A cog in the wheel or an agent of change: Knowledge use and practice with older people who are abused in Aotearoa/New Zealand

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A thesis submitted for the degree of Doctor of Philosophy at
The University of Queensland in 2016
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Abstract

Across the past three decades a growing national and international concern about elder abuse is evident in policy, research and social and health care practice. There is currently a considerable body of literature on prevalence, predictors and risk factors as well as debates about definitions, conceptualisations and appropriate legal, policy and practice responses. There is more limited research on how the conceptualisations of ageing and elder abuse shape professional practice. Knowledge use and social work practice in elder abuse in the context of Aotearoa/New Zealand is the focus of this thesis.

This thesis presents a qualitative exploratory study of elder abuse practice as reported by twenty social workers engaged in frontline elder abuse work throughout Aotearoa/New Zealand. The purposive sample of social workers practised in a variety of settings and were situated in different geographic locations across the country. The primary focus of this study is to explore how elder abuse is understood, how cases of abuse are identified and assessed, and what responses are considered appropriate when intervening in situations where older people have been abused. Most participants were volunteers who responded to a request for expression of interest sent to aged-care social workers by the Aotearoa New Zealand Association of Social Workers, the professional body for social work in this country. One participant was recruited via snowballing.

In individual semi-structured interviews, participants were asked to describe their understandings of elder abuse, to explore the knowledge they use to inform these understandings, and to give details about what actions they take when encountering situations of abuse.

An interpretative, social constructionist approach to this research was taken. All twenty accounts of practice were analysed thematically. This provided a means by which the processes of, and influences on, meaning, knowledge use and response-making could be scrutinised, and an understanding of elder abuse practice in Aotearoa/New Zealand could be discerned.

The findings indicate that the term ‘elder abuse’ is universally recognised and articulated in practice, but when explored in depth, understandings about what constitutes elder abuse varied, were dependent on the knowledge individual social
workers brought to their practice, and on the context in which the practice occurred. This knowledge was not always explicitly used and consequently was often left unscrutinised. The use of tacit knowledge was seen to facilitate the establishment of patterns of practice that have become customary and are left unchallenged.

The influence of the context on what could or could not be done to respond to elder abuse was acknowledged by many of these social workers. Beyond the immediate resource constraints that were recognised as limiting their options to address abuse, the significance of the socio-economic-historic-cultural-political context and how this informed and shaped social work practice (and the experiences of older people) were not readily identified by most. When these factors were noted, they were largely considered to be insurmountable.

The findings from this study highlight that a narrow approach is taken by most of the social workers in this study when working with older people who are abused. There is little demonstrated understanding the socio/political context in which the abuse occurs, and the systemic issues that may contribute to the abuse of an older person. A perspective that understands abuse to be a breach of an older person’s civil and human rights was also found to be missing. Although ageism was sometimes recognised as part of the context of abuse, there was limited consideration of how these attitudes impact on their understandings of ageing and responses to abuse. There was also limited evidence to suggest that critical theory informed practice or that older people routinely participated in determining options to address the abuse.

This thesis makes a contribution to understanding the way elder abuse is constructed and the ways in which it is addressed in Aotearoa/New Zealand and offers insights that might be applicable elsewhere. This research suggests that there is a need for more critical approach to the issue of abuse in later life, one that will ensure that the needs and wishes of older people can be addressed in ways that respect their rights and does not restrict their opportunities.

The findings about the way knowledge and perceptions of ageing interface with the issue of abuse adds to our knowledge about social work with older people in abuse situations, and practice with older people more generally.
Declaration by author

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

I have clearly stated the contribution of others to my thesis as a whole, including statistical assistance, survey design, data analysis, significant technical procedures, professional editorial advice, and any other original research work used or reported in my thesis. The content of my thesis is the result of work I have carried out since the commencement of my research higher degree candidature and does not include a substantial part of work that has been submitted to qualify for the award of any other degree or diploma in any university or other tertiary institution. I have clearly stated which parts of my thesis, if any, have been submitted to qualify for another award.

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Publications during candidature

Book chapter

Conference abstracts


**Publications included in this thesis**
No publications included.

**Contributions by others to the thesis**
No contributions by others.

**Statement of parts of the thesis submitted to qualify for the award of another degree**
None.
Acknowledgements

There are many people who have supported me to undertake and accomplish this thesis. Firstly, I wish to give thanks to the twenty social workers who willingly agreed to talk with me about their practice; a small but eager band of social workers experienced in elder abuse work from around Aotearoa/New Zealand. I acknowledge the challenges that unpacking one’s practice may create and thank each person for their willingness to do so. Without these social workers this study could not have happened nor could understandings about, or ideas for, practice have been explored. Participation also required time and effort, and I am grateful to all of these social workers for their kind donation of time and energy to this project and the kai1 and cups of coffee offered along the way. Ōku whakawhetai ki a koutou katoa (my thanks to you all).

I want to acknowledge my supervisors, Associate Professor Cheryl Tilse and Professor Jill Wilson who welcomed me from ‘across the ditch’ and supported, challenged, critiqued and encouraged me to explore this field of practice. I appreciated your hospitable welcome, and that of other staff and students whose faces changed across time, but whose warmth of welcome never wavered. I very much enjoyed my time with you all and the weather was not half bad – even in the depths of winter.

Thanks must be given to my colleagues in the School of Nursing and Human Services, Ara Institute of Canterbury, who offered support, advice and encouragement as I wandered down the PhD road. My thanks also go to the wider Ara community; an institute committed to excellence in teaching and research that financially supported me to attend supervision in Brisbane, Australia, and assisted me by offering me time and funds for the fieldwork and transcriptions.

Particular thanks goes to Dr Tony Stanley, who got me started; Dr Cathy Andrew for her support which enabled me to be both a full time educator and a part time student,

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1 Kai is the Māori word for food. It is in common use in this context.
never an easy mix but one made possible through Cathy’s leadership and ‘can do’ attitude; Dr Jane Maidment, my one-time colleague, my coffee companion and mentor who reappeared in my life at just the right moment. She listened to my trials and triumphs, and encouraged and inspired me. Particular thanks also to Lisa McKay whose friendship and focus over a glass of wine was been a life-line; Lynne Robertson for fantastic and professional editing; Sue Smart for taking me on with this task still to complete; Sarah Cozens, James Dearnley, Barbara Löfgren and Mathew James – for their support in the final stages, and to Raewyn Tudor, Karen Whittaker, Dominic Chilvers, Kath Harrison, Trish Jamieson, Rachel Lattimore, Linda Roberts, Karen Argyle – you are magic and your willingness to talk and think things research speaks to your commitment to delivering high quality, relevant and up-to-date programmes to a budding generation of social work and counselling practitioners.

Finally, and importantly, to my friends Deborah Allfrey and Debbie Handisides your friendship, encouragement and respective shoulders to laugh and cry on have been valuable gifts. To mum and dad; your faith in me has been unfailing. Thanks for raising me to never give up. To Sam, Rebecca, Courtney, Tom and Harrison, thank you for your patience and understanding when I could not do things with you and for appreciating the times when I could. To Nigel, my soul mate – thank you for taking this ride with me. Even when the earth shook and the world was shaky and the emotional see-saw swung high and low, you just bumped along with me and morphed into an amazing cook in the process.

Ehara taku toa, he takitahi, he toa takitini

My success should not be bestowed onto me alone, as it was not individual success but success of a collective.
**Keywords**
Elder abuse, elder abuse practice, knowledge in and for practice, social justice, human rights, Aotearoa/New Zealand, qualitative research.

**Australian and New Zealand Standard Research Classifications (ANZSRC)**
ANZSRC code: 161607; Social Work Clinical Practice 60%; 110308; Geriatric and Gerontology 25%; 160799, Social Work not classified elsewhere 15%.

**Fields of Research (FoR) Classification**
FoR code: 1607; Social Work 75%; 1103; Clinical Sciences, 25%.
# Contents

Chapter 1: Introduction ........................................................................................................ 16  
Why this research? ................................................................................................................ 17  
Elder abuse: a definition ........................................................................................................ 20  
Research aims and question .............................................................................................. 21  
The research question .......................................................................................................... 22  
Approach to research ........................................................................................................... 22  
Contribution to knowledge and practice ........................................................................... 23  
Mapping the thesis ............................................................................................................... 25  
Conclusion ............................................................................................................................ 27  

Chapter 2: The Aotearoa/New Zealand context ............................................................... 29  
Aotearoa/New Zealand: an ageing society ........................................................................ 29  
   Ageing and diversity .......................................................................................................... 30  
Perceptions of ageing .......................................................................................................... 32  
The ‘burden’ of population ageing ...................................................................................... 33  
Population ageing and care-giving .................................................................................... 33  
   Informal care-giving .......................................................................................................... 33  
   Formal care ........................................................................................................................ 34  
Ageing in Aotearoa/New Zealand: the policy and practice contexts .............................. 35  
   Policy: Retirement income ............................................................................................... 36  
   The Positive Ageing Strategy ........................................................................................... 39  
   The Older People Strategy ............................................................................................... 40  
   Te Rito Family Violence prevention strategy – elder abuse .......................................... 40  
Summary of the policy context ........................................................................................... 41  
From policy to practice: elder abuse practice in Aotearoa/New Zealand ...................... 42  
   The health and welfare setting: the statutory sector ......................................................... 42  
   The non-government [NGO] setting .................................................................................. 43  
   The size of the abuse issue ............................................................................................... 44  
   Nature of the problem ....................................................................................................... 44  
   Prevalence of types of abuse ............................................................................................ 45  
   Risk indicators .................................................................................................................. 45  
Conclusion ............................................................................................................................ 46  

Chapter 3: Definitional and theoretical uncertainty: a Literature Review ...................... 48  
Contested meaning ............................................................................................................... 48  
The Toronto Declaration ...................................................................................................... 50  
   Deconstructing the Toronto Declaration ......................................................................... 51
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deconstruction of ageing: summary</td>
<td>57</td>
</tr>
<tr>
<td>What denotes harm to an older person?</td>
<td>57</td>
</tr>
<tr>
<td>What constitutes harm: summary</td>
<td>61</td>
</tr>
<tr>
<td>What characterises a relationship where there is an expectation of trust?</td>
<td>61</td>
</tr>
<tr>
<td>Relationships implying trust: summary</td>
<td>63</td>
</tr>
<tr>
<td>A call for a more critical approach</td>
<td>63</td>
</tr>
<tr>
<td>Theoretical paradigms that explain and inform elder abuse practice</td>
<td>65</td>
</tr>
<tr>
<td>A psychological perspective</td>
<td>65</td>
</tr>
<tr>
<td>An ecological perspective</td>
<td>66</td>
</tr>
<tr>
<td>A critical perspective</td>
<td>69</td>
</tr>
<tr>
<td>A criminological perspective</td>
<td>71</td>
</tr>
<tr>
<td>Intergenerational relationships/intelligence</td>
<td>72</td>
</tr>
<tr>
<td>Summary</td>
<td>72</td>
</tr>
<tr>
<td>Conclusion</td>
<td>75</td>
</tr>
<tr>
<td>Chapter 4: Knowledge: An informant of elder abuse practice</td>
<td>76</td>
</tr>
<tr>
<td>What constitutes social work knowledge?</td>
<td>77</td>
</tr>
<tr>
<td>The types of knowledge</td>
<td>78</td>
</tr>
<tr>
<td>The contestable nature of knowledge</td>
<td>82</td>
</tr>
<tr>
<td>A summary</td>
<td>87</td>
</tr>
<tr>
<td>Knowledge: a social construct</td>
<td>87</td>
</tr>
<tr>
<td>Knowledge-in-practice: a critical approach</td>
<td>88</td>
</tr>
<tr>
<td>Knowledge for and in elder abuse practice</td>
<td>90</td>
</tr>
<tr>
<td>Conceptual framework for this study</td>
<td>92</td>
</tr>
<tr>
<td>Chapter 5: The research process</td>
<td>95</td>
</tr>
<tr>
<td>A social constructionist lens</td>
<td>95</td>
</tr>
<tr>
<td>A critical theory lens</td>
<td>96</td>
</tr>
<tr>
<td>Applying a social constructionist and critical theory lens to research</td>
<td>97</td>
</tr>
<tr>
<td>Qualitative and interpretive methodology</td>
<td>98</td>
</tr>
<tr>
<td>Research design and methods</td>
<td>100</td>
</tr>
<tr>
<td>The research strategy</td>
<td>101</td>
</tr>
<tr>
<td>The pilot</td>
<td>102</td>
</tr>
<tr>
<td>The participants</td>
<td>103</td>
</tr>
<tr>
<td>Data collection and transcriptions</td>
<td>108</td>
</tr>
<tr>
<td>Data collection</td>
<td>108</td>
</tr>
<tr>
<td>Transcriptions</td>
<td>109</td>
</tr>
<tr>
<td>Approach to analysis and interpretation</td>
<td>110</td>
</tr>
</tbody>
</table>
## Analysis

- Interpretation .......................................................... 110
- Ethical and methodological issues .................................. 113
  - Ethical considerations ............................................... 113
  - Involvement, consent and an ethical issue ....................... 114
  - Integrity ..................................................................... 115
  - Integrity: purpose and outcome .................................... 115
  - Integrity: the research process ...................................... 116
- Methodological issues ...................................................... 117
- Limitation ..................................................................... 119
- Conclusion ................................................................... 120

### Chapter 6: What do practitioners understand elder abuse to be?

- A shared common understanding ..................................... 121
- Dismantled and reassembled meaning ................................. 125
  - Representations of old age ............................................ 126
  - Representations of ageing: summary ............................... 129
  - Representations of harm .................................................. 130
- Representations of harm: summary .................................... 139
- Interpretations of a relationship implying trust .................. 142
- Interpretations of relationships implying trust: summary ...... 145
- How do practitioners understand elder abuse? .................. 146

### Chapter 7: Precipitating factors and assessment

- A brief overview of the conceptual framework .................. 148
- The range of perspectives on abuse ................................... 150
  - Structural/social perspectives on ageing and abuse ........... 150
- Ageist attitudes: summary .............................................. 156
  - Violation of rights ....................................................... 156
  - Cultural relativity ...................................................... 158
- Ageism, rights and culture in assessment ......................... 159
- Conclusion: structural/social perspectives ......................... 160
- Psychological and whānau/family perspectives .................... 161
  - A whānau/family perspective ......................................... 162
  - A care-giver stress model ............................................. 163
  - Care-giver circumstances ............................................ 164
- Care-giver circumstances: summary ................................ 171
  - Characteristics of the older person ................................. 171
  - Practice implications of the care-giver stress model .......... 175
# List of Figures, Tables and Graphs

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Elder abuse: the interconnecting elements</td>
<td>51</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Conceptual framework for understanding elder abuse</td>
<td>74</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Conceptual framework for this study</td>
<td>93</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Philosophical and theoretical frameworks and methodological approach to this study</td>
<td>100</td>
</tr>
<tr>
<td>Table 1</td>
<td>The sample</td>
<td>107</td>
</tr>
<tr>
<td>Graph 1</td>
<td>Geographic locations of practice of participants</td>
<td>108</td>
</tr>
<tr>
<td>Graph 2</td>
<td>Practice settings of participants</td>
<td>108</td>
</tr>
<tr>
<td>Table 2</td>
<td>Steps in the data analysis</td>
<td>112</td>
</tr>
<tr>
<td>Table 3</td>
<td>Brief overview of the conceptual framework for this study</td>
<td>149</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Components of the care-giver stress model</td>
<td>164</td>
</tr>
<tr>
<td>Figure 6</td>
<td>The relationship between age, stress and abuse</td>
<td>171</td>
</tr>
<tr>
<td>Table 4</td>
<td>Knowledge utilisation in understanding precipitators of abuse and guiding assessment processes</td>
<td>179</td>
</tr>
<tr>
<td>Figure 7</td>
<td>The interface: sense making, knowledge utilisation and practice responses</td>
<td>209</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Reconceptualised model for practice</td>
<td>229</td>
</tr>
</tbody>
</table>
**Glossary and list of abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZASW</td>
<td>Aotearoa New Zealand Association of Social Workers</td>
</tr>
<tr>
<td>Aotearoa</td>
<td>Māori name for New Zealand</td>
</tr>
<tr>
<td>AT&amp;R</td>
<td>Assessment Treatment and Rehabilitation</td>
</tr>
<tr>
<td>Awhi</td>
<td>Māori word for support in common use in this context (r-fee)</td>
</tr>
<tr>
<td>Bi-culturalism</td>
<td>Refers to the indigenous peoples (Māori) and all others</td>
</tr>
<tr>
<td>Carer Support</td>
<td>Provision of care to support care-givers</td>
</tr>
<tr>
<td>CPIT</td>
<td>Christchurch Polytechnic Institute of Technology (</td>
</tr>
<tr>
<td>CYFs</td>
<td>Child, Youth and Family Service 1989</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>Domestic Care</td>
<td>Practical home care services</td>
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<tr>
<td>DVA</td>
<td>Domestic Violence Act 1995</td>
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<tr>
<td>EANPs</td>
<td>Elder Abuse and Neglect Prevention Service</td>
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<tr>
<td>ED</td>
<td>Emergence Department</td>
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<tr>
<td>EPOA</td>
<td>Enduring Power of Attorney</td>
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<tr>
<td>GLBT</td>
<td>Gay, Lesbian, Bisexual and Transgendered</td>
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<tr>
<td>Greypower</td>
<td>Political lobby group for the over 50’s</td>
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<tr>
<td>HWNZ</td>
<td>Health Workforce New Zealand</td>
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<td>HRC</td>
<td>Human Rights Commission</td>
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<tr>
<td>Hui</td>
<td>Māori word got gathering and dialogue in common use in this context (who-e)</td>
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<tr>
<td>IFSW</td>
<td>International Federation of Social Work</td>
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<tr>
<td>INPEA</td>
<td>International Network for the Prevention of Elder Abuse</td>
</tr>
<tr>
<td>Kai</td>
<td>Māori food for food (k-eye)</td>
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<tr>
<td>Kete</td>
<td>Māori work for basket (key-ta)</td>
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<tr>
<td>Kiwisaver</td>
<td>Voluntary Contribution Retirement Income Scheme</td>
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<tr>
<td>Māori</td>
<td>The indigenous peoples of Aotearoa/New Zealand</td>
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<tr>
<td>Meals on wheels</td>
<td>Meal delivery service</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSD</td>
<td>Ministry of Social Development</td>
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<tr>
<td>NASC</td>
<td>Needs Assessment/Service Coordination services</td>
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<tr>
<td>NCEA</td>
<td>National Center for Elder Abuse</td>
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<td>NGO</td>
<td>Non-government organisations</td>
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<tr>
<td>Pacifika</td>
<td>Peoples of the Pacific</td>
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<tr>
<td>Pakeha</td>
<td>Māori term for non-Māori (par-key-ha)</td>
</tr>
<tr>
<td>Personal care</td>
<td>Personal care assistance for older people i.e. hygiene</td>
</tr>
<tr>
<td>PPP&amp;R</td>
<td>Protection of Personal and Property Rights Act 1988</td>
</tr>
<tr>
<td>StatsNZ</td>
<td>Provisions for care of an older person outside of their home</td>
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<tr>
<td>Respite care</td>
<td>Statistics New Zealand (a government department)</td>
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<tr>
<td>RSW</td>
<td>Registered social worker</td>
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<tr>
<td>SOB</td>
<td>‘Son of a bitch’</td>
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<tr>
<td>SWRA</td>
<td>Social Workers Registration Act 2003</td>
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<tr>
<td>SWRB</td>
<td>Social Workers Registration Board</td>
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<tr>
<td>Tiriti O Waitangi</td>
<td>Māori pronunciation for The Treaty of Waitangi, the founding document of Aotearoa/New Zealand.</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>Whānau</td>
<td>Māori term for family in common use in this context (far-no)</td>
</tr>
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<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

Recognition of, and interest in, the issue of elder abuse in policy, research and practice has grown over the last four decades. It is now recognised as a global problem. Attention has primarily focussed on defining what is meant by the term elder abuse, exploring the prevalence of abuse in later life, and on the characteristics and risk factors that make elder abuse more likely. Despite decades of research, the World Health Organisation [WHO] acknowledges that “too little is known about elder abuse and how to prevent it” (www.who.int, retrieved 23 April, 2016). This suggests that more work is required; that we need to understand both the phenomenon and elder abuse practice more thoroughly if we are to develop strategies to prevent and/or address the issues.

The WHO estimates that “one in ten older people experience abuse every month” (www.who.int, retrieved 23 April, 2016) and that the actual cases of elder abuse will increase as the world’s population ages. In Aotearoa/New Zealand the prevalence figure is thought to be 1.9 confirmed cases of abuse daily (Auditor General Report, 2013). Both the international and national figures are based on known cases of abuse and are indicative. These prevalence rates are thought to be conservative because it is recognised that many incidences of abuse go unreported. Conservative or not, while prevalence data is useful when scoping the size of the issue, these figures signal a growing focus area for social work practice; yet to date little is known about social work interventions and practice with older people who are abused.

This study is premised on the view that more needs to be known about elder abuse practice because

i. this issue is complex and contestable. There is a multiplicity of factors that produce environments where abuse of an older person is more likely. Therefore, elder abuse practice needs to pay attention to the dynamics of these environments and to consider the role that social workers play when intervening in environments where abuse is occurring.

ii. the consequences for older people can be grave. Thus elder abuse practice needs to consider the short and long term health and social consequences of abuse for older people.

iii. social workers are required to intervene and respond to situations of abuse despite little being known about this phenomenon. Elder abuse social workers therefore need to be competent to manage uncertainty in their work, to be
consciously aware of what informs their practice, and to judiciously exercise their professional judgment when encountering abuse.

Each encounter and intervention requires social workers to make determinations and judgments about what constitutes abuse and the circumstances of the abuse. In knowing more, the dimensions of elder abuse practice, including how social workers exercise their professional responsibility to identify, assess and respond to elder abuse, will be made explicit. Understanding and making this multifaceted process visible will add to the kete\(^2\) of knowledge for elder abuse practice. This is the focus of this study.

This thesis explores how social workers in Aotearoa/New Zealand make sense of and respond to situations of elder abuse. The social workers in this study are employed in a variety of settings and locations within Aotearoa/New Zealand, but all are in front-line practice where they encounter older people who have been abused. This study explores the literature on elder abuse and knowledge in and for social work practice, and examines the descriptions of practice offered by the social workers interviewed for this study. Reported in this thesis is an analysis that fuses the literature and these accounts of practice.

This chapter introduces and maps the subsequent chapters in this thesis. The chapter begins by presenting the researcher’s motivation for undertaking this research and the practice experiences that have led her to this project. A brief definition of elder abuse as it applies to this study is then presented. This sets the scene for later chapters where a detailed exploration of elder abuse practice in the Aotearoa/New Zealand context is explored and where an appraisal of the elder abuse literature is presented. The focus of this chapter then turns to outlining the research aims and question before an overview of the approach taken to this research is described. Prior to mapping the thesis, a commentary on the contribution this study will make to knowledge and practice is offered.

Why this research?

Uggerhøj (2011, p. 1) argues that “research is closely connected to, and under the influence of, practice” and that the aim of such research is to improve practice. This

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\(^2\) Kete is a Māori word for basket. It is commonly used in this context when referencing knowledge for practice.
dissertation attests to this interconnection. As a social worker who practised primarily in the aged care sector before moving into social work education, the researcher brings her experience and passion for social work with older people, and a desire to improve practice and thus outcomes for older people, to this research. She has worked with, assessed and responded to the issues faced by older people, including the issue of elder abuse. Her earliest encounter with elder abuse was in the late 1980s when, as a new graduate, she worked in a community team of the Assessment, Treatment and Rehabilitation [AT&R] service for older people. These practice experiences then led to an appointment as the Elder Abuse Coordinator within the newly established Elder Abuse Resource Service in the early 1990s. This service was a multi-agency pilot project and the role was to assess and respond to elder abuse cases within the wider Christchurch community and contribute to community education initiatives (Maher, 2005).

It was while employed in this role that the researcher became increasingly curious about how elder abuse was conceptualised because she recognised that the way this issue was understood framed actual and possible interventions. One particular event while in this role began the journey to this research; the significance of which warrants a brief synopsis here.

Having presented a case to a group of social workers engaged in elder abuse work that involved a physically disabled woman in her later 60s who had been physically and emotionally abused by her grandson, the researcher was surprised by questions about why a decision was not made for this woman to remain in the residential care setting where she was temporarily placed due to concerns about her safety. These social workers voiced that they considered this to be the most appropriate outcome given that she was older and disabled, that she ordinarily lived alone and that she appeared to have settled well into this setting. This experience crystallised the researcher’s curiosity about elder abuse practice because it highlighted how decision making may be highly dependent on how ageing and abuse are understood, and how

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3 Age Concern Canterbury (a Council affiliated to Age Concern New Zealand, the Canterbury branch of Presbyterian Support (a national faith-based social service organisation) and Healthlink South (a Crown Health Enterprise) obtained lottery funding to trial this elder abuse initiative.

4 Christchurch and the outlying areas of Waimakariri to the north and Selwyn, Rakaia and Ashburton to the south.

5 No other safe house options for older people were available at this time.
these notions are applied in practice. This experience raised the following questions for the researcher:

i. how influential are perceptions of old age in decision making processes in the context of elder abuse practice?
ii. what options do social workers consider appropriate in situations of abuse and why?
iii. what part do older people play in this decision making process?
iv. how reflective and critical is elder abuse practice?

Whilst in this and subsequent roles, the researcher also observed the impact of market driven principles on health and welfare services for older people where access to services was reduced and limited. This in turn was seen to impact on the way social work was practised. It was noted by the researcher that a task-centred approach dominated practice and that networking and organisational knowledge that enabled the brokering of services was perceived as critical knowledge and an essential skill-base for social work practice. Hughes and Heycox (2010, p. 45) identified a similar phenomenon occurring in Australia. These authors called for social workers to consider not just the practical interventions which ... dominate ... but ... more comprehensive and multi-layered interventions to help older people meet the complex issues with which they are faced.

The importance of understanding the knowledge-practice interface was made clear to the researcher through these experiences. As Osmond and O’Connor (2006) assert, knowledge moulds practice. However, the researcher’s experiences suggested that social workers (the researcher included) often struggle to find time in a busy workplace to explore this interface, and that literature and policy that might support their practice was mostly un-consulted. In the absence of literature and policy guiding practice, the researcher observed that practice wisdom appeared to significantly contribute to elder abuse practice and was handed down from social worker to social worker. However, the researcher also identified that this knowledge-in-practice was seldom overtly examined.

It may be that the divergent views and practices that the researcher noticed may reflect this lack of engagement with, and scrutiny of, the knowledge that informs practice. This observation prompted the researcher to question

i. what knowledge is informing elder abuse practice.
ii. whether the available elder abuse guidelines are utilised and how effectively these support practice.

iii. whether social workers are aware of what knowledge is shaping their practice and how this knowledge impacts on their assessment and decision making processes, and thus on outcomes for older people.

Shadowing Jackson and Hafemeister (2011. p. 23), the researcher argues that

to promote understanding of elder abuse ... to facilitate prevent[ion] ... and respond appropriately when it does take place, a confluence of theory, research and practice must occur. ...[because] the stakes are simply too high to get it wrong.

This study, the embryo of which was conceived in the early 1990s, is premised on the view that more can be offered to older people who are abused if social workers are able to engage more fully and explicitly with the issue of abuse in the context of later life. It is argued that practice-based research offers the best opportunity for the continuing development of practice in this field as it provides a framework for drawing together practice and research in an effort to explore the complexities of this phenomenon (Uggerhøj, 2011).

The following section provides an introductory overview of this issue and sets out the parameters for this study.

**Elder abuse: a definition**

Elder abuse is defined by the WHO (2002) as

a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.

This definition has been adopted in Aotearoa/New Zealand by Age Concern New Zealand, a charitable organisation that focuses on older New Zealanders and is funded to provide Elder Abuse and Neglect Prevention [EANP] services. It is also in policy through the Ministry of Social Development [MSD] Te Rito Family Violence Prevention Guidelines: The Elder Abuse Guidelines 2007 (www.msd.govt.nz, retrieved 16 June, 2015).

In the context of this study no distinction is made between abuse and neglect because neglect is considered to be a facet of abuse. However, for the purpose of this study,
the phenomenon of self-neglect is set aside. This is because it is considered to be a different experience.

While the literature indicates that we are yet to define with any certainty the meaning of elder abuse (Nerenberg, 2008; Dixon, Manthorpe, Biggs, Mowlam, Tennant, Tinker & McCreadie, 2010; Eisikovits, Koren & Band-Winterstein, 2013), for the purpose of this research the WHO definition is utilised, albeit cautiously. This caution stems from the researcher’s view that elder abuse is a socially constructed phenomenon and therefore, any definition of abuse is thought to be contestable, subjective and open to interpretation because it is contingent upon social, cultural, historic, and political factors that shape meanings at any given time. This viewpoint is expanded upon in the next section—the research aims and question—and in chapter five — methodology. Taking this cautious approach enables the research question to be explored without fixing the meaning of elder abuse and therefore opens up the phenomenon for exploration. The next section makes clear the research aims and question for this study.

**Research aims and question**

The main aim of this study is to explore how social workers in Aotearoa/New Zealand make sense of and respond to elder abuse; a phenomenon that is considered to be both a social and ontological reality. As such, understandings about elder abuse are considered to be shaped by bio-social-cultural-political-historic factors and notions about the nature of elder abuse are likely to be multiple and varied, and practice complex and uncertain. This is evidenced in the literature where opinions about what constitutes elder abuse have been debated for a number of decades (Penhale & Parker, 2008; Göergen & Beaulieu, 2010; Anand, Begley, O’Brien, Taylor & Killick, 2013; Phelan, 2014) and where it is observed that social workers navigate this complexity and uncertainty by developing their own particular ways of working (Estes, Biggs & Phillipson, 2003).

This study strives to make visible and to scrutinise practice “recipes” (Estes et al., 2003 p. 32) and in doing so aims to garner insights into how social workers make sense of and navigate the uncertainty that is elder abuse practice. Moreover, this research seeks to, through examining the literature and analysing the reports of practice,
transform what we do by identifying alternate ways of making sense of and responding to elder abuse. As such this study is set firmly within a critical practice framework\(^6\) (Ray, Bernard & Phillips, 2009) as it also aims to shed light on and challenge the personal, professional, organisational, social, economic and political factors that shape elder abuse practice in Aotearoa/New Zealand. To achieve these goals, the following primary and supplementary research questions frame this study.

**The research question**

The primary research question for this study is

*How do social workers in Aotearoa/New Zealand report that they make sense of and respond to elder abuse?*

There are two supplementary questions. These are

1. what knowledge is used by social workers when making sense of elder abuse and how does this knowledge inform their practice? and
2. what do the findings from this research mean for policy, practice and social work education in Aotearoa/New Zealand?

It is only by engaging with the literature and hearing and analysing the accounts of those who practise in this field that these questions can be explored. Thus an exploratory, qualitative approach to this study was indicated.

**Approach to research**

This study is exploratory and listens to accounts of practice that explore how sense is made of elder abuse, and how responses are determined. It is important to state that practice was not observed during the research process; rather the interviews captured reflections of practice as reported by the participants. Chapter five outlines the research methodology in detail. At the centre of this study, are the qualitative reports of elder abuse practice gathered from individual, semi-structured interviews with twenty social workers from across Aotearoa/New Zealand who respond to cases of elder abuse in the context of their practice.

The research interviews were undertaken during 2010 and 2011. The researcher travelled throughout Aotearoa/New Zealand to meet with the social workers. The interviews focussed on the participants' accounts about what they know about elder abuse, and what they consider important when working with older people who are

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\(^6\) The critical practice framework for this study is set out in chapter five.
abused. Participants were asked to reflect on what they thought, felt, did, and wished for when encountering cases of elder abuse, and to recount their observations, aspirations, frustrations, and challenges in relation to their practice. Where necessary, probing questions were used in order to clarify or explore further the views that were being expressed.

It was through this process that the researcher gathered information on the way elder abuse is conceptualised and the knowledge used in the process of doing so. It also illuminated how the process of sense-making informed decisions about how to intervene. This qualitative approach also made it possible to recognise and examine the myriad of factors shaping elder abuse practice and to explore the range of practices that were described by participants. Each reflection provided insight into how elder abuse was conceptualised, identified, assessed, and addressed.

Making sense of these reports of practice requires an interpretative and critical approach to the process of analysis (Dahlberg, 2006). It is by engaging interpretatively and critically with both the practice reports and the literature, that dominant and alternate ways of making sense of, and intervening in, cases of elder abuse can be made explicit, and practice can be laid open to scrutiny (Conrad, Iris, Ridings, Rosen, Fairman & Anetzberger, 2011; Killick & Taylor, 2012; Johnson, 2012). Taking such an approach means that this study is both “purposeful and political … [and] contributes to social change” (Humphries, 2008, p. 1) because constructing new and innovative understandings and responses becomes possible. This suggestion signals a contribution that this study will make, as undertaking this study will extend our knowledge about elder abuse, and explore and present alternative ideas for practice. The contributions that this study will make are outlined below.

**Contribution to knowledge and practice**

This thesis aims to extend knowledge about elder abuse practice and to assist social workers, social work educators, policy makers and organisations to identify practice areas to be developed. Other areas for research will also be identified. Identifying gaps in services and knowledge is made possible by making visible the way elder abuse is constructed and the raft of influences —personal, social, economic, cultural and
political—which impact on and shape policy, systems, practice and crucially, outcomes for older people.

This research will also contribute to the debate about what is meant by the term elder abuse by adding to the discussion about whether elder abuse is a “monolithic phenomenon” (Jackson & Hafemeister, 2011, p. 443) or as Harbison, Coughlan, Beaulieu, Karabanow, Vanderplaat, Wildeman and Wexler (2012, p. 98) suggest, “a number of problems [that are] ... not easily amenable to [a single] definition”. Before this debate can be resolved, refined or abandoned, more needs to be known about how elder abuse is understood and addressed by those working with older people who are abused. This is the focus of this study.

In addition, while publications on the definitional debate (Dixon et al. 2010) and prevalence and risk of abuse are plentiful (Cooper, Selwood, & Livingston, 2008), there is a dearth of research on how those working with older people who are abused go about doing so and what it is that guides their interventions. This gap has been identified more widely in the context of social work practice. For example, Gordon and Cooper (2010, p. 245) argue that social workers do not fully “understand and use knowledge in their day-to-day practice”. This research seeks to make explicit the knowledge-practice interface in the context of elder abuse. In so doing this study will contribute to the kete/basket of knowledge about how and what shapes elder abuse practice. Further this study will add to discussions about the importance of elder abuse practice (and social work more generally) being explicit and transparent (Eraut, 2000; Martinez-Brawley & Zorita, 2007; Killick & Taylor, 2012). To my knowledge there is no other study in Aotearoa/New Zealand where knowledge in and for elder abuse practice has been explored.

Furthermore, by exploring how elder abuse is conceptualised and addressed this study will contribute to conversations about what constitutes ‘best practice’. Stolee, Hiller, Etkin and McLeod (2012, p. 191) identify the need “to evaluate the effectiveness of existing practices for abuse”. The researcher agrees, but argues that evaluating existing practices raises interesting questions about for example, how current understandings of abuse in later life are informed by aged care policy, organisational systems, and assessments and practice decisions and who determines what
constitutes effective practice. Norris, Fancey, Power and Ross (2013, p. 52) summarise this argument, stating

where [and when] we intervene in a societal problem is informed by how we conceptualise an issue and where we believe that issue is positioned.

This study will contribute to best practice discussions by extending knowledge about what is currently known and done, and identifying what alternatives ways of working effectively with older people who are abused might be possible.

Finally, this study will contribute to the social work agenda of “mak[ing] a difference” (Rubin & Babbie, 2010, p. 5) by undertaking research that advocates and enhances opportunities for change. This study will contribute to this agenda by discerning the factors that influence, aid and impede participants’ ability to make sense of and respond to elder abuse and by shedding light on practice approaches that are socially just and equitable. In the final chapter a model for understanding and responding to elder abuse will draw this thesis to a close. The following section provides a map of this thesis that will be a guide for those reading it.

**Mapping the thesis**

This introductory chapter provided a brief introduction to this study. It included locating the researcher in the context of this study and her motivations for exploring this particular research. Introductory comments about the definition of elder abuse and the boundaries within which this research will be undertaken were outlined. In addition, the aim, research questions and a brief outline for the methodology utilised in this study have been made clear. The contribution this study makes to elder abuse practice was also articulated.

Chapter two sets the scene by providing a framework for understanding the socio-economic-political context within which the study took place. Explored is the phenomenon of population ageing, alongside the heterogeneous nature of the older population in the context of Aotearoa/New Zealand. Summarised is the Aotearoa/New Zealand aged care policy and legislative context including an overview of policy, legislation, and guidelines relevant to elder abuse practice. The current aged care workforce is also described together with the aged care social work workforce. This is an important contextual issue as it explores the capacity of the profession to meet the
demand for age-related social work services now and into the future. The latter sections of chapter two set the local scene in relation to elder abuse practice more specifically. In concluding this chapter, it is argued that a critical skill for practice is the ability to engage with policy and practice debates and thus to demonstrate the art of being political.

Chapters three and four review the literature relevant to this study. Chapter three discusses the attempts to conceptualise elder abuse and canvasses theoretical perspectives through which this phenomenon can be viewed. The uncertainty and complexity surrounding the issue of elder abuse is highlighted. It is asserted that sureness and simplicity are likely to remain elusive and as such it is argued that practitioners need skills that enable them to understand and navigate ambiguity as they formulate judgments about the presence, nature, and risk of abuse. A conceptual framework for understanding elder abuse is presented as this chapter concludes, in which elder abuse is positioned as a socially constructed phenomenon that is open to interpretation.

Chapter four examines knowledge for and in practice. This discussion is central to this study because it is argued that how social workers respond to cases of abuse will be determined by the knowledge they apply when making sense of this issue. It is asserted that knowledge for and in practice is as complex and contestable as is the knowledge about elder abuse itself, as was explored in chapter three. Further it is maintained that social workers need to be explicitly aware of what is informing their practice and why particular knowledge, as opposed to alternate ways of thinking, are utilised. This is important because explicitly articulated knowledge will advance understandings about this phenomenon, and make transparent assessment and decision-making processes. Chapter four concludes by presenting the conceptual framework for this study that arose from an in-depth exploration of the literature. The conceptual framework contends that a variety of knowledge is available for use but that it is likely that the knowledge applied to practice is tacitly held, and selected and filtered through a number of bio-socio-cultural-historic-political factors. The importance of critical reflection is raised here.

Chapter five outlines the research strategy and processes for this study. Discussed are the philosophical foundation, theoretical standpoint, and methodological approach
that will be taken. The research design, data collection, and interpretative analysis processes are also presented. Ethical considerations relating to this study are explored, as is the question of the trustworthiness of this small-scale qualitative research project. It is acknowledged that the findings of this study cannot be generalised, but it is asserted that knowledge about elder abuse practice can still be advanced by this study. The richness of both the data and the presentation of the findings will enable judgments to be made about the transferability of these findings to other contexts.

Chapters six, seven and eight communicate the findings from this study. Participants’ own words are used to highlight key points. Chapter six presents the analysis of sense-making. Explored in this chapter is the way elder abuse is conceptualised and what factors influence how this phenomenon is understood.

Chapter seven reports the analysis relating to knowledge for and in practice. What knowledge social workers draw as they formulate understandings and assess situations of abuse is explored. The use of theoretical, empirical and professional knowledge bases together with the tacit and explicit dimensions of knowing are examined in the context of elder abuse practice.

Chapter eight details the findings relating the social workers’ accounts of what they do when encountering cases of abuse. What responses are made and the rationale for these responses is scrutinised and how knowledge informs this process of decision-making is considered.

The final chapter, chapter nine, draws together the key insights and conclusions from this research and explores the implications for policy, practice and social work education of this study. Suggestions for further research are also noted. To conclude the thesis a model that reconceptualises practice with older people who are abused is presented.

**Conclusion**

In concluding this chapter, it is important to acknowledge that older people, while not included as participants in this study, are key stakeholders in the debates about elder abuse. This is because social workers’ judgments about what matters to whom in
circumstances where an older person is being or is at risk of abuse, will guide their decisions about what needs to be done. These decisions are ones that will significant impact outcomes for older people. The greatest significance of this study rests with how the insights and conclusions garnered from this study might benefit older people who find themselves in challenging abusive situations. The background to these situations in the context of Aotearoa/New Zealand is the focus of the following chapter.
Chapter 2: The Aotearoa/New Zealand context

As is happening elsewhere, Aotearoa/New Zealand is experiencing population ageing (Statistics New Zealand [StatsNZ], 2011). This trend has raised concerns about the rising health and welfare costs associated with a burgeoning population of older citizens; costs that are expected to increase as the numbers and proportion of older people continue to grow (Phillipson, 2013). Concerns have also been expressed about the social costs related to providing care for older people (Boston & Davey, 2007). Hughes and Heycox (2010) argue that increasing numbers of older people combined with longevity may increase the likelihood of age-related vulnerability to a range of issues including abuse, an issue that first emerged as a matter of concern in the 1970s (Baker, 1977). It was not until the late 1980s that an active awareness of the issue reached Aotearoa/New Zealand (Maher, 2005). Since then, an ‘elder abuse tale’ has evolved, one that reflects the way elder abuse is conceptualised and responded to in this context. This chapter situates elder abuse practice and policy in Aotearoa/New Zealand.

The chapter begins by describing population ageing. Noted is the heterogeneity of the older Aotearoa/New Zealand population. The latter sections of this chapter outline the care-giving systems and policy frameworks in this context. These are systems and frameworks that shape responses to issues of ageing in general, and responses to the phenomenon of elder abuse in particular.

Aotearoa/New Zealand: an ageing society

As noted above, similar to populations in other western nations (United Nations, 2013), Aotearoa/New Zealand’s population has trended towards an increasing proportion of the citizens being 65 years or over (StatsNZ, 2011, retrieved 24 June, 2015). Between 1970 and 2005, numbers in this age group doubled (Boston & Davey, 2006). This trend is expected to continue with an estimated 25 per cent of all New Zealanders predicted to be over the age of 65 by 2030, a significant number of whom will be in the ‘old old’ category aged 85 or older (StatsNZ, 2011, retrieved 25 June, 2015). Numbers in this older cohort trebled between 1981 and 2011, with one in every 61 New Zealanders 85 or older in 2011 (StatsNZ, 2011, retrieved 25 June, 2015).
While not denying the significance of understanding the demographic trends across the population, it is important to recognise that these statistics tend to homogenise old age, rendering less visible the diversity that exists amongst older New Zealanders. Lowskey, Olshansky, Bhattacharya and Goldman (2013, p. 8) challenge this homogenisation process, with the former arguing that differing life trajectories ... lead to ... differences in health and wellness [including] socioeconomic and behavioural factors such ... social engagement and support, stress levels, carer experiences, and geographic location.

Susceptibility to abuse in later life is also likely to be influenced by the life course, therefore recognising and understanding diversity in later life must be a consideration when making sense of, and responding to, elder abuse.

Ageing and diversity

Like all age groups, the process of ageing is diverse because multiple factors influence the way old age is experienced (Lowskey et al., 2013; Phillipson, 2013). This section describes the diversity of the older population in the context of Aotearoa/New Zealand, and identifies the different and often overlapping factors that may contribute to a person’s reality in old age. The purpose of this section is to provide a demographic overview of the ageing population in Aotearoa/New Zealand that portrays the diversity that social workers are likely to encounter (and need to consider) when practising in the field of elder abuse.

Aotearoa/New Zealand is a bi-cultural nation founded on the Tiriti o Waitangi which recognises the special relationship between the Crown and the indigenous peoples of this land. The Tiriti o Waitangi remains relevant today as it provides a framework for recognising cultural diversity alongside the unique place of Māori in Aotearoa/New Zealand. Of particular interest in this study are the statistics that indicate that culture influences the experience of ageing. For example, both Māori and Pasifika communities are over-represented in the statistics relating to poor health outcomes, with older Māori and Pasifika peoples experiencing poorer health and lower life expectancy than non-Māori of the same age (StatsNZ & Ministry of Pacific Island Affairs, 2011; Tamasese, Parsons & Waldegrave, 2014). Statistics also identify both

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7 The Treaty of Waitangi, the founding document, was signed 6th February 1840.
8 The Crown refers to all non-indigenous peoples who settle in this nation.
Māori and Pasifika peoples are generally poorer than non-Māori and that this financial gap widens with age and that greater deprivation is experienced by older people in these communities as they age (StatsNZ, 2013, retrieved 25 June, 2015). These factors may make older Māori and Pasifika peoples more susceptible to abuse.

In contrast, Asian New Zealander communities are currently younger and more financially secure than all other ethnic groups (StatsNZ, 2013, retrieved 25 June, 2015). Massey University pro vice-chancellor Professor Paul Spoonley predicts that Asian New Zealanders will be the second biggest ethnic group in Aotearoa/New Zealand within the next decade (The New Zealand Herald, December 4, 2013). The impact of ageing on these communities will need to be considered in the future, including the potential for increased vulnerability to abuse.

Diversity is also evident in the statistics that capture the gender dimensions of ageing. Aotearoa/New Zealand is experiencing the feminisation of old age like many other western nations, although the life expectancy gap between men and women is narrowing (StatsNZ, 2013 retrieved 25 Jan, 2016). Currently, over half of the population is female. It is predicted that by 2051 the majority of those over 65 years of age will be women, and that women will be over-represented in the 85-plus age group. According to StatsNZ (2006) women not only live longer than men, but tend to be poorer and more likely to be welfare dependent. Longevity and poverty may make older women more vulnerable, which may in turn make them more susceptible to abuse.

Variability across the older population is also apparent when the growing sub-population of ageing gay, lesbian, bisexual and transgendered [GLBT] peoples in Aotearoa/New Zealand is considered (Pega, 2009 retrieved www.ststisphere.govt.nz, 27 January, 2016). Studies indicate that in general those in the GLBT community are more at risk of suicide, bullying, victimisation, depression, and physical and verbal assault (Adams, Dickinson & Asiasiga, 2012). While the 2008 StatsNZ Report identified a growing willingness for individuals to openly report their sexual orientation, until statistics relating to this are included in the national census a full picture of the

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9 Māori consistently earn less than the average for the total population (StatsNZ, 2012).
10Figures are derived from the five yearly census undertaken by StatsNZ, a government department. The most recent statistics are those collected in 2006 as the 2011 national census was cancelled due to disruption caused by the Canterbury Earthquakes 2010/2011. A delayed National Census was undertaken in March 2013. Data is currently being released but at the time of writing not all pertinent statistics have been made publically available.
older GLBT community, their needs and vulnerabilities (including to abuse in old age) will remain unclear.

Demographic statistics relating to ageing provide an important backdrop for social workers when making sense of and responding to elder abuse because they may highlight those who may be more at risk from abuse. Understanding the life trajectory and context of older people who are abused is an important aspect of elder abuse work. It is how this unique and contextual experience of ageing informs elder abuse practice that is a focus of this study. It is important to give attention to this because elder abuse cannot be understood without reference to lived experiences of those who are abused. This conclusion points to the social constructivist approach taken in this study. Chapter five will include a discussion on social constructionism theory and its relevance to this study.

**Perceptions of ageing**

The details of the diverse make-up of older New Zealanders are available from data published by StatsNZ. However, ageing is more commonly viewed and talked about using a more homogenous lens where the data on ageing is generalised and used to frame debates about the economic and social costs of an ageing population. The debates about the burden of an ageing population are evident in media articles that call attention to how an “Aging population puts pressure on health system” (www.stuff.co.nz, 1 April 2015). Such articles voice concerns about the financial burden increasing numbers of older people place on the rest of society. What remains silent in these discussions is the social and economic contribution made by older people as customers, financial contributors, employers, paid employees and unpaid volunteers. The ‘burden’ of an ageing population, and the widespread social and political debate this generates, is examined in the following section because it is in this process of problematising growing old that understandings and practices in the field of elder abuse is located.

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The ‘burden’ of population ageing

Nationally and internationally (Thornton, 2010) questions have been raised about the future sustainability of health and welfare services as the costs associated with hospital and residential aged care services continue to rise. Debates about how to future-proof retirement income are common (www.treasury.govt.nz, retrieved 1 July, 2015). In addition, two further conversations are underway. One is about the social costs associated with care-giving for an older person, and the other is regarding the capacity of the aged care workforce to provide care into the future (Health Workforce New Zealand [HWNZ]12, 2011; The Human Rights Commission [HRC], 2012). The following sections outline these two conversations.

Population ageing and care-giving

Care giving for older people is an amalgam of informal13 and formal14 care in Aotearoa/New Zealand (HWNZ, 2011). In 2011, HWNZ estimated that 420,000 unpaid care-givers were supporting older people and a further 18,150 people were engaged in paid care-giving roles. Predicting an increase in the demand for care-givers, HWNZ has stimulated public conversations about the financial and social costs associated with providing both formal and informal care (Badkar, 2009).

Informal care-giving

Goodhead and McDonald (2007) have explored the nature and extent of informal care in Aotearoa/New Zealand. These authors report that informal care-giving is characterised by need, based on relationships, and is a task that mostly goes unnoticed. Goodhead and McDonald’s 2007 study highlighted that most informal care-givers were whānau15/family members, mostly women, and that the task of providing informal care is demanding. They concluded that while informal care-givers take.

responsibility [for] the well-being of [the older] person ... [as well as] ongoing ... liaisons[on] with formal care systems and attending to shortfall[s] not provided by paid health care workers ... the pool of people [able] to provide care is declining

12 HWNZ was established in 2009 to assist the government to achieve its health targets by ensuring the capability and capacity of the health and welfare workforce.
13 Informal care-giving refers to unpaid care provided by whānau/family, friends, neighbours etc.
14 Formal care-giving refers to care provided by paid care-givers and/or professionals in the caring professions. In the HWNZ report paid care giving roles range from professionals such as nursing and medicine to paid care givers in residential care setting. Notably social work was not identified in the list of those providing care.
15 Whānau is the Māori term for family and is common use in this context.
because of a reduction in size of families, increased numbers of divorced and blended families ... [and] more women participating in the paid workforce.

