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**'Elder Abuse' -
a feminist analysis of older women's experiences and
professional constructs**

Hazel Morbey

**A dissertation submitted to the University of Bristol in accordance with the requirements of
the degree of Doctor of Philosophy in the Faculty of Social Sciences.
School for Policy Studies
February 1999**

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Abstract

There have been a number of approaches to understanding the phenomenon of ‘elder abuse’ in the UK. To date, however, specifically feminist perspectives are largely absent from its developing discourse. This is also the case for research that focuses on older people as the primary informants about this issue. The Doctoral research addressed these neglected areas. Feminist theories and methodologies are used to underpin the research in order to understand ‘elder abuse’ as a socially constructed problem. Feminist theories are used to prioritise the hidden needs and voices of older women, and in order to raise appropriate policy recommendations.

Focus group methodology and feminist principles are shown to be particularly compatible for research with older women, and they have been used as the approaches best suited to gather their general views about ‘elder abuse’. As a research method which enhances participation, focus groups are also a particularly appropriate method as a potentially empowering means of addressing sensitive research issues with groups of people who might feel they have little to say.

In addition to the substantive area of this thesis I recognise research as a social product and process. Consequently, I have argued the need for this to be explicitly recognised in accounts of social research. By opening up researcher values to scrutiny I have attempted to present a critical, self reflexive and honest account of my work. A balance has been aimed at whereby the sections of this thesis are reviewed by way of commentaries which appear throughout its length. In this vein, this thesis begins with a personal story which connects me to the issue of ‘elder abuse’ and which has been highly influential in raising the questions I have asked of it.

for my mother Jill Pickup

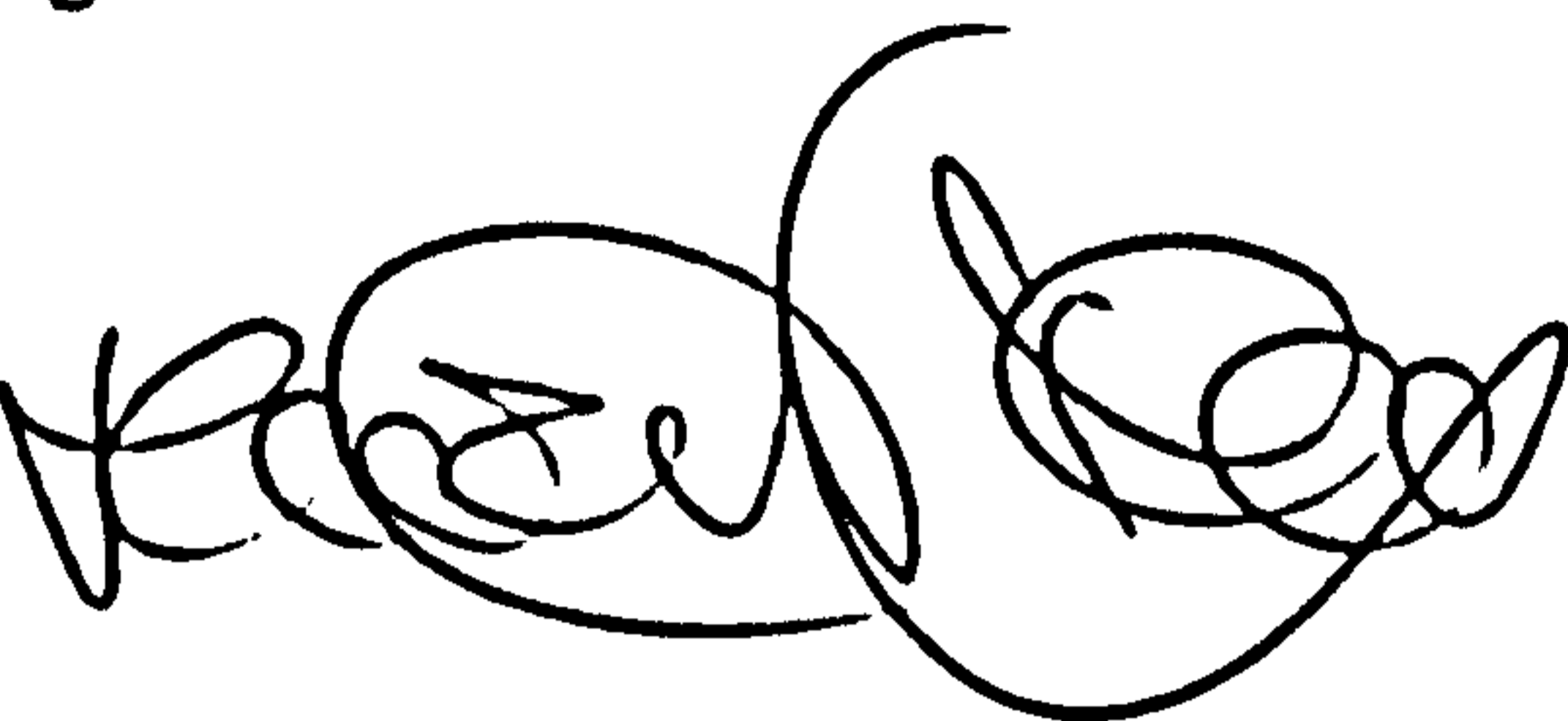
This work, like most others, is the product of so many different individuals' contributions. Some of those contributions have been central to the research itself. In this respect the study is ultimately shaped by the older women who agreed to participate in it. I am enormously grateful to all of them for having taken part and for having shown me so much. Also central to the research and to the development of my thesis have been my supervisors Dr Lyn Harrison and Dr Robin Means. While they have offered thoughtful and constructive comments throughout the duration of my research, they have at the same time given me the space I have needed to follow my own directions and interests. In addition, I would like to thank Angela Torrington for the transcription of the audiotaped interview material, and Isabella Aborderin and Rachel Kendall for their assistance in some of the focus groups. Jean Rath has been a (near constant) source of relentless postmodern critique/support/distraction! Sarah Hill gave invaluable feedback on the final draft thesis. Ros Asquith gave her kind permission to reproduce the cartoon in Appendix VI. Funding was made available through a University of Bristol scholarship.

Of equal importance to this research are those who have beavered at the sidelines and whose energies and interest have led to the realisation of my Doctoral thesis. Jill and Kim Pickup have always appeared to believe completion to be possible (although wondered at times when it would come), and have maintained support and encouragement, as well as practical assistance. Wendy Ganly has given practical help too, during the crucial stage of writing up. I am particularly indebted though to John Ganly. From meagre first drafts, through to final product, his unquestioning and more than considerable (political!) support has been vital. Appendix VI is dedicated to him. Laurie Morbey (two and a half), has unknowingly been very, very patient and inspirational.

In the sense that I believe that the University of Bristol requires it, I declare that this thesis is entirely my own work. The views expressed in it are my own and not those of the University.

The dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

SIGNED.

A handwritten signature in black ink, consisting of several loops and flourishes, positioned to the right of the word 'SIGNED.'

DATE: 27 / 7 / 99

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Dedication

Section 1
reflexive stories

Commentary 1

'reflexive stories'

Remembering My Granny

We had arrived as expected at my grandparents' home by 9.30 p.m. Expected that is, by my grandfather who had remembered our visit. My grandmother, on the other hand, had long since ceased to recall our plans, despite constant reminders from my grandfather that her daughter (my mother), my step-father and I were coming to stay. We all knew that this was likely to be the case. What we did not anticipate, however, were the consequences of her failing memory on this occasion.

By the time we finished our journey and pulled up in the drive, darkness had fallen, and with it my grandmother's body-clock had told her it was time to go to bed. Despite reminders of our imminent arrival, she could not be persuaded to wait up. After all, why wait up for something you have forgotten is about to happen? We quietly locked up the car and entered the house so as not to disturb her, and my grandfather confirmed she had been unable to wait and was now asleep. However, as we sat down for a cup of tea in the dining room after our long journey, we heard my grandmother moving in the room next door. This room, their lounge, doubled as their main day space and bedroom now, since my grandparents had moved to the downstairs of the house a few years previously following my grandmother's heart attack. She had no longer felt safe negotiating the open, wooden stairway. My grandfather had joined her to share a bedroom for the first time in 20 years.

As all four of us sat drinking tea around the table with my grandfather, we could see through an adjoining hatch that my grandmother had walked through into the kitchen. She had not spoken as she passed our doorway. I noticed she was shaking as she started to move things around in the kitchen in a rather agitated way. It quickly became

apparent that her shaking was charged by anger. After just a few seconds she could contain herself no longer and she swept round to face us through the hatch, spitting out words of fury at my grandfather for his deception and despicable behaviour. Such was her rage she could barely speak the words she threw at him, which declared that she knew what he was up to; she could not bear to be near a man who was so disgusting to his wife. In the muddle and rush of the tirade, we gathered that she believed he was planning and plotting against her. Staring at all of us, she added that this was of no surprise to her because she expected it of all of us.

As Granny continued to rant, we tried to quickly recover from the initial shock of the force of her outrage. We tried to reassure her that our presence was not to conspire against her. We also attempted to explain that she had gone to bed and had woken having forgotten about our planned visit, which she had in fact been aware of for a number of days. Granny could not understand or accept this. It was clear she believed that our intentions were to plot against her with my grandfather. It was not clear to what ends we were supposedly plotting.

I did not catch much of the detail of the obscenities, insults and accusations that my grandmother dispensed that night. I became very dazed and frightened within a few minutes of this scene developing, and I remained much the same for the hour and a half that was to follow.

My grandmother's 'tempers' were legendary with adult members of my family (and unfortunate friends, neighbours and passers by who unwittingly came into contact with them). Only on a handful of occasions had she allowed her grandchildren to witness her in the throws of a temper. My mother, however, knew this side of my

grandmother's behaviour of old. She had been subjected to her anger many, many times before. Each episode would instantly transport her back to her childhood and younger adult days, when my grandmother's rantings, and what had been described as her vicious nature, were unleashed upon my mother, her sister and their father. Too numerous to recount, and too painful to understand, these episodes were mostly relegated to the proverbial wardrobe where they remained unspoken secrets. My mother had in fact felt uneasy when we had first arrived at my grandparents' home on the evening in question, to find Granny had gone to bed. Something of experience had told her it would not simply be a case of us arriving without fuss or disturbance.

The power of this unseen yet known about aspect of my grandmother, was imposing and threatening for me. Along with the malicious words and actions, I knew physical violence had often been meted out by her on my grandfather. In the past he had needed hospital treatment following some of her attacks. As I found myself entangled in this volatile and chaotic situation, my mind and feelings split between personal distress and a professional head that was trying to step in, to somehow bring order and calm. My attempts at the latter soon showed themselves to be futile and naive. I was not, of course, in a professional role or setting. As a result I could not hope to command much control over the ensuing chaos. I was a grandchild and daughter, unexpectedly and suddenly caught up in years of family and marital conflict. It was almost as if everybody except me, the newcomer with no part to play, quickly assumed their known roles, and the conflict continued as it had done forever and without any break in time. The conflict was big, unrelenting and terrible, and it now had a new, different dimension; my grandmother's dementia illness.

The pace of the next couple of hours was set by Granny. She remained furious, loud and threatening. She tore from room to room, shouting angry accusations and thoughts at us all. My grandfather was quiet and passive, figuring I think, this to be the best policy. He had, after all, years of experience. On occasions Granny cried. My mother tried to respond to her in various ways. At times, distraught, she sobbed too, only to emerge feeling angry that again she was witnessing scenes between her parents that she had been drawn into for so many years. At other times during the evening my mother was conciliatory, trying to understand how the changes in Granny's mental capacity, (and personality) now affected her behaviour. For the most part though I believe my mother saw the woman she had known for years. Confusion and forgetfulness were not sufficient factors to explain away what she had painfully experienced as a child. She was again torn between a mother who expressed hatred for her, and a father who inappropriately ran to her in tears with every detail of every argument that had ever erupted. My step-father remained concerned for his partner throughout. He, like the rest of us, also fluctuated between trying to bring calm and trying to control our situation. Throughout the scene though he wanted to protect my mother from the onslaught she was once again being subjected to.

Before punches and slaps were thrown by my grandmother, I was acutely aware of the dangers and risks facing all of us in this situation. At one point, for example, I had quickly hidden the large kitchen knife that had been on the table, which Granny had been standing next to as she shouted and swore at us. Both she and my grandfather struggled at times to stay upright, as they jostled and fought. In my mind I saw

broken bones, cuts and bruises; and worse, a further heart attack for my Grandmother.

Events took a turn when we decided that we needed to intervene more assertively. Already Granny had physically attacked my grandfather, thumping and slapping him as he sat hunched in his chair. As we pulled her off him, I was beginning to feel increasingly angry that we should be confronted with this violence, and I stated that we could no longer tolerate it. For this, Granny turned on me for the first time that evening. She belittled me personally, and my professions of nursing and social work (having forgotten, in fact, that I had not been a nurse for some years). As I physically restrained her from hitting my grandfather, she argued that, given my age, it was an audacity that I was interfering; I had no right to be in her home telling her what to do; just because I was a nurse I thought I knew everything. And so it went on, in a ridiculing, spiteful manner.

I was torn between anger and compassion, as I tried to think hard about what to do. Should we try and shock her out of this, argue back, not tolerate her threatening and violent behaviour? Or should we allow this to go on? Hopefully she might burn herself out? Conflicting arguments exploded in my head. I heard statements about women's anger and behaviour being labelled and pathologised. As a feminist I did not believe my grandfather to be blameless for the state of their long-term relationship. I knew something of Granny's unhappiness which resulted in her feeling trapped in her marriage to him. Was this response by my grandmother, now confused and incapacitated, a reaction to years of difficulty with him, and of feeling oppressed and caught? She was right; what right did I have to stop this, to intervene and to stifle her rage?

Alternatively, I tried to listen to the 'professional' voice that competed for attention in my head. I had been in violent situations many times before, whilst working with people with mental health problems. I couldn't accept her violence, but what should I do now? It had been easier before, with teams of fellow nurses, social workers, and with procedures to follow.

Out of the turmoil I believed we should at the very least try and quieten things down and contain the situation. We insisted Granny went into her room where she should stay. My mother, distraught and becoming drained, stayed with her father, while my step-father and I took Granny into her bedroom. He left and I stayed. I took hold of the door handle and prevented Granny from leaving.

She soon gave up trying to go back out of the door. Now it was down to brute force, I was fitter and stronger than she was. As she pushed, scratched and pinched to get me out of the way, she stared at me with fury in her eyes. As I stood firm against the pushing and slapping, and watched her fighting in vain for her freedom, I cried as I realised the awfulness of this scene. I felt ashamed of my actions as I remembered the strength and beauty of this woman who, to her grandchildren in their early years, had epitomised the most perfect of Grannies - generous, happy, adventurous and fun. I remembered her as fit, healthy, six foot and smiling, bronzed by the sun she loved, and clad only in purple and emerald green, her favourite colours. I remembered holidays at this house, picnics on our favourite beaches nearby, dressing up in her beautiful clothes and jewellery, and her watching Top of the Pops with my sister and me and seemingly enjoying every minute. But tonight she mocked and laughed at my tears.

Eventually resigning herself to my physical strength, she moved away and walked to the other end of the room, and we were quiet for a moment. I joined her by her bed, and as we stood facing each other I tried again to calmly explain our arrival and visit. Suddenly, she shoved me away and her heated words began again. I stepped forward, fed up with her bullying, and as I did so she punched me hard. Her sharp blow hit my breast and with it a wave of pain and anger welled up inside me. I pushed my grandmother hard. What I saw appeared in slow motion as she fell backwards onto her bed. She lay for a moment looking up at me, breathless and shaken. Reeling from the shock and with this heavy, horrible scene fixed in my mind, I left the room. This had to stop, and I think she knew it did too.

Granny did not leave her room again that evening. The rest of us discussed whether we should contact her G.P., but as things stayed calmer for longer we decided against it. The quietness continued and we eventually went to bed. My grandfather chose to sleep in a chair in the study so as not to disturb her by going to his bed in their room. Neither did he want to sleep upstairs and therefore leave her alone in their room downstairs. Our night was peaceful except for a brief moment when Granny woke and searched out my grandfather. She was very puzzled that he had not gone to bed and insisted he join her in their bedroom.

In the morning, feeling low and very tired, I surveyed my scratches and bruises before heading for the kitchen. As I made my way down, Granny greeted me at the bottom of the stairs, smiling broadly, and looking puzzled but vaguely amused, asking "When on earth did you arrive?"

It appeared, as we sat drinking tea outside in the bright sunshine of this lovely summer morning, that for her the events of the previous evening had disappeared into the fog of memories that dementia now stripped from her. This morning Granny wore a long-sleeved jumper, unheard of for the woman who adored the warmth and sunshine. Now and again, as her sleeves rolled up, we saw deeply bruised arms, the result of our attempts at restraining and protecting the night before. In her puzzlement and confusion she questioned how they had come to look like this. She could not remember.

Chapter 1

Starting with a Story

The work presented in this thesis is more than the title suggests. It is more than the theoretical and empirical work it contains, more than the older women's voices and stories that are heard within it, more than the research training a Doctorate is designed to be, and more than my personal experience as the social researcher who has undertaken it. It is all of these things, and probably more besides.

As a way of trying to maintain a view of this study as multi-dimensional I have introduced this thesis by introducing myself through a story, or rather one small, but nonetheless deeply significant event that connects me to the problem of 'elder abuse'. Later in this chapter I return to my story about the night that I have spoken about in *'Remembering My Grammy'*. I will relate how the incident with my grandmother resonated with me because the experience encapsulated some of the issues I have been confronted with as a feminist researching 'elder abuse'. I will also explain how I have seen this story as providing me with a 'way in' to the written representation of my research. First however, I want to take some time to discuss why it has been important for me to approach my study in this way.

I have been determined (as much as I have found it possible to be) to offer an explicit personal connection to my work by reporting on this at different times in the thesis. Some writers might argue that more could have been done, but other academics would say too much is indulged here. Not everyone in academia is comfortable with attempts at reflexive forms of accounting for social research (Cotterill & Ramsay, 1997). Indeed, some have been openly hostile. Day (1993) referred to Cotterill & Letherbys' 1993 contribution as 'grossly self-indulgent' and 'sickly self-advertisement'. However, following an emerging feature of feminist work I am committed to presenting a more personal, and less 'hygienic' account, of my research and of reflexive processes throughout this work (for examples in this vein see Cotterill & Letherby 1993, 1994, 1997 & Letherby & Cotterill undated; Edwards & Ribbens 1998; Iantaffi 1996; Maynard & Purvis 1994; Rath 1996; Shakespeare et al 1993; Sollie & Leslie 1994; Standing 1998; and Ussher 1991). I have managed these accounts by organising them in three commentaries (distinguished by this font) that are found distributed throughout the thesis.

Early on in my experience of doctoral research I took issue with what Stanley and Wise (1983) term the "hygienic" representation of research, where problems and emotional

connections to the work are written out, and therefore are not common, visible features of social research. I did not take issue with it through coming to some clear assessment of its inadequacies, but rather through a gradual dawning that the sleek, rigorous, problem and value-free activity of research, as it is mostly presented, did not connect with how I began to *feel* about the research that I was undertaking and the representation of it that I wanted to offer.

How I began to feel, I am sure, was to a large extent prompted by my immersion in a topic concerned with abuse, violence and oppression. Why would one chose to delve into these unpleasant relations if it were not for some motivation instigated and driven through a personal interest and connection to the area? This was particularly brought home to me through reading a conference paper by Letherby and Ramsay (1994), the title of which pointedly asked '*So Why Are You Doing This Project?*'.

In 'finding' reflexivity it could be argued that in the early days of my study I was responding to a particular fashion in research that saw this approach re-emerging as a popular focal point for social researchers. This is noted by Hoggett et al (1994), and indeed, those references which I cite above that have been especially pertinent to me are from the 1990's. However, feminist writers have certainly explored this area for some time (classically Oakley, 1981; Finch, 1984; Stanley & Wise 1983). In addition, we should not overlook other significant works which developed ideas of critical reflexivity in the earlier sociological thinking about the nature of social experiences, understandings, interpretations and meanings. For example, Achenbaum (1997) uses critical theories from the Frankfurt School to explore its approach to self-reflexivity in developing critical gerontology.

My interest in self-reflexive thinking coincided with my attendance at a joint British Sociological Association and Economic and Social Research Council summer school in the first year of my studies. Here reflexivity was *the* theme and focus of the week. At this venue there seemed to be a demand for this form of rigour and honesty in researchers' work. There appeared to be a belief held by the post-graduate researchers who attended that a traditional scientific format to research provided places for researchers to hide, from both the troublesome (challenging) aspects of their work and themselves. At this summer school we agreed that in opening up one's research to critical self scrutiny it could be strengthened and enhanced.

Fashion or not, the summer school experience was important for me because it spoke to my developing perspective of my research being, as I noted in my opening paragraph, something more than the theory, methods, data and 'findings' of research. Many questions had already presented themselves to me as requiring answers. For example, in terms of a personal connection to my work I asked, Did I have one?, If I did, then what was it? How could I make sense of it? Indeed, should I try to? If I were to acknowledge this dimension, how was I to deal with it? What was the value in doing so? And ultimately, would I face any risks in pursuing this approach when the norms of Doctoral research and writing were set in accordance with time honoured, institutionalised criteria and standards? From these early questions I have moved to a position of feeling confident in claiming a validity in paying attention to the importance of personal connections and influences on research, and in presenting a reflexive account of Doctoral study. Also of importance is a factor pointed out by Leslie and Sollie (1994):

... we hope that integrating the histories, values, struggles, and choices of each researcher into the telling of [the] research story will not only illuminate the impact of feminist thought on current empirical knowledge but also serve as a guide for those attempting to conduct feminist research. (Leslie & Sollie 1994, p3)

It is necessary for me to expand on my use of the notion of reflexivity for this thesis. I can identify two ways in which I use the term. First, as a means of examining and talking about the processes of research and second, to explore the researcher's position or connection to the research that they are engaged in. The following two quotes summarise both the idea of the concept and its importance, as I have come to understand it:

One of the enduring paradoxes of the social sciences concerns its reluctance to turn critical methods of social enquiry upon the practice of social enquiry itself. (Hoggett, Jeffers & Harrison, 1994, p59)

We as researchers construct that which we claim to 'find' ... my research is in no way existent apart from my involvement in it - it is not 'out there'. (Steier, 1991 p1)

These quotes reflect three important dimensions to thinking reflexively about social science research. These might also be thought of as prescriptions for research. The first, calls for a critical awareness and analysis to be turned upon the very activity of social research. In this

way the notion of reflexivity acts as a critique upon a traditional, objectivist view of research which argues for a reality that may be understood if distance and scientific method are maintained. It would also claim that there exists, apart from the knower (that is, detached from) collectable, observable phenomenon that can be explained. There is an assumption in this paradigm of researcher contamination and bias of 'the facts' if measures to undertake 'observer-free' research are not an integral part of the research design. Or, as Gergen & Gergen (1991) rather critically state, researchers working within this model believe that "... with proper caution scientists can safely avoid disfiguring the picture of nature with their own fingerprints" (p76). This suggestion is connected to the next issue which was raised by the two specific quotes used earlier. It highlights the knower's relationship to what s/he seeks to understand.

This second dimension to reflexivity concerns the positioning of the researcher in the research project. By this it is recognised that the researcher is both an inquirer of her or his world and a participant in it. This idea therefore asserts that the researcher and the research process are inexorably linked. Remembering the earlier quote by Steier (1991) here I am arguing for there being no significant independence of the researcher from the research. What the research is, shall be, or will 'find' is socially constructed in a process that is occupied by researcher and participants alike.

If social scientists develop a perspective which recognises the constructed nature of understanding our social world, then the principles of such a position must be turned upon themselves. So, as we recognise construction, we construct as we do so! We become central to a circular process whereby, there is a "turning-back of one's experience upon oneself" - which was G. H. Mead's description of reflexivity in his work of the 1960's (quoted in Steier, 1991).

If we accept and pursue this constructionist perspective we must then, in turn, accept that in saying something about the subjects or objects of our research, we are in fact saying something about ourselves as well. As Steier suggests we tell stories about ourselves through our research. Or, we tell our stories as well as those of the 'others' we research. I gradually came to hold this belief about my work over the first two years of the study. I was therefore quite taken aback when flicking through my research journal one day much later,

(which I had started on day one) to find written on the inside cover '*A Story - My Story*'. I remember having written this, and at the time wondering why I had.

This brings me to the third dimension of reflexivity that I have identified for my work. There is an overwhelming tendency for written representations of research to be devoid of its person-ality. Reflexive ways of working enable accounts of social research to reflect the nature and experience of pursuing such research. That is, through offering non-clincised accounts that give reflections and presentations of research that expose 'problems', unexpected changes, disasters as well as the successes and expected plans and outcomes for the research.

The vast majority of social research does not reflect the actuality of research as it is or was perceived by the researchers involved. Most accounts give a view of the process as having been sequential, linear and unproblematic. The work appears to have progressed from one phase to the next without hitch or disaster, or, for example, without a fundamental rethinking of the project if this has been the case. All of us know that the challenges of undertaking social research are substantial. While not all projects go horribly wrong, all surely present unexpected and/or frustrating difficulties at times for the researchers whether they work in teams or alone.

An interesting question results if we pursue reflexive ideas around the positioning of the researcher: Is all research unavoidably autobiographical? The scope for arguing this may be limited depending on how research is carried out. The experiences of the 'jobbing researcher' in the research enterprise, where certain constraints and influences are inevitably imposed by its funders or commissioners (Parker & Baldwin, 1992), is likely to be very different from the relatively unconstrained Doctoral student who is in pursuit of a 'passion'. Yet, both types of researcher will undoubtedly touch and shape the research, and thus the researcher will be present in the work. In this way I agree with Cotterill and Letherby (1993) that:

... all academic research and subsequent writing involves, whether acknowledged or not, the weaving of the biographies of all participants and their significant others. (p76)

I return to telling stories and the one I shared as an introduction to this thesis. I am shortly going to explore its relevance to the substantive area with which this study is concerned. First, I want to briefly examine this style of presentation. I have drawn on two particular writers whose works have presented women's stories, in what I have found are different, but equally impressive ways.

Jane Aronson (1995), in her paper on *Wife Assault In Old Age*, focuses on one particular context of this form of abuse and employs the principles of recovering women's stories and histories through a written oral history approach. Eve's story is presented at length and attention is drawn to themes that emerge in it which illuminate "social conditions that foster and perpetuate wife assault in old age" (p80). Aronson accepts that "one woman's story ... cannot represent all women's experiences" but, she goes on "her account does offer us a valuable entrance into the broad social processes at play" (p80). The opening story to my thesis is not my grandmother's. It is my account of an experience we had and the interpretations and representations in it are mine alone. Like Aronson, though, I have found sharing the story to be a useful 'way in' to connecting me to this work, and in exploring some challenging issues for 'elder abuse' research.

A second author greatly influenced me with the courage and audacity she used to introduce the first chapter of an academic text. In the opening words of her book about *Women's Madness*. She writes:

When I was an adolescent my mother was mad. (Ussher, 1991, p3)

Jane Ussher's account of what she describes as her mother's 'madness', and its savage effect on her family is shocking, but impressive. She starts with the personal for reasons I uphold and respect. Although her substantive work is different from my own, I would like to claim her words to represent me too, in my own search into 'elder abuse':

... all of us who write about [madness] bring our own baggage, our own perspectives, our own politics, our own pain. Many may pretend otherwise, but we cannot leave it behind us. The least we can do is make it evident. One of the tenets of a feminist perspective is the acknowledgement of the influence of our own subjectivity on our work, on our theories, research and accounts of the world. We are not blank screens, rational and objective experts with no interests and no past. It is my past which prompted the question 'What is women's

madness?' which prompted the search, and which provokes me to look beyond the explanations so readily and easily offered by the experts who say they *know*. (p9, original italics)

The events of the summer evening recounted in my opening story *Remembering My Granny*, encapsulated a number of significant features of 'elder abuse' which I felt were extremely relevant to understanding this form of abuse. You will find these features returned to throughout the thesis at different times.

First, is the quality of relationships between family members and the impact this has on ability to care *for* and *about* a member who needs caregiving. It is evident in my short narrative that relationships in my family were strained and hostile between some members. Indeed, they had, to coin a phrase, 'irretrievably broken down'. However, things changed when dementia came along. Suddenly, huge gaps appeared in my grandmother's mind where once embittered memories had lived. As a result of this my grandparents, and my grandmother and her daughter, spoke and related once again, and relations were calm, (if not covered up), for the most part. Now and again, as my story tells, the old patterns showed themselves and momentarily those involved would be flung back in time to fight as they knew how, only to return to an insecure peace.

From this experience I was left wondering about the effect family and marital conflict has on familial caregiving in later life. Such conflict does not necessarily have had to have been experienced as two people waging war on each other as had been the case with my grandparents, but it could also be the result of less apparent, subtle unhappiness and dissatisfactions that could have been harboured over many years. In such circumstances, I wondered *could* family members receive or give 'good' care to each other.

This presented me with a problem. How should I acknowledge and reflect the issue of quality of relationships, in the very language I used to talk about the activity of 'caring'. Ultimately, I was aware that in caregiving some individuals did not / could not care *about* those they looked after. My attempt at trying to resolve this in some way is by referring to those who are involved in the tasks of unpaid 'caring' as *caregivers*, those who receive care, as *carereceivers*, and those who are paid for such work by formal institutions, as *careworkers*. I should say that this choice of language does not exclude the possibility of a positive commitment to caring *about* and *for* in the caregiving / carereceiving relationship. I

must also note that I am aware that my choice of terms does nothing to qualify the reality for many older people, that there can be a good deal of mutuality in 'looking after', whereby caregiving relationships involve one person neither solely receiving or giving care, but a mix or balance of the two.

My experiences with my grandmother (not just on the night I have shared with you, but over a number of years) also led me early on in my study to ultimately question how and why abuse in later life has come to be labelled in the way it is. For example, when I thought about my own family's situation in the story, who would / could be labelled? A number of answers might present themselves to this question. I hope this is the case because I believe there to be a very problematic nature to labelling 'elder abuse' whereby many situations may confound simplistic classifications of abuse.

By simplistic classifications I am referring to those that have been constructed by professionals alone. I believe that these run the risk of not being able to account for the complexities that may have been present in abusive family relationships, sometimes over many years. This will be even more so if the experiences and accounts of those people involved in abusive relations are not consulted themselves about definitions and classifications. One of the most persistent puzzles for me around the vast majority of research into 'elder abuse' is that older people (abused or otherwise), are not consulted about what they think or feel about the issue.

A final way in which my grandmother influenced and challenged me in my thinking about 'elder abuse' was through her violence. Initially I was anxious about how, as a feminist, I would specifically deal with women's abuse of older people and, for example, their violence towards their caregivers. This form of abuse might be seen to be particularly confounding for feminist theorising. Challenging it is, impossible it is not. I accepted that I would need to grasp the nettle because, like my grandmother's violence, I could not hide from it. Neither do I want to; I recognise that I have a responsibility to address this issue. Through both a responsibility towards the older people who are abused by women, *and* a responsibility towards the women themselves who abuse.

The analysis in this thesis is not limited to the issues I have raised in connection to my opening story alone. I do not suggest that they should be seen as the only relevant issues to

'elder abuse'. There are many more besides, the analysis of which forms the body of this thesis. However, the above issues have been my way in to a search into 'elder abuse'; a search which comes alive for me as a result of *Remembering My Granny*.

Section 2
politics

Chapter 2

Challenging Theories I: Knowing 'Elder Abuse'

- 1. Gendering 'Elder Abuse'**
- 2. What We *Know* As 'Elder Abuse'**
- 3. How We *Know* 'Elder Abuse'**

Introduction

As a feminist, reviewing published work on 'elder abuse', I have prioritised an examination of the extent to which research has explored the relevance and significance of gender to this form of abusive relations. The absence of gender from theorising about 'elder abuse' was stark when I first began to explore the issue myself. Although noticeable this was not wholly surprising given the limited work that had been undertaken into 'elder abuse' in the UK generally by late 1993. At that time it included just three main texts on abuse and mistreatment of older people (Bennett & Kingston, 1993; Decalmer & Glendenning 1993; Eastman, 1984). In five years the literature has burgeoned to include a multitude of published papers, chapters and articles, a number of major text books, 2nd editions of earlier titles and Department of Health and Social Services Inspectorate reports. Yet, with the exception of one book devoted to *Gender Issues in Elder Abuse* (Aitken & Griffin, 1996) and a small series of papers offered by individuals involved in research on 'elder abuse' (Jack, 1994; Whittaker, 1995 a & b, 1996, 1997; Wilson, 1994), gender remains noticeable through its absence from much analysis. More recent publications give some space to gender and 'elder abuse' (Biggs, 1996; Bennett et al, 1997; Eastman, 1994; Kingston & Penhale, 1995) but these reflect a primary concern with gender characteristics in abuse rather than a focus on gender as a concept of central importance to conceptualising and understanding abuse in later life.

It is in the above context that I discuss what we *know*^{*} about 'elder abuse', with regard for certain variables and concepts and disregard for others. It is tremendously significant what factors and dimensions of an issue are researched. I will argue in this chapter, that *how* we go about understanding social issues is inextricably linked to what we then come to understand and do about them. Put quite simply this argument proposes that "... a way of seeing is [also] a way of not seeing." (Oakley 1974, p.27).

This chapter, therefore, begins by setting out to establish the importance of gender, and to offer some explanation for its general invisibility in 'elder abuse' literature. I review two unusual (in that they addressed gender) early articles that raised the importance of gender to an understanding of 'elder abuse'. I also argue the need for a feminist understanding of

* My use of the term *knowing*, in this and the next chapter, reflects Yllö's (1998) and Whittaker's (1997b) arguments that what and how we *know* is a socially constructed, and therefore, political activity.

'elder abuse' as a priority in order to critique research which renders gender invisible, and also to contribute to the construction of this social problem, at theoretical and policy levels. The research questions for this study embody these central themes. I present these questions at the end of this section so as to establish the basis of the theoretical, methodological and practice approaches that evolve as the thesis progresses.

I then turn to look at what 'elder abuse' is said to be through a review of literature primarily from social policy, social work and sociological sources, the literature which most closely relates to my contribution in the area. I focus on offering an overview of definitions of 'elder abuse' and the uncertainties that exist around them. The concluding section of the chapter examines 'elder abuse' as a socially constructed problem in order to explore critically *how* it has been theorised in the UK and *who* has influenced what we know as 'elder abuse'.

Gendering 'Elder Abuse'

There is a blatant absence of gender analysis in the majority of studies on 'elder abuse'. If gender is raised, e.g. the sex of the victim or perpetrator, then 'facts' and findings are presented with little or no discussion of the notion or relevance of gender and associated concepts, e.g. power. As a result factors connected or attributable to gender are be hidden. Central to this thesis is the argument that if unexposed issues and concepts are subsumed into established categories or theories, their existence and importance cannot be reflected on or addressed. There are implications in this for the definition and conceptualisation of 'elder abuse' in later life, and consequently for policy and intervention strategies which are devised to tackle 'elder abuse'.

It will be seen later when I discuss definitions of 'elder abuse' that gender is given little serious consideration in the broad context of writings on 'elder abuse', in what amounts to numerous 'gender-blind' research, studies and analysis. Specifically feminist theoretical analysis is largely absent from UK published work, apart from the contributions of Aitken & Griffin (1996) and Whittaker (1995 a & b, 1996, & 1997). As noted above, some literature has more recently begun to introduce gender issues as relevant, but gender-specific theoretical approaches are largely absent.

As far as identifying gender as a characteristic is concerned, Glendenning (1997) provides an extensive list of research studies from the USA which identify a number of defining features of a 'classic' (sic) abused older person. These include: functional impairment or incapacity; over 75 years.; dependent; living with spouse or family; a history of intra-family violence; female. The majority of these studies have used existing case material and can be criticised for not being clear in how conclusions were drawn as to who the survivors of abuse are. As a result it is possible, as with Eastman's research undertaken in the 1980's (see Aitken & Griffin (1996) for a critique), that this type of profile of an abused older person results from the interplay of a number of factors. These being the conceptualisation of the research project, the research questions and the populations that have been studied. Thus, similarly Aitken & Griffin (1996) point out that Eastman's notion of the classic abuser as a tired and stressed daughter or daughter-in-law is misguided because:

... his analysis of [the] material is weighted against women, as he seems determined to profile the abuser as a daughter trapped by

the 'unending burden of care' (1984:45). The reason for this becomes clear when one takes into account that much of his case material was taken from letters he received from carers after an article on the subject was printed in the magazine *Woman* and following a feature in BBC Radio 4's *Woman's Hour* (11 January 1983). *Assuming that caregivers would be women, Eastman targeted women for information, thus reproducing his view of who the caregivers might be.* (1996, p44 my emphasis)

The research literature also offers information about the characteristics of abusers. Alcohol and drug misuse appear to be commonly reported behaviours of the perpetrators of abuse. Other features include suggestions of their suffering from 'carer stress' or burden; that they are spouses of victims, or daughters; or that they may have had previous experience of violence (summary of publications discussed by Glendenning (1997)).

One particular study is cited, however, as challenging the predominant view and it presents a different picture from the 'classic' characteristics outlined above. Finkelhor and Pillemer's (1988) large-scale study suggested contrary evidence in terms of gender. As a result the exceptional findings are often referred to (see Biggs et al, 1995; Bennett and Kingston, 1993; and Glendenning, 1997). The research showed older men to be at equal risk of abuse as older women. They also identified a greater number of older people being abused by spouses. Finkelhor and Pillemer (1998) suggest the difference of their findings can be explained by the over reliance on case study material in other studies that have created a bias towards the reporting of abuse by women or of violence directed at women.

The above study is rarely critically assessed, however, on the basis of its strikingly different findings. A feminist approach to this is interesting because it exposes how even research which supports the presence of significant gender issues, can be interpreted in different ways. Thus, Whittaker (1997b) shows that apparent similarities in levels of abuse between older women and older men, exemplified by the Finkelhor and Pillemer study (1988), are spurious. The basis for her challenge is through a critique of the research tools used. She argues that large scale survey methods and the Conflict Tactics Scale used in this study are inadequate for the sensitive and in-depth exploration of complex, intimate and deeply subjective social processes and experiences. Whittaker (1997b) rightly questions the appropriateness of telephone surveys which will:

... almost certainly exclude a significant number of very old, very vulnerable elders most of whom are women and thus more likely to experience abuse. (p13)

A second point made by Whittaker (1997b) is her objection to the use of the behavioural Conflict Tactic Scale which is designed to measure, tick-box style, acts of abuse and the tactics utilised by individuals during a dispute. This measure has attracted much critical attention from feminists. The main identified problems being the conflation of a disparate set of actions (Dobash & Dobash, 1992); the range of behaviours covered (from pushing to 'beating up'); lack of attention paid to the effects of violent behaviour; and of particular importance, whether behaviours were offensive or defensive (Kelly, 1996; Saunders, 1988; Yllö, 1994). What is hidden in this 'rational, hard data' is:

... the context of the violent acts; that most of the women's violence [was] certainly self-defence; [and] that the consequences of acts [are not] measured; and so on. (Yllö 1988, p41)

As a result of using this measure, it becomes possible to assert that men and women abuse to the same degree and that neither can be especially singled out as victims or perpetrators (Whittaker 1997). We can take from this then, that while the relevance of gender is raised in some of the literature about 'elder abuse', we need to pay attention to how it is addressed, analysed and presented, and to whether its presentation can stand up to critical evaluation.

At the start of my Doctoral research in 1994, gender was almost completely unaddressed in published literature on 'elder abuse'. Two papers were, however, available to me. They are important because at the time they served to be my only reference point. I will summarise the main aspects of these publications and offer some thoughts on the way in which they deal with gender in their analyses. Following them I discuss some examples from the 'elder abuse' literature in which analysis of the significance and relevance of gender is wholly absent.

Jack (1994) in *'Dependence, power and violation: gender issues in abuse of elderly people by formal carers'* argues for notions of dependence and power to be viewed as central to an understanding of 'elder abuse' by formal carers. He uses 'exchange theory' to consider the relationship between cared for and carer as one where there is a sharing of 'the currency' of dependency, power and violation. He argues that there is mutuality in these positions and experiences, although Jack recognises the unequal basis upon which these are premised.

His discussion is centred on an understanding of the effects of sexism and ageism upon the experience of receiving and providing care, and in shaping the services for, and treatment of, older people in society. Jack (1994) notes the job of caring for older people is undervalued and of low status, and that there is a gendered division of labour in such work. The dependent, powerless and stereotyped experience of older people, the majority of whom are women, in institutional settings is mirrored by the work experience of formal carers, the majority of whom are women. Such workers have a "socially-constructed dependent status" with little control over their working practices and lives. Jack thus allies women in the caring/dependent relationship, and:

... perceive[s] abuser and abused as powerless socially, organisationally and personally, locked together in a relationship of mutual, enforced dependency. (1994, p79)

Jack's (1994) use of the role of ageism and sexism at a structural and institutionalised level is important. It moves analysis on from being located at an individual level, which has emerged as a predominate perspective in the 'elder abuse' literature. This individualistic focus, Jack suggests, results in pathology orientated explanations of abuse. Such explanations have a tendency to be either victim or carer blaming.

Jack (1994) succeeds in widening the 'elder abuse' debate to take account of what he successfully argues to be a crucial variable in understanding this problem. He introduces gender while underpinning his analysis with the notions of power and violation, both vital to any consideration of abuse. At a micro level however I experience Jack's use of exchange theory somewhat uncomfortably in respect of the mutuality of, and potential for, abuse that it proposes between carer and dependent. For example, I would contest the suggestion that the person most dependent upon the relationship is necessarily the least powerful. For example, in a situation of spousal abuse which continues into older age, the male partner may be the most powerful (indicated by physical abuse) yet the most anxiously dependent (indicated by jealousy).

I also find Jack's (1994) view of power as limited and framed solely in negative terms. He literally equates lack of power with dependency. There might be circumstances, however, where this is not the case. Careworkers of older people, contrary to Jack's impression, may well be empowered through undertaking paid work in this area. While there is no disputing his suggestion that such work is largely undervalued, low paid and demanding, for some

women who need or want to undertake paid work it will act as a means to independence and opportunity. Further, for the care receivers in residential care homes, who in Jack's analysis are passive acceptors of care, they may in fact be liberated from enduring care within a family setting that is difficult, inadequate or indeed abusive. Having said this I do not want to underplay the experiences of many older people in institutions in which for them, Jack reminds us "care may easily become control, and dependency lead to subordination." (p83)

The second article I reviewed early on was by Sengstock (1991) on '*Sex and Gender Implications in Cases of Elder Abuse*'. In this USA publication Sengstock separates out sex and gender factors for the purposes of her analysis. Sex factors refer to behaviour directly indicative of sexual activity (e.g. incest, rape). Gender factors refer to non-sexual features of abuse related to an individual's sex (i.e. in types of abuse or patterns of abuse). Sengstock suggests that a gender perspective of 'elder abuse' has been absent from wider discussions for two reasons. First, because of asexual stereotypes of older people and older age, and second because she suggests that incest is likely to be a topic for consideration in any debate of sex and abuse. Such is the social stigma of incest that it deters analysis.

Sengstock (1991) offers a strong argument for the need for a gender analysis of 'elder abuse'. She argues that gender-specific behaviour is a part of our society and social relations, to the extent that "gender differences *affect* the abusive relationships we develop" (p30, my emphasis). I would suggest that greater emphasis be placed on the role and impact of gender upon abusive relations suggesting, unlike Sengstock, that gender is a central feature, rather than an 'affecting' variable of such relations.

As noted above Sengstock (1991) separates out gender and sex in her analysis. She identifies the following gender issues that are relevant to an understanding of 'elder abuse':

1. *The existence of spouse abuse and 'reverse spouse abuse'*. The former may have been part of a relationship for some years, the latter occurring upon changing patterns in power and ability within the ageing abusive relationship. Thus, a 'battered wife' of some years may gain retribution upon a weakened abusive husband.

2. *Gender and sex as the motivator of abuse.* An example offered is that of two young women abusing an uncle in order to get money to give to their boyfriends. In this case she sees the motivation to abuse as a "desire to appeal to the opposite sex" (p34).
3. *Elder abuse as a form of 'gender abuse'.* Failure to deal with the problem of elder abuse demonstrates a discriminatory practice towards the problems and issues that face older women. This is in the context of the majority of 'victims' of 'elder abuse' being women, and of formal carers of abused elders as more likely to be women.
4. *Restriction of older peoples' sexual and gender rights by formal carers.* Sengstock (1991) gives examples of limiting contact between men and women in residential homes, or by relatives, e.g. by preventing marriage or cohabitation.
5. *Basic assumptions around caregiving.* Although Sengstock (1991) cites assumptions that exist in North American culture they are arguably also true in the UK. First, there are expectations that the care of elders will take place within their families and communities. Second, there is an assumption of women's availability to undertake a caregiving role.

Under Sengstock's (1991) 'sexual factors' heading she identifies two forms of sexual abuse of older people, which she suggests are the least observed type of abuse. These may take the form of incest or rape, including marital rape. The second form of 'elder abuse' resulting from sexual factors, she identifies as sexual difficulties experienced by older people which may lead to sexual frustration. This in turn may result in either abusive sexual actions towards another or may lead to an older person making themselves sexually vulnerable to others.

Sengstock (1991) believes that a gender perspective on 'elder abuse' can contribute in a number of ways to policy making and practice. By illuminating issues of gender and roles, this may highlight unequal undertaking of care and may allow the burden of care to be alleviated. In dealing with gender and sexual factors, phenomena recognised in other age populations can be acknowledged in older age; specifically, sexual difficulties, spouse abuse, rape and sexual assault. Finally, practitioners aware of the implications of gender assumptions, are more able to be mindful of the different ways in which abuse of older

people may be motivated and the ways in which assumptions can lead to the undermining of individual rights in older age.

I found Sengstock's (1991) paper a very useful one which offered a clear delineation of some crucial factors to understanding the relevance of gender to 'elder abuse'. She promotes a number of these within a context of older peoples' rights: to associate and enter relationships, sexual or otherwise; to service provision; and to receiving care outside of the family. However, while recognising Sengstock's paper as a valuable one I would take issue with some aspects of her contribution.

First, she exhibits her own form of sexual prejudice in heterosexist assumptions made about older people and their relationships. Her language portrays an inclusion only of heterosexual associations and therefore a lack of consideration of older lesbian women and older gay men's experiences. There is also an emphasis, in her discussion of older peoples' sexual needs, on older *men's* sexual frustrations in older age. More importantly she is in danger of excusing sexually abusive behaviour on their part because of these frustrations. For example, she gives the case of a man who, being unable to deal with his impotence in old age, "subjected his wife to psychological and physical indignities in a vain attempt to heighten his sexual desire." (p38).

Second, in this paper while Sengstock (1991) highlights the restrictive and potentially oppressive social expectation on women to undertake caregiving to family members and within their communities, she omits to recognise that undertaking this role might be a positive choice for some women. Caregiving may form a critical part of a woman's identity, even if it is socially constructed. As such this form of work can contribute to esteem and purpose.

Lastly, as committed as Sengstock (1991) appears to be to raise the visibility and importance of gender in the 'elder abuse' discourse, I find her work lacking in critical comment on predominant approaches to research and theorising, and to broader explanations for the exclusion of gender issues. She believes it is stereotypes of older people and the taboos that exist about sexually orientated social problems that prevent their open discussion. While these should not be underestimated, a deeper more extensive consideration of the nature of excluding malestream research traditions and the negation of women's interests is missing. In highlighting these we can show that how issues and

problems are socially constructed is highly significant. I discuss this in greater depth later in this chapter.

The trend in the 'elder abuse' literature to subsume gender into analysis and perspectives which do not address it, would appear to be so even in the literature dealing with sexual abuse of older people. A form of abuse which arguably lends itself so appropriately to a gender analysis. An example in the UK is Holt's (1993) work which presents his findings of preliminary analysis of 90 suspected incidents of elder sexual abuse, in which he notes a ratio of 6:1 female to male victims. The most common form of abuse he found to be rape. Of the perpetrators of such abuse all were male except for two. Despite the above characteristics, and such statements as "frail and impaired elderly *people* make excellent (sic) victims of sexual abuse because of their inherent vulnerability" (p17, my emphasis), there is an absence from Holt's discussion of the significance or relevance of the gender elements of his findings.

Holt (1993) suggests a number of reasons for how older people may be vulnerable to sexual abuse. He highlights in particular their vulnerability in relation to physical frailty. Older people may experience speech or language difficulties, or may be mentally incapacitated through dementia and thus find it difficult or impossible to disclose abuse. While such factors are important to acknowledge there is a danger that such an exclusive focus upon individual characteristics moves into the realms of victim-blaming. The lack of explicit discussion of gender relations and power issues contributes to this view. Further reasons for older people being vulnerable to sexual abuse, Holt suggests, are the lack of credibility they may be afforded especially if they appear confused in some way; the inability to disclose the abuse; and finally the taboos held by older people themselves. However, these and similar factors are no strangers to children and younger women subjected to similar forms of sexual assault and violence (Campbell, 1988; Fawcett et al, 1996; Hester et al, 1996; The London Rape Crisis Centre 1988; Ussher 1991).

A further example of an ungendered presentation can be seen in Bennett's (1995) discussion of sexual abuse. He too refers to 'elderly people' being especially vulnerable, but later refers to most of the victims of one study being women, and the perpetrators men (as he also does as co-author with Ogg in a paper published in 1992). Bennett's (1995) discussion of sexual abuse also reveals misunderstandings. For example, he seems surprised that "...it appears not to be [dependent elderly peoples'] physical attributes but rather their powerlessness and

vulnerability which attract (sic) a sexual offender to a particular victim" (p210). Bennett could look to other works to discover that being raped and sexually assaulted is not the preserve of 'attractive' (young, walking alone, provocatively clad) women (Ball et al, 1992; Groth, 1978; Mooney, 1993; The London Rape Crisis Centre 1988; Ussher, 1991). Further, in the above statement, Bennett is guilty of perpetrating sexist and ageist stereotypes of older 'people' (or is it women?) through inadvertently suggesting that they are not attractive *enough* to "attract a sexual offender to a particular victim" (p210). Rather it is other characteristics (powerlessness and dependency) that the perpetrator goes for. Other research contradicts Bennett's suggestions and demonstrates how the "... victims of some offenders are significantly older than their assailants or that elderly women may be particular target victims for some rapists" (Groth, 1978 p 203).

