a family member living outside of the household (SVT, 2013).

In Italy, a national official database on elder abuse is not in place. This may be due to the fact that there is neither an official definition of elder abuse nor

a national elder abuse policy. The ABUEL study, which focused on two of the most frequently reported abuses: psychological and financial abuse, found that in Italy, only two out of seven cases of psychological abuse had been reported to the authorities, whereas in cases of financial abuse, 10 cases out of 10 had been reported (Di Rosa et al., 2015). This may indicate a lack of awareness or even an acceptance of psychological abuse as it is more subtle and harder to prove. At the same time, it is hard to explain the high level of reporting of financial abuse as financial abuse perpetrated by next of kin (such as spouses, children and grandchildren, siblings living together) is not punishable under Italian criminal legislation.

As in Italy, in Romania there are no official statistics regarding the phenomenon of elder abuse. A report by the National Council for Older Persons in Romania, "Violence on Older People" (2008) looked at cases of elder abuse examined by the Forensic Medicine Institute, Mina Minovici, between 10 August 2007 and 15 March 2008. In that time period 4,540 cases of abuse were examined. Of these cases, 555 people (498 women and 57 men) reported that they were victims of domestic violence and 9.1 per cent of those experiencing abuse were older people. The same report found that 12 per cent (4,918) of victims of crime in 2008 investigated by the Romanian police were aged 60 and over, with 3,994 being subject to physical violence, 254 to theft, 138 to rape and 98 to murder.

1.6 Conclusion

This chapter highlighted how understandings and definitions of elder abuse differ between the four countries reviewed. In short, we clearly saw that what constitutes an incident of elder abuse, and how societies understand and tackle the problem,

varies internationally. Whichever definition is most accepted in each jurisdiction one of the consistent themes that must be faced up to is how the topic remains highly taboo across cultures. Another difficulty surrounds reporting of elder abuse because many older people may not realise they are being subjected to abuse or are afraid of being subjected to more abuse (Uuttu-Riski, 2004; Laakso, 2015). As a consequence addressing the issues surrounding elder abuse remains complex. Perhaps the most comprehensive list of what is considered elder abuse comes from combining every country's definition so that areas such as neglect, physical, psychological, financial, sexual, as well as social abuse (isolation and exploitation) are all equally deemed unacceptable. In other words, anything that produces the diminishment or withdrawal of older people's personhood, contributing to their transition from person to non-person, must be taken as a form of abuse. In this light structural

ageism and individuals' discrimination against older people, should qualify under such criteria.

Regarding the prevalence of abuse, in countries without a well-developed national elder abuse policy, data collection, or rather the lack thereof, slows progress as in Italy and Romania. Methodological inconsistencies make international comparisons difficult. In Italy and Romania official statistics regarding the phenomenon of elder abuse are not kept.

What is clear from Chapter One is that a prevention and intervention model informed by sound evidence, established theories and effective national policy is very much needed to adequately take on all of the associated challenges in order to protect and empower older people in every country from relationships and situations which make them vulnerable to being abused.

Theories help make sense of a social phenomenon, like elder abuse. Theories can be used to understand a social phenomenon, why something happens, but also to affect change. Theoretical orientation not only steers the study of a social issue but, as Ojuri (2004) argues in relation to the study of domestic and family violence, the integration of theoretical approaches into practical interventions. In this chapter, theories used to inform our understanding of elder abuse are explored. The way these theories influence our understanding of risk, prevention and intervention at a national level will be reviewed. The chapter will conclude with a discussion on the ability of these theories to address the complexity of elder abuse.

2.1 Theories that inform understandings of elder abuse

Few theories have been developed that specifically address elder abuse. The theories used to inform our understanding of elder abuse have mainly been adapted from other fields, including child abuse and intimate partner violence. These theories focus on interpersonal relationships and societal and a multisystem context. Amongst the theories espoused at the level of interpersonal relationships are social exchange theory, social learning theory, and caregiver stress theory. At a societal/ multisystem level, theories centre around power and control theory, a feminist approach, positional theory and an ecology social framework.

2.1.1 Theories related to interpersonal relationships

Social Exchange Theory

This theory comes from the field of psychology and economics. The focus of this theory is on the social exchange of material (e.g. money, living arrangements) and nonmaterial goods (e.g. approval) within a relationship. Where this balance is upset or perceived to be upset, one party may feel they are not getting a fair return and may resort to abuse (Homans, 1958). For example, an adult child providing care to a parent may feel entitled to keep some of their pension.

Social Learning Theory

Social learning theory proposes that violent acts are a learned behaviour. A person has learned, through the process of modelling, to use violence in an earlier context to either resolve conflicts or obtain a desired outcome (Bandura, 1978).

Caregiver Stress Theory

Caregiver stress theory centres on the family members caring for an older adult with significant care needs. Without support, the carer may be unable to adequately manage their responsibilities and become overwhelmed and frustrated leading to abuse (Anetzberger, 2000). In many instances, the person caring may not have the knowledge to manage a particular situation, or may be unaware that their behaviour is considered abusive. This theory originates from theories on child abuse and the dependency of the victim as a source of stress for the carer, under the assumption that since elder

abuse, child abuse and other forms of intra-family violence share some obvious similarities, they can all be explained by the same theories.

2.1.2 Theories related to societal and a multisystem context

Power and Control Theory, a feminist approach

A feminist approach assumes that gender defines women's role and status in society and shapes their social relationships (Nerenberg, 2014). While there are plenty of feminist theories of domestic violence, conceptualisations highlight men's power and control over women (Brandl, 2002; DeKeseredy and Schwartz, 2011). According to the approach, men's violence against women should not be seen as arbitrary and irrational acts or simply in the context of families and interpersonal relationships but within its social and cultural context (Dobash and Dobash, 1979; Penhale, 2003; Ojuri, 2004). Among those practices that men use to keep women in their subordinate position, violence and abuse are the most effective forms of control (ibid).

Positioning Theory

Positioning theory provides for the linking between micro-interaction (interpersonal explanations for abuse), institutional (organisational characteristics) and macro-element (e.g. ageism) (Van Langenhove and Harré, 1999; Stevens et al., 2013). The focus of the theory is on the connections between social interaction, individual understanding and actions, the interaction between the older person and the 'trusted other' set within the context of factors that include status, rights and duties. For example, a person's dignity is either enhanced or diminished depending on how they are positioned. If the person is seen as incapable of making decisions, the person is seen as incapable of making decisions, the person may be seen as less worthy of interaction.

'Malignant' positioning like this, can contribute to the creation of a climate that allows elder abuse to take place or a social environment that fails to prevent it (Stevens et al., 2013).

Social Ecology Theory

Social ecology theory looks at the interactions between the individual, relationships, community and society and how these influence well-being (Schiamberg et al., 2000). This framework has been increasingly employed to understand the complexities of elder abuse, from multiple perspectives, on a range of levels and in a diversity of settings (Bronfenbrenner, 1979, Norris et al.; Wango et al. 2014).

The ecological systems theory, as outlined by Bronfenbrenner (1979), identifies the influence of different environmental systems on the individual.

The focus is on the interaction at four levels

- micro-system – the relationship between the older person and individuals within their immediate settings such as their home or nursing home, family and social networks;
- meso-system – the relationships between the micro-settings that include the older person, such as institutions that provide services;
- exo-system – the social structures and systems that do not directly contain the older person, but which impact upon the immediate micro-system in which the older person is situated and can include health policy, social welfare system, adult protection services;
- macro-system – centres on the overarching beliefs and dominant social values around ageing, such as ageist attitudes towards older people.

2.2 Risk factors associated with elder abuse

Whilst theories inform understanding, O’Loughlin and Duggan (1998) argue that there needs to be a distinction made between theories and risk factors. Specific risk factors are part of a wider theory, rather than theoretical explanations. Determining risk is therefore influenced by public understanding and institutional responses within countries.

2.2.1 Risk factors and the individual

Research has identified risk factors that make older people more vulnerable to elder abuse. These risk factors may fall into one of a number of theories. The following factors contribute to a Vulnerability Risk Index:

- aged greater than 80;
- gender (being female);
- low income, poor health;
- cognitive impairment;
- mobility difficulties;
- depressive symptoms; and
- poor social network. (Dong et al., 2014)

Older people with three to four risk factors were almost four times more likely to experience elder abuse, and those with five or more risk factors were 26 times more likely (Dong et al., 2014). Table 1 below outlines risk factors acknowledged in the partner countries.