In addition to a potential reduction in the capability of whānau/families to provide informal care, a question is raised about the capacity of whānau/family members to provide appropriate care when faced with multiple responsibilities. This question is of interest to this study because the expectations, capacity and capability of whānau/families to provide informal care directly relates to the issue of elder abuse in the context of whānau/family care-giving relationships. Therefore, an exploration of understandings about the perceptions of social workers about informal care-giving in the context of relationships where abuse might be present will be integrated into the research design.

Formal care

A similar debate regarding the capability and capacity of the formal care-giving sector to meet the demand for care in the context of an ageing population is also taking place. This debate includes the examination of a broader issue – that of an ageing workforce (Thornton, 2010). Social work makes up one part of this workforce.

In 2011, HWNZ reported on the ageing of the health workforce. Interestingly, no specific mention was made of social work in this report, despite social work services being located in many health settings. Attempts by the researcher to confirm figures as to the number of social workers employed across the aged-care sector proved difficult. In 2015, 236 members of the Aotearoa New Zealand Association of Social Workers [ANZASW] self-identified as employed in the aged-care sector. However, in an email dated 16 June 2015, the researcher was advised not to rely on this data because it was drawn “using [a] rather unreliable field of practice query” (personal communication, L Sandford-Reed, 16 June 2015). The Social Workers Registration Board [SWRB] was also unable to quantify the social work aged-care workforce because the Board does not gather information on fields of practice. Interestingly, in contrast the numbers of social workers employed in statutory child care services was easier to access. As at 1 January 2015, 1,408 were employed by Child Youth and

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16 Aged-care social workers who are not members of the ANZASW are not represented in this data.
Family Services [CYFs]\(^{17}\): 916 of whom are registered\(^{18}\). Despite these figures being incomplete they appear to signal that a significantly higher proportion of the social work workforce is engaged in practice with children and young people, even though the indicators confirm an ageing population.

These statistics may reflect research that points towards social work students and graduates being reluctant to work with older people (Tompkins & Rosen, 2013; Wang & Chonody, 2013). One possible explanation for this apparent lack of interest could be the pervasive nature of ageism which may lead to a career in aged care being perceived as socially undervalued and thus undesirable (Wang & Chonody, 2013). If this explanation has merit it raises a challenge for social work education to consider ways to engage students in aged-care practice. This is not a new issue (Kane, 2006; Allen, Cherry & Palmore 2009; Phillipson, 2013), but it is one that remains pressing, given the growing number of older people who are likely to require social work services in the future; including in relation to the issue of abuse.

Exploring the context of formal care alongside that of informal care provision is relevant to this study because understanding elder abuse requires an examination of how the structure, context and resourcing of these sectors are perceived as this will impact on both policy and practice. It is to this policy and practice context that this chapter now turns.

**Ageing in Aotearoa/New Zealand: the policy and practice contexts**

Ageism has been raised as a concern because ageist thinking is seen to shape policy and practice in ways that negatively impact on opportunities for older people (Kane, 2004, 2006; Victor, 2005; Hughes & Heycox, 2010; Phillipson, 2013). One negative outcome may be increased vulnerability to abuse. This section provides an overview of relevant local policies, legislation, strategies and guidelines that provide the

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\(^{17}\) Child Youth and Family Service [CYFs] is the statutory child protection service in Aotearoa. Services include: child protection, youth justice and adoptions. CYFs is not the only child protection service and therefore these figures do not fully represent the child protection social workforce in this country.

\(^{18}\) Response made by The Honourable Anne Tolley, Minister of Social Development during parliamentary question time.
necessary background for a close examination of how elder abuse is understood and responded to in Aotearoa/New Zealand.

Policy: Retirement income

Policy decisions in Aotearoa/New Zealand have long taken into account concerns regarding older people. However, the primarily focus has been on policy relating to retirement income, with the first old-age pension scheme being introduced in 1898 (McClure, 1998). Historically, pension provision was deemed warranted as financial support in later life recognised the contribution older people made to this society (Hurnard, 2011). This view remained intact for nine decades until concerns about population ageing prompted debate about the economic and social equity of retirement incomes (Jackson & McRobie, 2008; St John, Dale & Ashton, 2012). These debates posited that traditional pension provision was not sustainable and that state-funded retirement income could no longer be guaranteed. At the time of writing all New Zealanders aged 65 remain eligible for universal, state-funded superannuation.

From the pension debates of the 1980s and 1990s, a political lobby group, Grey Power, emerged. This advocacy group campaigns for the rights and needs of those over 50 and remains politically relevant in the context of population ageing (www.greypower.co.nz, retrieved 11 July, 2015). Established also in response to these debates was Kiwisaver, a voluntary contribution-based retirement income fund established in 2007. While not compulsory, this scheme is widely advocated by the government who (initially) offered a $1000 ‘kick-start’ incentive to join (www.kiwisaver.govt.nz, retrieved 18 June, 2015). As a contribution-based scheme, Kiwisaver pay-outs are linked to the saver’s contribution and thus will reflect a person’s capacity to save. The heterogeneity of the older population (described earlier) would suggest that some people have greater potential to benefit from the Kiwisaver scheme than others. As a consequence, income disparity in later life may widen with women, Māori and Pasifika peoples likely to receive a smaller pension on retirement due to

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19 The age of New Zealand superannuation has been debated but currently remains at 65 years.
20 Contribution-based retirement income had been mooted on previous occasions but was never introduced.
21 This incentive was removed in the 2015 budget with a reported reduction in the uptake of new Kiwisaver members, particularly younger people.
22 Kiwisaver savings cannot be accessed until a person is eligible for New Zealand superannuation (currently 65) and has been in the scheme at least five years. There are some exceptions which enable an early release. www.kiwisaver.govt.nz retrieved January, 2016.
their life course trajectory. Such income disparity in old age may limit opportunities and choices for some. This is a factor that will require attention when seeking to understand elder abuse. For example, poorer older people are likely to have limited choice when care needs require informal and/or formal support and/or when abuse is identified.

**Policy: to protect**

Policy relating to protection in the context of whānau/family and domestic relationships of adults has been a more recent development when compared to pension provisions. While policy initiatives abound with references to the protection and welfare of children and young people (Children Young People and Their Families Act, 1989; The Care of Children Act, 2004; The Vulnerable Children’s Act, 2014) similar attention to the care of older people has been largely absent.\(^\text{23}\) One explanation for this may be a sustained focus on child protection due to Aotearoa/New Zealand’s high rate of child abuse (childmatters.org.nz, retrieved 10 June, 2015). It may also be because adults are considered to be independent citizens who do not require specific legislative protection beyond general provisions that apply to everyone such as The Crimes Act, (1961), and The Domestic Violence Act, (1995).

Some countries (for example the USA), have specific legislation to protect elders that can be utilised in cases of abuse (Nerenberg, 2008). These measures provide a legislative framework for practice, and powers to scrutinise and intercede in suspected and actual cases of abuse. While Aotearoa/New Zealand has not adopted a judicial approach, some legislative provisions (in addition to general laws that apply to all citizens) are of particular relevance to the issue of elder abuse. These are The Protection of Personal and Property Rights Act [PPP&R] (1988), and the 2011 amendment to The Crimes Act (1961).

The PPP&R Act (1988) seeks to provide legal protection for people over 18 years who lack capacity (wholly or partly) to understand the nature, and to foresee the consequences, of decisions ... relating to [their] personal care and welfare ...[or] .... lack the capacity to communicate decisions in respect of such matters. Part 1, Section 6.

\(^{23}\) A recently published (2014) text entitled ‘Elder law in New Zealand’, edited by Diesfeld and McIntosh is the first text exploring elder law in the Aotearoa/New Zealand context.
The Act was amended in 2008 following concerns raised about financial abuse through misuse of the Enduring Powers of Attorney (www.msd, 2014, retrieved 10 June, 2015). The amendment improved witnessing and consultation processes; defined more precisely the term ‘mental incapacity’, and reiterated the need for an attorney to act in the ‘best interests’ of the ‘subject person’. In addition, Part 1, Section 5 of the PPP&R Act (www.legislation.govt.nz, retrieved 5 June, 2016) makes clear the presumption of competence. This section states that

   every person shall be presumed, until the contrary is proved, to have the capacity—
   
   (a) to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to his or her personal care and welfare; and
   
   (b) to communicate decisions in respect of those matters.

While not exclusively designed for older people, the provisions under the PPP&R Act do provide a legal means by which an older person’s financial and welfare needs can be protected. This Act is relevant in cases where some forms of abuse are found.

The 2011 amendment to The Crimes Act (1961) (Part 1 (4.1), www.legislation.govt.nz, retrieved 30 June, 2015)24 is the first time that legislation in this context has explicitly referred to the term ‘vulnerable adults’. The term is defined as

   a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person.

In comparison, the definition of vulnerability in the 2014 Vulnerable Children’s Act is more expansive, capturing personal characteristics (as noted above), but also acknowledging environmental factors which can increase the risk of abuse. Given that the elder abuse literature (which is examined in detail in chapter 3) is replete with evidence that indicates personal characteristics and environmental factors make older people vulnerable to abuse, it is interesting that the definition in the amendment only refers to the former. Whether personal characteristics rather than environmental factors predominately frame social workers’ understandings of abuse will need to be explored as part of this study.

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24 The Crimes Amendment Act (No 3) 2011 came into force on 9 March 2012.
Of specific interest also to elder abuse practice is the additional amendment to the Crimes Act (1961) that sees care-givers liable to prosecution ...if they fail to take action when an older person is being harmed...[by] taking reasonable steps to protect [them] from injury.\footnote{25}

This provision provides a clear legal direction that can be applied to some cases of elder abuse.

Whether older people require further and specific protection in law in addition to what is currently available remains unanswered, although Davey and McKendry (2011) suggests that more robust legal provision may be a strategy that can apply to cases of financial abuse. While this discussion is yet to occur in Aotearoa/New Zealand, a number of age-related policy strategies have been developed in response to population ageing, some of which pay particular attention to concerns about abuse. These are outlined below.

Of particular interest to this study are the: Positive Ageing Strategy (2001), Health of Older People Strategy (2002), and Te Rito Family Violence Prevention Strategy – Elder Abuse (2007).

**The Positive Ageing Strategy**

The Positive Ageing Strategy (2001) aspires to improve the wellbeing of older people and to reduce the demand for costly health and medical services by encouraging older people to ‘age well’. A ‘well’ older population is expected to reduce health spending and enable health dollars to be targeted to meet the needs of the most vulnerable (Fries, 2005). The strategy emphasises the importance of personal effort and community support; thus placing the onus for wellbeing and safety on the older person, and a moral obligation on whānau/families and communities to support and provide care. This position reflects the prevalent neo-liberal ideology\footnote{26} that focuses on personal and community responsibility and accountability (Horton, 2007)

\footnote{25}{The first conviction in a case of the abuse of an older person under this amendment was in the case of The Queen v Joanne Quinn, April 2014.}

\footnote{26}{Since the mid-1980s the dominant political ideology has flowed from neo-liberalism to third-way approaches to political decision making (Duncan, 2007).}
Using a neo-liberal lens to view elder abuse, the assumption may be that older people will be able to protect themselves or speak up and alert someone if they are being harmed. However, the principle of individual responsibility does not take into account the situation where older people lack capacity, financial resources and/or the social supports needed to age ‘well’ or speak out, or those who are not willing or able to share with a stranger their need for support and/or assistance because they are being abused.

In contrast a critical theory lens would see elder abuse practice as relational; where social workers would engage with both the individual older person and collectively with others, to challenge the issues of ageism, structural oppression and power that underlie the issue of abuse.

The Older People Strategy

The Health of Older People Strategy (2002) also focuses on the health care and support needs of older people (www.health.govt.nz, retrieved 30 June, 2015). This strategy advocates the principle of ‘ageing-in-place’ and is premised on a view that older people would elect to remain in their own home and community. This may well be the case for most; however, promoting ‘ageing-in-place’ may fail to recognise the diversity of the ageing population and the lived realities of older people and their whānau/families (Ervik & Linden, 2013), including that some older people may be ageing in an unsafe place.

Te Rito Family Violence prevention strategy – elder abuse

The Te Rito Family Violence Prevention Strategy (2002) aims to reduce incidences of whānau/family violence in respect of children, partners and elders. The cornerstones of the Te Rito strategy are to effect attitudinal change toward whānau/family violence and to provide a coordinated, culturally relevant and effective response (www.moh.govt.nz, retrieved 19 June, 2015). The Elder Abuse Guidelines (2007)27 are the latest in a series of elder abuse practice frameworks and build on the earlier work of Age Concern New Zealand who in the early 1990s produced an Elder Abuse

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27 These 2007 Guidelines were the final ones to be published.
Resource Kit that offered guidance for professionals who encountered abuse\(^{28}\) (Maher, 2005). The 2007 strategy introduced a six-step model to steer elder abuse practice in the health sector (Glasgow & Fanslow, 2007). In general terms these steps are to identify, support and empower, assess risk, plan safety, document, and refer. These guidelines remain current. The extent to which these guidelines remain relevant, effective and used in identifying and responding to elder abuse will be important to explore in the course of this study.

**Summary of the policy context**

The interests of older people are considered in policy and law\(^{29}\) although provisions in terms of specific policy and legislative frameworks to address elder abuse remain limited. However, non-elder abuse-specific laws and policy principles do exist. It may be that legal options are not immediately considered by policy makers or professionals because elder abuse practice primarily occurs in health and welfare rather than in a criminal justice setting in Aotearoa/New Zealand.

Relevant questions in the context of this study are

i. how readily are legal remedies recognised as relevant in cases of elder abuse and
ii. how often are they are applied in practice.

It was interesting to note that the literature suggests that where relevant laws exist these are not always identified as applicable to abuse in later life (Penhale & Parker, 2008), and that social workers do not always effectively integrate law into their practice (Braye, Preston-Shoot & Thorpe, 2006). The researcher does not consider that law alone can resolve issues of abuse but does suggest that attention needs to be given the extent to which law, policy and guidelines are considered when social workers are presented with cases of abuse.

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\(^{28}\) In the early 1990s Age Concern was identified as the lead agency tasked with educating the community about, and responding to, elder abuse. This task was undertaken with support from statutory aged care health services.

\(^{29}\) Provisions for elders are more extensive than described here. The focus of this discussion has been on provisions relevant to setting the scene for elder abuse practice in this context.
From policy to practice: elder abuse practice in Aotearoa/New Zealand

The final section of this chapter examines the health and welfare statutory and non-statutory setting in which elder abuse practice takes place. The size and nature of the problem in this context is also outlined. This discussion includes commentary on the recognised types, and on the identified risk indicators of abuse.

The health and welfare setting: the statutory sector

District Health Boards[^30] [DHBs] employ social workers (and other professionals) who respond, amongst other referrals, to cases of abuse. Many DHBs have health services devoted to older persons (for example, Older Persons Health, Canterbury DHB), although many older people are admitted to other services within the DHBs (Hanger, Fletcher & Sidwell, 2011). The DHBs primary function is to deliver cost-effective and targeted health services to the public. This agenda reflects the market model enshrined in The State Sector (1988) and The Fiscal Responsibility (1989) Acts ([www.legislation.govt.nz](http://www.legislation.govt.nz), retrieved 29 June, 2015) that require Crown entities to demonstrate fiscal responsibility, ensure sustainable management of public funds and to attend to government priorities.

Hughes and Heycox (2010) note a similar approach to health care in Australia has resulted in aged-care practice becoming task-centred, technocratic and focussed on brokering support services. These authors suggest this reflects the limited time available to social workers that enables them to build relationships that enable them to professionally engage with complex cases. The literature provides evidence that this procedural approach to practice is also occurring elsewhere (Penhale & Parker, 2008; Ray et al., 2009).

The Needs Assessment/Service Coordination [NASC][^31] model of aged-care practice is evidence of a similar approach in this country. The NASC model is used to assess and match needs (primarily tangible) with available funded (mostly) resources ([www.adhb.govt.nz](http://www.adhb.govt.nz), 2011, retrieved 28 June, 2015). The prescriptive nature of the NASC approach does not readily respond to complex cases such as those involving

[^30]: DHBs are crown entities that provide publically funded health services.
[^31]: The Needs Assessment approach uses a prescribed assessment tool for identifying needs.
abuse. There does not appear to be any challenge offered to the way the NASC process reduces the visibility of how social and environmental factors impact on the lives of older people. Currently NASC services are staffed by diverse occupational groups, not all of whom are educated to recognise, explore and address elder abuse.

The non-government [NGO] setting

The non-government sector is also a significant player in the provision of aged care services. A number of organisations such as Presbyterian Support Services, the Salvation Army, and Anglican Care operate in this space. In this sector, Age Concern New Zealand has, and continues to be, a major player in respect of aged-care services, and in particular in regards to assessing and intervening in elder abuse cases. This organisation is also at the forefront of educating the public about this phenomenon.

Age Concern is a charitable organisation set up to support and promote the rights and needs of older people. Established as the lead agency for elder abuse in the early 1990s (Maher, 2005), Age Concern maintains this role and is funded by the government to provide the Elder Abuse and Neglect Prevention Services [EANPs]. Currently, 19 EANPs exist and additional funding has been made available to extend the service into other regions. EANPs coordinators come from a range of disciplines (some from social work). All are involved in casework, advocacy and public education to varying degrees, depending on the focus of the particular council (www.ageconcern.org.nz, retrieved 29 June, 2015). All work together with statutory health services when assessing and intervening in cases of abuse. While the EANPs response reflects the nation’s primary response, a further five elder abuse services, including Māori and Pasifika providers, are funded by the Ministry of Social Development (New Zealand Family Violence Clearinghouse nzfvc.org.nz, retrieved 14 July, 2015).

Much of what is known about the size and nature of the issue of elder abuse in Aotearoa/New Zealand comes from data collected by the Age Concern. What has not been investigated is how knowledge about, and responses to, elder abuse have been
shaped, nor the on-going currency and relevance of the EANPs model. Exploring how relevant these responses continue to be and how they continue to shape elder abuse practice will need to be considered in this study. Notwithstanding this gap, Age Concern has contributed to knowledge about elder abuse in this context. This knowledge is relevant background to this study and is reviewed below.

The size of the abuse issue

News headlines such as “Reported cases of elderly abuse on the rise” (The Press, January 2009), “New Zealand’s hidden shame” (www.stuff.co.nz, March 2013), and “Golden fears” (The New Zealand Listener, September, 2015) suggest the problem of abuse is of concern to the community. In 2014, the WHO estimated that between 4-6% of older people may be subjected to abuse (www.who.int, retrieved 14 July, 2015). Age Concern data suggests that the situation in this country is likely to be similar (www.ageconcern.org.nz, retrieved 29 June 2015). The organisation’s website states that the EANPs receive 2000 referrals annually, with the majority confirmed as cases of abuse (www.ageconcern.org.nz, retrieved 14 July, 2015). It is important however to note that this data does not include information from the five non-affiliated services, nor cases that present elsewhere (for example: DHBs), thus it does not present a full picture. A recent Aotearoa/New Zealand study by Yeung, Cooper and Dale’s (2015) estimates the percentage may be as high as 18%.

Based on the available data, Waldegrave (2012, p. 14) concluded that “elder abuse is pervasive in New Zealand” and that

the current numbers provide reason enough for service providers and policy makers to become active in devising ways to reduce elder abuse.

How policy and practice is addressing this issue is a matter to be examined.

Nature of the problem

33 Age Concern no longer routinely updates reports analysing referrals to EANPs. The last reports published were for 2006.
Internationally the definitional issues surrounding the term ‘elder abuse’ have been extensively canvassed. This is explored further in chapter three. The following provides a brief introduction to the nature of elder abuse.

Definitional issues abound and have rendered meaning of the term elder abuse uncertain and a variability of prevalence data (Nerenberg, 2008). Insufficient data may be why, according to Nerenberg (2008), meanings ascribed to elder abuse may be inferred. Regardless of this on-going debate, elder abuse is a recognised phenomenon; one that takes multiple forms such as physical, emotional and financial abuse. It is also one that is generally linked to age-related vulnerabilities (WHO, 2002; Nerenberg, 2008; Killick & Taylor, 2012).

**Prevalence of types of abuse**

As elsewhere, multiple forms of abuse are identified in Aotearoa/New Zealand. Age Concern (2007) and Waldegrave (2012) report the incidence of physical and financial abuse is lower than psychological abuse, while Davey and McKendry (2011) suggest that as many as 50% of the reported cases involve financial abuse. The latest Age Concern figures (2015) indicate that 75% of all reported abuse is psychological; over 50% is financial; 15-20% is physical and between 10 and 15% is neglect. These figures are based on presenting cases and on definitions that remain imprecise. It is reasonable to assume therefore, that they may not fully tell the tale of elder abuse in Aotearoa/New Zealand. It will be important to consider how social workers understand these categories when identifying abuse.

**Risk indicators**

Waldegrave’s report (2012), the New Zealand Aged Care Association and Grey Power (2013) identified that some sectors of the population are more likely to be abused than others; that is women, Māori, those living alone and those in the care of their whānau/family. These studies also describe victims of abuse as (generally) having a lower sense of wellbeing and in poorer health than those not abused. These findings support earlier findings drawn from a secondary analysis of Age Concern’s data that identifies risk factors such as isolation, stress, addictions, impairment, dysfunctional relationships, dependency and frailty.
International literature pinpoints similar factors for abuse in later life (Nerenberg, 2008; McClennen, 2010; Göergen & Beaulieu, 2010; Payne, 2011). However, it is important to recognise that these factors could equally apply to abuse in whānau/families more generally. What the literature suggests (as will be discussed in the next chapter) is that vulnerability associated with old age may be an additional risk factor for abuse in later life. Ray, Bernard and Phillips (2009, p. 5-6), raise this notion stating that older people [are] being seen increasingly in terms of crisis, risk, dependency and frailty ... [with] practitioners ... focus(ed) on an older person’s difficulties at the expense of [their] strengths.

These authors suggest that the construction of old age may be a factor in understandings about elder abuse and that this construction separates elder abuse from other forms of whānau/family violence. If age-related vulnerability is a defining characteristic of elder abuse this may explain the health and welfare orientation of, and the absence of a criminal justice framework for, elder abuse services in this country. It will be necessary to consider the way conceptualisations of ageing in policy and practice are utilised when making sense of, and responding to, elder abuse.

**Conclusion**

This chapter has explored the context for elder abuse practice in Aotearoa/New Zealand. Noted were the concerns about the social and economic costs of the global phenomenon of population ageing, the need for fiscal responsibility and for workforce development to manage the expected demand for aged care health services in the future. Further, the call for increased personal responsibility that carries the expectation that individuals will conscientiously manage the ageing process so that they age positively, (presumably, free from abuse) was canvassed. While it was argued that it is unhelpful to reduce ageing to a single construct because of the heterogeneous nature of the older population, the increasingly prescriptive approach taken to policy and practice, which tends to homogenise older people and reduce practice to tasks, and stifle a more critical exploration of the issues facing older people were raised.

In concluding this chapter, it is argued that as a profession social work is well placed to engage with aged care policy and practice debates, but to do so effectively, social workers need to be cognisant of the specific context in which practice occurs and be
skilled in critical reflection and the art of being political. This chapter has identified some significant questions that will need to be taken into account during the research process. In examining these questions, the meaning ascribed to elder abuse and the way this meaning shapes practice can be fully scrutinised. This scrutiny begins by examining the elder abuse literature in the next chapter.
Chapter 3: Definitional and theoretical uncertainty: a Literature Review

This chapter explores the burgeoning literature on elder abuse which canvasses a range of issues. These include abuse in marginalised communities (Ploeg, Lohfeld & Walsh, 2013); managing risk (Milne, Cambridge, Beadle-Brown Mansell & Whelton, 2013); prevalence (Aciemo, Hemandex, Amstadter, Resnick, Steve, Muzzy & Kilpatrick 2010); conceptualisation (Nerenberg, 2008, Harbison et al., 2012), older people’s perceptions (Naughton, Drennan & Attracta, 2014; Taylor, Killick, O’Brien, Begley & Cater-Anand, 2014) and approaches to intervention (Alon & Berg-Warman, 2014; Wangmo, Teaster, Grace, Wong, Mendiondo, Blandford, Fisher & Fardo, 2014). This chapter focusses on the literature that explores the way this phenomenon is conceptualised as it is this issue that is pertinent to this study; one that examines how social workers make sense of, and intervene in, cases of elder abuse.

The chapter begins by exploring the contestability of the term ‘elder abuse’; reviewing and deconstructing the generic internationally accepted definition. The three key interlinking elements of this definition—age, harm and a relationship where there is an expectation of trust—are examined in an effort to appreciate their significance in relation to the term ‘elder abuse’, and the way they inform responses to abuse in later life. The later sections of this chapter focus on the literature that explores the theoretical perspectives that seek to explain why elder abuse happens. A conceptual framework is then presented – one that was developed from reviewing the literature.

Contested meaning

Internationally the term elder abuse is commonly used. However, despite an appearance of universality (and decades of debate and research), the meaning of this phrase remains uncertain (Penhale & Parker, 2008; Görgen & Beaulieu, 2010; Anand, Begley, O’Brien, Taylor & Killick, 2013; Ploeg et al., 2013; Phelan, 2014). While the definitional debate is examined more fully later in this chapter, the issues are briefly prefaced here by way of introduction.

Nerenberg (2008, p. 20) observed that many “perplexing theoretical and practical questions ... [and] ... overarching differences, issues and controversies” remain in the
field of elder abuse. For example, she states that no agreement has yet been reached on whether it is appropriate to call incidents involving older people ‘elder abuse’ where:

i. there was no intention to harm, or
ii. an older person was not seriously injured, or
iii. harm was an outcome of a ‘one-off’ event.

Nerenberg (2008) also highlights differences about whether practice ought to focus on the actions of those who harm, on the impact of harm as experienced by older people, or indeed both. The National Center for Elder Abuse [NCEA] (www.ncea.goa.gov, retrieved 10 January, 2016) and Dixon, Manthorpe, Biggs, Mowlam, Tennant, Tinker and McCreadie (2010) add that understandings about what relationships that carry expectations of trust look like also remain undefined.

Eisikovits, Koren and Band-Winterstein (2013, p. 1291) explain this perplexity commenting that

abuse [is] a product of complex social and psychological practices that reflect broader social arrangements ... [thus] interpretations are multiple.

These and other scholars (Biggs; Manthorpe, Tinker, Doyle & Erensref, 2009; Conrad, Iris, Ridings, Rosen, Fairman & Anetzberger, 2011; Killick & Taylor, 2011; Johnson, 2011; Tilse & Wilson, 2013) argue therefore, that recognising the way that the older person and their circumstances, together with organisational places of practice, societal structures, policies and law, and social worker values, beliefs, and experience, shape understandings and responses, is critical for building knowledge about elder abuse and elder abuse practice. Johnson (2011, p. 835) summarises this view, stating that

all attempts to describe [and] understand ... the social world incorporates interpretations ... [which] draw on frameworks of reference ... that are historically and culturally contingent.

What knowledge is utilised, and how knowledge choice influences policy and practice is debated in the literature (Yaffe, Wolfson & Lithwick, 2009; Killick & Taylor, 2012; Band-Winterstein, Goldblatt & Alon, 2014). Chapter four explores knowledge for and in elder abuse practice in-depth. At this juncture, it is important to note that these debates reinforce Nerenberg’s (2008) claim that making sense of the term elder abuse is a complex process that is yet to be resolved and highlights the views of a few
scholars who question whether certainty is achievable or in fact, beneficial (Nerenberg, 2008; Jackson & Hafemeister, 2011; Harbison et al., 2012).

Despite the definitional uncertainty observed in the literature, the term ‘elder abuse’ is in everyday use and it is therefore used in this study. However, here it is used guardedly given the on-going ambiguity. It is argued in this thesis that the term ‘elder abuse’ is socially constructed. At this time, it is important to declare that the researcher concurs with Pardeck (2015, p. 134) who asserts abuse in later life needs to be understood as a consequence of a multifaceted “interplay between psychological, social, economic, political and physical forces”. This standpoint is explored in chapter five and is one that ought to resonate with social workers as theirs is a profession that places an emphasis on the ‘person-in-context’ and recognises and values contexts and diversity (Penhale & Parker, 2008; Dixon et al., 2010; ANZASW, 2015). Thus conceptualising elder abuse without reference to context would be professionally questionable.

The following section explores the way the term ‘elder abuse’ is commonly defined. This discussion focuses on the Toronto Declaration on the Global Prevention of Elder Abuse [The Toronto Declaration] (WHO, 2002) as this document articulates the definition that has been advanced globally. This internationally endorsed definition is presented and then deconstructed. The process of deconstruction will shed light on the importance of interrogating the meaning ascribed to the components and the way these meanings shape understandings of abuse in later life. Highlighted also will be the need to analyse understandings in order to continue to build knowledge that will frame elder abuse policy and practice.

**The Toronto Declaration**

The Toronto Declaration (WHO, 2002, p. 3) defines elder abuse as

> a single or repeated act or lack of appropriate action, occurring within a relationship where there is an expectation of trust which causes harm or distress to an older person. It can be of various forms: physical, psychological/emotional, sexual, financial or simply reflect intentional or unintentional neglect.

According to this statement this phenomenon is characterised by three intertwined factors: the age of a person, an outcome of harm, and abuse within a relationship where trust between individuals can be expected. This is the most agreed upon

Hajanic and Lahe (2012) assert that the Toronto Declaration reflects a general agreement about what actions and circumstances make up elder abuse, and that it has been used globally to shape policy and practice. The existence of a general agreement however, should not be regarded as a definitive definition. The researcher argues that an examination of the dimensions of this common accord is required in order that the conceptions and perceptions that inform elder abuse policy and practice are scrutinised. In deconstructing these dimensions the researcher remains mindful of the importance of considering the interconnection between them in the context of elder abuse. Figure 1 below illustrates this coalescence of factors represented in the current definition.

Figure 1: Elder abuse the interconnecting elements.

Deconstructing the Toronto Declaration

The following questions are used when examining the literature to deconstruct the Toronto Declaration. These questions will provide an opportunity to probe the building blocks on which understandings of, and responses to, elder abuse have been built.

Question 1: how is old age defined?
Question 2: what denotes harm to an older person?
Question 3: what characterises a relationship where there is an expectation of trust?
How is old age defined?

An increasing focus on gerontological research is evident in the literature (Victor, 2006; Phillips, Ajrouch & Hillcoat-Nalletamby, 2010; Alley, Putney, Rice, & Bengtson, 2010; Liang & Luo B, 2012). Much of this research concurs with Cesaria, Vellasa & Gambassid (2013, p. 451) who stress that although (some) theories of ageing are ... well established, our knowledge about how we age is still very limited. ...Theories... implicitly suggest that (ageing) is ... complex and unlikely to be explained by a single pathway.

Here it is argued that how the term ‘old age’ is construed depends on who is ascribing meaning, and through which lens ageing is viewed. There are however, two main theoretical perspectives on ageing that are most commonly considered. These are the biological/chronological and social perspectives (Cesaria et al., 2013; Phillipson, 2013; Lowsky, Olshansky, Bhattacharya & Goldman, 2014). The focus here is not to explore theories of ageing in-depth; this is covered elsewhere (For example: Victor, 2006; Cesaria, et al. 2013; Lowsky et al., 2014). What is relevant to this discussion is how old age is constructed in the context of understanding and responding to elder abuse because this is a core dimension of the current definition. A brief summary of the literature relating to biological/chronological and social perspectives of later life follow. This is followed by a section that considers how elder abuse policy and practice is shaped by these perspectives.

A biological/chronological construct

Biological/chronological constructions of age dominate the literature. Scholars do however, recognise this as a relatively crude way to define age because it does not easily incorporate individual and cultural differences that may impact on the ageing process (Victor, 2006; Martin, 2011). While the United Nations [UN] has no numerical criterion, this organisation identifies older people as those who are 60 plus (www.who.int, retrieved 3 February, 2016). Similarly, Aotearoa/New Zealand has no official standard and no compulsory retirement age, however the yardstick is 65 years and over because it is at this age that the national pension can be accessed (www.newzealandnow.govt.nz retrieved 2 February, 2016).

34 Each perspective has multiple theoretical strands.
Premised on the view that cellular deterioration is naturally occurring over time and that bodily function is corroded, this perspective regards ageing as both an individual and a universal process because everyone ages. Embedded in this understanding of old age are the norms, expectations and beliefs a society holds about what it is to be old (Phillipson, 2013). Emphasised in this approach are the deficits that are generally considered inescapable consequences of the ageing process including decline, disablement, dependence and vulnerability (Dong, Simon, Beck, Farran, McCann, Mendes de Leon, Laumann & Evans, 2010).

Conceptualising old age in terms of bodily decline and time-on-earth allows old age to be ‘known’ and delineated as qualitatively different from other age groups, albeit somewhat arbitrarily. It is an approach that also enables the creation of the singular social category (old age) that can serve to reinforce the perception that older people have similar needs and wants. The concerns about the health and social costs of an ageing population noted in chapter two provides some evidence of this process of homogenising the needs of older people. Such a homogenous construction also makes it possible for the legislature, policy makers and organisations to develop generic policies and standardised criteria which can be applied to age-related issues (St John, Dale & Ashton, 2012; Hudson, 2014). Such policies can also reinforce what we believe and ‘know’ about being old and the issues (such as abuse) that older people may face.

Old age as a social construction

In contrast to this biological/chronological approach to understanding ageing, there is a growing voice in the literature that positions ageing as a socially constructed phenomenon (Payne, 2012; Cesaria et al., 2013; Phillipson, 2013). Rejecting the notion of homogeneity in old age and the view that older people are overall more problematic than other age groups, proponents argue that ageing is person, time and place sensitive, and influenced by wider societal attitudes to ageing. Advanced also is the view that age-based norms and expectations are created in historic, cultural, political, social and economic moments-in-time and therefore what it means to be old changes over time. Payne (2012), Gambassid (2013) and Phillipson (2013) argue that old age cannot be understood outside the individual, social and structural contexts in which it occurs.
Conceptualising old age as a socially derived phenomenon offers an alternate viewpoint to the more pre-ordained ideas offered by the biological/chronological perspective; that is that older people’s needs, abilities, and interests vary just as the needs, abilities and interests of people in other age groups do. This approach also opens up a different set of questions that are useful to consider. These include:

1. Who defines old age and what factors influence such definitions?
2. How are policy and practice decisions influenced by the way ageing is defined?
3. How relevant are policy and practice models to the lived experience of older people?
4. How does the construction of ageing impact on the status, opportunities and choices available to older people?

Central to these questions is the policy context that informs and shapes practice. The discussion now turns to these contexts.

**Constructions of age in policy**

Calasanti and Slevin (2001, p. 2) argue that old age has become an “organising principle”; one that formulates age-related policies and guides practice decisions. Tanner and Harris (2008), Ray et al. (2009), Dixon et al. (2010) and Hughes and Heycox (2010) have also drawn attention to how biological/chronological constructions of age dominate policy. These authors note that ageing is often presented as a problematic category; one that requires the specific attention of policy makers. The concerns about population ageing noted in chapter two attest to this. The debates surrounding population ageing have provided an impetus for policy makers to clearly identify and manage need in the context of anticipated rising health and welfare costs associated with increasing numbers of older (and old old) citizens. One approach in this context has been the NASC model referred to in the previous chapter. This model assesses older people’s needs against a set criterion, and allocates and manages the limited resources available to meet these needs.

Phillipson (2013) suggests that using such universal measures to define old age and needs enables policy makers to tangibly discern who is old, identify what age-related issues require their attention and assess the magnitude of these issues and the cost of strategies to manage them. Phillipson (2013), Ray et al. (2009) and Hughes and Heycox (2010) challenge policy formulation based on such homogenous understandings of ageing. While acknowledging that a category known as ‘old’ allows
a targeted and managed approach to service provision within the context of limited resourcing, they compellingly argue that the dominance of biological/chronological construction of ageing in policy renders less visible the unique and contextual, heterogeneous reality of old age. According to Eisikovits, Chaya and Band-Winterstein (2013), a biological/chronological framework for policy making also generates a ‘paternalistic’, protectionist approach to policy making; one that reinforces a dependency perspective of ageing and may, according to Phelan (2008, p. 320) lead to “prejudiced attitudes, actions and societal marginalisation”.

It is argued here that using biology and chronology to measure and manage the needs of an ageing population is more a matter of expediency than a reflection of the actual needs of older people. It enables a ‘one-size-fits-all’ approach to policy. Further it is suggested here that this policy approach may well limit opportunities and choices for older people in general, and those who are abused, because only a narrow range of policies, based on culturally held beliefs about what it means to be old, may be available. It may also mean that alternatives are not explored in policy or practice.

**Constructions of age in elder abuse practice**

Some scholars explore how social workers bring to their practice with abused elders, a social perspective of ageing (Eisikovits et al., 2013; Band-Winterstein et al., 2014). However, while a person-in-environment perspective is the domain of the social work profession, the literature highlights that other disciplines, particularly nursing, also bring this framework to their practice with older people (Schmeidel, Daly, Rosenbaum, Schmuch & Jogerst, 2012; Phelan, 2014). In the Schmeidel et al. study (2012) the extent to which different disciplines utilise a ‘person-in-environment’ approach in the context of elder abuse practice was explored. Compared to nurses and physicians, Schmeidel et al. (2012) identified that social workers brought a more holistic perspective when they made sense of aged-related abuse, and that they were able to identify and assess abuse more easily. However, this study also revealed that time constraints in health-focused settings often encouraged social workers to accept assessment approaches that focus on biological/chronological age-related factors, usually at the expense of social and environmental considerations.
In addition, Schmeidel et al. (2012) argued that bringing a social ‘person-in-environment’ perspective to practice does not necessarily equate to understanding ageing as a socially constructed phenomenon; rather it may simply mean that the wider social networks of an older person are considered. Payne (2012) agrees and suggests that social workers do not adequately consider the extent to which understandings of ageing are expressed in policy, how these frame the way health and welfare systems are structured or how these shape practice and ultimately, outcomes for older people. Payne’s claim resonates with views expressed in chapter two, where it was noted that aged-care social workers in Aotearoa/New Zealand have been largely silent on the merits and limitations of the universally applied, prescriptive and functionally focussed NASC model as a way to assess and support older people.

Ray et al. (2009, p. 23) offers a similar critique, claiming that there is a notable lack of “challenge [by social workers] to the dominant decline and loss paradigm” associated with ageing. While acknowledging that competency to assess biological and psychological factors is undoubtedly important, these authors and Ash (2013) suggest that busy practice environments may contribute to this lack of challenge. Using the metaphor of a “cognitive mask” (p. 111-112) Ash describes how organisational settings can

render professionals limited in their capacity to see through and beyond the outputs of contracting and regulatory systems ... institutionalised cultures and practices ... [and] narrow the vision of what was seen [by] excluding the wider social, political and cultural context [of abuse].

This critique of social work practice with older people may also be explained by the literature that indicates social workers may defer to the views of other health professionals when making assessments (Horning, Wilkins, Dhanani & Henriques, 2013; Gitterman, 2014). Beddoe (2011, p. 26) proposes that health social work in Aotearoa/New Zealand\(^\text{35}\) is weak in comparison to other disciplines and that the profession’s

relative lack of independence...suggests that social work has been a ‘guest’ under the benign control of the medical and nursing professions.

\(^{35}\) The health setting is where much of elder abuse work is concentrated.
The critiques of practice offered by Payne (2012), Ray et al. (2009), Schmeidel et al. (2012) and Beddoe (2011) are interesting given the emphasis the profession places on understanding the person-in-environment, acceptance of diversity and difference, and advocating for human rights and social justice. This literature raises questions about elder abuse practice and whether abuse may be understood and responded to through a policy and practice lens that positions older people as dependent and social workers as constrained by the context in which they practice. Exploring the relationship between understandings of ageing, the context of practice and the issue of abuse will be important to this study.

**Deconstruction of ageing: summary**

It is argued here that ageing can be understood in multiple ways, that it is a complex process and that we may never fully comprehend what it means to be old. In the absence of clarity, biological/chronological measures are observed as dominating policy and practice. These are seen to be used to identify, target and address specific needs that are thought to be associated with ageing. Arguably this is a pragmatic response; one that enables policy makers to target certain issues considered to be relevant to older people, and for service systems to be organised in ways that can address these particular needs within budgetary limits.

However, it is also an approach that may prevent a more critical examination of what it means to be old because by focusing on biological/chronological processes and establishing services in response to this understanding of ageing, the social reality of ageing can be obscured. In relation to elder abuse, this approach may fail to recognise wider contextual factors such as whānau/family dynamics, organisational structures and practices, and policies that may make a person more vulnerable to abuse (Dixon, et. al., 2010; Phillipson, 2013). If these factors remain unrecognised, it is reasonable to assume that strategies to intervene in elder abuse may also be restricted.

Of interest here is how social workers in this study construct and/or challenge understandings of old age as they engage with the issue and practice of elder abuse. A similar question is posed in relation to how the concept of harm is understood in the context of elder abuse practice. Attention now turns to probing this question.

**What denotes harm to an older person?**
While explored separately, it is again acknowledged that for a case to be one of elder abuse, harm must involve an older person and occur within a relationship that implies trust. The intersection of these dimensions is kept in mind during this discussion.

The Toronto Declaration (2002) lists categories of harm that constitute elder abuse, noting the relevance of both age and relationships that imply trust. Physical, sexual, psychological, emotional and financial abuse, and neglect are stated here and are the types of harmful behaviours that are consistently identified in the elder abuse literature (For example: Nerenberg, 2008, Aciemo, Hemendex, Amstadter, Resnick, Steve, Muzzy & Kilpatrick, 2010).

While reviewing the literature it became evident that these same types of harmful actions are also used to describe abuse more generally. In addition, this review also highlighted the link between them and intimate relationships when reference was made to abuse involving a partner-child (with the exception of financial abuse) and marital relationships. For example, the kinds of relationships within which elder abuse must be located, replicates relationships described in the context of domestic violence in Aotearoa/New Zealand. The DVA (1995, retrieved from http://www.legislation.govt.nz, 2 February, 2016) states that

a domestic relationship ... [refers to] a spouse or partner... a family member... [or someone] who ordinarily shares a household with another person ... [and/or] has a close personal relationship.

This commonality was also noted in chapter two.

This observation raised the question about how harm to an older person might differ from harm experienced by others in a way that would clearly delineate elder from other forms of abuse. This distinction is not made clear in the literature. In fact, the National Center for Elder Abuse [NCEA] (2006, p. 2) also raised the problem of separating elder abuse from abuse in other contexts and responded by recommending that those working in the field of elder abuse do

not to try to ... answer [the question] is this domestic violence or is it elder abuse? Rather, efforts should be made to maximize the capacity of [different] systems by partnering to meet older victims' unique needs.

The NCEA seems to be suggesting that the difference is not in the type of the abuse or indeed the types of relationships in which the abuse might be occurring; rather it is in the way services are organised and utilised when responding to abuse in later life.
Four significant points require articulating here in respect of this literature. These are first, that harm is a concept that is generically applied regardless of age and the notion of harm is therefore unlikely to separate out elder from other forms abuse. Second, the types of relationships that have been noted as significant in elder abuse situations are not unique as incidents of abuse labelled as family and domestic violence also occur within the same range of relationships. Therefore, it is unlikely that the relationship dimension will distinguish elder abuse as a separate category of harm. Third, the way services are structured may encourage elder abuse to be viewed as a distinct form of harm when it may not be so. Finally, it appears that the age of person may be the unique indicator that sets elder abuse apart from other types of abuse. If age is the defining difference, then the question about what constitutes old age, canvassed earlier in the chapter, becomes increasingly significant because perceptions about ageing and an older person’s capacity are likely to shape understandings and responses to abuse.

What was particularly interesting when canvassing the literature was that it was identified that only a few scholars have explored what is meant by harm in the context of elder abuse beyond the classifications noted above. Perhaps it is in response to the complexity of determining what constitutes harm that efforts have been made to quantify harm to an older person by developing typologies of risk. These abound in the literature (Howze & White, 2007; MoH, 2007; Peri, et. al., 2008; Donovan & Regehr, 2010; Görgen & Beaulieu, 2013). Risk assessment typologies (on which guidelines have been developed) include risks linked to characteristics of abusers and victims (for example: alcohol and drug dependency, mental health concerns, frailty) and actions that cause harm (for example: sexual violation, physical violence). While these typologies and guidelines are useful tools that are designed to assist social workers during the assessment process, it is argued here that harm cannot be understood in isolation. In addition, it is asserted that harm needs to be understood in context and specific consideration needs to be given to the nature, impact and outcome of harm on the older person and their relationships. Further, it is argued that while typologies are valuable, they need to be regarded as supplementary to, rather than a replacement for, holistic assessments that include professional judgment.
Anthony, Lehning, Austin and Peck (2009) do consider harm in somewhat more depth. These authors note that harm is more easily identified where actions and outcomes are extreme. They do acknowledge however, that harm can be defined in numerous ways that are culturally relative and subjective, and argue therefore, it can be difficult to assess. Nerenberg (2008), Kosberg, Lowenstein, Garcia, and Biggs (2003), Penhale and Parker (2008), Donovan and Regehr (2010) and Jackson and Hafemeister (2011) also canvassed notions of harm in respect of assessment. Nerenberg (2008, p. 29) identified the influence of personal judgments in decisions about harm, suggesting that assessing harm requires “getting inside the heads of abusers to discover motives, beliefs, perceptions, and intentions”. Kosberg and Garcia (1997), Penhale and Parker (2008), Donovan and Regehr (2010) and Jackson and Hafemeister (2011) agree, arguing that given harm is subjectively understood, judgments about whether harm has occurred, the extent to which actions are harmful, and understandings about the context in which the harm occurs, may well reflect personal standpoints. Payne (2011) also concurs, arguing that actions that are worrisome to some people may be morally objectionable to others.

Greater insight into the question of what constitutes harm appears to come into view when examining the literature from the field of criminology. This literature goes some way to examining the question of harm in the context of relationships. Like other scholars (noted above), Göergen and Beaulieu (2010) acknowledge that harm is a complex concept. Their contribution is that they make explicit the importance of appreciating both the circumstances in which the harm occurs (including the relationships between the abuser and the abused), and the opportunistic factors that may be involved. They contend that harm cannot be understood without reference to these factors.

A criminology perspective offers useful insights, suggesting that harm can be understood in a number of ways (Stewart, 2009; Göergen & Beaulieu, 2010) and advocating that attention be focussed on motivation of abuse, the actual or potential harm experienced by the older person, and/or short and long damage that is (and may be) done to the relationship if the abuse continues. This perspective also offers insights into dimensions of harm not readily observed in other literature. Dimensions

36 Criminological theory as a means to make sense of elder abuse is examined later in this chapter.
such as gravity, frequency, intentionality and seriousness are noted as important considerations (Howze & White, 2007). According Göergen and Beaulieu (2010), criminological knowledge is under-used in this field of practice. They argue that while this remains so, opportunities to develop more complex and nuanced understandings about what constitutes harm in the context of elder abuse will be lost. Later in this chapter, the theoretical contributions of criminological perspectives are explored.

**What constitutes harm: summary**

The limited attention to the concept of harm in relation to elder abuse observed in the literature was surprising given the centrality of harm to the definition of elder abuse (Howze & White, 2007; Nerenberg, 2008; Göergen & Beaulieu, 2010; Penhale, 2010). The hurt or loss that is experienced by the older person who is abused, and how these experiences impact on the person’s financial, physical and social wellbeing, do not appear to have been generally considered outside of the criminological literature. If policy and practice focus on types of behaviours that might cause hurt, important connections that will assist in developing more comprehensive knowledge about how harm, age and relationships of trust intersect to create opportunities for abuse may be overlooked. How the social workers in this study make sense of harm in the context of older people’s relationships will be important to examine. The next section shifts the focus of the discussion to explore more fully the final question: what characterises a relationship where there is an expectation of trust in respect of cases of elder abuse?

**What characterises a relationship where there is an expectation of trust?**

Like literature on harm, the elder abuse literature here is also sparse. An extensive search of the elder abuse literature using search terms such as 'trust', 'trust relationships'; 'duty of care', 'reciprocity', and 'mutuality', found only modest reference to the issue of trust in relationships. Dixon et al. (2010) also note this gap. These authors argue that the notion of trust needs further examination because it is a concept that is complex and contestable. They suggest that defining trust is reliant on many unpredictable factors, a view that supports that of Lewicki and Wiethoff, (2000).

Exploring the literature more generally did reveal some relevant research, although this too appears limited and somewhat dated (Smith, 2001; Victor, 2006; Behnia, 2008;
Markovà & Gillespie, 2008). Smith (2001, p. 293-294) defines trust relationships as those where there is a personal engagement on the basis of ... believ[ing]... others will not let us down ... [and where] individuals can be relied upon.

The meaning and the context of reliance however, is not articulated by Smith. Missing here is an examination of the quality of relationships and how the strength or otherwise of a relationship may be a factor in abuse.

