ABUSE AND NEGLECT OF OLDER ADULTS IN INSTITUTIONAL SETTINGS:

DISCUSSION PAPER

BUILDING FROM FRENCH LANGUAGE RESOURCES

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Table of Contents

FOREWORD v

PREAMBLE vii

INTRODUCTION viii

SECTION ONE — BACKGROUND 1

Place of Older Adults in a Changing Society 1

Demographic profile 1
Social context 1
Social policy 2

Existing Situation 3

Changes in institutions 3
Health services and the needs of older adults 3

Legislation 4

SECTION TWO — THE PROBLEM 6

Definitions 6

Older adults 6
Institutional settings 6
Abuse and neglect 7

Indicators of Abuse and Neglect 8

Risk Factors 8

Conditions Associated with Abuse and Neglect 9

Characteristics of Abused Older Adults 9

Characteristics of Abusers 10

SECTION THREE — OLDER ADULTS 11

Responsibility of Older Adults in Reporting Process 11

Perceptions of Institutions 12

Perceptions of Abuse and Neglect in an Institutional Setting 12

SECTION FOUR — PREVENTION 13
Definition of Prevention 13
Roles of Some Parties 13
Older adults 13
Family 13
Institutions 14
Caregivers 14
Society 15

SECTION FIVE — DETECTION 16
Definition of Detection 16
Roles of Some Parties 16
Older adults 16
Institutions 16
Caregivers 17
Society 17

SECTION SIX — INTERVENTION 18
Definition of Intervention 18
Roles of Some Parties 18
Older adults 18
Institutions 18
Caregivers 19
Towards Concerted Intervention 19

SECTION SEVEN — EDUCATION: THE SOLUTION FOR THE FUTURE 22

SECTION EIGHT — ETHICAL ISSUES 25

CONCLUSION 27

REFERENCES 28

APPENDIX A: Planning and Advisory Group Members 32

Foreword

Since early 1992, the Mental Health Division has been working collaboratively with professional associations, educators, voluntary associations and others to develop and enhance resource materials dealing with abuse and neglect of older adults. While initial work focused on community settings, subsequent work included significant attention to institutional settings.

This work is part of the Federal Family Violence Initiative, which has been providing funding support to the Health Services Directorate over the four year period from April 1991 to March 1995. The Directorate's mandate has been to increase the awareness and sensitivity of health professionals to the issue of family violence, and promote the development of resource and training materials to enhance the capacity of health care providers to address this issue effectively.

Attention has been given to training materials, community guidelines, curriculum approaches and practice materials. Prevention and early intervention have been important aspects of all work, as well as attention to the needs of those who have been affected by violence in their lives.

Our materials affirm the rights of older adults to self-determination, respect and dignity. Mental Health Division publications to date that focus on abuse and neglect of older adults are: *Community Awareness and Response: Abuse and Neglect of Older Adults,* published by Health Canada in March 1993, and *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults,* published in March 1995.

This discussion paper is part of a series on abuse and neglect of older adults in institutional settings, which includes the following publications:

- *Abuse and Neglect of Older Adults in Institutional Settings: Annotated Bibliography*
- *Abuse and Neglect of Older Adults in Institutional Settings: Discussion Paper Building from English Language Resources*
- *Abuse and Neglect of Older Adults in Institutional Settings: Discussion Paper Building from French Language Resources*

The *Annotated Bibliography* provides a comprehensive overview of selected English and French language materials published in Canada and North America. Additional unpublished materials have also been referenced, and are available through the sponsoring library and resource centre.

The *Discussion Paper Building From English Language Resources* is a reflection of English language literature on this issue, and focuses on implications for program and policy development.

This *Discussion Paper Building From French Language Resources* provides a reflection on policy and practice issues building from French language literature and practice.

All materials in this series are available from the National Clearinghouse on Family Violence, Health Canada.

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Work on these materials dealing with abuse and neglect of older adults living in institutional settings began in December 1992 with the assistance of a national planning group who considered priority needs and possible approaches for addressing these needs. These publications represent the work of the original planning group and the specific direction provided in June 1993 by a national advisory group who worked until June 1994 to oversee content development of the first products (see Appendix A for Planning and Advisory Group Members). My colleague Pauline Chartrand, from the Health Service Systems Division, worked collaboratively with the Mental Health Division throughout the shaping and implementation of this initiative.

Charmaine Spencer from the Gerontology Research Centre, Simon Fraser University at Harbour Centre, undertook the collection and review of the English language materials for the annotated bibliography, as well as preparation of the first discussion paper. Marie Beaulieu from Université du Québec à Rimouski undertook collection and review of the French language resources for the annotated bibliography and preparation of the second discussion paper.

Our work has benefited greatly from the expertise, contributions and commitment of the two advisory groups as well as the writers and the many peer reviewers from all parts of Canada who helped shape the final text. We thank you for your attention to this important area and for sharing your perspectives and experience with us in this work.

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Preamble

This discussion paper prepared for the Mental Health Division of Health Canada is intended for gerontological caregivers, the administrators of institutions which care for older adults, the families of older adults, researchers conducting applied research and working to transfer knowledge and, of course, older adults themselves. It takes stock of the current state of knowledge on abuse and neglect in institutions for older adults as reflected in the Canadian French-language literature. This document also aims to foster discussion with a view to enhancing theoretical and practical approaches. Finally, this paper will suggest investigative avenues of research, since the current state of knowledge remains fragmentary.

Please note that all quotations have been translated for the benefit of the reader. Also, because page references are to French texts, titles of documents in the Reference section have been left in the original French; although titles of English publications have been added as "Published in English as ..."

INTRODUCTION

Abuse and neglect are often covered in a cloak of silence. The social prejudice which surrounds them may partially explain why victims do not report mistreatment and witnesses do not speak up. Violence against women and children became an issue of public concern in the late 1970s, but it was not until many years and many victims later that there was government action and legislation to protect the victims of abuse and provide abusers with appropriate services. Quebec's youth protection act (Protection de la Jeunesse) certainly helped improve family services. As well, battered women now receive better protection through the criminal justice system, which specifically recognizes family violence. Of course, there is still much room for improvement, both in public attitudes and in psychosocial and rehabilitative services and practices. But what of older adults who are abused or neglected by their families or in institutional settings? What is the state of current knowledge and practice with respect to this type of abuse?

Little work has been done on the abuse and neglect of older adults. There are a number of reasons for this omission — the main one conceptual: there is no universally accepted definition of what constitutes abuse or neglect. The low reporting rate makes it difficult to collect statistical data supporting available information on the problem and increasing our knowledge. Despite these obstacles, more researchers are looking at mistreatment of older adults. Some are focusing on intervention, detection and prevention, while others are working to produce a valid and accurate description of the problem and its underlying dynamics. However, serious empirical studies are notable for their absence.

This discussion paper examines the main issues connected with abuse and neglect of older adults in institutional settings and points out strategies for action. It is based on literature published in Canada in French and, therefore, primarily on research in Quebec[1]. The first section provides background information on older adults and the institutional environment in this period of crisis for the welfare state. The second outlines the problem of abuse and neglect of older adults in institutional settings. Section Three discusses the role, responsibility and point of view of older adults with respect to the problem. Turning to the roles of institutions and caregivers, we deal with prevention, detection and intervention techniques, respectively, in the next three sections. Sections Seven and Eight address two issues of critical importance for fashioning a better future: training in care-providing settings, both as a preventive tool and as a way to change attitudes and practices, and the ethical considerations which guide not only the practices but also the philosophical direction of a changing society, that is, an aging society. A general conclusion ends the paper.

1 Readers will understand that much of the information refers to Quebec. While Quebec has a different legal environment from other provinces, there is no reason to believe that the situation there is better or worse than elsewhere. Our indications are that the situations are comparable for the purposes of heuristic knowledge and hence of this discussion paper.