Table One: Risk factors associated with elder abuse evident in the four countries

RISK FACTORS	COUNTRY WHERE FOUND RELEVANT		EVIDENCE
	Older age	IRELAND, FINLAND, ITALY	<p>In Ireland, people aged 80 years and over, reported the highest level of mistreatment (2.5 per cent) followed by the 70-79 years age group (2.4 per cent) (Naughton et al., 2010).</p> <p>According to the Finnish AVOW study survey results, the oldest age group (79 and older) were at greatest risk of neglect (3.8 per cent). However, the younger old (ages 60-69) were at higher risk of emotional abuse and violation of rights, prevalence rate of 32.7 per cent (Luoma et. al., 2010).</p> <p>In Italy the oldest age group (70-84) was at greater risk than the youngest (60-69): 80.9 per cent the oldest old; 19.1 per cent the youngest old (Di Rosa et al., 2015).</p>
	Gender (being female)	IRELAND, ITALY	<p>In Ireland, 2.4 per cent of women reported mistreatment, mainly financial, compared to 1.9 per cent men (Naughton et al., 2010). In 2014 66 per cent of referrals to HSE Elder Abuse Service related to women (Health Service Executive, 2015).</p> <p>In Italy, the outcomes are opposite, with 60.7 per cent of men reported abuses compared to 39.3 per cent women (Di Rosa et al., 2015).</p>
	Low income	IRELAND, FINLAND, ROMANIA	<p>In Ireland, people living on less than €220 per week, the minimum State Pension for a single person in 2010, reported the highest level of mistreatment, followed by those living on between €220-€438 per week, with €438 the minimum State Pension for a married couple (Naughton et al., 2010).</p> <p>In Finland, a significant association was found between low income and violence and abuse, particularly with regard to neglect and emotional abuse. In general, financial deprivation places women at higher risk of all types of abuse (Luoma et. al., 2010).</p> <p>In Romania, poverty was a risk factor for elder abuse (National Council for Older Persons, 2008).</p>
	Poor health	IRELAND, FINLAND, ROMANIA, ITALY	<p>In Ireland, people perceived to have poor or very poor general health, or physical and mental health scores below the population average, were three to six times more likely to report mistreatment (Naughton et al., 2010) In Finland, the prevalence of neglect was 14 per cent higher for those who reported poor health. Financial abuse, along with other types of abuse, was also more prevalent in this group. A significant link was found between self-reported poor health and neglect, only 0.7 per cent of those with self-reported good health had experienced neglect (Luoma et. al., 2010).</p> <p>In Romania, health status was a risk factor for abuse (National Council for Older Persons, 2008). Older people were unable to access the medical resources they needed.</p> <p>In Italy, studies also indicate that older people with poor health are 2.5 per cent more likely to be victimised than others (Di Rosa et al., 2015).</p>
	Cognitive impairment	IRELAND, FINLAND, ITALY	<p>In Ireland, 33 per cent of clients reporting abuse had dementia (Health Service Executive, 2015).</p> <p>In Finland, mental and physical ailments as well as dependency for care make older people more vulnerable for abuse (Mäki-Petäjä-Leinonen, 2003). Older people with memory disorders who require a lot of help are at a higher risk of being subjected to elder abuse than other patients/residents in institutional and residential care settings (Sipiläinen, 2008).</p> <p>In Italy, the Silvernet Study on recipients of home care services identified signs of potential abuse in 17 per cent of those with behavioural symptoms and only 9 per cent of cases where the care recipient did not have behavioral symptoms (Ogioni et al., 2007).</p>
	Social network, social isolation	IRELAND, FINLAND, ITALY	<p>In Ireland, people who perceived themselves as having moderate or poor family support and/or poor levels of community support were found to be three to four times more likely to report mistreatment compared to those with strong family support and/or medium to strong community support (Naughton et al., 2010).</p> <p>In Finland, the more isolated the older person is, the higher the risk of abuse. Social inactivity was associated with abuse, particularly neglect, with 20 per cent of those who took part in no activities subject to neglect, compared to 3.8 per cent of those who took part even in one or two activities (Luoma et al. 2010).</p> <p>In Italy, the lack of a social network was found to result in an increased risk for psychological, economical and physical abuse (Soares, 2012).</p>

2.2.2 Risk factors and vulnerability

Risk factors associated with the vulnerability of the older person can be integrated into a number of theories including social exchange, social learning, feminist and positioning theory. Older age is associated with health and cognitive decline, resulting in dependency on others for Activities of Daily Living (ADLs), reduced social network, increased isolation. This experience is more likely to affect women as they live longer than men. The balance between those providing support and those receiving is more likely to be upset within this context, fitting within the social exchange theory. Increased requirement for family support opens up the opportunity for learned behaviour as proposed by the social learning theory to come into play. In a society where women are viewed as subordinate to men, without power and control, this fits within a feminist theory. Risk factors around the vulnerability of the individual are also relevant to positioning theory, as those older and vulnerable are designated a 'malignant' position within long-term care settings.

2.2.3 Risk factors and caring

Risk factors associated with elder abuse and family caregiving include carer stress, burn out, lack of support, knowledge and adequate training on how to deal with challenging behaviours (World Health Organization, 2002; Nerenberg, 2002; Ananias and Strydom, 2014). The caregiver stress model has long been the predominant theory used to understand the underlying dynamics of elder abuse within a carer/cared for relationship. This is supplemented by other theories, such as social exchange, social learning, social ecology theory and positioning theory.

There are also risk factors associated with family system or relationship. These include

codependency, dysfunctional family relationships, financial problems in the family and family history of violence. These risk factors can be integrated into theories relating to social exchange, social learning and social ecology theory.

In a study carried out by Lafferty et al (2014) in Ireland, a third of carers reported engaging in potentially harmful behaviours towards the person they were caring for in the previous 3 months. Verbal abuse was the most common form of abuse reported. A minority of carers (36 per cent) engaged in potentially harmful psychological behaviour. Factors identified as associated with potentially harmful psychological behaviour were: living with the care recipient, carers aged 65 or over, being male, higher levels of depressive symptoms, poor/fair self-rated health, ethnic/cultural background (non-Irish), social class (professional/managerial), living in an urban area, providing high level of care.

In another Irish study, Downes et al (2013), provide evidence of a higher prevalence of mental and emotional problems among caregivers who abuse. The most significant factors contributing to the risk of elder abuse are stress and the burden associated with caregiving in dementia. This burden is related to where a person with dementia exhibits disruptive or aggressive behaviour. The literature also points to pre-existing intra-familial conflict or abuse and poor interpersonal relationships between care recipient and caregiver.

In Italy and Finland, higher carer burden levels, particularly in relation to and burden associated with caregiving in dementia were common factors in relation to risk of elder abuse. Family dysfunction was also relevant to all countries

Whilst these studies link risk factors to theories around caregiver stress model, other theories also fit with the risk factors outlined. For example

social learning and social exchange theories focus on learned behaviour and the imbalance that may occur in caregiving relationships; the feminist model, social ecology model and positioning theory highlight the role societal structures and the multisystem play in relation to elder abuse.

Findings from the EURO.P.E.A.N.³ study and from the ABUEL⁴ project, highlight that where a person experiences abuse, they are more at risk of future abuse. Soares et al (2012) argue that this is due to the fact that the person experiencing the abuse will have been left more vulnerable as a consequence of abuse.

2.2.4 Risk factors related to professionals and institutional environment

Gilleard (1994) identified three distinctive categories of abuse in institutional settings. These are abusive behaviours (e.g. hitting, pulling), abusive practices (e.g. force-feeding, restraint, over-medication) and abusive attitudes (e.g. humiliation, lack of privacy). Certain aspects of the organisational culture of an institution which can lead to the failure to provide appropriate care were identified by Langan and Mean (1996). These include the loss of personal identity and how the older person is no longer viewed as an individual. Staff, although they may experience feelings of powerlessness as employees, hold a position of relative power over the care recipient. Staff may also experience professional isolation and poor working conditions with no opportunity to complain.

Ageist attitudes among professionals impact on the way older people are treated in nursing homes and is a risk factor for elder abuse. Cuts to State funding

for eldercare can also place older people at risk of abuse and neglect (Sipiläinen, 2008). At a societal level the lack of clear policies regarding elder abuse in some countries puts older people at risk (Uuttu-Riski, 2002). These factors reflect inextricable links between micro-interaction (interpersonal explanations for abuse), institutional (organisational characteristics) and macro-element (e.g. ageism) as proposed by positioning theory and that of social ecology theory.

Risk factors associated with professional practices and institutional environments can be incorporated into theories such as carer stress theory, positioning theory and even the social ecology theory. A study carried out in Ireland by Drennan et al. (2012) found that the strongest predictors of neglect and abuse of older people in residential care settings was high levels of staff burnout. A number of factors significantly related to reported physical abuse and psychological abuse of residents included smaller size residential care homes (fewer than 50 beds), low levels of job satisfaction, burnout and stress associated with work, mainly working night duty, working with older people for between 11 and 20 years and organisational commitment.