Smith (2001), Victor (2006) and Behnia (2008) argue that trust relationships are built on attributes such as reliance, goodwill, openness, warmth, caring and interest, mutuality and reciprocity, but do not expand on how these attributes may be influenced by a range of factors such a person feeling obligated and duty-bound to be in a relationship in contrast to a relationship based on common, explicitly agreed and transparent beneficial connections. The same attributes that are articulated by Dixon et al. (2010) when they examined the meaning of relationships implying trust in the context of elder abuse are noted by Nerenberg (2008), Daly, Merchant and Jogerst (2011) and Johnson (2012). Applying this understanding implies that in cases of elder abuse a violation of shared expectations, norms and values would have occurred, and that it would be likely that an older person would no longer feel confident (whether expressed or not) that those with whom they have a close relationship will behave in ways that ensure their needs will be met and that they will not be harmed (Smith, 2001).

These authors do not move beyond generalised notions of what it means to be in a trusting relationship; thus, missing in the literature is an exploration of the way the dynamics of relationships interplay and how these might make some older people more susceptible to abuse or make some reluctant to address this issue. This lack of critical attention to the concept of relationships that imply trust in the context of elder abuse may be because assessing the quality of relationships poses a challenge. Dixon et al. (2010, p. 409) appear to consider this to be so. They state

trust is a matter of degree and ... is context-dependent, rather than simply present or absent ... [and that] ... discourses surrounding ‘elder abuse’ must acquire a more subtle and realistic understanding of the nature of trust.

These authors, together with Behnia (2008), Victor (2006), and Smith (2001), also caution that professionals’ assumptions about trust in a relationship may not mirror
another person’s view and that therefore, it is important that relationships need to be understood in context before trust can be presumed.

What is clear in the elder abuse literature is that an older person’s relationships involving whānau/family, friends, acquaintances, neighbours, formal and informal caregivers, partners/spouses, and/or those acting as legal or financial caretakers, are those where trust is implied and in which, when violated, elder abuse may occur (Nerenberg, 2008; MoH, 2007; Dixon et al., 2010). Specifying the kinds of relationships helps those in the field to clarify that action by strangers, despite the fact that these may cause harm to an older person, is not elder abuse.

This is an important point as it takes the discussion back to the intersection dimensions of age, harm and relationships implying trust. It suggests that elder abuse can be identified by the age of the victim, knowing the relationship between the abuser and the victim and by specifying the type of abuse that is occurring. However, as noted already, each of these concepts is complex, contestable, and in the context of elder abuse appears to be underdeveloped.

**Relationships implying trust: summary**

The concept of a relationship where there is an expectation of trust is not unique to the field of elder abuse, and therefore, it is not possible to differentiate elder from other abuse using a trust-in-relationship lens. There are gaps in the literature about trust more generally, and in the field of elder abuse the literature on what constitutes such relationships is scarce. A more critical exploration of this dimension of elder abuse is required; one that explores the issue the quality of older people’s relationships and how these relationships might protect or expose an older person from or to harm, and the connections between relationships, age and harmful behaviour as these intersect in cases of abuse.

**A call for a more critical approach**

The paucity in the literature on both the concepts and the interconnections between the concepts articulated in the Toronto Declaration suggests that the concept of elder abuse may be underdeveloped as Penhale suggests (2010). This literature review has found that qualifying the concepts of age, harm and relationships implying trust,
remains problematic and more complex and contentious than the Toronto Declaration (2002) might suggest. While many scholars acknowledge these challenges (Daly et al., 2011; Brandl & Raymond, 2010; Norris et al., 2013), few go as far as Nerenberg (2008), Penhale and Parker (2008) and Harbison et al. (2012) who question the usefulness of the on-going effort for definitional certainty. Harbison et al. (2010, p. 100) ask whether it is time to disband the concept of ‘elder abuse and neglect’ and the search for an overall unifying theory ... [and redirect energy towards] understanding and addressing the range of problems [the term ‘elder abuse’] represents. While less far-reaching, other scholars echo the call for a more critical approach (Killick & Taylor, 2009; Kosberg, 2009; Ash, 2011; Berkman, 2011; Sin, Hedges, Cook, Mguni & Comber, 2009; Norris, Fancey, Power & Ross, 2013). Collectively they argue a critical approach is imperative if elder abuse is to be noticed, understood and responded to appropriately. They claim that using a critical lens will enable the constructs of age, harm, and relationships implying trust to be more fully understood, the intersection between them in the context of elder abuse to be examined, and the on-going relevance of these concepts to be considered from an elder abuse policy and practice perspective.

The researcher also argues for a more critical approach but suggests that this needs also to be interdisciplinary because social work is not the only profession concerned about this phenomenon (Göergen & Beaulieu, 2010; Phelan, 2014). In their work, Riekeri and Bird (2005, p. 45) note that a challenge to understanding gender in the context of health care is that social and biological sciences have been working on the same [question] but from the [practice and theoretical] confines of their own disciplines. This observation may well also be true in regards to understandings of, and responses to, elder abuse.

Attention now turns to the key theoretical paradigms that are used to explain and inform elder abuse practice.
Theoretical paradigms that explain and inform elder abuse practice

Theoretical paradigms used to explain elder abuse are variable and contestable (Biggs & Göergen, 2011; Payne, 2011). McDonald (2011, p. 454) claims many scholars have realized that there is a broad diversity in the manifestation of abuse ... and so have abandoned their search for a comprehensive, all-inclusive explanation of the phenomenon. Despite this claim, Penhale and Parker (2008) consider that elder abuse remains theoretically under-developed.

A review of the literature revealed that four key paradigms are ordinarily used to explain elder abuse. These paradigms are: psychological (Rapoza, 2006; McClennen, 2010; Conrad, Iris, Ridings, Rosen, Fairman & Anetzberger, 2011; Payne 2011); ecological (Patterson & Malley-Morrison, 2006; Norris et al., 2013; Wangmo et al., 2014); critical (Killick & Taylor, 2009; Harbison, et al., 2012; Phelan, 2014); and more latterly, criminological (Göergen & Beaulieu, 2010; Payne, 2011; Bensimon & Bodner, 2012). Biggs (2011) theory of intergeneration relationships and intelligence and human rights perspective are also relevant to this discussion. This thesis does not allow space for an in-depth review; therefore, a précis of each is offered.

A psychological perspective

The psychological perspective uses an individual lens to make sense of elder abuse. From this standpoint abuse in later life is best explained by the examining the temperament and/or character of the victim and/or the abuser (McClennen, 2010; Payne, 2011). Particular psychological risk factors that are thought to make abuse more likely are identified. These include poor physical health, and mental and emotional impairment of the older person (Fulmer, 1984; Payne, 2012); alcohol or drug dependency and/or stress associated with the abuser (Anetzberger, Korbin & Austin, 1994; Conrad et al., 2011).

Based on this explanation, effective interventions include counselling and health care treatment because these are thought to offer abusers and older people experiencing abuse the opportunity to examine and modify their behaviour, thinking and relationships and in so doing ameliorate the risk of abuse (Peri et al., 2008; Milne,
However, critics point to a number of deficits in this explanation. Some point out that a psychological perspective cannot explain why some who are at risk because they, or someone close to them, is exhibiting one or more of the risk factors, are not abused (Nerenberg, 2008; Bergeron, 2011). Others argue that this explanation misses other socio-economic factors such as the impact of gender, class and/or culture might have on an older person. McDonald (2011) argues that risks factors are just that – risk factors, and are not in themselves a theoretical explanation. According to Patterson and Malley-Morrison (2006), Podnieks, Anetzberger, Wilson, Teaster, and Wangmo (2010) and Phelan (2014), omitting explanations that examine the contribution forms of oppression and social structures within which abuse occurs, may explain why elder abuse is seldom considered to be a violation of human rights.

These critiques are important because as Osmond (2006) argues, how a phenomenon is understood will inform and shape practice. A detailed discussion on knowledge for and in practice is the focus of chapter four. Relevant here is the concern that knowledge development may be stymied, and practice interventions narrowed, if thinking about elder abuse is dominated by concerns about intra- and interpersonal characteristics that focus attention on ways to manage psychological distress (Harbison, 1999; McDonald, 2011; Brandl & Raymond, 2012; Anand et al., 2013). This critique draws attention to the importance of examining meso and macro as well as micro relationships and systems, and how these may contribute to abuse in later life. It is argued that using a wider lens will enable alternative understandings and interventions to emerge.

**An ecological perspective**

An ecological perspective builds knowledge about social issues by examining the interchange between psychological, social, economic, cultural and political influences (Germaine, 1973; Bronfenbrenner, 1979). Viewing elder abuse through this lens offers an opportunity to construct understandings about, and responses to, elder abuse that recognise the dynamic interaction between the older person, their whānau/family and community, social institutions such as health and welfare services, and political
systems that frame policy and practice (McDonald, 2011; Norton, 2012; Wangmo et al., 2014; Pardeck, 2015). Proponents assert that factors including and beyond the intra/interpersonal, such as relationship dynamics, ethnicity, gender and class, together with cultural, social and political dynamics that guide policy and practice decisions, need to be examined because elder abuse cannot be separated from the environment in which it occurs (Parra-Cardona et al., 2007; Killick & Taylor, 2009).

A number of ecological theories have been proposed to explain elder abuse. Historically, theory about how stress is linked to the demands of care giving has dominated (Harris, 1999; Payne, 2011). Early research (Wolf, 2000 cited in Brandl & Raymond, 2012, p. 32) suggested that because elderly victims [are] ... very dependent ... caregiver[s] ... become very frustrated, angry and sometimes abusive ... because of the continuous caretaking needs of an infirm parent.

Recent literature has largely discredited care-giver stress as the principle reason for elder abuse (Brandl & Raymond, 2012; Harbison et al., 2012; Norris et al., 2013).

An alternate explanation is based on Bandura’s (1977) theory of intergenerational transmission of violence which suggests abusive behaviour is learnt through observation, modelling and imitation. In relation to elder abuse, it is claimed that the (now) older person had been historically abusive and has ‘taught’ their abuser to abuse (Bennett & Kingston, 1993; Zosky, 1999; Payne, 2011). Others hypothesise that elder abuse is explained by an imbalance of power in relationships and not by learnt behaviour. This viewpoint argues that abuse occurs when shared goals and mutual need is replaced by one person having power over another (Glendenning, 1993; Harris, 1996; Zosky, 1999). Both these explanations are often (although not always) associated with the care-giving dyad.

The above perspectives focus on the micro-system of the whānau/family. Critics agree that an emphasis on micro systems is insufficient because not all those who were abused as children abuse as adults (Reis & Nahmaish, 1998), nor do all those who do not share the expectations of elders resort to abuse (Payne, 2011). A broader systems approach is advocated by these scholars; one which facilitates an analysis of how meso and macro systems may also contribute to abuse in later life.
Nahmaish (2002), Patterson and Malley-Morrison (2006), Phelan (2008; 2014), Norris et al. (2013); Taylor, Killick, O’Brien, Begley, and Carter-Anand (2014) and Wangmo et al. (2014) argue it is critical that the phenomenon of elder abuse is also scrutinised from an organisational and societal level so that the interplay between, and the contribution of, the personal, organisational and political can be evaluated. Harbison et al. (2012, p. 99) succinctly summarise this viewpoint, stating that containing elder abuse ...within the rubric of family violence maintains it as primarily a problem of individual families or caregivers rather than acknowledging that it [also] takes place ... in the contexts of paid community and institutional care, and through the exploitation and discrimination in the wider society.

Norris et al. (2013) contend that focussing on the micro-system can also reinforce the view that older people are needy and dependent, and thus could provide some veracity to the notion that care-giving of older people is burdensome. This concern echoes that of Adams-Price, Dalton and Sumrall (2004) and Brandl and Raymond (2012) who consider the possibility that understanding elder abuse primarily as an issue born from dependency, may result in older people being viewed as responsible (at least in part) for the abuse. Brandl and Raymond (2012) together with Taylor et al. (2014) add that there can be unintended consequences of focussing on the micro-system. These include the minimising of abuser accountability, and a failure to explore interventions to prevent and ameliorate abuse beyond those that offer support in caring situations.

The ecological perspective is critiqued for not detailing how understandings about micro, meso and macro systems can be translated into practice (Unger, 2002; Norris et al., 2013), despite the literature arguing that an ecological approach provides a framework for social workers to see and maintain a balance between the person and the environment. The review of the literature indicates that the ecological paradigm is dominant but that practice continues to centre on changing individuals’ behaviour and circumstances, rather than the environments in which these occur (Gilligan, 2007; Norton, 2012). Gilligan’s study (2007) identified that social workers favour micro-level responses to societal issues, and that they seldom call for systemic change. This may indicate that social workers place a greater importance on the micro system or it may be that they feel powerless to challenge cultural assumptions and wider social systems, including those within which they are employed. Whether the social workers
in this study also favour a micro-level approach to abuse will be important to explore as will the rationale for this response.

A critical perspective

Critical theory considers how macro-systems ideologies, power and practices may marginalise, stereotype, oppress and abuse older people (Haaken, 2008; Ray, Bernard & Phillips, 2009). Penhale (2003) argues that elder abuse is an outcome of multiple forms of oppression but that this is yet to be fully explored or understood. Walsh, Olson, Ploeg, Lohfeld and MacMillan (2010) and Taylor et al. (2014) explore elder abuse from an older person’s perspective. These studies conclude that ‘othering’ of older people happens. These authors argue that this process may enable elder abuse to flourish because older people are generally regarded as weak, needy and different. Here age discrimination is placed centre stage in the discussion about why elder abuse might happen. Walsh et al. (2010, p. 18-19) make this plain, stating that feelings of powerlessness increase the risk of abuse, affect victims’ help-seeking behaviours, and influence actions taken by professions.

The literature identifies a number of other forms of oppression that may contribute to the occurrence of elder abuse. These are discrimination based on gender (Kosberg, 2009; Phillipson, 2013); disability (Brozowski & Hall, 2004; Fulmer, 2005); ethnicity (Patterson & Malley-Morrison, 2006; Rapoza, 2006), sexual orientation (Anetzberger, Isher, Mostade & Blair, 2004; Hughes & Heycox, 2010); and class (Hightower, Smith & Hightower, 2006; Ray et al., 2009). This perspective is founded on the human rights framework that is central to the profession of social work as it “locates human values as paramount” (Ife, 2001, p. 5). This viewpoint recognises the influence social and structural conditions have on unjust social policies and practices. Ife (2001) argues that micro issues (such as abuse) cannot be understood or addressed without social workers paying attention to the relationship between the personal and the political. While these forms of discrimination are widely documented, Walsh et al. (2010, p. 23) assert that despite the considerable literature describing ... forms of oppression that have been linked to elder abuse, this literature does not provide a clear understanding of how oppression shapes the experience of abuse ... nor ... [how these] forms of oppression are interconnected.
Proponents of a critical perspective denounce the lack of scholarly attention paid to the impact of oppression\(^{37}\) in regards to elder abuse. They point to the limited discussion on oppression at policy level, in spite of policy decisions potentially contributing to an unequal distribution of resources, which in turn may reduce opportunities and choices available to older people (Harbison, 1999; Haaken, 2008; Phillipson, 2013). Advocates of a critical approach campaign for a human rights response to elder abuse where interventions focus on empowerment and advocacy rather than protection (Phelan, 2008; Harbison et al., 2012; Anand et al., 2014).

Critical practice in the context of elder abuse assumes the older person’s wishes and needs are central. This value-based approach emphasised in critical theory stresses the importance of social justice, citizenship, and negotiated understandings (Jones, Cooper & Ferguson, 2008, Ray, Bernard & Phillips, 2009). Establishing relationships with older people in order to maximise their participation in decision making processes is a key facet of critical practice in abuse cases. This, together with working creatively at micro, meso and macro level’s to identify obstacles, challenges and opportunities, a critical approach to abuse aims to ensure that the older person’s needs and wishes are recognised, valued and honoured.

A critical perspective in social work practice has been criticised as offering little practical guidance for those dealing with the day-to-day issues in practice (Collins, 2009). Collins (2009) acknowledges the challenge of taking a critical stance when employed within an organisation, and when society emphasises individual rather than societal change. Further, Ignatieff (2001) contends that a perspective based on human rights is a western construct that may not be relevant in other cultural contexts where individualism is prized less than collective responsibility. Tam and Neysmith (2006) concur and add that western constructs also exclude some important forms of abuse, such as disrespect, that are relevant in some cultures. Evans (2005) however, counters Ignatieff’s and Tam and Neysmith’s criticisms, reasoning that a critical approach does not exclude individual or cultural uniqueness but does draw attention to a wide range of issues that may also contribute to elder abuse. The extent to which the participants in this study take a critical approach to understanding and responding

\(^{37}\) The compounding nature of oppression is also acknowledged where an older person may experience more than one form.
to elder abuse will need to be considered, as will the challenges and barriers they may face when doing so.

**A criminological perspective**

A criminological perspective has more recently been used to theorise about elder abuse. A number of theory strands have emerged. These propose that elder abuse occurs because of

i. deviance or norm-violating, anti-social behaviour (Göergen & Beaulieu, 2010)

ii. a rational decision to abuse (Clarke & Felson, 2004)

iii. close proximity and routine activity that finds an older person near those who may be tempted, dissatisfied and/or irritated (Göergen & Beaulieu, 2010, p. 188)

iv. circumstances that present themselves where “an individual’s morals influence what opportunities he or she finds tempting and what frictions he or she finds provoking” (Göergen & Beaulieu, 2010, p. 189) and/or

v. social disadvantage that creates vulnerability and an environment for abuse (Payne, 2011).

These theoretical explanations resonate with perspectives already explored in this chapter; however, a different lens is applied that offers insight into questions about motivation, intentionality and seriousness. Göergen and Beaulieu (2010) and Payne (2011) argue that there is a continuum of behaviour that ranges from socially and morally wrong, to criminal. They suggest that elder abuse may well straddle legal and social spheres and therefore a variety of interventions will be required. Further, Payne (2011) argues that where abuse is a criminal act, interventions are more straightforward because there is a clear violation of the criminal code. Göergen and Beaulieu (2010) agree and assert that social and moral harm is much more subjective and may not be easily defined or understood if a criminological framework alone is applied. These authors argue that a tandem approach to knowledge development is need if theoretical advances are to be made in this field.

Few criticisms of a criminological perspective can be found in the literature, perhaps because it is only recently that this approach has been considered as applicable to the question of elder abuse (Payne, 2011). The emerging criminological literature appears to open up opportunities to build new knowledge that will contribute to our understandings of, and responses to, elder abuse, as does the work of Biggs (2011).
Intergenerational relationships/intelligence

Biggs (2007; 2011, p. 1110) argues that to fully appreciate the nature of intergenerational issues such as abuse, greater understanding is needed about the “intergenerational space” where individuals relate, negotiate and act. This theory builds on a lifespan perspective but argues that exploring the dynamic nexus between the socio-economic-political-cultural values and beliefs influenced by the generation of one’s birth, together with family patterns and experiences, personal experiences of ageing and social expectations of each age cohort, is critical if we are to appreciate what influences policy decision making processes, and the micro, meso and macro communication and behavioural patterns between generations; decisions and patterns that may lead to misunderstandings about ageing, and potentially to abuse.

While a relatively new field of exploration, this perspective offers another lens with which to explore issues experienced by older people. A human right viewpoint is also important to this discussion on elder abuse.

Summary

What is clear from this review of the literature is that while the Toronto Declaration offers some guidance on the nature of elder abuse and a number of theories have been proposed to explain this phenomenon, a single definition or explanation is unlikely to adequately describe or explain why incidents of elder abuse occur. In part this is because the definitional debate continues and because theoretical understandings are yet to be (and may never be) fully developed. It is also because different forms of abuse may be explained in different ways. According to Jackson and Hafemeister, (2011, p. 443-444) there are meaningful and significant differences ... whether examining case characteristics, interpersonal dynamics, risk factors, consequences, or outcomes ... elder abuse must be [viewed as] different subtypes of maltreatment ... For example, financial exploitation should not be characterized merely as individuals methodically taking an unaware elder’s monies or goods for their own gain, as it can also encompass a range of other behaviours, motivations, and, importantly, relationships between the elder and the perpetrator.

These and other scholars (Biggs, Manthorpe, Tinker, Doyle & Erensref, 2009; Tilse & Wilson, 2013; Ploeg, et al., 2013) argue that fine distinctions and interconnected
dimensions must be recognised and explored if we are to develop more sophisticated understandings and responses to elder abuse.

The patchwork of multiple and blended definitions and theories used to understand elder abuse is presented in Figure 2 below. This conceptual framework was developed from a critical reading of the literature and suggests that a single definition or theoretical explanation is unlikely, and that elder abuse practice is likely to remain uncertain and complex.
Figure 2: Conceptual framework for understanding elder abuse
The above conceptual framework depicts how the literature presents age, harm and relationships implying trust as interconnected and as encircling the term ‘elder abuse’. The framework also presents a deconstructed view of understandings of elder abuse. Portrayed are competing considerations embedded within each of the key components of the Toronto Declaration, and the variety of theoretical lenses through which this phenomenon may be viewed. This framework draws the conclusion that the broad categories thought to define elder abuse may serve to simplify a complex and contestable phenomenon that can be explained in many ways.

**Conclusion**

The Killick and Taylor (2009, p. 212-214) study of professional decision making is also relevant here. They found that social workers experience difficulties intervening when “faced with complex whānau/family and contextual factors”. In addition, this study indicates that many social workers also appear to struggle when attempting to decide if actions constituted abuse. Killick and Taylor (2010) observed that social workers tended to rely on their personal views and beliefs when decision-making. These findings introduce the discussion in chapter four, where the focus is on knowledge of and for elder abuse practice. It will be argued that knowledge used in practice needs to be open to scrutiny because this will make transparent what understandings social workers bring to their practice with abused elders, and will contribute to the development of new knowledge in this field of practice.
Chapter 4: Knowledge: An informant of elder abuse practice

This chapter explores the literature on knowledge for and in social work practice. This literature canvasses: hierarchies of knowledge (Skaerbaek, 2010, Beddoe, 2011), the various sources of knowledge (Eraut, 1985; Hudson, 1999; Chu & Tsui, 2008; Trevithick, 2008); the knowledge-practice interface (Eraut, 2004; 2006; Osmond, 2005, Gray 2007; Gordon & Cooper, 2009; Stepney & Rostila, 2011); the tacit and explicit dimensions of knowing (Eraut, 2000; Osmond, 2006; Martinez-Brawley & Zorita, 2007); knowledge management (Leung, 2009; 2014) and evidence-based practice (Plath, 2006; Marsh & Fisher, 2007; Anastas, 2014; Sommerfeld, 2014; Petersén & Olsson, 2015). While the literature is wide-ranging, this chapter will focus on the literature that examines how knowledge is understood and applied in practice. Osmond and O’Connor (2006, p. 5) argue that advancing our understandings of knowledge-in-practice is imperative because “the shape, process and outcome of practice undoubtedly will reflect the basis of what informs it”. The researcher agrees. As this study seeks to examine the way social workers understand and respond to elder abuse, a focussed review of the literature relating to what, and how, knowledge informs practice is appropriate. A critical lens is applied.

Before commencing this review, it is important to state that epistemologically the researcher takes a critical and social constructionist stance when considering the question of knowledge. This stance also informs the methodological approach to this study, which will be presented in chapter five. What is acknowledged here is in that using a critical and social constructionist lens when reviewing the literature, knowledge is understood to be socially, historically and politically constructed, located and communicated (Skaerbaek, 2010; Anastas, 2014; Sommerfeld, 2014; Petersén & Olsson, 2015). The researcher’s position is therefore, that

i. knowledge reflects the context within which it is generated,

ii. knowledge informing elder abuse practice is varied and therefore this phenomenon may be differently conceptualised, and

iii. social workers (amongst others) are active participants in the creation and transmission of knowledge.
The chapter begins by exploring the debate about what constitutes social work knowledge. This is followed by a review of the literature that examines the kete of knowledge social workers in the field of elder abuse may draw upon when practising; a discussion that concludes that the concept of knowledge is both complex and contestable. This theme is revisited in the next section which examines the growing body of literature that argues knowledge is socially constructed, value-based, and context-dependent. The focus then turns to knowledge-in-practice, where the literature relating to the application of knowledge is analysed. The expectation that social workers are knowledgeable about, and skilled in, the process of critical reflection is also explored in this context. Before presenting the conceptual framework for this study, a brief discussion relating to knowledge for and in elder abuse practice is presented.

**What constitutes social work knowledge?**

What constitutes social work knowledge continues to be debated (Gordon & Cooper, 2010; Sommerfeld, 2014; Petersén & Olsson, 2015). While this thesis does not seek to enter this debate, recognising the contestability, uncertainty, and fragmented nature of social work knowledge (Parton, 2003; Longhofer & Floersch, 2012; Liljegren, 2011) is highly relevant here because when making sense of elder abuse social workers are required to navigate not only this elusive field of practice, but also a knowledge base that is indistinct (Nerenberg, 2008; Harbison et al., 2012).

The literature consistently describes the social work knowledge base as having been adopted and adapted from disciplines such as psychology, sociology, politics, medicine and law (Trevithick, 2008; Shaw, 2010; Sommerfeld, 2014). This has led some scholars to argue that social work cannot claim a distinctive knowledge-base (Van Ewijk, 2010; Shaw, 2010; Brekke, 2012; Preston-Shoot, 2012). Sommerfeld (2014, p. 591), for example, states that

> many ... disciplines study human beings ... [and] all this multitudinous knowledge is relevant to social work ... [consequently] there [may] never ... be a consolidated knowledge base for social work.

In chapter three it was noted that nurses are encouraged to embrace a ‘person-in-environment’ and a human rights approach to elder abuse (Phelan, 2014), an observation that appears to add weight to Sommerfeld’s claim. While Shaw (2010)
also argues that the social work profession’s inability to define its knowledge base is problematic because it means that there are no specific fields of practice or interventions that are exclusively social work. Van Ewijk (2010) regards a shared knowledge base positively, asserting that it provides social workers with access to an assortment of relevant knowledge that they can draw on in practice. What knowledge is utilised by the social workers in this study will be important to consider. This will be reported on in chapter seven.

While the debate about what constitutes social work knowledge continues to be pursued (Anastas, 2014; Sommerfeld, 2014) many scholars have turned their attention to examining the types of knowledge utilised by professionals, including social workers (Eraut, 1985; 2000; Drury-Hudson, 1995; Sheppard & Ryan; 2003; Osmond, 2005; 2006; Brawley & Zorita, 2007; Marsh & Fisher, 2007; Chu & Tsui, 2008; Trevithick, 2008; Leung, 2009), and the contestable nature of knowledge itself (Osmond & O'Connor, 2006; Plath, 2006; Gordon & Cooper, 2010; Skaerbaek, 2010; Preston-Shoot, 2012; Peterson & Olsson, 2015). These foci are the subject of the following sections.

**The types of knowledge**

The types of knowledge used in social work practice have been conceptualised, although Trevithick (2008, p. 1215) concedes that different scholars have approached the task from diverse angles, labelled similar types of knowledge using different language, and favour some types over others. For example, Klein and Bloom (1995), Martinez-Brawley and Zorita (2007) and Chu and Tsui (2008) articulate the advantages of particular knowledge sources, while Drury-Hudson (1999), Osmond (2006) and Trevithick (2008) outline comprehensive frameworks for understanding knowledge for and in practice.

The literature refers to the following types of knowledge38: practice wisdom; procedural; theoretical; empirical; professional and personal knowledge (Drury-Hudson, 1999). The examination of these knowledge types is woven throughout this

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38 Given the diverse way types of knowledge have been labelled, a single term based on the work of Drury-Hudson (1999) has been selected to represent the commonly described types.
section because while they can be separated out academically, in practice they co-exist.

Eraut (1985; 2000; 2012) offers a comprehensive framework for understanding knowledge in professional practice. He identifies that professionals call upon case knowledge, professional principles, and learnt knowledge. He maintains that knowledge-in-practice is drawn from experience, philosophy, ethics, standards and values, as well as from formalised learning in professional education. Eraut’s framework also highlights the importance of understanding that knowledge may be explicit and/or tacit, dimensions also canvassed by Osmond (2006) and others (For example: Wallander, 2011; Longhofer & Floersch, 2012). Ideas developed by Eraut are also observed in the writings of Leung (2009) and Trevithick (2011) amongst others.

While not referencing Eraut, Drury-Hudson’s (1999) model of professional knowledge offers a somewhat congruent view to his, although she uses different language to describe similar knowledge types. This model includes empirical and professional knowledge as discrete types of practice knowledge. While not mentioned by Eraut, it is conceivable that these facets are embedded in the principle-based and case-specific knowledge domains within his model. Drury-Hudson (1999, p. 168) applied her model of professional knowledge in the field of child protection, concluding that practice is often based on the “ad hoc” use of knowledge that does “nothing to encourage accountability or equitable outcomes”. Whether the use of knowledge in elder abuse practice is similarly ad hoc will be important to examine.

Osmond (2005) built on Eraut’s and Drury-Hudson’s models. In particular, this author further developed our understandings about the place of tacit knowledge in practice. She, like Eraut (2000), maintains that tacit knowledge is a key informant of practice. Osmond (2006, p. 160) argues that this knowledge is mostly “impossible or difficult to articulate”. Despite this challenge, this author maintains that efforts need to be made to examine the way social workers use inherently held knowledge in their practice because it informs what is known and what is done. The use and influence of tacit

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39 Eraut does not specifically focus on social work knowledge, rather professional knowledge more generally.
knowledge in elder abuse practice will need to be explored during the course of this study.

In addition to the contribution regarding tacit knowledge, Osmond (2005) also highlights the presence and use of what she refers to as: 1) emotive and 2) interactional-contextual knowledge. She argues that emotional responses will influence the assessment, interpretation and evaluation of people and their circumstances, and therefore is knowledge-in-practice that needs to be made explicit and open to scrutiny. Similarly, she claims organisational cultures impact on the way knowledge is managed, selected and applied, and thus this type of knowledge also needs closer examination. This type of knowledge resonates with Drury-Hudson’s procedural knowledge. Eraut (2004, p. 4) also draws attention to these knowledge types. In relation to emotional knowledge he says that it is omin-present, multifaceted and usually ... vitally important ... [but] under-researched, oversimplified and ... easily ignored.

In relation to interactional-contextual knowledge, Eraut (2000; 2004) is a strong advocate for the need to recognise the influence this has because he asserts that workplace contexts strongly influence the way practice is undertaken. He suggests that if uncritically accepted, workplace knowledge can support “outmoded practices” (2006, p.4). This view echoes that of Schön (1983) and is similar to those expressed by Drury-Hudson (1999) and Osmond and O’Connor (2006), all of whom call for a critical approach to knowledge-in-practice. This assertion is one consistently observed in the literature and it is an important insight that will be considered later in this chapter. The skill in and use of critical reflection in elder abuse practice will require examination in the context of this study.

Trevithick (2008) identifies similar types of knowledge, but conceptualises these using an alternate framework. She presents a three-pronged model that suggests knowledge is drawn from the domains of practice, theory and facts. Sub-categories of knowledge are identified within each of these domains, providing a full picture of what knowledge this author embeds within each of the broad categories. For example, the ‘fact’ sphere includes knowledge about social policy, law and procedures, and the ‘theory’ sphere includes theories of people and situations, professional roles and tasks, and direct practice theories. Trevithick also identifies the need for reflection so that knowledge can be scrutinised and practice can be accountable. This model is not
dissimilar to others already discussed. Perhaps the most significant contribution she makes is the call for social workers, and social service users, to play a greater role in “the debate on what constitutes – or should constitute – the knowledge base of social work” (Trevithick, 2008, p.1233). Over the last half-decade scholars exploring the issue of elder abuse have also joined this call (Walsh, Olson, Ploeg, Lohfeld & MacMillan, 2010; Ploeg, Lohfeld & Walsh, 2013; Taylor, Killick, O’Brien, Begley & Carter-Anand, 2014). These authors argue that the seldom-heard voices of older people need to be listened to as knowledge about elder abuse continues to develop because these views add another important dimension to how this phenomenon is conceptualised. This call acknowledges the role social workers (and others) have in knowledge creation; this point that will be returned to later in the chapter.

Within the models above, and within the literature more generally, there are constant references to ‘practice wisdom’ as a type of knowledge used in practice. Given the frequency with which this is mentioned, it is important to explore this is in some depth. Defined by Klein and Bloom (1995, p. 804) as “well-earned insight based on accumulated practice experience in the context of accumulated scientific knowledge”, practice wisdom is identified by most scholars as a type of knowledge relevant to social work. It is knowledge that is transmitted from person-to-person in, and at times across, practice settings (Drury-Hudson 1999; Osmond, 2006; Leung, 2009). Some argue that this knowledge is the most significant in social work (Martinez-Brawley & Zorita, 2007; Chu & Tsui, 2008). Maher (2005) strongly argues that practice wisdom is a significant source of knowledge in elder abuse practice. These authors advocate for the use of practice wisdom, although in doing so they recognise the contribution other “validated” (Klein & Bloom, 1995, p. 805) types of knowledge offer practice. Klein and Bloom (1995, p. 805) maintain, however, that practice wisdom is an “alternate theoretical language” and that

when validated information is not available, practice wisdom [ought to] guide the practitioner towards interventions that offer the best chance for success.

This perspective acknowledges the complexity of practice but appears to underestimate the contestability of knowledge itself. The bio-social-political factors that shape practice wisdom appear to be overlooked, and little attention seems to be given to evaluating whether utilising practice wisdom does, in fact, lead to best practice.
Other scholars appear to advocate a more judicious approach to practice wisdom (Osmond & O'Connor, 2006; Leung, 2009; Eraut, 2006; 2012), arguing that while it is a legitimate type of knowledge, social workers need to be critiquing both its nature and use in order to evaluate its on-going relevance to practice. These scholars also maintain that practice wisdom needs to be made explicit so that social workers can account for why they have chosen certain actions over others. Osmond and O'Connor (2006, p. 688) argue that to make practice wisdom explicit, social workers need to constantly reflect on their practice. They warn that failure to do so may mean that practice becomes “muddied by knowledge which is idiosyncratic and … potentially harmful”. Here again the importance of critical reflection and the explicit use of knowledge in social work practice is raised.

The literature presents a picture of knowledge that is blurry because knowledge is variable and fluid. While models and labels offer an opportunity to deconstruct and differentiate the types of knowledge that may be used in elder abuse practice and the interchange between knowledge for and in practice (see: Osmond, 200540), it is clear that knowledge about knowledge remains tentative and developmental. The literature that explores the contestable nature of knowledge is now presented.

**The contestable nature of knowledge**

Osmond (2006, p. 235) summarises the contestability of knowledge, stating that numerous types of knowledge can be drawn upon in practice and “the ends to which knowledge can be put can be diverse”. Graham, Brownlee, Shier and Doucette (2008) agree. They argue that the opportunity to draw from a smorgasbord of knowledge is advantageous because it enables social workers to use knowledge flexibly as they seek to understand and respond to specific situations such as elder abuse. However, Graham et al. (2008) caution that there is a wider issue that requires consideration when examining what knowledge informs practice. They claim that social work education and practice privilege some types of knowledge over others. They suggest that because objective and statistical knowledge is deemed more dependable, this knowledge is generally regarded as more acceptable. Martinez-Brawley and Zorita (2007) agree, maintaining that subjective knowledge such as gendered, indigenous,

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and ageing ways of knowing are less valued and often hidden. This critique is particularly pertinent in this study as it suggests that ageing ways of knowing may be undervalued by organisations and by social workers. This claim also returns the focus to the use of practice wisdom in social work with older people who are abused (see above) because this type of knowledge may also be subjective and less visible. The persistent call for critically reflective practice may be a means to make visible and legitimise more subjective types of social work knowledge. How visible ageing ways of knowing are in elder abuse practice needs to be considered.

Warshaw (1996), Horder (2007) and Martinez-Brawley and Zorita (2007) also argue that different types of knowledge is afforded different value and priority, suggesting that a hierarchy of knowledge exists. They argue that the configuration of a knowledge hierarchy depends on many factors including the organisational setting for practice, and the bio-social-political contexts in which knowledge emerges, is judged and is used. Beddoe’s (2011, p. 25) argument that health social work struggles to define itself within a system of “powerful players” may in part be a consequence of a hierarchy of knowledge in action. The 2010 Skaerbaek study appears to support this contention. The author observed that while the voice of social work was encouraged this did not mean that this voice was heard. This study concludes that scientific knowledge is perceived as more powerful and thus it is most often advanced, accepted and utilised in the health context. Given that elder abuse practice is largely undertaken in health contexts in Aotearoa/New Zealand, the influence of the practice setting will be crucial to examine.

Dybcz (2011) also highlights the privileging of scientific knowledge in practice. This author argues that this is because science is evidence-based and can therefore be more clearly articulated and evaluated. The perception of the robustness afforded scientific knowledge may be a driver for those advocating an evidence-based practice approach to social work (Plath, 2006; Gray, Plath, & Webb, 2009; Stepney & Rostila, 2011; Anastas, 2014; Sommerfeld, 2014). Anastas and Sommerfeld argue that more emphasis ought to be given to the science of social work, although neither one rejects the appropriateness of the other types of knowledge noted above. Anastas (2014, p. 576) seems to be arguing that taking a more science-based approach will “even the playing field” between social work and other professions. She states
given that both knowledge claims and professions that claim to be based in science are given a higher value than those that do not, perhaps there is also a need to identify or create scientific knowledge to support the long-held core beliefs in our field.

Sommerfeld’s (2014, p. 597) argument for positioning social work as an ‘action science’ appears to be more about the profession having a discernible and unique knowledge base rather than a question of parity. He states that

a scientific discipline of social work is needed ... to organise, to orient, and to focus ... the scientific activities towards a consolidated knowledge base, creating a scientific outpoint on [sic] the way that is recognisable as belonging to and coming from social work.

Anastas and Sommerfeld, along with other evidence-based practice proponents, may be seeking to address the concern about the profession’s (and individual social worker’s) inability to clearly articulate its function and the processes used in decision making. For this the profession has been roundly criticised (Marsh & Fisher, 2007).

However, this critique needs to be considered in light of neo-liberalism because it is within this context that an evidence-based approach to practice has been espoused (see: chapter 2; Gambrill, 2007; Gray, et al., 2009). Sackett, Rosenberg, Gray, Haynes and Richardson, (1996, p. 71) define evidence-based practice as “the conscientious, explicit and judicious use of current evidence in making decisions about the care of individuals”. Implied here is that an evidence-based approach will increase the likelihood of ‘good’ decisions and enhance social workers’ ability to articulate and account for their decisions. Both are commendable outcomes, however the conceptualisation of ‘evidence’ requires further examination.

Plath (2006) explores this issue. She argues that social workers ought to use evidence in their practice, but maintains that we are yet to clarify what ‘evidence’ looks like, and are still to decide how to evaluate the effectiveness of evidence-based practice from a service user’s perspective. Plath, and Stepney and Rostila (2011) and Gray and Schubert (2009), argues that ‘evidence’ can be understood in other than scientific terms, although they unanimously agree that this kind of evidence has been criticised by others as subjective, costly and as lacking precision and prestige. This critique may serve to validate the existence of a hierarchy of knowledge proposed early. These views echo that of Eraut (2000, p. 125) who stated that professionals
should seek to expand evidence-based practice but not to suffer ... delusions about how far it will take us nor lose awareness of just how much interpretation ... may be needed when making decisions about ... cases.

This perspective indicates that the drive to apply evidence-to-practice requires the inclusion of evidence that practice is effective, efficient and accountable, as well as relevant and attentive to the specific issues that social workers encounter (Graham et al., 2008) because practice is circumstance-dependent and cannot be separated out from the bio-socio-political contexts in which it is located (Petersén & Olsson, 2015). Stepney and Rostila (2011, p. 136) add a further challenge to the use of evidence-based practice, arguing that this is problematic because the profession has not been “developed on the basis of social facts as absolute truths”. This would suggest that elder abuse practice will be informed by a diverse array of knowledge and that social workers need to be mindful of the time and place in which the knowledge was developed. This conclusion foreshadows questions that need to be considered in this study about the on-going relevance of knowledge in practice.

Before concluding this section, it is important to explore what the literature tells us about how social workers perceive knowledge because it is they who draw on knowledge to inform their practice. Some clear conclusions can be drawn from the literature.

First, social workers appear to make little explicit use of theory or research in their practice (Plath, 2006; Marsh & Fisher, 2007; Petersén & Olsson, 2015). There however, some research to suggest that the language used by social workers may differ from that of academics. Given this language difference, it is possible that social workers may draw on theory and research more often than the literature suggests (Osmond & O’Connor, 2004; Richards, Donovan, Victor & Ross, 2007; Gordon & Cooper, 2010). An alternate explanation is offered by Leung (2009). He claims that while theoretical and empirical knowledge is by nature explicit, it is possible for social workers to acquire and entrench this knowledge to such an extent that it becomes internalised and thus less easily articulated. This viewpoint suggests that caution is needed when analysing qualitative data in relation to knowledge-in-practice because although social workers’ views may not mirror the academic language of the literature, this may not mean that their practice is atheoretical or non-empirical.
Second, social workers appear to pay greater attention to procedural knowledge acquired in their workplace contexts. It is important to acknowledge here that organisation-specific, procedural knowledge is shaped by broader socio-political, historic, cultural, and economic contexts that shape society and guide decision making (Plath, 2006; Gray, 2007). Gray (2007, p. 131) suggests that procedural knowledge may dominate due to “the sense of being in control” that guidelines and assessment tools provide, particular when practice involves ambiguity and multifarious situations. This perspective is shared by others who collectively consider that systematised and sanctioned knowledge gives the appearance of clarity about the direction, priorities, obligations and limitations of practice, as well as how performance will be evaluated (Martinez-Brawley & Zorita, 2007; Adams, Dominelli & Payne, 2009). However, as a profession that is value-based and contextual (IFSW, 2013) social work does not readily lend itself to these kinds of measures. It is important to consider the warning of Eraut (2012) and others (for example: Wilson, 2002; Plath, 2006; Martinez-Brawley & Zorita, 2007) that the influence of organisationally embedded knowledge is often assumed and accepted with little critique. The influence of the elder abuse guidelines and organisational imperative on practice will be essential to explore in this study.

Third, practice wisdom, as discussed, is also a dominant source of knowledge.

Four, personal knowledge brought to practice by individual social workers is also clearly evident in practice (Osmond & O’Conner, 2006; Eraut, 2004; 2006; 2012). These scholars caution that this knowledge is likely to be deep-seated, mostly tacit and thus often unrecognised. Eraut (2000) suggests that tacit knowledge may disproportionately shape choices about what knowledge to use in practice. To what extent tacitly held, personal views shape elder abuse practice needs to be contemplated. It may be using this knowledge that makes it challenging for social workers to articulate what knowledge informs their practice. Eraut (2000, pp. 121-122) highlights the importance of understanding taken-for-granted ideas, arguing that tacit knowledge provides the basis of unhesitating daily interactions with others ... is part of one’s taken-for-granted understanding ... is liable to be both biased and self-
confirming ... [and] can be very powerful indeed even when ... explicit knowledge is available by the bucketful.

Five, professional knowledge\textsuperscript{43} is not strongly visible as an informant of practice. Beddoe (2011) suggests a consequence of this may be a lack of attention being paid to the broader professional goals of social justice and human rights. This may explain why the literature indicates that social workers find championing a social perspective challenging in the face of competing discourses (Marsh & Fisher, 2007; Beddoe, 2011). These professional goals and principles are critical in elder abuse work because older people may already be disadvantaged due to age. It will be important to explore how and if these principles are expressed by the participants in this study.

**A summary**

It is evident that a wide range of knowledge is both available and required to practise social work in general and to undertake elder abuse work in particular. It is also apparent that knowledge itself is a fluid concept; one that continues to evolve as new contributions to understanding the social world are articulated. Practice therefore requires social workers to be continuously engaged with a broad knowledge base in order that they keep abreast of current and new ways of ‘knowing’, and so that they can make choices about what knowledge base best serves the interests of the service user (Stepney & Rostila, 2011; Eraut, 2012; Petersén & Olsson, 2015). The literature also highlights that these choices are influenced by many factors. Scholars strongly argue that critical reflection is essential so that the reasons for, and consequences of, these choices are made visible. This view of knowledge is supported by the growing body of literature that asserts that knowledge is socially constructed.

**Knowledge: a social construct**

A social constructionist view asserts that knowledge (and social work practice) is value-based (Petersén & Olsson, 2015); context-dependent (Parton, 2009; Trevithick, 2014; Petersén & Olsson, 2015) and susceptible to influence (Leung, 2009; Gordon & Cooper, 2010; Wallander, 2011). Knowledge is positioned as subjective and changeable, and as open to interpretation, although Plath (2006, p. 62) accepts that knowledge can also be in the form of “hard facts”.

\textsuperscript{43} As above.
Others agree. Collectively they advocate that given the constructed nature of knowledge, social workers need to make clear their interpretations as well as the factors that influence how they select and use knowledge in practice (Eraut, 1994; Munro, 1998; Taylor & White, 2006; Graham, Brownlee, Shier & Doucette, 2008; Stepney & Rostila, 2011; Longhofer & Floersch, 2012; Petersen & Olsson, 2015). They suggest that making use of knowledge-in-practice transparent may also help address the critiques levelled at the profession because

i. social workers will be able to more clearly articulate their practice, which may also increase their confidence to champion a human rights and social justice perspective in ways that make a difference, and

ii. the practice of social work will be open to scrutiny so that there is a “level of confidence within and outside of the profession that the social work knowledge base and its associated practice activities are robust, explicit and critically relevant” (Osmond, 2006, p. 178).

Osmand and O’Connor (2004, p. 17) state that being able to clearly articulate what informs practice is also an ethical requirement because

social workers occupy a privileged and responsible position within the community in that they are interacting with…[and] intervening and making decisions about those most vulnerable … clients [who] present to social workers in good faith that they will receive services … that are ethical and informed.

The literature clearly advocates that the complexity and contestability of knowledge means that social workers need to consciously and ethically select knowledge and professionally apply it to specific situations, such as elder abuse (ANZASW, 2015). This suggests that knowledge-in-practice must be explicitly understood. The extent to which the social workers in the study overtly use knowledge in their practice with older people who are abused will need to be examined.

Some argue that knowledge is not knowledge until it is ethically converted into practice. (Avby, 2015). It is to the literature that examines knowledge-in-practice that the focus now turns.

**Knowledge-in-practice: a critical approach**

The literature on knowledge-in-practice is associated with the literature on critical theory that explores critical reflection as an important process. Many scholars regard the latter as a pivotal process that is required at the point where knowledge is used into practice because developing a reflective approach to practice will facilitate better
outcomes for users of social work services (Trevithick, 2007; Gray, 2007; Gray & Schubert, 2009; Ray, Bernard & Phillips, 2009; Gordon & Cooper, 2010; Stepney & Rostila, 2011; Avby, 2015). The central tenet in this literature is that social work practice is not about applying fixed knowledge to practice situations, therefore it is important that critical reflection occurs because it provides opportunities to:

i. consider the credibility, currency, relevance and limitations of knowledge, and to challenge the assumption that knowledge can be simply applied to practice (Taylor & White, 2006),

ii. effectively combine a range of different perspectives in respect of the specific circumstances that are encountered (Osmond, 2006),

iii. be consciously aware of the taken-for-granted knowledge that informs practice,

iv. develop new knowledge from practice,

v. articulate a social, cultural and political perspective in ways that “can inform real efforts to produce change” (Schram, 2012, p. 20), and

vi. explore the impact of policy and self on practice (Leung, 2009; Payne, 2011).

To achieve these goals, Petersén and Olsson (2015, pp. 1581-1588) argue that a praxis-based knowledge [that] is informed by different forms of knowledge is a better option with a greater potential to enhance the use of knowledge in social work practice ... [because it] is value-based, context-dependent, sensitive to power relations and grounded in practical experience ... [and] can cast light on how ... social work processes are embedded in values and power structures ... [and] ... contextual factors like organisational constraints [and] limited economic resources.

This suggests that social workers are knowledge makers as well as users. This is an important insight that is linked to the earlier discussion on practice wisdom. Here however, it seems that the suggestion is that practice wisdom takes on a more formal role than was expressed earlier, and thus it is argued that capturing this knowledge in a more overt way is important to advance social work knowledge and practice. Social workers as knowledge creators is not a new concept. Others have argued that because knowledge is subjective and contextual the alternative to the top-down approach to knowledge production is a bottom-up approach (Argyris & Schön, 1974; Stanley, 2005; Tsang, 2007; Stepney & Rostila, 2011). While this approach has been advocated for a number of decades, Schram (2010) states that the bottom-up approach remains largely undervalued. This lack of impetus may be linked to the hierarchy of knowledge discussed earlier.
The view of knowledge described here reflects the social constructionist perspective that was presented at the beginning of this chapter. It asserts that social workers (and those with whom they work, the organisations in which they work, and the broader socio-political context of practice), actively participate in creating and communicating understandings about their world, and in the case of social workers, their practice (Stanley, 2005; Schram, 2012; Petersén & Olsson, 2015). Scholars holding this view uniformly advocate that knowledge per se, and understandings about what constitutes knowledge, require constant and critical review, revision and rebuilding as new knowledge emerges within academia, policy and practice. They assert that this process will enable different insights and practices to be unlocked; practices that can challenge oppressive and discriminatory approaches to social issues. Again critical reflection is routinely considered to be central to this process and is argued for strongly in the literature (Schön, 1983; Eruat, 1985; 2000; 2102; Stanley, 2005; Plath, 2006; Taylor & White, 2006; Graham et al., 2008; Gray & Schubert, 2009; Gordon & Cooper, 2010; Payne, 2011; Stepney & Rostila, 2011; Phelan, 2014; Petersen & Olsson, 2015). The extent to which critical reflection is understood and utilised in elder abuse practice is an important consideration that will need to be explored in this study.

Prior to presenting the conceptual framework for this study, the literature exploring knowledge for and in elder abuse practice is a brief examined.