Feminist work has shown how gender, women, and their interests are rendered invisible, such as by the above pieces of work, and by Finklehor and Pillemer's (1988) study as critiqued by Whittaker (1997b) (discussed earlier). Thiele's (1994) analysis of what she claims are androcentric political and social theories can be used to examine other scholarly disciplines. Research and writing about health and social welfare issues have been exposed as either paying little regard to, or misrepresenting, gender, and the interests and concerns of women (Abbott & Wallace 1990; Doyal 1995; Pascall, 1997), and specifically older women (Bernard & Meade, 1993; Ginn & Arber, 1995). Assumptions also exist within these discourses about the caring role and 'nature' of women. Thiele (1994) identifies ways, she refers to them as 'tricks of the trade', through which theory has traditionally achieved women's invisibility. We can utilise her ideas to consider how some 'elder abuse' research has achieved this too.

Some theories she argues quite simply *exclude* women or 'drop' them from analysis. Thus, concentration is upon areas in the field which are explicitly of greater concern to male interests and women become 'invisible by being disregarded'. The current 'elder abuse' debate is clearly focused upon certain forms of abuse e.g. physical and psychological, over others e.g. sexual abuse. The latter appears to be a marginal concern and its survivors more likely to be older women. Whereas the former types of abuse appear to have a greater gender mix. Although, as far as gender is concerned, I have shown that discussions about the concept do take place on occasions, generally gender loses its relevance and disappears from subsequent discussion, or as Thiele (1994) describes, it is 'dropped'.

A second form of invisibility Thiele (1994) describes as *alienation*. Here, although women are spoken about within theories the accuracy and reality of women's lives are distorted:

Women's experience is interpreted through male categories because the methodology and values of the theorists remain androcentric. (p28)

Specifically, this 'trick of the trade' identifies the significant area of women's lives to be theorised as opposed to women themselves doing this. As a result their experiences are misrepresented and mis-interpreted. The degree to which 'spousal abuse' is only more recently becoming recognised as a significant form of 'elder abuse' demonstrates this (Wolf 1994). Earlier analysis arguably compartmentalised women's lives into the significance of violence in terms of age and not in terms of their life experiences, and in categories more definable and acceptable to professionals.

Feminist theoretical analysis of 'elder abuse' is particularly appropriate and an obvious means of understanding the issue given the extent to which feminists have contributed to an understanding of women's experiences of child sexual abuse, rape and wife abuse (although primary concerns tend to have been for young children, and younger women with children) (Aronson et al, 1995; Gesino et al, 1982; Mastrocola-Morris, 1989; Mooney, 1995; Yllö & Bograd, 1988). This begs the question of how helpful it is to separate out the sexual abuse of older women from women's experiences throughout a life continuum of violence or abuse. It may be particularly deceptive if such abuse has been perpetrated within a relationship over a long period of time by naming it as 'elder abuse' when a woman reaches a certain numerical age. All that may be achieved through this exercise is a further category of abuse for the purposes of 'elder abuse' definition. Supporting this position, Wolf (1993), reviewing 'elder abuse' in the USA, argues for a greater exchange of ideas and responses between the battered women's and 'elder abuse' movements "... as the issues of 'elder abuse' come in sharper focus and their conceptualisation moves closer to that of spouse abuse rather than child abuse" (p18).

In the case of 'elder abuse' it is possible to identify violence and abuse perpetrated upon women, and their experiences of this, as being of particular significance. There are a number of reasons why this is so. I endorse the seven points made by Aitken and Griffin (1996) which highlight the important role gender plays in the conditions of abuse in later life. Of particular interest here are the points they make about the larger numbers of older women

living through into later life than older men, and the formers' tendency to exist in poorer socio-economic positions. Also of importance are the issues of differing mortality rates for older women and men, and older women's greater likelihood to experience more degenerative and disabling health disorders. In combination Aitken and Griffin argue that these specific factors help "to foster dependency and thus exploitability" of older women (p13).

In addition to the above, it has been shown that girls and women across life stages are consistently far more likely than men to be subjected to abusive and violent actions within intimate relationships, and that such actions are likely to be perpetrated by men (Hearn, 1996; Radford & Stanko, 1996; Yllö 1994). Feminist theories of abusive relations illuminate this by highlighting the inextricable link between power and gender. These theories and feminist understandings of woman abuse can be used to alert us to the possibility, if not the likelihood, that in 'elder abuse' too, women constitute the majority of older people who are abused in later life.

In rendering invisible and of lower value social issues that are of particular concern to women, the hidden and secret nature of such experiences are perpetuated. Feminist and women-focused studies need to counter this. Not only in terms of research undertaken within the disciplines mentioned in this chapter, but through ensuring feminisms' own neglect of issues facing older women, is addressed. This study, which is premised on feminist theory and methodology, pursues a women-focused perspective. Not to have been older women-focused would have felt like a lost opportunity. I would argue this is especially so in the early days of constructing 'elder abuse' as a social problem where its conceptualisation has suffered as a result of the ungendered approach to its theorising and analysis. Further, failure to undertake a women-focused piece of research could have been construed as at worst colluding with a tradition in research, identified by Theile (1994) above, that excludes, alienates and misrepresents women's lives, relationships and experiences.

We could take this even further. As Sengstock (1991) argues, given the higher incidence of women as survivors of abuse:

... failure to deal with the problems of elders, including abuse, is essentially a form of gender discrimination against women. (Sengstock, 1991 p 35)

I would extend Sengstock's claim of gender discrimination to include the failure to explore and promote an older women-specific voice in 'elder abuse' research. This is not only important but a crucial dimension of 'elder abuse' discourse. As I demonstrate later, *who* we listen to, and *how* we listen, shapes what we hear and therefore, what we come to *know* about 'elder abuse'.

At this point, with the critique and themes that have been developed in focus, it is important to establish how these were translated and organised early on in this study into the underpinning questions for the research. These questions were drafted and developed through the first exploratory months of the research taking account of the theoretical and methodological literature that were examined. They were further attuned following their review after three initial focus groups with older women. The questions appear here as the final set of working research questions which relate to the study as a whole. Figure 1 (following page) shows an overriding, broad question which in turn gives rise to four further, more specific questions which address the theoretical, empirical and policy dimensions of the research.

In my discussion thus far I have begun to give some background and form to research questions 1 and 3. These are further addressed in the next sections of this chapter as we turn to examine what is *known* about 'elder abuse', and *how* we have come to know about it.

**'Elder Abuse':
older women's understandings or professional construct?**

theoretical question

1. What factors have contributed to the development of the abuse category: 'elder abuse'?

empirical question

2. What are older women's understandings of the abuse category: 'elder abuse'?

empirical & theoretical question

3. To what extent can it be argued that the predominant relations of 'elder abuse' are gendered?

empirical, theoretical & policy question

4. How can insights from the above be used to inform policy and practice to the benefit of older women?
-

Fig. 1 'Research Questions'

What We Know As 'Elder Abuse'

Defining 'Elder Abuse'

Seeking to define 'elder abuse' is a preoccupation and particular focus for most authors writing about and researching 'elder abuse'. This may be as much a result of the need to relate a historical struggle over establishing definitions in this area, as it is an attempt to clarify and determine them. It would seem that a standard set of definitions are quoted in the literature as examples of the way in which 'elder abuse' is classified and conceptualised.

Wolf and Pillemer's (1989) categories of physical*, psychological and material abuse, and active and passive neglect are presented by some authors as representing a relatively accepted type of behaviour-orientated definition (Biggs et al, 1995; Bennett et al, 1997; Kingston & Penhale, 1995). Decalmer & Glendenning, (1997) have developed a table of typologies covering additional categories which include medical abuse (Block & Sinnott, 1979); social/environmental abuse (Chen et al, 1981); sexual assault (Chen et al, 1981; Eastman, 1984;), theft, misuse or abuse of drugs, not providing care (Rathbone-McCuan and Voyles, 1982); violation of rights (Lau & Kosberg, 1979); fiscal abuse, misuse of money or property (Kimsey et al, 1981; Rathbone-McCuan and Voyles, 1982); and systematic mistreatment (Eastman, 1984).

Definitions of 'elder abuse' appear to be inextricably linked to the terminology or 'phrases' that are used to describe the mistreatment of older people. Bennett and Kingston (1993) chart the development in this terminology which has moved through 'granny battering' or 'bashing'; 'old age' and 'elder abuse' to 'inadequate care' and 'mis-care'. Just as the emphases in such terms have shifted, so have definitions which, as we can see above, have become more extensive and complex to incorporate different dimensions of physical, emotional abuse, financial exploitation, and neglect. Thus, definitions no longer suggest only physical components of abuse but also incorporate emotional, psychological, material and sexual violence, injury, maltreatment and neglect.

Notions of self-abuse, passive and active neglect, and medical abuse appear less widely incorporated into the literature, as does the explicit naming of abuse occurring as a result of living in institutions (Jack, 1994). Researchers have argued the problematic nature of some categories of abuse and of what actions / behaviours are included in these. In terms of self-abuse, Pillemer (1993) is highly critical when such notions of this and of self-neglect are incorporated into 'elder abuse' definitions, referring to them as "oxymoronic terms [which] are meaningless, and should be discarded." (p5). In addition, Langan & Means (1996) contest whether the bad financial experiences of all older people can be "neatly contained within elder abuse debates" (p 310). In terms of financial abuse and the case of elderly

* I would like to draw attention to Wolf and Pillemer's (1989) inclusion in this physical abuse category of 'sexual molestation'. This is an extremely problematic approach to dealing with this form of highly gendered abuse. Subsumed in this way, 'sexual molestation' remains largely hidden. It is also diminished in seriousness, when in fact it should warrant classification in its own right.

people with dementia they believe that they cannot, given the complex, sensitive and practical issues involved in the financial arrangements for this group.

Glendenning (1997) usefully differentiates between those definitions constructed as typologies (examples given above) and those that set out to conceptualise the issue. The evolutionary and complex nature to the development of definitions and conceptualisations of 'elder abuse' is clear when we look at earlier and later examples. In 1979 O'Malley et al defined elder abuse as:

The wilful infliction of physical pain, injury or debilitating mental anguish, unreasonable confinement or deprivation by a caretaker of services which are necessary to maintenance of mental and physical health. (quoted in Glendenning 1997, p18)

By 1987 Fulmer and O'Malleys' work stated 'elder abuse' to be:

The actions of a caretaker that create unmet needs ... the failure of an individual responsible for caretaking to respond adequately. (quoted in Glendenning, 1997, p18)

In the UK the unclear terrain of definition was chartered by a national organisation set up in 1993 called Action on Elder Abuse (AEA). Having consulted its members (a largely professional base) they released their definition of 'elder abuse' 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.

Difficulties with this definition have been recognised. The use of the terms 'relationships' and 'trust' are noted as being problematic (Bennett et al, 1997; Penhale 1997). They are, after all, unavoidably highly complex and contestable concepts. However, they are also central concepts that cannot be disregarded in the study of 'elder abuse'. To the criticisms of this definition I would add that it cannot account for abuse of older people as a social group or for some issues considered abusive by older people themselves, e.g. abuse by strangers (see chapter 5 of this thesis). Yet, the AEA's definition is an authoritative one given its association, and therefore legitimation, with a national charitable organisation that has a professional and practitioner background and which acts as a pressure group for older people.

Having said this AEA themselves have identified the definition of 'elder abuse' most used in local authority policy guidelines on 'elder abuse' to be that established in *No Longer Afraid*, the Department Health/Social Services Inspectorate (1993) report on *the Safeguard of Elderly People in Domestic Settings*. This definition does not rely on the concepts of relationship or trust which are central to AEA's statement, but rather states that:

Abuse may be described as physical, sexual, psychological, or financial. It may be intentional or unintentional or the result of neglect. It causes harm to the older person, either temporarily or over a period of time (DOH/SSI 1993, p3)

A more recent, broader approach to defining 'elder abuse' identifies different levels at which it is productive to locate the types and causes of abuse of older people. Bennett et al's (1997) analytical framework works at macro, mezzo and micro levels. Many of the definitions of abuse presented above can be found at the micro level of abusive relations between individuals. By pursuing an understanding at the other two levels we can see how older people's immediate community or network at a mezzo level might be implicated in abuse, the example given by these authors is of 'community harassment'. At a macro level we can include social policies that limit resources to older people in our society and the impoverished circumstances in which many older people live.

A difficulty with expanding definitions into the realms of such broad phenomena, recognised by Bennett et al (1997), is that the phenomenon becomes almost meaningless as the forms of behaviour opened to being labelled as abusive are endless. However, I would argue that this approach is both necessary and right because it can more accurately incorporate what older people themselves might consider to be abuse. This cannot be the case when using the restricted behaviour-orientated definitions cited earlier. The value of an inclusive approach can be further illustrated by Kingston and Penhale (1995). They have moved definitions beyond the limitations of 'two-actor phenomenon' through the adaptation of work originally used within the sphere of child abuse. The following definition results:

abuse of *elders* is human-orientated acts of commission or omission and human created or tolerated conditions that inhibit or preclude unfolding and development of inherent potential of *elders*. (from Gill 1981, adapted by Kingston & Penhale, 1995, p6 original emphasis)

In Glendenning's (1997) historical account of how definitions have developed and become established, he shows how the changing nature of this activity has had an impact on attempts to achieve a consensus of definitions, both in the USA and the UK. Despite significant developments in both legislation and intervention policies in the USA there remained much uncertainty in the late 1980s. It would appear that this uncertainty, or lack of clarity, is inevitable when one considers that much depends upon the purpose the definition serves, i.e. whether it is pursued for practice, legal or research purposes, and on the persons creating the definition, be they social workers, medics, academics or caregivers (Bennet et al 1997; Bennett & Kingston, 1993; McCreadie, 1997). Of course, lack of accepted definitions might also be a continued expression of lack of consensus.

A little raised concern in considerations about 'elder abuse' is the possibility of violence, aggression or exploitation of a caregiver by a dependent older person. As a dimension of 'elder abuse' it could be argued that definitions should allow for this situation. However, this issue can further confuse the already complex task of definition and the issue of 'caregiver abuse' might be deemed as warranting discussion in its own right. Its inextricable link to 'elder abuse', however, should be acknowledged, especially in terms of how this is a complicated matter when it is recognised that the identities of abuser and abused can be blurred. For example, an abusive caregiver of an older person might themselves be abused through the stressful circumstances and relations of caregiving (see chapter 8 of this thesis). McCreadie (1994) emphasises the need for the relational context of abuse to be included in definitions. Many definitions however only reflect a one-way direction of abuse; caregiver towards dependent older person, thus mirroring the tendency to construct artificial dichotomies in giving and receiving care.

The range and lack of consensus in definitions of 'elder abuse' has resulted in difficulties in contrasting and comparing research. Bennett and Kingston (1993) suggest this has also hampered the push for changes that have been seen as necessary by some within the law to take action against 'elder abuse'. Perhaps however, there have been benefits in delaying legislative changes prior to greater understanding and consistency in thinking about the whole 'elder abuse' issue. Relevant legislative provision in England and Wales is developing through a government Green Paper (Law Commission, 1997) on decision making on behalf of mentally incapacitated adults. The Lord Chancellor's department is currently analysing responses to the 1997 consultation document *Who Decides?* (Law Commission, 1997).

Although broadly focused on vulnerable adults, this statute would establish legal provision for a large group of vulnerable elderly people who are at risk, in respect of their financial, health and welfare needs.

In framing public law protection, the scope of the Law Commission's definition of a vulnerable adult has proved problematic. In a positive vein it does not restrict itself to include only incapacitated individuals. However, in presenting this broad, inclusive approach, age is positioned as potentially a cause of vulnerability. Thus:

a vulnerable person, [is] someone of 16 years or over who:

is or may be in need of community care services by reason of mental or other disability, *age* or illness; and who:
is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

(Law Commission 1997, p68 my emphasis)

As AEA rightly respond, however, they are:

... aware of many older people who have been abused where age has had nothing to do with their vulnerability. They have become vulnerable because they have been abused and not the reverse. (AEA undated, pp11-12).

Another definition proposed in the consultation document, that of 'harm', can be criticised for its heavy reliance on child protection legislation. The idea of significant harm enshrined in the Children Act (1989), has been built on by the Law Commission for the purposes of the vulnerable adult legislation. The limitations of connecting child abuse and 'elder abuse' have been addressed by writers in the area (Bennett et al, 1997; Biggs et al, 1995; Manthorpe, 1997). What is relevant here, however, is that legislation "designed for adults is more appropriate" (AEA undated, p13). As such a different strategy in developing such legislation would have been preferred by some, whereby an alternative approach would not have relied on superimposing selected pieces of existing legislation created to protect children. It should be noted, however, that the Lord Chancellor's office has requested specific comment in this area.

The above examples, then, are two specific aspects of definitions that have been identified as problematic for proposed legislation and which remain contested by interested parties. Pillemer (1993) believes there are dangers in developing policies, and in undertaking

research, when definitions remain unclear. In terms of research, he goes further to criticise what he views as the general 'unscientific' approach taken in most studies and suggests that such research has been irresponsibly used (in the USA) to inform intervention strategies and practice approaches. While most texts point out or discuss the drawn-out difficulties in ascertaining definitions of 'elder abuse' few perceive, as Wilson (1994) and Whittaker (1996) do, a red-herring quality to the activity. Whittaker is angry that "the obsessive and lengthy conflict and concern with finding correct definitions has diverted attention from the real issue" (p149); the real issue being the likelihood that those who abuse are aware of the nature of their actions. Wilson (1994) also argues that "definitions do not need to be very tightly drawn in most contexts" (p682) for effective action to be taken against abuse of older people. Although critiques of ungendered definitions has begun, to date it would appear that an explicitly gendered version has not been developed.

The absence of gender as an important dimension of definitions of 'elder abuse' is a noticeable characteristic of the earlier 'elder abuse' literature*. Although, gender issues have been raised by more recent writers this is rarely done at the basic, definitional level. An exception to this is Wilson (1994) who raises the issue early on in her paper which presents research on elderly men and women:

The term elder abuse is itself open to question because it ignores gender. In reality there is abuse of older men and abuse of older women. Equally abusers are not ungendered. However, so far definitions are all unisex. (p682)

In the vast USA literature on 'elder abuse', as we have heard, Sengstock (1991) is alone in her placing of gender (and sex implications) at the heart of the research she has undertaken. Although I have discussed this work in some depth, it is worth noting, in relation to definitions of 'elder abuse', that Sengstock does little to challenge the basis upon which conventional definitions are constructed. Rather she argues that sex and gender have been left out of these definitions even though they "... play a role in generating elder abuse, neglect, or exploitation, as well as determining its form." (p28) It would appear that she

* This is not only the case with gender but of other important social divisions too. Not least of which of special relevance is 'race' and ethnicity. I have made attempts at naming their importance in this thesis, but as Shakespeare (1998) does, I ask that the limitations of my work in this respect are recognised. For contributions in this area see Aitken & Griffin (1996); Biggs (1996); Daly (1997); George (1994); Moon & Williams (1993); and the Journal of Elder Abuse and Neglect special issue 'Elder Abuse: International and Cross-Cultural Perspectives' Vol 6, no's 3/4 1995.

hopes to remedy the misunderstandings that have been generated about 'elder abuse' by simply injecting these overlooked variables into the developing discourse.

To conclude this discussion on definitions, it would seem fair to say that a significant dimension of 'elder abuse' theorising has involved a search for acceptable and workable definitions of the problem. This is seen as a valuable exercise by some. On the whole calls are made in major UK texts for the continual pursuit of this definitional activity (Bennett & Kingston, 1993; Glendenning, 1993; McCreadie, 1994). Such are the range of difficulties and issues surrounding definition, however, others have expressed great frustration, suggesting that all attempts should be shelved! (Callahan, 1986). Others again (Whittaker, 1996), as we have heard are cynical about the way indulging this futile activity shifts the emphasis away from more important issues for 'elder abuse'.

It would appear probable that McCreadie (1994) will be proved correct in her thinking that:

It seems unlikely that there will ever be agreement on a single all-embracing 'authentic' definition of abuse' (p4)

Approximately ten years on in the developing UK 'elder abuse' discourse, significant issues remain about definitions. In summary, I have shown these to include the use and purpose of definitions; the complicating factor of mutual abuse and abuse of caregivers; the drive to define in order to intervene and/or legislate; methodological issues including difficulty in comparing and contrasting studies; and not least, the ungendered content and quality of most existing definitions.

How We Know 'Elder Abuse'

Ogg and Munn-Giddings (1993) illustrate the construction of 'elder abuse' as a social problem through charting its historical development^{*}. They identify the increasing self interest of groups of professionals in the recognition and definition of a separate problem to child and spousal abuse. They note how, in the USA, 'elder abuse' has arguably achieved recognition as a social problem, whereas in the UK this process has not been fully

^{*} see also Leroux & Petrunik (1990) for a Canadian perspective on the construction of 'elder abuse' as a social problem.

[†] inverted commas have been used around 'elder abuse' throughout this thesis to indicate the social construction perspective of this phenomenon.

established. However, their descriptive presentation of the construction of 'elder abuse' as a social problem does not include a critical dimension to their account. This renders the *process* of social problem definition unexamined and consequently unchallenged.

A similar type of analysis is offered by Bennett and Kingston (1993). They introduce a means of understanding the development and discovery of 'elder abuse' through the application of Blumer's (1971) model of 'social problem construction', and specifically use this to demonstrate the parallels and differences of the UK and USA responses to 'elder abuse'. This model takes social problems through five distinct stages from initial *emergence*, through *legitimation*, *mobilisation of action*, *formulation of an official plan*, to a final stage of *implementation of the plan*. By 1988 they see that the USA had achieved these five stages, with all fifty states having developed intervention strategies and legislation. In 1993, using this model, Bennett and Kingston (1993) located the emerging social problem of 'elder abuse' at the 'legitimation' stage in the UK. Writing later in 1997 Bennett et al suggest that in England and Wales we are on the brink of an official plan being formulated if proposals for legislative changes are realised through the Law Commission's (1997) work set out in *Who Decides?*. (An outcome to the consultation process for this document is expected early on in 1999.)

The use of this model is important in that it encourages a consideration of the construction of 'elder abuse' as a social problem. It also enables historical and social contexts to be assessed and, as Bennett and Kingston (1993) have utilised the model, can be used to compare and contrast the responses of different societies. However, similar criticisms to those levelled at Ogg and Munn-Giddings (1993), can be applied to Bennett and Kingston's (1993) use of this model, namely their uncritical evaluation of the process of the construction of social problems. Thus, they do not raise, and therefore leave unanswered, a range of highly significant and important questions. For example, who is involved in the emergence, legitimation etc. of the problem? Which social groups/actors are involved in them? Who will benefit or lose from the creation of this social problem? Why is its development located at this time? How will responses to, and the subsequent action taken against it, be shaped and by who?

These questions are significant given the importance of how social issues are conceptualised and defined, and the extent to which this activity shapes the solutions sought for the

problem's control and alleviation. Allied to this is the moral and ideological nature of the constructing activity. Becker (1963) alerts us as to why this is important:

Wherever rules are created and applied we should be alive to the possible presence of an enterprising individual or group. Their activities can properly be called "moral enterprise" for what they are enterprising about is the creation of a new fragment of the moral constitution of society, its code of right and wrong." (p145)

And as Gusfield's (1975) metaphoric description vividly argues:

Public 'facts' are not like pebbles on the beach, lying in the sun and waiting to be seen. They must be picked, polished, shaped and packaged. Finally ready for display, they bear the marks of their shapers. (1975, p290)

Contrary to the above argument, individualistic explanations for 'elder abuse' have predominated. Although such perspectives are unlikely to be offered as the sole causal explanations without the counter of wider, structural considerations, individualistic approaches possess powerful ideological interpretations of 'deviant' behaviour and prescriptions for 'normal' behaviour. As Hulley and Clarke (1991) describe, the ultimate goal of these positions has been to isolate the "X factor", i.e. the individual characteristics or defects that account for the difference between normal and deviant members of society.

Placed in context individualistic explanations have been exposed as being determined by social, political and cultural forces that render them partial and inadequate. Further, the definition of social problems has been identified as a social process in itself and thus the result of moral and value judgements in the allocation of labels (Becker 1963 & 1966; Hulley and Clarke 1991). Hulley and Clarke (1991) argue that in pursuing a social constructionist perspective a different set of questions can be posed from those issued at social problems by the social pathologist. The questions are similar to those set out earlier, and include:

1. What conditions come to be defined as social problems?
 2. Who defines them? Which individuals or groups have the power or authority to identify such conditions as social problems?
 3. How are they defined? What are the causes or explanations advanced for the problem being defined?
 4. What are the social consequences of these definitions?
- (Hulley & Clarke, 1991 p14)

Common features of social problems that exist in the UK, they suggest, can be identified following this line of questioning. Thus, we witness a *deviant minority* who are measured against and differ from a *normal majority*. Second, *defect* explanations prevail which rely fundamentally upon notions of normality. A final common feature is that the norms upon which ideas about social problems are premised, are *social*, and as such are located in a social and cultural time and place. The idea of normality, in Western, industrial society is influenced and determined by ideologies and discourse governing the family; what is natural ('usually God-given'); and work (Hulley and Clarke 1991; Oliver 1990). 'Problem populations' are those marginal to the above two social institutions of work and family. Certainly older people can be recognised as being identified as such a marginal group through being beyond the "age of production and reproduction" (Hulley and Clarke 1991).

Oliver's (1990, 1996) wide-ranging discussions of 'the politics of disablement' may be drawn upon to consider the definitional process of social problems. The outcomes of the construction of dependency of older people in the UK can be likened to the dependency of disabled people. Both groups, through attitudes (professional and lay), professional practice and policies, and legislation (or lack of it), are excluded, restricted and segregated (Johnson 1993; Oliver 1990). Thus, returning to individualism, Oliver (1993) argues that the ideology of individualism underpins Capitalist societies and the form and content of its prevailing doctrines and discourses. He notes the contradictions inherent in this form of social, economic and political organisation, for while "new problems of social order and social control" are presented, "new ways of seeing or constructing these problems" (1990, p45) are required. He cites Lukes (1973) who develops this further, by pointing out that "[the] ideological construction of, or way of seeing, the individual not only legitimates one view but *delegitimizes* others." (p45 my emphasis).

While the central tenets of ideologies are established, Oliver (1990) argues that they are influenced, and changed in response to shifts in 'material forces'. So, as we experience the economic crises of capitalism, we witness changing attitudes towards those dependent upon the health and welfare provision it provides:

The ideological climate in which this finds expression focuses upon the notion of dependency. Thus, the idea of dependency has been used to socially construct, or perhaps, more accurately, socially reconstruct the problem of disability, along with a whole range of other social problems which have been reconstructed in similar ways in many capitalist countries. (Oliver 1990, p81)

This interpretation can in part offer an explanation as to the emergence of 'elder abuse' as a social problem, as we hear more and more references to a so called 'demographic timebomb' with growing numbers of older (and by implication, dependent) people. The implications of this expanding population can be accommodated, as Oliver (1990) suggests, in new ways of surveying, regulating and managing older people as a group. The identification of a social problem in the form of 'elder abuse' and the strategies developed to deal with it, provide a means for such regulation.

Hulley and Clarke (1991) discuss structural versus predominant individualistic views of normality and deviance. They argue that structural perspectives and theories tend to be treated as 'marginalised and excluded' (they suggest that it should be questioned as to why this might be so). Not only do structural perspectives argue different causal explanations of social problems, they also expose power inequalities and the role of these in determining who defines social problems, and further more, who has the power to "make those definitions stick" (Hulley & Clarke 1991, p21). Central to this perspective, Oliver (1996) argues, is an appreciation of the role of the state:

The 'social construction of disability' is the result of the state's need to control access to the state-sponsored welfare system and the inevitable accumulation of power by those charged with the responsibility of allocation: the medical, rehabilitation and legal professions. (Oliver 1996, p53)

Becker's (1966) important early work on deviance and the construction of social problems provides similar insights into the origins and development of social conditions which have been picked up and declared to be problems by interested parties. I have selected some of the more salient features of his work to present here because I found these to be of particular relevance to understanding of 'elder abuse'. Ultimately Becker sees such conditions as requiring no objective existence (although they may have such a quality), because, he claims, "... social problems are what people say they are." (p7) That there is a subjective dimension to social problems is important because this supports the central argument that social problems are socially constructed.

Becker (1966) argues that "a problem is not the same to all interested parties; indeed, there will be as many definitions of the problem as there are interested parties." (p7). He also believes that definitions will vary according to their origins, in professional or lay terms. As we have already heard, this appears to be the case with 'elder abuse'. Lay definitions are

likely to reflect current interests in peoples' immediate social world and roles. While professional definitions, Becker (1966) declares, will correspond to the distinct theories and solutions of their professional schools of thinking:

In addition, professionals consider the effect on their income and professional prestige of becoming involved in a given problem area. They may decline to define a problem as meriting their attention because by dealing with it their own income or professional standing may be affected adversely. (Becker 1966, p8)

When turning to social scientists and their involvement in the process of evaluation of social problems, Becker (1966) deals rather tamely with a tendency towards 'conservative bias' in their approaches, and advocates the use of "techniques and theories which are unavailable to others and which, however imperfect, give him (sic) a more complete understanding of the relevant facts and their interrelations" (p9). Oliver (1990) sharply confronts this suggestion, by exposing the fact that:

research can have oppressive consequences not simply because disabled people are the passive recipients of the research process but also because such research has failed to improve the quality of life for them, while doing no harm to the career prospects of the researchers. (p9)

Thus, as Becker (1966) does, it can be recognised that the establishment of social problems is a 'political process' whereby a number of conflicting views and interests are argued out amongst those people with a stake in the process.

Becker (1996) proposes a series of steps in the developmental process of social problems and these can be used to track the emergence of 'elder abuse' as a social problem in the UK. In addition to this process Becker levels a series of critical questions at each (these appear in brackets after each process stage). First, an objective condition is considered problematic (by whom, and what is the condition, and how is it disturbing?) Second, the concern will be assumed by other people who will develop an interest in it (how has it come to their attention, are these people 'similar' to the originators of concern, and what tactics were used to capture their interest?) Third, the objective condition will be seen to be "embodied in an organisation or institution if the problem is to achieve lasting existence as a defined social problem" (Becker 1966, p12).

While the above model is useful I would argue that the sequential movement of the social problem through a conventional, linear process is unlikely to accurately reflect the complex, unpredictable and contested nature of a social condition achieving the status of a fully fledged social problem. Despite this, however, the model's more useful features are that it enables social and power relations to be made explicit. Also, the nature of the critical questioning encourages an ever-expanding range of enquiries to be posed at the identified social condition. In terms of 'elder abuse' then, we can place this social condition in the context of the 'discovery' of different forms of familial conflict and violence between intimates e.g. child and spouse abuse, although its emergence has followed these other forms. We can also chart its uptake by different professional groups and the specialist organisation AEA which formed to promote and take action against this form of abuse. The embodiment of this social condition in legislation to protect 'vulnerable adults' will complete its legitimate social problem status.

The identification of 'moral entrepreneurs' is a further feature of Becker's (1966) ideas about the construction of social problems and this notion can be used to think about the motivations of those engaged in the promotion of 'elder abuse' as a social problem. The position of the moral entrepreneur is achieved by virtue of the breaking of accepted and established social rules:

Rules are the products of someone's initiative and we can think of the people who exhibit such enterprise as *moral entrepreneurs*. (Becker 1966, p147)

Moral entrepreneurs' prime interests and needs, it is argued, are to enforce the rules that have been identified as requiring administration, while a *secondary* concern will be for the *content* of the problem itself. As a result, the enforcer has two specific interests. First, to justify their own position, and second, to gain the respect of the population with whom they will deal. In the light of this aspect of Becker's (1966) work we can examine the activity of those promoting a distinct category of 'elder abuse' and question whether Biggs (1996) and Manthorpe (1993) are justified in their concerns that the area is open to a self-interested 'enterprise' establishing itself which is concerned with this particular social problem.

Parton's (1985) work on the construction of social problems is well known in the area of child abuse. He gives a powerful exposition in *The Politics of Child Abuse*, of the "discovery of the battered baby", and this can usefully be applied to 'elder abuse' as a

means of examining its development as a social problem. His model is illuminating, in part because it assists in beginning to answer the questions raised above and, most importantly, it provides a critical perspective which is vital to an analysis of social problems given their moral and ideological content.

If we first look at child abuse then, we can see how Parton (1985) believes the USA experience of 'discovering' child abuse was crucial to the subsequent recognition of this issue in the UK. Policies and recommendations initially made in the USA were later to be embodied in reports arguing for state intervention in the UK. Those professionals important to the USA, and therefore the UK 'discovery', are described by Parton as having been involved in "entrepreneurial activities" that proved vital in the raising and publicising of the problem. Early publications are noted in medical journals, with medics recognised as the key protagonists in naming and defining the problem and as those professionals making subsequent recommendations. The causes identified for this phenomenon were broadly explained by individual pathology perspectives which highlighted the inadequate, irresponsible and aggressive tendencies of some parents. Following the successful capturing of media attention, the naming of the new 'battered child syndrome', and the successful attainment of the interest of a leading child care agency, there followed in the USA a rapid development in state policies addressing the problem.

In the UK recognition of 'battered babies' was a slower process beginning in the early 1960's, trailing some twenty years behind the early concerns expressed by some professionals in 1940's USA. There were similarities in the groups taking up the problem; with doctors again fronting the early interest, albeit a different branch of medicine (paediatricians not radiologists). 'Battered baby syndrome' was issued as the official term and, as in the USA, a major national child care organisation (the National Society for the Prevention of Cruelty to Children (NSPCC)), became crucial in disseminating information and promoting the social issue. The final catalyst which was to prompt professional, political and national public concern for abused children, was the death of Maria Colwell in the early 1970s. The manslaughter of Maria by her stepfather, the inquiry into her death and the media response, established child battering as a major social problem about which a 'moral panic' ensued (Parton 1985).

Returning to 'elder abuse' we can identify similarities in the USA's and UK's connected experience of child abuse. First, the initiative to define and respond to 'elder abuse' can be

located in the USA, with the response and resulting intervention strategies clearly of interest and importance to those looking to develop a statutory response in the UK. Second, in terms of the emergence of the 'social problem' and dissemination of information about it, we can note the gradual occurrence of publications in professional journals. Also, the harnessing of a major national organisation's interest in the issue (Age Concern England) was a key factor in the establishment of the national campaigning organisation Action On Elder Abuse (AEA) in 1993.

From McCreadie's (1993) bibliography of 'elder abuse' writings we can see a fourth similarity in that the early articles were published in medical journals. Some ten years after the first UK paper was published in 1975 'elder abuse' issues began to be raised in the journals of other professions e.g. social work and nursing. At the present time it is clear that the majority of 'elder abuse' literature originates in medical, nursing and social work practice settings. Academic contributions are evident to a lesser extent in number but those emerging offer valuable approaches, e.g. Phillipson's (1993) sociological perspective; Bigg's (1995, 1996) and Wilson's (1994) social policy perspectives; and Aitken and Griffin (1996) and Whittakers' (1995 a & b; 1996, 1997) feminist perspectives.

Parton (1985) alerts us to a number of reasons why a critical assessment of the emergence of social problems is important. For example, in terms of child abuse, he suggests its uptake by the medical profession, (and a waning section of the profession at that - paediatric radiologists with "marginal medical status"), is telling. With childhood diseases and mortality rates declining, Parton argues that the above profession used this opportunity to enter a sphere of social life characterised by family conflict, and traditionally frequented by social services. In so doing they achieved an advancement in their professional status. Indeed Parton believes:

Clearly the way the problem was articulated and presented was hardly passive, for the radiologist and paediatricians involved were orientated towards seeking out and establishing a new illness. (1985, p52)

The care of older people and gerontology, are areas traditionally under-resourced and with a low professional status. They are also likely to benefit from an injection of increased public, political and professional interest. There is the possibility of extra funds, resources

and an enhanced position for those involved if 'elder abuse' becomes a recognised social concern and problem.

We cannot scrutinise the role of individual actors or professions alone, but should also examine the place of organisations and the State in the process of the social construction of problems. Parton (1985) noted the importance of the NSPCC and the establishment of the 'Battered Child Research Unit' in raising and taking on the child abuse issue. In the field of 'elder abuse' the UK has a highly specialised organisation in AEA which has a key role in promoting, stimulating and *constructing* the UK, and to some extent European, 'elder abuse' discourse. The elected member positions of this organisation are held by practitioners and researchers who are also at the forefront of 'elder abuse' research and publications in the UK. AEA has been able to forge links with the Department of Health, and has thus been able to have an increasing influence on 'elder abuse' issues at national and policy levels.

Finally, I want to offer a comment that draws together this and the previous sections in this chapter. I have found a social constructionist analysis of 'elder abuse' to be useful because it permits the activity and the varied dimensions of naming social problems to be scrutinised. However, it should be noted that the literature I have drawn on to understand this naming, has excluded gender as a key issue. In spite of this, and through raising the important profile of gender, the insights offered by the social construction perspectives are valuable. We can, on the one hand, identify the struggles that are played out to define and *know* a troubling social condition. While on the other hand, I would also suggest that we can view the very pursuit and struggle for definitions of 'elder abuse', by those with inevitably incompatible and different agendas and interests, as an artefact of the construction of social problems in itself. In so doing I am aware that an unhelpful relativist view is almost inevitable. However, I would hold with the need and value of "... record[ing] our general knowledge of the social world by blurring the differences between explanation, description, discovery, invention, fact, artefact, theory and evidence." (Manning 1998, p163). Thus, what we see played out in the endeavour to define 'elder abuse' is as much a statement about who is involved and how this is being pursued, as it is a statement about the substantive issue. Therefore, we learn as much, if not more, about this social problem by considering who and what has been included and excluded in the exercise to name 'elder abuse', as we do from hearing about what it is professed to be.

Conclusion

The phrase 'what you see is what you get' comes to mind when we consider the discovery, conceptualisation and analysis of 'elder abuse'. In this chapter I have portrayed that what we claim to have knowledge about, and how we go about claiming that knowledge, becomes what we *know* about phenomena. Thus, when gender remains hidden and unaddressed it, of course, can be deemed as having little relevance to the issue. If it is identified as nothing other than a variable amongst many, and analysed in this way, then its significance can be viewed as marginal. If, however, gender and related concepts are promoted as inextricably linked to structural and individual relations as an organising feature of our society, *and* as a characteristic of intimate abusive relations, then the centrality of gender to our understandings of 'elder abuse' becomes clear.

A key theme of this chapter has related the above in the context of the construction of the social problem of 'elder abuse'. Ultimately, I have argued that the discovery of 'elder abuse' has occurred in a particular time and place, that gender and feminist work is largely absent from the construction enterprise, and that the voice of older women and men is not present alongside those of professionals and academics, in the naming of the problem. The research questions for this study capture these central themes.

I have especially argued for a feminist analysis of 'elder abuse', and further, for a women-focused one. I believe it is right to do so because, while men are undoubtedly abused in later life too (and I do not want to underestimate or diminish their experiences), we can identify abuse of older women as a crucial issue, and one that must be a central concern of feminists. It is my belief that men will also benefit from such an approach.

Feminist theories and research methodologies provide fundamental challenges to traditional perspectives of social organisation, relations and problems. The naming of 'elder abuse' as a social problem is in its infancy and it is therefore vital that feminist perspectives are utilised, introduced into the developing discourse and brought to bear upon its social construction. I now turn to a more extensive discussion of these theories in the next chapter.

CHAPTER 3

Challenging Theories II: Feminist Knowing

- 1. Contemporary Feminist Theories**
- 2. The Importance of the Concept of Power to the Study of 'Elder Abuse'**
- 3. Feminist Analysis of 'Elder Abuse'**

Introduction

Critical analysis is both a principal mission and feature of feminist theory. It embodies the underpinnings of feminism as a political activity and of feminist knowing as a challenge to orthodox / established / predominant ways of knowing. In this chapter I will examine some features of contemporary feminist analysis and I will also utilise its critical approach to explore the concept of power and its importance to an understanding of 'elder abuse'.

The first half of this chapter presents a range of contemporary feminist theories which I drew heavily on in the early stages of my research and which helped shape my theoretical approach to understanding 'elder abuse'. The challenges this particular phase of my study presented me are discussed in some depth later in commentary 2. Some of these challenges reflected the difficulties feminisms themselves continue to face, both from within and from outside this diverse body of knowledge. It is currently highly influenced by, and is feeling the impact of, ideas from postmodern thinking. As a result a feminist project at first glance may appear to be reeling in the wake of this contemporary influence. The critique postmodernism offers is substantial and has required that feminists more arduously address some hitherto neglected dimensions of theory and individual women's experiences. The extent of the challenges and the nature of the theories now informing feminisms mark an important phase in the development of its theoretical basis. This development can be contextualised historically and culturally, and I will do this briefly before setting out some specific elements of postmodern ideas that I felt were important. I will also critically evaluate these before going on to discuss their usefulness to feminist knowing in understanding abuse in later life.

It will be seen that there has developed a vigorous objection to suggestions of the existence of a single, unified feminism, or indeed, feminist project. In order to acknowledge and embrace the diversity of contributions to feminist thinking / theorising / writings, from hereon, I refer to feminisms where appropriate

The fundamental connection between power and gender is an established focus of feminist thinking and politics (Davis et al, 1991; Fraser, 1989; Radtke & Stam, 1994). There are a number of dimensions to the issue of 'elder abuse' which need to be considered in relation to the concept and notion of power including, abusive relations in older age; dependency;

professional ways of knowing; and gender. Feminist theorising has made a significant impact upon how and what we know as child and wife abuse. Thus, I will show that a feminist enquiry into the abuse of older people is particularly well suited to the analysis of a further category of abusive social relations.

This chapter supports the argument set out in chapter 2, that *how* we know is crucial to *what* we come to know about phenomena. A feminist way of knowing about 'elder abuse' sees it as distinct from, but crucially part of, wider sets of abusive social relations and as underpinned by power relations. Feminists have shown how these are experienced differently by women and men in their childhood, middle years and they are now arguing that this is also so, in women and mens' later life.

Contemporary Feminist Theories

The fear now expressed by many feminists is that ... changing theoretical fashions will lead us towards abdicating the goal of accurate and systematic knowledge; and that in legitimate critique of some of the earlier assumptions, we may stray too far from feminism's original project. (Barrett & Phillips 1992, p6)

A fundamental time for feminism can be located in the radical critiques of the 1970s. There is a temptation to revisit this time in feminisms' history and identify only unity, common experience and powerful political action, and to view these as testament to solid foundations of a 'sisterhood'. Barrett & Phillips (1992) in their pivotal contribution, however, remind us that fierce positions were also taken up by feminists in these earlier years. This 'second wave' feminism, as it is sometimes referred to, had at its core a notion of an identifiable *cause* of women's oppression. Whether they argued that primary oppressive practices were located in patriarchy, capitalism or a combination of the two, feminists in the late 1960s, 1970s and into the 1980s maintained a theoretical position that upheld notions of cause/s, and an idea of the execution of the means of oppression as operating at a structural level. General theories of oppression and exploitation were posited, and strategies and practices developed to politically oppose them. Kompter (1991) links the nature of the emphases of feminist thought at the time to a wider political environment, which she argues was ultimately inspired by Marxism.

Changes in feminist thinking over thirty or more years can be identified through a shift in emphasis upon patriarchy as especially significant, to the development and use of the concept of gender. This has allowed for a greater inclusion of all social relations, including those at interpersonal levels, e.g. which range from employment to family relations. Increasingly, feminist writers have identified a constraining dimension inherent in the theories originally premised as explaining women's oppression. Structural accounts of male dominance and power have been criticised as being "... too deterministic, leaving no space for individual action to challenge the systematic structures of domination." (McDowell & Pringle 1992, p11). Further, the basis upon which such theories were constructed are now fundamentally challenged, i.e. in their proclamations of a woman's 'reality' and 'truth', and in claims of universal applicability.

Universal theories, constructed in the mould of rational, objective, abstracting, traditional forms of knowledge creation are criticised on the basis that they “elide differences” and limit historical and cultural contextualisation. Moreover, in the pursuit of causal explanations, they “exclude, marginalise and control those who do not fit.” (Featherstone & Fawcett 1994/5, p62). Groups of women who do not ‘fit’, such as black, lesbian, working class and disabled women, have exposed some feminist theories as largely originating with white, western, middle class, heterosexual and essentially academic women (Butler, 1992; Olesen, 1994; Strickland, 1994). Amongst themselves, feminist writers have emphasised an essentialist and generalising propensity to radical positions that “indulge in false universalism” (Strickland 1994, p265). Barrett and Phillips (1992) believe within feminism that the “consensus has ... broken up” (p4) and the earlier celebration of common experience, sisterhood and shared political project has, “been relegated almost to history” (p2). They do, however, caution us in interpreting this paradigmatic shift as symptomatic of a wholly inadequate earlier feminist theorising and position. Rather they contend, this should be viewed as a process of development which has taken place, whereby feminist thought can be seen as a continuing and progressive project.

In the late 1990s this project occupies a very different intellectual and political space from that in the 1970’s. Ang-Lygate et al’s (1997) edited volume forms an excellent example of the range and breadth of some contemporary contributions, combining postmodern and more traditional style radical papers, apparently coming from two extremes. Barrett and Phillips (1992) wonder if the differences created along the way are in fact reconcilable as a progressive body of knowledge. Gunew suggests (1990) we have come to a time when:

What feminist theorists need to reiterate with wearisome regularity is the diversity and specificity of women rather than any notional woman. And this includes the diversity amongst feminist theorists themselves who don’t all speak from the same position. (p29)

Gunew’s (1990) assertion reflects a central theme of current deconstructionist feminist thinking, and paradoxically can be identified as both a strength and a weakness, and as a result has provided a focus for its critics. For, as we will hear, some would argue that in celebrating women and their diverse identities and experiences, there concomitantly occurs a loss of strength which is available when arguing for a common experience. Before considering such criticisms however, I want to set out some of the main features of

contemporary feminist theory which have been particularly relevant to my understanding of abuse in later life.

Contemporary Challenges

Contemporary feminist theories have been strongly influenced by postmodernism in the 1990s. Clarifying what the components of postmodernist ideas are, however, can be a somewhat frustrating and challenging activity*. Indeed, some writing in this ilk claims not to know distinctly what it is! Rather they describe themselves as having a sense of it (Butler, 1992). Giddens et al (1994) suggest postmodernism "include[s] so many different traits that many have concluded that the concepts have no coherent meaning" (p9). These writers do, however, concede to a likely 'thematic core' that is evident within the collected writings.

Throughout my endeavour to understand and utilise some ideas of postmodern theorising, I have struggled with the declaration of a postmodern feminism. It appears to me that the rejection of all monocausal metanarratives and explanations, which postmodernism pursues, leaves a 'postmodern feminism' in difficulty. The term appears to be a contradiction of itself (but maybe there-in lies the rub!), as assigning such a label to a body of knowledge and values would not appear to conform to the requirements of postmodernism, which is unprepared to 'boundary' distinct bodies of ideas, judgements or explanations. However, feminist researchers and writers in the social sciences have managed to ally the two with varying degrees of ease (see Butler, 1992; Fraser, 1989; Gibson-Graham, 1994; Harper, 1997; Laws, 1995; Opie, 1993; Sands & Nuccio, 1992; Standing, 1998). (Also see Weeks (1993) for his reconciliation of postmodernism and value positions, which leaves the latter legitimate, although recognised as 'multiplicit and plural').

A significant component of postmodernist thought is a rejection of universal claims made by established, more traditional theories. Grand narratives, e.g. Marxism and feminisms, are rejected on the grounds that there are no ultimate truths to be understood and no actual realities to be uncovered. The notion of objectivity, a central feature of western enlightenment thought, with which postmodernism takes issue, is criticised on these

* One practice would appear to be the conflation of the terms and ideas of postmodernist and poststructuralist theorising. For the work presented in this thesis unless a text refers specifically to its basis being poststructuralist thinking, then I have used the word postmodernism as the term within which I refer to the points and themes raised in this chapter. I acknowledge, in the higher-postmodernist scheme of things, that this might be far from acceptable. However, for a thesis drawing on these ideas, and one that is not a postmodern work in itself, I have found this approach to be necessary and adequate.

grounds. For feminists this has provided the means by which to expose how grand theories have promoted male self-interest and privilege, while maintaining women's invisibility, in terms of their experiences and interests (Giddens et al 1994; Crowley and Himmelweit 1994). In rejecting 'single representations of reality' postmodernism instead "... offers a theoretical celebration of 'difference', partiality and multiplicity." (Strickland 1994, p266).

As such postmodernism appeals:

Given that feminists are concerned with the problems of essentialism and universalism, about not making false generalisations from their own perspective, with marginalizing or excluding the perspective of others - it is understandable that postmodernist theory, with its wariness of generalizations that transcend the boundaries of culture and region, [and] with its apparent attention to difference, diversity and locale, is an attractive approach to take up or espouse. (Strickland 1994, p266)

Ideas about difference and equality have been long-term concerns within feminisms. These have been for both differences between women and men, and also for differences between women themselves. Issues that have been named and developed through an analysis of difference have provided a basis upon which to call for action. For example, in terms of male violence, *all* women have been exposed as being subject to the exercise of this form of male power, and thus have been called upon to unite in the face of this threat (Segal 1987, p70 quoted in Featherstone and Fawcett 1994/5). A postmodernist approach would challenge such rigid assertions. The essentialist tendency that the above argument confers would be viewed as being "unhelpful politically and unsound theoretically" (Featherstone and Fawcett 1994/5, p65). Segal's (1987) argument of an inherent male violence is an example of how gender differences have and can become theoretically oppositional and fixed. In this way the use of perspectives that identify a definitive masculine and feminine nature mirror the historical use of such normative notions which have cast women and men in stereotypical roles and behaviours. As a counter to this some contemporary writers argue it is not difference between women and men that determine their social relations, but unequal power (Crowley and Himmelweit, 1994).

As noted above, a dimension within the 'difference' debate concerns differences *between* women. Obviously all women are not the same, neither are their experiences of subordination and male power. Further, *within* apparently identifiable groups of women, i.e. black, disabled, lesbian, and heterosexual etc., a homogeneous quality cannot be assumed.

An illustration of this can be seen in Morris' (1993) critique of feminist work into the emotional abuse of women in the family. She highlights how this has largely left disabled and elderly people's experiences, which commonly occur in residential settings, unaddressed.

The range of issues reflected in the equality/difference debate are further commented upon by postmodernist thought within feminisms in terms of a critique of oppositional positions. Dichotomous categorisation, e.g. male/female; black/white; mind/body; rational/irrational; saneness/madness; public/private, reflects a means of knowing that relies upon a placing of the 'other' outside the realms of norms and values. The 'other' is judged against a standard male or masculine, or 'minus male' (Gross 1994; Hekman 1994). This has had the effect of consigning women to the more marginalised position of 'other' whereby their interests can be effectively hidden or unaddressed. Contemporary feminist theory is concerned as a result, not to necessarily reverse these opposites, but to demonstrate the inclusion and value of 'other' categories which inform understanding, knowledge and reason (Gross 1994).