SECTION ONE
Background

Sensitivity to abuse and neglect of older adults is determined by a given social context. This section examines the social environment in Quebec and Canada as a whole.

Place of Older Adults in a Changing Society

To understand the place of older adults in a particular society, it is important to consider changes in the society's demographic profile, the social environment itself and public policy governing their lives.

Demographic profile

In 1991, there were approximately 3.2 million persons over 65 years of age in Canada. By the year 2031, there will be 7.5 million according to current forecasts. The proportion of older adults in Canada's population is expected to increase from 11 percent to 23 percent (Gouvernement du Canada, 1993b). Factors associated with the aging of the population, such as longer life expectancy, technical progress, the incidence of chronic diseases, new conceptions of health, the influence of changing ethics on care and the socio-economic situation, are leading caregivers to direct their efforts not only toward extending life but also toward enhancing the quality of life of older adults. Increased life expectancy, the lower birth rate and the rising percentage of older adults are contributing to the emergence of "grey power." Older adults constitute a growing electoral constituency and a growing pool of consumers of community services (Potter and Perry, 1989; Gouvernement du Canada, 1993b). Women make up the majority of older adults in Canada, since the gap in numbers between men and women widens significantly with age.

Social context

There are many social prejudices about older adults. They are often considered a social burden because they do not participate actively in economic production. This view neglects their psychosocial contribution to the community. While life expectancy has increased considerably, advancing age is accompanied by decreasing physical and intellectual powers. Medical progress has extended the life span, but the final years are not always lived in good health. Demographic forecasts point to the coming increase in the number of people over 75, the age after which both physical and cognitive chronic diseases become more common (Potter and Perry, 1989; Neault and Poirier, 1991).

According to Neault and Poirier, changes in family structures over the period from 1960 to 1970 have widened the generation gap. The transition from traditional to nuclear family, and finally to the single-parent family, has made it difficult for modern families to help older members. Advancing age is often accompanied by the loss of spouse and friends, the erosion of social bonds, reduced income, loss of interest on the part of children absorbed with their own busy

lives and so forth (Neault and Poirier, 1991). According to Gaul, intergenerational ties have been severed and older adults find themselves isolated. These pessimistic views depict older adults as isolated and alone. Criminologist Marie-Andrée Bertrand lists three ways to change this state of affairs: information, participation and foresight (Gaul, 1990).

Information is needed to raise awareness and foster commitment, openness to others and sense of community. Lack of information and misinformation lead to infantilization, withdrawal, overprotection and isolation. Older adults are often seen as unable, or too frail, to be given information and make choices. For example, why are residents of institutions not consulted about arranging the furnishings in their rooms, or not told about events such as the divorce of their children? And yet, it is clear that the free flow of uncensored information has beneficial effects on the emotional health of older adults, and good psychological health helps guard against abuse and neglect (Gaul, 1990).

Disparaging stereotypes abound: "old folks need to be taken care of," "old people are like children," etc. (Gaul, 1990). Society prizes youth, beauty and vigour; as people age, society values them less. Mandatory retirement at a fixed age supports the belief that older adults are no longer useful to society. Society overlooks the wealth and variety of the historical, social and economic experience possessed by older adults and the value this represents. Since individuals develop differently, many older adults remain alert, active in the community and capable of self-determination despite advanced age (Potter and Perry, 1989). "According to the experience of some organizations, when older persons are involved in the community and in their own affairs, the resulting dynamism promotes individual growth and keeps them out of abusive situations" (Gaul, 1990, p. 227). Sometimes older adults are given illusory power. For example, in some institutions residents sit on committees with limited powers — they have a say in decision making but no real control over actions.

Throughout their lives, most adults have been able to provide for their basic and social needs. With advancing age, a person may choose to relinquish certain responsibilities such as child-rearing, while retaining responsibility for his or her own affairs. Older adults must be allowed to manage their affairs, make requests, express their needs and negotiate, taking into account the consequences for themselves and their families. Such empowerment promotes healthy intergenerational relations and helps safeguard older adults against abusive and neglectful situations. Concerted action by all parties — the older adult, the family, caregivers and the institution — is essential to counter mistreatment of older adults (Gaul, 1990).

Social policy

A number of U.S. states and Canadian provinces have passed adult protection legislation. Quebec is one of the Canadian provinces without such a law. Pressure groups in Quebec are opposed to this legislation on the grounds that its infantilizing nature would suggest that older adults are no longer independent, responsible adults capable of making decisions about their own lives (Beaulieu, 1992c).

In Canada, health and social service legislation is under provincial jurisdiction, and there are significant interprovincial differences. In Quebec, the quality of social services and health care in institutions is investigated only when a formal complaint has been lodged. In addition,

"Canada's Criminal Code and professional codes stipulate rules of individual conduct. These do not cover the full range of interpersonal relations and management practices in institutional settings" (Beaulieu, 1992c, p. 164). It is, therefore, up to each institution to assess abusive or neglectful situations and take appropriate action. Institutions thus have wide discretionary power over internal regulations. They draw the line between acceptable and unacceptable behaviour, and prompt caregivers to act in accordance with the institution's ideology (Beaulieu, 1992c,d).

Existing Situation

Changes in institutions

In the early 1970s, Quebec introduced a health and social service policy which guaranteed free, universally accessible service. Public institutions opened which offered accommodation and specific health services to older adults with disabilities. The clientele of these institutions has changed over the years. Many people with slight impairments when they moved in are much more severely disabled now. Vacancies created by deaths have been filled by new and much frailer residents. Institutions are housing more and more residents with severe physical or mental disabilities. In some institutions, over 70 percent of residents show signs of disorientation. The majority of residents are women. Despite the growing numbers of older adults, no new public institutions have been built recently. Many unlicensed institutions have opened in Quebec, and these private, profit-making institutions operate alongside those which are monitored and recognized by Quebec's health and social services department. They house older adults, many of whom have disabilities and require specific health care services. There is no government monitoring of the quality of care in these private unlicensed institutions, many of which do provide adequate services. Nevertheless, the Association des centres de services sociaux du Québec is concerned that the principles of universality and free services are being undermined. With the number of older adults increasing steadily and with institutions of this type opening regularly, a monitoring system is needed to ensure that residents of unlicensed institutions in Quebec are protected against abuse and neglect of all kinds.

Health services and the needs of older adults

These changes in the institutional environment are due to a number of societal factors, among them the crisis in the welfare state. Changes are affecting not only administrators but also residents and caregivers. Budget cuts are forcing people to do more with less (Beaulieu, 1992c,d). The population is aging, its needs are changing, and services are becoming increasingly specialized. Older adults may be perceived as a burden on natural helpers and on caregivers in institutional settings. Indeed, there are questions about whether some institutions are really equipped for these clients. Along with cutbacks, caregivers report they have to spend less time with clients to meet administrative requirements and complain that their contact with residents is being curtailed (Beaulieu, 1992c,d). Administrators and staff forget that caregivers are only visitors in the residents' homes. They try to mould residents to an organizational structure which often neglects the human factor. For example, institutions rarely allow residents to furnish rooms with their own furniture or to choose the time for their bath (Gaul, 1990).

According to Bourbonnais, older adults are often perceived as plaintive, demanding and needing much attention. Caregivers (who are often quite young and healthy) carry prejudices which can prevent them from understanding the older adult's real needs and from responding appropriately. A need for staff training has been noted (Bourbonnais, 1987). Older adults' changing needs require flexibility on the part of caregivers and institutions. One facility which practises this principle is the Foyer de Lyster, where the focus is on helping residents adjust physically and mentally while maintaining their independence. The institution strives to respect residents' physical and psychological needs by working to change the attitudes of staff and residents; to this end, training consistent with the institution's objectives is provided (Hémond, 1990).