Knowledge for and in elder abuse practice

As discussed in chapter three, elder abuse practice is influenced by diverse theories, research, beliefs and opinions. The point here is not to return to this discussion; rather it is to consider what the literature says about the types of knowledge that are being applied to this field of practice because it is argued that the way elder abuse is understood will shaped the decisions about what to do.

Many scholars agree that a variety of knowledge bases inform elder abuse practice; but they assess the influence of diverse knowledge bases differently (Pritchard, 1999; Estes, Biggs & Phillipson, 2003; Harris, 2006; Taylor & White, 2006; Martinez-Brawley & Zorita, 2007; Nerenberg, 2008; Payne, 2011) In entering this discussion, the researcher maintains that while these categories of knowledge provide a way to talk about knowledge, they are often overlapping, and are not mutually exclusive.
Some scholars maintain that personal knowledge and practice wisdom are very influential in elder abuse work (Taylor & White, 2006; Payne, 2011), while others assert that procedural knowledge is more evident in practice (Estes, Biggs & Phillipson, 2003; Harris, 2006; Martinez-Brawley & Zorita, 2007; Nerenberg, 2008; Postle & Dawson, 2008).

Taylor and White (2006) and Payne (2011) contend that social workers bring to their practice personal understandings about old age and abuse that colour how they think and what they do. While they do not discount personal knowledge as relevant, they do raise concerns about the extent to which it is relied upon. They maintain that practice based on personal knowledge is not only practitioner-dependent, it is also likely to be piecemeal, fragmented and based on what appeals, what works and how things have always been done. According to Taylor and White (2006, p. 939) drawing exclusively on personal (and they add here practice) knowledge may lead social workers to “interpret new evidence only in ways that fit with their already existing formations” and that this may stifle the opportunity to generate new knowledge and formulate different responses. The influence and use of this type of knowledge is of interest in this study.

Estes, Biggs and Phillipson (2003), and Martinez-Brawley and Zorita (2007), levelled the same concerns about practice while arguing that procedural rather than personal knowledge is more visibly applied in elder abuse practice. They maintain that procedural knowledge tends to standardise practice in ways that de-contextualise the context in which abuse occurs, and may create “recipes” for practice (Estes et al., 2003, p. 32). In opposition, Pritchard (1999, p. 18) writing in an earlier time, argues that procedural knowledge is critical because it permits social workers to focus on categories of abuse and tailor specific responses to mitigate concerns of abuse. She goes as far as stating that “social workers should be compelled never to avoid guidelines”. This may reflect a view that following procedure is ‘safer’ in a society that is concerned about risk and where public scrutiny of practice is greater than ever before (Parker & Bradley, 2014). However, the majority of writers (for example: Estes et al., 2003; Taylor & White, 2006; Payne, 2011) are mindful of the influence of procedural knowledge because they recognise that the organisations where procedures are developed are often funded by government which means that organisations’ understandings of, and responses to, elder abuse can be expected to
mirror contemporary political ideological. If and how political imperatives are transformed into elder abuse practice will need to be reflected upon.

The literature suggests that theoretical, empirical and professional knowledge is rarely identified in the practice literature as overtly informing elder abuse practice. If this is so, this is a significant omission because practice is located in the socio-political sphere, and elder abuse as a phenomenon vies for significance with other issues such as child protection. A lack of theoretical, empirical and professional consideration and voice may serve to maintain a view that elder abuse is a lesser concern (Payne, 2011; see chapter 2). The influence and use of this knowledge in elder abuse practice will be considered in chapter seven.

Overall the summary of the literature pertaining to the knowledge base for elder abuse practice indicates that while there is an extensive knowledge base, it may be variably utilised and may be dominated by knowledge that is more difficult (although not impossible) to articulate. This would suggest that critical reflection needs to be central plank of elder abuse work. The literature review also suggests that a deeper understanding of what constitutes knowledge in elder abuse practice is required because little is known about what and how knowledge is applied in this field of practice. Such an examination, as is offered here, will provide insight into how elder abuse practice is conceptualised and what responses are made. It will also contribute to our knowledge base about elder abuse practice.

**Conceptual framework for this study**

The following diagram—Figure 3—is the conceptual framework for this study; one that has built on the previously presented framework for understanding elder abuse (see: chapter three). Having critically reviewed the literature on knowledge for and in practice, and the literature on elder abuse, this conceptual framework suggests that both elder abuse work and knowledge for practice are domains where uncertainty and complexity prevail (Ray et al., 2009; Dixon et al., 2010).
Figure 3: Conceptual framework for this study
This figure depicts how the complexity of elder abuse practice is surrounded with equally complex and challenging ideas about what constitutes knowledge. The framework also suggests that a critical approach to practice that is informed by critical reflection is a key ingredient that can support social workers to negotiate practice because knowledge needs to be able to be articulated so it can be ethically converted into action. The conceptual argument is that elder abuse is an ontological and social reality and that practice is influenced by many and various factors and knowledge. Thus it is suggested that the knowledge applied to this phenomenon needs to be critically examined and open to scrutiny.

In closing this chapter, it is important to reiterate that making sense of elder abuse requires social workers to traverse the complexities of both elder abuse practice and the domain of knowledge for and in practice. This, and the preceding chapter, have emphasised the importance of social workers being consciously aware of what shapes their interpretations and judgements about abuse. These chapters have indicated that social work practice need to move beyond debates about precise meaning and to recognise and articulate what knowledge is utilised in practice. It is argued that in understanding the junction of knowledge and elder abuse practice, there is an opportunity to advance our knowledge of and for elder abuse practice.
Chapter 5: The research process

This chapter outlines the research process utilised in this study. First, the philosophical and theoretical lenses and the methodological approach are presented. Here the social constructionist perspective is outlined and its pertinence to this study is explained. The tenets of social critical theory are then explained, as is its relevance to this research. Finally, this section focuses on the qualitative, interpretive methodological approach used to gather and analyse the views of the participants. The remainder of the chapter explores the ‘nuts and bolts’ of the research process; that is the ‘how’, ‘who’, ‘what’ and ‘why’ of this research endeavour. The approach to analysis is also described as are relevant ethical and methodological issues. The chapter concludes with a discussion of the strengths and limitations of this study.

A social constructionist lens

Positivist approaches have usually dominated research on elder abuse. From this emerges understandings about prevalence, and the character of, and risk factors for, both victims and abusers (Capezuti, 2011; Jackson & Hafemeister, 2011). Taking a social construction approach does not underestimate the contribution of these studies, but it does offer an opportunity to move beyond statistical data relating to frequency and descriptions about type and characteristics, to capture the complexities of elder abuse practice.

A social constructionist epistemology argues that understandings and responses to social issues are socially and historical determined (Sommerfeld, 2014). Crotty (1998, pp. 8-9) makes this clear when he states that

meaning comes into existence ... though our engagement with the realities in our world ... [thus] meaning is not discovered, it is constructed.

Crotty asserts that social constructions can be created by individuals and can be co-constructed and shared with others as meanings are collectively established and communicated. This conclusion echoes the views of Harding and Palfrey (1997) who argue that people understand and respond to their world as a result of their personal experiences and through common understandings shared with others. These authors consider sense-making an artefact, one that emerges from a moment in socio-cultural-historical-political time. They, along with Stevenson (2004, p. 19), conclude that
meanings are changeable because “no external fixed realities ... represent the world”. These scholars also maintain that commonly held beliefs often come to be viewed as ‘true’ because the more widespread shared meanings become, the more likely they are to be “experienced as objective reality” (Harding & Palfrey, 1997, p.14) and to become institutionalised. They suggest that it is through this process that ‘truths’ are formed and are used to inform decision-making that explains, justifies, legitimatises and constrains policy and practice.

A social constructionist approach is philosophically aligned to the purpose of this thesis because the researcher seeks to understand the meanings ascribed to elder abuse by social workers. It is argued that such sense-making requires exploration because social workers are likely to attach a variety of meanings to the term ‘elder abuse’. This suggests that the researcher will hear different stories about elder abuse practice as these will be derived from the participants’ own understandings combined with constructions about ageing and abuse that emerge from the socio-cultural-historical-political moments-in-time when the stories are formed and told (Crotty, 1998; Patton, 2002). However, the researcher also maintains that a social constructionist approach in itself is not enough because while it can alert us to multiple meanings, it will not necessarily explain how ‘truths’ are formulated, negotiated and operationalised in relation to social work practice with other people who are abused.

A critical theory lens

Sumner and Danielson (2007, p. 35) argue a critical social theory lens offers us an opportunity to

understand ... subjective lived experience as it is historically situated ... and [to identify] ... factors that reduce the individual’s vulnerability and facilitate[s] emancipation.

Crossley (2004) and Jones, Cooper and Ferguson (2008) agree, maintaining that examining social phenomenon using this lens makes visible the impact and consequences of power imbalance in social relationships. This supports Alvesson and Skolberg’s (2000) claim that a critical lens brings to light unconscious processes that privilege some interests over others. These authors emphasise the importance of understanding the lived experience so that commonly held beliefs and structural arrangements that make people susceptible to oppression are discernible.
A critical social theory approach to examining elder abuse practice complements the use of a social constructionist lens because both posit that meanings are subjective and formed by experiences. What a critical lens adds is an opportunity for the researcher to move beyond hearing the unique and varying stories of how people give meaning to their experiences to a place where the researcher can hear divergent ideas about ‘reality’ (Neimeyer, 1998; Fontana 2004; Sumner & Danielson, 2007). Sumner and Danielson alert us to the notion that the process of sense-making and a person’s perception of ‘reality’ are influenced by many factors and are not value-free. This reminds us that there are other forces such as beliefs and opportunity that influence how we construct meaning and understand our world. Sumner and Danielson argue that these factors are rarely thought about when people make sense of their lives. They contend that when these are overtly considered it is typically the “usual and customary acts expected of persons in a given situation” that are accentuated and drawn upon when giving meaning to experiences. A critical approach is therefore essential if we are to challenge “the potential for mechanical, unthinking behaviours that may oppress and discriminate” (Sumner & Danielson, 2007, p. 31).

In the context of this study using a critical lens to examine ideas about old age and abuse will therefore be crucial. Using a social constructionist lens together with a critical lens can shed light on what claims are being made about elder abuse and by whom; as well as the power dynamics operating in, and on, both social workers and the health and welfare structures charged with addressing this issue. While it is an approach that can open up opportunities to explore alternate ways of conceptualising and responding to elder abuse, the strength of this research process rests with its application.

**Applying a social constructionist and critical theory lens to research**

Alvesson and Skolberg (2000) argue that there are three essential requirements for any researcher utilising these approaches. These are to:

i. hear the subjective meaning participants attach to their reality
ii. locate themselves in the research and explicitly state their own assumptions and interpretations, and
iii. consider tacit practices, dogma, power imbalance and oppressive and discriminatory processes that may be in play as meaning is constructed.
This approach sits comfortably with the researcher who is a Registered Social Worker [RSW] and a member of the ANZASW, because she has a professional responsibility to know herself, engage constructively and transparently with others, and to challenge assumptions and structures that discriminate and oppress (IFSW, 2012; ANZASW, 2015). Applying a social constructionist and critical theory lens makes it possible to try to understand the “spontaneously generated” knowledge (Alvesson & Skolberg, 2000, p. 144) brought to practice with abused elders and to “try and change ... [elder abuse practice] for the better” (Jones, Cooper & Ferguson, 2008, p. 18).

**Qualitative and interpretive methodology**

Given the research question and the philosophical and theoretical frameworks that inform it, a qualitative approach is appropriate for this study because it is a methodology that seeks to understand the ways people make sense of their worlds (Neimeyer, 1998; Nelson & Quintana, 2005; Creswell, 2009; Crowe & Sheppard, 2012). There is however, no simple definition of a qualitative methodology beyond a common understanding that it is about building in-depth knowledge about complex human experiences in ways that cannot be achieved by quantitative analysis (Gilbert, 1993; Rubin & Babbie, 2010). Tewksbury and Gagné (2001, p. 72) state that qualitative research is an approach that provides opportunities for researchers to travel beyond numbers into “social spaces”, while Liamputtong (2007, p. 7) describes this approach as one that allows researchers to “wander along with the local inhabitants [and to] ask questions that lead the subjects to tell their stories”. It is in this space that understandings of elder abuse practice reside.

Qualitative enquiry takes many forms but it mostly involves researchers interpreting understandings of recounted experiences (Rubin & Babbie, 2010). Aligning this methodological approach with social constructionism and critical social theory, a qualitative, interpretative approach enables the researcher to listen to retold experiences, to hear multiple realities, and to recognise that these stories are...

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44 The researcher acknowledges that the divide between qualitative and quantitative approaches is disputed (Crowe & Sheppard, 2012).
contingent upon the bio-socio-cultural-political meanings that have influenced their formation (Johnson & Waterfield, 2004; Rubin & Babbie, 2010).

Like qualitative research, interpretativism is not a singular approach as it includes, for example, phenomenology, ethnography and grounded theory (Barbour, 2008; Creswell, 2009). This study is interpretative in the sense that the researcher seeks to explore the meaning social workers make of elder abuse by capturing their stories of practice situations and using an iterative approach to analysis. It was considered that an interpretative approach would provide the best opportunity to hear how elder abuse is understood and the practice that resides within these stories of practice. What is reported in this study are the researcher’s interpretations of 1) what participants understand elder abuse to be, 2) how they assemble knowledge about elder abuse practice and 3) how these understandings guide what they do.

As with all forms of research, qualitative, interpretative enquiry has both weakness and strengths (Patton, 1990; Crotty, 1998). It is not an approach that offers statistical information nor does it produce broad and generalisable conclusions (Creswell, 2009). It also does not reveal neutral, provable facts (Neimeyer, 1998). However, such representations are not intended here as this study aims to examine how elder abuse practice is constructed in a particular context. The strength of using a qualitative, interpretative methodology for this study is that a more detailed exploration of the participants’ understandings of elder abuse practice can be explored and presented in ways that connect, create and link the ideas that give meaning to practice (Patton, 1990; Richards, 2009). This approach will provide the opportunity for the researcher to explore the multiple and context-dependent realities that reside within the narratives of the participants. This approach will also enable the multiple views to be acknowledged and to be used as part of the process of knowledge-building in this field of practice (Neimeyer, 1998).

The following diagram—Figure 4—is a visual representation of the philosophical and, theoretical frameworks and the methodological framework for this study.
Research design and methods

Designing this research was relatively straightforward. This was for two main reasons. First, the research question pointed to a qualitative, interpretative design which enables some flexibility without jeopardising the integrity of the research process (Johnson & Waterfield, 2004; Rubin & Babbie, 2010). Second, as all participants are social workers who volunteered, a more complex design was not thought necessary because this group was not deemed to be a vulnerable population in the context of this research. This rationale does not suggest that the design did not require full consideration, but it does articulate why a well-established research design model was judged appropriate. The following sections of the chapter describe the

i. overall research strategy,
ii. piloting of the questions and process,
iii. participants,
iv. data collection and transcription processes,
v. approach to analysis and interpretation, and
vi. trustworthiness.
The research strategy

A single-phase data collection strategy was designed. This involved semi-structured, face-to-face interviews with individual participants. The interview questions were selected to explore how the participants think about elder abuse and their opinions and values about this phenomenon, as well as their knowledge, skills and social work experiences with older people who are abused. Background data gathering questions about the participants’, their practice experience and qualification where also included in order to develop a profile of the participants. The interview schedule was carefully constructed to engage the participants as quickly as possible. To this end, general questions about their experiences and practice that were deemed to be non-threatening were used to initiate the conversation. As the interview proceeded participants were asked more challenging questions that were designed to explore deeper understandings and explore their decision making processes. Opportunities for probing questions were available as needed. To conclude the interview each participant was asked if there was anything that they would like to add by way of final comment. This question was to ensure that each person was given an opportunity to include everything they considered important. This also enabled the participants to have the last word.

Each interview was anticipated to take between forty-five to sixty minutes. This strategy was judged to be the most appropriate for three reasons. First, an individual interview was considered to provide an opportunity for participants to talk freely about the challenges, successes, issues, dilemmas and concerns they experience in their practice with older people who are abused. As noted above, these participants were not considered to be a vulnerable population in the context of research as described by Liamputtong (2007). They were all practising social workers who are used to talking about and reflecting on their practice, and who have a professional responsibility to speak out about social issues effecting older people (IFSW, 2012; ANZASW, 2015). Nonetheless, the researcher ensured participant wellbeing and worked collaboratively with each social worker to identify an appropriate place where the interview could be held. This was beneficial as it meant that the participants made decisions about their comfort and privacy (Gilbert, 1993; Denscombe, 2007). Second, a semi-structured interview schedule with some pre-determined questions (Appendix 1) was considered
appropriate because it would enable the interview to remain focussed on the issue of elder abuse practice, while simultaneously enabling participants to explore the issues important to them (Creswell, 2009; Rubin & Babbie, 2010). Finally, a single-phase, face-to-face interview data collection strategy was judged appropriate because it enabled the inclusion of a geographical spread that would have been difficult with more than one interview.

The strategy also included the

i. digital recording of the interviews, for which written permission was sought,
ii. maintaining of a fieldwork journal where thoughts about the process, and content of the interviews would be recorded as the research progressed,
iii. verbatim transcription of all interviews to capture the content and nuances within the interview, and
iv. supervision to develop and challenge the researcher’s thinking as the study advanced.

The pilot

Prior to commencing the research process, the interview process and schedule was piloted. A senior colleague volunteered to be the ‘pilot participant’. The data gathered during the pilot was not included in the study. The pilot interview was observed by undergraduate social work students in their final year of study. As educators, the researcher and the pilot participant recognised the learning opportunity this afforded students who were themselves developing a research proposal.

The pilot process was invaluable for a number of reasons. First, the feedback indicated that the information sheet45 (Appendix 2) provided a clear and detailed account of the purpose of the study, and the expectations of the researcher and participants. The pilot suggested that a full canvassing of these details before each interview might not be necessary. While accepting that the pilot participant’s clarity may have been a result of pre-interview discussions, the feedback did suggest that effective communication with participants might pre-empt the need for some questions or concerns to be addressed at the beginning of the interview itself. As a result, the researcher re-doubled her efforts to engage with participants by facilitating email and telephone conversations prior to the face-to-face interview.

45 As all participants were social workers, an assumption was made that written information would be appropriate.
Second, the pilot suggested that the interview might take longer than predicted. The pilot participant was enthusiastic and had a keen interest in elder abuse practice. Given that all participants volunteered (and that the sample was generated quickly as is discussed shortly), it seemed likely that the participants might have many stories to tell. This insight alerted the researcher to the importance of being candid with participants by informing them that the anticipated interview timeframe was an approximation only. It also highlighted the need for the researcher to manage the interview process so that the conversations remained focussed but in a way that did not shut down the participants’ voices.

Third, the pilot highlighted that the researcher needed to get into the twenty-first century in relation to technology. The institution had made available recording equipment, however; this was an outdated cassette recorder (with no external microphone). Consequently, the sound quality was poor. The recorder also required the tape to be turned during the course of the interview. The technology-savvy students were aghast at ‘the old fashioned 1970s’ device. This equipment failed to adequately record the pilot interview and therefore no transcript was made. The researcher purchased and learnt how to operate a digital voice recorder prior to the first interview.

The final insight—that the researcher can sit quietly—was provided by the student observers. This was a timely reminder that different roles require different things from us and that in taking on the mantle of researcher, the task is to facilitate and to listen. Denzin and Lincoln (2000, p. 386) emphasise this when speaking of the researcher as “research instrument”.

The participants

In this section, access to potential participants, the recruitment and sampling process and the participants themselves are described.

Access
On receipt of ethical approval, the ANZASW was approached as the identified gatekeeper for recruiting potential volunteers (Appendices 3, 4 & 5). The ANZASW was selected as the gatekeeper because its membership list is current and nationwide. The ANZASW was provided with a copy of the information sheet and the ethical clearance (Appendix 6). On 22 April 2010, the ANZASW emailed all members listed as ‘working with older people’, inviting them to contact the researcher if they were interested in volunteering. A journal entry the same day records that the first person emailed at 3:40pm; the second at 3:42 pm. Within four days thirteen potential participants had contacted the researcher. Expressions of interest arrived more quickly than expected and surprised the researcher who had anticipated that the recruiting process might be a lengthy affair, given conversations with other research students. Diary entries from this time (22-26 April, 2010) read:

opened an email from the first person indicating interest… Wow – this feels really exciting … all that work … and yes others are interested in what I am doing… [and] willing to give their time and expertise.
The early … interest is coming from regional areas … wondered if this reflects a level of isolation?

... fewer resources? ... maybe they have more time to consider their emails? ... maybe they have particularly strong views? ... maybe they are keen to ... develop ways to understand and grapple with practice issues?

With the exception of one participant, all were recruited through the gatekeeper. The final social worker was recruited through ‘snowballing’ (Blaikie, 2000) as this person was referred to the study by another volunteer.

Sampling

A purposive sampling strategy was utilised to ensure that the sample comprised those who could help examine the research question (Marshall & Rossman, 2006; Denscombe, 2007; Rubin & Babbie, 2010). To answer the research question, the sample needed to include social workers engaged in front-line elder abuse practice who had sufficient experience to reflect on their practice. The sample also needed to span the various settings within which elder abuse practice occurs because the researcher was interested in exploring the contextual influences on practice. The sample frame therefore required that participants would need to:

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47 The ANZASW indicated this was around 300 people.
48 Consideration is given to potential issues pertaining to self-selected samples later in the chapter.
i. hold a recognised social work qualification as determined by the Social Workers Registration Board [SWRB],
ii. have at least two years' post-graduate experience reflecting the ‘sufficient practice’ guidelines for registration (SWRA, 2003),
iii. be employed as a frontline social worker in a setting that included work with older people who are abused,
iv. be employed in a variety of practice settings. These were defined as
   a. Hospital-based: acute/general and community-based. ‘General’ designates a generic health focus where older people are encountered
   b. Hospital-based: Specialised older person and community-based. ‘Older person’ denotes practice in a specialised older person service
   c. Non-government sector [NGO]: community-based organisations utilised by older people, and
v. be geographically diverse. These locations were identified as
   a. Metropolitan: practice located in main cities
   b. Regional: practice other than main cities that may include both urban and rural districts.

A sample size of twenty was set because it was considered that the views of twenty would likely enable the question to be fully considered. The researcher acknowledged Edward and Baker’s (2012) view that there is no way of knowing in advance the size of a sample needed in qualitative research. They argue that a sample is sufficient when no new information is coming to light. While a decision was made to recruit twenty volunteers, the size of the sample remained open to accommodate the need for more interviews if it was identified that new data continue to be heard as the interviews progressed. In the end, no additional recruits were deemed necessary.

The researcher was responsible for making decisions about the selection of participants based on the criteria above. Initially this appeared to be straightforward; however, two issues arose. First, a decision was made to exclude social workers employed by the EANPs because it was understood that they engaged in elder abuse work only when abuse was confirmed. As this study sought to explore how social workers conceptualise and decide if abuse is happening, this exclusion seemed justified. However, further investigation indicated that EANP coordinators also receive referrals for ‘potential’ abuse and thus make decisions about whether abuse is occurring. In consultation with the supervisory team it was agreed that social workers

49 Refer to chapter 2.

105 | P a g e
in this role could enhance the research by contributing rich data from a different contextual perspective. Three ENAPs coordinators were thus included in the sample.

Second, the requirement to hold a recognised social work qualification proved problematic because not all those volunteering held a recognised qualification as defined by the SWRB. At first glance this appeared uncomplicated and that these individuals would need to be excluded from the study. However, the SWRB recognises non-qualified social workers who have extensive experience as eligible to apply for registration. In discussion it was deemed unreasonable to exclude these volunteers as they are recognised as social workers through registration. The sample frame was extended to include this group. Two non-qualified but registered social workers were included in the sample.

**The participants**

Social workers from seventeen different work places were included in the sample. This included thirteen who were employed in specialised services for older people, of whom seven worked in hospital settings and six in community settings. The other seven participants were employed in acute, general hospital settings where older people were present. Participants’ experience in social work ranged from two and a half to thirty-two years. As well as being actively involved in front-line elder abuse case work, five participants held management roles. Of the participants, fifty-five percent were located in the regions; the other forty-five percent where within metropolitan areas. Participants were spread across the country with fifty-five and forty-five percent from the North Island and South Island respectively. Gender was not part of the sample criteria because the social work profession in Aotearoa/ New Zealand is dominated by women. Of the twenty participants, two were male. No payment or inducement was offered to participants. Table 1 and Graphs 1 and 2 describe the sample.

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50 Section 13 of the SWRA, (2003) allows for experienced unqualified individuals to apply for registration as a social worker.
51 Multiple participants were included from three sites.
### Table 1: The sample

<table>
<thead>
<tr>
<th>Participant</th>
<th>Practice setting</th>
<th>Geographic Location</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorothy</td>
<td>Hospital-based: Acute/general</td>
<td>Metropolitan</td>
<td>16 years</td>
</tr>
<tr>
<td>Natalie</td>
<td>Community-based - Legal</td>
<td>Metropolitan</td>
<td>14 years</td>
</tr>
<tr>
<td>Jackie</td>
<td>Hospital-based: Acute/general</td>
<td>Metropolitan</td>
<td>2.5 years</td>
</tr>
<tr>
<td>Barbara</td>
<td>Hospital-based: Older person</td>
<td>Regional</td>
<td>2 years</td>
</tr>
<tr>
<td>Jocelyn</td>
<td>Hospital-based: Acute/general</td>
<td>Regional</td>
<td>27 years</td>
</tr>
<tr>
<td>Shona</td>
<td>Hospital-based: Older person</td>
<td>Regional</td>
<td>8 years</td>
</tr>
<tr>
<td>Rose</td>
<td>Community-based: General health</td>
<td>Regional</td>
<td>4.5 years</td>
</tr>
<tr>
<td>Dianne</td>
<td>Hospital-based: Acute/general</td>
<td>Regional</td>
<td>19 years</td>
</tr>
<tr>
<td>Caroline</td>
<td>Community-based: Older person</td>
<td>Regional</td>
<td>30 years</td>
</tr>
<tr>
<td>Melissa</td>
<td>Hospital-based: Older person</td>
<td>Metropolitan</td>
<td>32 years</td>
</tr>
<tr>
<td>Margaret</td>
<td>Hospital-based: Older person</td>
<td>Metropolitan</td>
<td>27 years</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Community-based: Older person</td>
<td>Regional</td>
<td>13 years</td>
</tr>
<tr>
<td>Tom</td>
<td>Community-based: General health</td>
<td>Regional</td>
<td>32 years</td>
</tr>
<tr>
<td>Jane</td>
<td>Hospital-based: Older person</td>
<td>Regional</td>
<td>14 years</td>
</tr>
<tr>
<td>Abby</td>
<td>Community-based: Older person</td>
<td>Regional</td>
<td>13 years</td>
</tr>
<tr>
<td>Glen</td>
<td>Hospital-based: Older person</td>
<td>Metropolitan</td>
<td>19 years</td>
</tr>
<tr>
<td>Katherine</td>
<td>Community-based: Older person</td>
<td>Metropolitan</td>
<td>12 years</td>
</tr>
<tr>
<td>Robert</td>
<td>Hospital-based: Older person</td>
<td>Regional</td>
<td>5 years</td>
</tr>
<tr>
<td>Kate</td>
<td>Community-based: Older person</td>
<td>Metropolitan</td>
<td>8 years</td>
</tr>
<tr>
<td>Louisa</td>
<td>Hospital-based: Older person</td>
<td>Metropolitan</td>
<td>30 years</td>
</tr>
</tbody>
</table>
Data collection and transcriptions

Data collection

Prior to the interview commencing the aims and purpose of the research were reviewed with the participants and their consent was obtained (Appendix 7). The researcher’s hunch that the interviews might take longer than first thought was correct. The shortest interview was 1:02:43; the longest 1:36:29. All but one interview was undertaken in a quiet space. While that interview proved more challenging due to background noise, the interview was captured and a full transcript was produced. The
interview schedule was used to guide a free-flowing conversation in which participants could explore ideas about elder abuse practice that were important to them. While the schedule was not rigidly adhered to, all aspects were covered with each participant.

The data collection phase went to plan. There were no technical issues and all interviews were successfully captured and transcribed, some by the researcher and some by a transcriber (see below). All transcripts were securely stored in a locked filing cabinet. The digital recordings were electronically filed and password-protected. All participants agreed to the researcher destroying the transcripts (including the electronic copies) on completion of the research process.

Transcriptions
The interviews were transcribed verbatim. This included noting short and long hesitations, missing or incomplete words, sighs and whispers. It was important to transcribe in this way because it captured the instantaneous ideas of the participants that are central components of this research process. According to Blakeslee and Fleischer (2009), it is the reading of the whole text, including these nuances, that brings to light the stories in the data.

The researcher transcribed seven interviews. The remainder were professionally transcribed. This was made possible by the financial support from Christchurch Polytechnic Institute of Technology [CPIT]. There were multiple conversations between the researcher and the transcriber to confirm the style and format required. The researcher checked all transcripts against the recordings. A few amendments were made where words had been questioned by the transcriber but, on listening to the recordings, they were known to the researcher who had insider knowledge that assisted. Employing a transcriber in no way diminished the need for the researcher to read and reread the transcriptions as it is this process that builds familiarity with the data. It enables ideas that are less obvious during or immediately after the interview to become visible.

The first two interviews were transcribed immediately after the interview so that they could be reviewed by the supervisory team. That review considered whether the structure and/or style of the interview needed amending, and to assess whether there was any bias present that required addressing. The supervisory team identified the
need for the researcher to 1) direct the conversation more carefully so that participants were encouraged to explore rather than describe their practice, and 2) more rigorously discuss how participants conceptualised elder abuse in relation to other forms of violence. Consequently, changes were made to the preamble for the interview to reiterate that the aim was to hear thoughts about elder abuse practice, not descriptions of cases. In addition, a new question was added to the interview schedule that asked participants to consider how they differentiate between elder and other forms of abuse.

**Approach to analysis and interpretation**

**Analysis**

An inductive thematic approach to analysis was taken in this study. Braun and Clarke (2006, p. 77) state that this is a “method for identifying, analysing and reporting patterns within data”. Rubin and Babbie (2010) and Corbin and Strauss (2014) agree, arguing that thematic analysis enables researchers to go beyond description and interpret what is within the data. Ely, Vin, Downing, and Anzul (1997, pp. 205-6) remind us not to expect themes to emerge because this suggests that themes ‘reside’ in the data and that if we look hard enough they will emerge ... If themes ‘reside’ anywhere, they reside in our heads from thinking about our data and creating links as we understand them.

The term ‘interpret’ therefore, suggests that researchers are actively making sense of the data. Reported here are the researcher’s interpretations of the data.

An open-coding, bottom-up approach was used to explore the data. Braun and Clarke (2006) argue that by making visible realities, suppositions, perceptions, nuances and belief systems, ideas can be scrutinised. The researcher did not apply any pre-determined coding frame during the analysis, however, the analysis was guided by the research question. Bottom-up concepts were reviewed and grouped (and regrouped) and codes developed and named (and renamed) in relation to each question across all twenty transcripts. This process required constant reading, comparison and questioning of the data so that the views of the participants could be fully understood. The conceptual framework for this study was the final lens through which the themes were reviewed.
The process of analysis included a paper-based, colour-coding system, and use of NVivo9 – a software package designed to support the management of the raw data (Richards, 2005; Creswell, 2009). NVivo9 allows many propositions to be tested in a timely way but only after the researcher has interrogated the participants’ words line-by-line, not once but many times.

This description of the analysis signals the iterative process of analysis that occurred where the researcher circulated between the data, analysis, literature, writing and back again many times over. This enabled constant comparison so that alternative views were not lost by fixing meaning too early. As the analysis proceeded it became apparent that further questioning of the participants may have been useful as it may have led to deeper understandings of some aspects. As such, some ideas raised remain unclear.

At times it was difficult for the researcher to set aside the interesting ideas that were not directly relevant to the research question. It felt somewhat dishonouring of the participants as parts of their story were left untold. It took a long time (and many supervision sessions) to accept that not every word needed to be included because the focus needed to be on the data that explored the research question. Table 2 illustrates the iterative process used.
### Table 2: Repeating steps in data analysis

<table>
<thead>
<tr>
<th>Data Process</th>
<th>Analysis procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organise</td>
<td>Transcriptions prepared Nvivo9 ready. Colour-coding system established to begin the paper-based coding process.</td>
</tr>
<tr>
<td>Systematic interrogation: four regional transcripts</td>
<td>These transcripts were listened to/read/re-read. This initial focus was agreed in supervision as it was thought likely to offer a different perspective as the researcher had not practised in this setting. Exploratory categories were tentatively suggested.</td>
</tr>
<tr>
<td>Systematic interrogation: four metropolitan transcripts</td>
<td>Four transcripts from metropolitan areas listened to/read/re-read. Similar exploratory categories identified – suggested some validity given repeated presence. Other categories added.</td>
</tr>
<tr>
<td>Systematic interrogation: all transcripts</td>
<td>Transcripts interrogation included constant comparison, category identification, additions, modifications. Noted some more experienced participants appeared to be similar to each other but different to others.</td>
</tr>
<tr>
<td>Nvivo9</td>
<td>Process of beginning to manage categories/themes being identified. Enabled searching for phrases/words/content linked to themes/ identification of characteristics of participants associated with themes/ rearrange themes/ rename themes.</td>
</tr>
<tr>
<td>Systematic interrogation: more experienced participants</td>
<td>Comparison/questioning such as: Same themes observed in this group? Does this group differ from less experienced/ how? What factors other than experience might account for the differences or similarities? What and how is knowledge used by this group?</td>
</tr>
<tr>
<td>Systematic interrogation: more experienced participants</td>
<td>As above (different emphasis but same questioning technique).</td>
</tr>
<tr>
<td>On-going concept development</td>
<td>Building concepts, renaming/refining, clarifying relevance to research question.</td>
</tr>
<tr>
<td>Writing</td>
<td>Drafting chapters: revisiting the literature, reviewing the codes/concepts, adding/rejecting/consolidating concepts. Making sure the voices of all participants remained visible.</td>
</tr>
<tr>
<td>Concept refinement</td>
<td>As above.</td>
</tr>
<tr>
<td>Writing refinement</td>
<td>As above.</td>
</tr>
</tbody>
</table>
Interpretation

Interpretation is subjective but needs to be grounded in the data (Rubin & Babbie, 2010). As this study emphasises meaning-making, the process of interpretation was founded on a view that understandings would be varied, subtle and constructed and therefore it was acknowledged that the ideas expressed by participants could be interpreted in a number of ways. Therefore, the researcher needed to make judgments when interpreting data; however, these judgments need to be logical and transparent as well as critically reflected upon and challenged by constant comparison and an analysis of any outlying cases. To ensure that the interpretations made in the context of this study were reasonable the researcher

i. formed an intimate relationship with the transcripts through questioning, reading and re-reading the “textual description” (Creswell, 1998, p. 149) to ensure familiarity that enabled her to hear and interpret meanings beyond the words,

ii. explored the interpretations in supervision; modifying, revisiting, and reframing these as the analysis evolved,

iii. represents both the common and outlying views of participants in this report, and provides commentary on the interpretations made so that the way the interpretations were drawn could be seen, and

iv. includes frequently implied ideas because these suggest common thinking that merited inclusion.

Ethical and methodological issues

The final section of this chapter explores relevant ethical and methodological issues, including the limitation of this study.

Ethical considerations

According to Hugman, Pittaway and Bartolomei (2011, p. 1271)

ethics in…research…recognises that the rights and interests of subjects must be primary. The principal aim is to ensure that the subjects...are protected from harm that might result from their participation.

These authors argue that it is the researcher’s responsibility to ensure the research is ethical, and that researchers need to be both knowledgeable about ethical protocols, and sensitive to ethical issues so they can “balance the risks and benefits in any study” (Peter, 2015, p. 2625). Hugman et al. (2011, p. 1274) add that social workers also have a professional responsibility
to ensure that research is ‘good’ [which]...means that research must be methodologically sound and...it must be conducted in ways that are ethically appropriate.

This perspective sits well with the researcher because as a RSW and a long-term member of the ANZASW she considers this project to be both an academic and moral enterprise. The researcher is aware that the processes and outcomes of this study lie in her hands and that her “character as the researcher” (Gregory, 2003, p. 22) will colour the study from question formation to publication. Gregory maintains that while ethical decision-making rests with the researcher, it is entirely fitting for advice to be sought. Supervision was used to consider ethical issues.

The researcher’s task is also to take care of the process, data and, participants. Measures were put in place to demonstrate integrity, mitigate harm and ensure that the research was carried out in a manner consistent with the law (Gregory, 2003) and the profession (ANZASW, 2015).

The following ethical issues were considered and addressed in the context of this study.

**Involvement, consent and an ethical issue**

All participants were made aware of the researcher’s ANZASW membership and registration status, and the ethical approval obtained for this study. Detailed information was given which enabled them to decide whether to participate. Formal consent was obtained prior to commencing the interview. The process for this involved

i. the researcher and the volunteer jointly reviewing the purpose, aims, timeline and expectations of the participants and the researcher in the context of this study,

ii. responding to any questions that arose,

iii. being clear that participants could withdraw at any time, that any data provided would be withdrawn wherever possible, (Appendix 8) and that privacy would be safeguarded, and

iv. giving time so that participants could consider whether to be involved and agreeing to provide a summary of the findings to participants before publications beyond the thesis.

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52 If the data remained discrete withdrawal would be possible. Where it was amassed and anonymous it was agreed the data would be able to be used.
These steps occurred prior to the interview, and were repeated before the interview started. This enabled ‘alone-time’ where volunteers could consider their on-going participation without pressure. Cutcliffe and Ramcharan (2002, p. 1006) refer to this as an ‘ethics-in-process’ approach where ethical dimensions are seen as constantly negotiable. All twenty participants formally consented to participate. No one withdrew from the research process.

At the time of consenting, all participants were offered the opportunity to self-select a ‘name’ by which they would be known. An option to use their actual name was provided because it was thought that some participants may wish their views to be known because professional practice involves speaking out about social issues (IFSW, 2012; ANZASW, 2015). Nine participants opted to select a pseudonym; the remainder chose to be identified by their actual name. However, as the analysis unfolded it became clear that the speciality of the role, and the small community of practice in Aotearoa/New Zealand, meant honouring the confidentiality of everyone became problematic when some individuals were identifiable. The researcher decided to assign a pseudonym to all participants as this would honour the requirement for confidentiality of all participants. It is by these names that the views of participants are reported here. In the writing of the thesis the researcher also took care not to include other identifiers that would potentially identify any individual.

**Integrity**

According to Cutcliffe and Ramcharan (2002), a fundamental ethical principle in value-laden social research is integrity. They identify two dimensions of integrity: 1) in relation to the purpose and outcome of research and 2) in regards to the research process itself.

**Integrity: purpose and outcome**

According to Hugman et al. (2011, p. 1284) integrity of purpose and outcome in social work research means that it is “congruent with the empowering and developmental goals of...[the] profession.” The critical theory lens utilised in this study demonstrates integrity of purpose and outcome because this enables the researcher to examine elder abuse practice with the view to improve social conditions for older people (IFSW, 2012; ANZASW; 2015). The researcher declared this agenda so that participants were
aware of her standpoint prior to agreeing to be involved. Participants unanimously expressed a commitment to this endeavour also.

**Integrity: the research process**

Being knowledgeable and skilled within specific scopes of practice is a professional responsibility (ANZASW, 2015) and speaks to the integrity of the research process. At the beginning of this research journey, the researcher reflected on whether she was sufficiently knowledgeable and skilled to undertake this study. The structural requirements for entry into the PhD programme and the supervisory process enabled the researcher to recognise she was ‘fit’ for the task and ready for this venture, albeit with a lot to learn.\(^\text{53}\)

Integrity of the research process is also important because according to Vickers (2003, cited in Barbour, 2008, p. 37), “it is rare to find a ... scholar whose work is unconnected to [their] personal history”. Richards (2009) concurs, warning qualitative researchers to consciously apply reflexive thought to their research endeavours. Pinpointing social work research in particular, McCoyd and Shdaimah (2007) caution that there is a risk of blurring the boundaries between practice and research due to a professional orientation that seeks to support and assist. Drawing a clear distinction between being a social work practitioner/academic and being a researcher was therefore required.

This issue was explored in supervision as it was clear that the researcher was not an impartial observer because she had knowledge of, and experience in, elder abuse work. The following strategies were put in place to maintain the integrity of the research process. The researcher

i. was transparent about her history and clarified the purpose of this research encounter. This was particularly important when interviewing those with whom she had previously worked\(^\text{54}\),

ii. built rapport with the participants before and during the research process and used a flexible interview style to demonstrate real interest in what participants had to say,

iii. remained focused on facilitating, listening and discussing with participants their stories so their voice was heard rather than her own, and

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53 One of the most valuable lessons of this process has been my supervisors reminding me that the purpose of a PhD (in part) is to learn to be a researcher.

54 The researcher had a historical working relationship with all of the Christchurch participants. This was to be expected given the small elder abuse community of practice in this city.
iv. debriefed with the supervisory team to explore what was heard, what was surprising, what conclusions/themes were being drawn, and what part she played in both the process and outcome of the interviews and interpretations.

According to McCoyd and Shdaimah (2007) integrity is also demonstrated by the process being non-maleficent. This is also a principle of the social work profession (IFSW, 2012; ANZASW, 2015). There was a six-fold strategy to ensure non-maleficence in this project. The researcher

i. designed the interview process to move from rapport-building, experienced-based questions to ones requiring deeper consideration to enable participants to talk about the familiar while developing a sense of trust in the researcher and the research before contemplating more thought-provoking and challenging practice-related questions (Liamputtong, 2007),

ii. used open-ended questions and probes to facilitate robust discussion guided by her but led by participants who shared their story in their way (Rubin & Babbie, 2010),

iii. offered the opportunity for awhi\(^{55}\) during the interview, although no participant took up this opportunity,

iv. agreed that if a participant became distressed the recording process would stop and a discussion had before deciding whether to continue with the interview. Some participants identified issues to take to supervision. (No participant became distressed and no interview was interrupted).

v. reminded participants that they could withdraw at any time, and

vi. took care of both the person and documents by ensuring confidentiality, removing real names of other people and organisations referred to during the interview, and collecting the data in line with the Privacy Act (1993) by collecting only relevant information from those who agreed to participate.

**Methodological issues**

This final section examines the methodological issues of trustworthiness and explains the limitations of this study.

Trustworthiness in qualitative research is a critical concept as it speaks to the worth of the research. According to Fossey, Harvey, McDermott, and Davidson (2002) researchers need to consider both methodological (how the research is undertaken) and interpretative (on what basis interpretations are formulated) trustworthiness.

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\(^{55}\) Awhi is the te Reo Māori term for support.
Methodological trustworthiness

Methodological trustworthiness was achieved in this study in the following ways. By

i. aligning the philosophical, theoretical and methodological approaches there is congruency between the research question and the manner in which this question is explored. This provides a level of confidence that the interpretations may be relied upon,

ii. ensuring that the research process is transparent and auditable by providing a detailed thick description. This demonstrates reasoned discussion and decision making so others can judge whether the conclusions drawn were reasonable, and

iii. meeting the adequacy requirement by having a sample size that is sufficient as indicated by no new ideas being identified as latter transcripts were analysed.

Interpretative trustworthiness

According to Fossey et al. (2002) the elements of interpretative trustworthiness are authenticity, coherence and permeability.

Authenticity

Authenticity in regards to this study may be challenged on the grounds that the sample was comprised of volunteers who had a keen interest in, and something to say about, elder abuse. Without underestimating their contribution, what is missing here are the ideas of others who may lack confidence, time or opportunity to participate in this study. In addition, because the research is based on practice that is described rather than observed, authenticity may be questioned as participants may have constructed stories of ‘good’ practice that may not reflect their actual practice. ‘Good’ practice accounts may also be a result of the researcher being perceived as an ‘expert’ academic with certain views about how practice ‘ought’ to look. These challenges are addressed in this report by reporting the findings in a way that represents the voices of participants using their actual words preserved in their entirety, and by including a full range of the voices so that the views of all participants are heard.

Coherence

Fossey et al. (2002) maintain coherency is represented by an alignment between the question, research approach, data collection, interpretations and findings of a study. This point has already been canvassed in this chapter. In addition, it is important to reiterate that the supervisory team read all transcripts and checked coding as part of
this research process. Supervision included discussions on the interview process, transcripts, data and themes, ethics, analysis process and coding, interpretations and conclusions. This provided a structure within which coherency of the research study was established and maintained.

Permeability

Permeability refers to the extent to which the research processes itself (including the researcher’s ideas, preconceptions and beliefs) impacts on what is sought and what is found (Fossey et al., 2002; Gilbert, 2003). Here the possibility of researcher bias—the potential to see only what you expect to see—is raised. Johnson and Waterfield (2004, p. 128) argue that transparency is achieved by researcher reflexivity. They assert that skills in reflexivity are critical because this will make researcher bias transparent and will ensure that the voices of the participants can be authentically, openly and fairly represented. In this study a reflexive cycle of constant reflection, supervisory debriefing and modifications based on these reflections, was utilised.

According to Harding and Palfrey (1997, p. 9) this process enables the researcher to stand outside [their] own culture and remember all the while the impossibility of leaving behind [their] own enculturation.

Limitation

As with any research endeavour, there are limitations to this study. This study does not claim that the findings are representative of elder abuse practice nor are there plans to generalise the findings. In the context of this study the other limitations are that

i. participation was voluntary so those with time and/or a story to tell were included while others were not,

ii. participants were all members of the ANZASW given this organisation’s role of gatekeeper. As membership is not compulsory the views of those who practice in this field but are not members of the association, were excluded, and

iii. the thesis reports what the participants think they do and therefore may or may not represent what they actually do.

The researcher is clear that what is represented here are in-depth interpretations of themes identified from the few participants who volunteered to participate in this study (Creswell, 2003). These are conveyed using rich, thick description. In addition, there
is a detailed description of the research process. Both will help determine the transferability of the findings reported here to other settings.

**Conclusion**

This chapter has explored the blueprint used for this qualitative research study.Outlined are the foundations on which this study is premised and the coherent, ethically-driven approach taken to exploring elder abuse practice in the Aotearoa/New Zealand. In concluding this chapter, the researcher reflects on Neimeyer’s (1998, p. 2) statement that a social constructionist approach to qualitative research is both a “humble [and] ambitious” one. ‘Humble’ because it seeks to build small segments of knowledge about specific subjects (in this instance elder abuse practice in Aotearoa/New Zealand), and ‘ambitious’ because it necessitates reticence and reflexivity. Both humility and ambition have underpinned this entire project and have been kept in mind when writing the analysis chapters that follow.
Chapter 6: What do practitioners understand elder abuse to be?

This chapter reports the broad themes that were drawn from the interview data that relate to how elder abuse is conceptualised. This chapter begins to address the research question: how do social workers make sense of elder abuse? Presented are the meanings that participants ascribed to this phenomenon. In reporting the analysis, the voices of participants are preserved; however, the researcher has categorised and interpreted the data in order to present the key findings.

The researcher decided that it was best to present the analysis using the same constructed/deconstructed approach used in chapter three, where the way the participants defined the term elder abuse is described, followed by an examination of how they conceptualised the three core dimensions of the definition; that is age, harm and relationships that imply trust. The analysis highlighted that the participants do hold a common view of elder abuse, but that this collective understanding became less commonplace when the underpinning concepts noted above, were closely examined.

The chapter begins by reporting the meaning ascribed to elder abuse that is shared by participants. This is followed by the analysis of how participants dismantled and reassembled this common understanding and how they variously understood the concepts of age, harm and a relationship which implies trust. This chapter is a forerunner to chapters seven and eight where the knowledge used to inform understandings and the assessment processes relating to them, and the way these understandings shape responses, are explored.

A shared common understanding

Campbell, Pleic and Connolly (2012) suggest that it is important to recognise and agree on the meaning of key terms in practice because clarity reduces uncertainty and makes it possible to develop thoughtful and justifiable strategies to address social issues. Participants in this study held a common understanding of term ‘elder abuse’ that they clearly and succinctly articulated. All participants readily, and without prompting, stated that elder abuse occurs when an older person is harmed by
someone with whom they are in a relationship where trust is expected. Caroline, Barbara and Margaret illustrate how elder abuse was defined.

- There are three pre-conditions … that the person is 65 plus; that … harm occurs and that the person responsible for the abuse is in a relationship implying trust.
- An older person suffers harmful effects from someone with whom they have a relationship implying trust… It may also be lack of … appropriate action.
- There is a relationship of trust and where that trust is broken … [it] leads to a detrimental outcome for the older person.

Further, all twenty participants verbalised that they understood elder abuse to take many forms. They stipulated that the abuse could be psychological (sometimes referred to as emotional), physical, financial and sexual. They all also identified neglect as a form of abuse. Dianne, Rose, Abby and Natalie typify this approach. They commented that elder abuse is psychologically, verbally, financially and or sexually … or neglect.

- Financially … physically … emotionally … sexually … [or] not [being] provided … with the basic necessities of life.
- When somebody’s withholding food, care, love … when they’re calling them names, when they’re … psychologically and emotionally and physically harming people.
- When an [older] person is taken advantage of and hurt psychologically, verbally, financially and or sexually … or neglected.

These ideas reflect that way elder abuse is defined in the Toronto Declaration (2002), and in the Elder Abuse Guidelines (MSD, 2007 – see chapters two and three).

Some participants also explored elder abuse as a cultural and rights-based construct. Elder abuse was described as being a violation of rights by seven participants, while five reported that abuse of an older person could be viewed differently in different cultural contexts. These understandings were shaped by structural/social perspectives on ageing and abuse. These constructs are further examined in chapter seven where knowledge-in-practice is considered.

