

Elder abuse: the last taboo?

Abuse of the elderly is a subject no one likes to acknowledge exists, yet it does and it is essential to know how prevalent it is. Fortunately there is a drive afoot to raise awareness. **Dr Claudine McCreadie** and **Professor Simon Biggs** report on how Comic Relief and the Department of Health are working in conjunction with one another to fund new research in this area that will help develop preventative measures and strategies.

Although doctors have been in the forefront of raising concerns about the problem of abuse of older people, research has been limited – particularly in relation to the important question of prevalence. A recent report from the House of Commons contributed to Comic Relief's commitment (with some financial support from the Department of Health) to fund a major UK study on the prevalence of elder abuse. The research is being undertaken by King's College London and the National Centre for Social Research.

Concerns about elder abuse

The title of this article was suggested by a GP visiting our department to give a lecture on depression.

'We recognise child abuse, even child sexual abuse,' he said, 'but we are very reluctant to think there can be people who are deliberately hurting frail and vulnerable older people.'

Yet, since 1975 doctors have been drawing attention to the problem of elder abuse. A conference organised by the British Geriatrics Society in 1988 was seminal in raising professional awareness and doctors have also been instrumental in researching the problem. *Geriatric Medicine*

published articles in the early 1990s^{1,2,3,4,5,6,7}. Elder abuse is now a standard topic in textbooks on old age medicine.

Despite this, the taboo has arguably remained. 'Stopping Elder Abuse' and 'Don't Stay Silent' are two of the slogans that Help the Aged, together with Action on Elder Abuse, are using as part of a current campaign to raise levels of awareness throughout the UK. Readers may remember that in February 2005, BBC1 screened DAD.

This film starring Richard Briars as Larry, an 86-year-old whose life abruptly changes after his wife moves to a care home, starkly presented some of the issues. The film was commissioned by Comic Relief, which highlighted elder abuse on Red Nose Day last year. Now, with some financial support from the Department of Health, Comic Relief has commissioned and funded important research about this sensitive issue – a national study of the prevalence of abuse to adults over the age of 65.

MPs and doctors

Comic Relief's determination to address elder abuse through funding a major piece of research, as well as through a new grants programme being announced in May 2006, was influenced by a report

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Timeline

1965	Letter to The Times about conditions in long stay geriatric hospitals
1975	Old age psychiatrists express concern about 'granny battering'
1988	British Geriatrics Society conference
1990	First research in the BMJ ⁸ . Series of five articles by Dr Gerry Bennett in <i>Geriatric Medicine</i> 1991 Report from British Association for Service to the Elderly (BASE) citing case examples encountered by clinicians ⁹
1992	First attempt to estimate national prevalence. Further articles in <i>Geriatric Medicine</i>
1993	Formation of Action on Elder Abuse – the charity for raising awareness about the problem
2000	No Secrets ¹⁰ . Department of Health guidance on multi-agency responses issued to English social services as lead agency, as well as police, health authorities and NHS trusts
2004	House of Commons Health Committee report on elder abuse
2004	First review article on elder abuse published in <i>The Lancet</i> ¹¹
2005	National prevalence study funded by Comic Relief and the Department of Health

from Members of Parliament in March 2004. Eleven MPs, including two doctors, from all the main parties (and who were members of the Health Committee) examined the issue of elder abuse in detail between October 2003 and January 2004^{12,13}.

Arguably, doctors could have been much more pro-active in submitting evidence. A short memorandum from the British Geriatrics Society,

and a rather longer one from the Royal College of Psychiatrists, comprised the sum of evidence from doctors. One NHS Trust contributed while Professor Ian Philp, National Director for Older People's Services, was called as a witness.

What do we know about the prevalence of elder abuse? The answer is very little. The Health

Table 1. Numbers and % of older people reporting abuse by age. Great Britain 1992

Type of abuse (n=173)	Number (%) of older people reporting abuse					
	Age 60-64 (n=150)		Age 65-74 (n=266)		Age 75+	
Physical. Has a close family member or relative recently pushed, slapped, shoved or been physically rough with you?	5	3%	4	2%	1	1%
Psychological (verbal). Has a close family member or relative recently frightened you by shouting, insulting or speaking roughly to you?	11	7%	16	6%	6	3%
Financial. Has a close family member or relative recently taken money or property from you without your consent?	5	3%	2	1%	2	1%

Source: Ogg and Bennett, 1992

Committee's report highlighted the absence of research on prevalence. The only research that has been undertaken in Britain to estimate prevalence was by the late Dr Gerry Bennett (Royal London Hospital) and his colleague Jim Ogg¹⁴.