Similar risk factors were identified in Finland. In institutional settings, staff-related risk factors for elder abuse include: insufficient training and education, lack of time, stress and burnout, frequent staff turnover, task or task-centred working cultures, low staffing ratio, “abusive” working culture, negative attitudes towards older people, low wages, lack of elder abuse awareness, policy and protocols (Sipiläinen, 2008). Whilst in Ireland, the smaller size of residential care homes was identified as a risk factor, in Finland larger institutions were a risk factor.

Other factors identified in Finland included professionals’ level of knowledge, skills and coping

³ The European Reference Framework Online for the Prevention of Elder Abuse and Neglect (EURO.P.E.A.N.) - VS / 2009 / 0549 funded by the European Commission in the Call for proposals VP 2009 014 for Pilot Projects on Preventing Elder Abuse

⁴ Abuel Project Abuse and Health among elderly in Europe, 2012

mechanisms, along with their cultural background. Older people with memory disorder or psychological symptoms needing a lot of assistance were at greater risk of abuse. Less educated/trained staff members are at a greater risk of perpetrating neglect and psychological abuse (Isola et al., 1995). In Italy, lower levels of education and training, and associated socio-economic factors, were also identified as an element in elder abuse among care staff working in institutional settings (D'Agostino, 2006). Risk factors identified include burnout of care professionals, challenging behaviour by care recipients, excessive standardisation of care protocols, the absence of elder abuse training and a lack of protocols in addressing elder abuse. Pigatto (2007), quoting Caretta (2001), found that most often elder abuse in residential care settings happens when the ratio of nurses to patients is insufficient and when the organisation is predominantly oriented to custody (and therefore patients are seen as passive subjects). These risk factors reflect wider organisational and societal issues explained by theories relating to positioning theory and social ecology theory relating to organisational practices and wider issues like employment and care.

Conflict between residents and staff members was another issue identified by Drennan et al (2012). A total of 91.8 per cent of the 1,218 respondents had been involved in at least one conflict with residents over the preceding year. The most frequent conflict reported was dealing with a resident unwilling to undress, followed by interactions in relation to a resident arguing about leaving their home. This type of conflict reflects how older people may be positioned as incapable of making decisions or having self-determination.

2.3 Theories informing interventions

Theories provide insight into social issues, highlighting linkages, connections and patterns between the different factors, which inform interventions including prevention strategies. Many of the theories discussed incorporate the absence and abuse of power. Hence many interventions are based on empowerment. The other predominant theory that informs intervention is the carer stress theory.

2.3.1 Interventions based on empowerment

Empowerment models prioritise the individual's agency as paramount. Positive health and well-being outcomes regarding managing elder abuse stem from older people having increased control over the intervention and that is vital to placing power over decision-making in older people's own hands.

For example in Ireland, the service response to alleged incidence of elder abuse is situated within the discipline of social work using the Adult Safeguarding casework service. The goal of case management is generally to maintain the highest level of independence and autonomy possible (Nerenberg, 2008). Case managers act as advocates, educators and facilitators (Luu and Liang, 2005). The principles underlying responses to elder abuse in Ireland are:

- empowerment;
- rights of the individual;
- self-determination can involve risk;
- least restrictive alternative';
- protection of the law;
- access to judicial process.

An empowerment approach was also taken in developing an intervention to prevent financial abuse. Older people worked with academics in developing an educational booklet and DVD called *Keep Control*. The resource provides information and tools which empower older people to keep control of their finances and prevent financial abuse⁵.

Empowerment is a central feature of advocacy work regarding elder abuse. Advocacy can provide older adults with an opportunity to express their concerns and experiences and can support and enable people to make their own informed decisions (Kalaga et al. 2007).

A number of advocacy initiatives for older people have been established in Ireland in recent years. The latest programme, Support and Advocacy Service for Older People (SAGE), provides support and advocacy services for older people who may experience challenges in their lives due to ageing including in situations of family conflict, where a person is between care settings and where there are issues about a person's rights.

2.3.2 Interventions based on reducing carer stress

In Italy, Ireland, Romania and Finland, interventions focused on supporting carers have been developed. For example peer support groups aimed at preventing burnout among carers are widespread in Italy, especially among carers of people with Alzheimer's disease. Although not explicitly referred to as being aimed at elder abuse prevention, these are underpinned by the goal of reducing carers' stress. The assumption is that carer stress can affect not only the well-being of carers, but also the quality of the assistance provided.

In Italy also, psycho-educational programmes

⁵ http://www.keepcontrol.ie/about_campaign

include addressing carer stress and burnout are offered to formal and informal carers. Again, this is not explicitly related to abuse prevention but as a way of addressing the depersonalisation of the care recipient, often mentioned as a consequence of burnout and a risk for the care relationship.

2.3.3 Interventions based on social ecology model

A review by O'Donnell et al (2015) identified interventions fitting within a social ecology framework. At the micro-system level, psychological and social support intervention targeting at risk older people, were found to have the strongest evidence of efficacy (Mariam et al., 2015). Interventions reviewed included an educational video and booklet aimed at educating older people who were victims of crime (Acierno et al., 2004). In Italy and Ireland, the police have developed leaflets aimed at educating older people on crime prevention⁶. Awareness raising and educational DVD, "Open Your Eyes to Elder Abuse in your Community", developed by the Health Service Executive in Ireland, is aimed at educating older people and the general public about elder abuse and how to prevent it⁷.

Regarding the meso-system, these interventions impact on the services provided to the older person, which in turn impact on the micro-system. Interventions evaluated included:

- a) support groups for older people including survivor groups for example in Finland Suvanto's peer support group;⁸
- b) interventions targeting perpetrator behaviour;
- c) interventions targeting caregivers including: informal carers, nurses and nursing assistants/aides, medics and physicians. In Ireland, elder

⁶ <http://www.poliziadistato.it/articolo/view/22099/>

⁷ http://www.keepcontrol.ie/about_campaign

⁸ <https://publications.theseus.fi/bitstream/handle/10024/66217/Suvanto-.pdf?sequence=1>

abuse training is mandatory for carers working in institutional settings.

At the exo-system level, interventions target the links between the individual's immediate context and wider policy, i.e. adult protective services, the criminal justice system, the social welfare system which impact upon the immediate everyday lives of older people or their 'micro-system contexts'. Some of the positive outcomes associated with interventions at this level include raised awareness of elder abuse and the development of response systems to cases of elder abuse through training, advocacy and information provision. Other examples are changes in regulation such as the Health Act 2007 in Ireland which established a new system for the registration and inspection of residential services for older people. Part 2 of the Act established the Health Information and Quality Authority (HIQA), an independent statutory body, charged with promoting safety and quality in the provision of health and personal social services by or on behalf of the HSE and private nursing homes, through the setting and implementing of quality standards based on best practice. Another example of legislative change is the introduction of Minimum Quality Standards for homecare services for older persons and for elderly residential facilities, in Romania, by the Government, in 2006.

Interventions at the macro-system level are aimed at addressing areas such as changing more deeply rooted discriminatory social values and beliefs, resulting in ageism, which puts older people at risk of abuse. In the main, macro-system intervention encompasses areas of legislative imperatives and public policy.

Examples of interventions at the macro-system level include the introduction of public policy to increase awareness and detection. For example in Ireland, prior to 2002, elder abuse was not formulated as an

issue with defined policies for action. Following the publication of *Abuse, Neglect and Mistreatment of Older People* in 1998, the Government responded by establishing the Working Group on Elder Abuse which published *Protecting Our Future*. This was a seminal policy document setting out a framework for action under a number of recommendations for addressing elder abuse. A key recommendation was that, "a clear policy on Elder Abuse is formulated and implemented at all levels of governance within the health, social and protection services in Ireland" (Working Group on Elder Abuse, 2002).

Understandings of elder abuse shape responses to elder abuse, in relation to legislation, policy and practices in a country. For example in Italy, elder abuse prevention strategies mainly originate from public alarm over issues, thus activities have a criminological matrix and a public dimension.

Taking a human rights approach represents a good example of macro-level intervention. The focus is on the implementation of international and EU human rights instruments to tackle elder abuse and protect and promote the rights of older people. Whilst there is a growing awareness that older people face challenges such as discrimination, poverty and abuse that restrict their human rights, the willingness to provide for a legal instrument to protect older people's human rights is absent at government levels.

Addressing elder abuse within the context of human rights changes the emphasis from the interpersonal to macro level obligations. It is argued that existing human rights mechanisms fail to protect and promote the rights of older people. There is a growing call for a new international convention on the rights of older people⁹. This is seen as the most

⁹ <http://www.helpage.org/what-we-do/rights/towards-a-convention-on-the-rights-of-older-people/>
<https://www.ageaction.ie/how-we-can-help/campaigning-policy/human-rights-and-older-people>

effective way to ensure that all people, now and in the future, enjoy their human rights in their older age, including their right to freedom from all forms of violence and abuse, from torture, cruel, inhuman or degrading treatment.

