



## MISTREATMENT

### Towards a well-treatment culture?

The 2009 World Congress of Gerontology and Geriatrics held under the auspices of the IAGG (International Association of Gerontology and Geriatrics) will devote **a very important place to a too long-neglected social phenomenon, that of elder mistreatment.**

**Efforts to fight this scourge** are relatively **recent**. Ageing of the world's population and the lifting of certain taboos has increased awareness of much abuse that until now was unsuspected or not reported. Scandinavian countries and Quebec have led the way, but all, or **much, still remains to be done to actually implement a culture of well-treatment.**

**Dr Bernard Duportet**, President of the *Association Française pour la Bienveillance des Aînés et/ou Handicapés* (AFBAH - French association for the well-treatment of the elderly and the disabled) and President of the *Association Gériatologique de l'Essonne* (AGE 91 - Essonne Gerontology Association), has helped us to clarify this **complex situation.**

### What is mistreatment?

Elder mistreatment is a **reality that is difficult to grasp** because in many cases it remains hidden.

In the strict sense of the term, "mistreatment" refers to voluntary acts of malevolence and ill-treatment. The Council of Europe gives a broader definition: "Violence is present in every act of commission or omission which is levelled against the life, the physical or psychological integrity or the freedom of a person or which seriously hinders the development of the person or harms his or her financial security".

There are two types of mistreatment: **voluntary or involuntary mistreatment, and acts of mistreatment or negligence by omission.** Mistreatment can be physical (physical abuse, brutality, wounding) or psychological (treating the elderly as children, denigration, threats), sexual, financial, civic or even medical, whether because of a lack of management (particularly of pain), or on the contrary by over-medication.

**Inadvertent mistreatment**, which is involuntary or of which one is not aware, and which constitutes negligence as a result of habit, ignorance or corporatism, **accounts for the largest percentage of mistreatment.**

It should also be pointed out that in the majority of cases, mistreatment takes multiple forms, associating psychological, financial and physical mistreatment, for example.

Unlike certain conditions, there is no specific aetiology that can precisely explain mistreatment. However, there are "**risk factors**" related to the victim (heavy physical and psychological dependence upon family and carers), to the person who commits the mistreatment (frailty, alcoholism, drugs, unemployment, etc.) and to the environment (inappropriate facilities, insufficient staff, etc.).

## **Quantifying mistreatment is difficult**

No population studies are available, but **around 6% to 8% of people over 65 years of age are estimated to be victims of mistreatment.**

In France, the hotline (3977) - set up as part of the government national plan to fight mistreatment - has, since its launch on February 5, 2009, received nearly 100,000 calls. Out of the 10,000 registered cases, **20%** were for mistreatment in **institutions, and 80%** for mistreatment **at home. The mean age** of victims is **80-90 years**, while a few years ago, before the introduction of awareness campaigns, it was 70 years.

**Victims** who ring this number themselves now account for **20% to 25% of calls**, a figure that is constantly rising. Following each new information campaign, **85% of reports correspond to new cases.** This percentage suggests not only that there is a large number of cases of proven mistreatment but also that there are high-risk situations, which emerge as a result of a combination of a crisis situation affecting mistreated individuals or witnesses, and information on the availability of a system enabling complaints to be recorded.

## **What about the fight against mistreatment?**

Elder mistreatment has given rise to awareness and concerted action over the past twenty years only. Following the example of Scandinavian countries and Quebec, ahead in the field of understanding medical and social issues, **France entered the fight against mistreatment in the early 1990s when it created the first help centres, mainly under the impetus of Alma France.** Awareness has gradually developed at a national level and in surrounding countries, with the circulation of information and then the set-up of a number of structures intended to detect, and more recently, manage, mistreatment.

Generally speaking, it can be said that the great majority of **current research** still focuses much more on **identifying and understanding mistreatment** – which remains still not well understood – **than on the implementation of national strategies and programmes for management and prevention.**

## The complexity of detection and management

Healthcare professionals' attention is increasingly drawn to mistreatment, but it **remains very difficult to identify mistreatment**. A clearer understanding should nonetheless enable a better response to it, particularly by proposing appropriate management and preventive measures.

The **French national plan to fight mistreatment**, set up in France in 2007, is based on:

- a national platform, made up of psychologists specially-trained in listening to the elderly. After analysis, an IT file is created on the Internet for the entire country;
- departmental structures, the second pillar of the system, responsible for carrying out additional analyses and coordinating management operations. Today, in each French administrative division (*département*), there is now an organisation (whether in the form of an association or not) that can receive, manage and try to deal with these situations.

Although detection is quite simple once an easily identifiable call system has been set up, **detecting high-risk situations is much more difficult** and, above all, requires **vigilance**.

Vigilance is a state of mind, but also a **matter of training**: the training of care personnel in appropriate behaviour, the training of home helps (who in too many cases are not sufficiently managed and assessed), the training of institution managers who are insufficiently trained and organised to work on mistreatment and protect the individuals who report abuse. Numerous training initiatives have been set up, but **the lack of organisation and coordination reflects the enormous amount of work that still needs to be done**.