Most participants indicated that they considered elder abuse to be a clear-cut and relatively unambiguous phenomenon. Most depicted elder abuse as an entity that can be known and understood. Consequently, many also expressed confidence in their ability to know “with reasonable certainty” what elder abuse is and is not. Natalie and Rose illustrate.
I recognise it instantly … no matter at what level it is at. sometimes I know without knowing, cos I just know.

Both explained that they can intuitively identify elder abuse with ease. These participants, along with most others, explicitly spoke about how the elder abuse guidelines contributed to their certainty about knowing what elder abuse is. Robert and Dorothy characterise this view.

we have got the Ministry of Health guideline which is always very handy … [it] is good to give us … ideas as to what we can expect or can’t expect.

the guidelines … say … what are the things you should be looking for.

Interestingly, Rose who also reported that the elder abuse guidelines offered social workers clear direction about what elder abuse is, went on to say that these are less clear when it comes to giving advice about what to do once the abuse has been identified.

they’re guidelines and what? What do you do with it [abuse]? … I recognise that this elderly person’s being abused … now where do I go? … at the end of the day … there’s nothing there that says, this is what you must do.

The majority of the participants expressed this same dilemma; one that was noted by Maher in her 2005 study. How these participants respond to elder abuse is the subject of chapter eight.

Curiously, no participant explored the relationship between elder abuse and domestic violence without being prompted. With prompting, most participants acknowledged that they saw a link between domestic violence and elder abuse but conceptualised the cases they encountered as elder abuse because the victim was older. For example, Jeff explained that elder abuse “is a form of domestic violence”, but when asked how this differs from elder abuse, he stated that decisions about whether it is elder abuse were “based on a number”. Glen, Jackie, Abby and Jane provide further illustrations.

it’s broadly termed elder abuse … if they’re in their 70s or 80s … just because of that fact … if they were 20 years younger … it would be called … domestic violence.

if they are over 65 it’s … deemed elder abuse but there can be lots of abuse going on well before someone gets to 65 … people can be … so vulnerable … because of their frailty.

elder abuse … if … they are getting older … abuse can just happen and it happens to be elder abuse because … they’re older.
it’s just kind of added an extra title [for those over 65 years] to it … it’s instead of family abuse … or domestic abuse, it’s got a new title of elder abuse.

Melissa took a more nuanced approach indicating that, for her, abuse experienced by an older person may be domestic violence grown old, although she reported that it was likely that older persons’ services would be involved because of the person’s age.

you could argue it’s not [elder abuse] … if somebody … gets hit … within a marital context … he’s not hitting her because she is old he’s hitting her because she is there … it is a situation of abuse [and the] people happen to be older … It’s not actually born of the fact that they are old … It’s still domestic violence … The elder abuse services will no doubt come in, because she’s 85.

For Elizabeth the term domestic violence is a more useful term for abuse in later life because she sees this label as giving more prominence to abuse that happens to older people.

we should … be calling it domestic abuse… we need to … legitimise it… because there’s just so much around … that term [elder abuse has] … outworn its use … we just need to call it domestic violence, whichever end of the scale it is.

Here it is suggested that elder abuse is a form of domestic violence but that the abuse aspect may be hidden behind a focus on old age. If this is so, then it is possible that ageing, and thus the way old age is understood, may influence understandings of, and responses to abuse, despite there being legal provisions to protect and intervene in situations of domestic violence as was noted in chapter two. Whether legal provisions are considered an option when responding to abuse will be important to consider in chapter eight.

The initial analysis indicated that everyone shared a common understanding of the term ‘elder abuse’. This finding was not unexpected because all participants are frontline social workers with varying degrees of experience in elder abuse work. It was anticipated that they would be familiar with international and national definitions. However, it was surprising how emphatically, and without question, participants articulated that these definitions denoted the phenomenon of elder abuse because the literature suggests that we are yet to (and that we may never) reach firm conclusions about what constitutes elder abuse (see: Harbison et al., 2012; chapter three).

Many participants did not appear to consciously reflect on these statements because in the course of the interview most did not explicitly explore how constructions of age, harm and relationships where trust is implied informed ideas about elder abuse,
Despite these concepts being central to the current definitions. The lack of attention paid to these concepts might indicate that the participants were confident that the internationally recognised definition, and locally developed guidelines based on this, adequately support them to identify elder abuse. This may explain the sense of certainty observed in most transcripts. Confidence in knowing elder abuse might also explain why many participants appeared to feel that it was unnecessary to reflect on, or critique this definition when the meaning of 'elder abuse' was discussed. As a result, the current definition of 'elder abuse' appeared to be uncritically and somewhat simplistic understood to be harm that happens to an older person in the context of a relationship. Little consideration seemed to be given by most to the way the concepts of age, harm and relationships implying trust intersect to inform this understanding and to guide policy and practice.

However, a closer examination of the data made it clear that while a shared meaning was accepted by all participants, they also articulated different ideas about ageing. Similarly, varied ideas about how harm and relationships implying trust were conceptualised were observed during the process of analysis, although most participants did not overtly articulate what meanings that they ascribed to these concepts. Analysing the way age, harm and relationships implying trust were spoken about enabled deeper insight into elder abuse practice. This analysis is explored in the following section.

**Dismantled and reassembled meaning**

A number of significant insights are highlighted by this analysis. First, that old age is primarily understood in terms of chronology and vulnerability. Frailty and dependency were used by many of the participants to differentiate old age from other age groups and to make sense of policy and organisational structures. Second, understandings about what constitutes harm are subjectively and variously constructed. Types of abuse were ‘ranked’ by participants in terms of the harm that they considered each caused. Physical harm was consistently identified as the most harmful, although beyond this there was little agreement. The impact on the older person of harmful behaviour was emphasised less. Finally, the nature of relationships implying trust was seldom consciously scrutinised, although most participants implied that familial relationships are trust relationships. A few participants highlighted other types of
relationships such as those with formal care-givers. Some offered a more critical analysis suggesting that a trust relationship exists between older people and policy but this was not strongly represented across the transcripts. How old age is represented in these transcripts is reported initially as participants focussed on this construct most in the course of the interview. Understandings of harm and relationships implying trust are then separately examined.

**Representations of old age**

A social constructionist perspective suggests that old age may be collectively as well as individually understood (see: Crotty, 1998; chapters two & five). In these interviews all participants understood old age as a socio-cultural-historical-political construct (see: Harding & Palfrey, 1997), but recognised the use of chronological measures to identify those who are old. The participants also articulated their own views about what it is to be old. Most participants seemed to be conversant with a structural perspective on ageing; a viewpoint that is reported in chapter seven where knowledge used in practice is examined. What is examined here is how these participants described the process and nature of ageing.

All participants observed how chronological measures define old age in policy, and many drew a link between chronological ageing and vulnerability. Initially it was intended to report these concepts separately, however as the analysis progressed it became clear that most participants meshed chronology and vulnerability in their conversations about old age; thus these concepts are presented in unison.

**Chronology and vulnerability**

Chronology is understood by all participants to be a measure used to define old age. Old age was consistently described as “65 years and older”; “anyone over 65”; “the person is 65”, “65+” and “those 65 and beyond”. Everyone acknowledged that this approach stems from policy where 65 years is prescribed as the age when retirement income can be accessed (see: chapter two). Jane, Jackie, Robert and Abby illustrate how policy and organisational structures frame the meaning of old age.

in our organisation, it’s anybody over 65 … I normally work with the elderly who are over 65.
I guess there has to be a cut-off point somewhere so ... that’s the age of retirement. So I guess that’s why Older Persons Health starts at 65 [and] ... why I would say elder abuse [happens to] someone who is over 65.

it is a number based on the fact that ... my health service for older people it’s 65+ ... anybody over the age of 65 is classed as an elder.

[it’s those] who are over 65, pretty well 60, 60 to 65 and beyond ... because they retire.

These passages explain how policy and health care services are structured using an age-related formula. All participants conveyed the same perspective. Most understood this approach to be a pragmatic policy and organisational framework.

Interestingly, the majority of participants also appeared somewhat challenged by this approach because they considered 65 years old to be too young to be old, as Jackie illustrates.

I think 65 you know that’s still not very old ... there’s a big difference there 65 to 85 or 90 ... in their health, in their living situation.

While Jackie implied that vulnerability may more accurately portray old age, it appeared that she still used a chronological approach as her organising principle because she repositioned old to be “85 or 90” years of age. Jackie differs from most in this as many others argued that it is vulnerability and not age per se that better explains old age. This more common view is represented by Jane, Margaret, Robert, Barbara and Dorothy.

if somebody has an early dementia process ... or they’re significantly ... affected by, in particular a stroke, we [aged care services] sometimes capture those people.

what’s old age? ... I guess it’s when people become vulnerable ... old [would be] when I wasn’t ... so physically ... and mentally capable as I am now. When I was starting to be affected by age to the stage where I can’t ... safely live my life as I once could. So ... it’s different isn’t it, because ... some 95-year-olds are not old ... some 65-year-olds are extremely old ... and the odd 59-year-old is extremely old.

a vulnerable position [is] ... when they are dementing ... or are ... unable to look after themselves because of a disability.

[it’s] about isolation and vulnerability ... they can be quite vulnerable ... because they’re lonely.

vulnerable older people ... [are] people who are socially isolated, their mobility alters ... they are not as able to get out ... they are not as able to identify what is happening to them.
These passages suggest that the participants regarded ageing as an individual experience because here they acknowledged or implied that people may age differently. All explained how cognitive, physical and social vulnerability are linked to old age and are commonly considered to be the characteristics associated with ageing. Nineteen participants explained ageing in this way.

This finding led to further analysis. Whether participants considered these age-related vulnerabilities to be inevitable was explored. The analysis indicated that many participants appeared to accept that decline is a part of older age. Dianne, Rose and Abby provide examples.

older person … whether they’re living in their own home or with family they’re very vulnerable … they’re extremely vulnerable.

older people … number one, they’re so vulnerable … they are old. They are frail and they have dementia.

they [older people] retire and get ill basically.

Acceptance of a deficit model of ageing appeared apparent where old age was linked to poor health and general decline. This point is explored again in chapter seven where the care-giver stress model of understanding elder abuse is explored.

In contrast Louisa and Melissa discussed how vulnerability was a possible, but not a necessary condition of old age.

I can’t say all elderly are vulnerable … because that’s … fitting into that image of society … it is full of greys.

[there are] vulnerabilities or the perceived vulnerabilities, which are different … [from] normative [ageing].

They, together with Tom, drew attention to the importance of not assuming that all older people are vulnerable.

I am mindful of an ageist analysis. I don’t subscribe to the fact that just because a person is getting old they are getting more decrepit but I know that there are some aspects which happen with age, normal ageing…The word vulnerability comes up as someone who loses some of their physical abilities or their sensory abilities and is … in a lesser position to advocate for themselves. Outcomes are always a challenge because for me there is a balance between what I might wish and what the client might wish … so that they feel that they have got … usual … choices and they can make the decision.

the family were very angry … they wanted to move their mother back [to a rest home as] it was going to be $5 cheaper … per week … I just said … “she has a right.” and they said, “well … sometimes she doesn’t even know the names
of some of our family.” I said, “I’m not denying she’s demented. That’s why she’s in rest home ... and no ... I wouldn’t want her doing brain surgery ... you’re quite right. But some aspects of her life she’s still able to make a decision about, and she can remember what it was like at the other [rest home] and she knows what it’s like at this one. And what she wants is this one (Melissa)

These ideas describe how normative ageing may compromise aspects of a person’s functionality but that this does not diminish their personhood or their right to be involved in decision-making regardless of the presence of some degree of vulnerability or lack of capacity. These three more experienced social workers took a critical approach, arguing that inclusive and respectful practice is important because such practice provides opportunities for the older person to participate in making their own choices, enables them to maintain their autonomy or in the absence of capacity have their wishes respected. This was the minority view.

Interestingly, no one in this study explicitly reflected on the possibility and impact of accumulated vulnerability where class, race, sexual orientation and/or gender may expose an older person to multiple vulnerabilities.

**Representations of ageing: summary**

Two important insights are highlighted by this analysis. First, that while chronology strongly influenced understandings of old age, most participants regarded chronology alone as an insufficient measure. Second, while many regarded vulnerability and not age per se as the most significant issue when making sense of old age, vulnerability was most often linked to a deficit perspective of ageing. This suggests that many of these participants may be influenced by culturally inherent and tacitly understood views about what it is to be old. This is explored further in chapter seven.

That many participants viewed age-related vulnerability as normal is worrisome because this indicates a deficit approach to understanding ageing. While concerning, this finding is consistent with the literature which indicates that many in society accept this view of old age (see: Victor, 2006; Phillipson, 2013; Bhattacharya & Goldman, 2014; chapter three). This finding may reflect the practice setting as participants in this study were employed in health and welfare services where there is a greater focus on illness and disability (see: chapters 2 & 5). Alternatively, it may be that participants tacitly accept a deficit model of ageing although, as will be discussed in chapter seven,
there is some evidence to suggest that some of these participants challenge this view, although only to some extent.

Some more experienced participants tended to express a counter viewpoint arguing for a contextual understanding of the ageing process. They explored how social structures may marginalise older people and how this process may make them vulnerable to abuse (Jones, Cooper & Ferguson, 2008). Three of the twenty consistently described a critical approach and when reflecting on their practice appeared able to practice in a way that enabled them to negotiate with the older person and systems for outcomes that the older person wished or in the case of those without capacity, their likely wishes. These were experienced social workers who had practiced in the field of age care for much of their career. Four other participants also described critical practice. The spoke about how policies and systems acted as a barrier to older people's voices being heard (and indeed their own) as they sought to advocate for their client. What was strikingly different between these two groups was that those in the latter group appeared less able than the former to facilitate the voices and participation of the older person when faced with the demands of organisational policy, resource limitations and competing discourses (Beddoe, 2011).

The focus now turns to exploring how participants in this study conceptualise the notion of harm in the context of elder abuse practice.

**Representations of harm**

The literature on what is meant by harm remains underdeveloped, despite harm being central to the definition of elder abuse (see: chapter three). The analysis generally supports this conclusion; however, two themes were observed in relation to how these participants understood harm. These themes were: intentionality and seriousness. While these concepts resonate with criminological theory, no participant explicitly made this link. This point is considered in more detail in chapter seven. This section focuses on how these participants articulated ideas about harm in the context of elder abuse with the notion of intentionality reported first because participants expressed clear views on this issue. How they conceptualised seriousness is then considered.
Intentionality

Intentionality is understood by all participants as actions that are “deliberate” and “calculated” and thus “premediated”, “insidious” and “blatant … [and] evident”; a view that reflects that of Göergen and Beaulieu (2010, see: chapter three). Caroline best summed up this view.

[intended harm is] calculating as opposed to really genuine caregiver stress, distress, just being exhausted from the daily cares … the demands of caring for someone who’s maybe bedridden, had a stroke, limited speech, has dementia … it’s very easy to be non-judgmental around those kinds of stressors.

Caroline drew a distinction between behaviours that intend to harm and those that inadvertently cause harm. She also posited that the latter may mean that the harm is somewhat explainable because the abuser was pressured to breaking point and therefore the abuse was a result of this strain rather than a deliberate choice by the abuser to harm the older person. The majority of participants dichotomised harm in this way.

The researcher was not surprised by this view because many people would consider premeditated abuse in the same way. This behaviour is generally considered to breach agreed social and legal norms (Göergen & Beaulieu, 2010; Payne, 2011). What was interesting is that conversations about intentionality in these interviews were always prompted by the researcher and were always brief. It was inferred from this that intentionality was thought to warrant little discussion because it was accepted that deliberately harmful behaviours were universally thought to be unacceptable and iniquitous, and were easy to identify.

Conversely, seventeen participants extensively explored situations where they perceived the harm to be unintended. The analysis indicated that where harm was considered to be inadvertent, most participants considered it important to examine the circumstances of the abuse, in particular the whānau/family’s history and the burden of care-giving.
Unintentional harm: whānau/family history and care-giver burden

Four participants, Barbara, Katherine, Dianne and Caroline, voiced how a whānau/family’s history might create an environment where unintended abuse may occur.

[the] mum never wanted that kid ... never, ever wanted children. She ended up at 43 having her first child, that she didn't want ... then how she treated that child ... this pattern of [abusive] behaviour didn't just start with the daughter.

if you’ve grown up in a family where you’ve been punched all your life, then [abuse] is a normal reaction isn’t it?

he’s been an asshole all his life ... and beaten her up. It's her chance to get back ... a whole lot of family history that’s possibly gone before.

here were the kids who’d been abused and neglected themselves as children saying, if my father thinks I’m going to look after him now he’s got another think coming.

These passages examine how whānau/family dynamics shape future actions and make abuse more likely; an understanding that is linked to the theory of intergenerational violence noted in chapter three.

The majority of participants explicitly referred to how care-giving can also inadvertently trigger abuse because this task can be burdensome. Dianne, Shona and Glen illustrate this perspective.

it [can] be sheer frustration and hard work [caring] ... and so the daughter or son is under huge physical pressure and demands of their time.

when mum or dad gets too sick for them to really cope ... the abuse ... begins even with the best intentions in the world.

abuse happens as the [older] person’s a bit too much for [the care-giver].

Interestingly, these and most other participants considered stress to be a significant factor in elder abuse and reasoned that understanding the nature of the stress, and to a lesser extent the historical whānau/family dynamics, was important because unintended harm needed to be viewed (and responded to) differently to abuse that was deemed to be deliberate. This analysis highlighted that many participants considered that in certain circumstances some abuse may be defensible. Further, it indicated that participants may empathise with those who cause the harm because they had experienced abuse in their life or because caring for an older person is challenging. This view appeared to render less visible the needs and wishes of the abused older person.
Only three participants, Tom, Shona and Melissa, did not distinguish between intended and unintended harm. Tom explicitly stated that whether intended or not “none of it is acceptable” and Shona commented “whether it’s intentional or not, we all have rights to have a quality of life”. These participants also expressed empathy for both the older person and the person who caused the harm but they clearly remained focussed on the needs of the older person. Melissa illustrates this best.

many … caregivers say they did not choose their roles. They may be people who are quite … unfit in terms of their temperament and personality, and there it is sort of forced upon them … and sometimes it’s quite tough. Some of the things that people have to do … you’re the only one there and mum’s doubly incontinent, and it’s really not your scene … she’s just driving you nuts because she’s asked you … for the fiftieth time this day who you are and what are you doing in my house? [it’s] about respect … which is due to everybody, even if you have just asked me the same question for the tenth time … I’m not diminishing the fact that that is really hard to deal with.

**Intentionality: summary**

Intentionality appears to inform understandings about the nature of harm as the majority of participants spoke of the importance of understanding the intent of the abuser. However, when articulating their ideas about intentionality most appeared to empathise with the abuser because they considered that overcoming a history of whānau/family violence may be challenging and because care-giving may be demanding. This view may also give the impression that many participants considered that ageing may be, at least in part, to blame for the abuse as was suggested by Brandl and Raymond (2012; see chapter three). While it may be appropriate to show consideration of all people involved abuse situations, the researcher was surprised by the way this perspective appears to minimise the perpetrator’s accountability for their actions and to diminish the voice of the older person because the focus is on the abuser’s circumstances. It will be important to explore in chapter eight whether this view shapes decisions about how to respond. The next section of this chapter examines how these participants conceptualised harm through the lens of seriousness.

**Seriousness**

The seriousness of harmful behaviour is understood by almost all participants as being on “this sort of the continuum” from minor through to “the really serious end [of] life and death”. Again this resonates with the literature on criminology where it is acknowledged that decisions about seriousness is subjective and open to
abuse [is] on a continuum … as abuse goes [it] was … fairly minor really … sometimes it’s not right, but it’s not very bad.
[abuse goes] from pretty mild stuff … right through the most extreme and everything in between.
it can be as harsh as physical abuse or it could be financial abuse.
sometimes from … initial [limited abuse] to … quite significant power and control … to the point where the person is basically … bereft of any control.
In contrast, for Robert the concept of a harm being on a scale made no sense because for him harm is harm.

there are some horrific elder abuse things … emotional stress is a factor … It’s a killer … elder abuse can lead to death. It is as simple as that and that is all aspects of it. I don’t take one aspect as being any lighter than the next.

Robert stood out here as no other participant considered all types of harm to be equally harmful or severe.

The finding that the majority understood seriousness to be on a continuum led to further analysis. How participants made judgments about where on this continuum certain behaviours might sit was explored because this decision was thought likely to inform understandings about, and responses to, elder abuse. Considered important also was an exploration of who made decisions about what was serious and what was not.

A significant insight was that participants rank harmful behaviours but the rankings varied across the transcripts. The following sections explore these findings. Physical abuse is considered first as this is the form of abuse that the majority of participants considered to be the most serious.

**Rankings of abuse**

**Physical abuse**
The majority of participants agreed that physical abuse (here sexual abuse was included) was the most serious, “harsh”, “a big risk”, and abuse that causes “a crisis”. Participants linked intentionality with physical abuse because they unanimously considered this to be more “deliberate” and “calculated” primarily because it is a form of abuse that is mostly likely to leave visible signs such as “bruising”, “beatings”, 

“broken bones” and “cuts and bruises”, which suggested to the participants that the abuser is not perturbed about being caught. All agreed that an urgent response was required in these circumstances. Both Melissa and Tom reported that generally they would not jump into cases of abuse but

the only time that [I wouldn’t jump in] is where I think … I need a place of safety right now? … if somebody’s physically hurt. That’s got to be dealt with … you want x-rays, you want photographs.

a neighbour [rung] in saying she had just seen the daughter kicking the older woman and making her fall over it was … terrible. I went around there … I asked if they felt safe or if they wanted to leave to go somewhere … even briefly [for] respite.

Interestingly, no one stated that it would be appropriate to call the police, despite these descriptions suggesting a violation of the Crimes Act (1961). Curiously the absence of physical signs appeared to deter Abby from enquiring further as to whether abuse was happening.

it’s a really very sensitive area … so it’s like you don’t wanna start looking for stuff … unless there’s something that really sort of hits you, or somebody says something … It’s extremely grey.

Physical signs of abuse did however, rank as “very serious” abuse for this participant. In contrast, the participants in this study were divided on whether other forms of harm were serious or not.

Financial abuse

All twenty participants identified financial abuse as harmful but only Louisa and Jane described this as a severe form of harm. They considered that financial abuse had the potential to negatively affect an older person’s quality of life.

they [a mother and son] want to be in their own home and live independently but the son takes all the money … so she’s not living independently … they can’t afford the food so … it [financial abuse] encroaches on what they want … they don’t eat; they are losing weight … that will affect their further health.

[financial abuse is] significant power and control over the individual and their affairs to the point where the person is basically … bereft of any control over their finances, their shopping – sometimes they’re … confined to the house as a consequence.

These excerpts examined how financial abuse can limit an older person’s choices, diminish their independence and negatively impact on their wellbeing.

In contrast, eighteen participants explained that they did not consider it to be as
concerning as other types of abuse, although three participants did suggest that this was a growing area of concern with cases of this type “on the rise” and “one of our biggest [areas]”. This may reflect the community organisational setting in which these participants work. What is interesting here is that unlike Louisa and Jane (above) almost all of these participants focussed on exploring and explaining the motivations of those who financially abuse but did not appear to consider the potential impact of the abuse on the older person. Barbara and Dianne best illustrate this viewpoint.

it's the adult son moving back with all his family because of the economic hard times … [they] have … lost their job or lost their relationship, and the world falls apart and you move home to mum’s. I don't think they move home thinking, I'm gonna take over and rule the roost. I think it becomes a way of life, and gradually they take control. They won't pay their board … they'll take mum’s money … and mum ends up being controlled.

it might be necessity. I've gotta keep mum at home cos we need her pension to be coming in to help with our mortgage … or she’s a good child minder.

These participants considered financial abuse to be largely unintended and the product of difficult circumstances that a whānau/family member was facing. Here, the needs of the abuser seemed to be merged with the concept of familial expectations, a degree of benevolence appeared to be afforded the abuser. The transcripts gave the impression that the needs of the older person may not be foremost in the minds of most participants in these circumstances. The link between abuse and familial expectations will be explored later in this chapter where the term ‘relationships that imply trust’ is explored.

Only Tom explained that financial abuse was not prioritised because there are limited resources available to respond to abuse and urgent cases needed to be give precedence.

financial abuse ... it’s not a high one as we do not have the resources.

No-one identified financial abuse as fraud or misappropriation.

Neglect

The ten participants who spoke about harm caused by neglect were divided on whether this was a serious form of harm. The views of these participants ranged from Louisa commenting that neglect is “very serious [and] … potentially affect life in a really bad way” to not very serious at all. In contrast the other nine participants who identified neglect regarded this form of harm as posing no immediate danger as it was an
unintended by-product of caring where care-givers were “just not doing a good enough job” or not having the right “tools” to adequately attend to the needs of an older person, as this passage from Kate illustrates.

there are concerns … around the son and his wife and another family member working full time … from seven o’clock in the morning through ‘til about 5.30 at night and some of the weekend. … [The older person] … she’s totally dependent … for everything. The family are going out … in the morning and not checking to see whether the client’s been to the toilet … she’s lying in a wet bed with wet clothing … she has one blanket and a sleeping bag on her bed … there’s no heating on … she’s cold … it’s a bit of a fine line … some of that is neglect.

In these nine transcripts there was evidence of empathy for the care-giver as well as the older person. Again no one considered that these actions might be a breach of the Crimes Act (1961) provision to provide adequate care and that an option might be to explore legal avenues to help address the abuse.

Psychological abuse

Seventeen participants spoke about psychological (also referred to as emotional) harm. All seventeen referred to this form of abuse as somewhat serious but mostly as not a deliberate form of abuse and therefore not as serious as physical abuse. All linked psychological abuse to stress in care-giving situations and in doing so expressed empathy (as noted earlier) for the care-giver as well as the older person. Interestingly, Margaret suggested that psychological abuse was a precursor to actual abuse.

you [need to] catch it [psychological abuse] when it's carer stress and before it gets to outright abuse.

Institutional abuse

Eleven participants identified institutional abuse as a form of harm experienced by older people, but all agreed that unacceptable institutional abuse was at the lower end of the continuum. Two distinct aspects were observed in these transcripts in relation to institutional abuse. First is the harm caused in formal care-giving institutions. All eleven participants articulated this. Second, six participants commented on how organisational and policy decisions may harm older people.

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56 These six participants are a sub-group of the eleven who described abuse in formal care-giving institutions.
Half of the participants expressed disappointment in the level and quality of care offered by formal care-giving institutions. Margaret and Melissa explain.

caregivers individually can be drawn there [to care institutions] … because they really want to care for older people … I'm not saying that they're not caring people, but they have to … see a certain amount of people … clean … tidy … organise … within a very short space of time … they don't have the ability to show that caring or kindly nature … over a period of time … they either get out … or they adjust [to this environment].

[care institutions are] private enterprise[s] … [they] exist to make money … I'm not saying that the need to make money is the root of all evil. We actually need them to make money … but we also need them to do it … well. Sometimes it's ignorance. Sometimes it's a callous disregard in terms of cutting staff or saying' oh three of them called in sick today, oh well, she'll be right'.

Margaret and Melissa offered a critical viewpoint of how social structures and institutions may result in abuse due to limited funding, cost-management strategies, models of care that prioritise tasks over relationships and systems that do not adequately support formal, paid, care-givers. Nine other participants expressed this view.

Rose also used a critical lens to explore how organisational policies, processes and practices may be abusive.

you start looking at behind the scenes at the tools that are used and think … how relevant are they … [do they] judge competency? They might be relevant to some people, but to an old man who’s lived with his wife on a farm and never really been out and about and mixed with the general society, the time, the date and all that stuff really isn’t relevant … If … say to him … what sort of breeds of cows are there he could rattle them all off … I don’t say he’s not demented, cos he is, but the actual assessment tool … If you’d asked him … before the dementia … what’s the time, what date is it today, who’s the prime minister – he probably wouldn’t have known then.

Rose examined how the application of outmoded or irrelevant systems may inform what choices and opportunities are available to older people regardless of whether these systems are meaningful to, and reflective of, the context of an older person’s life. Five other participants voiced this point of view.

Interestingly, Robert and Jane identified any ill-treatment or exploitation experienced by an older person as elder abuse, despite both being clear that the elder abuse definition implies that random of acts violence or inappropriate behaviour by strangers is not elder abuse.
there is a lot of people out there who have been ripped off and a lot of old ladies
who are being ripped off … by unscrupulous SOBs who come along … I'll cut
your trees down but come to the bank first … it's all elder abuse.

Jane identified the following situation as elder abuse, but with prompting agreed that
this was a criminal act.

he loves women … the women that he takes a shine to are people who do take
advantage of him financially … she has used his credit card … other young
women, they took him away and held him overnight. Potentially you could have
called it kidnapping … yes I very much see that as [elder abuse] as an elderly
man having been taken quite specifically for a ride.

Glynnis: How do you distinguish that from a crime?

Jane: From a crime? Oh no, I see that as a crime. I see that as a crime, very
much as a crime.

One other participant held this view.

This perspective suggests a vulnerability perspective as it appears to be assumed that
older people may be less able to make ‘good’ decisions, discern the scrupulous from
the unscrupulous, or protect themselves from exploitation. While it is acknowledged
that some older people may require support in these contexts, what seems to have
been overlooked is that anyone, regardless of age, may fall victim to unprincipled or
dishonest people.

**Representations of harm: summary**

Three key points were observed as a result of this analysis. First, these participants
rank harm and all judge physical abuse to be the most serious. This was not
unexpected because legally and morally society deems physical abuse to be
reprehensible. However, it was interesting that neither physical abuse nor any other
form of abuse was routinely assessed to determine whether the actions were criminal.
This would suggest that the options considered may not include legal intervention.
This will be explored further in chapter eight.

Second, participants tended to talk about these forms of harm as separate categories
of behaviour. Most do not explicitly reflect on how multiple forms of abuse may be
simultaneously present or that some forms of abuse may be more likely to occur in
some situations rather than others. There was some evidence, however, that
participants do accept that this may be the case. It may be that participants spoke about harm in this way because it reflects the way the elder abuse is presented in the definition and guidelines. Alternatively, it may be that this approach enables them to make more certain the complexities of elder abuse by breaking this phenomenon down into identifiable behaviours. This may also be explained by the focus of organisational policies and procedures where responses to certain types of abuse are prioritised over others.

Third, beyond an apparent agreement that physical abuse is the most serious form of harm, ideas about how seriously harmed an older person might be when exposed to different types of behaviours were wide-ranging and differed markedly. Some participants commented on this, stating that it was probable that social workers would have different opinions about the nature and extent of harm that might be considered to be elder abuse. Katherine and Louisa made this observation.

It seems … we [practitioners] don’t all have the same measure.

I would say you will find that … when you go to … different people … we are not always on the same wave length.

This raised questions about what knowledge is informing these participants when they make decisions about harm in the context of elder abuse practice because it suggests that perhaps personal views may dominate this process; this is a point that will explored in chapter seven. This finding also led to further analysis. Whether the older person was involved in decision-making about whether they were being harmed or not was explored.

Who decides?

The literature suggests that assessments of harm need to consider the circumstances in which it occurs (Göergen & Beaulieu, 2010). In addition, as a central tenet of the social work profession is ‘person-in-environment’, the importance of including the older person in decision-making processes is long-established. Interestingly, in this study, the majority of participants described how they and their colleagues (both from within and outside of the profession) jointly determined whether abuse was present and the extent to which it was happening. This was whether the participants worked in multi-disciplinary teams in hospital or in community settings. Dorothy, Elizabeth and Robert illustrate how decisions about abuse were made.
you’re part of a team but ultimately the medical teams are the people … who have control over [the decision].

I’d have my own part to do but I wouldn’t have to make any major call … [you] just … work your way through … I would still … refer back to older person’s health and ask for an assessment from [the] team

if I was satisfied with what I was hearing I wouldn’t take it any further. We [the team] have to investigate … peel back the layers … we can … then put the pieces in the right order and if something does stick out we can … say ‘hey there is something a bit crazy here’.

The views of the older person were not always clearly evident as described in the context of the interviews.

Conversely, five participants reported that it was important to include the older person when deciding if abuse was happening. Margaret, Louisa and Barbara reflected on this.

the older person themselves … [is] telling me that they don’t feel safe, that they feel anxious or frightened.

on the one hand you think … what quality of life does she have? Lying in bed most of the day … being frightened? … or being in a nice warm rest home? She acknowledged that [there were issues] … but she said it didn’t make much difference for her because … that main thing … was she wanted to be with her son and her dog … that was really important for her … she said that is my preference … she is very clear about that.

it’s about whether the older person feels like they’ve been abused. I could make a judgement … that’s not right. You can’t do that. But if the older person feels okay about it could be quite normal for them to yell and scream at each other.

These transcripts explained the importance of hearing the voice of the older person and enabling them to make their own decisions. This more critical viewpoint was expressed by two more experienced participants.

One transcript stood out. In this interview Natalie was clear that she independently made decisions about the presence and extent of abuse, and that at times her decisions were at odds with those made by other professionals.

they [professionals] said … we have assessed him as having capacity to go home so he can go home. The issue for me was that it wasn’t safe for him there. They reiterate to me … that he wants to go back home … he has the right and he has the capacity to decide … I just said to him … if you want to do that you’ll have to arrange that all yourself because for me that is just not going to work and you would be unsafe, you would get sick again … I said I couldn’t be involved in him going back there because it would be against my principles and my better judgement.
Here the voice of an older person who has been judged to be competent to make his own decisions seemed to be disregarded in this situation. This point will be explored further in chapter seven where assessment processes are examined. What is significant here is that Natalie appears to take an expert approach when decision-making; an approach that seems to silence the older people.

The analysis of understandings of harm has been important because it suggests that most participants take a collaborative approach with other professionals when deciding if harm is occurring, but that for most, the views of the older person are not routinely obtained. This finding echoes the earlier suggestion that older people may not be very visible in elder abuse practice or that incapacity or vulnerability are presumed; a presumption that appears to lessen an older person’s involvement in the decision-making processes.

Attention now turns to the way these participants understand the concept of a relationship implying trust.

**Interpretations of a relationship implying trust**

Chapter three noted that there is a dearth of literature in regards to what constitutes a relationship that implies trust but that qualities such as dependability, generosity, honesty and affection are thought to reflect trustworthiness (see: Behnia, 2008; Dixon et al., 2010; chapter 3). Trust-based relationships appear to be understood by these participants in these terms.

Interestingly, participants only verbalised their ideas about this concept when they discussed case examples rather than appraising what this means in the context of their work directly. For example, Katherine used the following case to make the point that an older person cannot necessarily count on whānau/family to provide care.

> for [the son’s] entire life his father would come in from work, sit down in front of the tele[vision] … mother would run around with the dinner, put the tray on his knee. He never spoke to the son. There was no communication. … it’s that whole thing … not all families live the same and if that’s been [the son’s] experience … then we can’t expect him now to every day go over and sit and have a chat to dad.

The types of relationships that participants considered to be those implying trust resonate with the types of relationships identified in the literature (Nerenberg, 2008),
although most participants emphasised trust in the context of intimate whānau/family relationships. To a lesser degree relationships with friends, neighbours and formal care-givers were also identified. A few of the most experienced participants who were also leaders in their organisational context, also noted that trustworthy relationships included a moral obligation for policy makers and organisations to deal with older people in a principled way. This section initially reports on trust in the context of whānau/families as this is the dominant perspective. This is followed by sections on the other forms of relationships these participants considered ought to be trustworthy.

**Whānau/family**

All participants explicitly identified the relationship between older people and their adult children as one where trust ought to exist. Six participants also reported that relationships older people have with a sibling, grandchild and/or niece/nephew also ought to be considered as one of trust. Rose illustrates this view stating that relationships are about duty and responsibility and all of those things that we have to do as children for our parents, or as parents what we expect from our children.

Participants examined how whānau/family is generally depicted as a group where responsibilities to support and care for each other are known and understood. All participants understood whānau/family relationships in this way but indicated that abuse is most likely to occur where these expectations may no longer be agreed. Dianne and Shona made this explicit.

I think that there’s been a whole lot of values lost in responsibility of caring for our parents, because it’s just what you do.

I always remember going to see a lady who had nine children. Not one of them lived in the same area as … and you would have thought out of nine children she’d have one at least close by to support her. But she had nobody.

Here a connection is made between what is perceived to be a lowering of expectations about responsibilities to care and support within whānau/families and a weakening of trust. Interestingly, for Elizabeth, maintaining a familial relationship, whether trustworthy or not, appeared more important than resolving the abuse.

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57 One participant  
58 Three participants  
59 Two participants
at the end of the day the only thing people have got is relationships. I felt my greater responsibility was to not have her cut off from the only family she’s really got, that’s gonna be there for her. Their family have been there forever ... that’s hugely important, that there’s still some sort of relationship there. I don’t think we’ve got the right to overrule that and to force people to um alienate their kids ... The thought of tearing apart their relationship ... and the only person she’s got in the world is this daughter who’s helping herself to money and I kind of feel like, for me that’s a real dilemma but I think it’s more important for her to have her daughter, to be honest.

Elizabeth explained how no matter the circumstances “blood is thicker than water” and that a relationship, no matter how dysfunctional, is better than no relationship at all. This is an interesting perspective as it may suggest that abuse may not be responded to if by doing so a relationship is undermined. This foreshadows an important consideration to explore in chapter eight where responses to abuse are examined.

**Friends and neighbours**

Trust between friends and neighbours was touched on briefly by Jackie, Melissa and Louisa.

[abuse happens] when people are not being well cared for by … friends.

she’s only remaining in her home because of the presence of this full-time caregiver [a friend] ... it’s a private arrangement and it’s an arrangements of friends. What’s happened is not okay.

there have been some concerns that [neighbour] ... is abusing. She saw the neighbour a lot, he makes the most beautiful coffee … she went there for coffee and croissants in the morning … it doesn’t look like he [the neighbour] took a lot of responsibility for her ‘cos she hadn’t washed for a while, she hadn’t used the dryer, she hadn’t used the washing machine.

These three participants also appeared to align relationships implying trust with expectations to care and support when they examined relationships between older people and their friends and neighbours. These were the only participants to articulate this kind of relationship in the context of elder abuse practice.

**Formal care providers and health and welfare systems**

A minority of participants implied that a trust relationship also existed between policy makers, organisations and older people because policy makers have a duty to make policies that do not limit opportunities for older people, while health care providers have a duty to provide quality care. For Tom, Margaret, Shona and Dianne, abuse happens where these obligations are not met.
the poor quality of home care providers and the increasing amount of abuse that is coming up from there [that’s] a disappointment.

[rest homes] provide the absolute minimum of what they need to provide to keep an older person alive … They can be a perfectly pleasant, clean, tidy facility, but … human beings need to be loved … they need to be cared for properly, need to feel that they’re worthwhile, need to have opportunities for social contact … For the most part [rest homes operate] in a very cost-effective manner without taking the time to actually … care … care-givers individually can … really want to care for older people … so I’m not saying that they’re not caring people, but they have to do, see a certain amount of people and clean … tidy … organise them within a very short space of time … they don’t have the ability to show that caring or kindly nature. And over a period of time … they either get out … or they adjust to … this is the process … and if [an older person] wants to talk, they’re actually in my road.

in hospitals … they medically stabilise people … they’re out again. But they forget that there are lots of other issues that … have them coming in that revolving door. It mightn’t only be the physical side of things, and that gets overlooked quite often … then you hear them muttering about Mr Brown’s come in here five times this month … and they forget why is this happening? There’s gotta be something else besides the medical stuff.

we are talking about … abusive situations in rest homes. This is whether people are given enough pads, … how often they have a shower – all those kind of basic caring qualities … They … get showered every second or third day, cos that’s all they are contracted to provide … their incontinence aids … they get allocate so many pads and that’s it … they can be left in their room for ages.

A critical analysis of abuse appears evident in these transcripts as these passages imply that older people have the right to expect that their opportunities and choices are not limited by policy and that they ought to be able to expect quality care if this is needed. The researcher inferred that these four participants were implying in these transcripts that trustworthy relationships exist at a systemic level.

**Interpretations of relationships implying trust: summary**

While it would be unwise to conclude that these participants rarely consider the concept of trust in relationships in their practice because there is evidence in their case descriptions that they do consider this facet, the analysis highlights that they do not appear to overtly scrutinise this concept in any depth. It is clear from these case descriptions that most narrowly defined trust relationships to those relationships involving immediate whānau/family. This finding is surprising given that this is a key element of the Toronto Declaration (2002) with which all participants are familiar, although it does mirror the limited attention given to the trust relationships in the literature (see: chapter 3).
It may be that trust relationships were considered to be self-explanatory and so detailed discussion was unnecessary. However, it is clear in these transcripts that many participants recognise that understandings about expectations and responsibilities in relationships are not static and that familial expectations may no longer be commonly understood or accepted. A few participants explored abuse in relationships in the context of culture. This facet is further examined in chapter seven in relation to structural/social perspectives informing understandings of abuse. Tacitly held knowledge about relationships and trust seems to be indicated. Again this is explored in more depth in the next chapter.

**How do practitioners understand elder abuse?**

There appears to be a generalised agreement about what constitutes elder abuse; it is one that stems from current international and national definitions (WHO, 2002, MSD, 2007), is reflected in the elder abuse literature (see chapter three) and echoed in the national guidelines (MSD, 2007). However, this finding gave way under closer scrutiny. When considering the question – how do social workers in Aotearoa/New Zealand understand elder abuse, it became apparent that these participants attach various meanings to the concepts of old age and harm, while little attention seems to given to consciously scrutinising what is meant by the term ‘a relationship implying trust’ in the context of elder abuse practice.

From the reports of practice in this study it appears that elder abuse is in fact not straightforwardly understood because there are varying viewpoints and many interconnecting factors that are brought to bear on, and by, social workers who practise in this field. The analysis indicates that while the participants generally agreed that old age means different things to different people, age appears to be the key factor that frames how elder abuse is understood. Many participants seem to accept an impairment perspective of ageing to some degree, and therefore considered harm in some circumstances to be somewhat understandable because caring for a dependent older person may be burdensome.

Focus also appeared to be on abuse in the context of whānau/family where an emphasis is placed on seeing the abuse through the eyes of the perpetrator, rather than the eyes of the older person. The older person’s views appeared to be largely
unreported when many of these participants discussed their understandings of elder abuse in the course of the interview.

Further, few participants critically reflected on the meanings ascribed to old age, harm and trust relationships in relation to elder abuse or how social, economic, cultural and political factors characterise and affect ageing (Jones, Cooper & Ferguson, 2008). This may be because many participants, despite the variability of meanings ascribed to these dimensions, seem to view elder abuse as explained, known, and understood, by referencing the Toronto Declaration and the Te Rito guidelines. Therefore, they also seem to regard elder abuse as a single entity that is particular to the ageing process. This viewpoint also appears to be supported by the guidelines which most participants identify as providing clarity for them when making decisions about whether a situation is abusive or not.

Accepting the definitional statement and guidelines that enable elder abuse to be ‘identified’ and applying these in practice without critique, may be preventing these participants from critically exploring a more nuanced approach to this phenomenon and from reflecting on what meanings they attach to the terms ‘old age’, ‘harm’ and ‘relationships implying trust’ when working with an older person who is abused. This view may also limit the opportunities to explore more fully the complexities of abuse in later life, and for social workers to develop responses that are tailored to an older person’s needs and circumstances.

This chapter has examined the way these social workers understand elder abuse. Chapter seven builds on this analysis by examining what and how knowledge informs these understandings, picking up the point that the knowledge used in practice may not be fully or explicitly understood. Chapter eight will extend this discussion further by exploring how understandings of elder abuse and knowledge-in-practice are used to decide what to do.
Chapter 7: Precipitating factors and assessment

This chapter adds depth to the discussion in chapter six by examining the knowledge these participants utilised when making sense of and assessing elder abuse. The research question How do social workers make sense of elder abuse remains central to this discussion.

The analysis identified that participants used similar knowledge sources to inform thinking about why abuse occurs and the assessment process; but that different knowledge is more prominent when responses were described. Identifying this influenced how the findings are reported. This chapter reports on what the participants considered as the factors precipitating elder abuse and what they look for when making an assessment. Chapter eight will explore what informs and guides responses.

The analysis, although primarily inductive, has also been informed by the conceptual framework for this study (see: chapter four). A brief review of this framework prefaces this chapter. Following this, a number of broad themes that have been drawn from the data are reported. These highlight how knowledge is used to inform understandings of abuse and to guide assessment processes.

A brief overview of the conceptual framework.

Table three identifies two key dimensions of knowledge that are thought to be used in practice. These are the sources of knowledge, and whether knowledge is explicitly or implicitly applied to practice. This framework outlines the criteria used in determining the sources and application of knowledge in the analysis of this chapter.
**Table 3: Brief overview of the conceptual framework for this study**

<table>
<thead>
<tr>
<th>Explicit Knowledge: Knowledge that is overtly and consciously expressed.</th>
<th>Personalised Knowledge</th>
<th>Scholarship Knowledge</th>
<th>Procedural Knowledge</th>
<th>Professional Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflects ideas of Drury-Hudson (1999), categories of personal knowledge and practice wisdom and the ideas of Taylor and White (2006) and Payne (2011). These have been combined into personalised knowledge because it is difficult to determine whether understandings emerge from personal beliefs/values; from experience, or both.</td>
<td>Reflects ideas of, for example: Drury-Hudson (1999); Eraut (2000, 2004); Payne (2011), categories of theoretical and empirical knowledge. These have been combined into scholarship knowledge as both are formal sources of knowledge accessed through scholarly endeavour. It includes, but is not limited to, journal articles, textbooks and research.</td>
<td>Replicates ideas of, for example: Drury-Hudson (1999); Estes et al. (2003); Harris (2006); Postle and Dawson (2008). This is knowledge is drawn from technical and bureaucratic sources including, but not limited to, government policy, legislation, organisational policies and procedures.</td>
<td>Replicates ideas of, for example: Drury-Hudson (1999); Osmond (2006); Marsh and Fisher (2007); Beddoe (2011). This knowledge is drawn from social work-specific knowledge. It includes, but is not limited to, the philosophical and ideological statements; competencies, expectations, standards of practice, processes, ethics and values.</td>
<td></td>
</tr>
</tbody>
</table>

| Tacit Knowledge: Knowledge that is unconsciously expressed. Note: Tacit knowledge has been identified and interpreted by the researcher. | Personal Knowledge and Practice Wisdom (as above) | Theoretical and empirical knowledge (as above) | Procedural knowledge (as above) | Professional knowledge (as above). |
The range of perspectives on abuse

The literature suggests that social workers need to draw from a broad range of knowledge so they can fully understand their client’s circumstances and make informed decisions about what best serves their clients’ interests (see: Petersén & Olsson, 2015; chapter 4). Structural/social and psychological/whānau/family explanations are the two perspectives that are most evident in these transcripts. The latter dominates, with all participants drawing on these in some way. The structural/social perspective is less often articulated. This section initially reports on the less dominant view, examining how it is used to assist participants to understand and assess abuse. The dominant psychological/whānau/family perspective is then examined.

Structural/social perspectives on ageing and abuse

It was identified in chapter six that some participants understood abuse to be (at least in part) about cultural attitudes towards ageing and/or the status of older people in society. This perspective is examined here as it indicated a structural/social perspective lens on ageing and abuse. The former is examined first as it is mostly often articulated. How abuse is linked to status is then explored.

Cultural attitudes

Ageism is understood by most of these participants as diminishing the perceived value of older people, thereby making them more susceptible to abuse. In the following passage Elizabeth illustrates how ageism is linked to abuse.

birthday cards they’re gross… They’re quite ageist. Why? Why do we allow it? We don’t do it with teenagers. But we can show body parts all sagging…somebody’s testicles just about hitting the toilet bowl… how are you gonna be listened to about neglect or abuse when that’s happening? When we consider it funny? Your frailties are funny.

Elizabeth examined how frailty in old age is commonly depicted as humorous and how this humour diminishes and belittles older people so they are less valued, less likely to be seen, heard and possibly believed, and more likely to be treated in a disrespectful way. Fourteen participants expressed a similar view.

The other six participants alluded to ageist attitudes but did not explicitly use this expression. For example, Tom’s view that “the focus is on youth…and beauty and not
on ageing and dying” suggests that older people are not prioritised. Shona and Natalie also explained how not valuing an older person is abusive.

people’s perceptions and values and beliefs of older people … [are] interesting … they are perceived as … oh they’re over 80 and they’ll have some type of dementia.

we don’t value elderly in our society … I think they’re seen as of no value … not contributing … waiting to die … a bit of a nuisance.

Both explained how attitudes can create a climate for abuse. It is possible that participants are using a critical gerontological framework here but they did not explicitly discuss ageism in these terms. Alternatively, these ideas may reflect personal experiences about the stereotyping of ageing. Regardless of the reason, concerns about how ageism can precipitate abuse are common.

Interestingly, Margaret who was concerned about ageism, pondered whether it is so entrenched that it goes unrecognised. If this is so, then ageism as a factor contributing to abuse may also not be seen and therefore not easily addressed because a lack of awareness reduces the ability to scrutinise its impact.

if you don’t consider people as important as you are, then it’s much easier to abuse them … if the whole of society agrees with you that … older people aren’t quite as valued, and it’s not a conscious thing, it’s an unconscious thing, but it’s unconsciously part of our whole society.

Margaret’s comment led to further analysis to explore whether participants might also tacitly hold ageist attitudes. The initial analysis indicated that everyone was aware of, and concerned about, how such attitudes may contribute to abuse. This further analysis highlighted that two-thirds of the participants observed ageism in others but that only a few reflected on how their own attitudes might be ageist and how these may impact on their practice. Further it indicated that ageism is narrowly understood as most do not consider it may influence policy and organisational approaches to abuse.