2.4 Do existing theories tell the whole story?

A review of some of the theories, outlined in this study, point to a number of inadequacies. This concurs with Jackson and Hafemeister's (2013) review of existing models' ability to provide theory-based explanations for their research findings regarding elder abuse. They found that none of the theories offered a full understanding of elder abuse.

For social learning theory, whilst there is some evidence to support the hypothesis that children who have been mistreated go on to mistreat their children, research undertaken by Wolf and Pillemer (1989) found no significant differences between abused and non-abused older people and their method of punishment used. Burnight and Mosqueda (2011) point to Quinn and Tomita's observation (1997) that it may be more beneficial to focus on grandchildren's experience of their parent's caring for grandparents and the type of behaviour witnessed.

Jackson and Hafemeister (2013) point to the limited application of the social exchange theory in explaining the continuation of abuse involving elderly parents and their adult offspring, (the most common dyad in elder abuse cases). They argue that an abused parent, for example a mother, may be supporting an adult child with mental health issues. According to the social exchange theory, the mother should be dissatisfied with the relationship as she is receiving little apparent benefit. However, in reality this is rarely the case; the abused parent will rarely seek to leave the situation or report the

abuse.

There is a lack of evidence that an older person's need for assistance or that caregiver stress leads to greater risk for elder mistreatment. Firstly, it is clear from the literature that a substantial number of older persons are dependent on relatives for some degree of care. In Ireland, it is estimated that 89.5% of care provided to community dwelling older adults is provided informally by family members (Care Alliance Ireland, 2015). However, findings about the prevalence of elder abuse indicate that only a small minority of older people are mistreated. Since abuse occurs in only a small proportion of families, no direct correlation can be assumed between the dependence of an older person and abuse, as sometimes has been done. Additionally, case-comparison studies have generally failed to find either higher rates of elder dependence or greater caregiver stress in elder abuse situations. The caregiver stress model also fails to acknowledge that some victims of elder abuse are in fact healthy and do not require care, or that in some cases the carer is the victim and the care recipient is the abuser (Phillips et al, 2000). Furthermore, interventions aimed at reducing carer stress and improving communication may do little to protect the victim if the dynamics of abuse are rooted in power and control (Brandl et al. 2007).

Using a gender-based approach is justifiable, at least in the domestic violence context of elder abuse, in the sense that most of the abuse older women are subjected to is violence or abuse perpetrated by a husband or a spouse (Penhale, 1999; 2003; Luoma et al., 2010). However, despite the link to domestic violence, elder abuse has traditionally been seen as a "gender neutral" phenomenon leading, from the feminist perspective, to insufficient responses that focus solely on personal or interpersonal problems (Nerenberg, 2014).

Hence the feminisation of aging and its consequences has not largely been an issue of concern. Neglect, abuse and violence against older women have been overlooked as a focus of research; this is in spite of the fact that, as a group, older women experience unique and compounded disadvantages. Penhale (2013) refers to the fact that older women face triple jeopardy: to be old is to be marginalised (single jeopardy); to be old and abused is to be marginalised (double jeopardy); to be old and abused and female is to be marginalised (triple jeopardy). Penhale suggests that “to this should be added two further forms of jeopardy: for those women of colour and for those women who are disabled, whether as a result of abuse and violence or not, both of whom experience marginalisation and exclusion. Thus there are five potential areas of jeopardy, disadvantage, and disempowerment that older women could face in later life” (Penhale, 2003). Gender discrimination across the lifespan therefore has a cumulative effect, and neglect, abuse and violence across the lifespan results in a high lifetime rate of suffering from abuse for older women (Brownell, 2014).

Many explanations have been given for why there have been little systematic attempts to develop a feminist analysis of elder abuse. Failure to develop a gender-based theory has, for example, been linked to ageist attitudes and the failure of the feminist movement to take an interest in older women (Whittaker, 1995; Nerenberg, 2014).

However, it has also been pointed out that the findings of gender differences in elder abuse are often inconclusive, ambiguous or even contradictory (Crichton et al, 1999; Penhale, 2003; Nerenberg, 2014). Hence, while gender should be taken into account to understand and respond to abuse, a broader conclusion by various feminist researchers is that gender-based analysis alone is not enough to

explain the phenomenon (Nerenberg, 2014). A call for analyses that would consider the dual forces of sexism and ageism in elder abuse has been strong in the past ten to fifteen years (ibid). Negative conceptions and harmful stereotypes of old women further contribute to marginalization, isolation and brutality of abuse inflicted on older women (Penhale, 2003). Ageism and feminism together serve better to explain differences in the power and status of women and men as well as ageist attitudes toward older people, factors that might lead to abusive treatment of older people (Crichton et al., 1999).

O'Donnell et al (2015) points to how elder abuse transcends a simplistic interpersonal relationship between perpetrator and victim. Bronfenbrenner's (1979) theoretical framework helps to identify, categorise and evaluate interventions that take into account the multiple, yet interlinking, levels and approaches to the protection of older people. While a more holistic and multi-level approach to interconnected systems and the experiences of older people and victims of elder abuse is certainly to be welcomed, the evaluation of the products of ecological systems framework theory illustrate the complexity involved in tackling elder abuse. Although this theoretical approach underpins a wide range of interventions with varying degrees of success, such interventions may only have a positive impact on specific 'ecological levels'.

What is evident from the discussion is the complexity associated with elder abuse. It cannot be explained by any one theory, so prevention involves addressing both interpersonal relationships and the wider social environment that allow or permit certain behaviours to happen. Generational intelligence offers a different way of understanding elder abuse that incorporates both interpersonal relationships and the wider social environment

(Biggs and Lowenstein, 2011).

2.5 Conclusion

The lack of a guiding theory in the field of elder abuse has been attributed to a number of factors including - limited, or in some countries the absence of, national attention or concern; limited recognition within legislation and public policy and a lack of public awareness. Whilst the theories discussed in this chapter offer some explanation as to why elder abuse occurs, they do not provide a clear theoretical formula for the prevention of elder abuse or the development of interventions that can consistently cross-cut each and every level to comprehensively address the abuse of older people within our society. The concept of generational intelligence as a theoretical basis for understanding elder abuse will be outlined in chapter Three.

It is evident from the previous chapter that theoretical understandings of elder abuse and risk factors help to develop prevention and intervention strategies. Understandings of elder abuse engender several forms of institutional response, depending on the public conceptualisation of the problem – criminal justice system, welfare system, medical system etc. Hence elder abuse may be perceived as a problem existing ‘in itself’, be it a health and social care issue or a criminal matter, resulting in the formulation of policies from the different system. For example in Ireland, elder abuse is viewed as a health and social care issue, hence at a macro level the values that underpin elder abuse prevention and intervention are based on social work principles of client autonomy and empowerment. In contrast, in Italy, elder abuse is seen as an issue for the criminal justice system, with the public dimension of elder abuse focused on crime prevention, particularly in relation to financial abuse, cognitive capacity and inheritance. It is significant to note that the approaches described in Chapter 2 assign particular roles to those affected by elder abuse – for example, categorising individuals involved as either ‘the perpetrator’ or ‘the victim’ and so on.

This chapter will explore elder abuse as a phenomenon situated within a social environment where prevention and intervention focuses on complex interpersonal relationships that interplay with broader and deeper societal factors. The usefulness of a generational intelligence framework in the prevention of elder abuse will be examined.

3.1 Addressing the complexity of interpersonal relationship and the social environment

Generational intelligence offers an insight into elder abuse that incorporates both interpersonal relationships and the wider social environment (Biggs and Lowenstein, 2011). Its value in relation to the development of resources to prevent elder abuse lies in how it moves away from the narrow theoretical spectrum which has traditionally informed elder abuse prevention policies and intervention strategies. Within this traditional approach, there is a heavy reliance on binary opposition, victim and perpetrator. The concept of binary opposition relates to how we think about things (in terms of opposites) - one cannot conceive of a ‘perpetrator’, if we do not understand the notion of ‘victim’. Binary oppositions have long been identified as problematic as the categorisation of opposites is often value-laden, for example the ‘passive victim’, and exclude the influence of structural inequalities.

The main problem in taking a reductionist approach to elder abuse is it places elder abuse within the narrow confines of interpersonal relationships and consequently interventions focus on rescuing and punishing, which may not be sustainable in light of the growing number of older people. This approach ignores the complex relationships that exists between adults such as where both people may be vulnerable and when placed in challenging situations, resort to abuse. For example where an adult child with addiction issues is living with an older parent, by default they may become a carer to that parent,

regardless of whether the person has the capacity to provide care for another person. Within the 'victim'/'perpetrator' understanding of elder abuse, there is little room for empathetic understandings of these situations or acknowledgement of the complexity of elder abuse. The role of the state and broader societal structures in creating an environment where elder abuse is more likely such as ageist structures, is also absent from a binary oppositions perspective.