## So when will a well-treatment culture be implemented?

Although what is meant by mistreatment is now known, it is much more difficult to define well-treatment. According to Dr. Bernard Duportet, well-treatment is "the whole range of individual and institutional behaviours that allow the persons involved to be protected as much as possible from anything that could be harmful to him/her."

**The culture of well-treatment, based on respect for the individual, is still in its infancy.** Today, while tools and procedures are being identified, it is now necessary to set up management protocols and mobilise all stakeholders.

Well-treatment culture is a declared objective of the French government, which has initiated a plan for the development of well-treatment culture as part of its programme to fight mistreatment. These efforts lie at the heart of the ANESM (*Agence Nationale de l'Evaluation et de la qualité des établissements et services Sociaux et Médico-sociaux* - national agency for the assessment and quality of social and medico-social establishments and services) mission, in collaboration with the *Société Française de Gériatrie et Gérontologie* (French society for geriatrics and gerontology). Some efficient tools have been developed and are currently being circulated, while others are still under study and will soon be available.

## **An analysis of presentations during the IAGG Congress**

*by Dr. Bernard Duportet*

The growing number of studies on prevalence throughout the world, and the evidence they have produced, show that elder mistreatment and negligence are an actual social issue and one can legitimately think that this problem will worsen as ageing evolves.

### **SD8 216-1 THE DYNAMICS OF ELDER MISTREATMENT**

S. BIGGS<sup>\*(1)</sup>, A. LOWENSTEIN<sup>\*(2)</sup> – (1) Kings College (London, UK), (2) University of Haifa (Haifa, Israel)

This presentation could introduce mistreatment for the congress. It is an emphasis on the multiple factors concerning the risks and triggering of mistreatment, and thus the critical cross-disciplinary analysis.

Four major areas of discussion and presentation emerge from presentations during the Congress:

### ***The reality and importance of mistreatment and the analysis of risk factors and polymorphism of triggering factors***

Several presentations focus on the figures collected either from population studies or from case studies. All insist on the reality and importance of this phenomenon. They demonstrate that we have now entered the phase for scientific assessment of the issue of mistreatment, in correlation with broader awareness.

### **SD7 101-1 PREVALENCE DATA IN ELDER ABUSE RESEARCH -REFLECTING RESULTS OF A RECENT GERMAN STUDY**

T. GOERGEN - German Police University (Muenster, Germany)

Most of the data from this study correspond to observations made in France through the analysis of the cases processed.

### **SD7 101-2 FIRST NATIONAL STUDY ON ELDER ABUSE IN THE FAMILY IN SPAIN**

I. IBORRA - Queen Sofia Centre (Valencia, Spain)

The particular value of this research is that it associates the notion of elder mistreatment and carers in the home context. The prevalence of mistreatment appears to be low. No mention is made of dementia.

### **SD7 101-3 THE FIRST UK PREVALENCE STUDY ON ELDER MISTREATMENT: LESSONS AND OBSERVATIONS**

S. BIGGS - King's College London (London, United Kingdom)

This first study on prevalence in the UK should be of interest but we do not know figures concerning the population studied.

### **OD8 168-6 KEEPING SAFE AND SECURE: UNDERSTANDING OLDER PEOPLES' PERCEPTIONS AND EXPERIENCES OF SAFETY AND SECURITY**

W. MARTIN<sup>\*</sup> (University of Reading Earley, Reading, United Kingdom)

V. WILLIAMS<sup>(1)</sup>, C. VICTOR<sup>(2)</sup>, R. MCCRINDLE<sup>(3)</sup>, J. BARRETT<sup>(4)</sup> - (1) University of Reading (Reading, United Kingdom); (2) University of Reading (Reading, United Kingdom); (3) University of Reading (Reading, United Kingdom); (4) University of Reading (Reading, United Kingdom)

The polymorphism of the causes and intricacy of risk factors is highlighted.

## ***Assessment of the importance of social and cultural factors***

All the presentations emphasise the complexity of risk factors and situations. They will hopefully enable a definitive confirmation that mistreatment situations can never be analysed according to basic procedures and generate stereotyped responses. They also demonstrate the diversity of the situations that are given the same "objective" qualification of mistreatment regarding its effects on the victim's quality of life, and underline the need to take account of sociological and cultural disparities when assessing mistreatment.

### **SD7 101-4 THE ISRAELI NATIONAL SURVEY ON ELDER ABUSE AND NEGLECT: SO WHAT IF WE KNOW IT NOW?**

Z. EISIKOVITS - University of Haifa (Haifa, Israel)

A particularly interesting study that takes account of the sociological aspects of the population studied (Jews and Arabs) and continues with a combined analysis of victims and the carers who inflict mistreatment.

### **SD8 216-2 THE PHENOMENOLOGY OF FAMILY VIOLENCE**

Z. EISIKOVITZ - University of Haifa (Haifa, Israel)

This presentation raises the issue of the complex determinism of mistreatment as a function of different family, social and cultural situations.