Advancing age makes an individual more vulnerable physically, intellectually and socially, and it has been observed that chronic diseases increase an older adult's dependence and isolation. Ignorance about aging, lack of competence on the part of caregivers, and bio-psychosocial stress on natural helpers and caregivers often affect the well-being of older adults and may degenerate into abuse and neglect (Neault and Poirier, 1991). A number of writers assign a central role in the care of older adults in institutional settings to nurses, given their decision-making power. Their knowledge of the aging process can enhance the quality of the resident's life. For example, a nurse can help a lonely resident build a new network of social relationships. There are many different support programs for older adults who feel isolated. The guiding principle for these interventions is respect for the older adult's wishes (Potter and Perry, 1989).

The choice of institution is very important in optimizing the quality of an older adult's life and well-being. However, the criteria on which this choice is based can be problematic. The Fédération de l'âge d'or de l'Est du Québec's "Échec à la violence" project has produced a guide designed to help people choose a private facility by assessing the older adult's preferences, needs and financial means (Proulx and Dubé, 1993).

Legislation

The Quebec Charter of Human Rights and Freedoms, passed in 1975, is intended to promote equality and abolish discrimination of all types. The federal Parliament passed the *Canadian Human Rights Act* in 1977 and the *Canadian Charter of Rights and Freedoms* in 1982. These pieces of legislation deal primarily with economic issues. The fundamental rights of older adults, as entrenched in Quebec's Charter of Human Rights and Freedoms, were defined by organizations which work with older adults (Berger, 1993). Some institutions are drafting their own charters. For example, the Centre d'accueil Yvon-Brunet has adopted a charter of rights and freedoms to protect the rights of older adults and give them their rightful place. It guarantees the right to information, freedom of expression, privacy, dignity and respect, continuity, empowerment and participation (Carle, 1990).

"Any reform must be guided by the principle of *absolute respect for the fundamental rights* of this group of citizens" (Berger, 1993b, p. 470). While older adults should be consulted before new legislation is introduced, Berger argues that some measures are absolutely vital, such as laws authorizing emergency intervention and protecting older adults, and easing both the public curatorship system and the protective supervision provisions of the Quebec Civil Code. She also suggests the creation of a system to ensure that older adults are better informed of their rights,

and that support be provided to older adults who want to take legal action and cannot go through the Commission des droits de la personne. Older adults in Quebec should be made aware of the reporting mechanisms in the Quebec Charter of Human Rights and Freedoms and of their rights to health care and social services (Berger, 1993b).

The Association québécoise de gérontologie and the Association des centres de services sociaux du Québec support the idea of a framework law for older adults. A law of this type could provide specific measures for older adults, define caregiver responsibilities and promote the reintegration of older adults into society. However, to legislate wisely, it is necessary to examine all aspects of the problem and the social issues which relate specifically to older adults (Berger, 1993b).

The 1991 reform of Quebec's act concerning health and social services (loi sur la santé et les services sociaux) included three provisions aimed directly or indirectly at preventing or responding to abuse and neglect: each institution is required to adopt its own code of ethics, set up resident committees to give older adults and their families a say, and provide grievance committees to which older adults and their families can bring their complaints (Gouvernement du Québec, 1993). This reform has improved protection for residents of institutions. However, caregivers sometimes face an ethical dilemma: they must protect older adults against all threats or mistreatment, but they must also respect the older adult's right to act or not to act.

SECTION TWO

The Problem

To discuss the problem of abuse and neglect of older adults in an institutional setting, we must be familiar with the key concepts, indicators of mistreatment, risk factors, conditions associated with mistreatment and the characteristics of abusers and victims.

Definitions

Older adults

The socially recognized definition of an older adult is a person aged 65 or over. In public and private, provincially licensed institutions, state of health rather than age is the decisive criterion for admission. The majority of the older adults living in these institutions are women over the age of 75. Unlicensed private residences house independent older adults and may stipulate the age of the residents they will accept.

Institutional settings

In Canada, health and social services legislation is under provincial jurisdiction. In Quebec, there are three types of institutions for older adults: public institutions, private institutions licensed by the health and social services department and unlicensed private institutions.

Public and private institutions licensed by the health and social services department admit older adults with severe loss of independence (Proulx and Dubé, 1993). To be admitted, an older adult living in the community must apply to the nearest local community service centre, which then assesses his or her physical and intellectual capabilities to determine whether or not he or she can be admitted into an institution. The monthly payment is set by the government; if the person's income is not sufficient, the charge is adjusted to reflect his or her ability to pay (Proulx and Dubé, 1993).

Private institutions not licensed by the health and social services department set their own admission criteria. In theory, their clients are independent older adults. In practice, they admit people with slight impairments and, in some cases, severe disabilities. The person must apply directly to the institution for admission. The charge is set by the owners and, therefore, varies from one facility to another (Proulx and Dubé, 1993). Institutions of this type are proliferating in Quebec. No direct link can be established between these institutions and abuse and neglect of older adults. However, monitoring is an effective means for preventing and correcting abuse, and these environments are unmonitored (Beaulieu, 1992d, p. 118).

Abuse and neglect

There is no universally accepted definition of what constitutes mistreatment of older adults. The literature surveyed indicates the difficulty of arriving at a consensus. This has hampered research on the subject (e.g., Caris, 1990; Gouvernement du Canada, 1993b). The different terms used include abuse, violence, neglect and mistreatment. Certainly, what the problem is called does influence how society defines it and identifies it in practice. In fact, all these terms illustrate the grey zone surrounding these practices which are often difficult to define with certainty and precision. For the purposes of this discussion paper, "The term elder abuse is generally interpreted to mean harm caused by an abuser to an adult who is vulnerable primarily or partly due to age. The abuse is not limited to physical harm but also includes psychological abuse, financial or material exploitation and neglect of health and personal needs." (Gouvernement du Canada, 1993a, p. 11).

Mistreatment of older adults in institutional settings can be divided into five categories: physical abuse, psychological abuse, financial abuse, poor environment and violations of civil rights (e.g., Bouvier, 1988; Lévesque, 1990; Beaulieu, 1992b,c,d,e; Gouvernement du Canada, 1993b; Levasseur, 1993). An older adult may be subjected to more than one of these kinds of mistreatment simultaneously.

Physical abuse covers all acts of violence or brutality causing physical pain or injury, including the intentional administration of medication which could impair the health of older adults or make them apathetic, and dietary deficiencies. It can be in the form of kicks, sexual assault or physical restraints which restrict freedom of movement (e.g., Lévesque, 1991; Tremblay, 1990; Beaulieu, 1992b,c,d,e; Gouvernement du Canada, 1993b; Paquet, 1993).

Psychological abuse includes anything which harms the older adult's psychological well-being. It can take the form of verbal abuse, threats, intimidation, isolation, humiliation, infantilization ("grandma," "my dear," etc.) and deprivation of affection or social relations. Addressing older adults familiarly without their prior permission is a type of informality which they do not always appreciate. In short, psychological abuse includes all behaviour which undermines the older adult's identity, dignity or self-confidence (e.g., Hétu, 1988; Lévesque, 1990; Tremblay, 1990; Beaulieu, 1992b,c,d,e; Gouvernement du Canada, 1993b; Levasseur, 1993; Paquet, 1993).

Financial abuse is defined as any cheating of an older adult and includes theft, fraud and misappropriation of money or property. For example, an older adult may be forced to amend a will, sell a house or designate someone to act as guardian against his or her will (e.g., Hétu, 1988; Lévesque, 1990; Tremblay, 1990; Beaulieu, 1992b,c,d,e; Gouvernement du Canada, 1993b; Levasseur, 1993; Paquet, 1993).