A further central feature of postmodernism and poststructuralism is the analysis of the construction and use of language and discourse. Feminists have taken the postmodern critique of rationality (including "the requirement of formal logic, the structuring of concepts according to binary oppositional structures, the use of grammar and syntax for creating singular, clear, unambiguous, precise modes of articulation" (Gross 1994, p368)), and have extended it beyond a mere exposure of symptoms, to an analysis of causation. For as Hekman (1994) claims:

The fact that, through their control of language, men have dominated not only women but every aspect of the world in which we live is obvious. ... Two aspects are particularly relevant ... The first is ... how linguistic practices in knowledge-creating institutions have been structured along gendered lines since their inception with the Greeks. A second aspect ... deals with the connection between the real and the rational. (p51-52)

Language and discourse have also been connected to conceptualisations of power in poststructuralist analysis. Heralded as of particular importance in this sphere is the work of Foucault (see specifically 1965 & 1979) whose analysis radically reformulates a monolithic view of power as centrally located and repressive (I return later to look in depth at feminist interpretations and uses of Foucault's work in the next section of this chapter). Rather,

power is conceived as constituted through discourse; as exercised and relational; as limitless and 'capillary'; as productive and resistible. (Ramazanoglu 1993). Thus, power can be construed as available to even those whose circumstances appear to unreservedly negate such possession; a challenge indeed to traditional, repressive notions of power.

Power as constructed in this way was made powerfully visible for me by Brian Keenan (1992) in his autobiography *An Evil Cradling*, in which he gives an account of his experiences at the hands of kidnappers in the middle east. Living four and a half years in capture and experiencing daily life-threatening, torturous, humiliating and depraved incidences, his grip on, and sense of, personal power might be expected to be eroded, if not completely severed. Yet in a variety of ways he made available to himself the means through which to resist the coercive power which he was subject to, and to capture opportunities that presented themselves for subversion, no matter how small. These opportunities saw him in acts of defiance such as creating lighting for his cell from drops of melted candlewax and three pieces of cotton, crafting a complete chess set (a forbidden possession) from a few materials which fitted into a matchbox, and concealing a pen for communication between fellow captors in the pipes of a communal sink. The depths of his insurgency seemed no more stark than those when his only recourse was to escape into his mind and to resist from there. In harrowing accounts of beatings and despicable acts of humiliation Keenan achieved this, as his words convey:

I screwed my eyes tightly closed, thinking I must find a way to express resistance, to express defiance even though they were doing this thing to me. I could do nothing more than sit erect trying to force power into every muscle of my body so that their hands tight on my arms might feel the anger boiling in me. (1992, p144)

I return to this different conceptualisation of power shortly and how it can encourage a more emancipatory and productive view of this concept.

The themes I have introduced above, of universalism, difference, oppositional categories, language and power, are but a limited presentation of some components of postmodern and poststructuralist discourse. They comprise those features that I have found to be of particular importance and use to contemporary feminist thought. These particular elements have been both embraced and criticised by feminist writers; such that they constitute much

debate and analysis within contemporary feminist writings. It is to such a critique that I now turn.

Contemporary Critiques

Probably the most extensive criticism of feminist theory which identifies with postmodern ideas is directed at the outright rejection of general theories and the diffuseness of ideas of difference. The following quotes reflect concern at the dangers for feminisms that this poses:

Given that women are dominated by men in one way or another in virtually every known society, general theorising about it should not be out of the question, provided it is not "single origin" or reductionist theory. ... Without [categories], and some notion of women as a category of the oppressed, women stand to continue to be more silenced than men within the class, culture, race, or nation, where they find themselves. (Lange 1993, p199)

In order to respond to the challenge which taking difference seriously requires, it seems to me that we do have to utilize some larger-scale structural analyses ... I don't think that use of such categories necessarily has to result in universalistic grand theory. (Strickland 1994, p268)

Paradoxes, dilemmas and ambiguities are seen everywhere. The category 'women' has lost its former clarity; pluriformity, multiplicity and diversity of meaning dominate the scene in feminist theorising. (Komter 1991, p42)

... although it started on the terrain of sexual antagonism between men and women, it moved quickly to a state in which relations between women caused the most internal stress. Women, in a sense, are feminism's greatest problem. (Delmar 1986, p27-28)

Ultimately, the fear is that if some feminisms are relentless in an extreme pursuit of 'difference, diversity and multiplicity', which is uncontested by any notion of unifying experiences, they will severely limit themselves and be unable to move beyond a simplistic and alarmingly apolitical stances. As Strickland (1994) comments, "Just all this diversity and no doubt" (p269). The real consequence of this, she goes on to argue, is that power relations if addressed in this manner may be exposed but remain uncontested, with those with power only having to recognise difference but not necessarily *make* a difference in relation to their own power positions. This accusation can be levelled at both male power positions and women who occupy positions of privilege.

A similar fate awaits categories and concepts developed earlier in feminist theory, e.g. gender, femininity, and woman. Within an analysis of discourse which argues for ambiguity of meaning and discursive, textual construction of all social experiences and categories, the above terms are ever changing and shifting. To such an extent, Komter (1991) suggests, that "the anti-essentialism displayed in some writings of this genre can literally cause speechlessness" (p47).

As feminist writers note, acknowledging difference *between* individual women and groups of women, was indeed a feature of earlier forms of feminist theory (Barrett and Phillips 1992; McDowell and Pringle 1994). The current debates dealing with this however, do appear to have been moved on significantly by postmodern influences which have argued for the dismantling of definitive statements so articulately, in terms of rational, western, mainstream thought. Hence its appeal to some feminists. However, paradoxically "what threatens to disappear is the hook on which to hang our feminism." (Ransom 1993, p126).

Nicholson (1994) responds to the postmodern critique of oppositional categories. Dealing with what has arguably been feminism's bread and butter, the public/private split, she presents the reservations of those suspicious of this divide. These can be summarised as follows. First, the division obscures the integration between the two domains in contemporary society making it unrealistic for this split to be absolute. We see this, for example, in the forms of women's caregiving work in society, where their paid (public) and unpaid (private) employment activities and roles often mirror each other. Second, an association of women with the private sphere may lead to the neglect of their oppression within the public sphere. Finally, the peripheral status of the private realm will result in women's oppressive experiences within it, being marginalised.

As Richardson (1993) highlights, this last point can be seen in the case of motherhood. While many, many women are mothers, and although motherhood shapes most other factors in women's lives, little is theorised about it. Also of central importance to this critique, is the ahistorical nature of the public/private split, for it "obscure[s] history ... inaccurately project[ing] backward onto all human history a division of labour specific to capitalism." (Nicholson 1994, p37). Having acknowledged the problematics of this dualism, however, Nicholson argues for this feminist, oppositional conceptualisation to be retained. She accepts the criticisms directed at it, but maintains the importance of private/public categories. I agree with her that they offer a means of understanding the social organisation

of gender and of gendered social roles, experiences and status. This is evident when we consider caregiving experiences. While, as Nicholson (1994) identified above, in private and public spheres these experiences may mirror each other, the gendered division of labour in the public sector is a significant characteristic of women's employment expectations and opportunities. Thus, in maintaining notions of public and private spheres it has been possible to expose that:

Historically, the gender composition of health occupations has proved a powerful factor shaping patterns of inter-occupational dominance and subordination (Witz 1994, p37)

I have taken a similar approach in this thesis when dealing with the issue of naming (as a dualism) abused and abusers. While on the one hand I argue against the use of such categories I have also retained them and it will have been noticed that I use them fairly often. I believe it is inaccurate and conceptually inadequate to talk in simplistic dichotomies. The key to their use I would argue is to ensure they are subject to critical analysis. To do this allows the normative tendency of dichotomous language to be challenged. Thus, women as abusers, and the role of previously abusive relations on caregiving, as two examples, can be accommodated. To reject all categories is unhelpful. It is crucial for a feminist piece of work to ensure it understands the gendered nature of abuse and that it exposes it. In this way it is important to be able to talk in specific terms of those people who are most identified as abusing older people and those who are most likely to be abused.

Strickland's (1994) critique of feminists' use of postmodernism is based upon the belief that the two have very different origins, 'reasons and interests' in criticising and deconstructing western, enlightenment thought. She argues that any apparent common themes or interests are superficial. Lazreg (1990) supports her, in calling for feminisms not to retreat into deconstructionist ideas. She maintains:

The point is neither to subsume other women under one's own experience, nor to uphold a separate truth for them ... As it now stands, difference is seen as mere division. The danger of this underdeveloped view lies in its verging on indifference. (Lazreg 1990, p339)

Klein and Hawthorne (1997) take the "disengagement, disinterest and indifference" (p59) that they argue results from postmodern positions even further. Not only are they also

suspicious of its origins (“... territory already held and fortified by the boys” (p57)), but they see no coincidence in its growth at a significant time for minority groups. In response to the postmodern declaration that “The author is dead” and the text reigns supreme, they retaliate:

... she died just at the moment when women, blacks, indigenous peoples, lesbians, the disabled and anyone else marginalized by the system were beginning to be heard. (p58)

Contemporary Feminist Theory and ‘Elder Abuse’.

A number of perplexing and challenging problems for feminisms exist around women-abuse in general, and certainly as far as ‘elder abuse’ is concerned. For example, there is a need to address the issues raised by women as caregivers who abuse older people; abuse by dependent/incapacitated older people (who may be women), of their caregivers (who may be men); older people who may wish to remain in intimate relationships with an abuser; and women, once battered, who abuse their previously battering husbands or parents in later life.

These abusive relations demand an enquiry from feminists that goes beyond generalised, theoretical assertions about gender and the gendered nature of abuse, i.e. of *male* abusers and abused *women*. Relying upon such dualisms, allocates men and women to extremes of oppositional poles, whereby *all* women are good and *all* men bad. There are dangers for feminists in this limited view. First, as Benjamin (1990) (quoted in Featherstone and Fawcett 1994/5), warns:

to ignore such questions will fatally weaken feminism’s ability to understand the social world. (1990, p72)

Second, by removing women from a position within abusive relations that might signify their own power position, or through not acknowledging forms of mutuality within such relations, women are easily cast into the passive, dependent, vulnerable mould of ‘the victim’. Finally, in overlooking these conflicts and tensions, feminists risk overlooking the experiences and needs of women who abuse; women who may choose to remain in abusive relationships; and women who do not take on the role of caregiver.

Feminist theories then can contribute greater depth and understanding to the analysis of 'elder abuse', if they reject the exclusive use of essentialist, generalising theories. Also, if they question the nature and components of the language through which 'elder abuse' is constructed, e.g. binary subject/object categories of, abused/abuser; carer/dependent; formal/informal carer; public/private care settings etc.. My position in this research is also cast, however, by remaining mindful of the argument presented earlier, which maintains the importance these categories continue to serve in facilitating an understanding of the organisation of gender (Nicholson 1994) and consequently I prefer to be critical of them but not dismissive.

The language of 'elder abuse' and the discourses that construct it need to be of specific concern to a feminist analysis. "Discourses are always necessarily about power and strategy" (McDowell & Pringle 1994, p12), and, inextricably coupled with language, they order reality. How 'elder abuse' is researched and written about then, will reveal how it and the subjects of the discourse and category, are constituted. Revealing discursive practices through textual deconstruction and contextualisation, together with a concern for *who* speaks within *which* discourse, is a political activity.

Schneider (1992), writing about tensions between feminist legal theory and understanding woman-abuse, attempts to draw together the 'particular' (women's experiences) and the 'general' (understanding of woman-abuse in terms of theories of societal violence and women's subordination). Acknowledging debates between feminists about the problems of essentialist theories, she argues that emphasising particularity over generality, or vice versa, will severely limit feminist theory and practice. She is aware of the difficulty that exists when arguing for difference and diversity and the consequent destabilisation of general theories. For, at the same time, this destabilisation also risks diluting the strength that can be achieved through asserting the common experience of, and special issues facing, women. Schneider (1992) argues:

The particular illuminates the general and the general then gives a context and depth to our understanding of particularity. Linking the particular with the general is also an effort both to acknowledge situatedness and to seek commonality. (p528)

Schneider's (1992) model then, attempts to resolve and consolidate these two perspectives. In doing so she is also arguably endeavouring not to fall foul of the false dichotomies trap I exposed earlier.

I outlined above some specific abusive relations in the context of 'elder abuse' which I suggested might prove problematic to feminist theory. Schneider (1992) in her article examples in a similar way, lesbian and gay violence and argues that such abuse, together with other dimensions of abuse that have been exposed by focusing upon particularity, warrant a redefining of "battering as an issue of power and control" (p539).

Schneider's (1992) paper is helpful in drawing out within the context of woman-abuse, a dilemma I face in the field of 'elder abuse'. I am attempting to expose 'elder abuse' as a category constructed through professional, male-dominated discourse which marginalises the gendered nature of 'elder abusive' relations. However, in destabilising the very category in this way I risk undermining an important political position. This position can be used to argue that there is a common experience of abuse and of male violence for *all* women. This inevitably leads to an uneasy use of general theories of power and control because, as Schneider points out, they compromise particularity. Yet the particular can provide the crucial means by which common issues for women can be highlighted in order to politicise and raise awareness about them. By focusing upon the particular, Schneider suggests, a consequence has been :

"some unintended impact of compounding the problems of battered women because we have insufficiently interconnected battered women's experiences to the larger and more general problems of women" (1992, p568)

Schneider (1992) defends her own use of general theories of power and control by arguing that their use "does not mean denial of the distinctiveness of women's experiences of woman-abuse." (p568).

I believe by taking account of both the particular experiences of women and of general theoretical accounts of abuse and violence, it is possible, as Schneider (1992) has demonstrated, to contribute to an understanding of 'elder abuse' as an emerging social problem *and* an individual experience. Further, these can be related to "the larger women's movement and to more general issues of gender subordination [to] place ['elder abuse'] in

context" (Schneider 1992, p568). Central to these different levels and dimensions of abuse in later life is the issue of power.

The Importance of the Concept of Power to the Study of 'Elder Abuse'

There are a number of issues that are important with regard to the concept of power when considering the broad area of 'elder abuse'. First, there are the nature and dynamics of abusive relations which are imbued, to differing degrees, with imbalances of power, in both the exercise and possession of power. Second, turning to later life, consideration of dependency and interdependency is important. Linking of the term dependency with older age can be problematic (Arber & Ginn, 1991; Fisk & Abbot, 1998; Johnson 1993), and pursuing this uncritically is therefore ill-advised. However, I identify them for consideration because research has demonstrated, for example, the vulnerability of older people with dementia to abuse (Wilson, 1994). Also in respect of the socio-economic positions of large numbers of older people and the result of this on their marginalised status in the UK, and also in 'material and psychological dependence' (Townsend, 1991). Ginn and Arber (1998) identify older women as especially at risk of dependence on others as a result of their lower income in later life.

A third dimension to an analysis of 'elder abuse', as I discussed earlier when looking at the social construction of social problems and discourse, is the role of professional power in the process of definition and classification of 'elder abuse'. This process is highlighted by Whittaker (1995a) who has argued against the separate categorisation of a phenomenon of 'elder abuse' on the grounds that it prevents this form of violence being placed within a spectrum of male violence. She asserts that :

... the argument for special categories and programmes due to the dependency and vulnerability of older people, is at best misguided paternalism and at worst, another example of resistance to feminist analysis. (Whittaker 1995a, p40)

Discussion of professional power at a macro level then, is crucial to a greater understanding of the naming and claiming of this problem, and in understanding the gender dynamics involved. While at the same time power analysed at micro or local levels enables

an exploration of the dynamics of individual abusive relations between abused and abuser, and between these individuals and the practitioners involved in their health and social care.

A fourth issue that I have already identified as of special significance in connection to 'elder abuse', and which also has an important relationship to power, is gender. This relationship can be further emphasised by gender's inextricable link and connection to power within feminist analysis. While the association of the two concepts is accepted as central to feminist thinking, theorising about the nature of the relationship has been described as "shadowy" (Oldersma & Davis, 1991), and Ramazanoglu (1989) suggests there is a lack of feminist analysis which deals specifically with power. However, a number of feminist writers have attempted just this, with Komter (1991) suggesting that a feature of the debate within feminisms is whether such theorising makes use of existing social theories of power, or whether a feminist theory of gender and power needs to be developed. It is her argument that the former approach should prevail.

Oldersma and Davis (1991) introduce the notions of power and gender as familiar associates within feminist theorising:

The relationship between gender and power has been treated as given within feminist scholarship of the past two decades. The precise nature of this relationship, however, remains shadowy. Despite the centrality of both concepts for feminists, constructing theories which can satisfactorily account for how they are connected has proved particularly troublesome. (p1)

They chart the long established tradition of attempting to understand power, acknowledging its central place in the origins of social science theorising. Early conceptualisations of power reflect simplistic notions of an asymmetrical nature to possessed power in an overt, observable form. Oldersma and Davis (1991) give the classic definition of power offered by Weber (1978) which understands power to be "the chance of a man or of a number of men to realise their own will in a communal action even against the resistance of others" (quoted in Oldersma & Davis 1991, p7). This quote proves to be useful in two respects. First, for the purposes that Oldersma and Davis (1991) present it; to demonstrate a particular view of power. Second, its language clearly reflects the wider and established tradition in academic writings to present the masculine context as the norm, and in doing so placing the feminine in the realms of the exception or 'other'. (Thiele (1994) describes this literary practice as creating *genderic* not *generic* terms).

The above issue is important to feminist writers who consider utilising existing social theories of power which are constructed within malestream academic contexts. Harstock (1983) critiques the 'gender-ness' of power theories, whereby it could be argued that any analysis of power will be premised upon the worldview of its theoriser. That is, their social and cultural roles and position. This alerts us to one difficulty for feminists in employing existing classifications of power. It is important for this study how feminists have critically evaluated some ways of theorising power that have been utilised to explain 'elder abuse'. For example, in chapter 2 I set out Jack's (1993) traditional use of exchange theory in his gendered examination of 'elder abuse'. It proposes "... that in their interactions individuals will act according to the real and perceived benefits and costs to themselves of continuing that relationship." (Jack 1993, p79). This conceptualisation of power is typical of what Davis et al (1991) note to be traditional theories of power which define power relations as contractual in nature. These feminist writers set out a different notion of power which allows for the 'location of the theorist' to be considered in the construction of such theories. Importantly the "gendered-ness" is made explicit, and in so doing traditional male conceptions of social relationships is made visible.

Having made these criticisms, it is necessary to consider a selection of traditional perspectives on power in order to evaluate their usefulness and to hear feminists' responses to them. Undoubtedly a classic text for gaining an overview of theories of power is Steven Lukes' (1974) much quoted contribution *Power: A Radical View*. His concise work acts both as a presentation of established perspectives of power while also offering a critique of these, in the form of his 'Three-Dimensional View'. To briefly summarise the theories I will use Lukes' own terms of a one-dimensional, two-dimensional and three-dimensional view of power. I will also show how the second and third act as critiques on the previous dimension.

The first, similar to Weber's (1978) definition cited earlier, allocates observable characteristics to power in the form of conflicts in preferences and interests. The 'overt behaviour' elements of this perspective are what enables *exercised* power to be theorised. As Lukes (1974) interprets, this view is "opposed to any suggestion that interests might be unarticulated or unobservable" (p14). Put simply this 'pluralist' perspective sees a relationship of power between actors that is exemplified by the description :

A has power over *B* to the extent that he (sic) can get *B* to do something that *B* would not otherwise do. (Dahl 1957, in Bell et al 1969, quoted in Lukes 1974, pp11-12).

A 'two-dimensional view' of power acts as a critique of the above by arguing that it presents a misleading view of a process that possess a further element. That is, account should be taken not just of observable decision-making, but of *non*decision-making too. This view takes "account of the fact that power may be, and often is, exercised by confining the scope of decision-making to relatively 'safe' issues" (Bachrach and Baratz 1970, p6). Thus, Bachrach and Baratz (1970) propose a means of locating power in their description of this 'second face of power', by indicating its existence in non-actions. In doing so they have introduced what Lukes (1974) believes to be a crucial idea into the debate, that of the 'mobilisation of bias', which is:

... a set of predominant values, beliefs, rituals, and institutional procedures ... that operate systematically and consistently to the benefit of certain persons and groups at the expense of others. (Bachrach & Baratz, 1970, p43-44).

Thus, along with observing conflicting interests and preferences to establish the location of power, a two-dimensional view of power also focuses upon potential issues.

Both of these behaviourally focused theories are contested by Lukes' (1974) own proposed view of power. He argues that even recognising potential issues does not go far enough to explain how power might be exercised by some over others. Lukes (1974) argues that political agendas are "influenced, shaped and determined", and he asks:

.. is it not the supreme exercise of power to get another or others to have the desires you want them to have - that is, to secure their compliance by controlling their thoughts and desires? (p23)

Thus, Lukes (1974) adds *latent conflict*, to *actual conflict* and *potential issues* to construct a three-dimensional perspective of power, whereby even a consciousness of the real issues of those unable to exercise power is refutable.

It should be noted that all three of these perspectives have their origins in organisational and political theory. This is apparent in the empirical studies they are premised on. Application to intimate, personal relations in private domains are not made. However, Lukes' (1974) presentation of three-dimensions of power has been used by some feminists to examine the gendered nature of power in this sphere (Komter 1991; Maguire 1994). Other feminists argue that Lukes only goes some way in challenging the traditional "positivist-bound economic view" (Radtke and Stam 1994, p4) of power, in that he maintains a model of

conflictual relations and interests. Radtke and Stam (1994) counter this view with a Foucauldian notion of power as exercised through processes that are not dependent on "external surveillance or coercion" (p4). Foucault's classic work on the Panopticon design demonstrates how this surveillance technique leads to self discipline, regulation and surveillance. Thus:

Surveillance accomplishes its purpose when the observed internalizes the sense of being watched, and behaviours are accordingly circumscribed and thereby normalized. (Faith 1994, p56)

In addition, the coercive exercise of power is achieved not through explicit force or conflict, but through the very production of knowledges, truths and discourses (Radtke and Stam, 1994). (The emancipatory potential of power is evident in this respect through the production of feminist discourses.)

Returning to Lukes' Three-Dimensional model, Maguire (1994) uses this to examine the powerless position of women subjected to violence by their male partners, and also in relation to contraception issues and legislation in Ireland. She offers an example of one woman's experiences which highlight elements of all three categories of power, reflecting the complex nature of its exercise. At the one-dimensional level she argues that power is used overtly against women living in violent situations in the form of prescriptions for medication for those women who 'cannot cope', or in the refusal of public services to respond to the problem of violent men. Maguire (1994) argues that at a two-dimensional level of power, attempts to have abortion and contraception issues heard in the public arena have often either been stifled, distorted or they have had lip service paid to them by those proclaiming a need for action. Finally, she argues, that women's self-perceptions and self-esteem are manufactured and shaped continuously by the images and messages we are subject to from a number of different sources, such as advertising. Thus, a third-dimension of power can explain how our realities and perceptions are 'manipulated and controlled' to the point of our conscious awareness of them being undermined.

A specific criticism of Lukes' (1974) framework of power is its reliance on the concept of real interests (Komter 1991). This poses empirical problems of false consciousness and of infinite regress inherent in relativist positions. Clegg (1989) has argued that "the morality of interests is of little value in determining their sociological reality" (p102), and following an

extensive discussion of Lukes' oppositional positioning of structure and power, and of degrees of structural constraint versus structural determinism, he pronounces:

It may be adduced that Lukes' (1974) three-dimensional view of power does not succeed in delimiting a space in which a privileged insight into power can be developed. 'Real' interests have not been successfully fixed. Moral relativism has not been avoided. (p103)

Komter's (1991) means of getting around this in her study of power within marriage using Lukes' framework, is *not* to attempt to uncover real interests or to "try to determine empirically which part of the respondents' consciousness reflected their most genuine beliefs." (p57). Rather, Komter used hypothetical scenarios to determine respondents' preferred choice if no power was exercised to influence that choice. Her work illustrates what Komter argues should be the approach to applying theories of power. She suggests that such is the complex nature and connection of gender and power that existing social theory can satisfactorily be used, if *no* attempts at universalising are made. Or rather, feminist analysis might wish to use existing concepts of power to examine specific issues that are of particular concern to feminist interests. She goes on to state that:

In doing so, however, it will be necessary in most cases to reformulate the theory from a feminist viewpoint and adapt it to one's specific research aims. Many social theories on power are flawed by implicit or explicit sexism and they display blind spots where gender is concerned. (Komter 1991, p54)

Oldersma and Davis (1991) are other proponents of this view. They further clarify Komter's (1991) argument that just as uncritically applying traditional approaches does not adequately inform our understandings of women's experiences of power, neither is a solution to be found in the construction of a 'grand' feminist theory of power. This proposition comes not only from an objection to the universalising nature of global theories, but also given the similarities between other social relations and power, and gender and power, e.g. ethnicity and class. Komter argues that the similarities between these social divisions are greater than their differences and therefore the use of more general theories of power is arguably more useful than posing exclusive theories for each set of power relations (i.e. for gender, class, 'race' etc.) Ultimately, Davis (1991) believes the choice of the theory or theories to be used are indicated by the theoretical and empirical problems to be examined. Theories of power therefore need to conceptualise different areas and levels of interactions and experience:

Considering the dazzling variety and complexity of social life, it seems highly improbable that any one theory - regardless of whether its starting point is gender or power - can ever hope to explain it all. (Davis 1991, p80)

Davis (1991) demonstrates this in relation to her research on power and gender in medical encounters. For this study of face-to-face interactions between male doctors and women patients she chose to employ Giddens's theory of structuration. This theory is a significant attempt at unifying and developing classic sociological ideas about the importance of both social structures and actions (agency) in forming the social world. The theory privileges neither emphasis (although it attempts to "restore the primacy of the agent" (Swingewood 1991, p312)). Rather it views structuralist and functionalist theories as providing different, not exclusive, ways of seeing and understanding (Taylor et al, 1995). Ultimately, this is not a feminist theory, and while it proved the most useful approach to analysis for her study, Davis is clear that she does not propose that structuration theory should be *the* theory of choice for feminists wishing to conceptualise power.

A particularly important point raised by Davis (1991) challenges what she describes as feminist 'common sense' views of power. She sees that there is a tendency for power to be conceived as ultimately top-down and repressive. We might add to this, a view of power as possessed, overwhelmingly by men who exercise it over and/or against women. As she points out, "this view ... has methodological and political implications for investigating interactions between men and women" (Davis 1991, p79). While I do not want to understate the oppressive characteristics of power, I would agree with Davis that a wholly negative view in turn perpetuates an image of women as 'done to', vulnerable and ultimately passive "at the hands of the evil-intentioned, omnipotent male" (Davis 1991, p79). I would argue that this image is unhelpful on two counts. First, experientially and politically it locks women into a victim-type role which sends limiting messages to them on both conscious and unconscious levels. Second, it raises the question of how feminists use this model of power, theoretically and methodologically for situations where women and their relationships with men cannot be described as fitting with a male on female repressive, dominating mode of interaction? An analysis of power that allows for enabling and emancipatory qualities to be recognised, and which acknowledges its negotiable, relational nature encourages feminist thinking to broaden both its theoretical perspectives and its political strategies (Davis, 1991; Radtke & Stam, 1994). While this view is important it needs to be clarified, as Davis does,

that while power might be negotiable, access to resources of power are disproportionately distributed in favour of men. Further, rather than differentiating two apparently opposite views of power, that of a negative view and a positive view, a more useful emphasis should be made on the latter, "that power is productive; indeed, it produces reality" (Faith 1994, p55). Power as emancipatory and power as a negative force, therefore both become possibilities.

Foucault's work on the nature and processes of power has captured the interest of some feminist writers for these reasons and they have scrutinised his work for its applicability to feminist theories. Ramazanoglu (1993) argues that his work has enabled feminists to view "power relations with new eyes" (p5) and that this has importantly included a challenge to a top-down, repressive, oppositional emphasis. His genealogy radically theorised modern power to be understood as "productive"; "capillary" ("... operat[ing] at the lowest extremities of the social body in everyday social practices." (Frazer, 1989 p18)); and as constituted more through social practices than beliefs (Frazer, 1989).

Ramazanoglu (1993) sets out how Foucault's method was developed to explore power and its operation within, and in relationship to, discourses. These she defines as "... historically variable ways of specifying knowledge and truth ... sets of rules, and the operation of these rules and concepts in programmes" (Ramazanoglu 1993, p19). These rules, (particularly those manifest in scientific discourses) determine what can be spoken about and at what time. What his perspective has facilitated is a view of 'patriarchal forms of power' that may be contested at different levels and through sources of power that are diverse and diffuse. (Radtke and Stam, 1994). This in turn encourages an analysis of power that promotes an emphasis upon 'how' questions, and thus reshapes a tendency to pursue grand causal explanations which make definitive statements about women's oppressive experiences.

To conclude, it is important to note that while Foucault's work has proved profitable to some feminists, he does not escape criticism (Faith, 1994; Frazer, 1989; Klein & Hawthorne, 1997; Ramazanoglu, 1993; Sands & Nuccio, 1992), not least in relation to his own production of androcentric publications in which, while gender is a concern, its centrality to power relations is dismissed. Ransom (1993), while recognising the links between Foucault and feminisms, argues that a healthy distance should be kept between the two. She identifies that feminism's political project and the diversity of feminisms, is supported within a Foucauldian analysis. However, a number of other features of this

analysis are problematic for feminists. For example, within discursive analysis the focus of attention is directed on *what* is spoken and how. While these details are important, feminists need very firmly to have an eye to who does and who does *not* speak within discourses.

A further example of tensions between feminism and Foucault is evident in his notion of power. While some feminist theories might utilise his genealogy of power, which sharply contrasts with traditional conceptualisations, elements of it are problematic. His consideration of the relational, 'bottom-up', peripheral characteristics of power is useful in terms of analysing the exercised power between men and women and between women themselves. However, I would support the argument of some feminists that it is necessary to maintain the argument of power as possessed, not exclusively through discourse, but ultimately through gender and patriarchal relations (Ramazanoglu, 1993), and other sets of power relations mediated through the social divisions of age, disability and 'race'.

Feminist Analysis of 'Elder Abuse'

For a feminist analysis of 'elder abuse' abusive relations are crucially understood as power relations. This is argued nowhere more ardently and clearly than in writings and feminist accounts of male violence against women (See for example, Bograd, 1988; Cameron & Frazer, 1994; French 1992; Hearn, 1996; Kelly, 1996; Maynard 1993; Radford et al, 1996b). The interaction of different sites of power from those predominately shaped by gender, have also been acknowledged, namely those shaped by 'race', class, age, disability (Radford & Stanko, 1996) and sexuality (Kelly, 1996). These violent* interpersonal relationships, whether experienced in childhood, middle years or later life, share similar origins (rooted in structural and institutional gendered social relations); they share a similar appearance (in a range of violent acts e.g. physical, emotional and sexual abuse, and also in more insidious forms of control e.g. through the use of language, access to economic resources and in the representation of women in media); and they share similar effects and outcomes (e.g. lowering of self-esteem, worth and confidence; humiliation and intimidation; surveillance of women and self surveillance by women; and a reproduction of the oppression and control of women at societal levels and within interpersonal relationships). In this sense we can see the

* not determined by physical assault alone, but all behaviours that work to 'control or intimidate' women (Abbott & Wallace, 1990).

operation of power as existing at different levels in different ways, reflecting Luke's (1974) three dimensions of power.

In applying this viewpoint to the issue of abuse in later life, as I argued in chapter 2, it is important to reiterate that the majority of those older people who are more vulnerable and subject to abuse, are older women (Jack, 1994; Whittaker, 1995a) just as this is the case in different age ranges. Whittaker (1995a) does acknowledge that "frail, vulnerable older men are also victims of abuse and that some of their abusers are women" (p35). That frail older men are vulnerable might relate in some way to traits that have played a part in the abuse of women in all age categories, i.e. social status and position, feelings of self worth and confidence, and relative powerlessness to resist or object to abuse. Such 'feminisation' of the life circumstances and aspects of self of older men, may provide some understanding of their abuse in terms of their power status and their individual power in society. This might also be helpful in understanding situations of 'reverse spouse abuse' (Sengstock, 1991) when long-standing abused wives turn the tables on abusive husbands in later years, or if daughters, abused in childhood by fathers, themselves abuse in these relationships in their own adulthood.

The powerless position of both women users and caregivers in the health care services, as we saw in the last chapter, was the focus of Jack's (1994) evaluation of exchange theory as a means of understanding issues of power in an analysis of 'elder abuse'. Although I argued that his approach to power is restrictive and consequently rather unproductive, he does importantly argue that "issues of dependence, power and violation ... are central to an understanding of 'elder abuse' by formal carers" (p77). This can be extended to argue that the same is so for other relational forms. For example, those which include older people, especially older women, as informal caregivers, frail men and elderly women who are in receipt of care, or who are economically dependent on a spouse or on other family members.

From the array of potentially abusive relationship types noted here, it can be seen that assumptions of dependency in older age should not follow the stereotypical views of elderly people that Johnson (1993) suggests prevail. That is of frail, physical and mentally incapacitated older people reliant upon able-bodied younger adults. The recognition of spouse abuse, reverse spouse abuse and mutual caregiving in later life undermines this view. As Johnson (1993) points out, by implication, the term dependency suggests there are those who are independent. However, we are all, of course, dependent upon someone, if not a

number of people and relationships, to greater or lesser degrees. To suggest therefore that all abused older people are powerless and dependent is not only inaccurate, but also has implications for their options in changing the circumstances of the abusive relationship they are in.

Perceptions of power as being potentially emancipatory, as operating and available at local levels and as productive, then, does much to counter negative stereotypes and also helps further the prospects of some elderly abused people. It has proved crucial to draw on feminist interpretations of Foucault's work in this area to ensure this more positive possibility of power is present in this research. Yet I have also needed to argue for the maintenance of a sense of power which recognises the different ways that older women are especially rendered more powerless in abusive relationships. As such it can be seen that the nature of abusive relations are complex in terms of power in its distribution, possession and exercise. Also that its operation at different levels should be understood, e.g. at micro and macro levels, and through general and particular experiences and social power relationships.

It can also be seen that such relations are neither static nor uncontested in some circumstances. Making explicit the relationship between abuse and power, and in arguing for theorising links between the two in ideas about 'elder abuse', will demand that feminist analyses are taken account of given their extensive contributions to both areas. In addition, I have identified that theories of power are essential in understanding the knowledge forms and discourses that are developing to explain and take action against 'elder abuse'. In relation to this a theme that becomes visible in the relationship between power and 'elder abuse' is one of social control. This is particularly pertinent when realising the potential for such control when power is examined in relation to the current developing discourse of 'elder abuse'. It is of vital importance that feminist writings consider the implications of this. The gendered nature of western, demographic changes which see women experiencing greater longevity than men, is significant. Older women are likely to be subject to increasing social control and surveillance as professional discourse expands and develops its conceptualisation and practice approaches to the 'growing' problem of 'elder abuse' - or rather a growing problem of older women.

Meyer (1991) speaks of the importance, when developing theories of power that are relevant to women and gender analysis, of a number of important factors that should be addressed within them. She argues that such theories need to "define the relative power position of

women ... [and] the value attached to 'women' as a social category" (p31). A means of ensuring this is done is to hear the accounts of the "less-powerful party - women". The less powerful groups' experiences and positions are ones that are likely to be undermined, she suggests, by the more powerful. From here she argues:

Time and again, the preferences of the more-powerful party have been projected onto the less powerful, denying them a right to their own wishes, preferences and goals. The same mechanism might well be at work in theory building, making it dangerous to leave this activity to the more-powerful party in the relationship. (p33)

(As an feminist researcher based in an academic setting I acknowledge my own position in a 'more-powerful party'. I discuss the tensions of this status in the following chapter and in commentary 3).

In this quote Meyer (1991) incisively highlights the imperative of women being consulted, heard and positioned in matters which concern them. This should be no less so with regard to older women and the 'elder abuse' discourse. This is especially so at what could be described, despite some ten years of building an understanding of this social problem in the UK, as still the early stages in its naming. For while professional discourses have flourished through researching and writing about 'elder abuse', older peoples', and certainly older women's voices, have been marginalised, if not actively excluded. This research has construed older women's contributions and understandings as fundamental. It has also made attempts at privileging them over existing professional conceptualisations, through a critical analysis and evaluation of professional constructions of 'elder abuse'.

In this and the last chapter I have developed a perspective on 'elder abuse' as an issue in which certain themes can be identified and specific individual and social relations exposed. Thus, I have analysed 'elder abuse' in the context of the construction of a social problem, and I have ensured that the crucial gendered nature of abusive relations, which *includes* those experienced in later life, has been drawn out and addressed. In doing so it is possible to advance a theoretical understanding of 'elder abuse' which argues that its predominant relations are gendered (research question 3, Fig.1, chapter 2). As central features of this theoretical analysis I have focused on the importance of the concept of power and feminist theorising in the area. In addition, at various points throughout I have indicated the missing,

yet vital perspective: that of older women themselves. Their understandings are central to this research (research question 2, Fig. 1, chapter 2).

Conclusion

An aim in this chapter has been to show that as critical activities feminist theories do not escape (nor should they want to) the rigour of such critical evaluation (therein lies their reflexive possibilities, where “in some fundamental way, we, as critics, oppose ourselves.” (Marcia Westcott 1979 quoted by Yllö, 1994, p215). I have set out through presenting the feminist literature that was important to my developing understanding, a number of ways in which feminisms have themselves been challenged by influential debates in the form of postmodern contributions. I would conclude that feminist researchers and writers have risen to the challenge and that feminist theories have emerged all the better for it. That is to say, that greater intellectual appreciation has enhanced the depths of feminist analyses and theories, while creating the opportunity for them to reassert some central convictions that could be undermined by postmodern theorising. An example has been shown in the use and abuse of working with dualisms.

In addition, what I have argued is that through looking at power in the way that I have in this chapter it is possible to develop a view of this concept for the purposes of understanding ‘elder abuse’. Power has been conceived here as restrictive yet productive, top-down yet contestable, potentially oppressive, and yet nonetheless hopeful. Its paradoxical potential is summarised simply by Radtke & Stam (1994):

Power is both the source of oppression in its abuse and the source of emancipation in its use. (p1)

This perspective is important because it acknowledges that what has been before in an abusive relationship, may not continue to be. Or, at the very least, the situation might stand up to challenge. This may be a positive realisation for some who find themselves in difficult or abusive circumstances, and for those who work with older people experiencing the like.

In the final section of this chapter I have drawn out the most significant ideas and themes from the two Challenging Theories chapters to show how the research questions for this study were developed. The themes have fed into an overriding question for this research which is concerned to ask whether ‘elder abuse’, through its construction as a social problem and as we have come to *know* it, is more a professional construct or whether it reflects older women’s understandings of abuse in later life.

In relation to this we heard Meyer (1991) call for women themselves to be heard in research that is about their own experiences and positions. I have attempted to meet this principle by undertaking a study of 'elder abuse' that privileges accounts from older women, of their experiences and views of abuse in later life. The pursuit of prioritising and hearing the 'least powerful' is in itself a challenging, if not political, activity. The next chapter contextualises this activity by discussing the methodological basis to this research and the methods chosen to hear the voices of older women.

Commentary 2

'politics'

The two chapters in this section of the thesis have been entitled *Challenging Theories* because this is not only their objective, but it is also how I have experienced writing them. Over the course of this research I have needed to think through a number of reasons why certain challenges have been raised for me. There are many layers and dimensions to the complex links between my personal / professional experiences that I believe have informed this study. I have tried to convey them in this commentary, although this is inevitably a condensed, and therefore somewhat restrictive, narrative. However, I hope it goes some way in positioning me in this research, and in offering a self-aware /critical account of some of the processes that have been (and still are) at play in it.

Interestingly both chapters felt more political to me in their 'doing', than the later stages of the research, which perhaps represent the more traditional notion of 'doing' research through the *practice* involved in fieldwork. This struck me early on in my studies as strange, given that for feminists, 'doing' is by virtue, political. Of course 'doing' also involves engagement with theories and their analysis, but I found the extent to which my experiences of literature research and writing about 'elder abuse' and contemporary feminist theory, felt noticeably more political than the practice of fieldwork. I think this is partly so because I found the practice part easier, less of a challenge, enjoyable and what I love to do - meeting, talking with, and hearing women. On the other hand I struggled more with the theorising and writing, and through this, it felt more political. I am also aware, as I discuss later, that ultimately my (comfortable / safe / established) values were up for challenge.

Chapters two and three were initially undertaken and drafted early on in my studies. One factor in how I found their construction difficult was in how they proved threatening to pursue for a bemused, struggling first year post-graduate, who was considerably intimidated by her academic environment and colleagues. I believe I felt this way, particularly through undertaking the literature review into 'elder abuse' which appears in chapter two, because I was challenging from a feminist perspective what was becoming 'known' about 'elder abuse'. This entailed criticising established scholars who were writing and publishing in the area. In fact, it involved this doubly through a feminist critique, which not only scorned their lack of gender analysis in the substantive area, but also the very basis on which their work was premised, through a critique of traditional social science research.

In this sense I felt very conscious that through describing my perspective as underpinned by feminism I declared myself and also my academic agenda, as feminist. My politics were, therefore, immediately obvious. While this is desirable, in that it gives an upfront and honest grounding for one's work, I experienced great self-consciousness in doing it. I also shared concerns with Yllö (1994), who states:

... I often think I must proceed carefully, lest my feminist consciousness be seen as just a political bias (as if other perspectives are nonpolitical).
(p214)

I was not only anxious about mentioning the 'F' word to male colleagues and women alike, but *especially* to feminists! I convinced myself that these women knew far more than I did, and would be far more 'sorted' in their understandings of feminism than I felt I was. Thus, I found myself being tongue-tied and nervous home and away; in my own

academic institution, and on the conference circuit. At the time I did not appreciate that this is not an unusual state to be in (Bagillhole, 1994). I am also aware that I was, and still am, in a far easier position than some women academics find themselves, in that I am white, able-bodied and heterosexual. I have not had to face additional "... 'mindblowing' complexities and layers of oppression and reaction" (Corin 1994, p62) that lesbian, black and disabled women are up against in higher education (Henry, 1994; Mathews, 1994).

The extent of my defensiveness has subsided as my confidence has grown to speak about 'elder abuse' and feminist study, but it has not disappeared altogether. I am personally reassured, but only to some extent because it also concerns me greatly, that I know this is a condition for many feminists researching and writing in academic settings (Davis et al, 1994). It is certainly the case for many women entering the corridors of academia as post-graduates to study at higher degree level (see Rees-Jones et al, 1994). Personally I have not been subject to the full power of academic sexual politics that Ramazanoglu (1987) vividly describes in her account of *You Can Keep a Good Woman Down*, for I have not been a feminist who has "step[ped] out of line" (p63). However, while I must accept responsibility for my own crisis in personal confidence and power, I also sense and know that there exists a subordinating patriarchal order in academia (Ramazanoglu, 1987) which must keep its threats (which include feminists) in check. Knowing this, I believe, has also been a feature of unease and curtailment during my studies.

A second challenge for me to deal with throughout this research, and especially earlier on in drafting chapter three, has been a need to engage

with contemporary feminist research theories and methodologies. This was a great puzzle to me, for I had embraced them with relief when I 'discovered' them on my first degree course. I had been actively engaged in women-focused political action for some time, and I was also committed to the women-only life-style and community in which I lived. Yet, I stayed away from feminist literature for a full six months into my study. Why this was so became clear once I finally plucked up the courage to immerse myself in the literature.

What greeted me was a fundamental challenge to my familiar brand of 'radical' feminism (so much maligned today in popular images and accounts, see Sybil March/April 1998 issue). You have read my presentation of the articulate challenges set forth by contemporary feminisms. As I wrote about these I found myself no longer able to argue my familiar beliefs, which I began to view as being grounded in an essentialist, white, feminist power politics. Gradually I felt that I was losing my grip on 'knowing' feminism as I had done (and in this way I mean sensing it, and not just through an intellectual awareness). I was extremely alarmed by this as it threatened to pull from under me the very basis on which I had thought my research would be premised.

For a long time I felt like I had been thrown into a quagmire of complex and diverse feminist writings, which no longer spoke to me in the exciting way they had done earlier on in my romance with feminism. Rather, I found contemporary feminisms, and especially those with a postmodern influence, held a cynical air and I somehow did not trust them. This process was made all the more traumatic through a lesson from which I discovered the stark meaning of connections between our work and ourselves.

For, progressing at the same time as my crisis in understanding (and deeply connected I have no doubt) was a tremendously painful realisation for me of the obvious demise in my relationship with two women, with whom I shared my life and a committed, communal future. The stark awareness that these relationships were 'irretrievably breaking down' finally came home to me on my return from a conference at which I spent a delightful (if exasperating at times!) full three days holed up with 600 women at Stirling University! The conference was titled 'Desperately Seeking Sisterhood'. The irony of this title continues to strike me today, because I was confronted with it at a time when I felt my own sisterhood was slipping away.

A further way in which chapter three has proved challenging, is through pursuing feminist theories and perspectives of power. In doing this I have had to face some discomfort in coming to understand the concepts, features and dynamics in abusive relations. From having understood power as something essentially bounded by male possession and female oppression, I have leapt to a place which concludes power to be as I have presented it in Challenging Theories II. I have reconstructed an initial understanding to form a perspective which now views power as being potentially emancipatory, productive, contestable and 'hopeful', while also recognising power as being potentially oppressive and ultimately constituted through gendered social relations. This contradictory perspective fits more comfortably with my altering understanding of this complex process of gender politics, rather than one which conceives of power as wholly negative in nature. However, as a survivor of childhood sexual abuse, it was a solely repressive experience and view of power that I had held, (supported within my framework of 'radical' politics) and a leap indeed took place for me to

move from this former view of power to a more productive understanding. Importantly, I have interpreted this shift as moving far beyond solely an intellectual appreciation of the concept of power, to also be one which is integral, on different levels, to my movement through survivorhood.

I have illustrated above intimate auto/biographical connections to my work through the example of power, and my development in thinking in relation to this. However, I have reflected on other facets of this research similarly, and know there to be other deep connections and links between my personal and professional selves. This thesis then, and the work I have undertaken to produce it, are products of my survivorhood. In recognising this in this way, I have gone some way to answering Letherby and Ramsays'(1994) question which I first raised in commentary one, *So Why Are You Doing This Project?*

My professional and personal journeys have evolved over the time I have studied for this Doctorate in a way that I did not expect at all. That I have moved from being a feminist in a women-only communal living situation, to one where I live in heterosexual coupledness, and as a mother to a boy child produced along the way!, is astonishing to me in a way that I cannot explain. The respect, emotional and daily child care support that I have been given by a male partner during my studies, pulls at a consciousness and conscience in me that has to acknowledge him 'being there', at the same time as feeling pain and disappointment in intimate relationships with women partners who have not. The cartoon and poem in appendix VI captures this for me, and shows what else can lie behind patriarchal power relations and 'male domination'.

In the light of all of this, what I know is that where I am now is undoubtedly connected to the pathway I have trodden in my academic pursuits, and, while feminisms still answer many questions for me and remain my primary point of reference (on a daily basis and as my principal means of research enquiry), I am no longer as charmed as I was by their promises or solutions. Feminisms now present themselves to me as being far harder work. I have to agree with Delmar (1986), who I quoted in chapter 3, that from where I stand at this point in time, I see that in a curious, troubling way, "women, in a sense, are feminism's greatest problem." (p27-28). As a feminist I have to face this contradiction, just as I have to face the challenges that come from a gendered understanding of 'elder abuse'. For example, in women who abuse older women and men, and men who are abused in their older age, together with recognising a predominant set of gendered abusive relations.

Finally, I would say of the Challenging Theories chapters, that out of the work I undertook for them, my commitment to report on my research in the way that I have done in this commentary, was born. The commentary in chapter one discusses a move within research disciplines, especially within feminisms, to explicitly draw on personal connections and experiences, and to include these in written representations of research. To do this, I was aware very early on, would present a challenge and an element of risk, in a world that boundaries itself off from such connections. The barriers to making visible those aspects of research which are more often than not, "concealed and undiscovered" (Atkinson & Shakespeare 1993, p1) are very real, as some writers have realised. Sollie, for example, (Sollie & Leslie, 1994) found herself being 'advised' to go for professorial promotion before her co-authored book

on integrating personal and professional selves, was published. It was suggested to her that such a book would be "... viewed negatively by university administrators" (p14). Others have been concerned that reflective accounts of research are self-indulgent (Williams, 1993), and an ultimate fear might be that this form of accounting does not constitute serious academic work. However, in Stanley's (1990) prescription of a feminist theory that is "derived from 'experience'" the way this experience is rendered visible is crucial:

Thus its analysis would centre on a explication of the 'intellectual autobiography' of the feminist researcher/theoretician; it would produce *accountable* knowledge, in which the reader would have access to details of the contextually-located reasoning processes which give rise to 'the findings', the outcomes. (p209, original italics)

Thus far in this thesis I have offered theoretical and methodological bases to this 'elder abuse' research in chapters two and three. I have also mapped out as best I can, an 'intellectual autobiography' in this and in commentary one, which I hope renders my knowledge 'accountable' and honest. Chapter four now sets out how the research questions were addressed, how older women were worked with in this research and the approach to analysis of 'the findings'. Importantly, an 'unhygienic' account of this phase of the study is offered.

Section 3
practice

CHAPTER 4

Focusing on Older Women: methodology, methods, analysis & raw reflections

- 1. Methodology and Methods**
- 2. Raw Reflections**
- 3. Analysis and the Politics of Interpretation**

Introduction

There are three sections to this chapter. The first will concentrate on the focus group method utilised to address the research questions outlined in chapter 2. I discuss both focus group and feminist methodology in order to explore their compatibility as a way of hearing older women.

While focus groups were an obvious choice for me in terms of my research agenda and approach, this was not the case for some who questioned, in blatantly ageist tones, whether older people would be interested, could cope with, or even take part in, this form of research. Some of those who commented in this way were fellow researchers, and one was an individual who worked with older people. Indeed, one particular sceptic suggested that such a discussion group would be pointless as we would end up discussing the war regardless of the subject matter. Contrary to these assumptions this chapter will show that focus groups were a productive and enjoyable means of researching - both for the older women and myself.

In the second section I offer 'raw reflections' on my chosen research method. These are given as a way of presenting a realistic version of social science research, and in order to demonstrate the capacity of 'soft' data to withstand critiques. This challenges a more usual approach of giving 'hygienic' accounts which do not convey the 'highs' and 'lows', 'successes' and 'failures', and the frustrations and fun, that are had in its pursuit.

From here the third section features the adopted analytic approach namely 'Framework' (Ritchie & Spencer, 1994). This is a thematic model devised to analyse qualitative research, which proved to be valuable not only in its use to explore the substantive issue, but also as a means of addressing the processes of analysis and interpretation of research. It will also be seen that Framework made a large data set manageable through its systematic, staged approach.