Attitudes of others and self

Seven participants explicitly identified ageist attitudes in others. Barbara, Kate and Elizabeth illustrate this view in relation to ageist attitudes among health professionals.

you’ve got a lot of ageism out there, old people using and wasting the health dollar … nurses that say that our wards look like geriatric rest homes, doctors that refuse to take on older people because they take too long to dress and
undress ... I'm pretty sure that it [attitudes] contributes a lot to how we view older people.

[there’s] just a lack of understanding on the part of staff sometimes, particularly nursing staff ... just this ageist kind of attitude ... I remember a couple of occasions where ... doctors ... registrars actually, verbalised it [ageist attitudes] ... just did not want to go near certain people. I guess there was an attitude ... of ... not trying too hard ... just having the attitude that ... oh, well the person’s at the end of their life ... or they're sort of over 60 or they're over 70 or whatever. And ... so any effort was not ... as great as it might be for somebody who was younger.

there’s so much of it [ageism]. But often we accept it as normal. I went to talk to a PHO nurses group once with the educator ... we decided, because she’s got grey hair, that she would be the older person, and I would be bringing her as my mother, cos I had to bring her ... she had a walker ... part of the talk was I abused her ... while I was presenting. ... at the end of the session, I said to them, “I've stood here for over an hour and abused my colleague. She’s not my mother,” and she straightened herself up [laughs] But I said, she let me pour scorn on her ... make [sic] her feel frightened. I put her through all sorts of little scenarios, and I kept doing it, and I kept pointing things out on the board ... it was going on in front of them and they couldn’t see it. I was shocked.

These attitudes were regarded as abusive because they position older people as burdensome which leads to them being treated less well than younger people. Ageism is seen as normalised, deep-seated and unnoticed. What is most interesting is that while all participants were concerned about ageism, many appeared to unknowingly accept assumptions about old age. For example, Jackie stated that

the nurse said “oh well she needs to go into care” ... well for goodness sake ... she’s got to be given a chance to ... get back ... six months ago she did have shingles ... it’s taken a while to get back but ... just an immediate assumption ... 'she needs care' and I couldn’t believe the nurse, she wasn’t joking she was quite serious.

Here ageist attitudes are identified as impacting on the options available for older people. However, elsewhere Jackie articulated ideas that suggest she views older people as less able, despite her earlier comment where she recognised that older people are disadvantaged because assumptions are made about their ability.

elder abuse happens because people can be ... just so vulnerable ... because of their frailty, their health issues ... living on their own ... over 65 elder abuse ... [they] just seems [sic] to be a bit of a target that ... if they are getting older and they can just take more advantage ... it happens to be elder abuse because ... they’re older.

60 Primary Health Organisations
Margaret who drew attention to the insidious nature of ageism explored how ageist attitudes contribute to abuse.

we work quite hard within … our own service to … recognise older people as people … with rights … we do a lot of training … we heighten people's awareness about what is elder abuse … we talk about institutional abuse as well: what we as a hospital do and don't do, how we treat our older people who come onto the ward … what's appropriate and what's not … educating in our own little roles, in our own little jobs, and walking the walk … what is it, ‘be the change you want to see in the world’ … everybody can do something … [in] our own little departments, around how we work with older people … trying to be non-ageist in the way that we … run our businesses .

However, later in the interview Margaret, when she described circumstances she considered provide a context for abuse, said this.

old people are vulnerable … when they start to lose … your cognitive ability, and many people start to lose their [ability] … I'd be interested to know how many, but I would say quite a large portion of the population start to lose cognitive ability in their 60s … so you've got quite a large percentage of the population who are vulnerable at the other end of the life cycle … human nature being what it is … no wonder there's a lot of elder abuse.

This excerpt suggests that credence is given to stereotypical views that homogenise age as a time of cognitive decline. Older people appear to be ‘othered’ here as they are separated off from others based on ideas about what old age is like. ‘Othering’ and homogenising ageing is evident in many transcripts. Robert and Natalie provide further examples.

you know we are so vulnerable as we get older … my heart goes out to old people like that.

They are not like us … who … are physically able to go marching into somewhere and who are physically able to stand up to someone and say you won’t be doing that … we also have our wits about us … don’t suffer from a mental illness or you know a functional mental illness that makes us vulnerable … they are easy [sic] pushed around.

As explored in chapter six, for many vulnerability was regarded as a characteristic that is unavoidable and one that makes a person susceptible to abuse. In both excerpts (above), old is described as fundamentally different to being any other age. Many others also regarded old as different, as Kate and Dianne exemplify.

it’s around the [older] person becoming a lot more vulnerable … not having the ability to actually care for themselves, or have insight, or … advocate on their own behalf.
they’re very vulnerable … I’m talking about the older people … they’re extremely vulnerable.

Tacit acceptance of ageist stereotypes seems to be indicated.

Viewing age in this way appeared to lead four participants to also conclude that age makes a person unable to adapt to change. As examples, passages from Jocelyn, Shona and Jane’s transcripts are offered.

the older person will probably not move on because the both of them will be ageing together, and whether it’s been a pleasant relationship or whether it hasn’t, it’s what they know. For them it’s too big a step to actually say, we’ll split this down the middle, and I’ll go and buy a house and you go and buy a house … that’s … a hill too big for some … older people … too big a hump for older people … to move out … [their] beliefs, their value, their own co-morbidities, their own physical disabilities, and absolutely just the fact that they just can’t do it.

when you’ve got somebody older … they may not want … to move, or it’s not practical to move … because sometimes … they’ve been wanting to leave for a long time, but somewhere along the line of going into retirement, they’ve lost that opportunity to … leave the household, and set up for themselves. … It’s too scary to start up on their own … so for quite a few of them it’s … in the too hard basket. They’ve gone past that special time that they could have started up a new life for themselves …

it’s almost like in the … developmental stages … that elderly phase … they’ve lost their oomph … so to speak.

Noting what appeared to be this tacit acceptance of stereotypes about ageing sparked interest in exploring the transcripts for other indictors of ageism such as the use of language. The findings here were startling because in almost half of the transcripts older people were described as: “the old boy” or “man”; the” old” and “little lady”; “this old bloke”; “dear old Mary … in her 80s”; “the dear old couple”; “that poor little soul”; “the little old man”, and “two delightful little sisters”. Particularly interesting was the frequent reference to older people being ‘little’. This suggests older people are somehow smaller or lesser. This finding highlights the inherent nature of ageism because these expressions were seldom reflected on or critiqued. The transcripts provided little evidence to suggest that most participants recognised how these views might be reflected in their own values and beliefs.

Only four participants including Margaret (noted above), Tom, Louisa and Melissa explicitly discussed the importance of reflective practice.
I am mindful of an ageist analysis. I won’t … I don’t subscribe to the fact that just because a person is getting old they are getting more decrepit. (long pause) I think because of society … elderly (pause) no I can’t say all elderly are vulnerable either because that’s again … fitting into that image of society so I don’t want to say that.

I think that as professionals … we have to also continue to keep an eye on ourselves, like some of the institutions that we help run sometimes aren’t that great. Sometimes their attitudes aren’t that fantastic. Sometimes … care levels are not that good, and sometimes we are the people who … should actually be saying, it’s actually not good enough and we don’t.

An incongruence between knowledge for and knowledge in practice is indicated here as all participants stated that they hold older people in high regard and are concerned about ageism, but most appeared to unknowingly accept and reinforce some ageist views without question in the interviews. Less than half of the participants also interrogated how policy and organisational structures may reinforce ageism and create an environment where abuse may occur.

Policy and organisational approaches

Only seven participants identified the potential for policy and organisational approaches to be ageist. They also expressed frustration with the way age care services are seen in the policy context. Comments such as: “we wouldn’t do that with children”; “there’s things for children, why not elders?”; and “there is not enough staff” or “money” have been interpreted as an awareness of systemic ageism. These ideas describe how systems treat older people differently to others in relations to services, funding and prioritising of resources. Others were more explicit about this. For example, Dorothy commented that

the family violence guidelines for elder abuse and neglect 2007 … they were out but … there was no extra funding to put those in to practice, no ability to work those new guidelines.

Dorothy went on to say that resources were directed into policies designed to address abuse of women and children. A lack of resourcing to implement the policy for older people is identified as a policy bias that is abusive. Seven other participants also described ageism in policy and organisational approaches to older people. The views of Jocelyn, Robert and Rose are presented.

there’s always going to be some younger people that are going to need a hip joint replacement … and funnily enough, I actually believe that those people
would be favoured to get theirs over an older person, simply because of their age.

elder abuse is the ... toothless wonder to coin a phrase and that is really it ... You can get ... resources a-plenty for children, resources a-plenty for people in the middle, but the older people over 65, the government put out a lovely document, beautiful document, which is wonderful to read and la de da de da but that is as far as the health people go.

we’ve got a family violence policy that does not include our older people. For some reason it only includes partners and children. But family violence happens to older people within families ... so why isn’t it ... implemented the same way ... Why aren’t they included in that? ... They’re side-lined in policy. We make all the right noises. We jump up and down and ... we have strategies, and we send out little booklets about it. Well whoopdie-do.

Inadequate resourcing that does not fully account for the needs of older people and/or those who care for them, was identified as abusive in these passages. In addition, prioritisation processes in relation to who receives services are described as favouring other age groups and failing to support older people. Tom and Rose described this as “systemic ageism” which results in the marginalisation of older people because they are “pretty much just forgotten about”. Systemic ageing is identified as providing a context for abuse.

Ageist attitudes: summary

Two important insights are highlighted by this analysis. First, concerns about ageism do not make individuals immune to its influence because such views are intrinsically prevalent. Second, theoretical notions underpin structural/social understandings of abuse. While not evident in all interviews, the economy of ageing and social gerontology perspectives were observed. However, these were seldom articulated in detail or explicitly described as informing practice. Linked to an awareness of ageism is the notion of older people’s rights in the context of elder abuse. This area is explored in the following section.

Violation of rights

Seven participants understand abuse as a violation of rights; five of them also explored how policy and organisational approaches to aged care may contribute to abuse. This indicates that abuse can be conceptualised in multiple ways by individual participants. Abby and Tom illustrate a rights perspective.
abuse and neglect is ... when people’s rights are being impeded ... they’re not getting ... the care and duty of care and support ... somebody’s withholding food, care, love, and someone’s harming people in ... an abusive way ... people’s rights are being impeded.

really it [elder abuse] is to do with the amount of ... violation of human rights.

A failure of individuals and/or organisations to recognise and apply a rights-based approach in their interactions with older people was seen as abusive. Later in the interview Tom explained that advocacy is a social work task that is particularly relevant where a person’s cognitive ability may be compromised. Melissa is the only other participant who considered the importance of advocacy from a rights perspective.

I talk about people’s rights ... people’s needs ... people’s requirements and this [elder abuse] can’t happen ... Recognising that somebody who may be perhaps severely demented is still due ... respect that would normally be due to them ... we need to think seriously about how we elder abuse-proof our elders ... letting them know their legal rights ... letting them know their social rights ... We have to educate people that your money is your money ... these are your rights legally. These are your rights socially. These are your rights medically. These are your rights ... and where to complain.

In the context of this transcript, Melissa made it clear that dignity, worth and human rights are inherent and non-negotiable regardless of functional or cognitive ability. She considered the importance of assessing a person’s ability to participate, and of facilitating an older person’s involvement, in the assessment process. Any breach was seen as abusive.

Of particular interest are the two participants who question the appropriateness of using a rights framework; a view at odds with the principles of the profession. Jocelyn and Natalie stated that

I understand that people have a right to make their own mind up. I absolutely do, but I think that ... we’ve let the pendulum swing just a fraction too far ... because of a belief ... that older people can make their own minds up ... it’s just gone a little bit too far ... professionals with the right assessment tool ... with the right evidence ... should have the right to say ... you’re not going to go home. You can’t look after yourself, and these are the reasons why, instead of having ... our hands are tied. The sad part about it is that they’re still competent enough to make up their own minds.

I’ve noticed in the last few years, particularly from the health system, that there is a big focus on people’s rights which seems to take over anything to do with their safety ... There seems to be a fear in the health system of saying no, this person [cannot] ... make good, safe decisions about their care and welfare.
Here the issue of rights versus risk is raised, although neither presented this as an ethical dilemma. In neither of these passages are the ethics of the profession employed to assist conceptualising and resolving this problem. Rather it is argued that professionals ought to be able to make decisions, regardless of the older person’s wishes. The right and ability of the older person to account for risk is questioned and assessing the ability of the older person to make their own decisions does not appear to be considered important.

These findings were surprising because it was expected that most would explore elder abuse from a rights and social justice perspective. Consideration of a cultural dimension was also expected, but was also not common.

**Cultural relativity**

Five participants understood that abuse can be viewed in diverse ways in different cultural contexts. Two of these five also spoke about abuse as a violation of rights. In these transcripts it is noted that age was seen to be more or less valued depending on the cultural values and beliefs. Elizabeth illustrates.

> we can’t talk about Pakeha culture or our culture here in New Zealand … We don’t treat them [older people] the same way as Indians treat theirs, American Indians, and Hispanics treat theirs, their values and that. What is it that we do here that doesn’t happen in any other culture?

While abuse is not specifically mentioned here, a lack of value linked to culture is seen as making older people prone to abuse. Interestingly cultural comparisons were made between Pakeha culture and immigrant cultures in this and other transcripts. Louisa and Robert illustrate this.

> in Asian countries elderly are much more respected as wise people as people who … give advice … An elder person [here] … it’s not seen as a strength.

> a Chinaman is always head of his house and there is always that respect thing in China. You come over to New Zealand’s western ways … that respect thing has gone out the window … Because of their cultural background, because they have been westernised there is no respect for anybody who’s older. This is my house, this is not your house, your house was in China but now you’re here … I’m in charge and there’s that complete … destroying of a life time of understanding and expectation to see old China people just devastated … Same with Ethiopian people … Afghani people.

The absence of indigenous and Pasifika perspectives in relation to the cultural dimension of abuse in the transcripts as a whole, was striking. Louisa was the only
one who raised cultural considerations of both Pasifika and indigenous peoples, although the discussion was limited.

I have had a few cases … the Pacific Islanders … living in big families. Elder abuse happens there and that’s the opposite … they don’t think of individuals … the individual has no rights but it is the group. The Māori community too, so that if the group needs money then they take it from the elderly person.

I think you have to take it into account to the cultural different values as well … cultural perspective.

The limited attention paid to cultural constructs as a factor in abuse was unexpected. In particular, the absence of cultures significant to this context was surprising because here there are general obligations under Te Tiriti o Waitangi [The Treaty of Waitangi, ToW] and specific requirements for bi-cultural social work practice with particular attention required to be paid to the interests of Māori (ANZASW, 2015).

Ageism, rights and culture in assessment

Despite some attention to ageist attitudes, human rights and the cultural dimensions of abuse, these seemed to play little part in assessment processes. Instead, the functional and cognitive ability of the older person and the needs of the care-givers are emphasised. These are explored in the following sections. Participants rarely reported assessment processes that explored how ageist attitudes, resource shortages, and policies and organisational approaches may create abusive situations, despite these being identified as precipitating factors. This lack of focus on assessment processes might reflect an organisational approach that requires immediate needs to be prioritised. Alternatively, it may indicate that participants are uncertain about how to apply a structural/social approach when making an assessment. What is clear is that espoused knowledge in this area is not clearly used in practice.

The other particularly interesting point here is that in all transcripts assessments were largely unspoken. Participants described cases but did not present a coherent assessment of how they understood the situation, because they moved directly from description to an explorations of responses. For example, where “lack of insight” was noted as a factor in abuse, “the answer [was seen as] caregiver support, respite, releases … support” (Caroline). Similarly, Elizabeth described a care-giver as “trapped” and “need[ing] … respite care”. How limited understanding, or feelings of
entrapment were assessed, was unclear because this was not articulated. Nor did the participants explain the basis for their conclusions. Perhaps they thought that by describing cases, they were also explaining their assessment. Alternatively, they might have assumed that the assessment was self-explanatory. Regardless of the reason, assessments were vaguely expressed in these interviews; thus what informs assessments remains unclear. If this lack of clarity occurs in practice, then assessment processes and outcomes are less able to be scrutinised.

**Conclusion: structural/social perspectives**

All participants are familiar with structural/social factors that may precipitate abuse. However, the extent to which this perspective informs practice appears limited and mostly focuses on ageist attitudes. While there is evidence that a rights perspective and a cultural lens are applied, these are used by the minority. More experienced participants tended to articulate this perspective, although even they seldom referred to this specifically. Other equally experienced participants however, did not conceptualise elder abuse in this way. Missing in all accounts is consideration of historical and cultural contexts, power relationships, ethnicity, class, gender and or/accumulated disadvantage (Phillipson, 2013) as relevant factors to be applied to practice. Missing also in many transcripts is evidence of reflective practice. Taken-for-granted assumptions about age that are readily identified in others, are seldom considered as potentially influencing their own practice.

It may be that critical theory is not well understood. This may reflect the approach taken by schools of social work. Exploring this is beyond the scope of this study. Alternatively, it may be that organisational demands require a less critical approach because other perspectives are thought to be more useful or are in fact prioritised in organisational contexts. This may explain the apparent discrepancy between knowledge articulated, and knowledge described as being used in practice, in these accounts. On the other hand, participants might understand this approach but may be unsure how to apply it. Then again they might be familiar with this approach but choose to adopt another practice framework. These reasons might explain why a psychological/whānau/family approach (discussed later) is so dominant. Whatever the reason, a structural/social perspective was rarely described as important when making sense of and assessing abuse.
Further, the apparent lack of critical reflection may be due to participants considering ageism to be ‘commonly’ understood by those in the field; therefore, a more detailed explanation of their reflection on this was thought to be unnecessary. Alternatively, participants may have limited reflective skills and/or may be unsure how to practice reflectively. Then again, busy practice environments may impede reflective practice (Eraut, 2004). There is evidence to support this conclusion. Many participants referred to being “busy” and having to be selective about what they “run with” because at the “end of the day … you can only work so many hours”. Day-to-day requirements were identified as needing to be prioritised.

Interestingly, the transcripts suggested these priorities are determined by social workers and/or organisations rather than the needs of the older person. Rose examined how these constraints influenced her practice.

who [sic] are allowed to stick their head above the parapet and get it chopped off. Maybe when I’m 67 and I don’t really wanna work anymore … Who can, within their roles, actually be forceful and out there.

Whatever the reason, opportunities to engage with, and respond to elder abuse from a structural/social perspective appear to be impeded. Whether there is a lack of awareness, opportunity, mandate or skill, the absence of critical reflection in most transcripts raises concern as this is a key skill for social work practice. This finding is troubling because it suggests that organisational demands may test the participant’s ability to maintain a social justice orientation in the face of organisational requirements where other factors are prioritised. The limited attention to social justice may also be explained by the dominance of the psychological/whānau/family perspective that is examined in the next section.

**Psychological and whānau/family perspectives**

These perspectives dominated the transcripts. In particular, a care-giver stress model was used to explain abuse. How whānau/family dynamics, history and culture may precipitate abuse was emphasised less. The latter are reported first as this provides the backdrop for the care-giver stress model.
A whānau/family perspective

Ten participants noted whānau/family culture and history as relevant while all referred to whānau/family dynamics as a significant factor in abuse. “Historical violence”, “a lifetime of [negative] interpersonal relationships”; “the family violence cycle”; “secrets” and “family life styles” were noted as forming patterns of behaviour that can result in abuse because they are learnt and repeated in whānau/family contexts. Barbara and Kate illustrate this idea.

what goes round comes round … a mum who, when their kids wet the bed, they yelled and screamed and hit them, or rubbed their nose in the sheets … now they're the ones wetting the bed and their kids are caring for them. And what do you do when someone wets the bed … [it] could be learned behaviour.

it has to do with the family culture … being brought up by a parent who was actually abusive to them and a parent who may have been pretty hard on them … some people could say, well … that son or daughter is abusing the person.

A history of ill-treatment was identified here as making abuse more likely, particularly when caring for an older person who may have been abusive. Kate explicitly mentioned the need to assess whānau/family culture.

you've gotta really look back … in the prior life history to see whether that parent had actually … worked in certain ways themselves.

Most implied the need to include whānau/family culture in the assessment process.

This view perhaps assumes that those who abuse have little control over their actions because once learnt, behaviour is internalised, acceptable and cannot be unlearnt. This suggests that abuse might be inevitable in some contexts. Social learning theory (Bandura, 1977) seems to influence the participants for whom abuse is explained as learnt and replicated behaviour. No one explored the limitations of this approach. Thus overlooked are how other theories that explore complex interactions, motivations of individuals and/or environmental factors such as opportunity, may account for abuse. In addition, this view does not acknowledge that people can change over time and that facilitating change is a focus for social work intervention. Interestingly, all participants described focussing on the functional and cognitive abilities of the older person when making an assessment; this finding reflects their understandings of age as discussed in chapter six. The quality of the relationships and the culture of the whānau/family were included in descriptions of assessment but to a much lesser degree.
An alternative focus was explored by Dorothy and Barbara, who again illustrate that multiple viewpoints may inform and guide individual participants.

an adult family member who’s had a change of circumstance … they may have had to come home and live with the parent … His mother has always been there to take care of him … [so there are] dependency issues.

the adult son moving back with all his family because of the economic hard times, [they] have either lost their job or lost their relationship, and the world falls apart and you move home to mum’s … economic reasons where people aren’t making ends meet … Mum, we can’t afford to come and see you. We can’t afford the petrol … or the kids can’t eat this week. We haven’t got any food.

Abuse was not regarded as a ‘norm’; rather the abuse was explained by how changing circumstances alter expectations and interactions. Both of these passages imply the need to assess whānau/family circumstances; however, neither participant took this approach when they described their assessment process. Instead they also focussed on functional and cognitive attributes of the older person, and on the needs and circumstances of the care-giver rather than the older person.

While whānau/family systems theory was not explicitly articulated by most, all transcripts do imply its use because some consideration is given to how abuse cannot be understood in isolation from the context in which it occurs. However, this facet is not routinely included in descriptions of assessment processes. This was surprising given the focus of the profession on the ‘person-in-environment’. This finding suggests that other frameworks might dominate practice. The analysis indicates this is so, as the majority of participants considered abuse to be a product of care-givers feeling pressured.

A care-giver stress model

Pressured care-givers who are unable to adequately manage their care-giving responsibilities are consistently identified as those most likely to abuse. This stress model is articulated by all participants. Two interlinking components are seen as critical in this explanation: care-giver circumstances, and the functional and cognitive ability of the older person. These components are considered in the context of care-giving relationships. This model, drawn from the analysis, is depicted below in Figure five.
The following discussion focuses on the care-giver circumstances and the characteristics of the older person. Every participant considered both as relevant to abuse. Ideas relating to care-giving circumstances focussed on a range of dimensions including health and aptitude, financial situations and competing demands. Discussion of the characteristics of ageing emphasised vulnerability and high needs as was highlighted in chapter six. Interestingly, the quality of the relationship and how this intersects with ageing and circumstances was seldom explored.

**Care-giver circumstances**

Health issues and aptitude, financial circumstances and/or balancing competing demands were the key factors identified as making care-givers susceptible to stress and predisposed to acting abusively. These circumstances are thought to reduce the ability of care-givers to adequately fulfil the role of care-giver.

**Health issues and aptitude**

Care-givers experiencing “mental health”, “alcohol and drug use” and other health “conditions” were identified by all participants as those most likely to abuse because they are unable to modify and control their behaviour. In most cases general reference was made about

> who is more likely to abuse. Yes, alcohol. Yes, mental health. Yes, drugs (Melissa).
While frequently mentioned, these were not explored in-depth in any transcript.

Concern for the health of the care-giver was expected as this has been identified as a risk factor for abuse (see: Payne, 2011). What was surprising is that how health issues may impede a person’s ability to care was not explored in more depth. It is difficult to determine the extent of knowledge held about how poor health may contribute to abuse and whether certain types of abuse are more likely when a care-giver is unwell. In the following passage Caroline makes clear that health issues are thought to be significant.

the client’s son was known for these violent outbursts as a result of … his alcohol abuse and subsequent mental health issues … he’d become quite psychotic with the alcohol abuse it was alcohol induced psychosis … I was able to work with them both individually and together around the son’s insight or lack thereof, into the effects of his drinking on his mental health.

“Violent outbursts” imply physical abuse, but Caroline may also be referring to verbal abuse. Nowhere in her description of this case is this made clear. What is clear is that where a care-giver’s health issues are thought to be significant, a focus of practice may also be on the care-giver. This appeared to be common when abuse was explained as a care-giver health issue.

Further examples of a care-giver focus are observed where drugs and alcohol are a factor. Fifteen participants considered care-givers who “drink or [use] alcohol or drugs”, “are under the influence of drugs or alcohol” or are “addict[ed] to substances” are more likely to abuse. The impact of substance use on care-giving relationships and a person’s ability to care is not specified in eight of these transcripts. More common is a general reference to this as a precipitating factor as is illustrated by Margaret.

a person is abusive because they're … under the influence of drugs or alcohol … where it's more the … patterns of behaviour that are causing the abuse … in … care-giving situations.

Substance use was seen to impact on behaviour in ways which may provoke abuse. The form that this abuse takes is not specified here or elsewhere in these transcripts.

Conversely, the other seven participants linked substance use to financial abuse, although not always explicitly. This link was made because these care-givers are seen to need to find money to support a ‘habit’. Glen and Katherine explain.
the daughter had a history … she had a drug habit … and … this daughter was getting money out of mum.

alcohol, drugs … really - can cause financial abuse … [they] have sold the oven and the fridge and everything that could be removed … to feed their drug habit.

Financial abuse is indicated because older people are seen as a source of money that is needed to purchase drugs or alcohol. What is overlooked however, is the potential for psychological abuse because money may have been extracted in ways that cause emotional distress. Nor did the potential for neglect due to the inability of the older person, whose finances have been depleted to the point where their basic needs cannot be met, appear to be considered. The analysis indicates that few participants appeared to pay attention to how abuse may manifest itself in different ways. What is particularly interesting is that the impact on the older person of the care-giver’s actions is often left unstated. The emphasis is placed on the health and behaviour of the carers. The lack of focus on the older person was striking.

A focus on care-givers was also evident where aptitude for care-giving was identified as a precipitating factor. There are overlaps between aptitude and health as in some cases it was health issues that were seen to make someone less able to provide care. However, six participants did raise aptitude as a separate issue from health concerns. Here a lack of insight, skill or choice was seen to explain the abuse.

Four participants saw abuse as resulting from a lack of insight. Care-givers were thought to be oblivious to the needs of the older person and to their responsibility as a care-giver. This situation was described as care-givers “think[ing] they’re doing the right thing, but they really are not … very aware”, or as “not know[ing] any other [way]”. That the lack of awareness may reflect health issues that prevent appropriate care being provided did not appear to be considered in these four accounts.

Dorothy alone considered that a lack of care-giving skill may be a factor in abuse.

carers are in a situation where they haven’t got the equipment the tools in their bag … they are out of their depth in caring for somebody … I am talking about the bag of tricks … people’s life experience, people’s knowledge. … You’ve got someone who’s maybe medically unwell or has a dementia or some kind of illness that their carer is ill equipped to deal with.

Caring is described as requiring skills that people might not have or may not have developed. Those who do not have these skills are thought to be more likely to abuse. Assessing the capacity to care seems to be important here, although this is left unsaid
in most transcripts. This appears to support the finding that assessments are largely unspoken.

Melissa is the only participant who explored care-giver lack of choice as a possible explanation for abuse.

many of our caregivers say they did not choose their roles. They may be people who are ... quite unfit in terms of their temperament and personality ... it is sort of forced upon them ... they sometimes didn’t choose it at all ... and sometimes it’s quite tough ... the things that people have to do ... mum’s doubly incontinent ... she’s just driving you nuts ... she’s asked you ... for the 50th time this day who you are and what are you doing in my house.

Here Melissa linked choice to aptitude, personality and temperament. She implies the need to assess a care-giver’s willingness and their capacity, emotional status, behaviour and personality because determining both desire and ability to care may be relevant to understanding why abuse happens.

Interestingly, in this next passage Jocelyn acknowledged the care-giver had health issues but discounted the possibility that they may also require an assessment.

he’s [the care-giver] a power control freak ... this man has got a personality disorder ... I think that he’s ... got alcohol dementia and ... he’s unable to modify his behaviour ... [previously] he could do what wanted ... she did what she wanted to ... but now he’s restricted to looking after her... the husband is a blockhead. He’s an absolute and utter blockhead ... it’s a matter of him adhering to the recommendations and I see [his failure to do so] as abuse of this lady.

Jocelyn clearly focussed on the older person as the client in this situation. While she acknowledged the care-giver may be impaired she did not appear to consider that he might need to be referred elsewhere so that the ‘personality disorder’ can be assessed, or that a health issue might prevent him from providing appropriate care. The nature of the disorder and how it influences behaviour and impacts on the care-giving relationship appears to be set aside.

Jocelyn was not alone here as three other participants approached situations where the care-giver was known to have “dementia”, a “brain tumour” or an “intellectual impairment” in the same way, where an assessment of abuse is made without due consideration for the context. Some may not consider these situations to be elder abuse because the care-giver’s capacity to care is impeded. This is not to suggest that
the harm that might occur is acceptable; rather that in these circumstances elder abuse might not be the most appropriate or useful assessment.

Exploring the willingness and skills of care-givers to provide care appears to be of marginal interest to the majority of participants. This, too, was a surprise since it was thought that the context of the abuse would be more holistically considered, because ‘in-context’ is an important concept in social work. In contrast, the financial circumstance of the care-givers was frequently explored.

Financial difficulties

All participants identified financial circumstances as a factor in abuse, although two different but intersecting explanations were offered. These were the state of the economy and the financial circumstances of individuals. Notably, where money was taken to maintain ‘habits’, participants did not include this here as this behaviour was conceived as a health issue rather than a situation involving financial difficulties. Interestingly, the action of taking money to support drug or alcohol habits was never regarded as fraud or misappropriation.

Ten participants explored how “the economic climate” creates “poverty” and that poverty is a factor in abuse because “the recession’s unemployment, poverty generally” contributed to care-giver hardship. The argument was that care-givers with financial needs are more likely to abuse. It is inferred here that it is financial abuse that is being discussed as monetary issues are the focus. However, this was specified by few.

Interestingly, financial abuse is conceptualised in the context of ‘necessity’ by Dianne and nine other participants.

it might be necessity … I’ve got to also realise that in today’s climate of people … [care givers] need that money … [it’s] not necessarily greed. It might be necessity. I’ve gotta keep mum at home cos we need her pension to be coming in to help with our mortgage.

No one indicated that they considered abuse in these situations acceptable; however, they did suggest that it may be understood because care-givers need to prioritise their own needs over those of an older person in order to continue to care. This suggests that care-givers are afforded a level of consideration and that the needs of the older person might be obscured by this need. Again, the analysis indicates that while
recognised as a factor, the way the economy impacts on care-giving is rarely considered in the assessment process. Those who considered the impact of the economy as a relevant factor also considered how care-givers who face financial troubles, or who express a sense of entitlement, may become abusive.

Ten participants explained abuse as “out and out greed” and/or due to a sense of entitlement. The majority considered abuse in this situation to be more deliberate that other forms of abuse because care-givers knowingly prioritised their own needs first. The context of caring is seen to provide opportunities for abuse because care-giving requires ‘proximity’. The transcripts did not suggest that all care-givers who live with an older person are thought to be abusive, or that all older people require care; however, where opportunity and financial need intersect abuse is thought possible. This perspective resonates with criminological theory (Gøergen & Beaulieu, 2010). It seems unlikely however, that this perspective explicitly informs understandings because there is no reference in any transcript that indicates a criminological framework was consciously applied. In fact, it is rare that criminality is considered or recognised as a possible explanation for abuse, despite case descriptions that suggest actions may have been illegal. Where the possibility of criminal behaviour was raised, it was always with prompting from the researcher. That this abuse may be a crime was not foremost in the minds of the participants. This may indicate a lack of awareness of criminological theories or a view that elder abuse is a whānau/family or ageing issue. This suggests that a narrow range of knowledge may be drawn on in practice.

A different approach was taken to financial abuse by participants who argued that entitlement rather than greed explains most abuse. They distinguish entitlement from greed by reflecting on the issue of intent. Melissa and Robert illustrate.

sometimes … it’s kind of what I call fuzzy thinking … I’m going to get your money when you die, so it’s alright for me to use it now, or more commonly, well you’re not actually using that money … you don’t need it … my needs are much bigger and I’m really in the pickle … maybe you know you’re helping me or maybe you don’t know … but I think it’s probably alright that I help myself.

there is greed but some of it is misguided thoughts … We can talk ourselves into anything … it is a form of greed but it a misguided greed … it’s well they won’t miss $20 a week at this stage.

“Misguided thoughts” are seen to persuade some care-givers to develop a sense of entitlement. Both these passages imply that abuse due to “fuzzy thinking” is less
deliberate. This view appears to support the findings in chapter six where it was suggested that abuse is viewed differently depending on whether it is unintended or premeditated. Elsewhere, both of these participants indicated that in their interventions, understanding the context of the abuse is important as this will enable a response to be tailored to the circumstances of individual situations. Given the profession’s attention to context and uniqueness of circumstance, it was surprising that consideration of the context and the motivations for abuse was so seldom mentioned or assessed.

The analysis indicates a rudimental macro and/or micro economic framework is applied by all participants to financial abuse, but it is not explored in depth nor is it generally considered when making an assessment. Further, the analysis indicates that fraudulent behaviour goes largely unrecognised because care-giver financial need is the focus. This lens frequently appears to evoke a degree of empathy for those who care. In addition, care-givers who prioritise their own needs over the needs of the older person also appeared to be afforded a degree of tolerance. This suggests that the interests of the older person may be given less weight than the interests of individuals who provide care. This was also identified when competing demands were explored as a factor in abuse.

**Competing demands**

Three competing demands were identified as stressors by three participants: multiple care-giving responsibilities, time constraints and work place obligations. These are thought to challenge care-givers’ capacity to provide appropriate care. Barbara spoke of multiple demands.

> we’ve got a sandwich generation of adults who are caring for kids or grandkids, and parents, trying to do it all … some of them are stretched.

Like Barbara, the other two participants described care-givers as being “under huge physical pressure”; having “demands…on their time” and as being

> overwhelmed with responsibility … [because they] have taken mum in and they … have their own children at the same time (Margaret).

Concern for care-givers’ psychological wellbeing over the interests of the older person was observed in these accounts. The influence this perspective has on responses to abuse will be explored in chapter eight.
Care-giver circumstances: summary

The analysis indicates that participants considered care-givers’ emotional, financial and social circumstances contribute to abuse and that care-givers require support. Stress was routinely thought to make care-givers less resilient and thus at increased risk of abusing. As described, practice appeared to prioritise the needs of stressed care-givers with many transcripts depicting the care-giver as the ‘client’. Those stressed from caring were seen to be afforded a degree of tolerance; this is something also identified when the dimension of the characteristics of ageing was examined in relation to the care-giver stress model.

Characteristics of the older person

All participants suggested that older people can be particularly challenging to care for because they are: “vulnerable”, “dependent”, “incompetent”, “demented” and “frail” and because they have difficult “demeanours” and challenging “attitudes”. As such, caring for an older person was consistently described as “demanding”, “overwhelming” and “frustrating”. Emphasis was placed on the functional and cognitive ability of older people as a stressor in care-giving relationships. This focus was not unexpected as questions of functionality are commonly associated with ageing (as explored in chapter six), and because older people referred to health and welfare services are likely to be those who require assessment and support of some kind. What was surprising was the degree to which age was highlighted as an explanation for abuse. Further, that such a linear approach (see Figure six) was taken to explain abuse was unexpected.

Figure 6: The relationship between age and abuse.
This figure does not present other factors already discussed. It is not suggested that they are less relevant. However, the strength with which participants drew a relationship between age, the stress of caring and abuse warrants particular mention because this view appeared to underpin most understandings and assessment processes. How age is identified as significant is illustrated by Dianne and Rose when they talked about why abuse happens.

I’m talking about [caring for] an older people … they’re extremely vulnerable. they are old. They are frail ... they have dementia as well. That really puts them really at risk – a lot more at risk … for abuse by carers.

Characteristics associated with ageing are pinpointed as contributing to abuse. As these characteristics were explained in the previous chapter, they are not discussed further here. What is explored is how these are seen to explain why care-givers abuse, and how they influence the assessment process.

Age is frequently presented as a factor that makes care-giving exceptionally taxing, as Jackie illustrates.

older people can be … just so vulnerable … because of their frailty, their health issues … if they are losing it – if they are getting older ... abuse can just happen … because ... they’re older.

Conceptualising ageing as challenging led the majority of participants to empathise with those who care because those in this role experience “sheer frustration” and “hard work”. Caring for an older person was also described as “time-consum[ing]”, “demanding” and a situation that can drive a care-giver “nuts” because they are continually “sleep depriv[ed]”; “exhausted”; “stressed”; “distressed”, “worn out” and “tired”. Margaret typifies this view.

the exhausted stage … when you’re up in the night ... you know as a mother with children that it’s going to pass. As a caregiver it's not gonna pass. It's gonna get worse and worse and worse ... You can't see any end ... you've got a person who every time you ... just start to head off to sleep, is calling out to you ... is wandering ... is coming in to poke you ... [they] might wet themselves ... eight times a night ... or more ... they can be ... constantly … yelling ... it's the sleep deprivation that goes alongside ... the world just starts to be ... very, topsy-turvy ... that sort of intense stress ... [and] a person starts to think of that person that they're looking after as actually less than human.
What was not explored are the needs of the older person. What is indicated is that age is thought to be synonymous with high needs. Empathy for the care-giver was evident. The latter is illustrated further by Dianne and Rose.

the worry is often … is that … the carer … is the one that’s going to end up dropping dead … or something like that.

stress is the biggest [factor] … we need to try and look at ways … we help … to relieve some of that strain … investigate ways of carer support, respite, calling in other whānau members, sitting down … work[ing] out a roster around the care of this elderly lady that isn’t gonna be falling down … cos if the carer goes down, then what? … That sort of abuse is … more verbal abuse and emotional abuse and that stress of tiredness … not so much physical.

Rose suggested that abuse in these circumstances does not involve physical harm. This may be because she has not encountered physical abuse in these situations. Alternatively, this view might have led her to empathise with tired care-givers so that she discounts the possibility of, and does not assess for, physical abuse. The possibility of physical abuse appears to be ruled out here. This may reflect experience where stress of caring has not been observed as triggering physical abuse.

Interestingly, in these passages, as in many of the transcripts, the needs and wishes of the older person are not overtly considered nor do they seem to have a say in terms of what interventions are possible. These examples imply assessment processes most commonly focus on care-giver stress; this focus was seen across all transcripts. What is indicated by the analysis is that a deficit approach that excludes the older person is frequently taken to the assessment process, fuelled by assumptions about what it is like to be old and what it is like to care for an older person.

A deficit and exclusion model of assessment

Most assessment processes focussed on what an older person cannot do because impairment due to age was emphasised. “Vulnerability”, “frailty” and “competence” are routinely assessed. Assessment processes utilised the NASC framework that primarily explored medical and functional aspects of the older people’s circumstances. While important, what is clear is that little attention was paid to the older person’s ability and wishes as Abby illustrates.

the 87 year old … lives with her 62 year old disabled … daughter … [who] can do quite a lot for herself. But … mum did everything … They were living in … squalor … mum never used to live in squalor, but she’s 87 and physically frail …
When [the daughter] broke her leg … she literally put her foot up … her 87 year old mother would sponge bath her … feed her … bring her food … do all sorts of things even though she was actually quite capable … the 62-year-old was quite capable of making dinner, but not giving mum any cos she didn’t think of it … So you’ve got elder abuse going on … we’ve managed to convince mum to go to a rest home.

Assumptions about being “87” seemed to guide both the assessment and intervention here, despite age itself not seeming to significantly compromise this person’s ability. The older person does not appear to have been consulted in a meaningful way nor do her views appear to be given weight in assessing the nature of the problem or what options might be useful to her. In the following passage, Glen provides another illustration of an older person being excluded.

the person’s a bit too much for them and they can’t cope … they don’t know what to do about it, they can’t see any way out … [so] care giver’s hit[ting] the wall … you work with the family because really the older person has no idea.

Implied here also is that age impairs ability and creates stress for care-givers which may lead to abuse. What is most interesting in this passage is the assumption that older people cannot participate in processes that influence this life course. It may be that the older person has been assessed as lacking competency to make decisions; however nowhere in this description is the degree to which the older person is able to participate explored. Exclusion, based on a lack of capacity to participate, is noted in a third of the transcripts. What is missing is the description of the assessment processes undertaken to assess capacity to participate.

Most concerning is the lack of invitation to participate when competence is established, as is illustrated by Dianne in the following passage.

[the older person’s] wardrobe … was half full of … clocks and stuff … He had some nieces and nephews who were concerned – he wasn’t. He was cognitively able to make decisions for himself. It was his choice … What we did do – which was a bit sneaky –we talked with the family … [and] had the family talk with the uncle’s lawyer … the family got his mail redirected … I was thinking, did it give him pleasure? Was it his own money? Yes … was he doing anyone any harm? No. We felt he was being abused and I think he was …. I think the pragmatic decision … to redirect the mail … solved it really.

Despite an assessment of competency, age appeared to be the basis for deciding that this person was unable to make decisions about how to spend his money. This approach, where competency was established, was seen in two other transcripts.
Two-thirds of participants described practice that included the older person. However, in most transcripts participation appeared minimal. For example, when describing a situation, Katherine commented that she would “often say [to the client] ‘he’s a bit of a hot-head isn’t he?’ ... she sort of agreed that he went off the deep end”. This indicates that she checked out her concerns with the older person but in the context of the interview the main focus was on understanding and assessing the care-giver’s position and needs as illustrated below.

the care giver is ... a real hot-head ... the house was pretty grubby and this chap would come in and say things like ... "I whipped the bloody vacuum out for her [the older person] and I told her if she didn’t vacuum that house I’d kick her up the arse" ... The dodgy thing for me ... are [sic] that he’s managing the client’s money. He’s keeping a really good record ... I’ve checked up ... I’ve told him ... that what he’s doing is illegal because he’s using her eftpos card. But ... he’s just been straight up and down ... [Caring] was really wearing him down ... he’s done such a great job ... we really need to look after him ... I think that if we had picked on all the little things [he wasn’t doing] he wouldn’t be there and she would’ve been in ... care a year ago.

Here caring for an older person was presented as challenging. It is implied in this passage that the focus may be on the care-giver because his needs dominate. Further, the consequences for the older person did not appear to be at the forefront.

Caring for an older person is consistently presented as an “uninviting”, “big”, “hard” and “difficult” task because age means decline and high demands on others. Participants focussed on functional and cognitive “inability” as an explanation for abuse and as a reason to exclude the older person from decision-making processes. The degree to which the older person was omitted from participating was surprising. Notably, participants who included the older person regardless of their assessed capacity are those who explored abuse from a rights perspective. The non-inclusion of older people in the social work process can be one implication of taking a care-giver stress approach to abuse.

Practice implications of the care-giver stress model

By using a deficit approach and focussing on the functional and cognitive characteristics of ageing, older people are frequently depicted as being less able. Consequently, the ability and right of an older person to participate in decision-making processes are not routinely considered and their strengths, agency and rights are seldom noted as part of the assessment process.
Further, this model focusses attention on the needs of care-givers at the expense of understanding and responding to the needs of the older person. This may be because the stress model invokes empathy for the care-giver.

Finally, as this model concentrates on functional and cognitive issues and care-giver needs, the quality and context of care-giving relationships seems to be given only cursory consideration. Failing to explore how the quality of the relationship might facilitate, or in fact decrease, the potential for abuse, overlooks the importance of understanding the context in which it happens. Exploring the quality of relationships might provide insight into why some care-givers who are stressed do not abuse.

**Conclusion: whānau/family and psychological perspectives**

These perspectives were clearly represented in the interviews, although they were narrowly focussed on understanding the psychological demands of care-giving and the functional characteristics of the older person while overlooking the nature of the relationship within which these dynamics occurred. Some attention was given to how whānau/family environments precipitate abuse but this was generally confined to exploring historic and current behaviours without extensive consideration being given to the quality of the relationships. The dominance of the stressed care-giver model means that other lenses that may explain abuse appeared to be overlooked and/or underutilised. Further, this dominance suggests that the complexity of the issue is not fully explored or understood. The care-giver stress model also appears to be applied in a non-critical way as there is no discussion of the limitations of this approach in any account.

The practice setting might explain the dominance of this perspective as all participants were employed in organisations where case work focusses on individual circumstances and well-being and on processes of assessment and intervention. Thus, organisational demands may limit participants’ opportunities to apply alternative frameworks to practice. This may also explain why a practice framework founded on principles of participation, partnership and social justice (ANZASW, 2015) is strikingly absent from these accounts. Alternatively, the dominance of this perspective might be due to an emphasis given to it in social work education and/or preferences of individual
participants. Whatever the reason, these findings raise questions about what knowledge informs practice and how this influences responses.

**Knowledge applied to precipitating factors and assessment**

The analysis highlighted that participants seldom explicitly identified what was informing their practice. As such it was difficult to know with any certainty what guides their understandings and assessment processes. It was not surprising that the few theories that were explicitly identified were drawn from the whānau/family and psychological perspectives, given that this was the dominant standpoint. Noted theories included attachment, trans-theoretical change and life-span theories. Although they were mentioned, they were not comprehensively articulated nor overtly described as informing practice. It may be that participants chose not to overtly explore theoretical understandings during the interview.

This explanation seems likely because theoretically informed ideas were expressed in the transcripts but were not described as such. For example, ideas about how some care-givers may be motivated to abuse are suggestive of a criminological perspective, but nowhere was this theoretical approach overtly discussed as underpinning practice. This may indicate that while participants may talk about motivation they do not connect it with criminological theory. Similarly, those who explored limited access to resources as an abuse may be drawing on a number of theories such as critical, political, ecological, sociological and economic. Again, these were not overtly noted as informing practice. As such it was difficult to determine the extent to which theory is influential despite its presence being observed.

What is clear is that empirical knowledge is seldom utilised in the practice of these participants when identifying and assessing elder abuse. Only one participant explicitly described how research provided insight into precipitating factors that require assessment. Again, it is possible that research may inform the ideas expressed in the transcripts, but its use is not articulated. The majority of participants did not imply that knowledge from research guided their practice.

Interestingly, organisational and knowledge of policy also played a minor role. This was seldom mentioned as a mechanism to understand and assess abuse. This was unexpected given that guidelines are available. It is conceivable that these have been
incorporated into practice without them being referred to directly. The transcripts did suggest that this source of knowledge may be more significant when responses are considered. This point will be picked up in the next chapter.

Similarly, professional knowledge was seldom referred to by many participants. The few who explored abuse as a violation of rights and as a culturally relative concept did draw on professional values and beliefs about social justice and diversity. However, ethical principles and professional standards of practice rarely featured when abuse was conceptualised and assessed.

Conversely, references to practice wisdom and to personal understandings of abuse appeared frequently. Comments were often prefaced by phrases such as: “I think”, “I believe”, “practice wisdom tells me” and “nothing beats experience”. Participants appeared to draw on both experience and personal values and beliefs. The analysis suggests that this source of knowledge is the most influential and that tacit application of this knowledge was common because personalised views and knowledge from practice are seldom reflected upon in the transcripts.

Table four summarises these findings and highlights the extent to which tacit knowledge was observed.
Table 4: Knowledge utilisation in understanding precipitators of abuse and guiding assessment processes

<table>
<thead>
<tr>
<th>Type of knowledge</th>
<th>Utilisation</th>
<th>Nature of knowledge</th>
</tr>
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<tbody>
<tr>
<td><strong>Scholarship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theoretical</td>
<td>Frequently</td>
<td>Mix but mostly tacit</td>
</tr>
<tr>
<td>Empirical</td>
<td>Seldom</td>
<td></td>
</tr>
<tr>
<td><strong>Personalised</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice wisdom</td>
<td>Frequently</td>
<td>Mostly tacit</td>
</tr>
<tr>
<td>Personal values and beliefs</td>
<td>Frequently</td>
<td></td>
</tr>
<tr>
<td><strong>Procedural</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational</td>
<td>Seldom</td>
<td>Mix of both tacit and explicit</td>
</tr>
<tr>
<td>Legal</td>
<td>Seldom</td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>Seldom</td>
<td></td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td>Seldom</td>
<td>Explicit</td>
</tr>
</tbody>
</table>

The analysis also raises questions about the use of critical reflection. The extent to which tacit knowledge is applied suggests that conscious consideration of what drives practice may not be routine. If this is absent in practice, then evaluating and analysing practice is severely restricted because what informs practice is not consciously known. Further, opportunities to contribute to theory development are also restricted because a lack of critical reflection means that reflecting on what abuse is, what works and why, may not be part of everyday practice. The absence of reflection may also explain why elder abuse appears to be seen as an entity as was noted in chapter six. Conceptualising abuse in this way means most do not discriminate between types of abuse and the range of circumstances in which the abuse might occur.
While a few participants did explore more complex explanations, these were not comprehensive or compelling. Four participants, all with extensive experience, were among this group. However, many others who were equally experienced did not demonstrate an understanding of the complexity of abuse or reflective practice in the context of the interview.

**Conclusion**

There appears to be a discrepancy between what participants know and how they describe what is important when making sense of and assessing elder abuse. This was particularly evident where ageism was explored. All raised this as a concern, but few explored its impact in the assessment process. This finding indicates that support may be required to enable social workers to integrate theory and practice, to engage more with current literature and research, to enhance their skills in critical reflection, to apply the principles and ethics and values of the profession in practice, and to move beyond a limited care-giver stress model of understanding elder abuse. It will be important to examine whether this discrepancy is also present when responses are considered because decisions about what to do will inevitably be influenced by how participants understand and assess this phenomenon (Osmond & O’Connor, 2004). Chapter eight explores these influences and the way in which they inform responses.
Chapter 8: Responding to elder abuse

The research question how do social workers in Aotearoa/New Zealand respond to elder abuse? is central to this discussion. This chapter builds on chapters six and seven by exploring not only the participants’ responses, but by also examining what knowledge they drew on to make sense of abuse and how that informed their decisions about what to do.