Poor environment refers to ageism, social indifference, poor financial conditions, inadequate accommodation, or such things as preventing residents from arranging their own private space within the institution (Hétu, 1988; Lévesque, 1990; Beaulieu, 1992b,c,d,e). Such things affect the older adult's psychological well-being (Beaulieu, 1992b,c,d,e).

Violation of civil rights includes anything which infringes on the basic human rights entrenched in Quebec's Charter of Human Rights and Freedoms. Preventing older adults from receiving visitors, censoring their mail, withholding information which concerns them and failing to respect their dignity by preventing them from exercising normal control over their own lives fall into this category (Hétu, 1988; Lévesque, 1990; Beaulieu, 1992b,c,d,e; Gouvernement du Canada, 1993b).

Some writers also include active or passive neglect in the definition of mistreatment (Hétu, 1988; Gouvernement du Québec, 1989; Gouvernement du Canada, 1991; Lévesque, 1990; Berger, 1993; Gouvernement du Canada, 1993b). Active neglect is defined by deliberate intent (Gouvernement du Québec, 1989; Gouvernement du Canada, 1991; Lévesque, 1990; Tremblay, 1990; Beaulieu, 1992b,c,d,e; Paquet, 1993) while passive neglect implies ignorance, inability (Lévesque, 1991) or absence of ill will (Gouvernement du Québec, 1989; Gouvernement du Canada, 1991; Lévesque, 1990; Tremblay, 1990; Beaulieu, 1992b,c,d,e; Paquet, 1993).

Indicators of Abuse and Neglect

Knowledge about the aging process and an awareness of abuse and neglect of older adults are helpful in detecting signs of violence. There are a number of indicators. According to Barabé-Langlois, addressing an older adult familiarly can be a sign of mistreatment if he or she has not consented, as can opening mail without authorization, pressuring him or her to sign a cheque or legal document, asking for money at every turn, neglecting physical needs, not maintaining the surroundings, over medicating, etc. (Barabé-Langlois, 1994).

Paquet suggests other signs. According to Paquet, indicators of physical abuse include fractures, dislocations, burns and bruises. Observable signs of psychological abuse include shame, fear, withdrawal, uncertainty, guilt and lack of visitors. Financial abuse may be reflected in the disappearance of an older adult's savings, by the older adult's being forced to sign a power of attorney, by changes to a will or by being deprived of money. Signs of active or passive neglect include dirty clothes and lack of dentures or a necessary hearing aid (Paquet, 1993).

Risk Factors

A variety of things can help us understand abuse and neglect, but no single factor can explain them. Most important are the personality of the abuser and his or her level of dependence on the older adult, the older adult's level of dependence and the family dynamics (Gouvernement du Canada, 1993b). There are also the dynamics of the institution's organization; some institutions encourage the involvement of residents and their families in organizing a home-like environment while others create an environment where all aspects of residents' lives are managed.

Family dynamics are important because the family model which is passed down from generation to generation has an impact on the well-being of family members. Violence can be self-perpetuating, and the victims are not restricted to one age or sex (Gouvernement du Canada, 1989; Gouvernement du Canada, 1993b).

People with drug or alcohol problems, or with psychological disorders are more likely to show aggressive or violent behaviour. What is more, the abuser may be financially dependent on the victim. These factors primarily relate to natural helpers who are often the older adult's children, but they can also apply to caregivers in an institutional setting (Lévesque, 1990; Gouvernement du Canada, 1993b).

Social isolation is associated with abuse and neglect, whether it is caused by the abuser or is the older adult's choice. In either case, isolation can be a strategy for concealing the abuse (Gouvernement du Canada, 1993b).

Discrimination against older adults and tolerance of abuse or neglect can help give rise to abuse. Society is rife with ageist prejudice (Gouvernement du Canada, 1989; Lévesque, 1990) and older adults themselves subscribe to negative stereotypes. They deprecate themselves and believe the abuse is deserved, unavoidable or unimportant (Gouvernement du Canada, 1993b). Paradoxically, in a society which objects to violence, attitudes glorifying violence are prevalent, as for instance in the abundance of violent toys (Gouvernement du Canda, 1989; Lévesque, 1990; Gouvernement du Canada, 1993b) and the popularity of films containing explicit scenes of violence.

Budget cutbacks in institutions sometimes engender situations which are not conducive to the well-being of residents. Overworked, overstressed caregivers who work in isolation without anyone with whom to discuss the difficulties they encounter and who lack knowledge and experience, have trouble communicating with residents and may even hold them in contempt (Gouvernement du Canada, 1989).

Conditions Associated with Abuse and Neglect

No study has scientifically established the causes of abuse and neglect of older adults. Attempting to explain mistreatment does not mean condoning it. Based on our survey of the literature, we can divide the conditions associated with abuse and neglect into two distinct categories: societal and individual. Societal conditions include demographic shifts, changing values, public policy, cutbacks in support for institutions, etc. Individual conditions are the physical and psychological strengths and weaknesses which can lead to behaviour that adversely affects the well-being of older adults. In addition, there is the quality of each institution's environment, which stems directly from the facility's organizational structure, the philosophy to which it subscribes and on which its actions are based, the working environment it offers staff and the caring environment it provides for residents.

Characteristics of Abused Older Adults

Given the few studies describing the victims of abuse and neglect, it is impossible to draw a valid and accurate portrait of their common traits. One study of caregivers, within these methodological limitations, pointed toward physical dependence, psychological dependence, disorientation and senility as indicators of vulnerability. The typical abused older adult is a woman over the age of 70, living in a public institution and suffering from poor health or physical or mental disabilities (Bélanger, Darche, de Ravinel and Grenier, 1981).

Older adults are often incapable of providing for their own needs or defending themselves against abuse and neglect (Gouvernement du Canada, 1989; Lévesque, 1990; Paquet, 1993). According to Paquet, some older adults with an understanding nature have a high tolerance level for the treatment they receive, leading them to simply accept their fate. Moreover, older adults who readily blame themselves, or who are overly loyal, tend not to report abuse (Paquet, 1993). Due to vulnerability in various ways, an older adult is often in a position of dependence and isolation (Bourbonnais, 1987; Lévesque, 1990; Neault and Poirier, 1991; Gouvernement du Canada, 1993b; Paquet, 1993). The concept of vulnerability is often ill defined in the literature. In fact, vulnerability is not viewed objectively: one's vulnerability is determined by a variety of conditions and depends on others' appreciation of, and respect for, differences.

Characteristics of Abusers

As there has been no valid or accurate study of abuse and neglect of older adults in institutional settings, our information is more anecdotal than scientific (Gouvernement du Canada, 1991). It is therefore difficult to draw a profile of abusers in institutions. According to the study by Bélanger et al, staff in institutional settings were identified as the main abusers of older adults: 43.1 percent of reported maltreatment occurs in institutions (Bélanger, Darche, de Ravinel and Grenier, 1981).

The abuser may live under the same roof as, or be related to, the victim. Or he or she may be someone who visits the older adult or is on the institution's staff (Gouvernement du Canada, 1989). Today, with many older adults in institutions suffering from cognitive impairment, residents sometimes abuse each other or display aggressive behaviour toward staff. The abuser is often unfamiliar with the needs of older adults or lacks experience (Neault and Poirier, 1991; Paquet, 1993). In fact, there are two kinds of abusers reported. The first category includes those who commit acts of violence or neglect during the course of their usual activities, occasional acts which can be corrected and stopped through education and sensitization. The second category consists of people who have serious personal problems or show little interest in working with older adults. This is the group that institutions tend to encourage to leave (Beaulieu, 1992c,d).