The concluding comments of this chapter raise a dimension of my study (which I develop in the commentary which follows) that resulted in this part of the research being the one I would describe as simply having been the most difficult for me. The interpretation of the focus group discussions and the older women's words and experiences, I found to be so fraught with challenges and responsibility that I had to side-track from undertaking this task

so that I could spend some crucial time making sense of making sense! In doing this I was reassured to find that I was not alone, and that other writers are equally aware of the demanding nature of this aspect of the research process.

Methodology & Methods

Perhaps the most striking rationale for employing focus group methodology as a means of undertaking research is the fundamental argument that our views and opinions are not formed in a social vacuum. (Albrecht et al, 1993; Catterall & Maclaran, 1997; Goss, 1996; Kitzinger, 1994; Schindler, 1992). How we feel, think, or experience something is a result of a complex mix of explicit and implicit social relations, conversations and mediations. We may acknowledge this influence, or not. We might argue against it verbally or reject it in action or thought. Yet, given the myriad group settings we operate in today we can argue that our exposure to the influences of 'the group' are present in most, if not all, peoples' daily lives. This is not to undermine the opportunity and possibility for individual agency, but to register the power of some influences on our beliefs and attitudes. As such, Albrecht et al (1993) suggest that it is not appropriate to gather opinions in asocial settings. Ultimately, Goss (1996) argues:

... that group discussion itself provides valuable insight into social relations and that the 'stories' produced in the collaborative performance of a focus group better reflect the social nature of knowledge than a summation of individual narratives extracted in interviews. (p115)

Kitzinger (1994), however, would not wish to argue for superiority of method. She believes that we cannot argue that:

... group data is either more or less 'authentic' than data collected by interviews ...[and that] ... difference between interview and group data can not be classified in terms of 'honesty' and 'dishonesty' or 'truth' versus 'falsehood'. (p117)

Rather, that meanings have contexts and contexts influence meanings. After all, she concludes:

When researchers want to explore people's understandings, or to influence them, it makes sense to employ methods which actively encourage the examination of these social processes in action. (p117)

Carey (1994) believes focus groups to be particularly useful in the study of new social phenomena (she cites AIDS), where feelings, attitudes, beliefs and experiences are complex. Focus groups are, therefore, particularly useful for exploratory research (Kitzinger, 1995) given their dynamic, open nature, where process is made visible and is an integral part of the

experience of the group, the research analysis and its findings. Thus, focus groups were a method of data collection which I considered could potentially be an effective way of gathering older women's understandings of the abuse category 'elder abuse' (research question 2, Fig. 1, chapter 2).

In terms of research with women, I also felt that focus groups had the potential to lend themselves to a number of research preoccupations and aspirations which emerge from the critical concerns of feminist researchers (Goss, 1996). For further reasons, I would suggest they are particularly appropriate and useful as an approach to researching with older women.

Initially, it can be suggested that focus groups strike at the heart of research traditions and values through posing a challenge to notions of objectivity and scientific, value-free agendas for the social sciences. This is not to promote them as a 'soft and fuzzy' approach, for Bers (1989) argues they are *both* science and art, but it is to note that precise measures, accurate statistics and definitive statements will not be gathered, or indeed sought. Rather, collected data which is rich in detail, in-depth understandings and illuminating social processes, is possible (Bers, 1989; Carey 1994). Feminists, then, have at hand a means of meeting and speaking with women that recognises the embeddedness of women's lives and identities (Gergen, 1988), and which respects women's experience (individual *and* social) as central. They are also reflexive in group process (Goss, 1996; Gergen 1988), and potentially in researcher role and experience.

Related to this last point, focus groups can meet a consciousness-raising role as women come together to share and challenge, reject, take on board, or muse over, things discussed before, during and after the group. This latter point notes that the life and activity of the group goes beyond that which the researcher is directly involved in. Some of the women I met with spoke of how they discussed the issue of 'elder abuse', and other related issues before and after we had met for the 'formal' recorded sessions. For example, I was told by one participant who had arranged a discussion with her educational group, that after the focus group had ended a number of women continued talking in the toilets (or 'Women's Room') for a full twenty minutes afterwards. This is supported by Aronson et al (1995) who found focus groups "create[d] an environment in which insights and ideas are generated in interaction with others" (p78).

The above relates to a further feature of focus groups which is of primary importance to feminist researchers. That is, a fundamental understanding of, and sensitivity towards, the participant / researcher power relations in the activity of research (Cook & Fonow, 1990; Kelly et al, 1994; Maynard, 1994; Mies, 1993; Neysmith, 1995). Thus, viewing the life and experiences of the focus group as extended beyond that which the researcher is directly involved in, shifts the ownership of the group, and its related topic, away from the instigator of the research towards the participants. To this end, Goss (1996) describes research employing focus groups as a "collaborative project that the researcher never fully controls" (p115). However, a note of caution is needed. Attempts at balancing the power relationship between participant and researcher cannot be assumed to have been resolved simply through the use of focus groups (Longhurst, 1996). Such relations are complex, changeable and dependent upon many aspects of the relationship and nature of the research, and upon researcher / respondent characteristics, e.g. gender, age and status (Cotterill, 1992; Ramazanoglu, 1989). As such, Aronson (1995) argues that self examination of power relations is a necessary constant throughout the research project and process.

I would suggest that a group setting may provide a site where researcher power might be challenged and diminished, and where, as Goss (1996) notes, the researcher is never in complete control. My power as an 'expert' was contested on many levels, and on many different occasions during the groups I facilitated. As an example of this, my experiences of researching with older women were similar to those of Cotterill (1992) who felt age differences between her and the women she interviewed were significant in the power dynamics of the researching relationship. I would agree with her that the researched/researcher relationship should not be assumed as predominating in power hierarchies, since age status can be more influential. In my interactions with the older women, I often felt deferential and respectful of their age and I believe some expected this from me and/or appreciated it. There were other times when I felt downright intimidated by the effect of this age-relationship when it was coupled with a strong, assertive personality!

That the researcher may be challenged in this way is important, because as Ritcey (1982) comments, diminishing 'experts'' control is a desirable objective when considering:

A feminist perspective points to the central issue in ageing as the issue of *control* - over the social resources of wealth and knowledge and still over our bodies ... (original italics. Quoted in Le Riche & Rowlings, 1990)

I highlighted earlier that a feminist research principle is to give visibility to less powerful social groups in the research they undertake. Using focus groups in research with older women gives strong messages to them and others, about the importance and value of their collective voice, and encourages a sense of an 'expert' status in their own experiences and attitudes, through connecting older women in a discussion of common areas of concern to them. Kitzinger (1995) also notes the inclusive value of focus groups for those who cannot read or write and for people who feel they have little to say. On a number of occasions when I approached older women to take part in the groups held for this research, they would respond by saying they knew nothing of the subject and would therefore have little to say. This, however, was not borne out in the groups when these particular women took part.

Ethical issues are at the forefront of all feminist researchers' minds. This is certainly the case for those studying issues that might be deemed 'sensitive research issues'. 'Elder abuse' might be considered as such, and therefore special attention needs to be paid to the effects of discussing this topic within a group. However, some writers have identified opportunities for mutual support in group settings (Kitzinger 1995, Le Riche & Rowlings, 1990), and that if existing groups take part in the research, then such support is available to individuals after the life of the focus group. Tozer and Thornton (1995) discuss the complex and important task of involving older people in research as advisors. However, they importantly raise issues of loss for participants when the research ends, in situations where the groups have been formed especially for the research project.

Contrary to what might be expected, Carey (1994) and Kitzinger (1995) suggest that research into sensitive issues might be best conducted through focus groups. Group interaction and characteristics can provide support, encouragement and affirmation of experiences. Providing a women-only space can further develop a safe space for the exploration of sensitive issues. Hoppe et al (1995) chart the positive outcomes in their use of focus groups to discuss sensitive issues with children. They note how "groups of friends ... seemed to create an atmosphere more conducive to talking than did groups of strangers" (p206). They also believed the participants felt safer and more able to share opinions in a group of known others.

In summary, then, we can identify a close compatibility between focus group and feminist methodology whereby this way of researching with older women fits with the 'criteria' of

feminist research. Cook & Fonow (1990) list this as including: continuously and reflexively attending to gender as a basic feature of social life; consciousness raising; challenging objectivity and subject/object dichotomy; ethical concerns; and empowerment and policy implications of research at institutional levels. In this sense a contradiction would appear to exist between the way in which focus groups are compatible with the principles of feminist research, and the marketing origins of focus groups as a means of group interviewing. Frey and Fontana (1993) describe the focus group's "institutionalised tradition" as one rooted in a formal, standard and structured approach. One which would be at odds with the way in which I have described their evolution in social research and my own use of them.

The methodological problems of utilising focus groups are well documented (see the following for a discussion of criticisms: Albrecht et al, 1993; Bers, 1989; Carey, 1994; Gibbs, 1997; Helitzer-Allen, 1994; Morgan, 1988). My concerns in using focus groups reflect priorities as a feminist researcher. I do not share the preoccupation of some researchers who claim negative effects of group dynamics on individuals' abilities to express themselves, and therefore the impact on gaining the most accurate data possible. There were a number of occasions in the groups when participants actively disagreed or challenged each other. Indeed, these occasions were in themselves illuminating. I believe the strength of some of the participants feelings were made more visible through such disagreements, compared to that which is evident in narrative that might have been obtained through an interview. An example of this came across in one group where two women argued about whether abuse perpetrated by men was more serious and violent than that meted out by a woman who abused (chapter 7). One of the two participants spoke very passionately in a response which might not have come about had she not been challenged in a group setting.

Thus, in response to accusations of bias I would support Kitzinger's (1994) assertion that censoring of participants in groups does not lead to a contamination of the data or group experience but rather:

We can ... explore what this tells us about social pressures and the construction and the communication of knowledge. (p113)

This is in line with research cited in chapter three of this thesis undertaken by Komter (1991) who, it will be recalled, did not attempt to uncover 'real' interests. After all, this would reflect a belief that an ultimate truth / reality could be identified, captured and explained. Rather, my concerns are twofold. First, that participants in groups are enabled, *as far as*

possible, to speak and share to the degree they want to. While the researcher should responsibly facilitate the group to optimise this opportunity, responsibility for the group as a safe and enabling space lies with all group participants, *including* the facilitator.

Second, attempts at gaining the most accurate or reliable version of peoples' experiences are likely to be driven by a belief that a sole truth exists and that focus groups are a further (and maybe 'better') way of attempting to capture this. However, a contemporary, and more ethical feminist position would reject the assertion that focus groups might reveal a 'higher' truth. Rather, it would recognise a number of realities and truths which shift and change, all of which are legitimate and valid. If the former view is held on the other hand, we could be concerned that a belief in the existence of an objective truth might lead to a devious use of the group process, to try and capture this.

Finally, I would say that focus groups have the potential to be more participatory than those I have conducted for this study. In this research older women were not involved in setting the initial research agenda, questions and methods, or in facilitating the groups themselves, although the Older Feminist Network* did take part in an initial pilot group where some feedback was given in these areas. While there are a number of reasons why older women's greater involvement was not sought, (not least of which was my own undeveloped thinking in this area), my position has shifted over the time of conducting this study. I am now sure that participant involvement and consultation in social science research is essential and right. And I would endeavour to ensure this in future research I conducted.

Raw Reflections On Focus Groups With Older Women

This is purposefully a 'raw reflections' presentation of how I attempted to facilitate groups with older women to explore their thoughts, attitudes and feelings towards 'elder abuse'. In this respect, Longhurst's (1996) discussion of her experiences of focus groups is particularly useful because her initial evaluation of them is that they 'failed'. Or rather like me, she felt they did not match up to the array of recommendations and prescriptions of

* c/o Astra, 54 Gordon Road, London, N3 1EP. 0181 346 1900. Meet second Saturday of every month. Subscriptions for newsletter.

what constitutes a focus group in terms of desirable size, composition, location, timescale, etc..

The focus groups that I planned, set up and facilitated did not follow a sleek and problem-free implementation. As I notched up the number of groups, my concerns rose correspondingly that each group, in the event, was very different, and not just in content, from the others. That this was so, may not be a surprise to the more experienced researcher, but for a significant time through my studies I held an image and expectation of research fieldwork as a straightforward application of the chosen method/s of data collection.

Partially responsible for this impression, I believe, is what Stanley and Wise (1983) term the “hygienic” representation of research, where problems and emotional connections to the work are written out, and therefore are not a common visible feature of social research. Taking stock, however, of the multifarious nature of the groups I facilitated, honed my developing appreciation of research as dynamic, evolving and reflexive. This shares similarities to an issue raised earlier about the life-course of focus groups when existing groups are used in research. That is, to acknowledge *researcher* life-course in their experience which changes over the course of the research, as mine did. I progressed through the groups, learning and growing with each.

In its own way, each group stands alone as an individually different group, yet each was also undertaken to sit within a wider set of groups designed to explore older women’s perceptions of ‘elder abuse’. In my experience, like Longhurst (1996), I might feel that the groups had failed in some way, i.e. because they did not always fit into the research plans and requirements I drew up for the groups. However, individually different as they were, each offers a wealth of insight into older women’s perceptions of ‘elder abuse’ and what *they* feel are related issues.

Composition and Characteristics of the Focus Groups

Existing groups of older women from one county in South West England were approached to participate in ‘elder abuse’ discussion groups. If gender-mixed groups were approached, only women were invited to take part. The groups approached were selected in order to attempt to draw from as diverse a range of older women as possible.

Features of 'difference' represented in the groups were social and geographical circumstances and backgrounds; minority ethnic backgrounds; sexual preference and degrees of physical independence and dependence. Attempts were not made to establish a category of identifying older women's social class to ensure its representation in this study, not least because, as Bernard and Meade (1993) note, an 'acceptable' system for classifying this has not been established (see also Arber & Ginn, 1991). Rather, non-representative, diverse social backgrounds were pursued through approaching older women from different rural, semi-rural, urban, and socio-economic communities.

Of the fourteen groups that took place, the following types of organisations were represented: luncheon clubs (which gave additional health and welfare support); sports groups; educational groups; social groups; women only organisations; residential care and sheltered housing social groups; and religious groups. Women from groups representing two different minority ethnic backgrounds took part; they were from African-Caribbean and Chinese communities. The only group which did not take place was an exclusively older lesbian women's group, and I offer my thoughts on this absence shortly. The groups were planned to run for between one and one and a half hours. One group required an interpreter and some transcription of information from English to Chinese. Personal characteristics of the older women who took part were not obtained, and any identifying characteristics of individuals and the groups were learnt about through these being shared in the group, or through information offered by the organisers of the groups. A summary of group profiles appears in the table over. Full details and reflections on each group can be found in Appendix I, in addition to further explanations about the strategy used to protect the participants' anonymity.

In the main, participants were approached through either the organiser of their group, or another contact. I dealt directly with some women members who assisted in setting up the group on behalf of their fellow members. For a research issue that might be deemed a sensitive topic, I met only minimal resistance to requests for participants to take part. Any cautiousness about taking part in the focus groups was, in all cases, expressed by the professional gatekeepers of groups.

Group	Group	Location	#	Location of Group	Length	Access Negotiated
Group 1	U3A	rural branch	ten	participant's home	2 1/2 hrs	committee member
Group 2	U3A	city branch	eight	ex-Mayor's parlour	1 1/2 hrs	group's chair
Group 3	over 40's fitness club	city	five	sports centre	1 1/2 hrs	sports instructor
Group 4	over 50's fitness group	semi-rural	eleven	squash court	1 1/4 hrs	sports instructor
Group 5	recreation group	city	nine	coffee lounge	1 hr 5 ms	sports instructor
Group 6	church elders women's group	rural	four	vicarage study	1 1/2 hrs	church Reverend
Group 7	Chinese older women's group	city	five	community centre	1 hr	community worker
Group 8	day care centre	rural	three	meeting room	3/4 hr	centre manager
Group 9	day centre for frail elderly	semi-rural	sixteen	communal lounge	1 3/4 hr	volunteer organiser
Group 10	luncheon club	semi-rural	five	large cloakroom	1 1/4 hrs	volunteer organiser
Group 11	African-Caribbean club	city	six	meeting room	1 1/2 hrs	community worker
Group 12	African-Caribbean club	city	three	meeting room	1 1/2 hrs	community worker
Group 13	sheltered housing	city	eight	hairdresser salon	1 hr 10 ms	warden
Group 14	salvation army	city	six	chapel	3/4 hr	army Major

Fig. 2 'Group Profiles'

The Structure of the Focus Group Interviews

All the focus group interviews were tape-recorded and transcribed, and at some I had the assistance of a research helper who gave practical support and who kept additional notes of group process and dynamics (see Appendix II for a sample group transcription). A semi-structured topic guide was devised which gave the basic framework which the group followed in their discussion (see Appendix III). The topic guide initially asked participants to respond to the term 'elder abuse' (e.g. whether they had heard the term before, and if so, in what context etc., and if not, what came to mind when they heard it). This initial question to the groups was purposefully wide-ranging in order to ensure the older women were able to give the broadest possible context as they wished to their understandings (research question 2, Fig. 1, chapter 2). I also enquired at this point if they had views on how it had come about (research question 1, Fig. 1, chapter 2). Following this a discussion of scenarios took place (these appear immediately below and in Appendix III). Finally the groups were asked about the relevance of gender and age to vulnerability and abuse, and also for their thoughts about the nature of abuse perpetrated by women and men, and about the abuse experiences of older women and men (research question 3, Fig. 1 chapter 2).

Scenarios

Blanche has provided physical care for her husband, *Roy*, since a stroke left him dependent 5 years ago. Roy needs assistance with washing, dressing, going to the toilet, feeding himself and to smoke his cigarettes. At times Blanche feels extremely frustrated and angry towards him. She has slapped his face at times, left him on the toilet unaided for an hour, and left him with an unlit cigarette in his mouth all morning.

Doris has a package of care which provides personal and domestic care in her own home. Her homecare worker is a man and Doris is very embarrassed and uncomfortable about some of the intimate care he has to do for her. She has been told that he is the only homecare worker available to see her.

Dr Allen knows that the side effects of the sleeping medication she prescribes *Jillian* are making her confused and drowsy in the day. However, Jillian, who lives alone, rings the surgery at all hours of the night complaining of being unable to sleep.

Herbert wants to move from his own home into residential care. He knows and likes the local care home in the village he has lived in all of his life. This home is too expensive, by £30 a week, and his son, who is financially able, will not contribute a 'top up' payment to meet the cost. He has to accept a move to a cheaper care home 10 miles away for which the whole cost can be met.

June and **Phyllis** are sisters. Phyllis has become increasingly reliant upon June for help as her physical health has deteriorated with arthritis. June now does all of her shopping, pays her bills, and collects her pension. Phyllis is left with no money in her purse and knows that June is keeping what is left over. June knows Phyllis does not want for anything and believes she does enough for her to justify a small financial reward.

Mrs. O had some antique pieces of furniture which dealers removed for repair and cleaning 4 months ago. They charged for the service but left no receipt or contact number. Mrs O lives alone and is physically fit although has increasing problems with her memory.

Raymond is **Lilly's** sole carer. She has suffered from Alzheimer's disease for 5 years and now barely recognises her children when they visit. She often thinks Raymond is her own father. Raymond touches Lilly sexually when he bathes her.

Ted is housebound and lives alone, on an estate, in his ground floor flat. The surrounding gardens are open plan and local children play ball games against his walls and windows and swear at him when he tells them to go. Ted is bothered by the noise & lack of privacy he has.

A main component of the focus group discussions was a section where we read and discussed the above eight scenarios. These offer a range of mistreatment and abuse situations which were chosen to reflect differing relations of abuse, e.g. between spouses, family members, professional / formal caregivers, and also differing forms of mistreatment and abuse, e.g. physical, sexual, emotional, financial, medical abuse, and harassment. They were also designed with the intention of providing a starting point for the participants own

understandings which could be pursued through discussion around the eight scenarios (research question 2, Fig.1, chapter 2).

Thus, the scenarios discussion was a valuable technique to employ in this group setting for a number of reasons. First, it acted as a focus and means of prompting discussion (see Holland, 1996). For example, one woman responded immediately to hearing Doris's scenario of having a male home care worker, by saying "I've had a male home help, a young boy of about 22, who (sic) coming to me for quite a time." (Group, 10 p14). We went on to talk about her feelings towards this (they appear in chapter 7).

Second, the scenarios enabled me to gather direct responses and thoughts on specific mistreatment and abuse situations. For example, a participant in Group 1, on hearing June and Phyllis' scenario said "I wouldn't have said that was real abuse" (p20). From here other women went on to say they thought it was a form of abuse, while others stated they thought someone should intervene in this situation.

Third, the scenarios prompted discussion to the point of acting as a catalyst for the women's own examples of situations known to them, which they then shared with the group. Finally, the scenarios were used to raise the issue of the abused / abuser relationship, and its significance to the older women as a defining feature of 'elder abuse'. For example, in one scenario the relationship was changed from one between spouses to one between a service user and paid care worker (Lily and Raymond). In another scenario, responses were sought to the mistreatment perpetrated by a wife against a physically disabled and dependent husband (Blanche and Roy). The older women's thoughts were again sought after additional information had been given to them about the violence that had been a feature within their marriage, by Roy towards Blanche, over many years.

The scenario task was adapted from the idea of using group exercises by Kitzinger (1994) in her work about AIDS. She lists the uses of such exercises as: a means of involving participants in working together with minimal input from the group's facilitator; encouraging participation; a means of revealing group processes; a means of identifying cross-comparisons between groups; and finally, simply a way of the group 'warming up'. All desirable objectives and outcomes of feminist research.

At the end of each focus group a list of supportive contacts was made available for the women to take away. This was also given to group organisers where appropriate.

The challenge and realities of focus groups with older women or the 'unhygienic' account

In the event, group size fluctuated between three to eighteen participants; length of groups varied between three quarters of an hour to almost two and a half hours; 'safe' and private space was compromised by organisers or strangers walking in on our discussions; on occasions participants felt unwell or fell asleep, or read a magazine they had picked up from a nearby table; and others joined us late or left early. In addition, there were what I believe to be more familiar difficulties facing researchers, of tape recorders breaking down and fire alarms going off.

Groups were held in a variety of locations, each bringing with them their own problems and peculiarities. Less conventional venues included the grandeur of a mayor's parlour; a small, freezing cloakroom where we huddled around a two-bar electric fire; a rather smelly squash court; a cramped hairdresser salon; and the study of a vast vicarage where I had to run the gauntlet of a very large, ferocious dog that had flung itself at the upstairs windows on my arrival.

As a result of the above happenings, these groups might be considered to have been 'contaminated' by factors which encroached and undermined important standards that should feature in the running of focus groups, e.g. optimum size and discussion time; universal application of questions to all groups; minimal amount of disruptive incidents; and exclusion of 'outsiders' from the group. However, as Longhurst (1996) points out in the light of her 'failed' experience, the groups she facilitated were nonetheless "successful in creating a discursive space in which alternative discourses ... could begin to circulate" (p147). I would add to this, that in spite of the realities of 'unhygienic' research, *potentially* all of what takes place and what is discussed and shared in focus groups, is of value.

A final note is needed to acknowledge a group of older women who have not been explicitly represented in this research. It was planned that one group should comprise exclusively older lesbian women. Despite many and various attempts at locating an existing group, or at inviting older lesbian women unknown to each other to form a group, this was not

successful (although I am unaware if any individual women who took part in the groups were lesbian). It would appear that this is not wholly surprising. Jacobson (1995) discusses the very issue, with reference to Kehoe's (1986) identification of this 'triple invisible minority', in referring to some older women's characteristics of age, gender and sexuality. However, without exception, individual older lesbian women I spoke with expressed interest in the research and agreed the importance of their voice being present in the study.

A number of reasons were offered by older lesbian women themselves, and by other researchers working in similar areas of interest, as to why I may not have been able to establish this group. These include the unease that some older lesbians will have about revealing their sexuality; a mistrust in younger lesbians and feminists representing their views and priorities; a boredom with certain women's issues - as one woman said "been there, done it, seen the film, got the book, T-shirt and CD!"; and finally, a reluctance to reflect lesbianism in older age in anything other than a positive light. In this last respect, an association with research into abuse, may have been viewed as an unhelpful alliance. Finally, my own heterosexuality, which I was on occasion asked about, may have been a factor in my not successfully convening this group. Indeed, Woodman et al (1995) question the validity and appropriateness of non-lesbian women undertaking research on the lesbian minority community.

It is with a great deal of regret and reluctance that I write up this study without older lesbian women clearly visible alongside other groups of older women. In doing so I am uncomfortable in knowing that I am party to an academic tradition whereby, as Bullock (1994) exposes:

... being old, and being lesbian, have been marginalised if not entirely obscured by gerontologists, historians, policy makers, feminist writers and lesbian and gay theorists. (p3)

In a meagre, but nonetheless, genuine attempt to seriously recognise this inadequacy in my research, and with the approval and support of lesbian women I have contact with, the following page is left blank. This is so as to highlight older lesbian women's invisibility in this, and in many other studies of later life.

As a conclusion to this section I would like to comment on the nature of my experiences of undertaking the focus groups, and in some way, of the experiences of the older women who took part in them. This is especially important with respect to the women participants because it raises issues around older people taking part in research of this kind. I believe it is possible to talk of having had fun when engaged in researching a supposedly 'sensitive research issue', primarily because of the means through which it was examined, i.e. in a group environment. In talking of fun, I am referring to the enjoyment, humour (both playful and ironic), and laughter, that the older women involved expressed during our discussions. This was certainly contrary to what I had expected, especially so given the impression I had gained from the 'gatekeepers'. That is, the organisers with responsibility for the group and those who I had approached to gain access to potential participants.

In some cases when I approached a group, I got no further than its gatekeeper. In these incidences I was informed either that the proposed topic for discussion would not be of interest to 'their' group, or that the older women did not know anything about it and therefore would have nothing to say on the matter (refer back to Kitzinger's (1995) assertion that focus groups may be a particularly good experience for such individuals for exactly this reason). In the majority of cases, these statements were made without consultation with the older women themselves.

On one occasion I was invited to speak to a staff group about the research, and to justify my approach to studying this issue. The staff expressed two concerns. First, that the research might upset the older women. Second, that there may be some come-back on themselves if it 'got out' to relatives that they had allowed such a discussion to take place. I was eventually given access to three women from this organisation who expressed how very much they had enjoyed the discussion. Unfortunately, it was cut short by a member of staff who suggested that the women would tire after half an hour. An outcome of this group was for one woman who attended the day centre on different days from the two others, to request a change to attend on their days because she felt they had so much to talk about together.

Ultimately, my experience of approaching older women to take part in this study has evoked anxieties towards the subject matter to be discussed for those who see themselves as possessing health or welfare responsibility for them, and *not* the older people themselves. In

addition, these individuals also appear to be making assumptions about older peoples' lack of interest in 'elder abuse' and in their inability to think about and discuss it. It would appear to be the case that either paternalistic (infantilising) tendencies or an ageist, controlling attitude prevails for the 'gatekeepers' who believe older people should not take part in this form of research. In classifying 'elder abuse' as a sensitive research issue then, we should be clear that this may be so for some individuals and groups, and less so for others.

I noted in the introduction that the enjoyment had by the older women and myself in participating in focus groups is not generally reported in the written representations of social research. Where this is referred to, it is almost done in a manner of noting an occurrence, which is nonetheless a valid one, but still not one of particular importance (for example Bowser & Sieber, 1993; Carey, 1994; Goss, 1996; Tozer 1995). Longhurst (1996), however, emphasises a greater significance to this respondent experience and, most importantly, argues how this dimension of focus group process should be evaluated in relation to the group experience as a whole. A feminist lens achieves this. She relates how, "at the end of each discussion I was struck by how much laughter there had been - probably partly as a way of easing tension but also because the conversations were fun and the women seemed to be learning from one another." (p141). She goes on to argue that this laughter should be made explicit because:

... the process of academic research is often represented as purely 'serious' business; its binary opposite - fun - is subsequently devalued, feminised and forgotten. (p141)

Like Longhurst (1996) I also noted the differences in laughter expressed in the groups. There was anxious laughter when participants appeared shocked or embarrassed by something said; playful or 'naughty' laughter when risqué or wicked situations were spoken about; and ironic laughter when a difficult realisation or thought was encountered. Most of these laughters had a common effect of stimulating the group, lifting the atmosphere and moving us on to further contemplation.

A further feature of the enjoyment had by participants was in the value some clearly felt in having been involved, and invited to take part in something. This seemed to be on two levels. First, through simply having taken part in a discussion, and second, in research that was about them. Given this, it is clear that the attitudes of some of the group gatekeepers,

deny enjoyment and stimulation. As a result older people may be denied an “opportunity to have a voice in the topic of study [which] makes participants feel important and empowered.” (Carey 1994, p240).

I have selected a few of the older women’s comments at the close of groups to illustrate how they found participating in this research:

“Well, that was enjoyable wasn’t it?”[laughter] (almost with surprise)

“It’s nice to have your say isn’t it?”

“It’s nice to come and talk to you and to hear their views” (an older woman referring to her fellow respondents)

Extract from a transcript drawing a sports centre group to a close:

Hazel - I think, you know, it is probably appropriate that we draw to a close, it sounds like [pause] we did go on for

participant - Hours. [laughter]

participant - Yes

Hazel - You’ve not gone for your swim?

participant - No, we’ve all been enjoying it [laughter]

participants - mm, mm

participant - It all comes down to vulnerability doesn’t it ...

and so we returned to the discussion and continued to talk.....

Analysis and the Politics of Interpretation

Analysis of the focus group discussions utilised a thematic model called ‘Framework’ which was devised by the Qualitative Research Unit at Social and Community Planning Research (SCPR), London (for a detailed discussion see Ritchie and Spencer (1994)).

The approach was chosen for a number of factors and I discuss these shortly. It is worth noting at this point however, the usefulness of Framework in the way the analytic and interpretative stages of analysis can be identified and tracked through its processes. In so doing, dimensions of research often omitted from accounts and reports can be recorded and demonstrated (Huberman & Miles, 1994; Mason, 1996; Ritchie & Spencer, 1994).

Ritchie and Spencer (1994) describe Framework as a versatile model which can be applied to a diverse range of methods and studies. As an approach for analysis for focus group data it proved to be just this, although some minor adjustments were made for this 'elder abuse' study. Framework was designed to provide a systematic means of analysing applied qualitative research. It has its origins in a research environment which is well versed in the constraints and realities of undertaking applied social studies which usually seek to place research in one (or more) of the following categories of objectives: "contextual, diagnostic, evaluative, strategic" (Ritchie & Spencer, 1994). This Doctoral research into abuse in later life could be identified as sitting within the first and last of these categories: contextual through "identifying the form and nature of what exists", and strategic in "identifying new theories, policies, plans and actions" (p174). Thus, Framework presented itself as compatible with this study's four research questions (Fig. 1, chapter 2).

Of the functions Framework can provide the following proved to be useful as an approach to understanding 'elder abuse':

- Mapping the range, nature and dynamics of phenomena;
- Finding associations: between experiences and attitudes, between attitudes and behaviours, between circumstances and motivations etc.;
- Developing new ideas, theories or strategies.
(Ritchie & Spencer 1994, p176)

Figure Three below, directly reproduced from Ritchie and Spencers' (1994) presentation of Framework, best summarises the main features of this model. I have highlighted some principles I felt to be of particular importance to this 'elder abuse' research (these are identified by an added asterisk):

Grounded or generative: it is heavily based in, and driven by, the original accounts and observations of the people it is about.*

Dynamic: it is open to change, addition and amendment throughout the analytic process.*

Systematic: it allows methodical treatment of all similar units of analysis.

Comprehensive: it allows a full, and not partial or selective, review of material collected.

Enables easy retrieval: it allows access to, and retrieval of, the original textual material.

Allows between- and within-case analysis: it enables comparisons between, and associations within, cases to be made.*

Accessible to others: the analytic process, and the interpretations derived from it, can be viewed and judged by people other than the primary analyst.*

(Ritchie & Spencer 1994, p176)

Fig. 3 'Key features of 'Framework''

Framework constitutes five stages through which data is worked. I have summarised each below and have illustrated them with a brief discussion of how they were applied to the focus group discussion data.

'Familiarisation'

Becoming familiar with the "range and diversity" of data is an initial research task. It is not necessary to become so with *all* of the available material, but rather a representative selection of it. The process involved gathering all available data for the project, which included more than the focus group transcriptions. Audio tapes, research helper notes, fieldnotes compiled immediately before and after the groups, and notes kept of the process of setting up the groups, e.g. conversations with gatekeepers, were also revisited. Identification of groups to be reviewed was done on the basis of providing a range of features, including: the time the groups were undertaken (i.e. pre and post adjustments to the research questions and pre and post my maternity leave); a cross-section of the socio-economic status, ethnic background, and dependency status of research participants; and length of the focus groups. The group grid in Appendix I, shows the groups which were selected for familiarisation. The familiarisation process involved identifying initial, key and recurrent themes. Notes were also recorded on group processes.

'Identifying a Thematic Framework'

As Ritchie and Spencer (1994) note during the first stage of familiarisation the researcher is already beginning a process of “abstraction and conceptualization”. This is further developed at this second stage in order to identify those themes and issues that will be used to construct a working framework. The researcher pays attention to three specific categories of issues to guide this construction: “a priori issues; emergent issues and analytic themes”. I would suggest that at this stage social research is particularly recognisable as both art and science, as the role and tasks of the researcher become more indistinct and complex. This is apparent from Ritchie and Spencers’ description of the nature of this stage:

Devising and refining a thematic framework is not an automatic or mechanical process, but involves both logical and intuitive thinking. It involves making judgements about meaning, about the relevance and importance of issues, and about implicit connections between ideas. In applied social policy research, it also involves making sure that the original research questions are being fully addressed. (1994, p180)

The main headings in the final working framework* for this ‘elder abuse’ research appeared as:

- 1 Older women’s understandings of the term ‘elder abuse’
 - 2 Older women’s experiences [of ‘elder abuse’]
 - 3 Gender and ‘elder abuse’
 - 4 Older women’s relationships with caregivers [between abused and abuser]
 - 5 Scenarios
 - 6 Sensitive issues
 - 7 ‘Model’ focus group expectations
- (Categories with [...] were to include any experiences or relationships referred to i.e. not exclusively abusive ones).

(These categories can be viewed in full in Appendix IV)

Themes 1 to 5 were concerned with the substantive area of this research and as such relate to research questions 1, 2 and 3 (Fig. 1, chapter 2). Themes 6 and 7 were designed to address additional factors of importance: theme 6 charted comments / factors indicating ‘elder abuse’ as a sensitive issue, or not, for the participants; theme 7 charted variations between the groups and also ways in which the groups stood up to feminist requirements for research.

* Appreciation to Martin Boddy, School for Policy Studies, University of Bristol, for his assistance and feedback on the initial framework draft.

'Indexing'

Having developed a numerical index for the framework, this is now applied to the transcripts. Each is read again and an index noted in the right-hand margin. A numeric is given where themes of the framework are identified, and not for each paragraph or sentence. Thus, one section of text may have several codes, and others none (although the latter is less frequent). In addition to being very clear and consistent in the indexing process, I later found it invaluable that I had also colour-coded the numeric index, with each theme designated a different colour.

This stage appears perhaps, on first reading, to be a relatively straight-forward and uninvolved, mechanistic operation. However, I found it to be one of the most taxing and frustrating. As Ritchie and Spencer (1994) rightly point out, throughout the process of indexing “the analyst must infer and decide on ... meaning, both as it stands and in the context of the interview as a whole ...” (p182). The Indexing stage might prove to be one at which the critiques of interpretative qualitative methods can point to analysis being ruled by subjective judgements. This is no more apparent than when it is considered that at this point potentially as many judgements about coding of the text can be made as there are researchers of the text (although some consistency would be desirable). That this is so poses no methodological difficulties for the qualitative interpreter. What is of importance though, is that:

... the process is visible and accessible to others; others can see for themselves how the data are being sifted and organized, [and] the analyst can ‘check out’ the basis of his or her assumptions. (Ritchie & Spencer 1994, p182)

'Charting'

Returning to read my notes on charting, I see that I recorded “what a tiresome, boring job”! I suspect I felt this way because, yet again, the researcher is required to return at this stage to each transcript. They then “lift” text and place them in the relevant sections of the appropriate thematic grid (of which for this research there were 7, corresponding to the themes identified earlier). In retrospect this was perhaps more a laborious and cumbersome task than a boring one, whereby upward of 20 A1 sheets of paper had to be handled, sifted, understood and generally managed in a very confined space. (It is no exaggeration to say that origami and bonfires came to mind frequently during my charting weeks!)

Ritchie and Spencer (1994) note the variety of ways in which the charts can be formatted, according to the most appropriate design for the individual study. Two standard rules should apply though. First, one chart should represent each theme, with its relevant headings and sub-headings. Second, and a crucial feature of the charts, is that the identified cases of study appear in the same order on each chart (in this research each case represented a single focus group). In this way cases can be analysed across different charts, or cases can be more easily compared than if they appear in random order. An example of a thematic chart can be viewed in Appendix V.

Ritchie and Spencer (1994) are careful to point out that Framework is not a 'cut and paste' approach to analysis. Rather, a "distilled summary" of the sections of text that are of relevance is charted through a process of "abstraction and synthesis". This involves closely studying each piece of text, summarising the comment, discussion or experience and recording this. Each record is page-referenced to where it appears in the transcript, and useful quotes might appear in full. I also inserted other descriptions at times, e.g. of laughter or a particularly pertinent quote. Having referenced each abstraction this again ensures that the process of analysis can be re-traced and scrutinised.

It should also be acknowledged that by this fourth stage the degree of immersion in the research data is considerable and that while this is essential, some distance from the task might prove useful to some, in order to enter the fifth and final stage with a degree of freshness - or in other words, take a break!

'Mapping and Interpretation'

It was with some trepidation that I read Ritchie and Spencers' (1994) suggestion that at this stage of Framework "the serious and systematic process of detection now begins."! (p186). In saying this they are referring to the complete review of each chart, the comparison and contrasting of charted data, and the connecting of patterns and issues, that must now take place. Neither was it helpful for me to know that these skilled researchers found this stage the most complex to relate in their chapter. Indeed, they describe Mapping and Interpretation as "... requir[ing] leaps of intuition and imagination. The whole process of immersion in the data triggers associations, the origins of which the analyst can scarcely recognize." (p186).

So began my interpretation of material that had been 'created' from fourteen focus groups with older women. Ritchie and Spencer (1994) illustrate this creative final stage of Framework with examples from research studies undertaken at SCPR. The results of an interpretative analysis on the groups facilitated for this research are discussed in depth in the next four chapters of this thesis. In summary though, it will be shown how:

- concepts were defined by the research participants
e.g. about what actions / behaviours are considered by the older women research participants as abusive in later life;
- the range and nature of the phenomenon 'elder abuse' varied according to the perspectives of older women
e.g. as underpinned by social relationships as opposed to actions, and as broader in scope than that proposed in professional discourse;
- associations emerged
e.g. between quality of previous relationships and risks of abuse;
- and finally, explanations can be offered about the gendered experience of abuse in later life.

I have found Framework to be a rigorous and systematic approach to analysing data. It has also proved a very valuable organisational tool for a not inconsiderable pool of data. These two points proved to be so especially in developing a way of understanding the array of responses and perspectives that were pertinent to research question 2 (Fig. 1, chapter 2), older women's understandings of 'elder abuse', the central focus of this study. However, I have one concern with its use which connects to feminist research principles. I was especially troubled during the charting stage that the older women's voices were, or were in danger of being, lost. I questioned whether the process of summarising and interpretation, destroyed their presence, visibility and significance in a way that other approaches might not (see Standing, 1998). I remain unsure about this, but more certain that this dilemma is one which in fact is not the case only at this stage of research, but that it is a consideration for feminist research - from choice of substantive area through to final reporting.

In my discussion of Framework it is likely that some components of the approach have been understood with greater clarity than others. Inevitably, I believe, those features which rely

on the interpretations of the researcher, and which are perhaps more creative and intuitive than solely technically skill-based, are the most problematic for reader and writer alike, in both their relating and conception. While highly committed to the principles and philosophy of qualitative research it would not be an exaggeration to say that it is this part of my research that I struggled with the most. I found the act and process of interpretation fraught with difficulties. There appeared to be, an almost non-existent fine, line between interpretation, the written representation of what the older women had discussed and shared in the groups, and the creation of assumptions / constructions premised on my own values, beliefs and agenda. Ultimately I concluded that I agreed with Denzin (1994), that the very process of interpretation is political, and indeed that “in the social sciences there is only interpretation” (p500).

As a feminist I found the responsibility of interpretation awesome. So much so that I was constantly thrown between the task of making sense of what the older women had spoken about, and making sense of making sense! My struggles with this are related in the commentary to the Practice section of this thesis that follows this chapter. As a bottom line, however, I have taken solace from Holland and Ramazanoglu (1994) who reassure that, in spite of the problematic and contested nature of interpretation, “... this does not mean that feminists should lack confidence in their conclusions” (p133-4). But, nonetheless they say “our conclusions should always be open to criticism” (p146). As suggested then, you are urged to review the following chapters with a critical eye, that reads a weaving of older women’s understandings and meanings of ‘elder abuse’, and my interpretations of them. It is intended that these join in as authentic and honest account of this research as possible, given the political landscape in which it has taken place.

Conclusion

It will be seen in the next four chapters that alternative views exist to those already well established in the developing discourse on 'elder abuse'. Alternative ways of asking and listening can reveal them. I have argued in this chapter that focus groups have provided a valid, effective and possibly empowering way of doing this. Focus groups have been shown to be compatible with feminist ways of researching for a number of reasons. These include their consciousness raising possibilities; their potential for supportive and affirming relationships; the challenge they can pose to researcher power and their potential to diminish this; and their use in rejecting objective pursuits of 'the truth'.

In the focus groups I facilitated for this research I found them to be all of the above. They were also great fun, and I know a number of the older women participants found our discussions to be enjoyable and a laugh too. This dimension should not be overlooked or underestimated. Its importance is emphasised when we hear how gatekeepers, those with a sense of health and welfare responsibility for the older women, discounted any notions of them benefiting from participating in the focus group discussions. Indeed, for them it would appear that 'elder abuse' is a sensitive issue, and one from which older people themselves should be protected, in either thinking about or discussing it.

In having presented the groups I facilitated for this research, I hope I have conveyed, through an 'unhygienic' account, some of the realities of undertaking fieldwork. In spite of the raw reflections I have given, to see them presented in a few hundred words does not portray the many, many hours of locating and setting up groups and the numerous contacts I made through my endeavours. It is also important to again remind ourselves that one group of older women who I could not draw together to form a group were older lesbian women. I hope to have made their absence in this work obvious so that we can acknowledge their general invisibility in research on later life.

I have described the analysis and interpretation of the focus group discussions as the most challenging for me of all of the phases in completing this study. I expand on this in the commentary which now follows. However, I will say that it was Denzin's (1994) contribution in this area which helped me the most in making sense of making sense, by naming the art of interpretation as political. The naming of it was vital for me. Having been

able to identify interpretation as such I was able to continue with the task, seeing it from a perspective which politicised the activity and therefore the end product. This leap in perspective is significant, for similar processes were at play to those that lifted and assisted my thinking about 'elder abuse' earlier on in my work. For, if interpretation and naming are political, then so are the social phenomena they speak about, as are the activities of those who concern themselves with such phenomena. In the instance of this research, that is 'elder abuse' and the research activities, including my own, which construct the discourse.

Commentary 3

'practice'

'Practising' Being a Feminist!

There exists an unresolved aspect of my practice with older women in this 'elder abuse' research. It is in terms of how accountable I have been in the course of my contact with them. In commentary 2, I went to some lengths to offer an accountable knowledge base to the readers of this thesis, but with respect to the older women who took part in the research, I have felt uneasy about one dimension of my contact with them.

In my practice with the participants I have striven to act ethically and respectfully. As promised I have assured and guarded their identities. I have diligently followed up requests from them or gatekeepers for further information about 'elder abuse' where I could give it; I have made efforts to acknowledge their contribution (through stating this in the groups, in personalised thank you letters following each focus group, and within this thesis); and, as you have just read, I have struggled to ensure that a faithful and honest account has been put forward for the interpretation of the data gathered in the groups. However, I am perplexed that I chose not to share a specific piece of information with the participants. This was, that the study was premised on feminist principles and that I identify myself as a feminist.

In not being clear with participants, it could be argued that I have omitted a significant dimension of the study of which they should have been aware. As a result of this, decisions to participate in it might not have been based on a full appreciation of the research agenda. Ultimately, I am aware that withholding this information could be viewed by some as deceitful and manipulative, because it might be that some of the older women unwittingly participated in social research that

they would not have. It is important to acknowledge this issue, and I explore it here in order to understand more fully my research practice.

I feel that the dynamics of this 'missing information' were more about avoidance than they were about a purposeful withholding of information. At no time was I asked if I was a feminist; had I been I would have said yes. Also, in terms of avoidance issues, I would want these to be placed in context with the similar difficulties I talked about in commentary 2, about declaring my feminism to colleagues. For example, at the time of my approaching older women to participate in the study I was especially struggling with my own feminist identity and coming to terms with the great shifts that were happening for me in my personal life in this area. Indeed, had I been asked on a particularly bad day I may well have answered 'NO I AM NOT!' In this sense, I would argue that it is highly problematic to talk in terms of definitive identities when "... women's understanding of identity is multiple and even self-contradictory." (Humm 1995, p127).

There is a problematic nature then, to defining singular identities, and in the way in which we manage them with other people. So, for example, if I had attempted to be 'more honest' with the older women who participated in this 'elder abuse' research through declaring myself to be 'a feminist', would this have been enough? Should I have gone on to clarify the many selves that constitute this feminist, my living arrangements, my struggles with this identity and the nature of my sexual partnership?

I raise these questions and uncertainties towards this matter for a purpose. As Harding (1991) contends:

From the perspective of conventional thought, all female feminists have identities that are

contradictory; in other words, we think and act out of contradictory social locations. Learning to think and act effectively out of those contradictions is an important part of claiming feminism, of becoming a feminist. (p275)

In becoming a feminist, however, we must conclude that such an identity is not fixed. There will be challenges along the way, some may be successfully negotiated and others will confound.

I am concerned that some women might have excluded themselves from this study had I introduced myself as a feminist. One older woman in the first focus group I facilitated stated quite boldly “... these feminists, I've no time for them ...” (Group 1, p43). Her contribution would not have been gained had she chosen not to participate on the strength of my identity. As a researcher who is attempting to develop as a responsible worker, I have recognised that my agenda for this research has not necessarily been that of the older womens'. I am aware that some of the older women that I had contact with would not subscribe to a feminist project, some may have been anti-feminist, and others disinterested or non-committal. What I attempted to provide in the focus groups was a space for older women's voices to be spoken and heard. Apart from my own difficulties in claiming my identity with the participants then, I also wonder whether their space may have been compromised had I pursued a personal / professional need, in the name of 'ethical practice', to explicitly state my feminism.

Overall, what I consider important is the context I gave participants that conveyed the basis for the research. This included being very clear with them about the guiding principle of the study as being to prioritise older women's views and needs in situations of 'elder abuse'. I related this in the context of their greater numbers in later life; the connections there

might be with other forms of abuse over the life course for women and girls; and the need to protect a women-only space in which to explore these issues.

Uncertainty remains for me in the 'telling' about my feminism. While I feel able to explain why I did not deal with this explicitly, I am not entirely comfortable with this, and I am left considering what I would do next time. Like Walmsley (1993), who struggled to explain her research to those who participated in it, and who felt she must explain more adequately next time, so I must learn from my practice and find a more satisfactory approach in research I carry out in future. I suspect, however, that this will remain an enduring issue given that feminism not only constitutes my identity but also gives me a primary analytical framework for my research.

'The Politics of Interpretation'

I concluded chapter 4 by raising how my analysis of the thoughts, feelings and experiences that were shared in this research by older women, proved extremely problematic for me to understand. I struggled considerably during the analysis stage of the study, and endeavoured to 'genuinely' interpret their meanings. I became increasingly aware that what would be presented were my interpretations and as a result I came to feel that the claims I made were extremely fragile. I felt any confidence in the work I had undertaken diminish as I ventured along the path of this argument, as did any sense of authority I had to speak about what I had 'discovered'. Such was my difficulty in this that I was forced to leave the job of analysis for a while to explore the processes of

* Denzin (1994)

this research task. In doing so it was with relief that I found my experience validated by other researchers who have (thankfully) shared their thoughts on similar labours in this area.

I should note that some of my quandaries were not solely during the final stages of analysis and interpretation, but they were also present as I used Framework to sort the focus groups transcripts. So, for example, my feelings were the same as I worked through the requirements of charting. As you have read, to do this requires the researcher to 'abstract and synthesise' what has been spoken about, and a summary is entered on the Framework chart. I felt at the time that this process distanced me from the participants' own words and meanings, and left me with my interpretations in a way that a cut and paste approach, for example, might not do. I was concerned that my interpretations would not be accurate or appropriate. It was also very apparent to me that the older women participants said what they said better than I did! Standing (1998) felt the same about her conversations with lone mothers, who she believed spoke in their own words more powerfully than her theoretical explanations did.

Further, in the indexing stage of Framework, I noticed how my thinking about coding the index I had constructed almost changed with each new reading of the transcripts. Indeed, on occasions I could totally re-work the index categories from scratch, and on others I found myself disagreeing with the initial coding I had ascribed to a section of transcript! Given this, it could be asked why I continued with this model of analysis if I found it awkward to this degree. But, the opportunities to begin again in the approach one has chosen for analysis are constrained for researchers, not least in doctoral research which is working to a timescale. However, to say I could not waste time in finding another

form of analytical approach, misses the point. I believed it valid to continue with Framework because it appeared the most appropriate means of analysis for this project, despite the criticisms I level above. I also realised that my critique was equally applicable to other forms of analysis, and that this was the point; a critical, reflective use of the tool was important, not a wholesale dismantling of its usefulness and suitability.

I also tried to employ strategies that I felt allowed me to acknowledge the imperfect nature of some aspects of interpretation, and which helped me to maintain a less sanitised representation of what was spoken about in the groups. For example, where I have quoted participants directly, their words have been left 'messy' in some ways so as not to completely lose an authentic display of dialogue and conversation, as the context of the older women's contributions. Thus, I have attempted to limit added punctuation and also the omission of more informal elements of language e.g. ums, mms, etc.. Ultimately, research participants' words have been edited, especially at times out of their group discussion context, as whole sections of transcripts have not always been presented.