The analysis identified three main responses. These were to wait and watch, act and/or to consult with other professionals. These responses were not mutually exclusive because consultation was observed routinely in all transcripts and many participants reported that they responded by waiting and watching or by acting, depending on the circumstances. It was observed that whether a participant waited and watched or acted depended on the degree of harm they considered might be occurring; their assessment of older person’s vulnerability; the importance that was placed on the older person’s relationships with the abuser, and what options the social workers considered were available.

Wait and watch was the prominent response. This is the approach examined first. The focus then turns to exploring the ‘act’ response which was deemed appropriate where immediate action was required or where the participants considered there was an obligation to protect the older person. This response was emphasised less. Finally, the consultation response is explored. This discussion is placed last because participants reported that they responded by consulting others regardless of whether they chose to wait and watch or act.

‘Wait and watch’

All participants explained that they frequently chose to wait and watch. This response appeared to serve two main functions. These are to:

i. provide time to support stressed care-givers to enable them to care in a non-abusive way, and

ii. provide opportunities to observe what was happening in the household by having “eyes and ears” in the home.
That a wait and watch response was common and that it focussed on abuse in familial care-giving situations was unsurprising given the dominance of the care-giver stress model identified in chapter seven.

It is important to state at the outset of this chapter that in classifying this response as ‘wait and watch’ it is not intended to suggest that participants made no response. This theme reflects the finding that participants frequently decided to intervene and observe by introducing services in an effort to reduce or eliminate the abuse, rather than take immediate and direct action. Increasing the level of support was the most discussed response. This theme is explored in the following section. Waiting and watching by introducing “eyes and ears” into the situations is then examined.

Support

All participants explicitly explained that providing support in situations of abuse was appropriate and effective because it “relieved some of the pressure” and enabled care-givers “to manage”. Margaret, Elizabeth and Louisa best illustrate this common perspective.

it was about working with … the family … to ensure that they had the amount of help that they needed … that they didn't get too stressed … and slip over that line … making sure that … the support's in…where a person starts to have respite care and goes to residential care … that the relationship is actually maintained … the person that's care-giving can grieve appropriately, can understand what's happening … rather than … being locked into this … relationship that … they actually get to a stage where they hate the other person.

if we put services in behind it, would prevent further abuse…it stops a care-giver breakdown.

care-givers need space … it's the stress that it puts on …that has to be managed … if it is not managed it can go to abuse … support for the carers … so they are able to manage.

This response is informed by the care-giver stress model that was reported as dominant in chapter seven. Participants drew attention to the importance of care-givers being able to access “respite care” and “carers support”, and for “meal-on-wheels”, “personal”, “domestic care” and “rest home care” services to be available because these supports provided some relief from care-giving responsibilities. Participants explicitly reported that in responding to abuse in this way, stress levels, and hence the likelihood of abuse, was thought to be reduced.
Only five participants identified that psychotherapeutic services, in addition to support at home or residential-based care options, also suggested the potential to reduce both stress and incidences of abuse because “low level counselling”, “negotiation”, “facilitation” and “meaningful talk … therapy” can have “really positive” results. This response indicates an empowerment approach; one that acknowledges an older person’s capacity to engage in open dialogue about abuse, and that different responses may be appropriate in different circumstances. However, as Louisa and Caroline indicated they seldom considered these options because these services were rarely funded.

health cuts ... we did counselling ... we don’t ... provide counselling [now]
we’re not funded for longer term [therapy] intervention ... it has to be brief interventions and referral on.

Interestingly, while older people were seldom invited to explore the issue of abuse (see: chapters six and seven), in many of these transcripts participants spoke about taking “into account the older person’s wishes” about what services they might wish to access. Robert, Louisa, Abby and Shona exemplify this.

you give them those options to look at ... it might only be two options it might be four.
I said there is [sic] two options respite care ... or there is permanent rest home care.
we’ve been doing things like ... showing him a serviced apartment ... saying, wow, that looks a nice place, what do you reckon ... he’ll get to choose what options within a frame of options.
you’re giving them options ... choices.

What is indicated in these and many other transcripts, is that older people may be presented with a narrow range of options by the professionals involved in the case.

Three participants made it clear that they avoided raising the question of abuse with the older person because it was better “not to upset the apple cart” or “ask too many questions”. Instead they considered it more useful to “focus on the things that we could do something about” even though “it doesn’t solve the problem … [of] long standing … abuse”. Their strategy included avoiding naming abuse and instead “generally chat[ting] away” to “quietly see whether they were trying to tell me the truth, or whether they weren’t” to assess whether abuse was occurring.
While no other participant explicitly reported responding to abuse in this way, there is evidence to suggest that many did so. Most participants did not make clear to the older person that the reason these care options were being presented to them was because there were concerns about abuse. This may reflect the perception of ageing reported earlier (see: chapters six & seven) because understanding old age in this way may prevent participants from raising concerns about abuse because they consider older people to be less resilient or capable, and therefore less able participate in conversations about abuse that might be happening to them. Only three participants reported that they raise concerns about abuse directly with the older person, regardless of whether they are assessed as fully competent. This finding was reported in chapter six and indicates a critical approach to practice as the views of the older person are considered profoundly important.

Responding to abuse by brokering support services was commonly considered to be a way to ameliorate and prevent abuse but in most accounts older people did not participate in conversations about abuse or in the decision-making processes about what options were available beyond a small selection of funded services thought to support older people in these situations. This is concerning because it may signal a lack of transparency in practice that can result in the older people being excluded when decisions are made about their wellbeing. This suggests that many of these participants may take a ‘professional-as-expert’ approach to practice; this is an approach that does not reflect the principles of the profession (IFSW, 2012; ANZASW, 2015).

‘Eyes and ears’

Eight participants explained that brokering support services (the same services described above) was an appropriate response because it was a way to have “eyes and ears” in the home to “monitor” over the “longer term” to “get to the bottom of” a situation that went on “behind closed doors”. Interestingly, Dianne indicated that at times she organised services for the sole purpose of monitoring what was happening, because she stated that sometimes the services were not necessary.

we’d … get people into the house, to be eyes and ears, even if it was to say they need supervision with showering, we’d be getting people in to observe … [even if it’s] … not really necessary … we can monitor.
While Dianne was the only participant to explicitly express this view, it cannot be discounted that other participants also saw brokering services that might not be entirely necessary, as a way to keep watch over situations they considered may be abusive. Many participants spoke about not “jumping in and … accusing the family” and needing to “investigate” and “observe”. This may indicate that services that may not have been critical for the older person’s wellbeing were put in place in order to keep a watching brief. Jane best illustrates how many might consider brokering services in this way.

> gather information when something might not sound quite right … start doing a few … extra checks … to build up a bit of a picture that something specific is happening here … you’re observing what’s going on … [and gathering information] from other sources.

Overall the transcripts indicated that responding by brokering services was extensively utilised but few made it explicit that the support services that they helped to arrange were required, or indeed wanted, by the older person.

It is possible that participants strategically plan to use an ‘eyes and ears’ approach because they considered that the physical presence of other people would encourage abusers to modify their behaviour and/or may hold them to account (Göergen & Beaulieu, 2010). However, there is little evidence in these transcripts to suggest that participants are intentionally strategising in this way. No-one overtly discussed this approach in terms of being a deterrent; rather they explained it as an information gathering strategy that allowed participants to be more certain about whether abuse was occurring or not. This finding reflects an earlier one in chapter seven that indicated criminological theory is seldom considered.

**Summary**

The analysis highlighted that a wait and watch response is common. All participants reported that they often responded in this way in order to gather more information and/or to support stressed care-givers. The latter is aligned with the dominant care-giver stress perspective reported in chapter seven. However, the former appears to contradict the view that most participants in this study considered elder abuse easy to identify (see: chapter six). This is an interesting observation as it seems to support the finding that while a definition of elder abuse was commonly and easily articulated, the ability to ‘know’ elder abuse is less certain than the definition might suggest.
Highlighted also is that those who facilitated the older person’s participation in conversations about abuse, tended to identify a greater range of intervention options than those who did not. In most transcripts, while older people were presented with choices, these were often narrowly focussed on funded services, decided on by professionals and rarely linked to concerns about abuse. This is troubling for a number of reasons. First, it is concerning because a full range of possible options do not appear to be considered and thus alternative ways of addressing abuse might be overlooked. Second, because it suggests that older people are not fully participating in decision-making processes when the need for, or suitability of, services are considered. Nor were they usually informed that these services were thought necessary because of concerns about abuse. This seems to indicate a lack of transparency in practice. While it is conceivable that some older people may lack capacity to fully contribute to these discussions or fully appreciate the issue of abuse, there is little evidence to suggest that the majority of these participants assessed the person’s capacity to do so or ensured that older people participate in conversations about abuse and decisions about what to do as much as they were able. Further, this response does not seem to include strategies that seek to hold the abuser accountable for their actions; instead practice appears to be focussed on practical solutions and a task-centred model of practice.

This focus might also be explained by the organisational and policy contexts which make available a limited range of practical, state-funded support options. These options are usually those that can be readily evaluated in terms of cost-effectiveness and efficiency. If this is so, this may explain why longer-term services such as counselling, whānau/family therapy or emotional support are less obvious responses utilised by these participants. These findings might also suggest that the participants might have limited knowledge about a range of practice models that could be utilised in cases of abuse and/or may lack the skills that would enable them to respond in different ways.

On the other hand, it might be that workload issues limit the opportunity for participants to explore alternatives (Eraut, 2004), or another explanation might be that the narrow range of options reflect a lack of familiarity with, or confidence in, managing the tension between organisational and policy objectives and an older person’s needs.
Undoubtedly support services are important in some situations, however by focussing on this as the primary response to abuse, participants may be discouraged from exploring other options. That many appear to consider elder abuse as a single entity (see: chapter seven) may explain why the initial analysis suggested that this response is generally utilised regardless of the type of abuse encountered\(^61\).

This latter observation led to further analysis. Whether participants might use a wait and watch response more frequently when certain types of abuse were presenting was important to explore. This analysis indicated that while a wait and watch response was most often reported in cases of financial abuse and neglect, it was also frequently utilised as the first response in situations where other forms of abuse were encountered (except physical abuse). Chapter six reported that the majority of participants considered financial abuse and neglect to be less worrisome because it was thought to pose little immediate danger to the older person. This may explain why these types of abuse were routinely responded to by waiting and watching. The subjectivity of sense-making and the way understandings influence responses to abuse is clearly evident here.

What was perhaps more significant was that the analysis suggested that the wait and watch response was guided by participants’ perceptions about the degree to which the older person would be harmed, and by their assessments about the importance of the older person’s relationships. Many participants also remarked that they considered that the system did, in fact, constrain their options. Each of these perspectives is explored in the following sections.

**Perceptions of harm: ‘low’ risk**

All participants explained that where they assessed the risk of abuse to be low, waiting and watching was appropriate. Comments such as “it’s around … how much at risk the person is” and “we work through whether it is … serious abuse or whether it was something that we needed to just monitor” are evidence that this approach is utilised. Barbara and Abby illustrate this commonly held view.

knowing they’re at risk [but] not immediate risk … you have to actually step back.

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\(^61\) With the exception of physical abuse as previously noted.
we ... come across ... situations which are ... concerning ... we tried lower level things.

Abby is referring to brokering support services.

These, and all other participants, examined how an assessment of ‘low’ risk led to a more modest response, although no-one appeared to explore the possibility that these formal care-giving services might also provide a context for abuse (see: Nerenberg, 2008). Further, while there is evidence to indicate that participants understood that some older people found support services to be intrusive, unnecessary and unwanted, this awareness did not appear to encourage the participants to openly discuss with the older person that the reason these services were considered important was because of abuse. This observation echoes the earlier finding that older people are not routinely informed or consulted.

Brenda alone made specific reference to risk assessment tools.

I look at ... a risk assessment instrument rather than looking at individual indicators ... I'm interested in risk analysis, risk-based work ... the use of instruments ... you look at the nature of the relationship ... the nature of that contact, is it consistently abusive, is it a one off ... is it likely to be relieved by ... intervention ... is ... it an escalation of previous bad relationships ... a reoccurrence estimate based on the characteristics of the people ... the severity of the current incidence, past violent behaviour in terms of prediction ... vulnerability ... risk is a three-fold concept in terms of vulnerability, risk of recurrence and people characteristics.

A number of participants alluded to risk assessment methods informing their decision but did not elaborate. For example, Tom commented that

looking for risk factors ... fact finding ... to see if there is any previous history, emergency department presentations ... fractures or what might be indicators.

In the other transcripts risk was more generally referred to as “risk indicators” and “danger signs”, without the details being explored. These phrases have been interpreted to mean that participants were aware of the importance of assessing risk, despite most not mentioning what informed these risk assessments. Most indicated that their assessment of ‘low’ risk was based on “probability”, “intuition”, “gut feelings” and “practice” experience.

It was somewhat surprising that so few reported using the elder abuse guidelines (MSD, 2007) to support their decision-making about risk. All participants made it clear
that they were aware of the guidelines, but a third indicated that they were not familiar with the details. Over half of the participants expressed the view that the guidelines were “unhelpful” because they offered “no structure” for assessing abuse and risk levels, and therefore were not consulted when deciding what to do. This supports the early finding (see: chapter six) where many expressed the view that the guidelines supported them to identify abuse but that they were unhelpful when deciding what to do.

Interestingly, this view of the guidelines led most participants to contribute to the development of local guidelines in an effort to identify the steps to take when responding to abuse. These localised guidelines were described as being drawn from the experiences of local social workers and as offering more clarity than the national guidelines that were described by Robert as a “toothless wonder”. It cannot be discounted that the locally developed guidelines may have evolved from the national guidelines because these do appear to have been consulted in the development process. This indicates some engagement with policy as Jackie illustrates.

we are putting together .... policies around elder abuse ... what we would do .... as social workers ... they are not ... clearly defined yet ... they are ... being reviewed ... with other social workers ... and with the Ministry of Health guidelines ... we are trying to come up with our own ... process of what we would do if we came across an elder abuse case ... then we are going to put a package together and start training other social workers ... we've got a checklist ... we can just work through.

It was unclear however, whether these initiatives were sanctioned by the organisation and were applied by all those working in this field or whether these were a social work initiative and utilised solely by social workers encountering abuse.

**Relationship factors**

Two-thirds of the participants explained that their decision to wait and watch was shaped by their desire not to “destroy” older people’s relationships, even if they felt sure that the older person was being abused. The perceived importance of relationships led to these fourteen participants waiting and watching because they had to “tread carefully” so that they did not “tear apart [the older person’s] relationships” and “bonds”. Katherine and Louisa illustrate this frequently expressed perspective.

the relationship that the person has with the abuser is normally of long standing ... there are huge ramifications for that [older] person if they pull away
from that relationship … isn’t it better to just get services in there and support him as well as we possibly can, without intruding on the relationship?

they have a very close relationship … [which] has been going on for months, maybe years so what’s the difference about [waiting] another week or two.

These and other excerpts, suggested that long-standing relationships require a wait and watch response because “it is…difficult to actually do anything” else because “it’s whānau… you just soldier on” and wait for something to happen. In these accounts, relationships appeared to be prioritised over the abuse. Consequently, organising services to provide practical support and to watch the dynamics of the relationship was deemed to be the most appropriate action.

Most interesting is that in seven of these transcripts the importance of the relationships is expressed in terms of the participant’s expectations about relationships. Katherine illustrates this best.

I … just monitor this woman … I … feel in my heart of hearts that … in a purely humanitarian way … [this] is the right call because … there’s a particular bond … my client may lose contact with those grandchildren … Do I have a responsibility to make sure that this woman … is cared for? Yes, but … I felt my greater responsibility was to not have her cut off from the only family she’s really got.

Elsewhere in this transcript a personal perspective was seen to guide decisions to wait and watch in other cases because the alternative would disrupt the older person’s relationship, even though the relationship was abusive.

the thought of tearing apart their relationship, knowing that one day … we’re not going to be there for her … and the only person she’s got in the world is this daughter … I think it’s more important for her to have her daughter, to be honest.

There is no evidence in this transcript that older people were asked about their relationships or the abuse. It was apparent that Katherine’s decision to wait and watch was based on a personal view because she considered prioritising the relationship to be more important than exploring the quality of that relationship and the abuse that was occurring.

Many other participants also appeared to apply personal views about relationships when making a decision to wait and watch; although these were not expressed as overtly as was observed in Katherine’s interview. This conclusion was inferred by comments such as “blood is thicker than water”, “a life time of interpersonal
relationships counts for something” and relationships are more “important”. Dorothy and Elizabeth added that waiting and watching meant that the intervention was least intrusive on the relationship.

it’s about … the least harm to the person and the relationships with the people they care about whether we approve of their lifestyle or whatever.

isn’t it better to just get services in … and support him as well as we possibly can, without intruding on the relationship. I need to build a relationship with the daughter, so she cares for him adequately. The father has lived like this a long time. You just can’t go in there and say, well, no, you can’t live like this.

The possibility that, if asked, an older person who is able to do so, might make a choice to remain in an abusive relationship is acknowledged and over half of the participants expressed the view that they believed that most older people would choose to do so. However, as already noted, most participants did not include the older person in conversations about the issue of abuse, thus it would seem reasonable to infer that their stance here was based on their own views about the older person’s tolerance for abuse in the context of family relationships and their preference about where they wished to live.

Many did, however, comment that the older person’s ‘choice’ posed “a real dilemma” and meant that they had to wait and watch because “their hands are tied”. Glen, Margaret and Barbara illustrate.

the abuse had been going on for a long time … she was the only … child … [the] mother didn’t want to lose … she said “she’s my only family”.

she will not allow us to have him taken out of the house … we’re kinda powerless … We’ve given her heaps of information, offered her huge amounts of support… you have to … step back. … you can’t do anything.

the daughter had beaten mum … apart from her face being black, yellow and blue … broken bones in her hands … ulcers up her legs from being kicked [she] wouldn’t allow us to do anything because her only family was that daughter who abused her … I was quite frustrated.

These participants, like many others, expressed concern about the older person’s reluctance to accept assistance and as a consequence, their lack of ability to effect change. However, elsewhere in all three of these transcripts, Glen, Margaret and Barbara expressed the view that an abusive relationship was better than no relationship. This suggests that these participants hold multiple, and at times contradictory, views about relationships.
While some participants recognised an older person’s choice to remain as a dilemma, most appeared to accept that waiting and watching was the better option because they considered the relationship to be most important. Whether in fact waiting and watching in order to maintain a relationship is ‘good’ practice was not discussed in these accounts.

Two participants did explicitly raise the point that choice may be restricted by structural factors. Jocelyn and Kate explain.

the generation I work with … it’s in sickness and health, richer for poorer, better and worse.

older people probably keep it [abuse] hidden … they come from that generation where things are not talked about … there can be a lot of covering up.

It is implied that choice options may differ depending on factors such as gender, class, and generation. This may indicate an awareness of broader sociological issues, but if so this does not appear to translate into practice approaches with older people because neither Jocelyn or Kate reported (or alluded to) exploring with the older person the factors that may limit their options.

The analysis indicates that many participants appear to prioritise the relationship over the abuse; an observation which aligns with the emphasis given to abuse as a product of tension in care-giving relationships (see: chapter seven). This perspective leads to a wait and watch response. Two other insights were also highlighted by this analysis.

First, most participants did not report that they explicitly use risk assessment tools or elder abuse guidelines to assist them to assess ‘low’ level risk and to support their decision to wait and watch. It may be that risk assessment ideas, rather than tools to assess risk, inherently guide their decision-making process. This finding is consistent with Blom, Nygren, Nyman and Scheid (2007) who found that, in part, personal views frame client interactions. If this is so in practice, it is problematic because tacit understandings are not open to scrutiny unless practice is reflective.

Second, the participants are aware of the principle of self-determination and the need to respect an older person’s choice, but descriptions of practice presented elsewhere (see: chapters six and seven) does not indicate that practice may reflect this. Most participants did not talk about enabling older people to examine the nature of their relationships or engage openly with the issue of abuse so as to be fully informed about
their options and the consequences of their decisions (Preston-Shoot, 2002; Tanner & Harris, 2008). If this is so in practice, then it is questionable as to whether a choice to remain in a relationship is evidence of an older person exercising their right to self-determination.

**Systems restraints**

“Few resources” and “organisational requirements” were cited by all participants as a reason why they respond to abuse by waiting and watching. Each is presented below.

**Resourcing**

Jocelyn and Shona reported that “home based care … is being retrenched” as “money becomes … a driver … [and] a limitation to providing services” and therefore the choices of intervention were narrowing. All other participants recognised that retrenchment was a national issue as the “cutting of services” and “increasing the threshold” for accessing home and residential services reflected policy decisions. They all reported that options to address abuse were being limited. Two participants perceived the impact to be greater in regional areas because these areas traditionally have fewer resources due to their “geographic … isolation”. Given the reduction in, and targeting of, public expenditure in recent years (see: chapter two) this concern was not unexpected, however, it was surprising that participants appeared to accept (if unwilling) these changes.

This concern appears contradictory because here participants appear to be lamenting a reduction in choice, but as noted earlier, most only consider a narrow range of options when addressing abuse. The wider issue appeared to be that retrenchment will further reduce access to these existing services. If retrenchment is to continue, questions will need to be asked about the viability of a wait and watch response because this intervention strategy depends on access to home and residential care services.

Advocating at organisational and/or policy level for services that adequately support older people was observed in one transcript. Tom spoke of “awareness raising” and how “being a good social worker”
meant to try do a bit at a more political level … talking to … people who hold
the portfolios … making sure that’s flagged in the latest round that is going back
to the Ministry so they are aware.
This account demonstrates the importance of understanding the politics of practice,
strategies, an awareness of strategies and skills in advocating at a macro level, and a
commitment to social justice for older people.

Organisational requirements

All participants spoke about how organisational requirements shaped their decision to
wait and watch; however, the twelve participants employed in a hospital setting
explained that there was often “pressure from above” that meant where abuse was
suspected many older people were discharged with support services to be “monitored”
in the community. Rose and Margaret illustrate.

when the elderly person comes into ED … we patch her up and send her home
with the abuser.

it’s easy for a social worker to … go along with what happens [in a hospital].
You feel like you’re banging your head against a brick wall when … trying to do
something different … to the medical model … There’s always the invitation to
[follow the medical model] because it’s easier … a quick discharge … just get
things organised.

All twelve of these transcripts suggested that wait and watch may be a default
response to abuse because opportunities to respond differently, and to advocate for
an abused person’s needs, were limited by this setting. This finding echoes the work
of Beddoe (2011, see: chapter four) and raises questions about whether social work
responses to elder abuse are voiced in this (and perhaps other settings), and if so,
whether they are heard. This observation led to further analysis. Whether these
participants considered that they had a mandate and opportunity to intervene in cases
of abuse needed exploration.

It was surprising that many participants considered they did not. The majority stated
they were “not mandated” to do anything and so wait and watch was the most common
response. Interestingly, Dianne, Dorothy and Jocelyn explored the issue of mandate
by unfavourably comparing elder abuse practice to that of child protection.

if they told me [they were being abused] what am I gonna do with it? … where
can I go? I’m not going to get Children, Youth and Family to swoop in and take
them out … what am I going to do with it?
it’s different … to child protection … [where there are] clear ways of working. We don’t have that mandate … we don’t have any legislation.

if [a] child was unsafe you’d immediately alert Child, Youth and Family … but when it becomes an older person, we don’t have that same system in place.

Jocelyn added that in the absence of a mandate, all that she can do is to “wait and wait and wait and wait and wait”. It may be that these participants regard child and elder abuse as a similar phenomenon that can be addressed in a similar legislative way. They seemed to be likening vulnerability in childhood with frailty in later life. If this is the case, this finding may provide further evidence of a deficit approach to ageing as was discussed earlier.

Most others, such as Rose, Shona and Abby, articulated a concern about a lack of mandate but did not suggest that a child protection approach was the answer.

I … would like to … be able to … put something in place … [not] … to sit here and watch it happening … no one has a mandate. … I spend a lot of time … frustrated … angry that there’s nothing we can do … [except] organise day care … we can be the best Goddamn social workers this side of the black stump, but if the policies that govern us are crap, then we’re gonna be crap … at the end of the day … there’s nothing … that says, this is what you must do.

what … legally can you do? … the frustration of … not being able to do anything but monitor.

the systems we have are … inadequate … we can put in home based supports, there’s [not] a lot of options out there.

These excerpts indicated that these participants have a sense of powerlessness because there is no mandate and all that can be done is to wait and watch in cases of abuse. Most others expressed a similar view, except where physical abuse was identified. This point is explored later in the chapter.

The important insight from this analysis is that organisational requirements appear to override those of the profession and the authority to practice appears to be framed in terms of the organisational and legal mandates rather than the sanction derived from the principles, values and ethics of the profession.

**Summary: factors impacting a ‘wait and watch’ response**

Overall, the analysis identified a number of important points. First, understanding harm as behaviour that is on a continuum (see: chapter six) underpins the decision to ‘wait and watch’ where a ‘low’ risk of abuse is assessed. However, while an assessment of
'low' risk appears to inform decision-making, the principles on which this assessment is made was seldom articulated.

Second, only in the accounts of four of the most experienced participants was it stated that assessment and decision processes needed to include older people, and that it was important to balance risk and safety. In these accounts the deficit model of ageing was less visible. This alternate view appeared to facilitate the inclusion of the older person, the recognition of the strengths and resources older people bring to these conversations, and thus offered a demonstration of a commitment to anti-oppressive practice. Other experienced participants however, did not articulate this approach, despite them articulating the importance of the principle of self-determination. This would indicate that a decision to wait and watch is made by professionals without the meaningful inclusion of older people. The analysis suggests that a more critical approach to self-determination is required and highlights (again) what appears to be a deficit approach to understanding ageing (see: chapters six & seven). If, in practice, older people are seldom consulted about what they want to do, and if social workers prioritise relationships over abuse, then it would seem that personal (and tacit) knowledge is strongly influencing the decision to respond to abuse by waiting and watching.

Third, while skills in networking and brokering were strongly evident in this response, therapeutic, advocacy, mediation and facilitation skills that may be useful were not generally observed. This may signal a need to explore and develop the skill repertoire of social workers in this field of practice.

Four, there was no evidence to indicate that introducing services might also create an environment for abuse is understood. This is consistent with the limited focus on structural/social explanations for abuse noted in chapter seven.

Five, a wait and watch response appears to be a default response because the participants considered that there were no alternatives. This is troubling because it suggests that a social work perspective in elder abuse practice (and perhaps in practice more generally), is considered insufficient or that it is weakened by the organisational and policy context. Alternatively, (or as well,) it may that these participants find articulating a social work viewpoint where there are competing voices
is challenging. This finding mirrors the work of Skaerbaek (2010), Beddoe (2011) and (see: chapter four), and offers further support for the finding in chapter seven that suggests practice environments may limit the capacity to assert a social work and social justice perspective. It will be important to examine whether a social work perspective is evident where direct and immediate responses to abuse are deemed necessary. It is to this response that the focus now turns.

An act response

The term ‘an act response’ is used here to describe responses that are immediate and direct. The analysis indicated that this response was principally utilised when risk was considered high and/or when participants considered that they had an obligation to do something to protect the older person. Regardless of the rationale, taking action generally resulted in the older people being removed from their home. At times this intervention was understood to be temporary, for example where “urgent respite care”, “carer support” or “admission to hospital” was organised, although this was consistently seen as a “stop gap” until a more permanent arrangement could be made. Most times, this action appeared to lead to the older person’s “permanent placement in care”. Dorothy illustrates both the type of situation where action was deemed to be urgently required, and the most common the outcome for the older person of the decision to ‘act’.

the nephew was physically … and psychologically abusing her … everyone knew … there were allegations of long standing … abuse … It was a serious severe situation … my recommendation … [was] … residential care because ... I didn’t believe that we were able to let her go [home] … she had full capacity to make her own decisions but [we] got her to agree to go to care which I thought was a really good outcome.

Here an assessment of ‘significant’ risk prompted action to remove the older person to a care facility. While offered as an example of where ‘high’ risk shaped the decision-making, it cannot be left unsaid that this passage is worrying because it also referred to an older person who had been judged to be competent. Here the capacity of the older person to make decisions appeared to be set aside because they were identified by others (professionals) as being ‘at risk’. Similar examples of a deficit model being applied to an older person assessed as competent were raised in chapter seven. Dorothy’s example appears to offer further evidence that ageing rather than abuse is
the primarily focus for decision-making in cases of elder abuse. Further, the question of maintaining relationships in these ‘high’ risk situations does not appear to be strongly considered.

In the following sections, the act response is explained in respect of assessments of ‘high’ risk, and in regard to judgments that the older person needs to be protected. Risk is explored initially. There are synergies with the earlier discussion pertaining to situations deemed to be lower level risk that generated a ‘wait and watch’ response; therefore, this discussion is relatively brief. Following this is a more detail exploration of the act response where participants considered their role was to protect the older person.

Perceptions of harm: ‘high’ risk

It was expected that all participants would intervene immediately where they assessed the risk to the older person to be ‘high’ because social workers have an ethical duty to keep people safe from harm (ANZASW, 2015), and because the focus of public policy and health and welfare practice is on identifying and responding to risk (Stanley, 2005; Beddoe, 2010). As was noted earlier in this chapter, in ‘high’ risk cases as was evident in those deemed ‘low’ risk, risk assessment frameworks and guidelines were notably absent.

Tom did highlight the continuum approach to risk (as noted in chapter six) stating “we … do a stronger response to … more urgent-appearing abuse”. Abby and Jackie illustrate the link made between ‘high’ risk and an immediate response in these transcripts.

if … it’s a situation where there was obviously … immediate risk and harm … I would … get all of those processes in place … if I felt strongly enough about it. someone’s safety … their risk … if it is a major safety concern … I’d … come up with other plans.

All participants spoke about how ‘high’ risk was the deciding factor in their decision to act. Interestingly however, in these passages and in many other transcripts, what constitutes ‘high’ risk is not explicitly stated. In these excerpts it appears that personal views (which may also be based on experience) determine the level of risk. Elsewhere in her transcript, Jackie acknowledges the “subjectivity” of risk assessment. This finding mirrors the earlier discussion of risk assessment where ‘low’ risk was assessed
and the findings in chapter six where it was noticed that opinions about seriousness differed across the transcripts with the exception of cases of physical abuse. One additional illustration (Dianne) of the way physical abuse was considered to be the riskiest, is offered to support those already presented in chapter six.

when there’s been physical abuse … we would … remove the person … from that situation … get [the older person] into the ward immediately … under a social admission.

Here the link between physical abuse, ‘high’ risk and immediate action is clear and across all the transcripts it was clear that the majority of the participants understood that in these circumstances they, and the older person, had little or no choice.

Only Tom, Melissa and Louisa expressed the view that even where risk was ‘high’, an older person needs to participate in decision-making processes.

older people have the right to … choose to have a certain amount of risk … that is valid … We minimise the use of coercion, compulsion unless there is something like a duty to care … they have got the usual choices and they can make … the decision.

you have got to listen to them because they are … masters of their own fate … you can’t just wipe that … even if they do not have full capacity … we have to be … careful in our thinking, because it probably … is best for her if she stays within the bosom of the family but only if the bosom of the family is entirely benign.

people live in different ways … I have to respect that … go from where the client wants to be and support that as much as possible … sometimes it’s borderline … but you still have to go with it … There are some risks but then life is not without risks … it’s how far do you take it.

In these excerpts risk is positioned as an inherent part of life. Consequently, their response also included strategies for managing risk. It is suggested that decisions to intervene need to balance risk and safety and importantly it is acknowledged that regardless of whether an older person “can or cannot appreciate [the] question of risk” they ought to participate in decision-making processes. Melissa sums up this perspective.

it’s … [a] game of chess … where you’re wanting to go? If you alter something … are they going to be worse off than they were before? … you might have solved that problem. You might’ve won the battle, but you might lose the war … those things I do think about.

These participants appeared to have a level of self-awareness and reflection that was not evident in most other accounts. They also addressed the question of capacity in a
more nuanced way because, unlike many others, they did not dichotomise competency as being present or not present; rather they indicated that they had a responsibility to consult so that the wishes that could be made clear were heard. These participants also appeared to utilise a greater range of skills and knowledge than the majority of participants that enabled them to engage more consciously with older people and to build a professional relationship that allowed them to co-develop strategies that minimised risk and/or address abuse with older people. Here addressing abuse did not necessarily mean resolving it, but working with the older person to identify strategies that offer opportunities to prevent further harm. A critical lens, where multiple and complex circumstances are acknowledged and mediated is evident in these transcripts. While many talked about the importance of inclusion and an older person’s rights, this view was not significantly represented when practice responses were discussed. This may indicate that some of these social workers intellectually engage with the principles of but many find it challenging too hold-fast to these principles when faced with complex and competing demands.

Others did report that they held huī62 with the whānau/family and that decisions about removing the older person were determined in this forum. Whether the older person was present at the hui, however, is unclear. It may be that the perceived level of risk meant that these participants considered that there was insufficient time to consult the older person, however, as already reported, older people appear to be generally excluded from conversations and decision-making processes; therefore, an explanation that suggests urgency prohibited consultation is unconvincing.

A ‘high’ risk physical and sexual case was described by Jane.

she’d been exposed to physical and sexual abuse … not only by [the husband] but he would … invite men in to the house … it was only because … he’d invited somebody in and they were so appalled at what he was proposing …. he called for help … she turned up at ED … she had a dementia and the husband just took full advantage.

It was unexpected that the action taken here did not include a criminal justice response because this case indicated a sexual and physical assault had occurred. Instead, a health and welfare response was made. There is no suggestion here that the health and wellbeing of this older woman is not important or that attention needed to be

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62 Gathering for dialogue.
directed to these concerns; but what was surprising is that a criminal justice response was not simultaneously initiated.

This was not uncommon across the transcripts as the reports of practice indicated that a health and welfare response dominated. This is to some extent unsurprising given the health-and-welfare focus of elder abuse responses in this country. However, it had been anticipated that clear cases of criminal behaviour would include a criminal justice response. It is only Tom, Melissa and Brenda – three of the more experienced participants - who expressed the view that “if it’s bad enough, the police”, “we would refer to a family safety team from the police”. Tom explained it in this way.

if it is a known risk and it’s dangerous like if the use of weapons has been indicated … it means a different approach which is with the police.

This observation may suggest that crimes against older people may be responded to differently compared to others in the community. If this is so, this finding raises questions about whether viewing (and naming) the issue of abuse in later life ‘elder abuse’, negatively impacts on the ability of older people to exercise their rights under the law. The analysis across the last three chapters also provides some evidence to indicate that the term ‘elder abuse’ may cast the issue first and foremost as an issue of ageing, rather than one of illegal or immoral behaviour. This perspective of abuse in later life may account for the limited options available for redress explored in these accounts.

As with assessments of ‘low’ risk, experience and personal judgments appeared to shape an act response. Questions therefore remain about the use of critical reflection when deciding to remove an older person from their home and the extent to which the older person’s perspective is elicited or understood when making these decisions.

Many of the points highlighted in the summary of the section on the wait and watch response are relevant in respect of how decisions to act when risk is thought to be ‘high’ are made; thus these will not be repeated here. There are some additional insights that are explored below.

First, whether a decision based on risk was to respond by waiting and watching, or acting, the majority of these participants appeared not to critically engage with the concept of risk because their decisions tend to be based on assumptions and beliefs
about what is, and is not, risky. Like competency, there was a tendency for participants to dichotomise risk into existing or not existing, which led to many participants making decisions on behalf of the older person.

Second, regardless of whether the abuse was determined to be more or less risky, participants seldom explained the basis on which they made their decision. It is accepted that even if risk assessment frameworks were in use, the likelihood of consistency is debatable because what a ‘good’ assessment looks like remains undecided (Bolger & Walker, 2014). However, such frameworks would offer some guidance in practice, and the opportunity to reflect on, and make explicit, the beliefs that underpin decision-making in elder abuse work.

Third, an assessment of ‘high’ risk is high stakes in these participants’ accounts and is linked to the older person being removed from their home. While this may have been necessary to keep the older person safe, it was surprising that no-one explored ways to make the home environment safer so that the older person might remain in their home. No-one explored therapeutic approaches, advocacy and mediation options alongside a place of safety, nor did they address the removal of the abuser from the home. As was noted in chapter seven, articulating a reasoned assessment as to why it was perceived that removal was the only course of act was missing. This finding appears to support the earlier view that social workers may require support to be able to undertake and articulate comprehensive assessments that consider all the options.

Perceptions of ‘high’ risk informed this decision to act and the view that an older person needed to be protected also elicited an act response.

**Protect**

The analysis suggested that all participants explored the need to protect but understood this role differently. Many implicitly referred to age-related vulnerability as the rationale for them protecting older people. This response is clearly linked to the perceptions about ageing discussed in earlier chapters. Dianne and Jane illustrate the link between vulnerability, old age and the obligation to protect older people that most participants expressed.

> I come in [when] our elderly people … are vulnerable incompetent … advocating for them … going about doing [things that keep them safe].
have we got the vulnerable person who is not capable … in a safe enough environment?

Competency appeared to be a key factor when responses sought to protect. Participants spoke about a ‘duty to care’ and indicated that they understood that they had a professional and legal expectation to protect an older person. This finding was not unexpected as social workers have an ethical duty to protect vulnerable people (ANZASW, 2015). In addition, the Crimes Act Amendment (2011) makes social workers (and others) “liable to prosecution if they fail to take action when an older person is being harmed” (see: chapter two). These participants demonstrated an awareness of the former, but no one mentioned the latter. That this Act came into effect during the time the interviews were conducted, may explain this apparent lack of knowledge, although the amendment had been before the House for a number of months.

All participants demonstrated an awareness of the protection available under the PPP&R Act (1988), in particular the provision for the appointment of a welfare guardian and property manager. Few, however, were involved in supporting older people to initiate these provisions as a way to protect their interests in abusive circumstances. For eighteen participants, protection was regarded as one response strategy amongst some others, albeit for the most part a limited role of brokering services and waiting and watching.

What was particularly interesting was that two participants, from very different practice contexts and with different levels of experience, explored how they saw protection as their main role in situations of abuse. Robert explained how he considered his role was to act to protect older people from “unscrupulous SOBs” in all situations even if safety is not an issue ok … how can I stop this … I will not take a step backwards … ever … I am in boots and all … I don’t want them to get hurt. I take my job with a great responsibility.

Here the response to protect is identified as a professional obligation, which it is. However, elsewhere Robert reported that he would act regardless of the person’s wishes if he considered them to be in need of protection. This is inconsistent with the partnership principle of the profession. He explained his decision to act in this way as necessary because “older people are vulnerable and unable to protect themselves”. It
appears that Robert’s views and beliefs hold more weight with him than those of the older person.

Similarly, Natalie explained that her main “responsibility” was to “look after the older person” and that she considered she did not have “any choice” but to act to do so. For Natalie this meant acting as “a matter of principle” even where the older person was deemed competent and was expressing a different view, and in opposition to the other professionals involved.

this man lives in ... squalor ... There is [sic] burn holes on the floor ... his clothes. ... It’s horrifying ... [The medical team] ... assessed him as having capacity ... they said ... he’s got a right to ... live that way if he wants. The issue for me was that it wasn’t safe ... He [decided] to go home. I said to him ... if you want to do that you’ll have to arrange that all yourself because for me ... that is not going to work ... you would be unsafe ... you would get sick. I said I couldn’t be involved ... because it would be against my principles and my better judgement.

I arranged to have this woman’s place cleaned out ... the psychologists at the hospital ... said that it was very important that the [she] was involved in every step of the process ... to be there ... and supervise this process ... [otherwise it] will hinder her ability to cope. I said ... it would be dangerous ... I preferred [she was] not there because it is not safe ... I didn’t want to be responsible for [her] being hurt ... so I decided that .... it wasn’t going to happen ... I felt that they were opening her up to ... physical danger by insisting that she go along.

Both cases were described in the full transcript as a case of abuse. In both excerpts it appeared that older people’s wishes (and rights) were challenged because they were not compatible with the participant’s views. In the context of the transcript, Natalie depicted these individuals as diminished due to age and thus unable to make ‘good’ (or any) decisions for themselves. This determination was made despite these older people being assessed as competent, or at least capable of participating in decision-making about their circumstances. Interestingly, Natalie explained that she withdrew her services in both cases because she felt unable to “take on that responsibility”.

Like all other participants, Robert and Natalie explained their response to protect in terms of a “duty to care”. However, by consistently responding to abuse in this way they seemed to pay little attention to the rights of the older person and homogenised older people in a way that suggests old age is an ‘at risk group’ (Webb, 2006).

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63 Natalie was one of the two participants as questioning the appropriateness of a rights framework. See: chapter seven.
The analysis highlights that all of these participants were alert to the need to protect, but the term ‘protect’ was viewed differently. For two participants this meant they considered themselves to be “responsible” for the older person, and for setting the goals, determining the strategy and deciding on the outcome. As indicated already in this and the preceding chapters, the transcripts suggest that others may also practise in this way because they seldom described consulting the older person. What is significantly different in Robert and Natalie’s accounts is that they made it explicit that they considered themselves to have the expertise that equipped them to take responsibility for making decisions for the older person. This view is at odds with the values of the profession where clients are considered to be the ‘expert’ in respect of their circumstances.

It is clear that this protection perspective draws strongly on personalised and inherently held knowledge because decision-making processes are overtly described as belonging to the participant; although it was observed that the explanation given for the decisions made were expressed in professional language such as “duty to care” and “professional responsibility”. This may suggest a need for more critical engagement with the principles of the profession. There is no evidence in these transcripts to suggest that Robert or Natalie is aware of how extensively they made decisions based on their own understandings, and in Natalie’s transcript, that these decisions are often made without consulting others. This observation links with the final response to abuse—consultation—which is the focus of the following section.

**Consultation response**

Nineteenth participants explained how they regarded consultation to be critical in cases of abuse. In the hospital settings consultation processes included “interdisciplinary”, “peers”, “colleagues”, “supervisors” and “managers” consults, and when available, consultation in wider community forums where abuse was the focus.

A similar range of consultative forums was observed in most accounts of those who practised in a community setting. These participants repeatedly expressed the importance of consulting with “hospital” personnel because there was a greater range of experience in a hospital setting than was generally found in the community. Only Natalie indicated that she seldom consulted. Analysis of her transcript suggested that
when she did, she did not always agree with other professional views (as illustrated above) and most often chose to disregard any opinions offered.

When speaking of consultation, participants described this as an opportunity to “sit down … and tease it out”, look at “what’s what”, to have “a team approach” to decision-making. Most transcripts implied both informal catch ups with colleagues, and formal ones (such as team meetings and supervision) as part of their consultation process. As no-one described the supervisory process in-depth it is difficult to say with any certainty how supervision supports the opportunity to critically reflect on practice; however, there is some evidence that supervision was utilised to support decisions already made, rather than to examine the issues, explore understandings that supported these decisions, or to identify why particular strategies were considered more appropriate than others. Phrases such as “my supervisor agreed” and “I took this to supervision and my supervisor is yes go ahead” were observed in a significant number of transcripts. This was inferred to mean that supervision was often used to discuss the practicalities of cases rather than to reflect on elder abuse practice more critically and comprehensively.

Interestingly, while the majority of participants agreed on the importance of consultation, over half indicated that even when consulting they had little influence over the outcome. Dorothy and Rose illustrate.

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ultimately the medical teams … have control over what happens.
you also gotta realise that you have a position within the DHB … you don't feel that you can go and say to a geriatrician … I think you're wrong.
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Only one participant\textsuperscript{64} reported that they consulted with key policy players in order that the issue of abuse was raised at a policy level and described this role as being a professional responsibility to advocate for social justice.

The analysis suggests that consultation is significant when responding to abuse, however the consultation processes appeared to be limited to case descriptions and confirmation for decisions already reached. In addition, consultation processes (as already noted) seldom included the older person. This finding seems to provide further

\textsuperscript{64} No details are provided here because to do so may result in the participant being identifiable.
evidence that older people’s views are generally under-represented in decision-making processes about what to do in cases of abuse.

**Conclusion**

Guidelines identified in chapter two and noted in chapter six as useful when identifying abuse, were generally regarded as unhelpful and inadequate when making decisions about how to respond. This is interesting because during the analysis of knowledge utilised in practice (see: chapter seven), it was identified that the guidelines might be more prominent when action was taken. This analysis suggests otherwise. While there is evidence to suggest that these participants were seeking more definitive procedures as many were involved in localised protocol development, decisions about how to respond to abuse appeared to rely more on whether the social worker considered they had an organisational and legal authority to intervene and on personal views about what was best, than they did on the elder abuse guidelines. This was unexpected given that guidelines are available. It is conceivable that these guidelines have been incorporated into practice without them being referred to directly. When they explained their interventions in the context of the interview, participants referred more often the limitations posed by resourcing and organisational priorities as guiding what they could and could not do.

There is evidence that the way the participants respond to situations of abuse is linked to how they understand elder abuse, old age, harm and relationships. For example, the response to broker services appears to be informed by understandings about the needs of carers. Similarly, the need to remove an older person because they are being physically hurt is aligned to the way physical abuse is thought to be the most serious form of harm. Further, the fact that some abuse situations are left unchallenged is congruent with the ideas many participants expressed about the importance of relationships. Responses also generally reflect the deficit model of ageing identified in chapters six and seven. This was principally evident when the wait and watch response was examined.

These findings point to the influence of organisational and policy decisions when intervening, and a correlation between understandings of, and responses to, abuse. A re-examination of how elder abuse and elder abuse practice is conceptualised and
how this understanding is translated into complex practice settings is considered important. Such an examination will enable elder abuse social workers to critically examine what they understand elder abuse to be, the knowledge they bring to their practice, and most importantly the impact that these understandings and practices have on outcomes for older people.
Chapter 9: Elder abuse practice in Aotearoa/New Zealand

This chapter encapsulates the findings from the research interviews with twenty frontline social workers working with abused elders in Aotearoa/New Zealand. The research question examined was

*How do social workers in Aotearoa/New Zealand report that they make sense of and respond to elder abuse?*

The participants were asked to describe their understandings of elder abuse, to explore the knowledge they use to inform these understandings, and to give details about what actions they take when encountering situations of abuse. In the process of exploring these issues it became possible to garner a more in-depth understanding of how abuse was conceptualised, the way notions of ageing intersected with discussions of abuse, the knowledge applied in practice, and the way these understandings shaped practice. Figure seven (below) diagrammatically reflects how knowledge is central to the processes of conceptualisation and decision making in this field of practice.

*Figure 7: The interface: sense making, knowledge utilisation and practice responses.*

The importance of examining the interface between sense making, knowledge utilisation and social work interventions was raised in chapter four. Here it was argued that by examining the junction where knowledge meets practice, insights about what informs and guides practice become possible. It was also asserted in chapter four that
in understanding this interface the opportunity to extend and develop the knowledge base for practice with older people who are abused is enhanced.

In this final chapter the key insights and conclusions that have been drawn from this study about how elder abuse is understood and what and how knowledge informs practice in Aotearoa/New Zealand are conveyed. There are six broad insights from which four central conclusions are drawn. Each insight and conclusion will be summarised before attention is given to the implications these findings have for policy, practice and social work education. Suggestions for future research that have been identified during the course of this study are presented later in the chapter. In concluding this chapter and thesis, an alternate way to conceptualise practice with older people who are abused is offered. This model has evolved through in-depth engagement with the literature and the research processes that moulded this study.

The insights

Six primary insights were garnered from this study. First, this study identified that while the concept of elder abuse is thought to be readily recognised and defined, as the findings reported in chapters six and seven indicate, this did not mean that everyone in this study understood elder abuse in the same way. Chapter six illustrated how these social workers constructed various meanings about the phrase ‘elder abuse’. This variation in meaning was explained in chapter seven where it was made clear that those in this study tended to rely on tacitly-held personal knowledge and practice wisdom derived from experience to inform and shape their understandings about what they perceive elder abuse to be. This chapter also highlighted that procedural knowledge was sometimes tacitly informing practice. The data presented in the three analysis chapters clearly indicates that the way this phenomenon is conceptualised influences the decisions taken about what to do. This suggests that elder abuse practice in Aotearoa/New Zealand may be somewhat arbitrary and practitioner-dependent. This supports the views of Taylor and White (2006) and others’ (Eraut, 2004; Payne, 2011) who contend that professional practice in many contexts may reflect personalised, tacitly-held understandings of phenomenon.

Second, this research suggests that the social workers in this study did not fully appreciate the influence of context on their practice. Whilst many recognised that
organisational settings focus attention on medical and functional issues, and risk management processes rather than the social needs of older people, few explored how this focus might limit practice (and outcomes for older people) by determining what can and cannot be done to respond to abuse. Ash’s (2013, see chapter three) cognitive mask is evident here. Further, most did not consider other contextual factors that may influence and shape practice. For example, it was surprising that the ageing experience of Māori was seldom explored in the interviews, given the bicultural social and policy context of Aotearoa/New Zealand that was outlined in chapter two, and the commitment of the social work profession in this country to bicultural practice (SWRB, 2013; ANZASW, 2015). This absence may indicate a sampling bias that resulted in few exploring abuse in relation to indigeneity as they reflected on their practice. The absence in these transcripts of bi-cultural considerations may also be explained by the statistical data that indicates that Māori age differently to others (see: chapter two) and thus may not present to older person’s health and welfare services where these social workers were employed to respond to abuse. There is, however, evidence in chapters six and seven to suggest that the lack of attention paid to Māori experiences of ageing might more generally reflect the homogenisation of ageing that is apparent in many of these accounts. In these chapters the characteristics of ageing and the perceived risks older people face were seen to be most influential when the social workers made sense of abuse. Notions of ageing and risk were also seen to strongly influence decision making about what to do. This was highlighted in chapter eight. Across all the analysis chapters the impact of the socio-economic-historic-cultural-political context on an older person’s (Māori and non-Māori) experience of ageing and how this might make a person more susceptible to abuse, was rarely considered.