3.2 Generational Intelligence

Generational intelligence acknowledges that generational identities exist between socially and self-defined age groups and as a consequence similarities and differences as well as conflict and solidarity can develop between said groups. Biggs and Lowenstein (2011) posit the concept of generational intelligence as way of understanding elder abuse. Generational intelligence is specifically

The ability to reflect and act, which draws on an understanding of one's own and others' life-course, family and social history, placed within its social and cultural context (Biggs and Lowenstein, 2011: 2)

There is an assumption that perceptions about generations and different age groups are rational and normal. However, perceptions and attitudes towards for example older people vary significantly between cultures. In many western societies ageing is associated with negative connotations. In other cultures ageing is honored and respect for the older person is central, for example Korea. Hence attitudes and ideas about other generations and age groups are shaped by society and culture. Whilst mainly unaware of this stance, these perspectives can affect how we treat other generations and age groups. For example, older people may be viewed as a homogenous group, with the same needs. Biggs

and Lowenstein (2011) see this lack of awareness of generational complexity as culminating in treating people from the older generation as not having the same rights as the rest of society.

Relationships are viewed as an intergenerational space. To become generational aware or intelligent, one must become aware of one's personal generational identity, building empathy towards persons from other generations by understanding their values and needs, and also acting in a way that takes into account generational differences. Shifting from conflict to solidarity between generations requires compromise and the equal recognition of priorities, not only within families, but also in care settings.

There are four steps to take to achieve a high level of generational intelligence:

1. An inner process of exploration of one's own generational identity, understanding how cohort belongingness, family and life-course position affect generational awareness.
2. Making the distinction between different generations and understanding intergenerational relationships – this means that a person will begin to put himself in the shoes of someone of a different age and to perceive that needs, desires, emotions and objectives may be different from one generation to another.
3. Adopting a value position regarding generational relations – this requires the addition of a moral dimension and to closely examine generational power, how we perceive our attitudes to older persons.
4. Acting generationally intelligently – means finding solutions and partnerships that take into consideration multiple perspectives of

intergenerational relationships. (Biggs et Lowenstein, 2011)

Generational intelligence in the context of caregiving strengthens empathy between the different generations. For example, it supports families (parents, children, grandchildren etc.) to find solutions that are sustainable for all concerned taking into account the generational identities and differences.

3.3 Generational Intelligence and elder abuse

Low generational intelligence is evident, Biggs and Lowenstein (2011) contend, where the age dominant generation can not see beyond their own priorities or assume everyone has the same priorities; differences are seen as threatening; they are part of a value system that demeans others and there is the perception that compromise is unnecessary. For example a care assistant working in a residential care setting responsible for assisting residents to wash and dress in the morning, has different priorities than the residents. The care assistant must complete the task within a certain time frame, whereas the residents may be in no hurry to get up. In addition, a number of the residents may have dementia, they may react and behave differently when roused. This behaviour may be perceived as threatening to the carer in relation to getting work tasks completed or even to their personal safety. People with dementia experience stigma, so are not accorded the same rights as the rest of society. They may be 'positioned' as not having decision-making capacity, hence are often excluded from decision-making, with the loss of any negotiating powers.

Empathy, being able to put yourself in the older person's shoes, on the other hand, permits an

understanding of the older person's priorities, their needs within a value system that treats everyone as equals and where all have a right to participate in society.

3.4 Ageism and elder abuse

At a societal level, where the older generation's priorities are less important than those of dominant age-groups, Biggs and Lowenstein (2011) believe, there is a lack of empathy, the capacity to bridge unhealthy social gaps between younger and older people and this gives rise to ageism. Hence, Biggs and Philipson (1994) contend that confronting ageism is central to understanding and confronting elder abuse. Ageism as Butler (1987) outlines "can be seen as a process of systematic stereotyping of and discrimination against people because they are old" (1987:22). Ageism results in prejudicial and stigmatising attitudes and behaviour that belittle, patronise and exclude people because of their age. This denies their autonomy and dignity and creates barriers to exercising their human rights on an equal basis. Negative attitudes impact on the older person and they come to see themselves as less worthy or value to society and contributes to Stevens et al. (2013) notion of "malignant positioning". The consequences for the older person is reduced dignity, opening the older person to abuse.

Negative social attitudes towards older adults are acknowledged as a permissive element for elder abuse (Biggs and Lowenstein, 2011). Social ageism, therefore acts as a 'permessor', a factor that permits elder abuse to happen as it creates a context or social space that makes the behaviour possible, even more likely. Ageism results in age segregation, for example special clubs, groups and institutional settings like nursing homes are set up for older people, limiting opportunities for contact

between generations, thus creating barriers to intergenerational understanding. In the context of generational intelligence, elder abuse is therefore seen as a form of damaged intergenerational relations, due to ageism or dysfunctional organisational environments.

At a broader structural level, policy, legislation and regulation play a role in reducing negative risk but also in permitting positive actions. For example enacting the European Convention on Human Rights into domestic law will make little impact if there is not a monitoring system in place. States need to actively address structural factors like ageism, by promoting generational empathy, common understanding and resilience within society and in this way focus on prevention of elder abuse rather than risk avoidance which is not sustainable.

3.5 Generational Intelligence in the context of caregiving

According to Haapala, Tervo & Biggs (2015) exploring the factors that contribute to sustainable forms of an intergenerational relationship is now an important conceptual and practical challenge, not least because of the growing need for an aged care workforce that is suitably trained (Haapala et al., 2015). Generational intelligence has therefore been posited as means of examining and promoting positive interaction between younger and older people in community care settings. It is suggested that intergenerational relations have been a missing factor in understanding sustainable care and that in future, service delivery should not simply be analysed as comprising professional and lay perspectives but also as containing generationally distinctive perspectives.

Haapala et al. (2015) in a study of the employment of rural youth in service delivery for older people

living at home found that an empathic awareness of generational distinctiveness mediated intergenerational social interaction. The students and the older person receiving the service both gained, students- praise and self-esteem, the older person- an opportunity for social engagement whilst receiving support. From this study, a range of findings regarding the use of generational intelligence are relevant to the prevention of elder abuse within formal care arrangements. These included:

- a. Learning how to be aware of generational differences and to accept them built empathy. In the study young people became aware of the need to accommodate the life situation of the older person,
- b. Being able to put one's self 'in another's shoes' results in sustained and mutually rewarding interaction. The study highlighted how the young people recognised that social interaction was what the older person really wanted
- c. Active communication and opportunities for interaction in the delivery of services contributed to a willingness to negotiate solutions. In the study the young people recognised the need to let the older person feel in control of the situations.
- e. Acting in a manner that is 'generationally aware' prioritises and values both generations perspective. The study found that the priorities for both groups related to life course position, the young people were concerned with their future for example finding a job; the older people with the present for example concern for their health and its impact on daily activities.
- g. Developing ways of assessing potential care workers' and nurses' levels of generational intelligence (low versus high) would help

to screen out those entirely unsuitable for the role and to provide better support and preparation for those entering such positions or those already in them but struggling.

Krout and McKernan (2007) have argued that there is an absence of comprehensive approaches that prepare young people for work with older adults and their own ageing. Haapala et al.'s (2014) work, as described above, would suggest that the generational intelligence model can be used to help prepare both parties for their interaction.

3.6 Conclusion

In this chapter, generational intelligence as a framework for creating an environment that supports positive interactions, both at the level of the individual and societal, thus prevent abuse, is explored. Certainly, O'Donnell et al.'s (2015) use of Bronfenbrenner's (1979) theoretical framework to help identify, categorise and evaluate interventions takes into account the multiple interlinking levels

of elder abuse and approaches to the protection of older people. It makes an invaluable contribution to understandings of elder abuse and responses to it. However, what is still needed is an alternative that builds on the above by circumventing those traditional binary oppositions that continue to underpin the theories outlined in Chapter 2. Generational intelligence offers a more holistic and nuanced approach to the intersection between societal systems and the lived experiences of elder abuse. It bridges this gap, tackling individual behaviours and prejudices as well as the broader taken-for-granted social values that contribute to an environment where ageism and elder abuse occurs.

Putting theory into practice requires the use of an appropriate medium which allows for the transfer of theory into practice. Sociodrama is an approach noted for addressing social issues. Chapter Four will explore the potential for using sociodrama underpinned by a generational intelligence framework in developing interventions to prevent elder abuse.

4.1 Introduction

In Chapter Three, it was argued that generational intelligence provided a way of understanding elder abuse in terms of interpersonal relationships and at a societal level. The benefit of using this approach hinges mainly on how it treats intergenerational empathy as an imperative, focusing our attention on the positive potential of being able to put ourselves ‘in the shoes’ of people of other ages in order to avoid negative intergenerational ‘othering’. It enables positive interactions between age cohorts and can significantly reduce causal factors associated with elder abuse. The aim of this chapter is to demonstrate the benefits of combining generational intelligence framework with creative and performing arts. Sociodrama is outlined here as a highly appropriate and complimentary vehicle for opening up dialogue around such a taboo topic in order to address the individual, personal, familial, professional, systemic, social and cultural constituents of elder abuse. More specifically, sociodrama will be explored as a medium for facilitating professional and personal reflection and for building intergenerational empathy, especially within care settings, with the aim of preventing elder abuse.