SECTION THREE
Older Adults

Senior citizens are full-fledged adults. Therefore, they also have a role to play in fighting the abuse and neglect of which they or their peers are victims. They see both the institutions and the abuse which occurs there in terms of their own values and beliefs. It is important to listen to what they have to say.

Responsibility of Older Adults in Reporting Process

Few writers have taken an interest in the role of older adults in reporting cases of abuse and neglect. They are more concerned with critically examining the prevention, detection and intervention methods of administrators and caregivers. Administrators often work *for* older adults and not *with* them to fight abuse and neglect (Beaulieu, 1993). However, as in all cases of mistreatment, regardless of age, the victim's consent is vital for progress to be made. Moreover, it is important to proceed at the older adult's pace. A number of factors influence the participation of older adults in reporting cases of abuse or neglect. Low self-esteem and guilt can prevent reporting. By considering the complexity of the situation and by not judging it, intervenors can help boost self-esteem. Intervention without the consent of the older adult should take place only when his or her life is in danger, or when an older adult is unable to make appropriate decisions for his or her own survival (Gouvernement du Canada, 1993b).

Access to information and resources empowers older adults and helps them prevent abuse and neglect. It is important to reduce social isolation by strengthening support systems and providing activities outside the home (Gouvernement du Canada, 1993b). Social isolation can also be seen in institutional settings, where older adults unable to act independently are deprived of activities without choice or are confined to a room or a spot in the corridor which becomes their whole world (Bourbonnais, 1987).

Older adults are silent about abuse and neglect due to a number of factors. The main reasons are ignorance of mistreatment and fears such as reprisals, no longer seeing one's children or being expelled from the institution or home. Older adults are not very aware of mistreatment issues. Creating support systems and bonds among older adults increases confidence and raises the level of reporting. Many older adults fail to demand their rights or assert themselves. Often, they have learned to obey and to submit to various authorities, something which appears to be partly due to their religious upbringing. These characteristics must be taken into account to build trust between the intervenor and the older adult (Lalande, 1990). It must be kept in mind that older adults of today do not necessarily have the same characteristics as "baby boomers" who have been fighting for change all their lives, the older adults of tomorrow.

At present, residents' committees in institutions give older adults a role and an opportunity to assert their rights (Gouvernement du Québec, 1989). Other community organizations provide abused older adults with information and some have support services for older adults who want to take legal action or other recourse (Gouvernement du Canada, 1993b). Social organization is beginning to pay attention to the role and place of older adults in the development of society.

Perceptions of Institutions

When they are asked, older adults have a lot to say about their lives in institutions. For many, the move to an institution was a difficult choice. In most cases, physical or mental disabilities forced them out of their homes. Others, after the death of a spouse, decided not to live alone at home. Still others made the decision because they wanted to be independent of their families — they did not want to be forced to depend on relatives (Baril, Beaulieu and Brillon, 1988). Adapting to life in an institution is an individual process. Sometimes, time is a factor. Another factor which influences residents' adaptation to life in an institution is not being able to furnish their own rooms with personal effects (Baril, Beaulieu and Brillon, 1988).

A feeling of security is key to allowing older adults to be comfortable in an institutional setting. Residents are reassured when they know that medical services are readily available because a nurse is always on hand and a doctor makes regular visits, when they know they will be transferred to hospital if their condition deteriorates and when there is a building security system (Baril, Beaulieu and Brillon, 1988). Without exactly saying that they are suffering from a lack of care, residents do report feeling the effects of the budget cuts of recent years. They are aware that staff is smaller and that staff members have less time to devote to them (Baril and Beaulieu, 1989).

Perceptions of Abuse and Neglect in an Institutional Setting

Older adults seldom use the terms "abuse," "violence" or "neglect" to describe their experiences in institutions; they are more inclined to talk about things that are harmful to their well-being (in physical, psychological and material terms). For example, monotonous menus, tasteless food and inflexible meal schedules are harmful to individual well-being (Baril and Beaulieu, 1989).

Residents report that the most common forms of abuse they see or experience in an institutional setting are theft, fraud and extortion. They also report various kinds of psychological abuse and violations of their rights. Physical abuse seems to be very rare. As far as financial abuse is concerned, some older adults say they have been robbed of personal effects or money. Others report irregularities in the handling of their pension cheques. Still others say they have fewer visitors once their pension cheque has been cashed. When it comes to psychological abuse, older adults report being treated with a lack of respect, not being able to decorate their own rooms with personal belongings, being forced to share a room with a stranger, being treated as patients rather than people by nursing staff, and so forth. In short, while older adults do not clearly define mistreatment, we find they are capable of describing a multitude of incidents which may be identified as indications of mistreatment (Baril and Beaulieu, 1989).

SECTION FOUR

Prevention

Definition of Prevention

Prevention is taking action to avoid abuse and neglect in institutional settings. The literature points to two factors that help prevent mistreatment of residents: increasing their autonomy and ensuring their quality of life.

Roles of Some Parties

Older adults

Each older adult has a role in preventing abuse and neglect. For a responsible and autonomous individual, loss of independence can prove harmful by contributing to changing family dynamics. Older adults can be regarded as burdens by friends and family, and may arouse negative attitudes involuntarily (Corporation professionnelle des travailleurs sociaux du Québec [CPTSQ], 1987). Society must, therefore, empower older adults by giving them the means to exercise their rights and obligations. Moreover, it must recognize their contributions and allow them to maintain their autonomy as much as possible (Gouvernement du Canada, 1991). Society also has a role to play in encouraging older adults to look after themselves. This can mean providing adequate housing, accessible transportation, adapted health and social services, and sufficient income. Information also helps prevent abuse and neglect. Older adults who are aware of their rights will be able to defend those rights and prevent maltreatment. According to Berger, "all individuals have an obligation to obtain information on the risks they run and take appropriate precautions to maintain their social independence" (Berger, 1993a, p. 380).

Another prevention strategy consists of breaking social isolation. Intergenerational contact and peer support are strategies worth exploring (e.g., Bourbonnais, 1987; Gouvernement du Canada, 1991; Gouvernement du Canada, 1993b). For most older adults, it is easier to talk to peers than to caregivers, who are often seen as authority figures (Lalande, 1990).

Another means of prevention is updating finances and wills. Older adults must be made aware of the advantages and consequences of signing over their home to someone who promises to take care of them. No one should sign a document without fully understanding it and, if necessary, asking for help (Hétu, 1988; Berger, 1993a).

Family

Families can be powerless in the face of abusive situations (Gouvernement du Canada, 1991). Providing information on the aging process, referring a family to respite services, and supplying technical and moral support services can do much to prevent abuse and neglect of older adults (Lavallée, Skene and Théroux, 1988; Beaulieu, 1992a; Gouvernement du Canada, 1993b).

In Quebec, the 1993 health and social services reform included two provisions to enhance the decision-making powers of older adults and their families. It provided for the creation of resident/family committees and of grievance committees to which older adults and their families can bring their complaints (Gouvernement du Québec, 1993). These preventive measures are only effective to the extent that the institution gives real decision-making powers to these committees and to the people who appear before them.