Standing (1998) offers an extensive discussion about the dilemmas she faced in 'writing about speaking'. She acknowledges that "... language becomes one of the ways in which hierarchies of knowledge are reproduced" (p192) through invalidating what is spoken about (often by less powerful groups, including women) by adulterating it to match the more legitimate style of academic language. However, in her research Standing made a decision to tidy up the lone mothers' spoken contributions for two reasons. First, because some of them requested that she did this, and second because she did not want to "reflect, or

reinforce, the negative stereotypes of lone mothers.” (p193). A very pertinent dilemma for feminists exists in this:

The worlds we investigate are often those of the less powerful. ... What representation, what image of these women are we constructing? We claim we are being ‘true’ to our respondents by recording their voices accurately, but if their words and language are different from the other written text - the analysis - does this make them seem less valid? (Standing 1998, p193)

You will have noted earlier when I referred to having been concerned to present a genuine interpretation of older women participants’ discussions, that I have placed ‘genuine’ in inverted commas. I had not done this at the time of writing about my struggles in analysis, but rather this is a relatively recent way for me to highlight this word as an issue for me. A shift in my thinking has occurred in this area that has brought me to a position which increasingly views meanings and interpretations as no more genuine than each other, but as different from each other*. The route of my thinking might be a consequence of what Denzin (1994) describes as, ‘a crisis of interpretation’ in contemporary social sciences. Claims of authority are challenged; the privileged status of discourses over each other are refuted. As I do just this I also recognise a dangerous paradox whereby feminisms challenge predominant discourses, yet they are also potentially undermined by the argument, as Richardson (1991) reveals:

once the privileged veil of truth is lifted, feminism, Afro-American, gay and other disparaged discourses rise to the same epistemological status as the dominant discourse. (quoted by Denzin 1994, p501)

* I would argue, however, that some are privileged over ‘others’ and that these are imbued with differential power relations.

More latterly over the course of my studies it will not be a surprise that I have felt at times in danger of dropping into an abyss of "feeble, disempowering relativism" (Holland & Ramazanoglu 1994, p141).

Holland and Ramazanoglu (1994) thankfully proffer a middle way between the apparently oppositional positions of 'multi-truthed text and rigid, scientific realities', whereby dimensions of reality can be understood through people's explanations, and the problematic nature of interpretation can be continuously addressed. Helpfully, these authors describe the process as one which:

... is both positive and creative, but also flawed in the sense that we can never be sure that we have got it right. (1994, p145)

By way of addressing this uncertainty Holland and Ramazanoglu (1994) suggest that feminist researchers must attempt to make their selective interpretations visible by opening up to scrutiny the processes through which these are reached. My use of Framework enabled me to do this.

In addition, these writers remind us as feminists of the importance of understanding the centrality of power relations in our interpretative work. In addressing them we are able to make links between them and what we begin to understand about an issue. Some questions they recommend asking include 'Who are policies intended for?', 'Who will gain from the research / recommendations?', 'Who will not gain?', 'Who framed the research questions?' and even 'Who funded the research?'. As an example, I found this approach particularly helpful when coming to terms with my understandings of what older women expressed as burdens in caregiving.

I have been anxious in my research not to buy into the so often dominant carer stress explanation of 'elder abuse'. Ultimately I was critical of this explanation as an individualistic, victim-blaming account; of older people being the cause of their own abuse and of women (mostly) perpetrating it through their inability to cope in their (gender-defined) roles. This is an all too easy and convenient end result to reach. Yet, as it will be seen in chapter 8 many of the women I spoke with expressed or anticipated a good deal of stress in caregiving. In interpreting their contributions, however, I have paid attention to additional questions, similar to those posed by Holland and Ramazanoglu (1994) above, and I have placed my interpretations within an understanding of theories about the gendered nature of caregiving. Subsequently, I have been able to discuss 'carer stress' and my interpretations of it in the context of expectations and stipulations of women's 'natural' caring roles.

Participants were confronted with difficult choices in caregiving as older women, and the nature of these are not adequately summed up by the term 'carer stress'. One way in which I hope to have shifted the emphases of this language has been to change the way I talk about it. First, I refer to 'the stresses of caregiving', which recognises the challenges of this *job* (especially when it is undertaken with little support, acknowledgement and on an unpaid basis), but which does not label the *individuals* involved in it. Second, re-naming the stresses of caregiving also explicitly indicates that there are a number of stresses, rather than one stress, connected to caregiving. In doing so, a more realistic impression of the job is reflected from the outset whereby its complex nature and the resultant relations of caregiving are made more explicit. Finally, the term 'caregiving' replaces the word 'carer'. This

allows us to recognise that in caregiving, *caring for* should not be assumed. This further recognises that this dimension of the job may be one of the very stresses involved, i.e. that a caregiver may not care *for* the person they are 'caring' for.

The above shift in emphasis might be a semantic exercise for some, but it is nonetheless of great importance to me. As a feminist it is unacceptable to promote "forms of institutionalised ageism and sexism" which lay at the heart of ungendered accounts of carer stress (Whittaker 1996, p150). My motivation to challenge the carer stress model was unashamedly value-ridden. Denzin (1994) confidently reassures me that this is OK:

... the methods for making sense of experience are always personal. ... Life and method ... are inextricably intertwined. One learns about method by thinking about how one makes sense of one's own life. ... He or she fashions meaning and interpretation out of ongoing experience. ... the researcher uses any tool or method that is readily at hand. (p501)

And thus, the personal becomes political, and the political personal ...

Section 4

introducing three older women

Three older women in the scenarios, Lily, Doris and Blanche, were spoken about a great deal in the focus group discussions for this research. Their circumstances were set out in the scenarios which appear in chapter 4 and which were put to the fourteen groups of older women participants for their consideration. It emerged through the discussions that many of the research participants had a number of concerns with the social caregiving relationships depicted in their specific scenarios.

As I outlined earlier, the scenarios were not only useful in prompting discussion about the situations they illustrated, they also seemed to act as a catalyst for the women's own experiences, which were often shared with fellow participants. It will be seen in chapters 6 to 8 that great empathy was felt by the older women for Lily, Doris and Blanche, and many had similar stories to tell.

Chapters 6 to 8 then, do not solely discuss these three older women and the research participants' responses to their situations. The related issues and themes that emerged in the focus groups are also presented. These chapters are constructed as follows: *Lily - the significance of relationships; Doris - relationships with careworkers; and Blanche - relationships with caregivers*. I begin this section of the thesis with chapter 5 which looks broadly at social relations and 'elder abuse'.

Chapter 5

Social Relations, Gender and 'Elder Abuse'

- 1. Social Relations, Vulnerability and 'Elder Abuse'**
- 2. Gendering 'Elder Abuse'**

Introduction

The purpose of this chapter is to provide a context to the research participants' understandings of abuse in later life. Their individual experiences and accounts will illustrate how they view, and are affected by, social relations at a broader, macro level. In constructing these links it will be seen how the older women's lived experiences make sense of, and are themselves made sense of, through understandings of social relations at different levels in their lives. This chapter has the further aim of providing a means of contextualising the following three chapters which will focus mainly on abusive social relations at more individual and societal levels.

In the first half of the chapter I present the older women's responses to the term 'elder abuse' and I discuss the issues, behaviours and attitudes they connected to it. I then concentrate on the extent to which the older women who took part in this research feel threatened and unsafe in their lives today. This was a recurrent theme in the focus group discussions, and it is shocking to appreciate that for many of the older women I spoke with, fear in this respect appears to be a daily experience for many of them.

The second half of this chapter turns specifically to issues concerned with gendering 'elder abuse'. This serves two purposes. First, to respond to the more usual treatment of the concept of gender in 'elder abuse' research. This has traditionally been one which renders gender invisible and unaddressed. Second, to demonstrate both the importance of this concept to 'elder abuse' and the need for it to be central in an analysis of abuse in later life. As such I want to make the special case for gender obvious. In following chapters however, I will integrate the concept in my analysis so as to illustrate more accurately its connection with other variables important to abuse in later life.

This second half of the chapter moves from broad perspectives on social relations to the specific, in order to illustrate the interplay between the different areas and levels of lived experiences that emerged through my discussions with older women. As a result it can be seen that 'elder abuse' cannot be considered by taking snapshots of different life stages or through concentrating on specific acts or behaviours. Rather, its study should be approached through biographical accounts which allow the past to inform the present, and

which consider the impact of different social relationships on people's experiences in later life.

Social Relations, Vulnerability and 'Elder Abuse'

An initial question which began the discussions in each of the focus groups asked whether any of the older women had heard of the specific term 'elder abuse'. By far the majority of responses given were that they had not. Only one participant had heard of the exact term, another of 'granny bashing', and someone else of it being 'a problem in America'. However, it was not uncommon to hear the older women say something similar to "well I hadn't actually heard that term, but as soon as you said it ..." (Group 5, p1).

In order to explore what the participants might understand by the unfamiliar term 'elder abuse' (research question 2, Fig. 1, chapter 2) we discussed a range of exploratory questions, which included:

What did they think of when they heard the term?

Who or what did they think it referred to?

What did the term abuse mean to them?

What situations / relationships / behaviour would they include under this term?

Why should this concern arise now?

How did it feel to talk about it? OK? Difficult?
(see Topic Guide, Appendix III).

Despite the almost blanket response of not having heard of the term before, and through reflecting on the above questions, almost all of the women associated known situations and experiences with the term at some point during the group discussions. Thus, there is a stark contrast between the participants' not having heard of an 'official' term and what they went on to connect with it. The connections and examples of circumstances they considered constitute 'elder abuse' fill these empirical chapters, and as such it is clear that there are no shortage of ways in which older women understand 'elder abuse'.

Many of the known situations talked about had come from the media and others were from local or personal knowledge. This was to the point of one woman in Group 11 describing what felt like two worlds that she was exposed to. These I took to be the one she experiences through a television screen, and the other through her lived experiences.

In most of the focus groups the research participants revealed a breadth to their thoughts about general societal attitudes towards older people when they were asked to do share what came to mind when they heard the term 'elder abuse'. The way these attitudes were described in the groups gave an impression of them being very negative, entrenched and endemic in modern society. Many of the attitudes were experienced as abusive by the older women in this research. In this respect we see an understanding of abusive relations in older age as not limited to individual relations but as existing at much broader levels. In some circumstances, thoughtless behaviour, not making an effort, and being dismissed on the basis of age could be considered abusive. One woman who lived with her daughter and her family described how she felt sometimes at their treatment of her. While she talks about her family members, she appeared later to equate such treatment with 'youngsters':

.... it can be the thoughtless word, because I mean I live with my daughter, you all know that, and they can be very cruel, some of the things they say. They must perhaps, it's the modern way of youngsters talking. (Group 1, p6)

This woman's contribution was made in the context of a discussion in which the participants were explaining how they believed older people are seen as a nuisance and that they were 'pushed into the background' in society. She and some of the other women described this as a form of abuse.

A different group (Group 6) talked about the dismissal of older peoples' health needs by the medical profession on the basis of age. Two women in this group had experiences of being told that the physical ailments they had consulted their general practitioners about were the result of age and ultimately that they could expect little else at their time of life. The women discussed that one option available to older people in such circumstances was to consult a different doctor in their surgery or to change their surgery altogether. Although three women in the group felt that the treatment of older people in this way could not be described as abuse, the remaining fourth women did. While some older people could exercise the options the group had talked about, she argued "not everybody can do that, or wants to do that or is able to do that and that's when the abuse comes in." (Group 6, p14)

Further ways in which some of the women suggested negative attitudes existed towards older people was in the way some elderly people are not permitted a life of their own, or through having little or no control over decision-making, and through living in an oppressive environment. From this we can see how older peoples' life-styles in some residential care

facilities, or in their relatives' homes, might in themselves be considered abusive. A lengthy discussion about residential care in one group revealed a number of incidences which concerned the research participants. In this particular living environment one woman suggested "things can be hidden and covered" (Group 1, p9), and another woman agreed, believing that staff can "close ranks" (Group 1, p9). The older women in this group described insidious ways in which older people in residential care could be treated. One participant had a friend whose mother lived in residential care and who talked about her dislike of the matron:

... she had this, of not liking certain people and they would be excluded and then they would make them sit in their room, rather than go and sit in the lounge.
(Group 1, p9)

Later in this group, a different participant told of how she knew of an elderly woman who had her knitting removed from her because it was considered by the staff to be dangerous.

Negative attitudes towards older people that were spoken about also included behaviour by strangers which might be aimed at elderly people on the basis of their age, e.g. verbal assaults on the streets, some examples of which I discuss shortly. It will be heard how the research participants who experienced them were seriously shocked, intimidated and felt abused by certain forms of treatment by people they did not know.

Moving on further still some participants were angry and indignant at their treatment by politicians and budget holders at the highest levels in health and social services. They saw these groups of professionals as limiting resources to them and thus making judgements as to older people's value and contribution to society. Some women argued that little worth was placed on older people and that this was reflected in state pension levels. In addition, lack of resources was seen as responsible for poor standards of caregiving in residential settings by a few participants. Some ultimately blamed the government for cuts in expenditure or for age-specific rationing of resources. The following section of Group 5's transcript illustrates the older women's belief that their age directly determined their access to health care:

P3- ... today there seems to be a feeling that, you know, if you're elderly you're past it and everything is geared to um, resources go for younger people all the time, rather than for, if there's a choice to be made, you know

P1 - Someone said yesterday that if you're over 60 they're not interested really, you know the doctors aren't interested if you're over 60, that's the line.

P3 - There is a cut off point in quite a number of things isn't there, like um, you know, mammograms, what do you call them?

P2 - Yes, 64 isn't it?

P3 - Yes and things like that

P2 - Smear tests and all that sort of thing, you're cut off here.

(Group 5, p5-6)

Other critical views that existed about similar ways of limiting resources to older people were, unsurprisingly, expressed particularly sharply in a focus group whose members were of lower socio-economic status. The members of this group struggled on a daily basis on low incomes. As a matter of utter contempt, the increase of 25p in an older person's pension at the age of 80 years, was cited in one group. The women in this sheltered housing focus group, amidst their mocking laughter, seemed almost speechless at the depth of the insult represented by this paltry offering, especially when one participant revealed that her rent correspondingly increased by 23p per week (Group 13).

A cross-cultural perspective on the limited worth and value placed on older people at a societal level was given by the Chinese older women although this appeared to hold different meanings for them. While they spoke of feeling very similar effects of attitudes towards them in their home countries of China and Hong Kong, the impact of the negative attitudes I have presented above, were quite different. The women from this group spoke about the depths of economic and social poverty experienced by older people 'back home'. They had memories of older people in China of having no money, food or home if their families were unable or unwilling to provide for them. With no welfare state to support people in their older age, participants knew that some could literally be left with nothing to eat. The existence of an older woman who was known to one of the research participants illustrates this reality:

Interpreter - one lady she knows ... she's got two sons, so um, because they're very poor, ... she spend fifteen days with one son and eat with him and then another fifteen days with the other one. So when the months come to thirty-one days, she got one day where she's got no food (Group 7, p7).

Older people in the UK were viewed by the Chinese older women as enjoying far better living standards and treatment. One of the participants from this group had come to live with relatives in England a few months before the focus group took place. She had, therefore, a more recent personal appreciation than the other participants of how some older people lived in Hong Kong. When asked to describe what she thought would come

within the description of 'elder abuse' she found it very difficult to verbalise examples. The interpreter translated " ... there's a lot and lot of abuse which you know, is, there's so much, it is not just, can't explain it in words. Different types of abuse she can't list it out there are so many types. You can't just explain it in one or two words." (Group 7, p4)

One of the most striking features of the older women's perceptions of the social relations of 'elder abuse' in all the groups was what and whom they appeared to view as central to older people's sense of vulnerability and fear. All but one group spoke, often in vivid detail, of contemporary society being a violent and menacing place for them to live in. When discussing society in very broad terms, children and youths were identified with little exception by the older women in their accounts as the strangers they most feared and those most inclined to menace or abuse older people.

Many older women participants in their discussions recollected a world free of personal threat and intimidation when they were children or younger adults themselves. They argued that attitudes towards older people, when they were young, were respectful and kind, if not somewhat revering. They shared stories of older people being cared for in their communities and of the authority they commanded by virtue of their age. Several women in Group 3 referred to this. One remembered taking cakes to an elderly woman who lived nearby, and another described being sent to 'Mrs So and So' to run errands. These things they had to do, "even if it was a nasty old lady, you still went"; there was an expectation since "we were brought up to have respect, we look back and think this is so different." (Group 3, p13).

It did not strike me that the women in their reminiscences were necessarily only referring to a golden age of absolute safety for older people. Some of them suspected that abuse of older people had always occurred. A number of factors were viewed as responsible for its increased visibility. These included that caregiving relations have entered a public arena whereby they are more open to scrutiny and surveillance; that aspects of personal relationships and certain topics of conversation have become less taboo; and in the extent of media interest in and reporting of newsworthy violence. So, while abuse of elderly people went on when they were younger, some participants suspected that it was more rarely seen, discussed or reported:

I think, I think when you think about the population in the country and the fact that it has increased since we were at school, we were younger and then I think, violence has increased as the population has increased. I don't, I'm not convinced

really, I know that it, we're all told through the media that it has got worse, but if you look at it statistically then I'm not really certain 100% that it has really got any worse. (Group 4, p10)

Say 10 years ago, you wouldn't have a group of people like this would you, discussing openly. (Group 1, p32)

There was noticeable agreement amongst others that violence had become, and was getting, worse. In trying to understand how their society had changed, older women in the groups were not solely referring to experiences in later life. They identified a society that was violent for all, and one which had come about over fifteen or so years (although some placed the changes further back, since World War II.) This linked to many of the older women's beliefs that it is not just older people who are vulnerable, but everyone. One woman remembered back to World War II and commented how she recalled that people did not feel threatened walking out alone in the black-outs (Group 14, p3).

A sense of freedom and security are portrayed by these women's descriptions of their childhood experiences, and they contrast sharply with the feelings they expressed towards the nature of today's society:

You see we used to go right out in the country and, you know, there was fields all round us at back, it's all built up now. But we used to walk by and go right out in the country and the woods picking primroses, you know, and enjoying ourselves. Of course they wouldn't think of doing that now, it's terrible. You know these men that molest their children, we were so safe, weren't we, in those days? (Group 8, p4).

... the thing is with children today, they can't leave home now too far. I mean we used to take off the first thing in the morning and come back last thing at night, and we'd be up on the common or in the woods or something, quite safe. But the children of today can't do that. It's not safe for them to go up in the woods. (Group 6, p6).

I should state that children and younger people were not singularly identified as the protagonists in our discussions about who posed a threat to older people. Certainly, in terms of stranger-threat in particular, adults were also spoken about in a fearful way. Indeed, on some occasions, this was linked by the women to potential abuse or harassment by children and their parents. For example, the parents of children who menaced and were rude to older people were thought of with low regard and deemed equally capable of turning on older people if they dared to reprimand the children. A group of older women

who lived in the same sheltered housing complex felt strongly about the lack of thought afforded them by their younger neighbours:

They're so full up with their own lives that they can't see their children annoying older people. ...

They don't care if you've got anybody ill or anything, they've got no respect.
(Group 9, p13)

Further, some older women thought that treatment of older people by their contemporaries could also be very poor, and so they did not exclusively frame abuse in terms of inter-generational conflict. An example of this was discussed by one group who thought that elderly caregiving spouses could be badly treated by ungrateful, critical partners (Group 4, p4). A woman from a different group commented about her experience of working with older people, that they "are not dear little old ladies" (Group 2, p7), and that they could be difficult and demanding at times.

However, having registered the comments made by some of the group participants about difficult intra-generational relationships, I found it noticeable the extent to which I heard them talk of their fear of children and younger people. They often referred with despondency to their behaviour and attitudes. These fears were almost exclusively spoken about in connection with their contact with unknown younger people. To a far lesser degree, children in their own families were also mentioned, but in these examples behaviours appeared to be seen as more thoughtless than intentional, and as more cheek than intimidation. It was acknowledged, however, that an older person living with children and grandchildren may have difficulties in dealing with some situations when loyalties in relationships might be tested.

Mostly, what were shared were feelings of intimidation and unease when in the company of unknown younger people. The older woman quoted below was not alone in her general perceptions:

I mean you hear so much now about young people attacking, even raping older people. I mean years ago you would have expected your age to be of a certain amount of protection against that sort of thing, wouldn't you, but now it isn't ... they now think it's quite in order to go into an old persons property, knock them about, rob them, leave them dead or half dead and expect to get away with it and very often do. (Group 9, p9)

Negative opinions of children and younger people did not necessarily appear to be based upon personal, unpleasant confrontations or incidences. The older women's fears also seemed fuelled by beliefs which linked younger people to other associations with aggression and unpredictability, namely drugs, alcohol and gangs. Although the women did not explicitly cite these as having influenced their views, they referred to all of them in the images they gave of younger people. The media might well have influenced and fuelled their perceptions through inflammatory reporting and representations of youth culture and crime. We will hear later in this chapter the degree of media influence on other areas of the older women's understandings of abuse in later life.

It would not be difficult to emphasise poor inter-generational relations as a primary issue in the research participants' perceptions of 'elder abuse', such was its prominence in our discussions. However, while its power and currency was particularly noticeable it was not exclusive, and a further important view was expressed. This viewpoint challenged older people's complicity in the responsibility for conflict with younger generations. Some participants suggested, for example, that older people could be more tolerant of children's natural need to challenge and test boundaries. It was suggested that some of them should try to understand that life today is very different for children, in that they are restricted in where they can venture and play safely (Group 3). One participant pointed out that many parents want their children to play where they can be seen by them. This inevitably means in close proximity to houses where they may bother other people. Two women lived in a small cul de sac and felt their lives had been effected by children moving into the area:

P1 - It's lovely and quiet down here where we used to live on the flat and we used to have that trouble didn't we with the children, you spoke to them and you got a real mouthful.

...

P2 - You see what used to annoy us was, the young people that lived opposite us, they can see out their windows what their children was doing to annoy us elderly people. I was nursing my husband very ill, but he was just told he was a miserable bugger.

(Group 9, p12)

Some older women also acknowledged that life-styles are stressed to an extent not experienced by them as younger adults, and that their younger relations have busy, demanding lives, and yet often do as much for their parents or grandparents as they can. For example, one older woman had been given a personal safety alarm by her son (Group 2), and another participant from Group 4 had been supplied with a mobile telephone by her

children for her to use in the event of her breaking down while driving alone. Some participants said their children rang them regularly to check how they were. Others agreed that hostile relations between generations might be a reflection of the nature of a mistrusting society where children are taught not to trust or speak to strangers.

Vulnerability in older age was extensively discussed in the focus groups. This was introduced by the women themselves throughout their contributions, but I also specifically raised it for exploration in relation to age and gender to address research question 3 (Fig. 1, chapter 2). Vulnerability was portrayed by the participants as a complex mix of social characteristics and relationships. Some women suggested that in a violent society, everybody is vulnerable. However, some also believed older people might be deemed more so. In this sense vulnerability was spoken about when trying to understand different relationships. This was especially so when tackling the problem of stranger-threat. The older women portrayed images of older people as literally under siege, existing mostly in fear wherever they might be: in their homes, the shopping precinct, in the city, in the countryside, in their cars, on buses or when walking the streets.

Participants gave examples of locking the doors to their houses if they went upstairs (Group 12), of locking their car doors when driving during the day and at night (Group 5), and some said that they never ventured into the cities alone (Groups 5 & 6). One woman from Group 3 described the assault of an older woman in a shopping precinct, where her bag was snatched and she was harassed, humiliated, almost played with by a youth, who eventually disappeared into the crowd, as people looked on. No-one assisted her, and the narrator herself was fearful of the repercussions of doing so, especially for her own and her husband's safety. Another research participant (Group 6) spoke of a bogus caller to her home who had apparent knowledge of her age and GP, and a further older woman described being verbally abused while waiting in her car at traffic-lights. She was taunted with shouts of "why don't you drop dead and give us all a break" (Group 3, p2).

Some older women's stories connected with a sense of vulnerability through older age. A number of participants felt physically slow and frail in their older age, and, as a result, literally less able to get away or defend themselves in the event of being under attack. For this reason they thought that they might be identified as easy targets. To this was coupled the visibility of their older age. Thus, for the older women who took part in the focus

groups vulnerability to strangers existed on two counts, being seen to be old and through feeling old (Group 14).

A group of older people consistently identified in the focus groups as vulnerable were elderly people suffering from Alzheimer disease. Significantly, although it was acknowledged that they were an especially vulnerable group because they may not be able to express their needs, preferences or objections, it was not this that appeared the main concern of the older women research participants. Rather, it was the extent to which the word of someone with dementia could be trusted should allegations of abuse be made. When discussing this a participant from Group 5 suggested that "Alzheimer patients have delusions don't they? ... Alzheimer patients have very funny ideas a lot of them don't they?" (p15). Another woman agreed with a fellow participant that it would be difficult to ascertain the accuracy of alleged abuse, "exactly I mean that could be imagination" (Group 1, p16). Ultimately it was questioned to what degree it would be possible to differentiate between poor and confused memories and minds, and accurate disclosures of abusive actions against them. This clearly raises the issue of how the word of both older women and older men with dementia illnesses, might be doubted if they appear muddled and unclear about incidences they describe. Indeed, a participant suggested that older people generally are frightened of not being believed because of the stigma associated with old age and memory lapses (Group 1).

The alternative view, that vulnerability is not primarily a result of older age, was expressed by some of the women participants who suggested this to be a condition of everyone; of vulnerability to violence, anger and frustration in today's society. Vulnerability in this context appeared multifarious and was experienced to differing degrees throughout the life-course. It might result through levels of ability, e.g. dependence through illness or disabilities (mental or physical). There may have been prior experiences of abuse and a continuum of vulnerability over the life-course. Or there may be other determinants, perhaps outside of the individual characteristics of older people themselves, through for example, the availability of economic resources. One older woman demonstrated this last point when she suggested that if an older person is moneyed, vulnerability could result from family attempting to misappropriate this (Group 6).

For the proponents of this perspective there appeared to be a suggestion that in later life it is how a person deals with abuse that might differ according to age, rather than age in itself

determining vulnerability (Group 10). In this sense the older women appeared to be suggesting that illness generally makes people less able to cope with some things. Two women from Group 13 spoke about how illness in later life renders older people diminished to the point of not having the energy to ask for help let alone fight for allocation of state resources:

P2 - ... unless you really, really kick up a fuss, you, people don't, they get to the end of their tether, themselves, they can't be bothered to keep pushing and pushing for things.

P1 - Well, it is just, it, you've got to push haven't you?

P2 - Yes, I quite agree.

P1 - You've got to push, that's all there is to it.

P2 - You've got to push, if you've had 5 years of it like that, you get tired, you don't want to be bothered any more.

(Group 13, p21)

Further, some older women argued that it is cuts in resources that have led to pressures on services to the point that people of all ages feel vulnerable in their homes and communities. In one sheltered housing group, comments were made about the lack of community policing which they believed had provided a visual deterrent to the perpetrators of crimes when it was most in existence, and this had given older people a sense of security (Group 9). Finally, caregiver (paid or unpaid) or a stranger's characteristics were identified by a few participants as determining vulnerability and not those of the older person (i.e. their age). In this final category of vulnerability an older woman argued, for instance, that some individuals are intent on perpetrating crimes or assaults. She clearly felt this form of threat by strangers very acutely:

... whether daylight or dark, they're there and they're looking out for you, and if they think you're on your own, and there's a chance to mug you, they will, because they don't care anymore. (Group 14, p2)

A physical fitness group (Group 4) had an in-depth discussion as to whether their sense of vulnerability had lead them to feel afraid. One woman thought so, while the others believed their vulnerability had created a self-awareness that informs the actions they take for their personal safety. Other women in the same group were angry at the extent to which their sense of vulnerability curtailed their movements, and a number of women refused to allow it. There were accounts of situations that had incited some participants into confrontation. The narration of these incidents, and the challenges they signified, seemed to be particularly enjoyed by the other group members. One such story shared by a participant (Group 7) was

of bottle-throwing youths whom she severely reprimanded. Another was of a group of young boys who were fighting and blocking the older woman's path to the bus station. The other participants laughed as she demonstrated to us how she barged into the middle of them saying:

When you have finished knocking each other about, could you let me through please because I want to catch a bus. ... They opened up like the red sea [laughter] and I went through, and people thought I was mad to do it, but I just wanted to catch my bus!" (Group 6, p32)

Earlier I referred to the media and their possible impact on participants' feelings towards children and younger people and the threat these groups posed to them. Representations in the media of a beaten, wounded older woman lying in a hospital bed following a violent attack, were spoken about by participants in Group 6 as though their worst thoughts and fears could be found in this image. It is not difficult to feel extremely despairing of the impact of such symbolism upon older women - an impact so poignantly articulated by a participant who had said little in what was otherwise a very vocal group:

... a picture on television about that lady that was beaten up, the picture kept coming up and coming up and coming up. ... It made you cringe. ... She'd been um, I think she died eventually ... and every time you saw her in hospital, her eye was terrible and that picture just lives with me. (Group 6, p4)

Levels of violence depicted on television, be it gratuitous, in the form of non-fictional programmes, or in news reports, were sharply criticised. A visually impaired woman (Group 10) expressed relief that she could not see her television to be exposed to them. Violent images were spoken about as having sensitised people to aggression and violence and as having created a permissiveness in society. It was no surprise to some participants that younger people want what they see on television, do what they see on television and feel they can have anything they want (Group 3).

Against this, some older women felt television programmes or reports on news programmes which exposed poor standards of caregiving and abuse by professional careworkers were important (Group 2). Such comments were also directed towards popular soap operas. One woman in Group 1 was particularly knowledgeable about police responses to domestic violence, and appeared pleased to be able to share these with the others in the group who wanted to know more. She had gained her knowledge from *The Bill* television programme. An uneasy relationship then, appeared to exist for some of the older women between

themselves and the media, whereby they appeared at the same time, frightened by what they saw, heard or read, but also informed or enlightened about the realities of some older people's lives.

In this research the nature of vulnerability experienced by the older women in their social relations has complex meanings for them at different levels. We have heard how many of the participants connect vulnerability to age and to notions of a violent society. At times such vulnerability has been seen as residing in oneself or as being instigated through power relations outside an individual's control. Further, vulnerability has been expressed both as a feeling and a condition to be challenged, or as one to be accepted.

All of these meanings leave the concept of vulnerability a slippery, contested, and emotive concept. It certainly appeared to have great meaning for the older women who took part in the study. While contested, most women spoke as if *knowing* vulnerability, if not the definition of the term. Indeed, there was a real sense of it in the rooms sometimes as the women shared their experiences of feeling threatened and afraid.

It would be wrong, however, to leave an impression of utter passivity and helplessness in the face of the vulnerabilities experienced. In some cases this was so, but as I have indicated, in others it was not. As we have heard in their accounts some older women were outraged at their treatment and were clearly angry and indignant at some of the situations they had confronted. These stories were good to hear.

Gendering 'Elder Abuse'

I have argued in earlier chapters that it is important to talk explicitly in terms of a gendered view of abusive relations in later life. However, it is interesting how gender as a concept was generally not raised in this study as an explicit variable of 'elder abuse' by the research participants themselves. The rejection of gender as a relevant concept to phenomena characterised by gender relations is recognised by Catterall and Maclaran (1997) in their study of women marketing managers. In management they note that many women often assume 'malestream' behaviour characteristics in order to achieve in their profession. Catterall and Maclaran consider the contradiction for women in this area:

... women managers do not acknowledge gender to be a problem, nor perceive the irony implicit in the assumption that their adoption of male behaviour patterns makes gender issues irrelevant. (Catterall and Maclaran 1997, p7).

Through their analysis of focus group data, these researchers illuminate a reflexive process whereby gender becomes regarded as significant by the women as discussions progress in the groups. They chart one woman's shift from a "dismissive attitude to gender issues" through to one of "increasing awareness ... to an acknowledgement that certain [gender] issues may even impinge on the management role in her own organisation." (Catterall and Maclaran 1997, p8)

The older women's discussions in this 'elder abuse' research show similar trends. Gender tended to be dismissed as significant in abuse in later life, yet, the focus group discussions are imbued with this social division. This was evident, for example, in their gendered descriptions of abusers as male, and abused individuals as older women (examples to follow), and in the appropriateness of male careworkers as caregivers to older women (see chapter 7). Other spheres in which gender emerged were in discussions about gendered forms of abuse, where women were thought more likely to mentally abuse than men (Group 2) or slap and be sarcastic, when men would punch (Group 6) and do "horrible" things sexually (Group 12). Finally, gender was significant when caregiving attributes of men and women were commented upon. This final area of gendered talk is reflected in some of the older women's beliefs that women are better, more 'natural' caregivers than men (Groups 1, 5 & 13).

Certainly gender and vulnerability might be described as inextricably linked when reflecting on the participants' descriptions of their own experiences and examples of known situations of abuse. Again, while not necessarily attributing any particular relevance to the genders involved in these examples, a note was usually made of the genders of those individuals the older women cited. Group 7, for example, believed older women and older men to be equally vulnerable to abuse. However, all but one of the situations and experiences that were shared by the participants were of older women being abused.

When asked their opinions as to whether they viewed gender and vulnerability as connected (research question 3, Fig.1, chapter 2), responses varied between older women who believed older men were more vulnerable in later life than women, those who believed both

genders to be equally vulnerable to abuse and those who suggested women were more so than men.

This first suggestion, that men are more vulnerable than women, was raised in four different groups (Groups 1, 2, 6 & 13) and was proposed almost not on its own strength, but through a comparison of women's relative strengths and abilities over their gendered life-course. Women were viewed as more resilient and social, and as having learnt throughout their lives how to be so. In comparison it was suggested that men are pampered, have not had to endure some of the circumstances that women have, and cannot establish friendships and support networks as easily. The differences between men and women in this respect are illustrated in the following edited section of transcript from a sheltered housing focus group:

H - Do you think it is different being an older woman from an older man and feeling vulnerable?

P1 - No, I think the elder woman is um, got more go in them than the elder man.

P2 - Yes ... well I think men in principle get older quicker than women?

P3 - Yes.

P4 - Yes.

P2 - And so they are more vulnerable in some ways.

...

P1 - Well it is, it is like um, the women have always had to have the brunt of the work in the house and everything, haven't they?

P2 - And let's face it, I mean, some of the men. In the last few years it is a bit easier for women to go to work with a young family. I suppose in some respects with the gadgets we have and that. But years ago women used to go out to work and then come home and then they'd do all the house work and cooking and look after children, so, so they've always really borne the brunt of everything.

P5 - And lots of time some of the men were just as bad to look after as the children in any case.

H - So you're all pretty resilient then really?

P5 - Oh I think so, yes.

P2 - Almost pick ourselves, dust ourselves off and get on with it. Most women do.

...

H - So why would men be more vulnerable then?

P5 - Because they've all been pampered.

...

P2 - But then, let's face it, that's how we were brought up.

P6 - That's right, yes.

P3 - You mothered them, you mothered them.

P2 - You were brought up that the man was the head of the house.

P3 - That's right and you mothered them.

...

P7 - Yes, and you looked after them with care.

...

- P2 - They're children still in other words, they are.
P3 - They revert back to children don't they.
P2 - They are, they are children, they want looking after.
P3 - Yes, that's it. Still want mothering.
P4 - That's right.
(Group 13, p25-26)

Thus, there is a view of men's coping abilities and strategies in later life being different from those that women are used to using. Indeed in the above discussion participants question whether older men can and do acquire these new abilities. Alternatively, they talked of women's skills as having been honed over many years and how they proceed in similar ways as they always have, adapting as they go (Groups 1 & 13).

Turning to a different view from that identified above, arguments for an ungendered vulnerability relied on the notion of a violent society. As set out earlier, in this case it is other variables that determine vulnerability to abuse e.g. disability, abuser characteristics, economic circumstances. For one Group (Group 7), the surviving spouse, left alone and dependent upon family, was identified as the most vulnerable, whether it be husband or wife. A further shared view of this group was that both older men and older women have little authority in society and consequently both genders have a limited sense of power.

Nevertheless, there were many examples shared in the focus groups of particular situations in which the participants believed that older women might experience greater vulnerability than older men. These will be presented in more depth in subsequent chapters. In brief these include when women may have been abused previously in their lives; being cared for by male caregivers (paid and unpaid); in living alone; and when caregiving to previously abusive or currently abusive spouses. The following accounts are examples of abusive relations given by participants which reflect the highly gendered nature of abuse in later life with strangers.

Many of the older women's accounts spoke about stranger-threat which I discussed earlier in this chapter, and these reveal a gendered split of males as abusers and females as abused. Vivid accounts of acts of violence or aggression on the streets referred to young boys or male youths as the perpetrators. One woman told her group (Group 11) about the damage done to trees and fencing in her garden to the value of £150, by boys in her neighbourhood. Another example given by a city dweller in the same group had read in her local newspaper of two bogus water board men who stole £1,000 from an older man. Other examples, used

elsewhere in this chapter include, an older woman mugged by a male youth in a shopping precinct, and a group of fighting boys blocking the path of an older woman on her way to the bus station.

Two women in the same sports group shared experiences of being abused verbally in their cars. One woman we have heard from was told "why don't you drop dead and give us all a break"(Group 3, p2). The other woman described a time when she had stopped at traffic lights on her way home. Five male youths in the car next to hers:

... all had their heads out the window - 'na, na, na'..., by the side of me, I was by myself and they said 'oh! look at her' and making faces and, so that's made me nervous to go out at night." (Group 3, p2)

Later in the focus group this woman referred to the incident again, which she described as having been very threatening, and added that she had been afraid that the youths would have got out to rock and tip her car.

A particularly graphic account by one woman shows the utter shame and astonishment she felt as a result of her contact with three male youths. Ultimately, she felt this had been an abusive experience:

Well I was coming to church at 10 o'clock the other Sunday morning from where I live, and I came through to walk down and there was 3 youths stood on the side. Now I wasn't a bit afraid, they looked nice boys and I'd say they, a couple, the 2 were about 15 and the other one a bit younger, about 13 I would say. And I walked by and they said good morning, ever so pleasantly and I said good morning and walked on and the little one, well I can't even repeat what he said. And I could not believe my ears and I said to him, you want to go and scrub your mouth out and I walked away and I thought, oh if they come behind me, you know, it was broad daylight. But um, but to think that these nicely dressed boys and you think you're quite safe passing by, can say such terrible things. ... I was so upset that, like Sandra and Philip picked me up just at the bottom of that road I couldn't even tell them, I couldn't even tell anybody, it was days before I could tell my children. (Group 14, p9 - original names changed)

The manner in which this participant spoke about the above incident was one of disbelief and pain. She appears to have invested a good deal of faith in these young people through noticing their nice dress, young age and initial greeting. The youths behaviour clearly shattered this. She felt humiliated, disgraced and ashamed by what they had said to her, and began to feel a threat of what else they might do if they followed her.

Adult men were also identified in accounts of abuse perpetrated by strangers. A participant who prided herself on the advocacy work she had undertaken for older people expressed her sadness at not having known earlier about the circumstances of a dear friend who was conned by 'cowboy' workmen. Having quoted £700 to replace a tarmac driveway they demanded £7,000 for the completed work (which was poor quality). The workmen 'accompanied' the participant's friend to the building society to make the withdrawal. This elderly woman told the research participant later "I was so frightened, I was afraid they would do something terrible to me physically" (Group 2, p21).

As indicated earlier I not only heard gendered descriptions of assailants in recounts of personal or known experiences but also in many of the hypothetical situations raised by participants which illustrated the centrality of gender. The quote below is from a section of discussion about physical capacity and age. The genders of the assailants and potential younger victim of the crimes are stated. Interestingly the gender of the potential older victim of crime is not:

I mean if 2 *boys* are going to go out and snatch your handbag, they're probably going to snatch it off of *somebody old*, rather than take a *younger woman*. (Group 4, p11)

A similar example is taken from a heated discussion between two participants, one of whom tried to establish who the other would regard as safe to let into her home. The woman quoted was arguing that no-body at all could be trusted:

Suppose a little boy come to your house and say you want I come in and clean you windows, what you say? (Group 12, p12)

No references were made in any of these or similar incidents to young girls as assailants. When I asked about this possibility, two women in one group agreed with each other that girls and female youths perpetrated crimes. One commented that she believed they "go mugging" (Group 14, p11). A single participant in a different group referred to an adult female assailant. In the church elders' focus group an older woman identified one of a pair of bogus callers at her home as a woman, or rather in her own words "a very brash young lady" (Group 6, p4).

As a final comment to the analysis in this chapter I need to clarify how gender has been presented here. The examples that I have set out are those where gender was referred to explicitly within the groups, whether this was a pointed feature of the accounts given by the

participants, or whether it was mentioned by them without emphasis. The accounts and experiences offered so far in this chapter have referred only to contact with strangers. The following three chapters concentrate on relations between older people and their formal or informal caregivers.

Having made the selection of extracts from the focus group discussions in this chapter, I have passed over many others where the gender of the individuals in them are either less clear or not revealed. As a result I have made judgements and interpretations of some statements made by the research participants in order to make gender dynamics visible. The following quotes illustrate the types of contributions on which I used this strategy:

... these poor old people who are living on their own, when they're attacked in their own homes and I think this is absolutely shocking, you hear of these old people in their 80's being raped on their own beds, I think this is so terrible.
(Group 5, p6)

In the above quote the participant makes reference to *old people* being raped. However, limited research into the rape of older people has found older women are largely, if not solely, the survivors of this form of abuse (Holt, 1993 a & b; Ramsey-Klawnsnick, 1993). In addition, Aitken and Griffin (1996), and Ball et al (1992) note the high visual impact in the media of the increasing reports of rapes of older women. Given these two features I am left wondering whether the participant held an image in her mind, and was therefore referring to, older *people* being raped, or, in fact, older *women* being raped by men.

The following response is to a question about Chinese older women's familiarity with the term 'elder abuse':

Interpreter - ... they didn't hear so much because they haven't had so much friends in here, and one lady said that also the Chinese rather not to let other people know because it is, you know, within their family and what we say that you know, we lost face. (Group 14, p6)

In this statement gender appears to be irrelevant in that the participants refer to *the Chinese* and *other people*. However, I am aware, from further discussions in this focus group, that Chinese older women may have less access to outside contacts than Chinese older men. These contacts may also be monitored by their spouses or other male family members. The older women in this group also described feeling ashamed if they had a "bad husband". Chinese older men, however, may be especially humiliated through being physically abused

by a wife in a culture that views women as “gentle and kind” and where a man “is the master of the house” (Group 14, p15).

Finally, many of the older women’s references to nursing staff in the focus group discussions I have taken as being women unless the participants have noted their gender as male. In doing so I believe I am adopting a strategy which the participants employed themselves, through their occasional reference to ‘male nurses’. While I proceed with caution in making judgements about who the research participants were referring to, I believe this strategy is possible and necessary. It is necessary in order to make visible the relations of a social division which is often unrevealed, and this is certainly the case in the bulk of ‘elder abuse’ research.

It is possible to suggest that there were shared perspectives between the older women as to who abuses older people and how, in terms of gender. It is less clear who participants viewed as more likely to be abused. Examples of the latter were too gender-mixed for me to confidently suggest whether participants thought older women or older men were more vulnerable. A further qualification is to say that I do not propose that all incidents spoken about would fit a male abuser / female abused characteristic. (This would contradict a later argument in chapter 8 that such identities are diffuse and complex in nature). However, I sensed from the majority of older women participants, through them voicing their fears and who they felt most threatened by, that this was predominately towards men. As we have heard above, this is the case with strangers, but this will also be shown to be the case towards male careworkers later.

To support this last point, I have not used participants’ experiences and accounts to make a case which vilifies men and lets women off the hook for their own abuse and mistreatment of older people. It will become clear when the chapter scenarios are discussed later that a great deal of criticism was levelled at female careworkers and relatives for inadequate care and abuse. Rather than dual standards operating here I would argue that *different* standards and criteria were used by the older women to judge fe/male caregivers, and that these standards are gendered. Thus, women are judged by expectations to perform their caregiving tasks reliably and responsibly. For example, I have taken careworkers in these following accounts to be women:

... like the nurses in respect of nursing homes, obviously not all the nurses, just the odd one or two. Um, they were taking her to a bath you know and they put her in and then they forgot all about her. (Group 4, p3)

... my aunt had trouble with her hips ... she went into hospital one time for an operation on her hip and the nurses picked her up and she was, she was fairly heavy and they dropped her into the, on the bed. [It] made her hip worse, and so she had to be in plaster from here to her knees, and so she was in hospital for about 6 months or so. (Group 6, p7)

Men, on the other hand, who are less usual in this sphere of work, would appear not to be judged correspondingly, or to the same extent, on their caregiving abilities. Rather the criteria used for them appeared to include whether it is inappropriate for an older woman to be cared for by male careworkers and through their trustworthiness in sexual self-restraint. There were many comments made by older women in the focus groups which reflect this gendered assessment of caregiving roles. I will specifically discuss these in far greater depth in chapter 7. In relation to my argument here though, the following are examples of some contributions made by participants in this area:

... I think it should be a woman looking after [Lily] as sole carer when she's on her own, not a man. (Group 10, p14)

Yes, I don't think they should send a man, especially as she's on her own. (Group 11, p9)

I feel sorry for the person, who's got to have a man there, a man to look after her. ... It's a bit embarrassing. ... It could be awkward for both parties, wouldn't it? (Group 14, p6).

I finish with a final quote, made by a participant in a discussion about gendered forms of abuse, which further illustrates the difference in gendered criteria and expectations I have discussed above:

I suppose really, if you want to quantify it, I suppose that you could say that a woman is more likely to be sexually abused by a man, whereas a woman is perhaps more likely to abuse a man by neglect. (Group, 5, p28)

Conclusion

It clearly matters a great deal to the older women participants who took part in this research how they are thought of and treated in society. This has an impact on their sense of vulnerability within society and consequently this in turn influences their behaviour and feelings. This came up time and again, whether it be in their experiences of inter-generational relations; the impact of the media reporting of violence; or general attitudes towards older people in society. It also matters because, as I will argue in the conclusion to this thesis, categories of 'elder abuse' should be developed to include issues of importance to older people, to ensure that their concerns and interests are present in the policies constructed to look after those interests .

Much of what was expressed in the group discussions about these issues was highly negative in content. Other sections of this thesis take time to highlight the humour and fun experienced in the groups by the older women participants and myself. However, my recollections of much of what was expressed in the discussions is unfortunately negative. Yet while the women's distress was tangible at times, curiously it did not appear that acute for them. Rather, the sense of fear and threat they identified in their lives seemed almost to have become a state of being, which was, for the most part, managed. Nonetheless, I was saddened by some of the experiences and thinking I heard. I was also concerned that, in some way, as a 'younger person', ensconced in the "modern way of living", as we heard one woman refer to it (Group 1, p6), that I might be part of the problem too. An uneasy position for a feminist researcher.

This chapter has also argued the importance of gendering 'elder abuse'. In the second half of the chapter I attempted to make explicit the gendered dynamics and social relations that can be drawn out of the older women participants' contributions. In doing so I hope to have added a further layer to my argument of both the relevance and significance of gender to an analysis of 'elder abuse'. The analysis here has largely focused on the older women's accounts of their contact with strangers. Subsequent chapters will prioritise more intimate relations with caregivers and formal relations with professional careworkers.

In gendering 'elder abuse', the analysis that appears in this chapter, has exposed a challenging issue. I have argued that older women judge women and men differently when attempting to understand abuse in later life. Indeed, the threats and fears *felt* from men and

women, whether they are strangers or known-others, are gendered in themselves. Despite this, my interpretative analysis does not promote a standpoint that sees men's credentials as abusers, as relying solely on a notion of them as predators or perpetrators. Or, for that matter, of women as hapless, over-burdened, drained caregivers of older people in our society and, ultimately, 'victims'. (Although variations on these perspectives might well be appropriate in understandings dimensions of gender social relations). What I hope becomes apparent, however, as these four empirical chapters unfold, is that gender is very much present, despite at times its literal absence from some of the verbal exchanges in the focus group discussions. If gender is accounted for it becomes evident that this is highly instrumental in the way that the older women who took part in the focus groups for this research judge, account for, and experience the social relations of abuse in later life.

Chapter 6

***Lily* - the significance of relationships**

- 1. Ageing Relationships Over the Life-Course and 'Elder Abuse'**
- 2. Contested Classifications I: Classifying 'Elder Abuse'**

Introduction

This chapter proposes that the *relationship* between older people who are abused and those who abuse them is of great significance to abusive relations in later life, and as such it should be a primary defining feature of 'elder abuse'. The chapter begins by setting out the empirical support for this argument. I will show that for the older women in this research, being in a relationship with someone alters the perception of some behaviours and actions. This proved central to how the scenarios which were discussed in the groups were explored and how the participants' own experiences were described.

The second half of this chapter turns to classifying or 'naming' abuse. It becomes evident when engaged in analysis of abusive relations and their associated language, that they are saturated in complex and conflictual positions and arguments. This is no more than it should be when analysing such complex social relations. The gender analysis of abuse in later life set out in *Contested Classifications I* attempts to move away from simplistic assumptions and fixed, standard classifications of abuse. I have problematised these standards by using Raymond and Lilys' scenario of a caregiving situation to explore the dynamics of naming 'elder abuse' (their scenario appears in full on the next page). The task of naming abuse will be shown to be inextricably linked to the earlier discussion in this chapter about relationships. It would appear that very often for the older women participants in this study, classifications of abuse were dependent first and foremost on the relationship between the abused older person and the abuser.

◦ ◦ ◦ ◦ ◦ ◦

***Raymond* is *Lily's* sole carer. She has suffered from Alzheimer's disease for 5 years and now barely recognises her children when they visit. She often thinks Raymond is her own father. Raymond touches Lily sexually when he baths her.**

◦ ◦ ◦ ◦ ◦ ◦

Ageing Relationships Over the Life-Course and 'Elder Abuse'.

By concentrating first and foremost on relationships in abusive relations in later life, much can be revealed. Ageing / age in relationships were clearly of interest to many of the older women that I spoke with in their understandings of 'elder abuse'. Both concerns and threats were expressed around unpredictable relations, especially those with younger people, and around contact with strangers, as we have heard in the last chapter. Few older women in the focus groups spoke *explicitly* of their concerns about abuse within family relationships. However, the scenarios used in the focus groups acted as a prompt whereby the older women gave examples of situations in which they would feel ill at ease, threatened or vulnerable in relationships with known others. They also shared accounts of incidences that they knew of, which related in some way to the scenarios.

If these situations involved relationships with professional careworkers, the rights, dependence and ability of the older person appear to be viewed as eroded. Older people were predominately seen as having limited social and personal power to object to forms of treatment, standards of care, and certain actions and behaviours by such workers. In this context, many of the older women research participants suggested that older people generally feel unable to make their objections known and to contest treatment to which they take exception. Connected to this is the vulnerability of older people as determined by caregiver characteristics. This was seen as important to the older women from the Chinese focus group, for whom professional power is ultimately dominant:

Interpreter - Yes, ... like the doctor, the professional, you know, ... because ... if the doctor gives you drugs, you are helpless, you can't refuse what the professional gives you. (Group 7, p9)

It may follow from this that similar feelings about older people's relative power positions may also exist in relationships with different types of careworker or different family members. These in turn will be culturally, gender and age related. For example, power hierarchies may exist in families or spousal relationships which determine the place and status of older women and men in them, and their ability to exert choice and self-determination. This was the case for the Chinese older women. The focus group with these women had to be arranged secretly because, I was told, if the men in the older women's

families had known about it they would not have given their permission for the women to have participated.