4.2 The Performing Arts and Drama Approaches to Training

4.2.1 Creative drama

It was the ancient Greeks who first coined the term ‘drama’. Its meaning today remains very similar to their use of the verbs ‘to do’ or ‘to act’ and from drama, theatre evolved.

Augusto Boal, in his introduction to *Theatre of the Oppressed*, asks the question ‘should art educate, inform, organise, influence, incite to action or should it simply be an object of pleasure? (1985: xiii). The former offers the possibility of addressing elder abuse by involving people in creative drama to improve their quality of life and to combat ageism in all its forms.

‘Creative drama’ is an approach specifically developed for educational and awareness raising purposes. It is an improvisational, non-performance driven and process oriented form of drama. Learner-participants are guided by a facilitator to imagine, enact and reflect on experiences that may be real or hypothetical scenarios designed to raise specific issues in a space where thoughtful engagement with difficult subjects can occur.

Creative drama is the preferred term for dramatic experiences that are designed for the development of cognitive, affective, aesthetic, and moral thinking of the participants. Methods of creative drama which address social and cultural issues are varied in their approach. Creative drama is holistic in nature and combines internal reflection and external representation. The common core of basic activities is always improvised. The process leads to an acceptance of self, an awareness of personal resources, and an awareness of the internal and external influences on living (Freeman, 2003). For this reason creative drama has been used as a means of addressing the mental, physical, and emotional development of varying cultures. In practice, individuals and groups set out to resolve problems and seek solutions through the medium of exploration and expression.

Creative drama has grown in recent years and become the keystone of the work of numerous charities, NGOs and theatre companies across Europe. Programmes using this approach provide bespoke toolkits and advanced training, tailored with care to individual situations in order to access the cultural traditions and understanding of a project's audience to clearly and sensitively address areas of conflict for communities or age groups (Amollo, 2002).

As outlined above, creative drama is an exploratory tool used with other multi-disciplinary methods to understand, promote and achieve social change. Creative drama, in its development, has expanded to meet the needs and demands of our ever-changing demographic environment. Sociodrama is now a well-developed and increasingly important tool for increasing social awareness and bringing about positive behavioural change.

4.2.2 Sociodrama

Sociodrama is based on the work of Dr Jacob Levy Moreno (1889-1974), who is also known for his creation of psychodrama, a method of group psychotherapy which focuses on the individual and their inner thoughts to help achieve understanding and change.

Maurine Eckloff in her article *Using Sociodrama to Improve Communication and Understanding* (2006), refers to Moreno's understanding of sociodrama in his book, *Who shall survive?* (1953):

While psychodrama focuses on the internal interactions of one man, sociodrama focuses on individuals in the process of interaction. Moreno defines sociodrama as a deep action method dealing with group relations. (Moreno, 1953: 87)

Moreno also states that in psychodrama the

attention of the director is upon the individual and his private problems which are allowed to unfold before the group of learner-participants. Although the group approach is used, psychodrama is learner-centred and is concerned with the personal development of a group of private individuals. By contrast, with sociodrama, the group is the subject. Moreno explains that sociodrama is based on the assumption that the group formed by the audience is already organised by the participants social and cultural roles (Moreno, 1953: 87).

In sociodrama the group corresponds to the individual in psychodrama. Psychodrama deals with personal problems and personal catharsis (Koleva, 2012: 313). Sociodrama approaches social problems in groups and aims to achieve a social catharsis (Moreno, 1953: 88). Sociodrama focuses on spontaneity which operates in the present (Koleva, 2012: 313). The group and the individuals within it are propelled toward an adequate response to a new situation or a new response to an old situation (Moreno, 1993: 13). Hence sociodrama is a method by which a group of individuals select and spontaneously enact a specific social situation common to their experience. Each participant assumes and dramatises a variety of roles, usually focusing on problems and conflicts arising in certain interpersonal situations. It is a method for exploring the relationships within and between groups in societies, whether local, national or global. The practitioner learns to analyse such 'systems' by setting them out physically using objects or group members as representations, giving voice to these identified roles within the system or culture. Through role exploration (role reversal, doubling, mirroring amongst other provocative tactics), the practitioner helps the group to identify where new responses might be possible and to practice the necessary skills to achieve the desired change. The emphasis is always on understanding how individuals, teams

and organisations function (Appendix One provides examples).

The methods used encompass a wide range of techniques: 'action methods' draw on role theory, role training, sociometry and sociodrama. Sociodrama and action methods are profoundly effective and are used worldwide in organisational and professional settings¹⁰. They may be used for many purposes including to:

- assist communication;
- negotiation;
- conflict management and team building;
- action research and strategic planning;
- predict outcomes or rehearse implementation;
- supervise managerial or training problems.

4.3 Sociodrama as a vehicle for change

Sociodrama is intrinsically connected with social issues and social action (Sternberg and Garcia, 2000: 190). Moreno used the approach as far back as 1921 to mobilise people. He proved its value in various projects as exemplified in the *Theatre of Spontaneity* and his *Impromptu theatre*. *Theatre of Spontaneity* and improvisational acting out-exercises were seen by Moreno as having positive outcomes. Later his method was used with many other dramatic aesthetics in the treatment of people with mental and physical disabilities. (Scheiffele, 2008).

Private and public agencies are increasingly interested in employing the arts to strengthen communities. Sociodrama provides an opportunity for the dramatic enactment of real life situations or conflicts that often go unresolved (Ridderstrøm,

2015: 8). These issues are multifaceted, and every organisation and situation is different, therefore sociodramas on any given topic are always custom-designed based on the unique experience. Sociodramas can be used in a variety of ways to explore and resolve a multitude of issues within workplaces including conflict, management/subordinate relationships and gender and race issues.

Bradshaw-Tauvon (2001) reflected on the use of sociodrama for peace building within local, regional and international conferences in the UK, Sweden and Israel. She wrote that these settings provide a marvellous forum to bring together diverse cultures to explore social issues. She also described how sociodrama can be used to nurture genuine encounters between individuals and small groups and to create ways to affect constructive change in and between societies, cultures and countries (Kellermann, 2007: 23).

In the book, *Sociodrama: Who's in your shoes?*, Patricia Sternberg and Antonia Garcia (2000) outline a number of case studies. One examines the effect of sociodrama on a group of carers establishing an AIDS care unit. Sternberg and Garcia highlight the difference between learning new behaviour and learning new roles. Changing the way you acknowledge and express different emotions can radically alter their effect. Learning new behaviours within roles we already play can create new perspective.

'For instance, a teacher who practices being more firm with his students regarding deadlines for reports is not learning a new role but learning new behaviours to play an old role with greater satisfaction.' (Sternberg and Garica, 2000: 200)

In Ireland, the Gaiety School of Acting developed and implemented two programmes using sociodrama

¹⁰ Sociodrama and Creative Action Network (SCAN) www.sociodrama.co.uk

to address social issues: BREATHE¹¹ and IN THEIR SHOES. The BREATHE programme is a professional response to rising suicide rates among younger people. BREATHE focuses on changing attitudes and improving links between teachers, parents and teenagers.

It opens up the potential for communication on a more personal level and breaks down feelings of isolation within oneself, within a school setting and increases a sense of integration within the broader community. IN THEIR SHOES is an anti-bullying drama-based programme which aims to foster an understanding of how active learning strategies can improve the classroom atmosphere.

Numerous studies highlight the impact of involvement in the arts on individuals and communities alike. Edward Fiske (1999) in *Champions of Change: the impact of the arts on learning* pointed to significant improvements in learning ability drawn from his extensive study. It is universally acknowledged that classroom learning is effective only for a proportion of students, by using the arts as a learning tool, changing the learning environment can open the possibility of effective learning to many more students. Furthermore, in the Princeton University study *How the Arts impact community*, Joshua Guetzkow (2002) measures the cognitive and psychological impact of participation in the arts on the individual and found it offers an increased “sense of individual”, self-esteem “and a sense of belonging or attachment to community” (Guetzkow, 2002: 3). He correlates his findings with the beneficial effects of the arts in the social and cultural context indicating an increased “sense of collective identity” (2002: 3).

4.4 Types of sociodrama practices

There are three main types of sociodrama:

- Crisis;
- Political;
- Diversity.

Peter Felix Kellerman describes crisis sociodrama as dealing with “collective trauma and group responsive to catastrophic events of national significance”, (2007: 64) such as riots, natural disasters and wars. Whereas diversity sociodrama deals, “with conflicts based on stereotypes, prejudice, racism, intolerance, stigmatisation or negative bias against people because of their diversity” (2007: 104). Political sociodrama is seen as being, “closely related to political theatre” (Kellerman, 2007: 84). A number of approaches are used including image theatre, forum theatre, rainbow of desire and Boal’s (1972, 1992), *Theatre of the Oppressed*.