Institutions

Because institutions are moulded to a large extent by their leadership, it is important that administrators and managers become aware of their role in preventing the abuse and neglect of older adults and develop appropriate strategies. Their primary duty is to monitor the quality of care (Association des centres de services sociaux du Québec, 1990). This is reflected in the philosophy of care and of management. Quality is based on both objective and subjective criteria which ultimately determine whether residents are satisfied with life in that institution. It depends on the range of available services and the use of such innovative programs as music and animal therapy. Furthermore, institutions must give caregivers moral support, pay special attention to the selection of their front-line staff, value and reward their efforts, and be aware of burnout which could degenerate into maltreatment (Bouvier, 1988). Some institutions offer individual training to caregivers. For many staff members, such training is not only skill enhancing but an absolute necessity. Another role of institutions is to educate and sensitize older adults, family members and caregivers to the problems of abuse and neglect. Institutions also have a duty to inform residents of their rights and obligations. In addition, they must watch for instances of mistreatment or situations where there is a risk of abuse (e.g., Bélanger, Darche, de Ravinel and Grenier, 1981; Bouvier, 1988; Gouvernement du Canada, 1989; Gouvernement du Québec, 1989; Beaulieu, 1992c,d). By putting into place a resident's committee, institutions provide an opportunity for fruitful discussion among all parties. Committees allow older adults to assert their rights as autonomous and responsible individuals and help institutions prevent abusive situations.

Caregivers

Caregivers play an important role in preventing abuse and neglect. Attitudes and behaviour can be modified by appealing to their individual and collective consciences. At the individual level, this requires openness and self-discipline. Relationships of trust must be established so older adults can discuss their circumstances and fears. At the collective level, multidisciplinary teams provide better monitoring of care, and thereby make for more effective prevention strategies (e.g., Gouvernement du Canada, 1989; Gouvernement du Québec, 1989; Bélanger, 1990; Rouleau and Brassard, 1991; Gouvernement du Canada, 1993b; Ross and Dubé, 1993). Furthermore, team work allows caregivers to discuss their respective views and come to both an individual and a collective judgment (Ross and Dubé, 1993). Training has been identified as one of the best ways to raise awareness. In view of current budget cutting, the creation of a committee to define objectives and propose minimum training requirements has been recommended (Gouvernement du Québec, 1989).

Nurses are in a good position to prevent mistreatment or to modify their approach to care because of their direct contact with residents. They can also support older adults who want to take specific steps and direct them to the appropriate resources (e.g., Gouvernement du Canada, 1989; Potter and Perry, 1989; Berger and Mailloux-Poirier, 1993).

Society

Abuse and neglect of older adults is a social problem that concerns everyone. Public awareness of mistreatment of older adults encourages reporting. Moreover, it makes people more alert to the possibility of mistreatment, and more likely to intervene and guide the victim toward resources that can help (Gouvernement du Canada, 1993b).

Social change is achieved by collectively sharing responsibility. Public education to advance this goal can take different forms: explaining the normal aging process to counter the many prejudices about older adults, explaining the indicators and risk factors for abuse and neglect, informing older adults of their rights and promoting intergenerational contact through education in the schools (Gouvernement du Québec, 1989; Gouvernement du Canada, 1993b). The present weakness of intergenerational links may be one reason why older adults are often perceived as a burden (e.g., Gaul, 1990; Gouvernement du Canada, 1991).

SECTION FIVE
Detection

Definition of Detection

Detection means being alert to, and indeed searching out, signs of abuse or neglect. The Robert Dictionary defines detection as "systematically searching for and finding out something hidden or obscure."

Roles of Some Parties

Older adults

Peer relations are key in detecting abuse and neglect, as older adults sometimes find it easier to open up to each other. Caregivers can, therefore, consult peers to detect mistreatment (e.g., Lalande, 1990; Gouvernement du Canada, 1993b). The Corporation professionnelle des travailleurs sociaux du Québec (CPTSQ) recommends "that older adults be encouraged and supported in forming groups to defend their rights and ensure their protection" and "that methods employed to protect older adults include efforts to increase the ability of older adult groups to act independently" (CPTSQ, 1987, p. 11). In institutional settings, there should be constant reminders to keep residents aware of abuse and neglect so they, themselves, can watch for any problems.

Institutions

Detection is a major challenge for an institution's administrators. It requires vigilance and specific strategies to uncover hidden activities. One study of public institutions revealed that while management tries to detect guilty employees, it does not question the organizational structures which can lead to the mistreatment: "administrators spontaneously directed their attention almost exclusively to employee abuse, and ignored abuse that might be the responsibility of the institution" (Beaulieu, 1992c, p. 167).

If maltreatment is suspected, institutions can implement an intervention process that includes monitoring cases, supervision of care, detection of violent situations, training for caregivers, preventive measures, intervention once a problem has been identified and rehabilitation for the abuser (Gouvernement du Canada, 1989). Detection in institutional settings depends on shared collective responsibility by all caregivers. It is important for the institution to send a message to all caregivers, urging them not to close their eyes to any sign of abuse or neglect.

Caregivers

On the part of caregivers, detection occurs through awareness, understanding, communication between administrative units, a relationship of trust with older adults and empathy in private conversations (Paquet, 1993). Because detection depends on an accumulation of indicators, systematic information collection is essential. Use of a guide for this purpose is recommended (Bélanger, 1990).

Detection consists of several stages. Before speaking out, older adults will first send out indirect messages (Beaulieu 1992c,d). It is important for caregivers to be sensitive to signs of nervousness such as “rapid speech, trembling, profound weariness” (Beaulieu, 1992e, p. 27). Physical signs such as bruises or fractures should never be taken lightly (Beaulieu, 1992e; Paquet, 1993). Detection depends on an accumulation of facts; the more precisely the facts are recorded, the weightier the evidence of mistreatment.

Society

Detecting abuse and neglect of older adults is the responsibility of all members of the community. Creation or consolidation of unofficial networks will advance the detection of abusive situations. These networks consist of family members, neighbours, peers and community gate keepers. They differ from official networks in that “they rely on people’s natural tendencies to help and on their feelings for one another” (Gouvernement du Canada, 1993b, p. 19).

SECTION SIX
Intervention

Definition of Intervention

Intervention consists of taking concrete action and adopting proactive attitudes to stop abuse and neglect. There are few studies of intervention practices in institutional settings. Services, intervention strategies and models are proposed, but little work has been done on the results of and possibilities in actual interventions. It is as if we were still at the stage of wishful thinking and pious hopes.

Roles of Some Parties

A guiding principle for intervention with mistreated older adults is respect for the uniqueness of each person which calls for adoption of an individualized approach.

Older adults

Older adults are rarely considered potential intervenors in abusive or neglectful situations. They are excluded from the problem-solving process unless they witnessed the abuse or were victimized. Witnesses are generally treated with respect. Their testimony may be required by the person gathering the evidence, but their anonymity is protected to keep them safe from the abuser. Victims are rarely consulted about what action should be taken against the abuser. Moreover, they are rarely even told what action was taken, successful or not. This leaves them in a state of ignorance that can foster insecurity. At best, they are offered short-term psychological support (Beaulieu, 1992e). Therefore, much more is needed to inform older adults of what is happening and to bring them into the problem-solving process. As with any other victim, a maltreated older adult should be given medium- or long-term psychological support, as needed. It should not be forgotten that the consequences of victimization can show up days or weeks after the event. How many institutions have staff competent enough to deal with such consequences?

Institutions

Administrators say they are poorly prepared to intervene in abusive situations. Intervention focuses on the abuser. With an older adult who is abusing another, it will often consider the abuser's state of disorientation. Administrators also say they are ill at ease in dealing with incidents of mistreatment by family members. They attempt to protect the older adult but have little room to manoeuvre. For example, in a case of financial abuse, the institution's management can exercise some control over the older adult's personal savings by only giving them a small amount of money on a weekly basis to prevent recurring abuse. Institutions take stronger action when the abuse is committed by a member of their staff. The situation is evaluated objectively

and subjectively for the seriousness of the mistreatment and by looking at the guilty employee's record. Management or the employee's superior will decide on a verbal or written warning, suspension or dismissal. In reality, dismissals are often disguised as strongly encouraged resignations. Although some acts of abuse are indictable offences (such as assault, robbery, sexual assault), few incidents are reported to the police, and legal proceedings are rare. Administrators use discretionary powers when intervening with abusers: if a caregiver has an unblemished record, corrective measures will be less severe, whereas if the employee is new or has a spotty record, more drastic action will be taken. Therapy or detoxification is sometimes recommended. Verbal intervention may occur on the spot or in private, but sometimes no action is taken because people do not know whether they should react or not, nor what approach would resolve the conflict rather than aggravate it (Beaulieu, 1992c,d,e).