In familial relations, whether these exist within a caregiving or carereceiving relationship or not, many older people were represented by the research participants as passive in their ability to assert themselves, their rights and preferences. This was described as so for both older men and women, for those who have moved to share a home with other family members, and for those who have moved away from a known area to a retirement home. Power relationships in families were accounted for by two women, with what initially appear to be very different experiences, but which have similar outcomes: feelings of vulnerability.

We heard from the first of these two older women in the last chapter. She lived with her daughter, son-in-law and their children, and she spoke of her sensitivity to how they treated her. This was both in what they said to her and also in the way it was said. This woman identified her special sensitivity as a result of growing older. She coped with their "thoughtless and cruel treatment" by shutting herself away in her room, not answering back and trying not to let it bother her, although, it clearly did, and she described some of their behaviour towards her as abusive. Yet, she also framed their behaviour in terms of nothing more than reflecting a "modern way of living" (Group 1, p6) in which younger people have no time to think or consider others.

The second older woman felt her vulnerability grows as she becomes older and commensurably more outspoken and unconcerned with what others think of her, through wondering if her attitude towards others will lead to her being abused in later life. Her words give a vivid image of abusive treatment she would almost not be surprised to experience:

P - I think that, I find myself being more aggressive as I'm getting older
laughter

H - Right

P - Now I may invite, as I get older, 10 years, I may invite violence

H - Because of how you?

P - Because of how I've become, I'm not so, um, diplomatic as I was. I don't suffer fools so easily.

H - You just wade in there and?

P - Yes, yes and say what I think and the look on their face is, I know I'm doing it, but I don't seem able to stop myself doing it and I'm conscious that as I'm getting older, I could well invite violence because of the way, how I present

violence by my aggression. Now it wasn't something that, I've I've only recently realised that's what I'm doing.

H - How did you realise it?

P - I saw the look of astonishment on my son's face when I said something.

H - So you're saying because of that, it might be understandable that people could get stroppy with you or get?

P - Yes, I could well invite it.

(Group 6, p32-33)

With regard to caregiving relationships specifically, older women in this research, almost across the board, spoke of their concerns for older people undertaking a caregiving role for spouses and other family members. It would appear that vulnerability of caregivers might arise in two different ways in this context. First, through an individualistic and gendered view, that not everybody is suited to the task; along the lines that, a person can either do the job or not. Also that some have a 'natural' ability (namely, women). Second, a perspective which moves beyond the individual to argue that limited support from health and social services results in the vulnerability of caregivers. It will be seen in chapter 8 that the stresses of caregiving figured heavily in the participants' causal explanations of 'elder abuse' in some circumstances.

Vulnerability was also linked by some older women research participants to macro social relationships. Caregivers were viewed in the focus groups as not having the energy and fitness to fight for their entitlement to support services and resources. Older people in their unpaid work as caregivers then, are viewed as vulnerable. This was also argued to be the case for care receivers who might live in institutions with no customer status or rights. Consequently their word, which might expose abuse, poor standards of care and erosion of independence is in danger of going unheard or being disbelieved.

Moving on from this analysis of older women participants' perspectives and understandings around ageing relationships, I want to present a particularly important feature of 'elder abuse' relations. Previous experience of abuse, whether this has been in childhood or over the life-course, emerged as an important issue to the research participants in their consideration of abusive relationships in later life.

Abuse was recognised by the older women as an experience for many people that is not only restricted to later life. Rather, it was set in a context of abuse occurring over the life-course. One woman, drawing on her life-long personal and professional caregiving experiences, said " ... I can see how the abuse comes in all the different degrees of your life." (Group 10, p3).

As a result she found it difficult to identify a specific category termed 'elder abuse'. For a different group (Group 1) a similar view had an impact on how participants felt 'elder abuse' should be thought about. Indeed, if abuse had been experienced over a life-time then their argument was that this form of abuse should not be defined as or called, 'elder abuse'.

The above argument is relevant to domestic violence. As discussed in chapter 2, some writers suggest that a significant proportion, if not the majority of incidences of 'elder abuse', are situations of spouse abuse (Aronson, 1995; Pillemer, 1988; Mastrocola-Morris 1989). Many of these are likely to be wife abuse that has continued into older age. As Mastrocola-Morris (1989) argues, there is little reason to suggest that abuse of women suddenly ceases in older age, despite the distinct lack of documentation of such abuse of women between the ages of fifty and seventy-five years. Despite these suggestions, and a general interest in abuse in domestic settings that has developed over some years, little is known specifically about the experiences of older women who have been abused in spousal relationships over many years and into their older age.

Given the above, and the reservations that some of the older women participants expressed in this research about the very term 'elder abuse' and its applicability to all situations, I would question whether 'elder abuse' is an appropriate term for wife abuse that continues into older age. The issue of spouse and wife abuse in the context of abuse experienced in later life is discussed in depth in chapter 8 when we turn to Blanche's scenario. However, for now I will turn to the issue of child abuse in order to consider the importance of this to relationships and to conceptualisations of 'elder abuse'.

A specific way in which previous experiences of abuse might be relevant in understanding caregiving relationships, is when an older person may have been abused in childhood. Little attention has been paid to this issue and Allers et al (1992) believe:

“What needs to be considered is the possibility that older adults may suffer continued, and possibly increased, difficulty in coping with unresolved childhood sexual trauma.” (p14)

I was introduced to the possibility that this might be the case through a conversation with a serving Reverend who assisted my access to the group of older women church elders. The Reverend told me of her time as a student minister, when three older women individually shared their experiences and memories of childhood sexual abuse with her when they were

approaching their deaths. Their memories had remained untold (and maybe unresolved) and it was clearly important for them to be able to share /unburden / resolve their experiences by telling the Reverend at this particular time in their lives. She described being shocked by the number of older women who now disclose childhood sexual abuse to her. She believes she hears older women's accounts because she has become knowledgeable and open to this issue. As a result, she listens to what is being said in conversations and she has learnt to ask the 'right questions' (Reverend Francis, Rowena. Personal conversation, 27th March 1997).

That experiences of childhood abuse could be significant for older people in their later life was especially thought to be important to some focus groups in which this was raised in relation to Lily and Raymonds' scenario. If abuse had been an earlier experience for Lily, research participants imagined memories of this might be triggered in later life as a result of being cared for. In relation to this, Allers et al (1992) suggest through their research that if abuse experiences remain unresolved they may present themselves in such a way as to lead to a misdiagnosis of mental illness in later life, including dementia.

In situations of earlier abuse, the caregiving relationship and acts of caregiving might become problematic in themselves. For example, being touched in areas associated with previously abusive actions may trigger memories and flashbacks. Participants from two different groups (2 and 6) noted Lily's confusion that she thought Raymond was her father. Therefore, they asked, might Raymond in his sexual touching of Lily bring up memories from a past experience of being abused by her father as a child? A difficult caregiving experience for an older woman who has such a history might be further exaggerated by caregiver or careworker characteristics. We could question, for example, if her care experience would be the same with a female caregiver, or whether the age or stature of the caregiver is significant.

An additional point is made by Allers et al (1992) around the notion of 'revictimization'. They document that it has been suggested that it is not uncommon for women who have been sexually abused as children to be vulnerable in adulthood to developing further abusive relationships if their earlier abuse goes unresolved. Some older women then may encounter this phenomenon in their long-term spousal relationships, or in new relationships or associations made in later life.

Given what is known about the possible numbers of women in society who have been sexually abused in their childhood, this is likely to be a situation experienced by many elderly women. Research into the incidence of childhood sexual abuse varies. One author suggests “between one in ten and one in three children is sexually abused” (Ussher, 1991 p266). Another researcher proposes “between 25 per cent and 40 per cent of women” were abused under sixteen years of age (Finkelhor, 1991, quoted in Doyal, 1995 p73). With very little being understood about this whole area one is left wondering about the plight of many silenced older women who struggle with abuse that might have a lifetime’s history, and which might still be with them in another form in their later years.

Contested Classifications I - Classifying ‘Elder Abuse’

Before I go on to discuss how Lily’s situation raised issues of how ‘elder abuse’ is classified or named, I want first to present a specific but related point. This is around the idea of *intention*. This appeared to be central to the older women participants’ understandings and conceptualisations of abuse that occurs in later life. Intention was thought likely to be a characteristic of abusive acts or behaviours perpetrated against older people, by many research participants.

An intentional or deliberate dimension to certain behaviours was identified by a number of participants as central to their considerations of whether a form of behaviour could be classified as abusive. If this element could not be detected then it might be more appropriate for an act or form of behaviour to be viewed as thoughtless in origin, or as a result of lack of consideration of an older person’s wishes or needs.

The importance of this point becomes clear when the relationship between abusers and abused is focused on. I discuss below that the older women participants appeared to find it easier to talk in terms of abuse when they were discussing professional careworkers, than when talking about informal, caregiving relationships. In this context the idea of intentionality also appears dependent upon how different sets of caregiving social relations are perceived. For example, the thoughtless behaviour of a professional careworker was less tolerated than a similar one exhibited by an informal caregiver. The professional careworker was viewed as accountable and responsible by virtue of status and training. In other words,

there is no excuse for insensitive and poor caregiving by this group. While this was so, some women in Group 13 also recognised the low priority and status of paid work with older people, and were sympathetic towards professional careworkers employed in this area, especially untrained careworkers who almost 'might not know any better', through ignorance.

In the group discussions the notion of intentionality was crucial in deciding how acts or behaviours of informal caregivers were assessed in terms of whether they constituted abuse. Thus, in the case of a stressed caregiver who deliberately, repeatedly and systematically hits an older person, then the term abuse might be an appropriate description of this act. Alternatively, a stressed caregiver who flies off the handle in a fit of anger and frustration, even on more than one occasion some participants argued, should not be described as abusive. It was suggested that a different description for such situations should be found; one woman suggested 'stress related intolerance' (Group 2, p8).

The nature of finding accurate descriptions for certain behaviours in the group discussions, it should be noted, was not a simple exercise and was fraught with doubt and counter-arguments between focus group members as to why a particular act should or should not be assessed as abuse. For example, while some women agreed with the last point made in the above paragraph, they still felt such behaviour could be described as abuse, but with a proviso that great sympathy and understanding should be afforded a caregiver in such a situation. The following comments made in the groups illustrate the difficult feelings some participants had around the issue of abuse that might be connected to a stressful caregiving situation:

We can't really condemn because we're not going through the situation (Group 14, p11)

Well it is a form of abuse really (Group 14, p12)

You don't mean to, you love them too much, you don't mean to do that kind of thing, ... I've got nothing like that's happened, but I could understand it (Group 9, p16)

Well I suppose, yes, basically she is abusing him, but you can see why. (Group 6, p20)

... it is still abuse, no matter, yes, it is still abuse, but you can understand why she does it. (Group 6, p22)

A further dimension to the idea of intentionality is its link to specific acts. A form of behaviour discussed in the focus groups was sexual intimacy and touching, which was raised by Raymond and Lily's scenario. It will be seen that these discussions also further illustrated the importance of the *relationship* between Raymond and Lily.

If Raymond was a professional careworker, then, abuse was easily identified in this scenario by nearly all participants in all groups. However, waters were seen as muddied by many participants if Raymond was Lily's husband. In this second case a range of views were expressed by the older women as to whether his behaviour towards Lily was inappropriate and/or abusive or not. Ideas of intention were used by the women to understand this situation. Thus, if Raymond knew that sexual touching distressed or was uncomfortable for Lily but he continued to touch her in this way, then he could be classified as abusing her. If there was doubt about his understanding of her needs then it would be more difficult to describe his behaviour in this way. The following three sections from different group discussions portray the dynamics of the participants grappling with these ideas:

P1 - It doesn't say who he is. No, whoever he is, even if he is her husband, because she might not realise he's still her husband, so therefore if he's touching her, it is just not nice for her is it?

H - Would you call it abusive? Is this situation abusive?

P4 - Yes, it's deliberate.

P5 - If he's touching her sexually, and she objects, then it is abusive.

H - And if it is her husband?

P1 - Still that's abuse if she's objecting.

P5 - If she's objecting, it is abusive.

(Group 5, p15-16)

H - What about if Raymond was in fact her husband?

P1 - I think that would be different don't you?

P2 - Well it should be different. I think it would be more acceptable to a person if they were able to reason within themselves, but with Alzheimer's disease would she know? But it would be acceptable if it were her husband.

(Group 8, p10)

P1 - If he's your own husband, ... you take off your clothes to have a bath, he touches you for that purpose, as long as he do it in a decent way.

P2 - If it is your husband, you expect that, but not from outside.

H - But what if Lily doesn't know what's going on, is it still all right for him to do that?

P2 - No.

P1 - No. If she don't know what's going on, the man is wrong.

H - Okay, right. Because she's not very well?

P1 - If she's not well and the man do like that, the man is wrong.
(Group 11, p15-16).

Thus, if a man intentionally and inappropriately touches an older women in this way, this would be viewed as abusive by the older women who took part in this research. If this man was her husband (and only if he were her husband) and he did the same while knowing of her discomfort or dislike, then it could be viewed similarly. If, however, there was doubt around his intention and understanding then some of the older women in this research would appear to find this a more problematic situation to label as abusive.

I confess to some unease at hearing such an approach to dealing with this issue, for these older women's propositions would be at odds with a feminist interpretation of this situation. A feminist priority would be to highlight the older woman's relative power position in this relationship, her feelings towards her predicament, and the extent to which she could make an informed consent in the light of her dementia illness. However, I also know the degree to which these older women grappled with this very difficult and controversial issue. And I cannot help but sense that while they did this they perhaps necessarily and uneasily drew on their thoughts of how this might be if Raymond and Lily were, in fact, their husbands and themselves. Would they wish for their husbands to be considered abusive men if they attempted to be sexually intimate with women who were their long-term partners? For one woman in her relationship it appeared, thankfully, quite simple:

You adore your husband, anyway ... if you had a problem, you wouldn't do it.
(Group 5, p17)

The key purpose of the second half of this chapter is to demonstrate the complex nature of naming 'elder abuse'. Lily's scenario, as we have just seen, depicts a situation which might contest 'elder abuse' labels and is one that highlights the significance of the classifier in the labelling process. As Whittaker (1997) argues, how we come to know and name a social problem is highly relevant to what is said and done about it. This focus group research with older women upholds Whittaker's view by challenging the labels practitioners use to define 'elder abuse'. A different set of classifiers, i.e. the older women in this study, know and name this issue differently. This will again become evident when Blanche and Roy are discussed in chapter 8.

Raymond and Lilys' scenario has been used to explore the importance of relationships between abused older people and their abusers. This was enabled through their scenario

being one where the relationship between them is in fact not explicit. This scenario was one which proved to be of great concern to the research participants. They often raised it as the first or second (places shared with Blanche and Roy) when asked which situation worried them the most. On the whole, initial assumptions were made by the older women about the relationship between Raymond and Lily, and this appeared to be that he was a paid careworker. As we have just heard our discussions also included the possibility of him being her husband. Thus, in presenting this scenario to the groups I was able to explore with participants the impact a change in relationship had on their views about the sexual intimacy between them.

For a handful of the older women participants Raymond was considered as abusing Lily, no matter what the relationship between them, whether husband / wife, mother / son, paid careworker / carereceiver or if they were neighbours. However, as I noted earlier, opinions appeared more easily determined if the caregiving relationship existed within professional boundaries. Therefore, if Raymond was a paid careworker, trained or untrained, there was little dispute between research participants that this form of sexual touching was abuse. Some women asserted this more strongly than others.

A member of one group who reacted particularly forcefully urged that “... something ought to be done about him very quickly.” (Group 2, p12). Her concern was not just for Lily but for others that he might also go on to abuse. Another woman from a different group described this situation as “appalling” and argued that “... it wouldn’t be acceptable at all ...” (Group 6, p8). Other group participants felt similarly but their concern was expressed differently, “... really it horrifies me. Because even though he was a trained carer, I mean, there’s no need for that.”(Group 8, p10).

Professional conduct and boundaries were one woman’s way of assessing the appropriateness of Raymond’s actions if he was a paid careworker:

That wouldn’t be right if he’s touching her up, no, no. That couldn’t be right. Well, he’s a nurse and he’s supposed to do his duties. You know. Doing his duties is all right. But to be like that, you know. (Group 11, p14).

A participant from a different group (Group 10) argued similarly, that home care workers operate under strict rules and that these should not be contravened. The use of professional contracts as a way of regulating this relationship and Raymond’s behaviour in it is an

interesting way in which these two older women made attempts at limiting his behaviour. We might ask why it is that these women view an external constraint on men's behaviour as necessary or as legitimate. This would appear to fit with one lay view of male sexual behaviour that is informed by deterministic notions of men's biological make up. This view sees violence and aggression as natural and a result of 'loss of control' in an individual man (Hillier, 1995).

A number of participants from different groups suggested it would be best if Lily was cared for by female careworkers given the extent of her vulnerability through having Alzheimer's disease. One older woman argued this out of a protective concern believing that it would be dreadful for a male careworker to be accused of sexual abuse if Lily's allegations were a result of her confusion. Both Lily and her male careworker then, could be viewed as vulnerable:

- P1 - If he's innocent of doing that, it's a dreadful thing to have said about him, ...
P2 - But, if there was a problem that this man might be accused, then I think you've got to put a woman in there to cover the circumstances.
P3 - If not just for the carers sake, if the old lady is saying that somebody is abusing her sexually, then she needs a woman there to do it, to clear both of them.
(Group 3, p19)

The issue of false allegations is a serious and important point. It is also made more complicated in this context by the fact that Lily has Alzheimer's disease. While remembering this though, we would need to be extremely cautious in uncritically upholding a viewpoint that questions the validity of a claim or disclosure of sexual abuse.

The subtle complexities inherent in the gendered caregiving relations of Raymond and Lilys' abuse scenario were especially salient when the relationship between them was constructed as one of husband and wife. In contrast to the relatively simple task of naming abuse in the professional careworker / carereceiver situation explored above, this marital connection proved problematic to the older women participants in establishing a classification of abuse.

Between the focus group members there was a detectable split between those women who viewed Raymond (as husband) as abusing Lily, and those who found it more difficult to claim this definition. The former group ultimately maintained that Lily's advanced dementia disorder rendered her incapable of expressing an informed choice in participating in any sexual contact. Further, some noted, Lily believed Raymond to be her father. This appeared

to confirm the extent of her incapacity, and also suggested another possible dimension of her abuse experience. That is, her confusion raised a question for some women about whether Lily had been sexually abused as a child by her father.

A further criterion used by these older women for establishing abuse of Lily, was whether she objected to the sexual touching by her husband. One woman was clear that "if she's objecting, it is abusive." (Group5, p16). An ability to determine her objection, however, was raised by a number of women, who discussed in some depth how to establish this. This is illustrated by the following exchange:

P1 - How do they know, if she's suffered from Alzheimer's, that this has happened?

P2 - She wouldn't remember would she, she wouldn't know

P1 - I mean it says Raymond touches Lily sexually when he bathes her, I mean unless somebody is there they wouldn't know would they?

P2 - No

P1 - Unless of course she has got a lot of bruising, but then, I mean ... if that's the sort of thing that turns him on and he's enjoying it, he's not going to leave a lot of evidence is he, surely?

(Group 5, p18)

Such were the difficulties of achieving an understanding of Lily's experience of sexual touching, if Raymond was her husband, the majority of those women who explored this issue, felt that his touching her should be viewed as unacceptable. There was a feeling, expressed by one woman, that "... she should be respected and left to be herself" (Group 6, p25). The same woman believed, ultimately, that Lily could not say yes or no, so whether Raymond was husband or careworker, this was abuse.

For one group (Group 2) there was concern expressed for Raymond in this scenario. It was thought that he should be counselled about the inappropriateness of his actions towards Lily to enable him to realise them as such.

Another group of older women participants did not label Raymond as abusive and they interpreted his actions as normal in the context of marriage. Some women argued that this was a different situation from one where sexual contact was inappropriate, i.e. a paid careworker, and that Raymond's behaviour was "permissible" (Group 6, p25). Another participant struggled slightly to describe why, "if it was her husband it would be acceptable, well, acceptable isn't quite the word. It would be normal, yes" (Group 6, p7).

In a different group again it was suggested that sexual touching would have been an integral part of marital relations and, as we have already heard, one woman believed that if “you adore your husband” there is no problem (Group 4, p16). Another member of the same group pointed out that it did not say anywhere in the scenario that Lily disliked being touched in this way (Group 4). This was more extensively discussed in another group when a participant commented “she may appreciate it, I don’t know, you can’t tell ...” (Group 6, p26). The discussion that proceeded about this also reflects the significance of the quality of the spousal relationship, something that will be returned to later in chapter 8:

H - So, if [Raymond] is her husband, it might be something that she still wants or she still enjoys or needs?

P1 - Yes

P2 - Mm ... You don’t know, that’s a very difficult one.

P3 - Unless you knew what their relationship was.

P2 - And what it had been.

P3 - Before she had the Alzheimer’s. I mean whether she was woman that was very sexual or whether she was woman who wasn’t very sexual, and whether her husband is making up for it now.

(Group 6, p26)

Two other older women, in separate groups, went further to argue for rights and privileges in marriage “... he’s entitled to do it because he’s her husband, you see, that’s it ...” (Group 14, p8), and “... her husband needn’t have been reported because there are privileges.” (Group 10, p14).

A notable exception to the views expressed in all of the other focus groups, was that agreed on by the Chinese older women. They felt that the experience was more abusive for Lily, if Raymond was her husband, as opposed to if he was a paid careworker. This is in direct contrast to all the other groups. As their interpreter translated:

... they said it is the relatives, if Raymond is ah, the relative, if he behave like that it is worse than anybody outside the family to do that” (Group 7, p10).

The interpreter explained this within a cultural context of loyalty and responsibility to family, and the shame that would be felt by someone like Lily, who’s husband treated her in this way with such disregard for her condition and feelings.

It has been seen that the older women’s responses to Raymond as husband, sexually touching Lily when he baths her, encompassed a broad spectrum of feelings and thoughts about this situation and whether it constituted abuse. These ranged from perceiving his

actions as intentionally abusive, as abusing her but through limited understanding or empathy for Lily, and as normal. A final and additional view of some older women appeared to be that they did not want to label his actions, but rather to locate them in a set of rights and privileges within marriage.

Conclusion

This chapter started by setting out a cornerstone for this research, namely, the central role that relationships play in the definition and conceptualisation of 'elder abuse'. This is applicable to relationships between older people and professional careworkers as well as those with family caregivers. It appears especially so for the latter group, as many of the older women who took part in this research identified vulnerability and power positions of older people in their relationships as being very relevant to abuse experiences in later life. A factor of particular importance to the research participants in such relationships is previous experience of abuse (discussed further in chapter 8). This could be as a result of childhood abuse which might be resurrected through older people receiving care in their older age, or it might be through previously violent spousal relations. Gendered power relations are no more evident than in those perpetrated upon women in the form of sexual and wife abuse, and this is so across all life phases including later life.

Revealing the many contrasting features of abuse in later life exposes a complex mix of relations. These sometimes challenge orthodox perspectives of abuse as understandable through fixed categories and limited definitions. It also permits a perspective which can show gender to be a pivotal dimension of these relations. Through examining the notion of intention in abusive acts or behaviours and through drawing on the participants' ideas around relationships, I have highlighted the contestable nature of naming and classifying 'elder abuse'.

Examining the older women's understandings of Raymond and Lilys' scenario was a useful means of exploring the importance of hearing from older women as classifiers of 'elder abuse' (research question 2, Fig. 1, chapter 2). That is, as a different and unheard group of classifiers, from those involved in the naming of 'elder abuse' to date, namely professionals and academics. Crucial issues can be gleaned from their views and important lessons learnt.

Chapter 7

***Doris* - relationships with careworkers**

- 1. Older Women's Experiences of Mixed Gender Caregiving**
- 2. Older Women's Experiences of Caregiving in Institutional Settings**
- 3. Contested Classifications II: The Many Faces Of 'Abuser'**

Introduction

This chapter concentrates on relationships between older people and paid careworkers. We start by looking at another scenario which depicts a physically disabled woman, that of Doris, which is explored in order to consider a further caregiving / carereceiving situation (her scenario appears in full on the next page). This scenario attracted a great deal of comment in the group discussions. Personal stories relating similar experiences, either of the participants themselves or of their friends and family, were given in direct response to hearing it. The care provision in this scenario also met with a good deal of criticism. Having presented the participants' similar experiences of mixed gender caregiving, I go on to detail their criticisms and the concerns about it.

Moving on, I turn to look at gendered caregiving relations in institutional settings. The older women's discussions around this particular form of provision for older people exposed many concerns and fears. These seemed to especially revolve around standards and quality of care in this area. I noted in the last chapter that there was a definitive way in which difficult relationships with professionals or mistreatment by them was dealt with by the older women. Again it will be seen that problems or issues in these relationships seemed to be more easily classified and understood than relationships with informal caregivers. This, again highlighted the importance of relationships in the conceptualisation of 'elder abuse'.

This chapter will conclude with the continuation of a theme whereby traditional classifications of 'elder abuse' are contested. Elsewhere in this thesis I have cautioned against the uncritical use of the terms 'abused' and 'abuser', and in the sole use of this form of simplistic, dichotomous terminology when referring to the 'victims and villains' of 'elder abuse'. The perspectives of older women in this research painted a different picture from one that identifies these types of distinct categories. It appears that such a dichotomy is indeed too simple a reflection of abusive relationships in later life for the older women who took part in this research. While our discussions included talk of abusers and abused who could belong to such categories, at the same time, a complex array of identities transpired whereby abusers and abused also might be one of the same people. For example, this might be in the case of an abuser becoming abused themselves. It might also be that their classification as an abuser might be dependent upon the classifier of the abuse, i.e. whether this is a professional or an older person.

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Doris has a package of care which provides personal and domestic care in her own home. Her homecare worker is a man and Doris is very embarrassed and uncomfortable about some of the intimate care he has to do for her. She has been told that he is the only homecare worker available to see her.

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Older Women's Experiences of Mixed Gender Caregiving

Doris's scenario focused on mixed gender caregiving. This was not an unfamiliar experience with the participants of this research. Similar experiences were spoken about in some depth by three older women who described how they, or their relatives, were allocated male careworkers and what they felt about this. In addition, it was common for one or more participants in each group to have heard of situations of older women having contact with male careworkers, or being cared for by them in different care settings. These examples ranged from those in residential or nursing home care, to hospital care, as well as for older women who received services in their own homes. The experiences of the three particular participants who shared their experiences of mixed gender caregiving are related below. One woman's mother was allocated a male home careworker, and two other older women were cared for themselves in this way. (The women's names have been changed.)

First is Rosa who knew of several nursing homes who employed male careworkers, but she was nonetheless very taken aback when her mother was allocated one to visit her in her own home. Her mother lived alone but Rosa visited regularly and undertook some care tasks for her. Although she was not absolutely certain that her mother objected to the male careworker arrangement, Rosa felt her mother probably minded it, and she herself strongly disapproved. This situation changed after a few weeks because Rosa gave up her paid work to become her mother's sole caregiver. She did this on the strength of her feelings about her mother having a male careworker. This was even though his role did not involve personal, intimate care, because Rosa provided this. It was enough that he needed to venture into her mother's bedroom, for example, to make her bed. She "totally disapproved" of this (Group 4, p14-15).

The second participant who shared her personal story was a woman who needed assistance in her own home with both personal care and domestic help. Lotty had had her allocated male careworker, whom she described as "a young boy of about 22", coming to her for "quite a time". Eventually this arrangement was changed, at her request, because she "didn't like it at all". Although she found the careworker was very good at housework, she explained that "I didn't like when he helped me to the toilet". It is possible that the gender of Lotty's careworker was not the only characteristic that she found uncomfortable. She also

referred to his age on two occasions and so I imagine that his relative youth was also likely to have been a problem for her (Group 10, p14).

The third participant, Ingrid, who spoke about her personal experience, did not know that a male careworker had been allocated to her until he arrived on her doorstep. Although she stated that she had not minded him, indeed she was very pleased with his work, her account suggests that his visiting her at home had initially been a threatening experience:

When you have these home helps they don't tell you what time they're coming, so I was still in bed ... and I went to the door and I wear a house cape and I was in my night-gown when I opened the door. There was this man standing there and I asked who he was and what he wanted. I said where's your credentials and he smiled and he took his coat off and it was on the inside. So I said you come in and I'll put my dressing gown on and I said go in the kitchen and put the kettle on while I get dressed. And I got dressed and that gave me time to think. ... I said to him are you good at lining shelves and he said I've never done it, but I'll try. So I gave him the paper, told him what was needed and went off and left him there, I didn't know what to do. (Group 10, p15)

Ingrid's discomfort appeared to be relatively short lived. She did not request a change in worker, but rang to check on his time of arrival for the next visit so that she could be dressed. She was clear that his role should have only been to assist her with domestic work and that she would not have wanted him to have done "anything personal" for her.

Before taking retirement Ingrid had been qualified and employed as a nurse. She drew on her experience of having worked with male nurses to rationalise the acceptability of her having a male careworker. However, she had clearly felt uncomfortable about this on some level when he first arrived at her home. His presence seems to have been made easier by the very good first impression he made with the shelf lining job he was given - she said "He was marvellous, he did it so beautifully"! (p15).

I should note the extent to which our discussions in the groups were focused on male careworkers, as opposed to female careworkers looking after men. The latter was certainly discussed, but this was not problematised in the same way that male careworker / female carereceiver arrangements were. A view prevailed whereby the older women either argued or assumed that men expected and accepted caregiving tasks as being a woman's job. It was a lone voice in one group that argued for men to be cared for by men (Group 7). However, this was set in the context of same sex caregiving being a requirement for both sexes. For the most part the following analysis in this section of the chapter, then, refers to the

discussions around male careworker / female carereceiver situations, prompted by Doris's scenario.

Within the three stories set out above, certain themes can be identified which reflect some specific feelings that research participants as a whole spoke about when responding to Doris's plight. These themes mainly developed out of participants objecting to male careworkers caregiving for older women. A small number of participants from different groups did not object in principle to this. A further group of older women imposed limits on the tasks that could be undertaken by them, and a final set of participants remained firm in their belief that under no circumstances should older women be cared for by male careworkers. This latter position came across as the strongest and most popular assertion in the focus group discussions. We will hear from this set of participants first before turning to the contributions made by older women who were open in some way to men caregiving for older women.

For the objecting set of women then, it did not seem to matter that male careworkers had become more commonplace in hospital settings, for example, as qualified nurses and nursing assistants. In addition to this, one woman argued that mixed gender wards had made people feel very uncomfortable, were unpopular, and proved embarrassing for all concerned (Group 2). There was a suggestion from another woman in a different group that older people in particular feel this.

Participants who contested the views of the objecting set of older women were keen to point out that the majority of doctors were male and that people had become used to having contact with them. Again this was rebuffed by the women who disapproved of male careworkers when they pointed out the need for chaperones in doctors surgeries when male doctors examined women. During a particularly heated exchange about this, one older woman retorted "look, in the surgery these days male doctor sexually assault women in the surgery" (Group 12, p14).

An additional dimension to the discussions was the environment in which it took place. For many participants who expressed concern for Doris it was that this caregiving took place in her own home, which rendered the situation so unsatisfactory. The very arrangement, one older woman felt, was perhaps abusive regardless of what did or did not occur within the

relationship. As she explained, "Now to me that is in a way abuse because she is embarrassed and it is not fair on her health" (Group 13, p15).

The woman quoted from Group 12 above also felt strongly "... that's nasty sending men to look after them, that's bad" (p11). Another still placed Doris and Lilys' scenarios together as of equal concern. In her opinion "Doris and Lily [are] being abused left, right and centre." (Group 2, p11). The participant from Group 12 described Doris's situation as "disgusting". When I later questioned why she thought this, a different older woman from the group directly challenged me and was almost indignant that I had asked such a question:

H - ... why do you think that that is disgusting?

P - You shouldn't ask that question at all. ...

tell you what, it is out of order ...

I wouldn't, I wouldn't let him bath me at all ...

No, I'm a woman ...

You send me a new person to come bath me

(Group 12, p11)

A striking feature of the discussions were the suggestions made by some research participants that in circumstances where male careworkers worked alone in an older woman's own home, they should and could not be trusted. One participant was incensed into driving her point home by shouting this in frustration to a fellow participant in the same group who had allowed a male physiotherapist into her home to assist her in remedial exercises. Another woman in the same group agreed, adding that in such circumstances a male careworker "can do anything" (Group 12, p13).

In another group an older woman wondered just how male careworkers would be vetted to attend to older women in their own homes, "You might get strange men applying for these kind of jobs mightn't you?". The following quotes reflect how some participants felt the location of caregiving was extremely pertinent:

P - Yes, I think it would be different, quite different because their behaviour might be quite unacceptable mightn't it in your own home.

(Group 6, p15)

P1 - ... nobody knows what goes on behind closed doors do they? ...

P2 - But in hospital you've got everybody around you. You've got a curtain round you, and you can

P3 - Shout up

P2 - If you wanted any help you just

P3 - But I mean in a home, in your own home, you'd have nobody to call for would you.

P1 - That's the point
(Group 13, 20)

A further dimension of mixed gender caregiving appeared to be in respect of whether older women were alone with a male careworker. The woman previously quoted from Group 6 went on to comment:

... there are more people around [in hospital] and you're, and they're not in your home are they, and you don't know quite what they might be doing in your home.
(Group 6, p17)

This suggests that male behaviour appeared to be perceived by some of the participants in this research as outside of men's direct control without intervention or limits set on this by others. This was evident in the way in which some participants made attempts at understanding abusive male behaviour. This is similar to how the participants used professional contracts and responsibilities as an argument for the restraint of sexual behaviour, which was discussed in the previous chapter.

Women in other groups supported the view that particularly when older women were to be cared for alone in their own homes, such caregiving should be administered by female careworkers. At the very least, one woman suggested, a female chaperone should be in the home to check on caregiving by men. Professional qualifications, training, or expectations of standards of practice, did not appear to be enough in themselves to reassure some research participants that older women were protected against, at best 'unacceptable' behaviour, at worst sexual assault.

This issue was the source of a very heated debate in Group 12 between two women with opposing views. One who, with a nursing background, argued that she would permit a male nurse into her home to administer care, and another who, in her fury and frustration at not being agreed with, finally accused her opponent of being mad. She argued her position by imploring:

Mrs Phillips, he will act good to you 10 times and on the 11th time, you sorry"
(Group 12, p13 name changed).

The vulnerability felt by older women at having to receive intimate care by a male careworker is well illustrated by the contributions of two participants. One had happily had a male nurse dress her legs on a weekly basis over some time. When she was later told that he was going to give her a bath too, she described in the group how she exclaimed "oh no, I

don't want ... oh I did, I wouldn't. The nurses were very good, they understood: 'All right, you won't have to'" (Group 9, p14). The other woman thoughtfully considered why she felt it so inappropriate for an older woman to be cared for by a man:

... a woman understand, and know what a woman is like. So if there's anything you can't explain, you'll show the woman, sometimes you have to show her if things happen to you, you have to show the woman, you can't show the man everything. (Group 11, p10).

Turning to an additional perspective, a number of older women agreed to some extent with the assertions set out above, that this form of mixed gender caregiving was inappropriate. However, they gave certain provisos such as the type of care to be given. Thus, male caregiving was deemed to be acceptable for undertaking domestic tasks but not in order to carry out personal care. Also, for this set of participants a professional qualification or form of training made a difference to the acceptability of men caregiving for older women. As one woman explained:

I think in my own mind, regardless of in what capacity, as long as I can put a professional tag on a man, I just feel it is acceptable. ... then, of course, he's got to behave professionally, hasn't he? (Group 5, p14).

A woman in a different group also maintained this position, on the strength of having worked with male nurses, whom she felt could be trusted.

A small minority of the older women (in Groups 13 and 3) proposed a non-gendered perspective of caregiving whereby for them the acceptability of a worker appeared to be dependent upon the personalities involved, and in the careworker / caregiver match. The mother of one participant seemed to have been very pleased and comfortable with her male careworker:

... my self same mother was in hospital and I asked her which nurse she liked the best, oh she said, the Irish charge nurse, he's lovely, he's so gentle and so kind, she was about 82 then and never been in hospital before. (Group 3, p19)

For research participants offering this viewpoint, it seems that personal preference and choice are paramount. Thus, while older women were thought *likely* to object to male careworkers this should not be assumed to be the case. After all, one participant from Group 13 suggested an older woman might have difficulties with an individual female careworker and, if a choice were available, would prefer a male.

A participant with a nursing background from Group 12 argued that female careworkers were capable of the same abuse or mistreatment as their male counterparts, including of sexual abuse. However, there appeared to be an additional factor for a fellow group participant who argued strongly against this. Although she did not appear able to explicitly identify it, her exclamations got her point across "... a man abuser it's more horrible, horrible, horrible, if a man sexually abuses" (Group 12, p16). During the interchange that followed, the first woman continued to argue her point about this not being about gender, but the second woman maintained a graphic, exasperated insistence:

A woman can do to you and slap you and kill you, ... but the man will sexually abuse and you can't even turn. You can't even turn your body because he going to tie you up and beat you, or beat you up, and do it to you. You can't - oh!
(Group 12, p16)

Finally, her opponent conceded "men have a different thing, 'en it, to use on the ladies, really" (Group 12, p16).

To some degree it might be argued that these different views of gendered caregiving, as I have argued previously in chapter six, reflect a belief in natural propensities for caregiving in western society, whereby for women it is seen as "com[ing] more naturally than it does to a man" (Group 5, p29). Indeed, further to this, the older women in one group viewed men as not only less well equipped for the job, but also as being more vulnerable and in greater need of being cared for themselves. The statement by one woman that "they're not domesticated animals" (Group 1, p44) maybe portrays an association between these views.

Generally then, there was not a prevailing attitude towards mixed gender caregiving. Overriding this was the prominent view argued in nine of the eleven groups which discussed the issue, that older women are vulnerable when being cared for by male careworkers. Of additional importance for some women who commented on this, as has been a theme in other areas of our discussions, was the relationship between caregiver and carereceiver. In most cases if the caregiving relationship was spousal, mixed gender caregiving was acceptable, and this arrangement brought about very different responses from those expressed about male careworkers caregiving to older women.

An exception to this was expressed in two groups of women from different minority ethnic communities. One African-Caribbean older woman's contribution suggested she felt otherwise "... sometimes you don't even want your husband there [*laughter*]." (Group 11,

p11). (It should be noted, that this was a lone suggestion. Other older women from the same group subscribed to the belief that it is acceptable for husbands to caregive to wives. Thus a specific cultural viewpoint may or may not be influential to this woman's opinion.) The four women in the Chinese focus group appeared to agree that mixed-gender caregiving was not appropriate. The interpreter translated:

... with the man look after a woman it is not right at all, he doesn't wash or whatever, but when he change you and whatever, he can see the ladies. Changing clothes or bathing, shouldn't let a man see a woman's naked body - it's not logical - even if it's a relative. ... Man should look after man, and woman look after a woman - but in England it's different, maybe it doesn't matter. (Group 7, p12)

In summary, for the majority of older women participants then, it was highly significant who Doris's caregiver was. If her husband performed the personal care tasks she needed then he was, for the most part, viewed as an appropriate and acceptable caregiver. If however, the male in the scenario was cast as a paid careworker, many older women participants expressed dissatisfaction with the set up, and some a strong and total rejection of it.

Older Women's Experiences of Caregiving in Institutional Settings

The perspectives of focus group members about the relationships of professionals with older people seemed to be governed by concerns about standards of care especially in institutional settings. Their examples of abuse by professionals very often illustrated inadequate or poor care rather than physical forms of abuse. Ultimately professional careworkers, trained or untrained, were viewed as being entrusted with expectations of acceptable standards of care, by virtue of being paid to do a job. Some examples cited of poor standards of care involved older people in hospital wards being left to feed themselves when they were physically unable to; an older woman put in a bath by nurses and forgotten; and nurses ignoring call bells when older people required assistance. Fellow participants were very angry to hear of one elderly woman's experience :

I was in an old folks hospital two years ago and um, I couldn't move from the chair to the commode without the nurse, and I'd rang and rang and nobody came, in the end I was so desperate for the commode, I tried to get out myself and it just poured from me and the sister came and she just squirted something on it, that was all. (Group 2, p8)

A group of abused older people almost always described in their female gender by participants were older women in residential care or who were receiving in-patient hospital treatment. The accounts given by them included their own experiences and those of friends and family. In this way the participants' constant referral to older women in such situations reflects some of the health and welfare realities for these research participants in their later life; as well as their greater representation over older men in residential and nursing homes, and the nature of the illnesses from which they might suffer (Arber & Ginn, 1991). As Peace (1986) is clear to record "the institutional world is therefore very much a female environment in old age" (p73).

Within the realms of relationships with female professional careworkers these take on a different gendered form from those discussed thus far. That is, while we might still assume a predominant female population of abused older people in institutional settings, we are likely to encounter a high representation of women identified as abusers. There is an irony in this given that there was such concern voiced about male careworkers' contact with older women, while no similar objections to having a female careworker were expressed (however, we will hear shortly that there certainly were objections to some forms of treatment meted out by female careworkers.)

All but two older women in this research, who shared their stories, named the individuals in their examples as paid female careworkers. I will note the exceptional experiences of contact with male careworkers first before detailing what the older women in this research named as abusive encounters with female careworkers.

One woman, who underwent cardiac surgery and convalescence in different local hospitals, referred to two qualified male nurses from whom she had received care during her hospital admissions. The first male nurse seemed to pose no threat to her by virtue of his homosexuality. This was never explicitly named by the participant, but rather, she made his sexuality visible through the use of a metaphorical 'accessory' as she recounted her experience:

... as I say, Phil was marvellous with me in Stillmoore, I couldn't have cared less and if it had been in my own home, I don't think I'd have minded him then, for one thing he took his handbag with him *laughter* but that's not the point.
(Group 13, p 19 names changed).

I suspect that the 'handbag' was precisely the point. The second male nurse generated a very different response since the research participant shuddered as she thought of how he made her 'skin crawl'. This very visual description, I have taken as reference to a sexual threat. I imagine that if this older woman had been cared for more than she was by this second male nurse she would have found it a deeply uncomfortable experience. She may even have felt it to have been an abusive experience.

This appeared to be the case for the other focus group participant who spoke about a situation involving a male careworker in an institutional setting. She explained how her Aunt, who was admitted for a mental health assessment in a residential care home, was allocated to a male careworker for assistance. The careworker duly took her to her room to help her undress for a physical examination. The research participant described being horrified as the evening's events unfolded:

... what I didn't realise was, and I saw her go screaming past the window out into the street, they had put in a coloured male nurse to help her get undressed. ... I was in tears by this time and matron insisted that, no point me staying, although I wanted, I felt I should do. ... at 1.30 in the morning, the 'phone went and it was the local doctor they'd called in. They'd admitted her under Section 2 of the Mental Health Act to um, what's the name of the place?, Axley. And she was in there for what, 28 days. And it could all have been avoided. (Group 5, p2 names changed)

In this example there appears to be a conflation of ethnicity and gender as significant features of an abusive experience. It is not possible to say which takes precedence for the research participant in her assessment of the trauma to her Aunt. In the above quote she places ethnic identity before gender. However, in a second, later contribution she changes their position, with gender appearing first. I want to raise two issues in relation to this which are of relevance to the discussion. First, that the research participant seems to equally emphasise as significant the ethnic difference, the gender and the task of the nurse (i.e. to help her Aunt get undressed) in her comments. Second, the participant emphasised the inappropriateness of the allocation of this worker to her relative because she was an "elderly white maiden lady".

The issues of race and gender are both implicated as relevant in the *participant's* account of her Aunt's experience and in the caregiving tasks of the careworker. Therefore, it should not be assumed that gender and ethnicity were necessarily significant for the Aunt herself. Either, or neither, might be the case. I do not know if the research participant considered

either variable to be key, or indeed, why this was so. The attitudes towards this careworker could either be primarily rooted in racist assumptions or gendered perceptions of threat. In my opinion both are likely to be the case to some degree. It is the extent of each of these in her account that is unclear.

These two examples of participants' experiences with male careworkers in institutional settings have been presented to demonstrate how mixed gendered care receiving can be a difficult, if not distressing, experience for older women. Care by male careworkers is something that an elderly population might increasingly expect to see and accept, as gendered occupational patterns change and more male care staff join the ranks in traditionally female workforces.

However, as I noted earlier, the vast majority of the shared experiences and stories of abusive relations with professional careworkers, where gender was made explicit, depicted women abusing women through the course of their paid work. Many of the accounts reflected a critical view of standards of care in institutions. Different examples were given where the older women felt the nurses met their own and not their patients' needs.

Stories of nurses not responding to call bells were shared by some older women (Group 2). One elderly, frail woman from a luncheon club focus group (Group 10), gave a detailed account of her experience, which she had left hospital feeling very bitter about. This had involved her asking for a bed pan, at regular intervals, from 6 p.m. to late into the evening. She was not brought one and consequently lay in a wet bed all night. We heard earlier from an older woman who found herself in a similar situation and who was eventually incontinent in her chair. She portrayed the embarrassment and shame she had felt at the time, by looking into her lap and covering her eyes as she told this to the group.

Other visibly angered women described the lengths they went to, to demand nurses' attention having been ignored for varying lengths of time. One threatened not to comply with treatment requirements, and therefore put herself at risk, so as to force the staff to take note of what she was saying (Group 13). Another older woman went to the aid of a fellow patient who had been consistently ignored by nurses. She observed that "they brought their knitting in, and they chatted, they had a pile of magazines, they had cups of coffee, they smoked, they had a wonderful time" (Group 2, p8):

and on one occasion there was one poor soul ... in absolute agony, had rung and rung and rung, and in the end I dragged myself out of bed, and I virtually went on all fours to get help from this late nurse station. And they said 'oh she'll just have to wait, she's always ringing the bell'. (Group 2, p8)

Such treatment would appear from some older womens' stories not to be one off, unfortunate experiences which might be put down to pressured, busy, if unthinking, staff. Rather, some images presented were indicative of a wholesale, negligent attitude and treatment of older people as a group - a group in which older women constitute a majority, and such treatment, therefore, has disproportionate implications for them. A graphic illustration of this was given by a participant who was involved in an entertainment singing group for older people in residential care homes. She was distressed to see "four women on commodes with not a screen around them, nothing", when she and her fellow entertainers went to change into their costumes. She explained "we just walked in, well of course the men were horrified, well so were we, and I thought that was absolutely dreadful. I mean, [the nurses] said, 'oh they won't know' " (Group 3, p3).

Exactly how focus group members would define what the concept of acceptable standards meant to them is difficult to say. However, it is possible to identify features of care that the older women referred to which could be included in a statement of standards of care. These include professional careworkers having respect for older people; demonstrating that they can be bothered with older people; knowing their duties and responsibilities towards them; maintaining professional boundaries; and not misappropriating from, or abusing or mistreating, older people. One woman's very thoughtful attempt at defining 'elder abuse', which would include both professional careworkers and informal caregivers, encapsulates the high standards that the older women expected of professionals:

... I would expect for anyone I loved who was older, to receive in the way of care [and] attention, courtesy, [and] they should expect to have dignity in their lives and as I say, if there's a deliberate um, variation on that by some person or persons, that would seem to me to constitute abuse ... (Group 2, p3)

Group 13 had a particularly high membership of older women who had direct and recent experience being in hospital. They were very clear to locate blame for poor standards of care with the policy makers and funders. These professionals were largely held responsible for over-stretched, underfunded resources and the consequent poor quality of care, and not the staff in direct contact with the patients. For example, a proviso was given to untrained careworkers who may not be in a position to caregive effectively due to unreasonable

expectations being placed on them by their employers, above and beyond that which corresponded with their training. However, this understanding approach was not afforded such workers by the participants of most of the other focus groups who saw training as irrelevant. They believed that there must be acceptable levels of care for older people, period.

It could be argued that female careworkers are implicated, by their membership of highly gendered health and welfare occupations, in abusive relations with older people at a macro, institutionalised level; through their positions they might hold as senior members of staff, service managers, policy makers and funders of services. It is important to recognise that a gendered stratification of hierarchies exists within health and welfare care occupations, whereby women are found in their majority at lower levels within the organisation, and men are more highly represented at higher decision-making levels (Abbott & Wallace, 1997; Pascall, 1997). However, women do operate increasingly at management and professional levels too, and therefore it can be argued that they have a tangible impact on the quality and standards of care provision for older people.

At this level I am referring to the many examples given by older women participants, of ageist treatment and attitudes reflected in care services for older people. These will particularly reverberate on older women who are almost twice as likely to live in a residential care facility than older men, and who can rely heavily on state support in their own homes. They are also vulnerable to the “penalties of ageing” which can come about through chronic illness and disability. These can result in “loss of self, restricted lives, social isolation, discreditation by others and a sense of burden upon others” (Arber & Ginn 1991, p140). These penalties are sharply evident in some of the following examples.

The older women participants spoke of friends who had been encouraged or pressured to move into residential care. For example, a number of older women in one University of the Third Age focus groups remembered a friend and fellow group member whose situation they spoke very sadly about. She had lived in sheltered housing in a close community of other older people. Her home had been close to the facilities that she frequently used, the post office, library and shops. Following a fall she reluctantly moved to residential care, where her friends visited:

P1 - And when we go and see her she said, ‘don’t tell me about [the group] I miss you so much’.

P2 - I mean I used to take her swimming, she was in her 80's, she's swimming,
and

P1 - She was suddenly taken away out of her little environment that she loved, the
music and everything and then she said, 'I'm lost'. Very, very unhappy she
was.

(Group 1, p10)

Other women in the focus groups spoke warily and with some cynicism of residential care. They shared stories of older women they knew who had had personal information disclosed by staff to visitors (Group 2); of their rooms being downgraded following changes in payment status from private to local authority funding (Group 2); of staff influencing changes in legal wills (Group 2), and generally of empty, unstimulating, restricted, unhappy lives (Groups 1, 2, & 9). Unfortunately, it was the exception in the focus groups to hear of good quality care and satisfied customers living in institutional settings (Group 8 & 10).