Forum theatre is a form of interactive theatre developed by the late Brazilian theatre director, Augusto Boal, as part of his *Theatre of the Oppressed*. The focus is on shared experiences that stimulates debate, communication and understanding of different perspectives in word and motion¹². Forum theatre empowers the audience to actively explore different options for dealing with shared problems and motivates them to make positive changes in their own lives (Taite, 2010). The audience is shown a short play in which a central character (protagonist) encounters an oppression or obstacle led by an oppressor (antagonist), which s/he is unable to overcome. This sociodrama approach therefore has the potential to create an environment where complex, multifaceted issues like elder abuse can be addressed.

¹¹ <https://gaietyschool.com/outreach/post-primary-school/breathe/>

¹² www.tobe.ie

4.5 Tackling elder abuse and promoting change through creative drama

4.5.1 Tackling elder abuse – a multifaceted concept

Elder abuse is a complex, multifaceted concept. The discussion so far highlights what Biggs (2014) refers to as three different narratives or discourses – elder abuse conceived as located within interpersonal relationships, elder abuse as a result of ageism at an organisational/societal level and elder abuse due to the failure of the state to protect the individual's human rights. In developing a programme to promote change, ways of opening up interconnecting pathways between these narratives are considered.

At the interpersonal relationship level, adopting a generational intelligence approach by building empathy generates positive interactions, permitting individuals to get beyond their own priorities and the social barriers surrounding age. At the organisational level, aspects of the culture of an institution can lead to the failure to provide appropriate care to older people. These include ageist attitudes, loss of personal identity and the positioning of the older person within the context of factors that include status, rights and duties. Elder abuse addressed within the context of human rights is rarely recognised at the level of interpersonal relationships, but more as a macro level obligation. Hence little work has been done on promoting such rights at the micro level.

Elder abuse and the protection of human rights are of serious concern across the spectrum of care settings. This has been highlighted by Theurer et al (2015) in a study of activities in residential care settings, where residents report frustration around

their lack of influence and independence, and paternalistic communication styles among staff. Biggs et al (1995) point to how abuse in institutional settings needs to be dealt with separately as it is associated with certain characteristics. For instance, these include differences in perception as to the role of the institution, for staff it is a workplace but for residents it is their home. However residents must lead their private lives outside of their domestic environment, in a public setting. The institution, whilst a public place, can be cut off from the outside world. With the pressures of work, individual and broader institutional structures dominate, and where tasks or workload become more important than residents' rights and requirements, "mistreatment is always waiting in the wings". (Biggs et al., 1995: 78).

4.5.2 Applying sociodrama to training

As has been previously established, sociodrama has the ability to be an intergenerational learning strategy that combines a case study approach with traditional role-play methodology to raise and address a variety of issues to directly tackle elder abuse. Enhancing empathy and raising awareness of human rights will be one of the main objectives. This unique customized approach to training can also facilitate personal growth, raise consciousness, and initiate attitudinal and behavioural changes in the learner-participants. The benefits of applying these dramatic techniques in educational and training settings are wide reaching. Not only can they provide an action-oriented forum for resolving conflicts among people with different views and life experiences, reflecting the concept of generational intelligence, they are also effective in:

- clarifying personal and organisational values;
- developing social skills;
- problem solving;

- diagnosing organisational issues;
- nurturing understanding;
- enhancing empathy;
- developing and rehearsing action plans;
- improving personal effectiveness and awareness.

The sociodrama system is particularly suited to elder abuse prevention as it incorporates these four components

1. It is based on the realities and issues being actively experienced by the participants or organisation.
2. The investigation proceeds through improvisational theatre allowing workshop participants to explore the issues and share through their own experiences, thus, encouraging group empowerment and ownership over the workshop. In sociodramas, participants take on the role of another. This allows them to develop an empathic understanding of that person's point of view or feelings, allowing them the opportunity to walk in another's shoes.
3. Within the scene work a dialogue is opened up between the characters and the audience (other participants), allowing interpersonal relationships to develop and other perspectives to be explored in which numerous alternative communication strategies can be discovered. Discussion should assist participants and audience to realise motivations, purposes, behaviour, implications and possibilities for the prevention of problem situations.
4. Through the intentionally designed experiential workshops the educational, behavioural and psychological objectives can be promoted, encouraging the participants to reflect on how to achieve the implementation of the goals identified within their own organisation.

Creative drama is a group interaction process used to assist all types of people in meeting specified goals. The method draws upon a person's ability to learn with their whole body and mind It is a

kinaesthetic, emotional and cognitive educational methodology (Hawkins, 2014). The concepts underpinning intervention workshops can address elder abuse prevention on a number of levels – empowerment through education, activation of human rights through awareness and by building empathy to challenge ageism can aid the broader development of elder abuse policy.

4.6 Conclusion

Throughout this chapter we have investigated the potential of sociodrama underpinned by a generational intelligence framework as an effective vehicle for development and delivery of elder abuse prevention and intervention strategies. Generational intelligences strives to enable others walk in an older person's shoes. Sociodrama supports the learning of new behaviours within roles we already play, by reflecting on why we act in a certain way. The proposed model has the potential to revolutionise current approaches to elder abuse prevention models by challenging ageist stereotyping, enhancing relationships and increasing understanding between caregivers and care recipients.

5.1 Introduction

The world is ageing rapidly as evident in the four countries discussed. By 2050, 32.4 per cent of the population in Finland will be 60 and over, 40.7 per cent in Italy, 31 per cent in Ireland and 36.4 per cent in Romania (UN, 2015). With the subsequent increase in the more vulnerable older old, elder abuse has the potential to impact on the lives of a growing number of people. Although awareness of elder abuse is growing, understandings of the problem have not advanced significantly since studies describing elder abuse first appeared in scientific journals in the 1970s.

Understandings of elder abuse are important as they determine how elder abuse is defined and responded to within countries. Reviewing the definitions and typologies of elder abuse adopted within the four countries in Chapter 1, it was evident that whilst there were similarities in how elder abuse is understood, there were also differences. Ireland is the only country from amongst the four to have in place a national elder abuse policy. Elder abuse is understood within a health and social care framework. Within this policy, elder abuse encompasses both interpersonal typologies of abuse: physical, sexual, emotional and financial abuse, but also wider structural forms including discriminatory and institutional abuse. In Italy, the abuse most widely recognised is financial abuse and this is addressed through the penal system. Financial abuse is understood however in the wider context of crimes targeted at older people. In Romania, legislation is in place to address physical abuse, so this form of abuse is more widely recognised.

The consistent quality and quantity of data collected in each country remains a barrier to estimating the prevalence of elder abuse. Nevertheless, it is safe to say that older people with significant physical and cognitive impairment who are dependent on others for care were identified as being particularly vulnerable to elder abuse.

Research, where available, points to adult children as the main perpetrators of abuse, with abuse occurring mainly in the older person's home. In many situations, the older person may not recognise the behaviour as abusive, or even where they do, the perpetrator is often their son or daughter, who they still love. Data on prevalence rates for abuse within residential care settings is limited. However, according to Finnish research, abuse may be an every-day phenomenon, but invisible due to fear of repercussions (Uuttu-Riski, 2004; Laakso, 2015). Hence, elder abuse remains a taboo subject and is not addressed at a societal level. Under-reporting of abuse by older people is therefore an issue in all countries. Increased education of all age groups around the issues is certainly required.

5.2 Addressing elder abuse

To determine the best ways of addressing elder abuse, there is a need to ascertain causal factors. In Chapter 2, a number of theories were proposed. These theories mainly come from other fields such as child protection and intimate partner violence. The theories relate to interpersonal relationships such as caregiver stress theory and those focused at a societal level such as feminist notions of unequal power relations. Factors that place the older person at risk emerge from these different theories.

Research evidence from all four countries identified similar risk factors for abuse. Poor health, older age, female gender, low income, cognitive impairment and limited social network, all contributing to the person's vulnerability. With older age, there is more likely to be a decline in health, physical and cognitive, resulting in the older person being dependent on others for care and support. The caregiver stress model therefore has long been the predominant model used to explain occurrences of elder abuse. Studies undertaken in the four countries highlighted a number of factors associated with caregiving that can lead to a failure to provide appropriate care including carer burnout, ageist attitudes, a task centred working culture, insufficient training and education.

Interventions to address elder abuse at the interpersonal relationship level therefore mainly centre on promoting resilience of carers and supporting the empowerment of the older person. For example in Italy, psycho-educational courses addressing carer stress are available to formal and informal carers; in Ireland, the Keep Control programme focuses on empowering older people to stay in charge of their finances.