Caregivers

In intervention in cases of abuse or neglect, caregivers have a number of roles. Those who witness abuse by a colleague are asked immediately to intervene verbally or to report the incident to a superior so that he or she can intervene. This draws a mixed reaction from caregivers, who do not want to be informers (Beaulieu, 1992). In the case of mistreatment by family members, caregivers are also asked to intervene verbally if that will correct the situation, or to report the matter to management. Often, caregivers are the first ones residents will approach about abuse. Residents will usually send an indirect message first, and alert caregivers should be attentive to these messages so they can intervene appropriately. (Potter and Perry, 1989).

Toward Concerted Intervention

A number of approaches to intervention described in the literature call for concerted action, primarily by caregivers and administrators. Four elements are identified: information, training, research and monitoring the quality of service.

Training and information are vital to counter abuse and neglect of older adults. Information is directed to caregivers, older adults and natural helpers. It covers the aging process, its specific characteristics and available resources for helping mistreated older adults. It aims to inform older adults of their rights and duties (e.g., CPTSQ, 1987; Coalition "Vieillir sans violence," 1991; Gouvernement du Canada, 1993b; Fédération des clubs de l'âge d'or de l'Est du Québec [FCADEQ], 1993).

Training for professionals "may include resources such as police intervention, counselling specialists or peers, emergency shelters, distress lines, self-help groups, legal assistance, medical care, advocacy services and financial counselling" (Gouvernement du Canada, 1991, p. 9). Training can also include learning how to communicate with older adults and how to preserve their dignity when providing services such as grooming, bathing, meals and so on. The Fédération des clubs de l'âge d'or de l'Est du Quebec (FCADEQ, 1993) suggests caregivers respect the habits and tempo of older adults' lives, listen to them attentively, believe what they say, treat them as adults rather than children and respect their privacy. The FCADEQ's proposed training program promotes personal awareness, developing judgment, use of a common

approach and continuous training accompanied by the dissemination of relevant professional information.

An intervention plan may proceed as follows: 1) if there is abuse or neglect, take the situation seriously without overdramatizing; 2) provide necessary support to the victim as expeditiously as possible, while taking the older adult's wishes into account, allowing the person to progress at his or her own pace and building a relationship of trust; 3) finally, identify the abuser, take appropriate measures to stop the abuse and see to the abuser's rehabilitation (FCADEQ, 1993). Tremblay proposes a different intervention plan: observe, evaluate, diagnose, plan, intervene and evaluate again (Tremblay, 1990, p. 105). Berger suggests a five-stage model: identifying the victim, contacting the victim and evaluating his or her situation, intervention, follow-up and prevention (Berger, 1993a, p. 433).

Other proposed approaches include valuing and rewarding the work of caregivers, facilitating multidisciplinary teamwork, promoting a participatory management style, instituting comprehensive and flexible monitoring methods, applying a code of ethics, and respecting human rights and freedoms (e.g., Gouvernement du Canada, 1989; Tremblay, 1990). It would be beneficial to offer caregivers counselling on caring for older adults, create support programs allowing for special leave, value caregivers' individual strengths and weaknesses, and so on. (E.g., Gouvernement du Canada, 1989; Tremblay, 1990). Intervention with older adults includes early detection, responsiveness to individual difficulties, support, etc. (Tremblay, 1990). To achieve concerted action, the role of each party involved in the intervention should be clearly defined (Gouvernement du Canada, 1989; Bélanger, 1990).

Opinions are divided on the subject of developing formal intervention policies and procedures; some administrators would like to use their discretion in dealing with cases of abuse or neglect, while others would like to be able to refer systematically to an intervention guide. All agree, however, that any change must be consistent with the institution's philosophy (Beaulieu, 1992c,d). Several writers emphasize the need to establish standards and guidelines on caring for older adults in institutional settings in a manner that respects their needs, and to take disciplinary measures against abusers (e.g., Gouvernement du Canada, 1989; Bélanger, 1990; FCADEQ, 1993).

It is important to pursue evaluative research on activities carried out to date, so as to make necessary corrections and propose appropriate intervention strategies (e.g., CPTSQ, 1987; Gouvernement du Canada, 1991). In the view of the Corporation professionnelle des travailleurs sociaux du Québec, it is essential that "research and development of new forms of psychosocial intervention receive financial support so that organizations concerned with these problems may provide adequate training for service providers, especially social workers" (CPTSQ, 1987, p. 11).

The Corporation professionnelle des travailleurs sociaux du Québec maintains that legislation is needed to afford older adults the same protection as everyone else, regardless of age. However, care must be taken not to treat older adults as children through an excessively intrusive law that "affects every aspect of an older adult's life" (CPTSQ, 1987). An overhaul of family law has been planned since 1991. In particular, the Government of Canada is reviewing legislation concerning "enduring power of attorney, mental incompetency, guardianship and trusteeship . . . in an effort to improve the legal framework for protecting persons with diminished physical or

mental capacities" (Gouvernement du Canada, 1991, p. 11). The Atlantic provinces have passed adult protection legislation. In Newfoundland and Nova Scotia, people who suspect or witness acts of mistreatment are required to report the situation to the authorities. These legislative reforms have not met with unanimous support: "mandatory reporting requirements are criticized because they violate the right of mentally competent adults to choose how they want to live" (Gouvernement du Canada, 1991, p. 11).

Monitoring the quality of care allows for early intervention. Multidisciplinary teams can be used to assess service quality and the quality of life of older adults (Gouvernement du Canada, 1993b). Service assessment includes monitoring non-accredited institutions. According to the Association des centres de services sociaux du Québec, there are a good many unregulated private institutions which should be monitored to ensure adequate services for residents (Association des centres de services sociaux du Québec, 1990).

Finally, institutions can use intervention protocols. However, these should be employed with caution, as no protocol has been scientifically validated (Gouvernement du Canada, 1991). Institutions can adopt a variety of measures to support caregivers in their work with residents. For example, it would be beneficial to foster a healthy work environment that is responsive to caregivers' needs, and to make it possible for professionals to discuss their experiences in a non-judgmental way. Residential facilities could also offer counselling services to caregivers in potentially abusive situations (e.g., Gouvernement du Canada, 1989; Lévesque, 1990; FCADEQ, 1993).

SECTION SEVEN

Education: The Solution for the Future

Training for institution staff and for caregivers working with older adults is urgently needed to make their work with older adults more appropriate and effective. The complexity of the aging process requires knowledge of the situation to optimize the well-being of residents.

The main goal of the training for health care workers is to familiarize them with the problem of abuse and neglect of older adults (Gouvernement du Canada, 1989; Gouvernement du Canada, 1993b). Understanding the problem helps caregivers be less judgmental and better able to identify risk factors. Better detection facilitates the choice of intervention and referral to appropriate resources. Sensitivity to cultural and religious differences ensures respect for the customs and traditions of each older adult. Knowledge of the range of interventions and government, private and community resources is necessary. Finally, the training program can also include "acquiring the ability to assess family dynamics and stay involved with abused or neglected adults" (Gouvernement du Canada, 1993b, p. 21).

Institutions unhesitatingly reply in the affirmative when asked whether their staff need training. In fact, however, few institutions follow through. In the absence of quantifiable data, some administrators question the prevalence of mistreatment and may even deny its existence (Beaulieu, 1992). We must remember that it took two decades before the problem of violence against women was recognized. How long will it take for the problem of mistreatment of older adults to be acknowledged?