### **SD8 216-3 CRIMINOLOGICAL THEORY AND ELDER ABUSE RESEARCH**

T. GOERGEN - Deutsche Hochschule der Polizei (Muenster, Germany)

A comparative analysis of general criminological studies on violence and recent work on the determinism and genesis of elder mistreatment which should help us to readjust our concepts in this respect.

### **SD8 216-4 ELDER MISTREATMENT: SOCIAL ASPECTS**

B. PENHALE - School of Nursing, University of Sheffield (Sheffield, United Kingdom)

This session will draw our attention to the deficient analysis of social data in the determinism of mistreatment situations, and also refers to the numerous studies now under way in the United Kingdom on this subject.

## ***Strategies for management and prevention***

Some greatly expected studies will be presented and show how, in the field and in different sociological environments, it has been possible to carry out experiments and their results. However, it is not certain that all the speakers will address the same topics and apply the same assessment criteria.

### **OD8 168-3 EMOTIONAL ABUSE OF OLDER ADULTS BY NURSING HOME STAFF: A RANDOM SAMPLE TELEPHONE SURVEY OF ADULTS WITH AN ELDER FAMILY MEMBER IN A NURSING HOME**

L. SCHIAMBERG\* (Michigan State University East Lansing, Michigan, United States of America)

L. VON HEYDRICH<sup>(1)</sup>, P. LORI<sup>(2)</sup> - (1) Michigan State University (East Lansing, Michigan, United States of America); (2) Yale University (New Haven, Conn., United States of America)

This study seems to corroborate our data on the pre-eminent role of psychological mistreatment, both in institutions and at home.

### **OD8 168-4 PREVENTION OF ELDER ABUSE IN NURSING HOMES EVALUATIVE STUDY OF A STAFF TRAINING PROGRAM**

B. LANG\* (Ministry of Health, Efrat, Israel)

T. TZUK<sup>(1)</sup>, A. BERG-WARMAN<sup>(2)</sup> - (1) Eshel-Joint (Jerusalem, Israel); (2) Myers-JDC-Brookdale Institute (Jerusalem, Israel)

We expect from this study the results obtained using this global organisation for prevention in institutions.

### **OD8 168-5 THE MISTREATMENT AND NEGLECT OF OLDER PEOPLE IN THE COMMUNITY IN THE UK – ARE THERE LESSONS FOR POLICY AND PRACTICE?**

J. MANTHORPE\* (King's College London, London, United Kingdom)

A. TINKER<sup>(1)</sup> - (1) King's College London (London, United Kingdom)

An estimated prevalence of elder mistreatment of around 2.6%, while many other authors have assessed it at around 6%. To be continued...

### ***The implementation of national policies for detection, management and prevention***

The conclusion to oral presentation no. 1682 gives a pessimistic view of the current issue and clearly demonstrates the amount of work that remains to be done at an international level to define the general frameworks for intervention and, above all, implement a management strategy. This World Congress will hopefully provide an opportunity to express this need, and that resulting awareness will lead to coordinated research plans.

#### **SD8 227-1 THE QUEBEC (CANADA) PLAN OF ACTION TO REDUCE MISTREATMENT OF OLDER ADULTS: DEVELOPMENT IN 2008-2009**

M. BEAULIEU - University of Sherbrooke (Sherbrooke, Canada)

The value of this presentation lies in the fact that it shows how much Quebec has been concerned with the issue of mistreatment for over 20 years, and the efforts of every kind whatsoever to improve knowledge, detection and prevention of mistreatment. The speaker will also emphasise the relative lack of coordination between these different actions.

#### **SD8 227-2 OVERVIEW AND IMPACT OF LEGISLATION TO REDUCE MISTREATMENT OF OLDER ADULTS ADOPTED IN MAY 2008 IN THE WALLOON REGION (BELGIUM)**

N. BERG - Institution CAPAM (Liege, Belgium)

We are looking forward to seeing the results of legislative and organisational changes in the Walloon Region, which has had a specific public institution since January 2009.

#### **OD8 168-1 ELDER ABUSE: A MULTI COUNTRY COMPARTIVE STUDY OF SOCIAL POLICY AND PRACTICE.**

M. BEAULIEU\* (International Network for Prevention of Elder Abuse, Nassau, United States)

M. SHANKARDASS, S. SOMERS, L. MACHADO, L. DAICHMAN, V. DESOMER BELGIUM, A. NEW ZEALAND, P. BROWNELL, T. NHONGO, N. BERG

This presentation should provide a valuable global review of this issue.

#### **OD8 168-2 A SYSTEMATIC REVIEW OF INTERVENTIONS FOR ABUSE OF OLDER PERSONS**

J. PLOEG\* (McMaster University, Hamilton, Ontario Canada)

J. FEAR<sup>(1)</sup>, B. HUTCHISON<sup>(1)</sup>, H. MACMILLAN<sup>(1)</sup>, G. BOLAN<sup>(2)</sup> - (1) McMaster University (Hamilton, Ontario, Canada); (2) Hamilton Niagara Haldimand Brant Community Care Access Centre (Hamilton, Ontario, Canada)

**This presentation may serve as a basis for new study sponsors' post-congress research.**