Contested Classifications II - The Many Faces Of 'Abuser'

In the introduction to this chapter I noted the importance of recognising the fluid and contested nature of abuse labels. I argued that it is problematic to think about abusers of, and abused older people in fixed categories. In chapter 6 we learnt of some of the research participants' resistance to identifying Raymond as abusing Lily in their scenario if he were her husband. In other words, they grappled with the classification of abuse within the context of specific relationships and how differences in these resulted in alternative views of abusive actions. Following on with this theme, the final section of this chapter discusses a similar way in which perspectives need to be opened out in order to consider the positions of those involved in different forms of abusive relations with older people.

The account I will discuss here is concerned with an issue raised earlier about the complicity of women as professional careworkers, in abuse of older people as individuals and as a social group. Although I did not seek to interview professional careworkers in this research, some of the focus group participants had been employed in such roles. (Two older women were employed as careworkers at the time their groups were held.)

A particularly profound experience for one older woman, who had been a local authority residential care home manager, presented a challenge to the notion that abused and abusers are necessarily distinct categories of people. Her recollections are quoted below:

I feel when they closed the home that I was in and 30 people, all who are very senile and suffering from Alzheimer's, had to be distributed amongst other homes, I think that was a terrible abuse. Because not only did they lose the familiar faces of their carers, they also lost their home as they saw it. I mean, we had one woman who had been in with us for 5 years and she'd never spoken, she had Alzheimer's, but I had to take her on one side, because we never did anything without telling them what we were doing. I had to take her on one side and say 'I'm awfully sorry but we're closing this home and I'm afraid you're going to go into a nursing home', because she was too bad to go into another council home. She didn't say a word, but the tears poured out of her face, not a word. And I mean, I felt so bad about that and I can see the grief that she was feeling, but she wasn't really able to express it, except by crying. ...

She knew what I was saying and it absolutely amazed all the staff that I got that reaction from her, because nothing else seemed to touch her, but I said I'm telling her because she's not going to go out of here without knowing what's happening to her. And they were amazed as I was, to find that tears poured out of her. But in a way I was glad that I got through to her, because at least she knew that where she was going, for that short space of time. ...

I think that was abuse to take her out of her home like that and upset her when she was, she was as happy as she could be anywhere with us. When she came in she was covered in bruises, now that may or may not have been that she fell, we had our suspicions and that was why she probably never spoke. Because the family didn't mind us having her because she couldn't speak.

(Group 6, p5-6)

There was a sense of great sadness and regret when the research participant spoke about this incident. As we read in the quote, she clearly felt very 'bad' about having to undertake this role and I suspect continues to, given the way she talks in the present tense of still being able to 'see the grief' the resident was feeling.

This older woman later described feeling very angry at having been cast in the role of undertaking this task through her employment position. As a professional careworker she was required to carry it out. She could not influence the directives that this care home should be closed but, as we have heard, it was very important to her that she could sensitively and honestly respond to the resident and her need and right to know what was to happen to her. However, she described the experience for the older woman with Alzheimer's disease as abusive. While she did not refer to herself as an abuser, the impact that the experience had on her might lead us to wonder just how she rationalised the event in her own mind, and in relation to her role in what she described as an abusive experience for the resident. As for the resident herself, her history of possible experiences prior to admission to residential care, her speechless condition since, and the striking response to the news of the home closure, arguably speak for themselves. It is worth noting, however, that in standard

local authority definitions and guidelines, this elderly woman's situation would not be classified as abuse.

The challenges to ascribing fixed labels to individual older women embroiled in this incident I feel are evident. We can highlight the difficulty in doing this by posing the question: just who was abused by the events in this account? It is more useful to move outside of an individualistic analysis of this situation and, by focusing on the women's relative power positions at different levels in their social relations, understand the way in which this situation was likely to have been experienced as abusive by both women involved.

It is also important to recognise, however, that a sense of power can be gained by embracing an abuse label, if this is appropriate for those involved. By this I am referring to the way in which the research participant claimed and named the experience of the resident as abusive. Listening to her words on audio tape I hear a certain strength which is detectable in her assertion of this statement. I believe it was important for her to frame it in these terms because in doing so she was able to give voice to the injustice she felt on behalf of the resident.

Reflecting on this situation in the way that I have, gives an alternative perspective from which to consider caregiving relations because it broadens the analysis of the individual and relational dynamics involved. Thus, for example, when dealing with the stresses of caregiving for informal caregivers, it may be helpful to pose similar questions, such as : Who experiences abuse in a particular situation? In what way? What features of the abuse might be common / different to both / all parties? Which features are experienced similarly? Which dimensions are conflictual? These questions prove to be illuminating when applied to a third scenario in the next chapter.

Conclusion

My discussion has focused on older womens' relationships with professional careworkers, and their experiences of carereceiving from this group. A central preoccupation of the research participants was in standards of care executed by professional careworkers. We saw that these proved difficult to recognise and define, but a range of possible behaviours and actions were identified that the older women would want included in any statement or charter of standards of care. Participants expected professional careworkers to have respect for older people; demonstrate that they can be bothered with them; know their duties and responsibilities towards older people; maintain professional boundaries; and not misappropriate from, abuse or mistreat older people. At the very least I would say that we should consider these to be a not an unreasonable set of expectations.

In this chapter I also raised the issue of older women being cared for by male careworkers and I presented the differences of opinion focus group members had towards their vulnerability in these caregiving circumstances. Doris's scenario drew out the experiences of research participants that were similar to hers, of mixed gender caregiving in their own homes. In light of the degree to which most of the older women held concerns about such caregiving arrangements, it can be argued that this form of service provision should be regarded as inappropriate.

I have had the opportunity in this chapter to grapple with a difficult yet crucial issue for a feminist researcher. That is women as careworkers abusing older people. The discussion in this chapter has introduced the context in which I believe some forms of abuse perpetrated by women can be placed and theorised (see chapters 2 and 3). That is in the context of their paid caregiving work with older people being pursued in low status, low remunerated sectors of employment. This is not to excuse those women who abuse, but to go some way to understand abuse by them in institutional care settings. After all, it would be inappropriate for me to excuse them when I have heard a strong message from those research participants I cited earlier, who do not tolerate excuses when it comes to the abuse of older people through poor standards of care.

A final account presented in this chapter was that of a former residential care home manager. Hearing this woman's story, and remembering the way she told it in the focus group, left me

unable to dispute that both the manager and her resident found the home closure a personally abusive experience. As such I am left feeling very aware that conventional definitions and theories of 'elder abuse' leave the individual experiences of these women, and the wider social relations in which they existed at the time, unaddressed. We have in this example one of many incidences and events in older women's lives which have mostly stayed buried within a conspiracy of silence that operates around older women's lived experiences. It has been one of the major objectives of this research and the methodology used to break down this silence by making visible what has gone unrecognised, neglected and hidden.

CHAPTER 8

***Blanche* - relationships with caregivers**

- 1. Family Caregiving Relations**
- 2. The Stresses of Caregiving**
- 3. Contested Classifications III**

Introduction

This final empirical chapter has family caregiving relations as its focus and begins with some of the broad comments made by research participants in the group discussions about caregiving by family members. These illustrate that while there appeared to exist a sense of responsibility and commitment towards taking on a caregiving role, this role also came across as a source of much concern for them. Not one older woman enthusiastically embraced the prospect of caregiving for a spouse or other family member who was dependent or unwell in some way. The tough, often unsupported, job of caregiving was not underestimated.

The extent of the responses and beliefs held towards caregiving in families have demanded that I pay attention to, what I have termed, the stresses of caregiving. Consequently, I have analysed the participants thoughts on 'elder abuse' in families in the context of such stresses. The quality of these relationships, it will be seen, was an issue of great importance for the research participants. This emerged in their discussions in the focus groups around the strains of caregiving tasks within familial relationships. For the older women who took part in this study, it would appear that quality of relationship and quality of caregiving are inextricably linked. Ultimately, it led participants to question whether a stressed and unsupported informal caregiver could provide quality care.

Blanche and Roys' scenario has been used in this chapter to demonstrate the significance of quality of relationship to caregiving (the scenario appears in full on the next page). The history of a marriage of violence brought into focus for research participants the strain of caregiving in such circumstances. This was felt to the point of the older women in the groups questioning the very classifications of abuse; whom they were applied to, and for what behaviour and actions. The discussion around this, and of Blanche's so called 'reverse spouse abuse' of Roy, is presented in a final section in this chapter in *Contested Classifications III*. In this we can see that Whittaker's (1995b) is warranted to suggest that:

Given the wide variety of situations and forms of elder abuse, it may be that there are many different social problems beneath the umbrella category of elder abuse. (p155)

o o o o o o

Blanche has provided physical care for her husband, ***Roy***, since a stroke left him dependent 5 years ago. Roy needs assistance with washing, dressing, going to the toilet, feeding himself and to smoke his cigarettes. At times Blanche feels extremely frustrated and angry towards him. She has slapped his face at times, left him on the toilet unaided for an hour, and left him with an unlit cigarette in his mouth all morning.

o o o o o o

Additional information: Roy has been physically and emotionally violent towards Blanche over the period of their long marriage.

Family Caregiving Relations

In introducing the research participants understandings of caregiving relationships in families, I begin with a quote from a participant who suggested that in her experience as a professional careworker:

We've got all sorts of carers. We've got caring carers and we've got carers who do the job. (Group 5, p21).

This assessment, she said, had been made over many years of employment as a trained nurse looking after older people. Her statement can be interpreted as being imbued with a certain degree of judgement towards some caregivers' lack of genuine care *for*, and *about*, their relatives, and towards the way in which they execute caregiving tasks for them. It would be difficult to establish the extent of the influence of this older woman's professional frame of reference on her thinking towards 'caring carers'. I imagine it to be extensive, however, given her many years of nursing work which she was still employed in at the time of the focus group. A consideration of her professional background is relevant, because her particular assertion was mostly unsupported by other women in the groups when their contributions are considered. This is not to say that family caregivers were not viewed as being capable of poor care, mistreatment or even abuse, by these other women. But that, in general, an empathy appeared to be present from research participants when they spoke about the job of caregiving by family members.

From a more lay perspective then, an alternative view was put forward in the focus groups. It proposed that some caregivers do provide inferior or inadequate care. Most participants suggested, however, not through caregivers being unwilling to give it, but simply through being unable to. In this respect I heard a fairly contentious topic raised on a number of occasions in different groups, about the very suitability of family members as caregivers and about the appropriateness of the family as a site of caregiving. In one group, an older woman thought that paid staff were able to be more patient than family caregivers (Group 11). In another, the older women believed that "in an ideal situation" (Group 1, p12) they would consider the family to be the best site for older people to receive care. This 'ideal situation' appeared to be compromised though for the participants in this group, by their belief that much abuse by family members is perpetrated through thoughtlessness and ignorance, or through not being the "right type" for the job. In a different group again, one participant

seemed to question both the motives of some family caregivers, and the suitability of the home setting for the care of older people:

I have heard ... of several elderly people who are living with their daughter, usually, and um, the daughter is out to work all day. They are alone in the house all day which they really aren't in a fit state to be in, but apparently it is because the daughter wants the money. (Group 2, p2)

Thus, family caregivers were seen both as the best people for the job, and the worst. Most of them may be caring, but caught and frustrated through a multitude of demands from other family members or paid employment, to name but two such additional pressures. Also, in an apparently contradictory way, it was suggested that family caregivers had more patience than careworkers, but then again it was argued that paid careworkers could do a better job because they had, and were able to achieve, a certain degree of emotional detachment from the job. Professional careworkers for example were seen as being able to go home and leave the job behind them, whereas unpaid, informal caregivers were thought to have to live with it twenty-four hours a day. As one participant described, in this situation you have "total responsibility", but as a paid careworker "you can walk away from it." (Group 5, p25). In addition, it would appear that living in a different residence from a family member you are caregiving for, does not necessarily alleviate this sense of responsibility, as one older woman's experience shows:

I mean, I looked after my mother who was a lovely person, but as she got older she really changed, to the fact that I would go and see her four times a day and she'd say 'I haven't seen you for a fortnight'. ... at the time it was very hurtful ... I had no brothers or sisters, so it was just me. And sometimes I used to dread going there, and yet it was awful to feel like that. (Group 3, p14)

Relationships between family caregivers and an elderly relative who they were caregiving for were seen by some as likely to become strained if the older person was to be cared for in their relation's home. In which case the status of the relationship would be changed, whereby power relations would inevitably alter. I sensed that the research participants believed that the older person was likely to be the loser in such circumstances. Others felt that assertions of power would be difficult in a parent / child relationship. One woman tried to imagine the scenario:

I would find it impossible, I think, with my mother to sort of say, right, these are the ground rules, you know, you stay in your room if you want to watch the television and so on, when we, you know, when there are programmes on that we

don't want to watch. ... That sort of thing arises and it can quickly go into the sort of financial areas too. (Group 5, p26)

For this participant, even to accept care from a relative, marked a compromise. This was so, regardless of whether her daughter wanted to provide care for her. As she said, "I never ever want to be a burden ... you just hope you're going to be able to fend for yourself, you know, as far as possible" (Group 5, p9). Other women certainly wished to be able to express an individual preference, if the time should come in their later life, as to who would provide care and where it was given.

We have seen in earlier chapters that Raymond and Lilys', and Doris's scenarios raised an issue about whether some forms of care could be better provided by professionals rather than family members. A particular consideration for this seemed to be whether an older person had extensive physical and mental health needs. In which case an informal care arrangement was viewed by many as inadequate, and professional care appropriate. This was deemed to be the case for people with Alzheimer's disease and someone like Roy with the extent of his physical incapacity and dependency. Referring to professional workers, a participant thought:

... these people um, for want of a better way of putting it, they have got the training haven't they, and they know just exactly how to treat them and where, no matter how much you love a person, husband or wife or children, you just haven't got the professional training to deal with them, have you? (Group 14, p12)

I want to move on to look at what participants in this research said about abusive familial caregiving relationships. Before doing this it would be useful to note how these were dealt with on a personal level by the older women in the focus group. Personal experiences around abusive relations were not extensively discussed by the older women participants, although many opinions were given of the caregiving situations set out in the scenarios. I can only make assumptions about the extent to which the circumstances described in them resonated with the older women on a personal experiential level, if they did at all. However, it is possible to argue that their responses will have been influenced to differing degrees by their personal experiences (Holland, 1996; Kitzinger, 1994).

At the time of facilitating the focus groups, when listening to the audio tapes and on re-reading the transcripts, I am aware of a certain ease with which the older women who took part in them spoke about their understandings of 'elder abuse' and related experiences. They

did this in a very open manner and with little apparent difficulty. This was contrary to what I had expected when first anticipating talking with older women about this 'sensitive research issue'. Their relative ease may have indicated a familiarity with abusive familial relations. This might not necessarily have been through personal experiences but more through a knowledge of its occurrence. Of course it may also reflect a distance from the experience through not having been involved in such relations, or through not identifying them as abusive. It is my belief though, that for the older women in the case of caregiving in informal relationships, abuse certainly appeared a possibility, if not a likelihood, for some older people. This is seen through the many examples and accounts they gave in the focus groups of situations they knew or had heard about, if not personally experienced.

There was often a quietness and poignancy in the focus groups when accounts of abuse or possible future abuse of participants were voiced. It was chilling to hear one woman considering her own fate. She was very honest with the group about her thoughts around the possibilities of experiencing some form of abuse, should she need to turn to her children for care later in her life:

P - Well let's hope mine won't and they say they won't. But I'm hopin' they won't *laughter*, because people at the moment [say] they won't, but people getting older you change. I'm hoping, when I get older, the mind I have now will remain the same. I'm hopin'. They are very good to me, so I hoping they won't.

H - Why might they?

P - Never know, you never know. Like I say people change and I'm hoping I won't have to go through it. It's awful and I'm really sorry for those people who are going through it. Not very easy, especially when you just cannot fight back. It's horrible.

H - When you can't fight back?

P - They can kill you too, very frightening.

(Group 11, p24)

This older woman's words are interesting because in hearing them it is hard to say in whom or in what she locates the instigation of abuse that she might experience in older age. She talks of people changing as they grow older - herself and her children. She seems unsure as to how this might render her vulnerable and how they might change to the point of being capable of abusing her. She does not appear confident in their assurances that "they won't". Indeed, we might question how and why her relatives have come to reassure her in this way.

The dynamics that this woman alludes to are useful to highlight, because it illuminates the complicated mix of dimensions at play in abuse situations. In other words it is not necessarily a simple matter to determine the origins of 'elder abuse' by focusing alone on perpetrators or the abused. Some 'elder abuse' research has had a tendency to do this in studies which attempt to unearth simple causal explanations of the phenomenon (Bennett & Kingston, 1993).

Moving on, I want now to turn to what emerged as a recurrent and significant theme in the research participants' contributions, when they considered both the broader issue of 'elder abuse', in relation to family caregiving and the scenarios we discussed in the focus groups. Namely, the 'stresses of caregiving'.

The Stresses of Caregiving

It is important before I proceed with focusing on the older women's contributions around this significant theme, that I take some time to contextualise my analysis of the stresses of caregiving, and how I have responded to this issue with regard to the empirical dimension of my research.

I gained a limited knowledge of the personal lives and circumstances of the individual women in the focus groups. This form of personal information was not sought because it was not required for membership to the groups. What I did come to know about them and their lives was gained through their sharing of experiences, both in the groups, and through conversations I had with some of them outside of the formal group time. As a result of the understanding gained of their circumstances, I am able to describe the older women as largely not actively engaged in undertaking caregiving roles for incapacitated or dependent older people at the time the groups were held. This is not to say that a few were not currently performing such tasks, or that they had not done so in the past. In addition, other participants were facing the prospect of having to take on this role in the near future for elderly parents or spouses with failing health. (Of course this is also not to overlook that the older women will have had caregiving experiences through out their lives in different contexts, for example with children and partners, or will have witnessed their mothers or

fathers in such roles. Thus the meanings ascribed to caregiving will be informed in a number of different ways.)

It is important to raise this participant profile as significant because it might reflect a certain distance from caregiving tasks. This would contrast, for example, with a different group of older women had I recruited participants to the groups on the basis of their active caregiver status. Had I sampled for caregiver status this form of group may have revealed different views and experiences of caregiving from those I present here.

Almost half the focus groups consisted of a membership of older women who were themselves in receipt of care, either from family or professional careworkers. These groups included luncheon clubs, sheltered housing groups and day care groups. The degree to which the stresses of caregiving were discussed is noticeably less in these groups. Thus, it may be fair to say that those women most vocal about the stresses were those most in a position to feel they could, or would have to, provide such care and who might feel the constraints of it on their lifestyles to a greater degree. Despite the stresses of caregiving having a lower profile in the care-receiving set of groups, when it was discussed this was again done so with a pessimistic outlook.

I set out in **commentary 3** my concerns about engaging with the carer stress discourse, so much a preoccupation of 'elder abuse' theorising. I also set out in this **commentary** my reframing of the notion, which I hope to have achieved through a rewording of the term which ultimately challenges its emphasis and basis. My approach to this to some extent reflects my discomfort at being faced with hearing about the stresses of caregiving as being a major preoccupation of the research participants. I recall virtually no examples of positive anticipation of assuming this role. Statements of fulfilment at having undertaken it were also absent. However, expressions of having no regrets at having care-given for a family member were heard. A woman who had nursed her husband at home through his illness felt very resolute:

I would never have thought of putting him in a home. Not to the last when he went to hospital, then I knew there was nothing I could do for him. ... There was nothing at all. The last 3 or 4 weeks I couldn't do anything for him, but I would no more of, I couldn't have put him in a home. ... Maybe it is a duty, I don't know. And I could never answer because it is something you do automatically.
(Group 13, p22)

Predominantly for the older women, caregiving for a family member posed a concern or worry for the future, and for some, a dread. However, it would be wrong to overlook the small minority amongst these women who felt strongly, like the woman quoted above, that they would choose to take on this role, probably through a sense of responsibility and in spite of the enormous challenge it posed.

Proceeding with the issues the older women presented as being significant, I now turn to a particular concern, namely the vulnerability of individuals, mostly older people, when they undertake a caregiving role for a family member. Of central importance to our understandings of the discussions participants had around the stresses of caregiving, was that most of the situations talked about were ones where there was little support or help from others in providing such care. It is crucial that this is remembered, because with appropriate and adequate support, older people were seen as being able to cope with the job of caregiving with fewer consequences to their emotional and physical well-being. In taking lack of support into consideration, we can move away from individualistic explanations that exclusively blame carers for 'elder abuse' (which are by their nature also especially blaming of women), and place abuse in later life in some family caregiving situations, within a broader societal context. A vivid description came from one woman as to how she felt about the lives of caregivers without the support they needed:

... as I've said, every sympathy with anyone who cares, I think it could be the worst sort of living hell, to be trapped with somebody and not have help and have no-one you can unburden to. (Group 2, p8)

Without assistance or support, which were mostly talked about as needing to be provided by health and welfare services and *not* family or friends, caregivers were viewed as vulnerable to the stresses of the job. This might manifest itself in loss of self-esteem and identity, in becoming unwell, feeling guilty, feeling exhausted through lack of sleep or physical exertion, in being worn out and with no energy to fight for services or benefits. A sense of frustration was also identified as a danger and the result of having no life beyond that defined by the caregiving role.

In two examples, participants described situations where additional stress resulted through the caregivers being arguably less healthy than the carereceiver. One participant was critical of an older woman who was cared for by her husband. She complained:

He's got Parkinson and I don't know what else wrong with him. Really he's a lot more sick than she is, but she's ... she doesn't even clean her teeth. (Group 5, p29).

The other older woman who referred to this lived in sheltered housing with her husband who was older than herself. He was diabetic and becoming increasingly hearing challenged. She shared with the group her frustration at being refused home help assistance, before she had to leave the focus group discussion early because of the amount of pain she was suffering:

I think I'm entitled to some help. ... I'm on the top floor ... to do any washing I've had to come all the way along the landing. I've been here 14 months and I've used that laundry room just 3 times. I just can't, I've got something in my legs now. I'm under the doctor, anti depression tablets, he's going to put me under the pain clinic. Now I'm sitting here and I'm in agony, they don't know what it is, first they say it is a sciatic nerve, then they says it might be a trapped nerve, but I've had it for 17 years, so I think I should be entitled to some help. (Group 13, p11)

The perspectives of the older women participants that reflected their concerns around the vulnerability of caregivers, were persistent when they discussed all different qualities of relationships, even those that were thought of as good, long-term relationships. I have included below a section of a transcript which encapsulates the ambivalence, frustration and pressure so often present in the older women's discussions around caregiving. The first older woman in particular clearly has a strong sense of her role as a caregiver for her husband:

P1 - Well, at present I'm having a lot of stress, my husband got his cancer come back on the liver and he's hell to live with, isn't he Megan? Sometimes I feel I could walk out and leave him, but you can't because you love with them, you've got to stay with them. But when I come out this morning he was crying. Its got me down so much I went to the doctors Monday, I got blood pressure now. See at our age, I know I'm only 65, but you don't want these things, but they come along. Plus he's had 4 mini strokes and you just got to go on your way, haven't you? You don't expect help from other people. You've just got to cope with it haven't you?

P2 - Well I think that's maybe one of the problems too, that family don't come in to help.

P1 - They don't, no, nobody comes in.

P2 - They don't want to know.

P1 - They'll come in and see him, but they wouldn't say 'Well, Lil, I'll take him out in the car for the day'. No, you've got to be there full-time all the time and it gets to you.

P3 - And if you haven't got any patience you

P1 - I'm not a patient person, I can go like that *snaps fingers*

P4 - But even if you're a patient person

P1 - It is very trying.

P2 - Extremely trying.

P3 - But you see my sister couldn't have done what I did because she got no patience.

P1 - No.

P2 - But you need relief don't you, you do need relief?

P1 - Oh yes, definitely.

P2 - And I think even with a loving relationship, it has been 40 years, it is still a strain.

P1 - Still a strain.

(Group 3, p16 original names changed)

Some situations presented themselves as especially challenging for caregivers. These included inability to communicate with the carereceiver, for example if they had dementia. An older woman from Group 1 who had caregiven to her husband argued it was also very challenging to caregive for someone who did not 'comply' with the care given. Her frustrations are palpable in her recollections of his behaviour:

... now he wasn't able to get out of a chair by himself and I used to leave him everything within reach and I'd go out shopping for half an hour and come back and I would find him sprawled on the floor because he would try and do something: 'Right she's gone now, let me see what I can do', and then I had to go, because I couldn't lift him from the floor, and I had to go and find somebody. And it was pure frustration. Well it was frustrating because I couldn't really go out with peace of mind because I know that he would try and get up. ... He wanted to see, you know, 'right she's gone, I'll go and see what I can do'.
(Group 1, p14)

Another participant wondered whether the degree of stress felt towards caregiving was influenced by the difference that having an identifiable illness made to whether the needs of the carereceiver were responded to by health and welfare services:

I am trying to analyse the difference between having a diagnosed disease which automatically brings help and just being old which doesn't and I think this is a very important thing. (Group 2, p7)

This woman had caregiven for both her husband and her mother. Her husband had died of cancer, and his sight and hearing had all but completely diminished by the time of his death. Her mother had experienced conditions and illnesses that the participant associated with older age: a chest infection and a fractured wrist. She also portrayed her mother's behaviour as rather cantankerous and purposefully awkward. She contrasted the help and support she had received in both sets of circumstances. She described considerable assistance from nurses and friends with her husband, but with her mother, she said, "I was left with her with no help at all and that was absolutely dreadful." (p7).

This participant's contribution can also be used to reflect on a highly relevant issue that was raised by many focus group members in their discussions around 'elder abuse'. This is the *quality* of relationships between family members who are in a caregiving / care-receiving relationship. Underpinning this consideration were the participants' beliefs that quality of care diminishes commensurably with quality of relationship, which ultimately questions, as the participants did, whether a stressed caregiver can do a good job?

Quality of relationship was believed to be closely tied to abuse experiences in earlier life, whether these have been in childhood (as we heard in chapter 6 some participants thought this was possible with Lily) or during a long-term partnership, as well as if the caregiver has begun to be abusive in later life. A woman in Group 13 was very certain about how she would feel towards an abusive husband like Roy:

Well, my opinion then, is he was violent to her, as soon as that happened I would have him put straight into a home, I wouldn't want him. ... if I'd had that type of life through with him, when this happened, I'm sorry. ... I probably would have nursed him for 12 months, but I wouldn't have stuck it for 5 years to do that, knowing he'd been abusive to me all my life. That's my opinion, I mean everyone of their own opinion. ... I know, I did, I looked after Ted for nearly 10 years, but I mean he was never abusive to me. (Group 13, pp22-23 names changed)

Relationships do not only have to have been *abusive* for them to have an impact on caregiving experiences in later life. The research participants mostly related their thinking around this to Blanche and Roy's depicted situation of spouse abuse. However, on occasions quality of relationships were also spoken about in connection to older-parent / adult-child situations where the quality of the relationship was poor and where this then affected caregiving.

The latter had been the case for the older woman quoted immediately above who had spoken about caregiving for her husband and mother. The quality of her relationship can be seen to have had an impact on her caregiving experiences with her mother:

... she came to stay with us at Christmas and occasionally stayed a few days then, and by the time she was ready to go home, I was absolutely up the wall. Um, she disapproved of my marriage, so she hated my husband and although she was in his house, we had constant ridicule and I can certainly imagine anybody, I mean if I'd had to look after her all the time, I would have to have gone out of the house or I would have done something. (Group 2, p6)

This woman had had many years experience of professional caregiving as a hospital doctor working with older people.

The degree to which focus group members felt that the stresses of caregiving could account for abuse of older people was quite stark. Again, however, I will emphasise that this was not necessarily seen as reflecting the characteristics of the carereceiver, their behaviour, or inadequacies on the part of the caregiver. Rather, abuse of an older person was often seen as just a result of the downright hard job of caregiving, *especially* if this had to be done without support and assistance.

Contested Classifications III

'Reversed Spouse Abuse' in Later Life: Wife Abuse By Any Other Name

I hope to have shown how the quality of relationships emerged as especially significant for research participants in this study, because of the extent to which for them it would indicate quality of caregiving. This was reflected time and again through the many comments made about Blanche and Roys' scenario. The quotes from a number of different groups below illustrate how quality of relationship is linked to Blanche's treatment of Roy:

Well, if you're looking after somebody like that for 5 years, there's a limit to what you can take, there really is. And I think I should just slap more than his face sometimes, I really do think so. (Group 6, p21)

I can see that Blanche might feel that she's justified in slapping him for the slaps she's had.

(Group 6, p21)

... so, you know, why should one, you know, still carry on treating them well if they mistreat you, you see?

(Group 7, p11)

You can't blame her really, if she's bottled it up for so long. (Group 3, p15)

... he's, he's been so violent to her, I suppose it is bound to have some effect on the way she's reacting really. (Group 14, p13)

Given the above, and the acknowledgement made by the participants that caregivers can be treated very badly by carereceivers, it was suggested by some participants that it would be

useful to know about the nature and history of prior relationships when an assessment of both service user and carer needs is made.

Inevitably the discussions in the focus groups around the stresses of caregiving included a consideration of the vulnerability of carereceivers to abuse as a result of these stresses. However, given what has been set out above, we might want to ask, as indeed the research participants did, exactly who is being abused in such circumstances. For, as one woman commented when she had read Blanche and Roys' scenario:

... I would hate to think that I would ever do this to my husband. ...It's so frustrating and it really must be hard, I would hate to think that I would, but I would never say that I wouldn't, you don't know. (Group 3, p15)

Below I will attempt to be clearer about just what was included in the label 'abuse' by the older women, with reference to Blanche and Roy. We can differentiate between abuse that might be perpetrated deliberately and that which could be described as unintentional (the significance of intentionality to the older womens' understandings of 'elder abuse' was discussed in chapter 6).

Unintentional abuse could arise through exhaustion - through falling asleep, for example. This was one possible explanation given for Blanche having left Roy on the toilet for an hour unaided. Or, it was suggested, a caregiver may try to balance her needs, and as a result put the carereceiver at risk:

P1 - Well probably if she left him on the toilet for an hour, at least she could do something for herself in that time.

P2 - Yes, she would know where he was, wouldn't she?
(Group 6, p21-22)

It was also felt that faced with these relationship issues, Blanche might be trying to get her own back, in the only way she knew how. However, even in such situations with this element of premeditation to abuse, some participants argued that it might not be appropriate to refer to all her actions and behaviours as abuse. One woman who felt strongly, believed Blanche was probably getting her revenge on Roy, and that this "served him right" (Group 7, p11). A closely related example was given by a participant who knew of an older woman who would get her own back on her elderly husband when she took him to the toilet; the only time she was alone with him because they lived with extended family. She would hit him as he had hit her throughout their marriage (Group 7).

There was a recurring issue in the focus group discussions then, which was around actually using the term abuse, and whether the above and similar forms of behaviour and treatment should be described with such a blunt term as 'elder abuse'. Opinions around this differed amongst participants, but it was nonetheless fairly balanced over whether the older women found the term too strong or whether they felt it was justified and accurate.

Those women who found the term 'elder abuse' too strong wanted a less severe label. They agreed that 'mistreatment' (a term used by some writers, see Decalmer & Glendenning (1997)) might be an alternative for some abusing spouse caregivers. Ultimately, participants felt uncomfortable in labelling Blanche as an abuser in the light of the stress she was under. Indeed, some thought, the word stress should appear in the description of her treatment of Roy.

Alternatively, for some of the women who preferred the term abuse to be used, they wished to qualify it with an acknowledgement of the stresses of caregiving and thereby reduce the degree of blame placed on the caregiver. Set out below are illustrations of how the women grappled with this term in relation to Blanche and Roys' situation. I have given some lengthy quotes to reflect how extensively this was discussed. (Note the *laughter* which sometimes accompanied the discussions of this scenario, the nature of which has been discussed in chapter 4):

H - Would you say that she is abusing him?

P1 - Well, yes but she doesn't mean to, she's just got to the end of her tether.

P2 - Yes she is, but with no culpability

(Group 2, p16)

H - ... would you call this abuse?

P1 - Oh Yes

P2 - It is, but she needs help, doesn't she?

(Group 4, p24)

P2 - Well I suppose, yes, basically she is abusing him, but you can see why.

P1 - I think I would probably have done much worse *laughter*

P3 - I'm not going to have you looking after me! *group laughter*

I admit it is abuse, but I think it ...

P2 - It is abuse

P4 - It is abuse ... I'm sorry for her, but it is abuse.

(Group 6, p20-21)

P1 - It is abusive because they, because if he can't cope, or rather she can't cope

P2 - But it is understandable abuse *laughter*

...

H - So this isn't a clear cut case of somebody abusing the other person, it's?

P1 - No

P3 - I think they've both got problems, real problems.

P4 - Who is abusing who? ... They're both being abused, it is not clear exactly who is doing

P5 - This is where euthanasia would come in

P6 - Yes, and she'd [Blanche] have to sign the form

P3 - She might

P1 - But that means you've got to do it yourself you see, I think it's murder you're thinking of! *group laughter*
(Group 5, p17 & 19)

H - But would you call, would you say that she is abusing him or would you not go as far as saying that?

P1 - No

P2 - No

P3 - Not abuse, no she's just got to the end of her tether.

P2 - Frustration

P3 - It is as it says, she is frustrated, she's got to the end of

H - So abuse is too strong a word?

P3 - Oh yes, she's got to the end of her tether and is faltering with it, and 5 years is a long, long time.
(Group 13, p20)

For some older women in the focus groups, the difficulty in naming Blanche as an abuser became even more pronounced when they were told of Roy's long-term violence towards her. This is very important to note because it demonstrates that the stresses of caregiving were enough in themselves for the older women to have called into question the term abuse. However, if Roy's previous use of violence against Blanche was taken into account on top of these stresses, further weight was added to the argument that she should not be labelled as abuser.

Paying regard to this history, further qualifications were made by the older women participants as to Blanche's complicity in their abusive relationship. This is reflected by the comments made in one focus group:

H - ... so what difference would it make for you that, that you now know that he [was] a violent man?

P1 - Even more understanding of her. It's amazing that she could do it.

P2 - She's done very well for 5 years.

(Group 2, p18)

One woman's revealing comments summed up her contradictory feelings towards Blanche and Roy:

What Roy has done to Blanche in the past and what Blanche has done to Roy is in fact a crime. If she has slapped him, that is physical abuse, no doubt at all. But I started by saying that I could never condone it because it's wrong, but I understand it. But um, I wouldn't be the one who'd go and report Blanche. (Group 2, p21)

It is interesting to consider that by using a standard definition of physical abuse, Roy could be classified as being physically abused. For example, using Wolf and Pillemer's (1989) definitions of 'elder abuse' (used by Bennett et al (1997) as being a commonly accepted range of definitions), physical abuse is:

the infliction of physical harm or injury, physical coercion, sexual molestation and physical restraint. (p26)

All of the older women participants who expressed an opinion, believed that Roy should be thought of in this way. This is with the exception of one woman who could not agree with the label. Indeed, this older woman suggested she would have done worse than Blanche, such would have been the effect of his dependency on her. "I feel I should do the same myself quite frankly ..." (Group 6, p20).

With regard to Blanche's position in influencing the older women's perspectives on this spouse abuse scenario, a number of women did in fact vilify Blanche for abusing him, compared to those who suggested she was justified in treating him in this way:

Well I don't know, it's still terrible slapping a man in his condition ... I mean it's so terrible to be left dependent on the ... it must be soul destroying you know and frustrating, no, mind you I still say ... However bad he's been, oh yes it is, definitely [wrong]. I mean it's dreadful ... However badly he behaved ... at least she was fit enough to hit back at him which I would have done if my husband had done to me that, but I mean if he's had a stroke and that. (Group 8, p18)

The well known adage 'two wrongs don't make a right', was much used to describe this situation by those arguing an abuse perspective. Although as we have heard, significantly most participants went on to say they understood how the abuse had come about.

A further dimension to this spousal abuse scenario, and who is labelled as abused or abusing, is the suggestion by some women that Roy continues his abuse, while seemingly being the person who is abused:

P1 - Well, if he's abused her before, he's carrying on the abuse isn't it?

P2 - Yes.

P3 - In a different way.

P4 - He's carrying it on with this. ... I'm very suspicious about him, because he is not making any effort to get better. And it doesn't say there whether he can talk, I would say he can talk, so he gives his abuse doesn't he?
(Group 5, p18 - 20)

From having viewed Roy as an abused individual, whether Blanche was considered as abusing him or not, some women began to re-evaluate their assessment of him. They came to see him as continuing to be abusive to her. For example, several women in one group, on hearing of his violence, agreed that he was carrying on his abuse of Blanche but "in a different way" (Group 5, p18).

The older women's opinions that we have heard about in connection with the issue of spouse abuse should be taken as a direct challenge to those professionals and academics who might be confident in the categories of abuse they are constructing. In contesting the abuse classifications in the scenario, participants perceived and labelled abusive relations in highly subtle ways that are in marked contrast to the simplistic, assignment of abuse labels, whereby Roy is classified as being abused and Blanche as abusing him.

To summarise these issues of definition, it has been seen that complexities of the labelling process that the older women grappled with were considerable. These were revealed, I believe, through the use of focus groups to explore this area of 'elder abuse'. The complexities were evident as they sought to unravel the responsibilities for abuse in Blanche and Roy's scenario. For example, in considering Roy's plight the majority of older women (with the exception of one participant in Group 6) believed he should be considered as being abused by Blanche. However, when reviewing Blanche's situation there was less certainty about her warranting the title of abuser, with some women arguing against this altogether.

In terms of spousal abuse, it can be seen very clearly how relationships have an impact on how the older women who took part in this research understand 'elder abuse'. It also informs to some extent what they thought should be done about it. Those older women who used Roy's previous violence towards Blanche to argue his complicity in their abusive relationship, varied in what they thought she should do about it. Some participants felt Blanche should 'leave the state' to look after him. They thought that Blanche should not caregive for her husband and that he should be admitted to residential care:

P1 - Yes and I think she needs to be taken right away from him for both their sakes.

P2 - I think that she needs to be taken right away for *her*.
(Group 2, p17-18)

P - So Blanche to me is the person who needs the help. ...

H - Would you call this abuse?

P - No

(Group 3, p14-15)

While some women on the other hand argued she might want to caregive for him, they also thought that she would possibly do this with little 'care'.

What was particularly striking about the discussions about Blanche and Roy was the womens' almost unanimous belief that Blanche should not be *expected* to caregive for him. Whether she chose to or not was a separate matter, and a situation which would need a great deal of input and support from appropriate professionals to satisfactorily resolve this situation. However, ultimately, as the quotes above suggest, the older women felt there should be no expectation on her to look after him.

Research participants also believed that the quality and nature of the relationship, would have a bearing on the outcome of intervention by professional workers. For example, this might be rejected (by either party) or sabotaged. Assumptions about how both Blanche and Roy would be prepared or able to accept assistance were explored by one group:

P1 - ... there's also the point that, you know, one can actually say here is a bed for you to go into a home, or here is a place for you to go to day care, um, that person has got to accept it.

H - What if they don't?

P1 - And very often they will actually refuse to go.

P2 -Especially somebody with a background and temperament like that.

P1 - Yes and sometimes you get a situation where, that it has been a fraught marriage with violence and everything, somehow or other, they seem to gel together and won't split up and yet you actually know that they should be split up.(Group 2, p18)

We have already seen in earlier chapters that a number of writers in this area suggest that spousal abuse is a very common feature of 'elder abuse', indeed some suggest it is the most common form (Aronson et al, 1995; Aitken & Griffin, 1996; Decalmer & Glendenning, 1997; Harris, 1996; Mastrocola-Morris, 1989; Wolf, 1994). Given this, the older women's views on the quality of relationships (both spousal and non-spousal), and on the scenario used in the focus groups of Blanche and Roy, are especially important.

This chapter has focused on one particular form of spouse abuse in later life. 'Reversed spouse abuse' can be thought of as "where the husband has been abusive ... [and] abused wives have the opportunity to retaliate as their husbands' strength declines and theirs remains ample." (Sengstock, 1991 p31). This is not a commonly referred to form of spouse abuse, although Sengstock's own research revealed such dynamics in abusive relationships between older people. Other researchers have referred to this form of abuse relationship as 'inverted abuse' (Grafstorm et al 1992, quoted in Biggs, et al 1995, p44).

Reverse spouse abuse has been considered at length in this thesis for two reasons. First, as a response to references to spouse abuse in the 'elder abuse' literature. This term suggests a single form of ungendered abusive relationships. Whereas what can actually be included under such a heading is a complex mix of: wife abuse that has been perpetrated throughout a marriage, which has 'grown old' and has then continued into later life (Harris, 1996); abuse of either gender spouse that begins in later life and which is somehow connected to quality of relationship and the stresses of caregiving (Steinmetz, 1993); or reverse spouse abuse. In addition to these different forms is a factor Bennett and Kingston (1993) rightly point out, namely, "the appropriateness of calling a situation 'spouse abuse' one day and 'elder abuse' the day after a 60th birthday." (p27)

The second purpose behind presenting a 'reverse spouse abuse' scenario in this analysis, is to demonstrate a further way in which hitherto established means of understanding 'elder abuse' might be challenged. Through my discussion of Roy's and Blanche's situation, I have intended to call into question the labels that are applied in the naming of abuse. This is because I have shown that the older women who took part in this research believed Blanche to also be experiencing abuse in her apparent 'reverse spouse abuse' of Roy. She experienced this through an expectation to caregive for him, through her own actions of abusing him ("it won't make her feel any better" (Group 6, p22)) and through his possible ongoing abuse of her, albeit in a different form. Thus, it could be argued, that 'reverse spouse abuse' is in fact wife abuse by any other name, should primarily be seen as such, and should therefore be located primarily within a wife abuse framework, rather than an 'elder abuse' framework of understanding. By doing this, gender-neutral (which is gender-obscuring) language is avoided which:

... is at odds with the weight of theorizing, observation and day-to-day evidence that, in the vast majority of cases, the perpetration of violence in heterosexual partnerships is not

evenly distributed between the sexes but is the abuse of women by men. (Aronson et al 1995, p75)

The women who took part in this research considered and articulated these complex issues thoughtfully, thoroughly and realistically. Professionals have done this too, but I would argue to a more limited extent. In their attempts to define and conceptualise 'elder abuse', they also might want to move beyond limited individualistic perspectives, as these women have done, that concentrate on abusive behaviour as their primary focus, and rather prioritise relationships as a central, defining feature of abusive relations in later life.

Conclusion

This chapter has dealt with the sensitive area of family caregiving and abuse in later life. The extent of this sensitivity is apparent when the respondents' views of abuse in family relationships are considered. Participants exhibited a great deal of empathy and concern towards family members, especially those who are older themselves, in taking on a caregiving role. They have done this while attempting to understand abuse perpetrated by family members on those they caregive for. Underpinning much of this appeared to be a feeling expressed in some of the focus groups that 'there but for the grace of god go I'.

Much of the older womens' understandings of abuse in informal family caregiving situations has been set within ideas of the stresses of caregiving. Having discussed in some depth the stresses of caregiving, who takes the strain in such relationships and indeed who is abusing whom, I hope to have demonstrated the tremendous complexity of these issues. This has been a purposeful strategy in order to move away from simple, individualistic interpretations of carer stress. It is also to further encourage a perspective on 'elder abuse' that prioritises relationship, rather than action, as central to assessing the relations of abuse in later life. In this section I also added further to my comments in the commentary about my difficulties with a model of carer stress as an explanatory aid to understanding 'elder abuse'. These comments are now well rehearsed, but I conclude with some final thoughts on this.

Ultimately, what I had to hear and take on board were the research participants' views of their realities and their lived experiences around the stresses of caregiving. As difficult as some of these were for me to theoretically contemplate, I should say that these were not just challenging to listen to because they were academically uncomfortable, but because they saddened me. I was faced with an array of women, from different socio-economic, cultural and marital backgrounds, very many of whom were resigned with some worry or dread, and certainly a sense of responsibility, to a job I might myself be faced with some day. As much as this might not pose a direct prospect for me now, I could not help wondering that when it does, would I feel the same way?

What older women view as important considerations in gaining an understanding of 'elder abuse', have been shown not to be reducible to constrained categories and limited definitions, and this has been demonstrated through presenting three different ways in which classifications of abuse can be contested, in chapters 6, 7, and 8. Rather, complicated social

relationships and divisions feature as central to the understandings that emerged in the focus groups carried out for the research. A gendered perspective of abusive relationships in later life permits these social relations to become visible.

Section 5
possibilities

CHAPTER 9

Participation, Policy and Practice

Theoretical, Policy and Practice Insights.

Introduction

At first glance this chapter may appear contradictory because in it I offer policy and research recommendations. To do so accepts in some way that there is a category of 'elder abuse'. In earlier chapters I have contested its conceptualisation and at times I have sought to challenge it as a separate category of gendered abusive relations. However, I also feel there is a need to engage with such a category, both theoretically and for practice purposes, in order to identify the particular needs of abused older women. In addition, as a feminist practitioner I am acutely keen that this research should not have been a 'paper exercise'.

Ussher (1991) accepts that feminist critiques enable us to dismantle orthodox, disempowering theories, but she also struggles knowing that despite this women are still labelled, abused and in pain. She asks:

... what can we say, what can we do, if [in] renouncing our professional mantles of power, we adopt the critical perspective? A theoretical deconstruction does not offer much, not even hope. A rousing rhetorical treatise may inspire, but what answer does it have? (p7-8)

This final chapter seeks to offer some answers. They have been formed by joining a feminist critique with older women's experiences and views of 'elder abuse'. Feminist theories, methodologies and an approach which has employed focus groups, have provided invaluable insights into this form of abuse. The resultant theoretical contributions, policy and practice recommendations in this chapter suggest that we should think again about how we conceptualise 'elder abuse'. Moreover, these policy issues are premised on what older women themselves say about 'elder abuse'.

I will return to the matter of user participation in social research. I present a salient illustration of the importance of letting older people in on the research we undertake about them. I then set out theoretical, policy and practice issues that I believe are of central importance to 'elder abuse' and which address research questions 3 and 4 (Fig. 1, chapter 2). These highlight issues for professionals, academics and practitioners, for their consideration in a challenge to conventional thinking about 'elder abuse', as suggestions for practice, or in terms of recommendations about dimensions of 'elder abuse' that would

benefit from further research. Finally, I offer some concluding reflections on presenting a reflexive account of my research.

Theoretical, Policy and Practice Insights

Re-conceptualising 'Elder Abuse'

This work has challenged the current predominant approach in the UK to the conceptualisation of 'elder abuse'. It has done this by drawing on arguments that are critical to all areas of intimate violence, including 'elder abuse'; these are perspectives which associate the construction of social problems with the politics of knowledge. In addition, this has been achieved by positioning older women's contributions to understandings of 'elder abuse' as pivotal. In so doing an understanding of this form of abuse in later life is identified as a gendered phenomenon whereby:

... old women experience more and different types of abuse than old men and ... there are power differentials between them which even if not used are nonetheless present. (Whittaker 1997b, p6)

To acknowledge and address these gendered dynamics is arguably one of the most important ways in which practitioners, policy makers and academics alike, can enhance their own and the lay general population's understandings of 'elder abuse'. A general acceptance of similar features has been central to re/conceptualisations of child sexual abuse and domestic violence. Older men's abuse experiences will not be forgotten or overshadowed throughout this process, but will be better understood too through the positioning of power relations as central to perspectives on 'elder abuse'.

A particularly significant way in which professionals can assist a fruitful re-conceptualisation of 'elder abuse' is to examine the role professional power has played in the construction of the abuse discourse to date: this has obstructed and undermined that of elderly peoples'. It is, however, vital in that this ethical / rights research issue should now be *genuinely* addressed. (The potential of shifting the hold on power in research is illustrated in this chapter by Minkler's (1996) work). What practitioners and researchers will risk if this is done though, is that their standard explanations, understandings and approaches to 'elder abuse' will be challenged and reshaped; just as some of them have been through the older women's contributions to this research. From hereon nothing short of addressing the methodological and ethical imperative of prioritising older peoples' understandings and

perspectives of 'elder abuse' will do. If they are not then an ageing enterprise may indeed be shown to be at work (Biggs, 1997).

A problem for those advocating a re-conceptualisation of 'elder abuse' exists when it is to be achieved in the context of recent legislation (both established: National Health Service and Community Care Act 1990 (NHS/CCA 1990), and developing: Law Commission's Who Decides?), which can prevent the opening up of current understandings of 'elder abuse'. As an example, in this work I have problematized some caregiving relationships in relation to 'elder abuse', e.g. around quality of relationships, gendered power relations, and oppressive sexual divisions of labour. This enabled looking beyond aspects of individual vulnerability of older people. The NHS/CCA 1990, which promotes and encourages care *by the community in the community*, in peoples' own homes or in their family's homes, does little to recognise that these sites of caregiving are largely unmonitored and unregulated, even if they are becoming increasingly professionalised through being drawn into more formal care arrangements. Also, that the nature of intimate caregiving relationships in such locations can be fraught with life-times of deep and emotive connections. Thus, while caregiving and care-receiving experiences might be 'good' and right for some older people in these settings, we should remember that for many they are not.

We can see from just this one example that by undermining a primary objective of the NHS/CCA 1990, in its promotion of specific sites and relationships of caregiving for 'community care', re-conceptualisations of 'elder abuse' are vulnerable to rejection themselves. Alternative perspectives to those embedded in statute can more readily be viewed and treated as marginal.

Caregiving in the apparently less regulated and defined domestic sites of 'the community' or 'the family' has also been shown to exist in a paradoxical space (Biggs, 1997) where increasing state surveillance is both a purpose and an unintended outcome of policy approaches to community care. This together with the way that: "... the British experience of policy was elder abuse's seeming ability to be simultaneously recognized and ignored. (Biggs 1997, p75). Thus, a 'symbolic value' to care, which is moved out of institutional settings, is achieved in the domestic / community sphere:

A guiding principle behind care, then, continues to be to discipline the conduct of persons who are in effect under surveillance. For surveillance to be justified, though not of

course named as such, a moral reason is required. Also, a technology, a particular method of caring, needs to be found that suits any one site of observation. (Biggs 1997, p75).

Biggs supposition is significant on two counts. First, in its implications for a population, (elderly people) who are placed under a gaze, (a technology of community care / vulnerable adult legislation, care management procedures, and strategies to take action against 'elder abuse'), but which exists in a climate of limited resources and restricted approaches to the needs of a 'burdensome' population. Second, Bigg's contribution is unfortunately ungendered in an area where gender is particularly significant. In a population of older people under surveillance there exists greater numbers of older, old women who are likely to experience more disabling health disorders, and as a result are rendered especially open to professional 'gaze'. In addition, those who experience surveillance through their caregiving status (both paid and unpaid) are largely women.