Using the national Omnibus survey, which covers a variety of topics, they commissioned a small number of questions about physical, psychological and financial abuse. Just under 600 adults aged 60 and over responded (*Table 1*). Although this was a valiant attempt to address the problem, it had significant limitations in terms of sample size and scope of enquiry but, as far as research into the extent of the problem goes, that is all we have had to go by.

New research on the prevalence of elder abuse

The Health Committee recommended that researching the prevalence of abuse to older people should be a priority and, to their immense credit, Comic Relief responded to the Committee's recommendation. The Department of Health then contributed some funding to Comic Relief to help finance the research. King's

Further information

Action on Elder Abuse. Freephone Helpline: 0808 808 8141. Monday–Friday: 10am–4.30pm
www.elderabuse.org.uk

Public Concern At Work. This organisation advises anyone who wants to report on any dangerous or illegal activity they are aware of through their work that affects other people. Helpline: 020 7404 6609.
Email: helpline@pcaw.co.uk

Social care inspection bodies:

England – Commission for Social Care Inspection:
0845 0150120

Wales – Care Standards Directorate:
02920 825 111

Scotland – Scottish Commission for the Regulation of Care: 0845 603 0890

Northern Ireland – Department of Health, Social Services and Public Safety: 0289 052 0500

Your local Social Services Department is the lead agency for adult protection concerns.

College London and the National Centre for Social Research, the leading independent survey research organisation in the UK, tendered successfully to undertake it.

We began in September 2005 with a four-stage research plan. Stage 1, which took place in autumn 2005, involved extensive development work. Apart from reviews of the literature, and particularly of international research on prevalence, we consulted with older people and those working with them about the presentation and content of Stage 2.

Stage 2, a random sample survey begun in March 2006, is the centrepiece of the research. It aims to establish as reliably as possible the prevalence of mistreatment and abuse of older people living in private accommodation. This involves face-to-face interviews with 2,000 people aged 66 and over: 1,100 in England and 300 each in Wales, Scotland and Northern Ireland. The survey covers a range of topics, aiming to address people's experience of mistreatment in their own homes in the context of their life experience and well being.

Stage 3 will consist of detailed follow-up interviews with approximately 50 people from the survey to examine the impact of mistreatment and how they cope with it.

Finally, since clearly the mistreatment of older people in care homes is a serious issue of major concern, we will look in Stage 4 at how this issue can most accurately and helpfully be researched. We think this is a huge research topic in its own right and a great deal of thought and preparatory work is needed to address it properly.

Shattering the taboo

The involvement of Comic Relief in funding a major piece of research is a new departure for the charity and, along with the other initiatives that they are funding, must be seen as a serious attempt to bring this issue of mistreatment firmly into the public domain. The advantage of funding high quality research is that this attempt to raise popular awareness is based on well-grounded information.

Our research will throw light, not only on the numbers of older people who are abused in different ways, but on the life circumstances and situations giving rise to the mistreatment as well

as the impact of the abuse and the help that people may or may not have accessed. This should result in a decisive improvement in the knowledge base about elder abuse, which in turn should lend credibility to education and training programmes – there is evidence that, to a surprising extent, general practitioners would welcome more training on this topic¹⁵ and this may also be true of hospital doctors.

We certainly hope that one of the consequences of undertaking this research will be to make it easier for doctors to reject any taboo surrounding this topic.

Conflict of interest: none declared.

Key points

- > Doctors have played a significant role in raising awareness of the problem of elder abuse.
- > The topic still lacks knowledge, notably about prevalence.
- > A major new piece of research is being funded by Comic Relief and the Department of Health to estimate the prevalence of the problem.
- > The research is being carried out by King's College London and the National Centre for Social Research.
- > The research is in four stages. Stage 1 is complete. Stage 2, a UK-wide survey of prevalence of abuse of older people in their own homes, is halfway through the data collection phase.
- > Stages 3 and 4 will consider the impact of abuse in detail and the appropriate methodologies for estimating the prevalence of abuse in care homes.

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