Training programs are established in institutional settings in two stages. First, administrators become aware that abuse need not be physical — that is, it need not involve blows and injury. Second, they realize that training is necessary to compensate for the diversity of caregivers' initial training and practices, for the direct impact of the monotony of the work and for mechanical approaches toward older adults (Beaulieu, 1992a,d).

Training should be provided to all the people who come in contact with residents, not just to caregivers (e.g., Gouvernement du Canada, 1989; Beaulieu, 1992a,d). It should also be offered to managers who oversee the work of caregivers and who, therefore, must see all facets of the problem of abuse and neglect to provide adequate and appropriate supervision. To ensure that practices change and to deal with turnover, institutions must set up ongoing training programs. It has been observed that when in-house training is provided by a person assigned by the institution, who received his or her training elsewhere, it is possible that "with little information on abuse, managers will attempt to 'train' their caregivers in piecemeal fashion based on their own designs" (Beaulieu, 1992a, p. 4). The creation of multidisciplinary teams supervised by managers ensures better control and some uniformity in resident care (Gouvernement du Canada, 1989; Rouleau and Brassard, 1990; Tremblay, 1991; Beaulieu, 1992d; Gouvernement du Canada, 1993b).

Ideally, training should also be provided to the older adults and their families, although family members cannot be forced to take such training. Nevertheless, they can be given information on the subject. Some Quebec institutions have a charter of residents' rights which sets out the institution's philosophy and policies. These charters have no legal force but they do set out the institution's moral guidelines. Older adults can therefore refer to them when demanding their rights. The Centre d'accueil Yvon-Brunet has a charter drafted *by* and *for* older adults; its goal is to "give residents *freedom of the city*, the right to be at home in the nursing home" (Gaul, 1990, p. 326). This charter guarantees the right to information, to freedom of expression, to privacy, to respect and dignity, to empowerment and participation, and to continuity (Carle, 1990). The institution's director general received an award from the Quebec justice department for this exceptional charter.

Existing training programs focus on sensitization to the problem of abuse and neglect of older adults. According to Health Canada, a training program should include the following elements: training older adults to defend their rights and interests in the community; preparing an intervention manual for caregivers; identifying groups which may need training and developing strategies to reach them; making the training program available to community groups; and ensuring that professional training programs include courses on gerontology. Training should be provided on an ongoing basis to allow for uniformity among staff and encourage staff members to share knowledge and experience. "Training helps people to recognize the scope of the problem and begin to search for solutions" (Gouvernement du Canada, 1993b, p. 21). The starting point for any training program should be to have the institution define mistreatment. In the absence of consensus on this definition, it is up to institutions to provide a definition to guide caregivers in prevention and detection of, and intervention in, mistreatment of residents. Some caregivers are calling for an intervention protocol but, as yet, no protocol has been scientifically validated. Training coordinators should respond cautiously, for intervention protocols foster clinical decisions which do not always take the older adult's wishes into account (Beaulieu, 1992c,d).

Beaulieu suggests that training be tailored to caregivers' needs and circumstances. College- or university-level training does not appear to meet the need. Teaching strategies must reflect the dynamics in the institutional setting; hence the importance of teaching materials, audio-visual materials, videos and plausible case histories which relate to the specific institutional situation, and so on.

The growing body of literature on the subject enables institutions to offer training at little cost. Health Canada's National Clearinghouse on Family Violence distributes a number of documents free of charge. Documentation is also available from provincial departments responsible for health, social services and senior citizens, and from various information resource centres. The National Film Board has several films and videos about abuse and neglect of older adults which are available to the public. There are also many specialized publications in the fields of social work, nursing and medicine (Gouvernement du Canada, 1993b).

Alongside these kinds of training, which aim to impart theoretical knowledge and develop new skills, new human resource development programs are emerging. These programs attempt to help caregivers draw on their own strengths, both individual and collective, to effect the changes they have identified. The emphasis is no longer on caregivers' skills but on their development as people. Among other things, these programs deal in depth with the individual and collective values which guide actions.

SECTION EIGHT
Ethical Issues

"Ethics are the principles or standards which govern proper conduct in professional matters" (Potter and Perry, 1990, p. 406). The purpose of ethics is to protect human rights. Ethics are concerned with issues which may cause dilemmas for caregivers working with older adults. For example, can a nurse "force" an older adult to take medication which is important for his or her survival, if the older adult refuses? (Perry and Potter, 1990). Ethical concerns receive little direct attention in the literature. A number of texts suggest prevention, detection and intervention strategies without, however, considering the wishes and pace of older adults. The caregiver's objective may be to do something about any incident of abuse, while the older adult's objective may be to say nothing about it. A number of ethical issues may be raised, the most fundamental of which are these. What meaning does the life of an older adult in an institution have? Would we ourselves want to live in an institution one day?

Quebec law (Lois refondues du Québec 1991) requires each health care institution to adopt its own code of ethics expressing the institution's desire to affirm its original character and specific features, based not only on its structure but also on its residents and staff. Time will show whether these original codes of ethics will lead to practices which are more respectful of older adults.

Contemporary society is witnessing not only technical and medical progress but also changes in individual and social values. Health professionals must relate their personal values and professional ethics to the duties and obligations of their jobs. It is important for caregivers to consider their own values and become aware of the factors influencing their professional experiences and practices. "Professional values reflect personal values. A nurse's ability to protect the client's right to dignity or to provide appropriate professional care depends on the importance she attaches to respect for the individual and professional advancement" (Perry and Potter, 1990, p. 462).

No caregiver is immune to ethical dilemmas but nurses are the professionals who receive the most attention in the literature. Technical innovation and medical progress have certainly changed the delivery of care; at the very least, they have broadened the scope of nursing duties. Today, nurses carry out administrative tasks which were not part of their responsibilities in the past, reducing the time they can devote to older adults. The institution's requirements do not necessarily match the nursing profession's ethical commitments. The growing clientele and dwindling resources for providing health care are compromising nurses' performance of their ethical commitments (Perry and Potter, 1990).

Multidisciplinary teams provide an opportunity for discussion of personal values and consideration of ethical commitments. Caregivers belonging to different professions can exchange information about their knowledge and values, based on their own personal and professional values. These discussions are enriching for participants. Moreover, the different professional codes of ethics provide an opportunity to scrutinize the care provided.

Gaul wonders about lack of information and disinformation: “why are we afraid to tell older adults bad news about family members?” (Gaul, 1990, p. 225). Many points have not been discussed. Should older adults be allowed decorate their rooms with personal effects? Should they decide when they will bathe? The list of questions is endless.

CONCLUSION

While more is known about the problem of abuse and neglect of older adults today than 15 years ago, much remains to be done. The prevalence of mistreatment in institutional settings is not known, but current estimates run from four to 11 percent (Gouvernement du Canada, 1991). The literature we have surveyed yields a picture of collective responsibility (that of the older adult, the institution, the caregiver, family and community) and points to the main care-related issues. It is important to continue the search for prevention, detection and intervention strategies, and to continue assessing existing practices so as to intervene as effectively as possible.

Raising awareness is clearly an important way to fight abuse and neglect of older adults in institutional settings. The literature unequivocally indicates the importance of sensitizing the community both to the aging process and to the problem of abuse of older adults in institutional settings through education and information dissemination. Knowledge of the aging process helps people understand the associated physical and mental limitations and intervene appropriately with mistreated older adults. Many questions about the philosophical and practical thrust of the services which should be provided remain unanswered. The general principles which must guide any reform are, first and foremost, that older adults must be able to reclaim control over the organization of their lives and, second, that we must work *with* them rather than *for* them.

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