Where policy was examined in relation to abuse practice the focus was restricted to concerns about resource constraints, cuts in services, guidelines that were deemed ineffectual, and organisational priorities that focused on other needs and limited options for social workers to address the abuse.

Interestingly, only a few participants in this study articulated that they have a professional responsibility to confront the systemic challenges they encountered. These participants noted that the profession mandated that they practise in a way that promotes social justice. Most however, expressed a sense of powerlessness. They commented that they had no mandate to challenge policy directives, to question
organisational processes or the opinions of other professionals. They also appeared not to view their role as one that would enable them to develop and advocate for alternate practice models that might better and more justly address the needs of older people. This finding seems to support the claims made by Marsh and Fisher (2007) and Beddoe (2011) that professional knowledge and skills that enable social workers to challenge unfair systems may be underutilised or lacking. The absence of social/structural knowledge that was highlighted in chapter seven suggests that practice may not be focused on social change; rather on addressing personal needs as is suggested by the dominance of psychological perspectives in practice.

Eraut (2004) suggests that busy workplaces discourage practice that explores alternative ways of working because these different practices may be considered more time-consuming and costly and therefore are unlikely to be sanctioned. The analysis in chapter seven suggests that assessment processes may reflect the pressure to manage caseloads in a timely, efficient and cost-effective manner. This chapter highlighted the use of the standardised NASC assessment tool for assessing health and functional issues facing older people. As noted in chapter two, this tool does not include opportunities to explicitly explore more complex issues like abuse. Chapter eight indicates that intervention strategies were based on this health and functional approach to ageing. Responses to abuse were noted as those that utilised readily available (mostly funded) options that have been developed based on policy and organisational decisions about what older people need and require, and how best to respond to such needs in the most cost-effective way. While chapter eight indicates that most of these social workers brokered services that were considered to be useful, there was little evidence to suggest that they tailor-made responses that would specifically address the issues of abuse. In many cases they considered that they did not have the time, resources available or mandate to do so. Social work practice that draws extensively on organisational and policy knowledge suggests practice that may serve organisational needs but an approach that fails to utilise a wide range of knowledge that can inform social workers and guide them when challenging oppressive and discriminatory practices. These findings highlight an approach to abuse practice that fails to recognise

i. the importance of exploring and understanding the broader context of person and practice,
ii. that standardised tools may be too generalist and focussed on ‘expected’ biomedical-functional issues linked to ageing to inform abuse practice,

iii. the systemic issues that may contribute to the abuse in later life, and

iv. the impact these contexts and tools may have on decisions about how to respond.

Third, while Aotearoa/New Zealand has a framework for elder abuse practice in place (see: chapter two) many social workers in this study expressed a lack of confidence in this framework as a guide to their interventions (see: chapters six and eight). The six-step approach is considered insufficiently detailed or irrelevant to the individual cases that these social workers encounter. The findings in chapters six and eight suggest that for some a more definitive and detailed process for intervening in abuse cases is desirable because this would standardise approaches to practice, and increase consistency in the way situations of abuse are approached. That many in this study were actively involved in generating localised social work procedures, as was noted in chapter eight, supports the conclusion that more formalised guidelines are considered necessary. To some extent this inference contradicts the early finding that indicates a somewhat idiosyncratic approach to practice may be preferred (see: chapters seven and eight).

The individualised and localised practice observed in the interviews may be a product of uncertainty and reflect a desire for a greater level of clarity. These practices are however, clearly built on socially constructed views about old age and abuse that are largely tacitly-held. As the knowledge used to inform these models was not clearly articulated, the extent to which research and theory is utilised in their development is vague. Given the extent to which practice appears to be based on personal knowledge, practice wisdom and tacitly-held, unscrutinised understandings, the ability to articulate a consistent and agreed guideline for practice is likely to be challenging unless a more critical approach is taken to understandings about, and practice models for, abuse of older adults.

The prevalence of tacitly held knowledge noted in chapter seven (and indicated above) is an important finding, because it suggests that what shapes abuse practice in Aotearoa/New Zealand may not be explicitly acknowledged. This finding supports the need for a critically reflective approach to practice. A reflective approach was atypical across these transcripts, despite most participants implying that reflection in practice is important. Chapters six and seven illustrated that more reflective participants tended
to debate and pose questions about the meaning of ‘elder abuse’, advance different ways of conceptualising the issue, and were able to more clearly articulate their understandings and decision-making processes when compared to most. Chapter eight also demonstrated a clear alignment between these more explicit and complex understandings and a more strategic and contextual approach to responding to abuse. During the course of the interview itself, it was noted that these participants demonstrated ‘reflection-in-action’; something that distinguished them from the majority who frequently adopted a case-description rather than reflective approach to practice in the context of the interview.

A similar approach was observed in relation to descriptions of supervision. In chapter eight it was suggested by many that supervisory processes were somewhat functional and pragmatic. Supervision appeared to focus on ‘identifying and remedying’ abuse, rather than on encouraging the deconstruction of cases in order that knowledge, values, beliefs and attitudes that shape practice are made explicit, can be open to scrutiny and can thereby contribute to the knowledge base for practice. This conclusion lends weight to the suggestion that critical reflection may not be common practice or it may not be given time or encouraged within busy workplaces. This suggests that “develop[ing] … critical consciousness through reflection” (www.ifsw.org, retrieved 15 April, 2016) may not be prioritised in practice, despite this being prominent amongst the skills required for professional social work practice (see: chapter four).

The literature explored in chapter four cautioned that without critical reflection, practice lacks currency and is thus incomplete (Estes et al., 2003). The absence of critical reflection in many accounts of practice in this study may explain why

i. when many participants described how they made sense of elder abuse the concept was frequently oversimplified (see: chapter six);

ii. when describing and reflecting on what informed their thinking, a limited range of knowledge was observed (see: chapter seven). This may be why the largely discredited care-giver stress theory continued to dominate many of these participants’ understandings of abuse (see: chapter seven);

iii. tacitly-held knowledge was observed by the researcher as being extensively utilised but unrecognised in practice (see: chapter seven) and

iv. responses to abuse as described in the transcripts were narrow and somewhat formulaic (see: chapter eight).
Collins (2004, pp. 231-232) also argues that critical reflection is premised on professionals consciously and attentively seeking meaning and alternate ideas. He argues that there is

little point [in reflection] unless ... [professionals] have acquired a range of concepts and ways of thinking which enable – indeed- provoke questions from ‘outside the box’ … which also suggest practices which may be more fruitful.

It appears that many in this study may have fallen into the reflection “trap” (Collins, 2004, p.232) where what they thinking about and do, is what is already known and done (Estes, 2003). There was little to suggest that most of these participants rigorously interrogated their current understandings, critically examined the literature and their practice, or fostered alternate ways of knowing.

Five, understandings about, and responses to, abuse are mostly shaped by a narrow range of knowledge (that most often focusses on a homogenised and deficit model of ageing). Chapters three and four canvassed a wide range of knowledge that may assist social workers in this field of practice, and chapters six and seven highlighted that many of these participants drew extensively on only one approach, a psychological framework. Chapters six and seven highlighted that most regarded abuse to be a somewhat predictable consequence for care-givers tending to the needs of an old and dependent person. A clear association between this view of ageing and decisions about what actions best alleviated the abuse was established in chapter eight where the dominance of care-giver relief strategies was documented. While structural/social, and to a lesser extent criminological and indigenous perspectives of abuse were indicated in chapter seven, these neither strongly informed constructions of abuse nor steered decisions about how to remedy the situation.

Six, absent from most of these accounts of practice, was evidence to suggest older people were consulted in a meaningful way in discussions about abuse or when intervention plans were being considered (see: chapters six, seven and eight). This suggests that the views of older people are seldom sought or heard. It seems likely that this silence may be a consequence of the deficit view of ageing noted above. While in chapter six most participants championed anti-ageism, many also made clear that they associated age with a level of vulnerability that was to be expected as someone aged. This vulnerability was generally represented as preventing an older person from participating in conversations about the nature and extent of abuse and
about what measures needed to be taken to resolve the issues. Few demonstrated a commitment to the legislative presumption of capacity as outlined in the PPP&R Act (1989) (see: chapter 2).

The limited engagement with older people was exposed further in chapters seven and eight where it became apparent that most participants, despite opposing ageism, gave credence to tacitly-held, taken-for-granted ideas about what it is like to be old. These customary perceptions seemed to dissuade many participants from including older people in assessment and decision-making processes. In the few instances where ascertaining the older person’s views about abuse was described as pivotal, an alternate framework was seen to underpin notions about ageing and abuse; one that was rights-based, inclusive, transparent and based on an assumption of competence. Chapter six illustrated how a few participants refuted the idea that old age is a barrier to participation, although they did accept that ageing was a (but not the) factor that needed to be appraised. This perspective is in keeping with professional expectations to listen, facilitate and empower an older person regardless of their capacity (www.ifsw.org, retrieved 19 April, 2016). This view of a small group of participants was referenced in chapters seven and eight where a more contextual and nuanced approach to the issue of capacity (and to abuse practice) was observed.

The six insights noted above, highlighted four general conclusions. The following section considers these conclusions before attention turns to examining the implications these have for policy, practice and social work education.

**Conclusions**

Four principal conclusions have been drawn from this study. First, the term ‘elder abuse’ may be unhelpful. It is a phrase that serves to simplify understandings about abuse in later life and focusses attention on the deficits commonly associated with old age (see: chapters two, six, seven and eight). A case is made for ‘elder abuse’ to be reconceptualised as ‘abuse’ experienced by older people as this would focus practice on the potential for, or actual presence of abuse, rather than the age of the victim. It is argued that by shifting the focus in this way, policy makers will focus on abusive behaviour and the need to safeguard the legal and social rights of all abused people regardless of their age. In addition, reconceptualising ‘elder abuse’ as ‘abuse’ will the
help to make visible inherent ageism and will support practice that can challenge ageist attitudes and promote older people as citizens who have entitlements, opportunities and choices no matter how challenging care-givers might find their task. It is argued here that an abuse framework for practice is better aligned to the principles of social justice and human rights that underpin the profession of social work.

The findings in this study also suggest that the current frameworks for practice need to be revisited. Social workers in this study appeared to find these irrelevant, unrealistic in the context of their day-to-day work or lacking sufficient depth to be useful. The transcripts also indicate that the 2007 Te Rito framework for elder abuse work, and the guidelines developed to operationalise them, are underutilised. The lack of reference in practice to these is also highlighted by the somewhat idiosyncratic approach to practice that was observed in chapter eight where responses to abuse appeared to be pragmatic and reflect practitioner preference rather than policy frameworks. Given the earlier discussion on the extensive use of tacit knowledge that is applied to practice, this finding reinforces the need to explicitly revisit the frameworks that will support practice that is both consistent and accountable. It will be important to include older people in such a review so that the views of those most personally impacted by abuse are included in decisions about what constitutes abuse and how best to respond. This call echoes that of Taylor et al. (2014). This may require a rethink about the processes used for framework development. The contention that older people need to be more visible and/or given greater emphasis is more fully addressed in conclusion three below.

That older people were seen to be largely excluded from conversations, and assessment and decision-making processes about abuse (see: chapters six, seven and eight) suggests a more principled approach to social work practice may be required where practice transparently and meaningfully engages with older people to explore their issues and options. If social work with older people who are abused is to be ethical and to support working with rather than for people ... to effect change ... [at] personal-political ... levels ... [and] promote the full involvement and participation of people ... in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives (www.ifsw.org, retrieved on 15 April, 2016),
more attention will need to be paid to how the mission, purpose, values and ethics of the profession are translated into practice and employed to advocate for inclusive and fair policy, organisational and micro-level practices. As was noted in chapter seven, many of the participants explored these principles but few accounts provided evidence of how these principles were applied when practice was described. In the few transcripts where a more inclusive, transparent, respectful, contextual, culturally appropriate and ethical approach to practice was observed, the descriptions of practice were in line with national and international social work principles that have been articulated by IFSW (2012) and the ANZASW (2015).

These participants also described the skills they considered important in this work. Chapter eight demonstrated that this small group of social workers utilised a range of skills while the majority of participants focussed almost extensively on skills needed for brokering services. They demonstrated knowledge of and spoke about skills used to empower, advocate, mediate and facilitate, and how these skills are critical if their practice is to seek socially just outcomes for older people (see: chapter eight). Interestingly, this small group of participants also recognised that the profession mandated their practice irrespective of organisational and/or legal guidelines or lack thereof (see: chapters six, seven and eight). This suggests that social workers may need to be educated about, and encouraged to use, strategies and skills that address meso and macro issues including skills in the art of being political – an argument made by others (Marston & McDonald, 2012), and by the researcher elsewhere (Brook, p. 124 as cited in Maidment & Beddoe, 2016). As argued in chapter four, this would enable social workers to explicitly recognise and acknowledge that they have a professional mandate to practice that is founded on the principles of human rights and social justice, and that they have the skills to utilise this mandate effectively. A more politically astute approach will enable social workers to be more alert to the barriers and opportunities presented by the multiple contexts in which practice occurs. It will also encourage social workers to be more critically reflective and able to contribute to knowledge building and to be open to using new and alternate knowledge, skills and strategies in their practice than was observed in many of these accounts. The need for social workers to prioritise and be skilled in critical reflection is the fourth conclusion drawn from this study.
Practice that is not critically reflective lessens opportunities to scrutinise, appraise, refine, research, and craft new ways of ‘knowing’ and ‘doing’ practice, yet in this study critical reflection was not strongly represented in these accounts of practice. Eraut (2004) and others (see: chapter 4) argue that personal, social, organisational and policy biases become visible, challengeable and able to be clearly articulated only when knowledge for and in practice is interrogated. Non-interrogation of practice in the context of these accounts practice was highlighted in chapter seven where a discrepancy between what is known and what is described as important in practice is noted. The review of the literature in chapter four concluded that this discrepancy is best bridged by critically reflective practice because this will enable social workers to be consciously aware of what informs practice and to be able to more confidently “challenge … structural conditions that contribute to marginalisation, social exclusion and oppression” (www.ifsw.org, retrieved 15 April, 2016; McCoyd, Kerson, & Toba, 2013). This approach applies to social work more generally and emphasises the importance of social workers explicitly recognising the influence of the policy and organisational contexts that shape and constrain practice in order that strategies for change can be explicitly explored and employed. In the context of this study, constraints of the policy and organisational contexts, including concerns about managing risk (see: chapter 2) appear to more compellingly, albeit sub-consciously, influence accounts of practice than ideas about professional agency, or the knowledge, values and ethics of the profession. The findings in this research indicate a need to examine how social work values and ethics can be prioritised in the face of competing discourses and demands – a finding that may be relevant to other fields of practice.

The model presented at the end of this chapter is drawn from the insights and conclusions reported here. It reconceptualises ‘elder abuse’ practice so that abuse rather than age is prioritised and practice is underpinned by professional principles and critical reflection of practice. It is argued that these priorities will stimulate socially just practice. Before describing this model, the implications for policy, practice and social work education arising from this study are canvassed as are ideas for future research.
It is acknowledged that the generalisability of this study is restricted because it was a small-scale project that explored the perceptions of abuse practice as described by twenty social workers in the context of Aotearoa/New Zealand at a particular moment in time. A significant limitation in this current study is that practice was not observed; rather, these accounts recorded reflections on, and descriptions of, practice. Case studies that may have prompted further reflection were not part of this study’s design. What was captured in this study was what the participants thought about abuse of older people, the knowledge they utilised in making sense of this phenomenon, and their thoughts about why and how they respond to abuse in the way they do. Despite these limitations, it is possible is to identify implications for policy, practice and social work education, and areas for future research that are suggested by this study. These areas are outlined below.

**Implications arising from this study.**

**Policy**

According to Maidment and Beddoe (2016, p. 21)

> social policy … is concerned with the way resources are distributed and wellbeing is attended to in any given society … [thus] … two key questions … are whose needs are being met, and whose interests are being served?

Applying this lens, the following implications for aged care policy has been identified. The current policy focus emphasises the health and welfare needs of older people and is based on assumptions about ageing and the perceived needs of older people. While health and welfare needs are important, this emphasis may serve to reinforce ideas about dependency and vulnerability in later life. This focus sees policy and funding decisions directed towards aged care services that are designed to meet the care and support needs of older people. The prescriptive NASC model that assesses health and functional needs of older people (see: chapter two) is an example of this approach. The NACS model assesses and brokers services to address identified physical and functional needs, but fails to explore other social and well-being/emotional needs (and options to address them). These social needs are mostly left unrecognised and/or unsupported within the policy and organisational context.

Moving from a deficit approach to a capability-based approach to aged care policy would honour the legal principle of a presumption of competency. A capability-
A focussed model would also facilitate opportunities for policy makers to recognise the diversity that exists within the older population, and to advocate and formulate policies that more flexibly and equitably respond to the diverse needs and interests of older people.

Moving to this model calls for a re-examination of the assumptions on which age policy is based, and a repositioning of older people in our society as a group of citizens who have equal rights as all others. A citizenship approach is linked to the earlier discussion on ageist attitudes. It is a call that signals the importance of working to address cultural and institutional ageism. In part this may be addressed by the inclusion of older people in the policy and organisational domains so that the policy process, including decision making, accurately reflects the needs and wishes of this growing population. Chibnall, Dutch, Jones-Harden, Brown and Gourdine (2003, p. 7) argue “policy is influenced by public perception … and … [so] policies are often developed in response to a perceived problem”. If this is so, then the importance of older people being actively engaged at the policy and organisational level is essential if we are to change the generally negative public perceptions of ageing. As key stakeholders, diverse groups of older people need to be fully and fairly represented (alongside others) in debates about the issues they face, the options that exist, the resources that are required and how limited resources ought to be distributed (Timotijevic, L, Barnett, & Raats, 2011; Bacus, Jeffery, Novik, Abonyi, Oosman, Johnson, & Shanthi, 2014; Garon, Paris, Beaulieu, & Laliberte, 2014). Failing to recognise diversity in ageing and include older people in policy debates and decision making processes in a meaningful way enables culturally and institutionally-held perceptions about ageing to continue to be reflected in policy and organisational systems and process, and/or the unique needs and wishes of older people to be presumed, overlooked and/or marginalised. Social workers, along with other professions, are well placed to advocate for older people as they have a professional mandate to speak up regardless of the institutional and political barriers that might exist.

There is also a responsibility to empower older people to be socially and politically active. This is not a straightforward task as older people’s viewpoints and needs (as with any age or interest group) vary. However, engaging with community groups and individuals to support older people to individually (through the usual democratic processes) or collectively (for example through organisations such as Greypower, Age
Concern, and support or interest’s groups that are relevant to older people such as Alzheimers associations, stroke collectives) to have a voice is part of a social worker’s brief (ANZASW, 2015).

Social workers have a role in both advocating for older people to be included in policy debates and have an ethical responsibility to work with older people to encourage and support them to contribute in this way. This suggests an implication for practice because in order to achieve this goal, social workers need to be knowledgeable and “practised in the art of being political” (Brook, in Maidment & Beddoe, 2016, p, 124). This will require knowledge of and skills in organisational and political change strategies and a strong sense of professional mandate. This is one of three main implications for practice that have been identified by this study.

**Practice with older people**

Being skilled in being ‘political’ requires social workers to be confident in advocating, negotiating, mediating, and persuading (Eichbaum & Shaw, 2011), yet these skills that enable social workers to address personal, organisational and political inequalities (Van den Berg & Crisp, 2004) and to challenge guidelines that were deemed ineffective in practice (Gould, 2011; Karlsson & Bergmark, 2012) were not clearly visible in this study. This finding suggests that practice may be enhanced if knowledge and skills that enable social workers to confidently challenge team, organisational and policy decisions that diminish and/or disadvantage older people are developed, refreshed and/or strengthened. In addition, consolidating this range of skills will enable social workers to articulate the importance of, and contribute alongside other professions and groups, to a process that supports a socio-cultural shift in attitudes towards older people which will in turn promote more socially just policies and practices (Jones, Cooper & Ferguson, 2008). These are areas that social work educators, supervisors, social work managers may need to consider if social workers either independently or together with other disciplines, are to be able to confidently and effectively, challenge organisations in which they are employed and macro systems that discriminate against older people. Attention to knowledge and skills for change will be needed if these barriers are to be overcome. This challenge is thought likely to be relevant to other fields of practice whether social workers also have this mandate.
Another implication for practice arising from this study is the need to prioritise, build or rebuild competency in critical reflection so that the knowledge that is informing practice with older people who are abused (and more generally) can be examined. As already noted (see: above, chapter seven) the findings in this study suggest that much practice relies on unexamined, tactitly-held knowledge. This combined with busy workplace environments and pressure exerted to achieve productive outcomes may result in time for reflection being considered 'unproductive'. It has already been reported that many of these social workers recognised and articulated the importance of reflective practice as highlighted by McCoyd, et al. (2013), but that many did not describe reflective practice. Having reflection regarded as both legitimate and productive may be challenging given the neo-liberal focus that guides health and welfare provision, but is essential if new knowledge about and for practice is to be developed and if social workers are to be overtly aware of how personal-socio-economic-political contexts shape them and their practice. This cannot be achieved without skills in critical reflection and use of a broad range of knowledge.

Linked to the issue is the purpose and use of supervision. This study suggests that a review of supervision-in-practice may also be needed. As noted in the analysis chapters, a descriptive and functional approach to supervision is reported, yet the profession positions supervision as an important vehicle for critical learning moments. Repositioning and strengthening professional supervision as a forum to critically explore the knowledge (tacit and explicit) that informs thinking, the values, beliefs and dilemmas encountered in practice, and alternative ways to understand and respond to abuse will enable social workers to

i. consider more deeply the uncertainty that is elder abuse (and social work) practice (Nerenberg, 2008),
ii. overtly and confidently apply ethical reasoning to their practice decisions (Göergen & Beaulieu, 2010)
iii. be more proficient in articulating the rationale for, and processes used, in decision making (Gordon & Cooper, 2010) and
iv. construct new ways of understanding and responding to this phenomenon

The final implication of significance for practice noted here is the need for opportunities for conversations about what it means to be a social worker. Within the context of busy and diverse practice settings where other discourses may dominate, this is both challenging and essential if the purpose of the profession is to remain central to
practice. Enabling such conversations would be enhanced by a more critical approach to supervision (as noted above) and by opportunities to connect with the principles of the profession within teams, amongst colleagues, in the context of on-going training and development. Interdisciplinary opportunities will also build the capacity and capability of social workers to be confident and supported in their role. These opportunities will also enhance the ability of social workers to translate professional principles and theory into practice and strengthen their resilience to hold firm to their professional ethics and values in the face of competing agendas (Green & Sawyer, 2010; Scholar, McLaughlin, McCaughan, & Coleman 2014). This process of forming a stronger connection to the profession and a commitment to working collaboratively with others does not rest solely with practice. It is a process that begins when students begin their journey of social work education.

**Social work education**

There are three significant implications for social work education that have emerged as a result of this study and are supported in the literature. These are: the importance of schools of social work to

i. support students to develop a strong connection to the profession and its principles of social justice and human rights (Beddoe, 2011);

ii. graduate competent, self and politically aware beginning practitioners who have a broad range of knowledge and skills (Graham et al., 2008; Trevithick, 2008; Eraut et al., 2012; Petersén & Olsson, 2015) and

iii. develop a workforce that can met the demand for social work services for older people now and into the future (Wang & Chonody, 2013).

The first two points are identified as core for any programme of social work education by the International Federation of Social Workers (www.ifsw.org, retrieved 16 April, 2016), yet many of the qualified social workers in this study seemed to struggle to convey how they transfer ethics and values into practice, explicitly articulate what knowledge informs their understandings of abuse and to explore how different forms of knowledge will shape their practice and guide their interventions. This is an interesting finding that is likely to have repercussions for social work education more widely than education pertaining to a career with older people because it suggests that social work education may need to
i. pay more attention to the principles of the profession by enhancing students abilities to develop practice, organisational and managerial knowledge and skills that engender inclusion, transparency and equality within the context of dispersed and varied practice settings (Scholar et al., 2014),

ii. explore more deeply the mandate of the profession so students appreciate and can knowingly utilise professional principles to respond ethically when intervening with individual, families, communities, organisations or broader political systems (Beddoe, 2011),

iii. focus on social work as a political activity so that graduates are sufficiently knowledgeable and skilled to effectively challenge discriminatory and oppressive attitudes, practices and structures (Marston & McDonald, 2012), and

iv. develop skills for continual learning so students recognise and can articulate what shapes their practice (and therefore the outcomes for older people with whom they work) and can help identify new insights and alternatives that develop the knowledge base of the profession (McCoyd et al., 2013).

As noted above, social work education also has an obligation to develop a workforce able to meet the demand for social work services into the future. In chapter two it was noted that many social work students do not consider a career with older people, yet this is a growing sector of the population where an increase in social work services is expected. Programmes of study need to not only explore why there appears to be a reluctance for graduates to enter this field of practice, but also to consider how they engage with students on issues relating to ageing. To do so may require a review of teaching and learning approaches to ensure that older people and their diverse needs and capabilities are included in teaching, learning and research activities in ways that do not perpetuate a deficit model of ageing.

**Potential future research**

Six primary areas for future research are noted. First, the framework presented in this study could be used to examine practice with older people who are abused with a larger sample and/or in a different context. Such research would explore whether the way abuse in later life was understood and responded to in this study is common, or is specific to this sample of social workers in this context.

Second, an alternative methodology that included case vignettes or observations in practice would provide wider perspectives and more detailed insights into practice itself (Wilks, 2004; Barter & Renold, 2000). Killick and Taylor (2012) have used a vignette approach when exploring professional judgment in cases of elder abuse.
Their report on this research design suggests that this is fruitful method of inquiry in the relation to practice because participants may engage with the research process at a deeper level when presented with case scenarios.

Third, a similar study that includes professionals from other disciplines who are involved with older people who are abused would enable an examination of whether there are differences in perceptions, and types and use of knowledge, and if so, whether these alternate ways of making sense of this phenomenon lead to different approaches to addressing the abuse. If differences are found this would engender debate about what constitutes ‘best’ practice, and about how to collectively advance understandings and responses to this issue in ways that benefit older people.

Fourth, this study focussed on social workers’ understandings of and responses to abuse and therefore the views of older people were not included. This focus was determined because the literature reviewed in chapter four indicates that how professionals conceptualise phenomena will guide their actions. Seeking to understanding the knowledge-practice interface was the central purpose of the research question. Exploring how older people themselves conceptualise abuse is however, warranted. Taylor et al. (2014) have already begun to explore abuse from this perspective. This methodological approach presents an on-going focus for future research where older peoples’ views about abuse in this and other contexts can be explored. Such research would provide a unique and highly relevant perspective on the issue in specific contexts and would contribute to the overall knowledge base for practice. It would also enable the voices of older people to be heard and appreciated and for their experiences to be recognised as legitimate knowledge.

Research that focusses on older peoples’ views on abuse could be extended to include their experience of social work practice in situations of abuse and/or service systems more generally. Findings from this research would not only provide insights into the issue of abuse from an older person’s perspective, but would provide an opportunity for the profession (and other professions) to reflect on practice and, with older people, to revise, if necessary, their practices. It would also enable, as noted earlier, older people to be heard or accurately represented in policy arenas. The extent to which older people are included in either of these domains does not appear to have been explored in the Aotearoa/New Zealand context to date.
Fifth, research that explores how social work students, graduates and educators perceive old age and practice with older people would seem useful given the apparent reluctance of social work students to choose a career in the aged care sector (Tompkins & Rosen, 2013; Wang & Chonody, 2013), and the inherent acceptance of ageist attitudes evident in this and other studies (see: chapter three). A research study that examines perceptions of these groups may help to clarify the nature and extent of this reluctance, and to explore ways that these barriers can be overcome. Such research would contribute to ensuring that an appropriately qualified and committed social work workforce is available to respond to the needs of older people in the context of population ageing.

Finally, an exploratory study that examines the extent to which social workers remain engaged with the ethics, values and principles of the profession would seem prudent given the findings in this and other studies (Beddoe, 2011; Marston & McDonald, 2012; McCoyd et al., 2013; Scholar et al., 2014). Any such research would be applicable more generally to the social work profession. This current study suggests that many social workers may find applying professional knowledge and values difficult in the face of other, usually organisational and policy priorities, and the diverse, dispersed and disparate settings in which practice occurs. Research in this area will assist in identifying the challenges that might prevent social workers from drawing on, articulating and applying a broad range of social work knowledge, skills and the principles of the profession, in practice. It could also explore strategies to support social workers to purposefully practise in ways that reflect the principles of the profession.

Reconceptualised model of practice

The model presented in Figure seven (below) has been developed through close examination of the literature and the analysis of the data generated in this thesis. It is a model that represents the researcher’s insights into social work practice with older people who are abused, and one that echoes the practice of a few participants in this study. It also reflects the views of Harbison et al. (2012). These authors suggest elder abuse may be a number of different issues. They argue that a single definition cannot accurately encapsulate the nature of abuse experienced by older people and that efforts to define abuse in the context of ageing may be unproductive. The researcher
argues here that abuse in later life is best viewed through an abuse rather than an ageing lens, and that a diverse array of knowledge needs to be applied to practice if we are to continue to develop our knowledge and address the range of issues that may be implied by the term ‘elder abuse’.
Figure 8: Reconceptualised model of practice
This model is premised on a professional, critical, ethical and rights-based approach to practice where the context of the older person and the broader socio-cultural-historic-economic-political context in which abuse and practice occurs are placed at the forefront. The model suggests removing ‘elder’ as an organising principle for understanding abuse in later life so that the focus is on the abuse, and the micro, meso and macro contexts in which it happens, rather than on notions about what it is to be old and on the subjective understandings of harm and the quality of relationships. Approaching abuse in later life from this perspective will help to reframe perceptions of ageing from one that views older people as burdensome, to a view that acknowledges older people as citizens with responsibilities, rights and choices.

This framework will facilitate a social work approach that explores a range of alternate explanations for the abuse and options to address it, makes visible the professional responsibility for social workers to be well-informed and skilled so that they can competently speak up about discriminatory and oppressive practices and policies, and to reassert the obligation for social workers to instigate and/or be involved in politicising and debating the issue of abuse in later life based on notions of citizenship rather than age.

The model highlights that practice in the area of abuse is complex and that there are many ways abuse can be conceptualised. This suggests that social workers need to be life-long learners who are knowledgeable, articulate, flexible, agile and creative, and self-confident and professionally and ethically competent. Social workers with this approach to the kete/basket of knowledge available for practice, and who demonstrate these skills, will be in a position to facilitate older people’s participation in discussions and decision-making processes, so that social work practice utilises a partnership approach that directs interventions to what the older person considers to be appropriate, or their likely wishes if capacity is an issue.

This model also provides a framework for social workers to assert a social work approach within the context of organisational practices that may restrict opportunities to utilise knowledge and skills beyond a more focussed set of understandings about the proficiencies social workers are required to demonstrate in order to fulfil organisational and policy expectations. The challenges involved are not underestimated but this model of practice makes visible that professional principles
underpin practice with older people who are abused. These principles enable social workers to overtly explore (and articulate) the complex forces that influence the way they, and others (including older people themselves), make sense of and respond to abuse, and how these factors impact on work with, and outcomes for, older people. This model suggests that critically reflective practitioners will be better equipped as social workers to work in an ethical, nuanced, socially just and politicised way that better safeguards older people’s entitlements, opportunities, and legal and social rights when they are abused, and to build knowledge of and for practice.

Conclusion

Reconceptualising ‘elder abuse’ as abuse in later life opens up opportunities to think about, talk about, and respond to abuse involving older people in different ways. It widens the knowledge-net by providing alternative lens through which the abuse can be examined. This will enable understandings of abuse to incorporate a diverse array of perspectives and theories (ones that focus on factors beyond that of ageing) that can help to discern different explanations that may account for different circumstances of, and in which, abuse occurs. These perspectives will offer frameworks that can render ageist attitudes, policies and practices visible and open to challenge, and that point to a variety of potential responses that may be appropriate in specific circumstances.

The final words are those of Melissa. In this excerpt she captures the essence of this framework. Melissa expects, as a social worker, to be knowledgeable, responsive and focussed on the person. She suggests that the issue of abuse in later life is complex, uncertain and fraught and thus she advocates for practice that is rights-based, inclusive, just and open.

it’s … to do with the preservation of [the older person’s] rights … [and] ascertaining their level of competency … you have got to listen to them because they are [the] … masters of their own fate … you can't just wipe that … the issue [needs to be] addressed fairly and honestly … it’s … about respect … politeness … common courtesy … I’m not saying that that’s easy peasy … I’m saying that’s actually big … [and] we have to be very careful [and] transparent.
References


Development, Innovation and Change in Professional Education (pp. 21-45). Gloucestershire, UK: Springer Science and Business Media.


Appendix 1: Interview Schedule

1. Can you talk about your own practice in relation to working with older people who are abused?
2. What has been your experience in this field?
3. Can you tell me what have been the most challenging experience in terms of your practice with older people who have been abused?
4. What made it challenging?
5. Can you tell me what have been the most positive experience in terms of your practice with older people who are abused?
6. What made it positive?
7. What is your understanding of elder abuse?
8. How does this differ from other forms of abuse?
9. What do you take into account when deciding whether a situation is one of abuse?
10. What do you consider in deciding whether to intervene?
11. What do you think causes elder abuse to happen?
12. How do you think elder abuse might best be addressed?

Prompts
- Can you give me another example...
- Tell me more about...
- How does this compare with...
- How often does this happen?
- I don’t understand can you ....
- When?, How?, What do you think......, Can you tell me about....., Why do you think .....
Appendix 2: Participant Information Sheet

Study Title: How do social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse.

What this study is about
This study aims to contribute to social work practice development in Aotearoa New Zealand by exploring the factors which inform practitioners as they grapple with the issue of elder abuse in their daily practice. This study is not intended to evaluate individual practice; rather it seeks to extend understanding of this phenomenon by drawing on the collective insights offered by participants. In so doing it is anticipated that general principles of practice will emerge; principles which will benefit practitioners, the organisations in which they are employed, policy makers and older people who experience abuse.

Ethical Approval
This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s guidelines. You are of course, free to discuss your participation in this study with the project staff contactable on the following:

- Glynnis Brook on (03) 940 482 or brookg@cpit.ac.nz
- Associate Professor Cheryl Tilse (Principal Supervisor) on 00 61 73365 3341 or c.tilse@uq.edu.au
- Professor Jill Wilson wilsonj@uq.edu.au

If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 00 61 73365 3924.

Criteria for participation
In order to participate in this study, you will need to:
1. Hold a recognised social work qualification in Aotearoa New Zealand as determined by the Social Workers Registration Board’s (SWRB) published list of accredited qualifications and
2. Have at least two (2) years post graduate experience reflecting the ‘sufficient practice’ guidelines for registration and
3. Are currently employed as a frontline practitioner in a setting which include working with abused elders

Right to withdraw
If you agree to participate then change your mind you have the right to withdraw at any time with without any question or penalty or prejudice and with identifiable data removed.

What you will have to do
If you agree to participate in this study, you will be asked to meet with Glynnis Brook for three separate interviews over a period of time. The first introductory interview is estimated to take ¾ to 1 hour; the second more in-depth interview 1 to 1½ hours and the third and final participant checking in interview about ½ hour.
The interviews will take place at a time and place convenient to you with interviews 1 and 2 being audio taped recorded with your permission. The first interview will ask
you about your experience of elder abuse work, what you think contributes to abuse of elders and what you think needs to be done to address the issue. An analysis of all data collected during the first interview set will be collated with this pooled data
used to inform the specific questions for the second interview. The second interview will provide an opportunity for an in-depth exploration of the ideas and issues which emerged from the initial interviews. This will involve further discussion with you and introducing you to some scenarios which, while fictitious, will be cases you are likely to find recognisable from your practice experience. These scenarios will form the basis of a discussion about how you would make sense of these situations and what you think is the likely intervention strategies appropriate in these sets of circumstances. The final interview will provide you with an opportunity to review the data and the interpretations drawn. You will have an opportunity to reflect on the interpretations made and to add any additional comments relating to the interpretations you feel important. It is not intended that this be audio taped. With your permission hand written notes to be recorded and available to you if additional interesting and relevant ideas are generated during this discussion.

Analysis
It is intended that all audio taped interviews will be transcribed verbatim by the researcher with assistance from a professional transcription services if required. All data will be de-identified to ensure confidentiality. It is intended that the Nvivo software package will be used to help organise data for analysis. A collective analysis of this data will be available to participants for phase two and three of the interview process. The research supervisors will review a selection of audio tapes and the corresponding transcriptions to ensure consistency and accuracy and to confirm that no relevant data has been excluded. In addition, an audit trail of decisions made in relation to coding and interpretations will be kept and reviewed by the research team.

Information on the progress of the study
During phase two and three you will receive feedback on the progress of the study. At the beginning of phase two you will be provided with a verbal collective overview of the data collected to this point including the general themes and issues which have emerged and how these have formed the questions for the second interview. The final interview will enable you to check the analysis of the data and you will be invited to comment on the analysis and findings. When the thesis is complete a copy of the summary of findings will be sent to you along with details of where you may access the full document when it is available.

Are there any risks in participating?
There should be little risk to you if you choose to participate in this research. It is possible that you might reflect on your practice with abused elders and consider that alternative interventions might have been possible. Any discussion and feedback stemming from these reflections will be raised in a way that supports you to reflect on your practice and highlights opportunities for your on-going professional development. You will be able to review and consider the contributions and the interpretations drawn as the study progresses and you can indicate any part of the interpretation you recognise as your data that you do not wish to be used. In this event the data will be withdrawn without question. No specifics will be reported regarding your gender,
location, age etc where it is likely that anonymity will be compromised and in other circumstance you will only be known by the pseudonym you select.

**Participant rights**

If you take part in this study, you have the right to:

- Be fully informed of the aims and purpose of the study and the commitment that you are making if you agree to participate
- Ask any further questions about the study that occur to you
- Assert your ongoing willingness to continue to participate prior to each phase of the data collection
- Decide on a pseudonym which will represent your views in a confidential way. Alternatively, if you wish you may select your own name to be used in the write up the study. In so selecting you are waiving your right to total confidentiality. This choice rests solely with you and you will be able to indicate your choice on the consent form (see enclosed).
- Provide information on the understanding that it is completely confidential to the researcher and her supervisors and that the data will be de-identified during the transcription process
- Refuse to answer any particular question(s) if you choose
- Withdraw from the study at any time with without any question, penalty or prejudice and with identifiable data removed
- Examine and review the collective interpretations of the data and to indicate any part of the interpretation you recognise as your data that you do not wish to be used
- Be given access to the findings of the study when it is completed and published
- Determine the disposal of the interview tapes relating to your contribution to the research. You will be able to decide whether you wish the tapes made with you to be returned to you to dispose of as you see fit or to authorise the researcher to dispose of these on your behalf in a way which ensures confidentiality.
- Contact the research supervisors should you have any concerns, questions or comments in relation to this study

**Who can I contact if I have further questions about this research?**

The principle researcher is Glynnis Brook who is the Manager of Human Services in the School of Nursing and Human Services at Christchurch Polytechnic Institute of Technology. Glynnis is a Member of the Aotearoa New Zealand Association of Social Workers and a Registered Social Worker. Glynnis is enrolled in a PhD with the School of Social Work and Human Services, University of Queensland, Brisbane Australia. Professor Jill Wilson and Associate Professor Cheryl Tilse are supervising this research on behalf of the University of Queensland and are available to answer any questions you might have.

Thank you for considering participating in this research.

Glynnis Brook
Appendix 3: Gatekeeper Consent Form

Study Title: How do social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse.

By endorsing this study and enabling the researcher to advertise for participants through our Association, we are confirmed that the following documents have been reviewed and read; the:

- participant information sheet
- participant consent form
- interview schedule
- advertisement for participants

We have read and accept the assurances listed in the information sheet regarding the study, including confirmation of ethics approval given by one of the human ethics committees of the University of Queensland. We agree on this basis to publish the advertisement seeking participants.

(Organisation)……………………………………………………………………………… consents to support the request to publish an advertisement in our newsletter for the purpose of seeking participants for the research project: How do social work practitioners in Aotearoa New Zealand make sense of and respond to elder abuse.

Signed:

Date:

Witnessed by:

Date:
Appendix 4: Gate Keeper Letter

Date 5 April 2010

ANAZASW
Christchurch

Dear

Re: Research study: How do social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse

My name is Glynnis Brook. I am the Manager of Human Services in the School of Nursing and Human Services, Christchurch Polytechnic Institute of Technology and a PhD candidate with the School of Social Work and Human Services, The University of Queensland, Brisbane Australia. I am interested in exploring how social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse. The aim of this study is to contribute to social work practice development in Aotearoa New Zealand by exploring the factors which inform practitioners as they grapple with the issue of elder abuse in their daily practice. This study is not intended to evaluate individual practice or particular organisations responses to elder abuse; rather it seeks to extend our understanding of this phenomenon by drawing on the collective insights offered by participants. In so doing it is anticipated that general principles of practice will emerge; principles which will benefit practitioners, the organisations in which they are employed, policy makers and older people who experience abuse.

I am seeking your associations support by requesting that you publish the attached advertisement (Appendix 1) in your newsletter. This advertisement seeks to recruit social work practitioner interested in participating in this research study. This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s guidelines. You are of course, free to discuss your participation in this study with the project staff contactable on the following:

- Glynnis Brook on (03) 940 482 or brookg@cpit.ac.nz
- Associate Professor Cheryl Tilse (Principal Supervisor) on 00 61 73365 3341 or c.tilse@uq.edu.au
- Professor Jill Wilson wilsonj@uq.edu.au.

If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 00 61 73365 3924.

I have attached for your information a copy of the participant information sheet, which will be sent to potential participants (Appendix 3). This provides further details for the study. In addition a copy of the interview schedule is attached for your information. (Appendix 6).

There is limited anticipated risk to practitioners who choose to participate in this research. It is possible that they may reflect on their practice with abused elders and consider that alternative interventions might have been possible. Any discussion and feedback stemming from these reflections will be raised in a way that supports the
practitioner to reflect on their practice and highlights opportunities for their on-going professional development.

Thank you for taking the time to consider this request. If you have any further questions about this research please feel free to contact me or Professor Jill Wilson and/or Associate Professor Cheryl Tilse who are supervising this research on behalf of the University of Queensland. All contact details are noted below. If you are happy to support this study, please complete the attached consent form and return this to Glynnis Brook on the address below.

Regards

Glynnis Brook

<table>
<thead>
<tr>
<th>Glynnis Brook</th>
<th>Associate Professor Cheryl Tilse (Principal Supervisor)</th>
<th>Professor Jill Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager Human Services, School of Nursing and Human Services, CPIT, Christchurch</td>
<td>School of Social Work and Human Services, University of Queensland, Brisbane, Australia</td>
<td>School of Social Work and Human Services, University of Queensland, Brisbane, Australia</td>
</tr>
<tr>
<td>(03) 940 482 <a href="mailto:brookg@cpit.ac.nz">brookg@cpit.ac.nz</a></td>
<td>0061 73365 3341 Fax 00 61 73365 1788 <a href="mailto:c.tilse@uq.edu.au">c.tilse@uq.edu.au</a></td>
<td><a href="mailto:wilsonj@uq.ac.au">wilsonj@uq.ac.au</a></td>
</tr>
</tbody>
</table>
Appendix 5: Advertisement

Are you a social worker who works with older people? If yes and if you ..........

Hold a recognised social work qualification in Aotearoa New Zealand and

Have at least two (2) years post graduate experience and

Are currently employed as a frontline practitioner in a setting which includes working with abused elders...

Then I am interested in talking with you about...

The possibility of you participating in a PhD research study seeking to explore how social work practitioners in Aotearoa New Zealand make sense of and respond to elder abuse.

It is not intended that individual practice is evaluated; rather I am interested in hearing the collective insights and wisdom of participants such as you, in order that general principles of practice can emerge. It is expected that this research will benefit you in your practice as well as the organisations you are employed by, policy makers who make decisions about guidelines for practice and older people who experience abuse.

This research is supported by the School of Social Work and Human Services, the University of Queensland, Brisbane, Australia where I am enrolled. The supervisors for this study are Associate Professor Cheryl Tilse and Professor Jill Wilson. The Behavioural and Social Sciences Ethical Review Committee (BSSERC) of the University of Queensland has reviewed and approved this research study.

If you are interested in discussing this further, please call or email me on ........
Look forward to talking with you to provide you with more details so that you can make an informed decision about whether you would like to participate.

Glynnis Brook (MANZASW, RSW)
PhD Candidate, School of Social Work and Human Services
University of Queensland, Brisbane Australia.

Aotearoa New Zealand contact
School of Nursing and Human Services
Christchurch Polytechnic Institute of Technology
Christchurch New Zealand
(03) 940 8482 or brookg@cpit.ac.nz
Appendix 6: Ethics Clearance

THE UNIVERSITY OF QUEENSLAND
Institutional Approval Form For Experiments On Humans
Including Behavioural Research

Chief Investigator: Ms Glynnis Brook
Project Title: How Do Social Work Practitioners In Aotearoa New Zealand Report They Make Sense Of And Respond To Elder Abuse
Supervisor: A/Prof Cheryl Tilse, Professor Jill Wilson
Co-Investigator(s): None
Department(s): School of Social Work and Human Services
Project Number: 201000060
Granting Agency/Degree: PhD
Duration: 31st December 2015

Comments:

Name of responsible Committee:-
Behavioural & Social Sciences Ethical Review Committee
This project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research and complies with the regulations governing experimentation on humans.

Name of Ethics Committee representative:-
Dr Jack Broerse
Chairperson
Behavioural & Social Sciences Ethical Review Committee

Date 23/02/10 Signature

256
Appendix 7: Participant Consent Form

Study Title: How do social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse.

To participate in this research, you are required to confirm that you have read and agreed to the following. This document will be reviewed prior to each phase of the interview process and at any time you wish it to be reviewed. Please read this carefully and in conjunction with the Participant Information Sheet. If you are agreeable please complete the form and hand it to Glynnis Brook, Principal Researcher. A signed copy of this consent form will be provided to you on request.

I ……………………………………………………………………………………. consent to participate in the research project: How do social work practitioners in Aotearoa New Zealand make sense of and respond to elder abuse.

I have read the information sheet and understand and agree to participate in three separate interviews over a period of time at a time and place convenient to me. I agree to have the first two (2) interviews audio taped recorded, and for hand written notes to be recorded during the final interview.

I accept the assurances listed in the information sheet regarding my rights as a participant. These are that I agree that I have the right to:

- Be fully informed of the aims and purpose of the study and the commitment that I am making if I agree to participate
- Ask any further questions about the study that occur to me
- Assert my ongoing willingness to continue to participate prior to each phase of the data collection
- Decide on a pseudonym or to use my own name to represent my views in a confidential way or I have indicated below that I wish my own name to be used in the write up of this study, thereby waiving my right to total confidentiality (as indicated below).
- Provide information on the understanding that it is completely confidential to the researcher and her supervisors and that the data will be de-identified during the transcription process
- Refuse to answer any particular question(s) if I choose
- Withdraw from the study at any time with identifiable data removed and without any question, penalty or prejudice.
- Examine and review the collective interpretations of the data and to indicate any part of the interpretation I recognise as my data that I do not wish to be used
- Be given access to the findings of the study when it is completed and published
- Determine the disposal of the interview tapes relating to my contribution to the research by deciding whether I wish the tapes made with the researcher be returned to me for me to dispose of as I see fit or to authorise the researcher to dispose of these on my behalf in a way which ensures confidentiality (as indicated below).
- Contact the research supervisors should I have any concerns, questions or comments in relation to this study.
I give my permission for Glynnis Brook to use the information gained in any publication she may write where only the pseudonym I have selected to represent my views is used to ensure that I will not be able to be identified.

Please complete the following section, sign and date the consent form.

**Section A:**
For the purpose of reporting my views for this study:
I wish a pseudonym to be used in the write up of this study and select the following [ ]
I wish my own name ……………………………… to be used in the write up of this study
thereby waiving my right to total confidentiality.

**Section B:**
I wish the tapes made with me to be returned to me so I can dispose of them as I see fit [ ]
I authorise the researcher to dispose of the tapes made with me in a manner that ensures my confidentiality [ ]

Signed: __________________________
Date: __________________________
Witnessed by: __________________________
Date: __________________________
Appendix 8: Acknowledgement of Withdrawal Letter

Date
Address

Dear

Re: Research study: How do social work practitioners in Aotearoa New Zealand report they make sense of and respond to elder abuse

This letter acknowledges your request to withdraw from the research project: How do social work practitioners in Aotearoa New Zealand make sense of and respond to elder abuse. In choosing to withdraw, you do so without penalty or question. I can confirm that following your notification that you wish to withdraw, all information provided by you has been deleted. This includes:

- Audio tapes of your interview
- Transcripts of your interviews – hard and electronic copies (including backup)
- Consent forms
- Data base records of your involvement
- Gatekeeper permission/support documentation pertaining to you
- Your selected pseudonym

If you have any concerns about the withdrawal process or the research process in general, please feel free to contact myself or my supervisors as noted below.

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Regards
Glynnis Brook  
Principal Researcher