At a societal level, the lack of clear policies, and/or their implementation, regarding elder abuse puts older people at risk (Uttu-Riski, 2002). From a feminist theory perspective, the fact that women are more at risk of elder abuse could be linked to their lower status in society, and hence less attention to their priority. From a positioning theory point of view, society assigns a lower position, even 'malignant' to dependent older people, so they are not viewed as having the same rights as the rest of society. Interventions at a societal level are less apparent in the four countries. None of the countries have legislated to promote and protect the rights and dignity of older people and whilst

Ireland has developed and implemented a national elder abuse policy, the other three countries do not have such policies.

It is evident from the above discussion, that understandings of elder abuse shape how states respond to the issue of elder abuse. In countries like Italy and Romania, elder abuse remains very much an issue between individuals, to be solved through the criminal system. Although, elder abuse is recognised as a public issue in Ireland, it is addressed within the health and social care system, hence not attending to wider societal factors such as ageism. It is therefore argued that to understand elder abuse, there is a need to move beyond the theories outlined and away from the notion of binary oppositions - 'victim' and 'perpetrator', individual relationships versus societal and cultural structures, to one that acknowledges the complexities of elder abuse and the inextricable links between micro-interaction (interpersonal relationships), institutional (organisational characteristics) and macro-element (e.g. ageism). Generational intelligence is posited as a theoretical basis for understanding elder abuse that addresses the complexities related to interpersonal relationships and the wider social environment.

5.3 Addressing elder abuse through a generational intelligence framework

Generational intelligence acknowledges within any society, generational identities exist between socially and self defined age groups and as a consequence similarities and differences as well as conflict and solidarity can develop between groups. At a societal level, there is an assumption that all generations share the same priorities, however this

is not the case. The priorities of the more dominant generation usually take precedent. For example in public debates, there is little attention paid to older people's issues, except where older people are seen to impact on public services important for the dominant generation, such as the health service. Ageism, the stereotyping and discrimination of people because they are old, results in less value being placed on older people's priorities and their rights, creating a social space where abuse can happen.

Viewing elder abuse through a generational intelligence lens requires the individual and society to reflect on one's own generational identity, be aware of generational differences, and act on this awareness by being able to walk in the other person's shoes. Understand that there are power differentials between generations and this influences value positions, so there is a need for compromise and the consideration of multiple perspectives. A high level of generational intelligence allows for empathetic interaction between generations leading towards greater intergenerational understanding bridging the generational gap that can give rise to ageism and abuse.

The focus of interventions to address elder abuse using a generational intelligence framework is therefore on building empathy between generations. This is particularly relevant for older people receiving formal care, be it in a residential or day care settings, as the aged care workforce is predominantly made up of younger people, many even coming from a different culture. Haapala et al (2015) contend that a generational intelligence framework can mediate

the challenges of interaction across age groups and point to the absence of comprehensive approaches that prepare young people for working with older adults.

To understand and interact in an empathetic way requires experiential opportunities. Sociodrama is a medium that can facilitate the learning of new behaviours by modifying one's own behaviour within one's old role creating a new perspective. Sociodrama also facilitates taboo subjects like elder abuse to be spoken about and unresolved conflicts to be addressed.

Using a generational intelligence approach as the theoretical foundation to underpin elder abuse prevention education programmes, integrated within a sociodrama approach, has the potential to revolutionise current approaches to elder abuse prevention. It can provide a new perspective and understanding through which staff and organisations view their roles, advancing residents' social identity, enhancing reciprocal relationships and challenge ageist assumptions. It will allow for more self-awareness, self-care, and satisfaction on a personal and professional level. It is envisaged that the model will lay the groundwork for further research and educational training models.

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APPENDIX

APPENDIX ONE

Examples of creative drama projects

NAME	WEBSITE	SHORT DESCRIPTION
ACTING FOR THE FUTURE	http://www.smashingtimes.ie/page-2/4-acting-for-the-future/	Forum theatre/sociodrama workshops promoting positive mental health and raising awareness on suicide prevention within secondary schools, and community based youth/adult groups
ACTING FOR PEACE	http://www.smashingtimes.ie/page-2/page-2b/	An innovative arts programme using drama and theatre to promote reconciliation and mutual understanding within the Southern Border Counties of the Rep. of Ireland and Northern Ireland
AGING WITH AONFIDENCE	http://ageandopportunity.ie/what-we-do/education-training/ageing-with-confidence	Positive mental health training for the elderly.
AGE WISE	http://ageandopportunity.ie/what-we-do/education-training/agewise	Awareness of attitudes to aging training for health care professionals
LIVING SCENES	http://nuigalway.ie/living_scenes/	A schools programme of intergenerational learning, seeking to promote and cultivate the enriching relationship between older and younger adults using creative drama and other arts techniques.
RESONANT BODY	http://www.kkh.se/research/artistic-development-projects/the-resonant-body-psychodrama-and-sociodrama-as-an-experimental-artistic-strategy/	Psychodrama and Sociodrama as an Experimental Artistic Strategy with the elderly.
FORUM THEATRE IN ELDER ABUSE PREVENTION AND AWARENESS RAISING	http://www.suvantory.fi/hankkeet/	"Strong Network" 2006-2010. Forum theatre workshops, exploring methods and procedures for elder abuse prevention with social and health care professionals.
TRANSCRIPT OF DAL TEATRO DELLA SPONTANEITÀ AL SOCIODRAMA	https://prezi.com/_gx17ly3z0ay/dal-teatro-della-spontaneita-al-sociodramma/	The project uses sociodrama to tackle social issues among teenagers
PLAYBACK	http://www.playback.it/ http://www.playback.it/faredisfare/ http://www.psicosociodramma.it/ChiHaUnAltraStoria.html	Acting company 'La Compagnia del Fare e del Disfare' uses playback technique to tackle issues around the older person, their families and their caregiver histories

DEPENDS ON YOU. SUMMER SCHOOL THEATER WORKSHOP	http://transcena.ro/proiecte/#toggle-id-1 http://transcena.ro/proiecte/#toggle-id-4	A theater workshop has been delivered with pupils – a show about bullying was elaborated, a scenario constructed based on the ideas and proposals of participating pupils
EUBULLY	http://bully4u.ie/eu-bully-2/	EUBULLY offers a blended approach – creating innovation in the virtual world alongside transfer and roll out of best practice in the use of drama in the physical world, both providing safe and secure environments for bullying to be addressed openly.
DRAMA , DIVERSITY AND DEVELOPMENT	http://www.enpi-info.eu/medportal/news/latest/37956/Drama,-Diversity-and-Development---street-theatre-to-challenge-discrimination:-call-for-proposals-under-MedCulture-regional-programme	The project aims to use local artists to promote diversity through theatre across the region, engaging all levels of society, including post-performance debates between actors and members of the public to trigger dialogue about multiplicity, difference, discrimination, equality and justice
SIGMA ART	http://instal.utcb.ro/site/eng/sigma_presentation.pdf	The project works to change behavior and attitude of young people and adults with an artistic vocation. It promotes development within an artistic and social field, helping them to integrate encouraging cultural exchange through art.
TENDER	http://tender.org.uk/	‘Tender’ works with young people in an effort to prevent and address the issue of unhealthy relationships.
SHAME	http://www.kokoteatteri.fi/ohjelmisto/peili/	The theatre project “Shame” was founded in 2012 and the idea was that people in rehabilitation for mental health problems, professional actors and a theatre would collaborate in making a theatre production. The play is about humanity, the right to live, to be heard and to be visible.
”ELÄMÄSTÄ PUDONNUT KUVA” (“PICTURE DROPPED OUT OF LIFE”) PROJECT	http://www.taiteensulattamo.fi/	The project is based on a performing arts diploma consisting of theatre originated methods used in social work. The target groups of the project are older people and young people in contact with the criminal justice system. The project consists of workshops as well an experiential exhibition presenting the results of the workshops.
TEE ITSE TAIDETTA JA OSALLISTU TEIJO ”MAKE YOUR OWN ART AND PARTICIPATE” PROJECT	http://www.pudonnutkuva.fi/opinnayte	The Project is run by four cultural and nine third sector social and health care organisations. The target groups include children and young people in child protection, adults with special needs as well as seniors living in nursing homes. The project aims to bring art to these people’s lives. of human life
SUBPROJECT ”TEATTERISTA VOIMAA VUOROVAIKUTUKSEEN” - “EFFECTIVITY FOR INTERACTION FROM THEATRE”	http://www.telakka.eu/teatteri/?page_id=4027 http://www.telakka.eu/teatteri/?page_id=4024	The project applies exercises developed by the theatre, Telakka. The exercises are intended to find ways in which people with disabilities can strengthen their life and coping skills. The aim is to highlight their creative personal solutions and utilise them in the context of a problem. This facilitates human self-expression, which in turn strengthens self-esteem. Good self-esteem enables people with disabilities to be a visible part of the surrounding society. The project’s aim is to bring people together.