In light of the above we can see how Biggs's (1997) thesis, while contradictory, actually supports an argument we heard earlier in chapter 2. Sengstock (1991) proposes that failure to deal with the problem of 'elder abuse' is a form of gender discrimination. For Biggs, however, policies on 'elder abuse' as they exist in the limited resources / demographic burden climate outlined above, is: "... to consider a more radical position suggesting that policy is itself a form of abuse." (p75). We could argue, therefore, that practitioners and policy makers who tread the path of no action, or of action as prescribed by contemporary legislation, policies and conceptualisations, are in danger of contributing to abuse experiences of elderly women and men, and their caregivers.

It has been important to set out the above points in order to register the potential problems and possibilities for re-conceptualising 'elder abuse'. The following discussion in this chapter, and especially that which relates to policy and practice recommendations, should be read in light of the power and currency afforded predominant conceptualisations of 'elder abuse' in the UK. The recommendations offered here cannot necessarily be superimposed on such established understandings; what is called for is a fundamental re-conceptualisation of abuse experienced in later life which demands radical challenges to existing policy and practice.

The Power of Participation & Feminist Contributions to Research on 'Elder Abuse'

Minkler (1996) makes direct links between an empowering approach to working with older people in research and their participation in it. A principle of such a participative approach is to “start where the people are” (p474). In her paper Minkler offers a dramatic account to illustrate her participatory practice of research undertaken in a poor neighbourhood in San Francisco which was characterised by extensive social needs and problems. In research looking at health problems her team abandoned a more usual approach of, for example, screening tests, and sought to discover what the residents of the area identified as their health needs. From gradual beginnings in developing trust within the community by providing sites for older people to come together, e.g. coffee hours and discussion groups in local hotels, questions were put to them about their health problems. The researchers learnt that crime was viewed as a major determinant of health status because of its impact on enforced social isolation:

The residents ... point[ed] out that they couldn't get to the doctor's office, go for a walk or get an evening meal. Crime, they argued, was their biggest health problem. (Minkler 1996, p475)

In response to this a programme of action was taken whereby the researchers *assisted the residents in their community* to organise against crime in their area. As a result police visibility on the streets was increased and a Safehouse Project was set up. This involved local businesses identifying themselves as safe places for older people to seek refuge if they were followed or if they simply needed to sit and rest. The knock-on effects of having taken positive action in their communities included “residents' new-found feelings of power, self efficacy and improved self esteem” (p475). Some people were able to reduce or stop smoking and drinking. In addition, once crime had been addressed other health needs could be tackled. Mini-markets providing fresh produce were set-up in residents' lobbies, breakfast programmes were started, and a ‘no cook cookbook’ was compiled to assist the many older people in the neighbourhood who did not have access to cooking facilities in their single room occupancy hotels. Indeed, Minkler (1996) describes many other outcomes of this project, some health orientated, others concerned with housing and transport.

Minkler's (1996) work clearly shows the effectiveness of a project that addresses the self-identified needs of its research population, and ultimately the power of participation. Had the

message been rejected that crime was the main health problem of this community, she suspects that the research staff:

... might still be running support groups in hotel lobbies one morning a week, if indeed they were still welcome at all. Instead, by trusting the elderly residents to determine and act on their own health agenda, they were able to contribute to something that has had a real and lasting impact on the health of this community. (p476)

'Elder abuse' researchers should take heed of the lessons that Minkler has shown. Thus far in the construction of this social problem, we have heard from practitioners, policy-makers, academics and pressure groups. Older peoples' perspectives must now be prioritised from hereon to develop this discourse. Research question 2 (Fig. 1, chapter 2) placed older women's understandings of 'elder abuse' as central to this study.

We might also be concerned as to who we seek out for this purpose. I say this because it would appear that an 'elder abuse' discourse does appear to operate for older people as well as for professionals. In undertaking this research with older women I felt there was a common language spoken in the focus groups. We all appeared to know what each other was talking about despite, as I discussed in chapter 5, all but two or three women never having heard of the term 'elder abuse'. A shared language may have come into existence through knowledge of and exposure to child abuse, domestic violence and other abuse discourses. This suggests that it is important to speak to a diverse mix of older people including those who have been abused, and those who have not been exposed to professional understandings of 'elder abuse', as these will influence older peoples' understandings. It will be important for research to address the many ways in which knowledge is constructed around this issue. Thus, researchers should not rely solely on sampling their research respondent populations from older people identified as being at risk or who have been abused, as determined by policy definitions of 'elder abuse' used by social care agencies. Pillemer (1994) has identified this tendency as a significant inadequacy of much 'elder abuse' research.

Further, in explorations of 'elder abuse' we need to be less concerned with the drive to 'accurately' quantify incidence and prevalence, and more creative in how we come to know what older people understand to be 'elder abuse'. In doing so we will be more open to

hearing what the voices at the 'margins of the discourse' have to say. Brannen (1988) (in Maynard & Purvis, 1994) emphasises why this should be so:

It is important not to prejudge the research problem by labelling it or defining its boundaries too closely; respondents may thereby define the problem in their own terms. (p553)

The research I have reported on in this thesis has attempted to restore some balance to whose voices are heard. However, I have not achieved a study that has been fully participatory for older people because ultimately it has been rooted in a research agenda which is of my own construction. (Although, through the issues they have raised older women have highlighted areas that would benefit from further research, and thus have identified future research agenda.) Minkler (1996) argues that participative research involves older people in *both* the project agenda and the research approach. She sees that including older people in this way constitutes empowering work which can demonstrate 'power with' as opposed to 'power over' research subjects. Despite this, in using the guidance of feminist research principles* and through being genuinely concerned to ensure that imbalances of power are in some way dismantled, I have striven to give voice to older women, albeit through my interpretations of their contributions.

There are those, however, who will not have this. In chapter 4 I described the restricted access I was given to one group of older women who came together for a focus group (Group 8). In this instance the staff of the day centre decided that these women were too frail to discuss the topic for longer than half an hour. Yet, the women who participated stated that the group had been very interesting for them and that they wished they could have gone on. You will remember that one of the three women joined the other two on their attendance days to keep up their contact with each other. On numerous other occasions I was advised by staff (paid and voluntary) that the older women I was asking to approach would not be interested in contributing. Nichols-Casebolt and Spakes (1995) found similar popular assumptions towards black and poor women. Yet in their research, which included focus groups, they found that women from these communities were "thrilled to participate" and were eager to have their say.

* While research guided by feminist principles offers participatory ways of working, it should be recognised that this is not an exclusive approach to developing participative social research. Others models have developed in the form of action research approaches, see for example: Reason and Rowan (1981) and Reason (1994).

It is not only those with formal health and welfare responsibility for older people that restrict their decision-making. While setting up the groups for this research I approached a community worker who worked with a group of Asian older women. While she was enthusiastic about me meeting with the group to discuss their participation, she felt the timing was not appropriate. It was not that 'elder abuse' was necessarily perceived as a sensitive topic for discussion by her, but that a recent guest speaker to the group had quizzed its members about their experiences of domestic violence. This had apparently proved too delicate a subject for the older women's immediate families. The community worker thought 'elder abuse' was too controversial a topic to be tackled so soon afterwards, not for the older women, but for the men in their communities.

Through participating in this 'elder abuse' research I believe that older women have contributed to feminist theories and practice, as well as to our understandings of the substantive area of the research. Yet, more still should be possible. In their research feminists must also take responsibility for the silence that has existed around identifying issues for older women and in colluding with ageist assumptions, dismissals and rejections. Feminists must ensure there is space for older women's voices within feminisms. Younger feminists especially could and should do better.

Underpinning this research with feminist theories has ensured that 'elder abuse' has been conceptualised with two central features of abusive relations in mind, those of gender and power (research question 3, Fig. 1, chapter 2). Through exploring their significance, a perspective of 'elder abuse' has developed that challenges both predominant views and responses to it. A feminist approach has also enabled this research to ask different questions, of different or 'other' groups, which has in turn given alternative answers and possibilities (research question 4, Fig. 1, chapter 2).

Broad and Inclusive Categories of 'Elder Abuse'

In reporting this research I have portrayed the extent to which the older women who took part in it, perceived 'elder abuse' as a broad ranging phenomenon. One which was not defined by act alone and one which involves a multitude of social relationships and not those exclusive to caregiving or with known-contacts. From the many examples of situations of

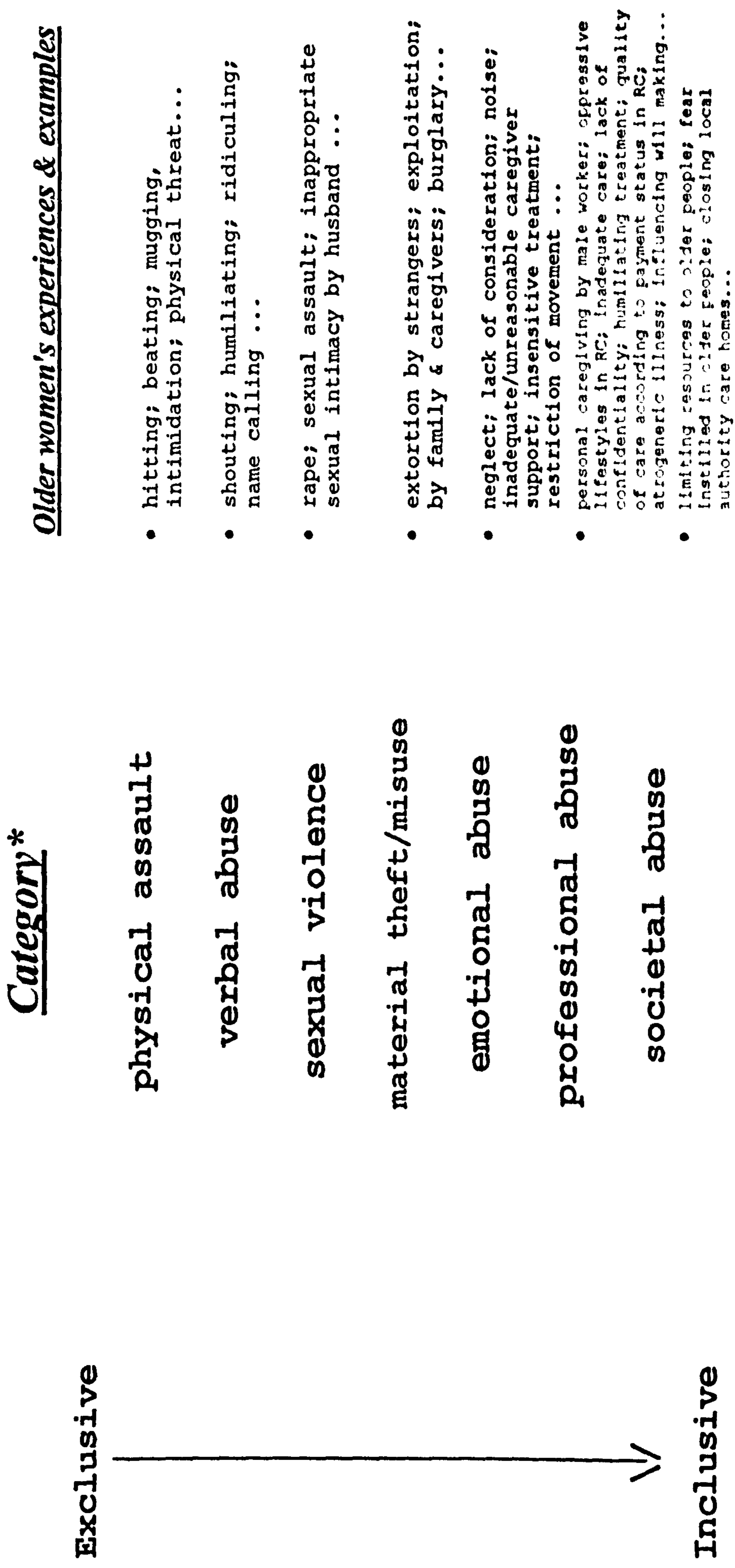
abuse, and of theirs and others' experiences, I have sought to develop a theoretical approach to understanding 'elder abuse' as an *inclusive* category.

The aim has been to construct categories of abuse in which to map older women's experiences and examples in the hope that they can be connected to existing professional definitions of 'elder abuse'. This is important and useful as it allows the diversity of older women's experiences of abuse in later life to be accommodated in professional definitions, while also demonstrating and maintaining the range in their experiences (research question 4, Fig. 1, chapter 2). It also benefits professional categories which can be developed to be more inclusive in nature, most importantly, of older people's priorities in the area. As Phillipson and Biggs (1995) rightly point out:

... the inclusion of perspectives from older people will be essential if lasting solutions to the problem of elder abuse are to be found. (p185)

In the diagrammatic typology set out on the next page, there are similar categories to those used by professionals (e.g. physical assault; material misuse etc.) and those which appear less frequently in professional typologies (e.g. societal abuse; professional abuse). My intention is not to subsume older women's experiences and examples into professional definitions, or to suggest a hierarchy of their meanings and importance over older women's. The compromise is to try and adapt and develop professional categories to more fully reflect the experiences and perspectives of older women.

Fig. 4 'Inclusive Categories of 'Elder Abuse''



* all categories are conditional upon the notions of INTENTIONALITY and RELATIONSHIPS

Before I discuss this typology in more depth, it is important to note that some writers have argued that there are difficulties in extending 'elder abuse' categories so broadly. It is suggested that such categories can become meaningless and that they are unable to quantify the problem (see Bennett et al, 1997; Glendenning, 1997). However, I would argue that inclusive categories are both important and necessary if we are to genuinely respond to older peoples' perceptions of 'elder abuse', and to their wishes about how action should be taken against it. As we heard earlier, older people's definitions can be very broad:

... I would expect for anyone I loved who was older, to receive in the way of care, attention, courtesy, they should expect to have dignity in their lives and as I say, if there's a deliberate um, variation on that by some person or persons, that would seem to me to constitute abuse ... (Group 2, p3)

There will also be culturally specific dimensions and contexts to older people's definitions and perspectives of 'elder abuse'. We have heard the distinctiveness of some of the responses given by the Chinese older women in this research. For example, they judged abuse in this country against abuse they knew of in their home countries. Some of these differences reflected the variation between health and social welfare provision in the UK, China and Hong Kong. From the Chinese participants' contributions we might argue that older people in these two Asian countries would appear to fare worse compared to older people in the UK in some circumstances. Given this discrepancy it might be that Chinese older people who live in this country will tolerate extensive hardship, difficult relationships or abuse through culturally determined standards which are less relevant to their lives in the UK. In connection to this, the Chinese older women unanimously agreed with each other when reflecting on Lily's scenario, that it was far worse to be abused by a family member than by a stranger. The great shame experienced in this and the expectation that Chinese older women should 'put up' with their husband's beatings may add to the difficulties we know already exist for women needing to leave abusive relationships.

These forms of culturally-specific understandings are at risk of being ruled out if only restrictive, narrow criteria of abuse are used to name 'elder abuse'. Further work is especially needed in this area if practitioners are to be able to sensitively and effectively respond to different groups of older women. Ultimately, it is of the utmost importance that

practitioners, academics and policy makers demonstrate their awareness that older people's perceptions are of central priority in the categories we construct about them.

Figure 4 then (above), shows increasingly inclusive categories of abuse in later life, as the list progresses downwards. It should be noted when interpreting this table that the categories cannot, and should not, be viewed as mutually exclusive. Given the accepted complexity of the nature and relations of abuse in later life, it is likely that more than one category will apply to each incidence of abuse. The last two categories are largely absent from professional definitions.

It will be noticed that the first four categories are more influenced by criminology in their terms (i.e. assault, violence) than the final three, which rely on more usual welfarist terminology (i.e. abuse). In differentiating in some way between them I have hoped to reflect and draw out how the first four might be more heavily linked to stranger relations than established professional definitions tend to be. This is in contrast to the term abuse which might indicate more of a connection through an established social relationship. It has been seen in this thesis that stranger-threat felt by older women is significant and should therefore be made more visible in the categories created to describe abuse. My chosen terminology also attempts to make more explicit that these acts are also likely to be identifiable as crimes. As such, there are certain recourses to the law if action needs to be taken.

This final point is significant because it highlights an issue in approaches to taking action against 'elder abuse' and whether there is need for legislation to do this outside that which exists at present. While some would support the introduction of special legislation, successful convictions have been made using other legislative frameworks. For example, in January 1998 (Guardian Newspaper, 31/1/98) a man was convicted of causing psychological harm to his mother through 'mental beatings' and forcing her to give him hundreds of pounds which he used to support a drug addiction. The category 'psychological harm' which he was found guilty of, is more usually applied to deal with 'stalkers'. In using the language of *crimes* committed against older people, then, this can encourage a recourse to legislation which exists to tackle it. If, on the other hand, categories of 'elder abuse' talk only in terms of abuse / mistreatment this can act to undermine the seriousness with which these acts are viewed in society.

Returning to Figure 4, it can be seen that central to these categories are two variables which are fundamental to our thinking about 'elder abuse' in later life. First, 'intentionality', and second, 'relationship' (as discussed in chapter 6). The column to the far right of the typology shows some examples and experiences shared by participants in the focus groups. Some are specific situations which they knew of or had experienced themselves, others are broader and refer to the experiences of older people as a group in general, which the older women also put forward.

Challenging and opening up the classifications of 'elder abuse' is crucial. Older women's understandings and their classifications of abuse differ in some respects from those of professionals. As a result, it is vital that older peoples' views are actively sought, heard, and taken on board if 'elder abuse' theorising is to move beyond being an exercise in constructing 'umbrella categories' (Whittaker, 1995a). By challenging the engendered language of classifications of 'elder abuse', e.g. that of spouse abuse (chapter 8), and opening up and contesting abuse labels we are able to ultimately understand 'elder abuse' as a set of gendered relations which cannot be subsumed in gender obscuring theories and language (research question 3, Fig. 1, chapter 2).

The Importance of Relationships

In chapter 6 of this thesis I set out an argument for identifying relationships as central to a conceptualisation of 'elder abuse'. I would support McCreadie (1994) in her suggestion that a relational context is important for two reasons. First, to draw attention to the significance of the abusive behaviour *and* the affects of such behaviour. Second, in emphasising relationships as important we become open to different explanations for abuse in later life. I would disagree, however, with McCreadie's assertion that in a relational context abuse by strangers should not / cannot be included in 'elder abuse' definitions. I would argue that it is not accurate or appropriate to say that strangers have no social relationship with each other. As we heard in chapter 5, it is clear that the older women who took part in this research held expectations of trust and acceptable behaviour towards older people by strangers, in both individual and macro societal relationships. Some participants certainly described feeling abused by them.

In promoting the centrality of relationships I have suggested that a number of factors which are of great relevance to 'elder abuse', as gendered abusive social relations, can be revealed. These include: the abused older person's view of their situation; what should / can be done about the abuse; the existence of abuse over the life-course; the possibilities of cessation of abuse; and resistance to support and intervention. Great importance was placed on relationships with intimate / family caregivers when understanding abuse in later life, by the older women in this research. These relationships are especially likely to have been in existence over many years, and therefore, some participants thought it advisable that the nature of such relationships should be of concern to practitioners in their formal assessment of abuse of an older person. Thus, a life-course perspective would be appropriate for assessing abuse perpetrated by relatives / intimate caregivers. Alternatively, an age / vulnerability perspective might be more appropriate to understanding abuse perpetrated by others e.g. professional and paid caregivers, and strangers.

Quality in relationships has been seen in this research to be inextricably linked to quality in caregiving. In chapter 8 I set out how the older women participants reflected on good caregiving being dependent on acknowledgement, support and quality relationships. In addition, relationships in earlier life-phases were also significant. Thus, if there existed unresolved issues from earlier in the life-course these might emerge later to effect the experience of caregiving or care-receiving. In this respect, sexual abuse in childhood was discussed by the research participants as having a potential impact in later life. Lily's scenario of a woman suffering from Alzheimer's disease especially raised this as a possibility.

In light of this I would argue that, in addition to the older women's suggestion that quality of relationships be taken into account in assessments of need between family caregivers and care-receivers, that this should also take place in more formal caregiving circumstances. For example, if it is known that an older woman has had previously abusive experiences these should be explored with respect to her caregiving needs. The women in this research declared how inappropriate it would have been for Lily to have been cared for by a male careworker if her previous experiences had included abuse by a man.

In this work I have problematized caregiving relationships in relation to 'elder abuse', e.g. around quality of relationships, gendered power relations, and oppressive sexual divisions of

labour. In doing this we can also look beyond aspects of individual vulnerability of older people. National policies which encourage care in the community, in peoples' own homes or in their family's homes, need to recognise that these sites of caregiving are largely unmonitored and unregulated. Also, that the nature of intimate caregiving relationships in such locations can be fraught with life-times of deep and emotive connections. Thus, while caregiving and care-receiving experiences might be 'good' and right for some older people in these settings, we should remember that for many they are not.

In chapter 8 I discussed the stresses of caregiving that were raised by the older women participants of this research. I am aware that in pursuing a negative view of this family caregiving in this way that there are dangers of being allied to promoting carer stress explanations of 'elder abuse'. I want to reiterate again, however, that of central importance to the views expressed in relation to this was that most of the situations talked about were ones where there was little support or help from others in providing such care. It is crucial that this is remembered, because with appropriate and adequate support older people were seen as being able to undertake the job of caregiving with fewer consequences to their emotional and physical well-being. In this respect we should question, as one woman in this research did, whether the job of caregiving with access to few resources, can be done 'with care' at all. Practitioners might want to reflect on this. There are implications around expectations of standards of caregiving that are inherent in social policies that place an onus of care on family members, a majority of whom are women.

The use of Lily's scenario in the focus groups raised Alzheimer's disease as a concern. Older people suffering from dementia were consistently identified as vulnerable by the older women who took part in the research. Significantly, although it was acknowledged that they were an especially vulnerable group because they may not be able to express their needs, preferences or objections, it was not this that appeared the main concern of participants. Rather, it was the extent to which the word of someone with dementia could be trusted should allegations of abuse be made. Ultimately, it was questioned to what degree it would be possible to differentiate between poor and confused memories and minds, and accurate disclosures of abusive actions against them.

This suggestion begs a comparative examination of assumptions made about this group of older people and similar expressions of doubt made about children describing their abuse,

especially sexual abuse during the early 'discoveries' of child sexual abuse. Disbelief has been a characteristic of the experiences of many children who have attempted to tell about their abuse (Bain & Sanders, 1991; Campbell, 1988; Russell, 1995; Ussher, 1991). As Campbell (1988) puts it:

A society in which adults are estranged from the world of children and often from their own childhood, tends to hear children's speech only as a foreign language, or as a lie. Women, like children, have been treated like children, as congenital fibbers, fakers and fantasiers. (p69)

With the paucity of research that exists specifically around the sexual abuse of older people, those who study later life and those who work with older people, would be well advised to consider Campbell's (1988) claim. Also, to reflect on how the word of both older women and men with dementia illnesses, might be doubted if they appear muddled and unclear about abusive incidences that they describe. Further research is clearly indicated into how we can come to listen and understand in such challenging circumstances in order to combat the estrangement of older people who suffer with dementia.

A Model of Assessment for Practice

Assessment must reflect that 'elder abuse' is a complex social issue. As Johnson's (1986) four-staged approach to defining abuse suggests, it should certainly move beyond simplistic criteria that, for example, take only the act of abuse as the defining feature of abuse in later life. Figure 5 on the next page suggests a three-phased approach to assessment which: acknowledges the complex nature of definitions of abuse; provides a clearer picture of those individuals involved; and gives an individualised definition of abuse within a generalised schema. It also places relationships as key, takes account of the behaviour / act and, of particular importance, makes essential to the definition the older abused person's view of their situation.

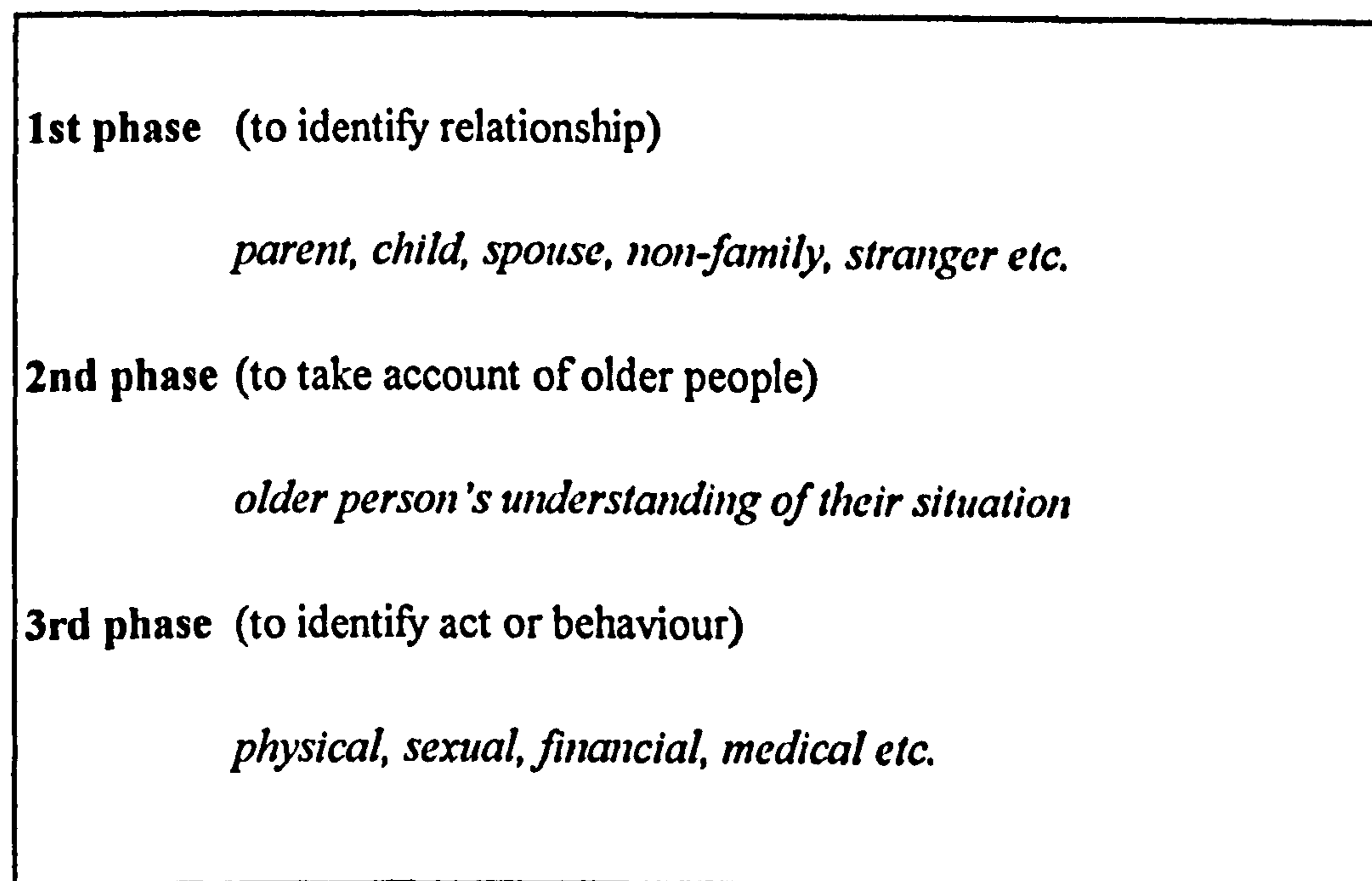


Fig. 5 'Assessing 'Elder Abuse''

We have also seen in chapter 5 that participants in this research recognised that 'elder abuse' may occur in a wide variety of social relationships and not only those of a caregiving nature. In terms of caregiving relationships, however, they considered that abuse should not only be assumed to be uni-directional. Thus, a mutual dimension of abuse was referred to, as was carereceivers treating their caregivers poorly or abusively. In light of this, some of the older women thought it very appropriate in a needs assessment of service user and caregiver that the nature and history of quality of relationships be evaluated. If previous / current significant conflict and abuse exist, are disclosed or are identified, or there were earlier experiences of abuse e.g. during childhood, then it will be important that practitioners are aware of these where possible, to feed into assessments of risk and vulnerability. Of course, if such relationship features are not present lower risk of 'elder abuse' should not be assumed.

Tackling 'Elder Abuse'

There were some points made by participants in the focus groups about what action they considered should be taken against 'elder abuse'. This issue did not appear in the topic

guide for the focus groups as a specific area to be addressed. However, in some groups the older women's discussions illustrated their views. Perhaps a most noticeable theme to emerge from their references to what should, or can, be done about 'elder abuse', was a cautionary attitude, and in some incidences, a reluctance to 'interfere' or get involved. In addition there appeared to be a preference for preventative measures against 'elder abuse' over direct action.

Contrary to what I expected I heard few assertions expressed in the groups that definitive action should be taken in situations of 'elder abuse'. While these were indeed made, such statements tended to be in connection with abuse committed by professional careworkers. In such cases as misappropriation of money, sexual assault, or hitting, for example, there was agreement that intervention should be taken against the professional to stop the abuse.

When contemplating abuse perpetrated by family or known informal caregivers there was a cautious approach to thinking about what should be done. Concerns were raised about whether an older person would accept help to stop abuse, and some respondents argued that intervention should *not* be made against an older person's wishes. It was suggested that older people would have their reasons why they might choose to stay in an abusive relationship. In the context of abuse taking place in a stressful relationship (through caregiving or a prior conflictual relationship) it was also felt that both caregivers and carereceivers may need support.

Should intervention be required it was stressed that this should not be done on a compulsory basis or in a forceful way. It was noted that adults are different from children and to super-impose child protection strategies on older people is, therefore, inappropriate. Special legislation did not appear an attractive solution to deal with abusive relations in later life, as this raised implications around the infringement of older people's rights and choices.

On balance, preventative strategies were valued as reducing the risk of 'elder abuse' occurring, and ameliorative attempts were preferred at dealing with abuse when it arose in family caregiving relationships. Some suggestions offered by the older women included, a comprehensive approach to providing advocates to support and keep an eye on situations; specifically trained counsellors in health clinics; an independent counselling service for older people living in residential care; realistic levels of support for caregivers, with assessments

in their own right and access to a range of respite services; and a charter for older people to educate against and correct thoughtlessness and ignorance about older age.

Other strategies for preventing 'elder abuse' varied, from deeply individualistic to welfare approaches. One group of older women felt religious faith helps people to overcome responses that lead to abuse:

Sometimes when the head not working properly, you do things that you're not to do. So you must ask God to give you faith and patience but sometimes when a person do those things that is wrong. So you have to have faith and patience.
(Group 11, p16)

The Chinese older women thought that having a comprehensive social services and security structure in place ensures that older people do not go without a roof over their head or food. These basic human needs were judged through contrasting their experiences in China and Hong Kong with those in the UK.

A woman who had contributed to community care policy-making in her locality (Group 2), referred to the insidious loss of respect that she witnessed toward older people living in residential care who were known to have their places paid for by social security and social services. This, she believed, influences the attitudes of careworkers who perceive such residents as 'second-class citizens'. In an attempt to anonymise payment status she proposed a central trust or account into which all fees are paid, from whatever source, and from which residential and nursing homes would collect their fees. This last example reflects the research respondents breadth of thinking about the parameters of 'elder abuse' as being beyond individual relationships between caregivers and carereceivers.

Finally to conclude these policy points, I would like to draw attention to Means and Smiths' (1985) advice:

All professional groups need to be careful to make resource demands in a manner that does not play upon the negative imagery of disability and illness in old age. (p358)

Policy makers and those making claims for resources to put into adult / elder protection services must ensure that the understandings that develop around 'elder abuse', do not collude with stereotypical images of this form of abuse. I have illustrated in this thesis that 'elder abuse' as a social problem involves issues far beyond simplistic scenarios of frail,

dependent, hapless older people who are abused by stressed caregivers or by violent muggers, for example. These forms of violence do exist. However, if such images are relied upon to argue older people's case, aided and abetted by individualistic and paternalistic approaches to its understanding, then abuse of older people may be yet another area of concern whereby older people are viewed as a resource drain. This will inevitably only add further fuel to alarmist interpretations of a 'demographic timebomb'. In addition, as I have argued in this thesis, 'elder abuse' is an issue for older women especially, and it is therefore they who are particularly marginalised through negative constructions of what they take from society outweighing what they give in their 'non-productive, aged status'. This is not to argue for limiting our responses to 'elder abuse', for I would remind us of Sengstock's (1991) suggestion that not to address abuse in later life is a form of 'gender discrimination against women'. But it is to say that care must be taken in our terms of reference and how we speak of older people in our attempts to 'protect' them.

Alternatively, 'elder abuse' can be spoken about as a further category of violence and abuse in intimate relationships which has its roots in structurally determined social relations that are gender and culturally defined. 'Elder abuse' should be more appropriately shown to be an issue for all older people through their existence in a violent society. Also, one which should be challenged on the basis of their rights as citizens to live free from fear and intimidation, and their rights to live with choice and self-determination. A positive and more empowering approach to understanding 'elder abuse' ultimately involves older people in stating what it is and what should be done about it. Participation is a right that must be extended to older people in researching and solving the problems that apply to them.

Reflections on Presentation

My thinking about this project, its basis, agenda, tasks and presentation, have been inextricably connected with a personal biography in such a way that they cannot be sectioned off from each other. However, ultimately the organisation of my commentaries has compartmentalised this work. By setting out my thesis as I have done, it might appear that things that are deeply interwoven are separate, if not disconnected from each other. Nonetheless, this format is the one I found enabled me to report on my work in the best way

I could. Others have integrated their research and personal selves differently into the formal presentations of their academic research (see Sollie & Leslies' (1994) excellent collection of *Feminist Research Journeys*, and Shakespeare et al's (1993) collaborative contributions).

In many ways I found that the commentaries were challenging and risky to write because of some of the very personal details I included in them. Despite this though they were in fact the easiest parts of the thesis to write. I believe this was not so because their content is less significant, thought out or intellectually weighted; I trust they do not come across in this way. However, there has been a degree of freedom that I have felt in their writing which I found difficult to reproduce in the formal chapters of this work. These were good to write too, in their spirited critiques, yet I found myself tied to academic writing conventions and styles in a way I could not break out of.

I set out in some detail in the first commentary why and how I had become committed to producing a reflexive account of my Doctoral research. I do not need to rehearse the rationale at this late stage. However, I would say that ultimately I believe that a "socially located author" (Neysmith, 1995) is a best understood and most honest contributor to research. In pushing this forward in my thesis I can say that I am also a better self-understood feminist researcher. I believe that my research practice can only have benefited.

Summary of Theoretical, Policy and Practice Points:

- *participative* research with older people will see them involved in contributing to research agenda and design, and will especially seek to hear those at 'the margins of discourses'.
- *feminist* theories and methodologies provide alternative frameworks for research with older people whereby alternative forms of understanding and action become possible.
- *inclusive* categories and definitions of 'elder abuse' should be developed in line with older people's understandings of this social problem. Intentionality and relationships should figure as significant variables in these categories.
- *relationships* are central to understanding 'elder abuse' as a form of gendered abusive social relations.
- *quality* of relationships is important to the assessment of 'elder abuse' where caregiving is a feature of the relationship.
- *assessment* of 'elder abuse' should reflect the complex nature of this social problem, taking into account the relationship between perpetrator and abused, the older person's view of their situation and the abusive act / behaviour.
- *assessment* of significant life events earlier in the life-course should be considered. This might be particularly important for older people who have Alzheimer's disease.
- *further* research is needed to explore how we understand and *hear* what older people with Alzheimer's disease say about 'elder abuse'.
- *stresses* of caregiving can be a significant factor in situations of 'elder abuse'. However, these stresses can be greatly relieved through acknowledgement, and appropriate and adequate support.
- *preventative*, non-compulsory intervention in instances of 'elder abuse' in family caregiving situations would appear to be a preference for older women, and for definitive action to be taken against professional careworkers who abuse. Further research is indicated.
- *reflexive* approaches to researching and reporting provide opportunities to 'socially locate' critical and social gerontologists, rendering them more accountable to their academic and practitioner communities and to the older people they study.

Commentary - 4

Lily, Doris and Blanche are pseudonyms for women I have known in the course of my paid work. (Their names have been replaced by those of three special older women from my own family.) The scenarios I devised for the focus group discussions depict their experiences at the time of my contact with them. Each time Lily, Doris and Blanche were spoken about, in the fourteen groups and the hours of discussion and analysis that took place around them, I remembered each of them and their difficult, distressing circumstances. I found their individual situations challenging, and at times extremely frustrating, but Lily, Doris and Blanche also brightened my work. Each of them was in their own way a woman of great dignity and strength. I admired all of them greatly. Their importance and impact on me has continued, past my contact with them, for they have clearly influenced my research. For me this thesis is imbued with their lived presence (as it is also with that of the 'real' Lily, Doris and Blanche who have been equally important to me.) I hope as you have read this text you will have sensed their significance, and the irreplaceable contribution they have made to it.

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Focus Group Profiles

Notes on the composition of the focus groups with older women

The following group profiles comprise of information offered by the research participants themselves or information that was given by the organisers of some of the groups. Any personal information that was imparted during the groups was done so at the individual participant's own discretion. The profiles are constructed from fieldnotes made at the time of setting up the individual groups and immediately after the groups were held. They comprise the basic characteristics of the groups and some brief reflections on the process of each.

The basis upon which potential participants were approached to form a group to discuss the sensitive issue of 'elder abuse' was that personal information was not required, and would not be requested in the focus groups. Also, it was stressed that the official names of groups would not be divulged in final reports and the geographical location of the research would be protected from publication. If an older woman from an approached group self-defined herself as being 'an older woman' then she was welcomed to take part in the research. As a result of this necessarily anonymous approach to recruiting older women to the focus groups, there is a limited consistency to the information known about each group and its membership in relation to the others.

Patchy information was gleaned about age, socio-economic status, sexuality and lifestyles. However, it is possible to say that the ages of the older women who took part in the groups ranged from mid-fifties to mid-nineties. An average age can only be estimated as likely to be early seventies. Other than older women from African-Caribbean and Chinese communities who were members of three different focus groups, cultural backgrounds cannot be determined.

Diversity of Social Circumstances	Social / Health Care Organisation	Social Activity Organisation	Urban	Rural / semi-rural	Minority Ethnic Group	Lesbian
Group 1 †		•		•		
Group 8 †	•			•		
Group 9	•			•		
Group 10 †	•			•		
Group 11	•		•		•	
Group 12 †	•		•		•	
Group 14		•	•			
Group 2 †		•	•			
Group 3 †		•	•			
Group 4		•		•		
Group 13	•		•			
Group 6 †		•		•		
Group 5		•	•			
Group 7 †		•			•	
† - familiarisation						

Group 1

group name: University of the Third Age

location: rural branch

features: meet monthly to hear outside speakers or to hold discussions on selected topics, the groups are usually held in the local library. All the older women lived alone or with their spouses, except for one woman who lived with her daughter and family

participants: ten, white, older women committee members of U3A

location of focus group: participant's home

length of focus group: two and a half hours including a break for refreshments

access negotiated: committee member who participated.

reflections: all but two women participated actively. An interested group where there was an expectation that they had come along to learn about something rather than purely participate in a discussion for the purposes of my research. Talked about 'elder abuse' in very broad terms, from ageism to physical abuse, and this included some preoccupation with the adequacies of residential care facilities. A large group which almost ran itself because of the level of interest whereby the participants went from one issue to another. Took some directive facilitating at times!, which I found difficult as this was my first group. I also found it complicated to assess how much I *should* intervene and direct the discussions when this was a feminist piece of work which should respect where the older women took themselves through their discussion. My confidence grew with other groups and I hope I achieved a balance whereby I was neither too restrictive and controlling, or too unassertive and laissez-faire. It did vary, though, from group to group.

Group 2

group name: University of the Third Age

location: city

features: a high representation within the group of women from professional backgrounds (doctor, teachers, social service personnel). One participant lived in residential care, the others alone or with their spouses.

participants: eight, white, older women from a group of U3A which meets to explore and discuss 'esoteric and abstract interests'

location of focus group: ex-Mayor's parlour

length of focus group: an hour and a half

access negotiated: the group's co-ordinator

reflections: a participative group which had varying degrees of professional experiences and awareness of social care and health issues. A very 'ordered' and articulate group which felt more like a professionals' meeting than a lay focus group. It felt like I was more a bystander to their debate and I felt intimidated on more than one occasion. The co-ordinator with whom I negotiated access was a formidable, assertive woman who, I later discovered, had mostly cajoled her friends into participating. I was scolded by her before the group started for having arranged for there *not* to be a table in the room and for the chairs to be set in a circle. She arranged for the table to be returned and proceeded to set out the papers I had sent her on the research. She presented the research, me and my professional background, formally to the group.

At the organiser's negotiation I attended a meeting after the focus group had taken place to make a presentation and facilitate a discussion on 'elder abuse'. It was attended by approximately thirty U3A members. The only meeting in six years that had not had a man

present. Later I was told in a letter of thanks that the discussion had continued after the allotted time in the women's toilets for a further fifteen minutes! I have received personal support and encouragement for my research from the organiser who is keen to hear about the outcome of the doctorate - and who no longer frightens me!

Group 3

group name: Over Forties Fitness Group

location: city

features: the group meets three times per week for a variety of coached sports and also some social activities. A 5:1 ratio of women to men, from different socio-economic backgrounds. Some attendees are new to sport, some are experienced. Some members have contact outside of the group with each other, others use the sessions purely as a fitness group with little emphasis on the social dimension.

participants: five, white, older women who stayed behind after their fitness session

location of focus group: in the corner of a large conference hall at the sports centre

length of focus group: an hour and a half

access negotiated: the sports instructor

reflections: some initial organisational problems with my booked room being used by another group. We had to find a quiet corner somewhere else in the sports centre, which was difficult! We began as soon as we sat down through one participant questioning whether 'elder abuse' was my choice of term. She did not like it because she felt it to be unnecessarily emotive and attempting to be too much like 'child abuse'. Many examples were shared in this group of personal experiences which reflected a broad perspective of 'elder abuse', but which they considered should be included under the heading. Two of the women had children currently undertaking higher degrees and they said they took part in the group because they had felt sorry for me!

Group 4

group name: Over Fifties Fitness Group

location: semi-rural

features: a mixed gender group which meets twice weekly. Most women are local to the Centre, others travel in from more rural locations

participants: eleven, white, older women including the sports instructor

location of focus group: squash court no. 2!

length of focus group: an hour and a quarter

access negotiated: sports instructor

reflections: a large group with five or six of the women actively participating with the remainder contributing occasionally. The sports instructor had said she wanted to remain to begin with, but stayed for the full length of the discussion. The group was disrupted from time to time with participants needing to leave to renew parking tickets on their cars. It was especially noticeable the extent to which in this group the older women spoke about fear - mostly for themselves and their property (homes & cars). They seemed particularly self-conscious and fearful when alone, especially when travelling or when venturing into cities.

Group 5

group name: Adult Recreation Morning

location: city

features: a sports facility attached to a prestigious public school. A mixed gender sports group and some spousal couples attend together. All older women participating in the focus

group lived in the city, and were retired professionals themselves or the wives of retired professional men.

participants: nine, white older women

location of focus group: coffee lounge

length of focus group: an hour and five minutes

access negotiated: sports instructor

reflections: the group initially met in the presence of other sports group members who were not taking part in the focus group, including some of the participants' husbands, who left within ten minutes of the start. They came across as a very interested group in the range of situations that could be included under the headings of 'elder abuse'. They were a group who particularly expressed concerns about the prospects of caregiving *and* care-receiving. One woman left halfway through for her swim, others who had planned to do the same preferred to stay for the whole focus group and another participant joined us half way through.

Group 6

group name: church elder's women's group

location: rural

features: this group meets weekly and has a fluctuating and informal attendance. All the participants indicated comfortable lifestyles. One woman lived alone, two with spouses, the fourth with her daughter and family in a 'granny annex'.

participants: four, white, older women

location of focus group: Reverend's study in the vicarage

length of focus group: an hour and a half

access negotiated: Reverend

reflections: Three women actively participated, the fourth being more reserved (the woman referred to above who lived with her daughter and her family). The older women who attended the focus group had been selected and approached by their Reverend on the basis of their likely interest in the topic. Some initial confusion about who I was referring to when I first used the term 'elder abuse' - they thought I meant specifically church elders! and they found this misunderstanding very amusing. One woman in the group was one of only a handful out of the total number in the groups who spoke in a positive and less fearful way about younger people. She recounted stories of how she related to them on a rather challenging, cheeky basis!

Group 7

group name: Chinese older women's group

location: city

features: these older women usually meet as a larger group as part of a community group. They were personally invited by the group's co-ordinator. Three of the women who participated in the focus group had lived in the UK for some years. The fourth woman, the sister of one of the other three women, had more recently left Hong Kong to live in the UK.

participants: five Chinese older women

location of focus group: community centre meeting room

length of focus group: one hour

access negotiated: community worker and the group's co-ordinator

reflections: An interpreter known to the women was hired for the session and for an additional hour to go through the typed transcription of the group. The focus group was held in secrecy from male family members and under the guise of another meeting through fear of it being deemed unsuitable and as a result, cancelled. The group was disrupted half way through by a fire alarm and subsequent evacuation of the building. Initially the women

were fairly quiet and composed but as the discussion progressed they became animated and very excited in their discussion. They also became engrossed in the discussion and it proved difficult to stop them at times to hear from the interpreter. She explained that this was likely to be a very rare opportunity for the women to come together to talk in this way about what they would consider to be a controversial issue. They appeared to not only have appreciated the discussion, but to have thoroughly enjoyed it too.

Group 8

group name: Day Care Centre

location: rural

features: attached to a local residential care home funded jointly through health and social services grants. Some residents of the home attend but the day care centre is mostly frequented by older people living in their own homes in the locality. The older people who attend are transported to the Centre three times per week.

participants: three, white, older women

location of focus group: meeting room

length of focus group: three quarters of an hour

access negotiated: centre manager

reflections: All of the older women who participated in the group lived alone but they had significant support from family caregivers. Two women attended the centre on the same day, the other on a different day. The latter woman enjoyed the focus group discussion so much she said she was going to ask for a change in attendance days so that she could spend some time with her fellow focus group participants. She felt she had things in common with them and that they were interested in talking about different subjects, and not those she usually got to talk about at the centre.

The group was kept short at the request of the manager who believed any longer would be too tiring for the participants. However, it felt premature to have ended the discussion after three quarters of an hour as we were still going strong.

Group 9

group name: Day Care Centre for the Elderly Frail

location: semi-rural

features: a weekly voluntary group which meets for morning coffee, lunch, activities and afternoon tea. Most attendees live in the locality, a few live in the sheltered housing complex where the day centre is held.

participants: twelve women participated, including two older women volunteer helps, and two older men

location of focus group: sheltered housing central lounge

length of focus group: an hour and a quarter

access negotiated: volunteer group convenor

reflections: A large focus group of fourteen which took part in the centre's only room, a central lounge. The organiser had not relayed the message that I would need a separate room, so it was only possible to meet with the whole group of attendees. One participant was the husband of an elderly woman with dementia who attended the centre and who sat with him, the other man attended in his own right. The former man contributed a great deal. Five to six older women contributed consistently, a couple of older women on occasions, and two or three remained quiet throughout the group (one fell asleep, one read a magazine). A difficult group to engage because of the size and layout of the room. Clearly issues about this being a mixed gender group and the volunteer careworkers being present.

Group 10

group name: Luncheon Club

location: semi-rural

features: a diverse group of older people from different socio-economic groups and living circumstances. Many living alone and attending the club for social support purposes and a meal. Sometimes have a group activity or outside speaker.

participants: five, white, older women

location of focus group: back room / cupboard

length of focus group: hour and a quarter

access negotiated: group's organiser

reflections: all the participants lived alone. One woman was visually challenged and another experienced chronic breathing difficulties. All of the older women received support from health and social services. This was one of the focus groups most characterised by physical disabilities. An interested group in which all the participants actively engaged in the discussion. They were also a considerate group where they all seemed to really listen to what each other said. They referred to each other respectfully and encouraged each other to participate. The women seemed to have enjoyed the focus group and did not want to stop but lunch beckoned!

Group 11 & 12

group name: African-Caribbean Luncheon Club

location: city

features: a twice weekly, all day mixed gender group which meets for social support, food and some activities. All attend from within the city, some from residential care homes, others from their own or relatives homes.

participants: Group 11 - six black older women. Group 12 - three black older women

location of focus group: Club's meeting room

length of focus group: both groups ran for one and a half hours.

access negotiated: Club's manager, a community worker

reflections: Group 11 - four women in particular contributed to the discussion in this group. One of whom was hearing challenged and had to lip read or have notes written for her. The women in this group seemed the most eager to participate in a focus group and sent the transport bus away to return later so we could continue the discussion. It was a very animated group with two women in particular asserting themselves very passionately when they felt strongly about something. They requested that I return for a further meeting. Group 12 - came about as a result of the above request, although different women took part. One woman spoke broad patois but for my benefit she spoke slowly until she became angry or excited about an issue. Another of the participants felt very strongly about some issues and shouted loudly at the third participant who she disagreed with on a number of occasions.

These two groups were the most welcoming of all the groups. Both the manager and the women themselves were very keen that the groups take place and thanked me profusely for approaching them to take part.

Group 13

group name: Sheltered Housing complex

location: city

features: three story housing provision for single older and coupled older people

participants: eight, white, older women

location of focus group: the hairdressers salon in the sheltered housing complex

length of focus group: one hour and ten minutes

access negotiated: warden

reflections: Most of the participants were widowed women. Three lived with their spouses in the accommodation, two were primary caregivers to their husbands who needed significant physical care. They were mostly of low socio-economic status and this seemed to be reflected in the way disposable income in older age and their access to support and resources were referred to on a number of different occasions. This group also seemed to feel very sharply the little worth and value of older people in society, and the lack of respect afforded them. They often referred to this in the discussions. This group of older women were the most sympathetic of formal careworkers, especially untrained, and felt that managers and administrators were responsible for poor standards of care.

Group 14

group name: Salvation Army Luncheon Club

location: city

features: a twice weekly luncheon club which includes an afternoon religious service. Members volunteer to organise, cook and clear away after their meal and afternoon tea.

participants: six, white, older women

location of focus group: Chapel

length of focus group: three quarters of an hour

access negotiated: Salvation Army Major

reflections: a difficult group to facilitate because of misunderstandings about organisation and facilities that were needed. The group ran for a much shorter time than was desirable because it came to an end through the Major realising he had lost his washer uppers! It was interrupted regularly by him needing to walk through the room and by another Major (female) deciding to join us. However, a very interested group who quickly immersed themselves in a discussion and who almost seemed torn between the choice of staying in the group and doing the washing up! Some very personal feelings and accounts were shared in what was a relatively brief and hurried group.

Focus Group Transcription

 ***** Women's Group

12th May 1997

Hazel Morbey with Rachel (helper)

HM Just check that that's running alright, yes, okay, well um, what I'll do is perhaps introduce myself a bit more and tell you a little bit more about why it is that you've made this special trip to come along. And um, tell you a bit about the research and why I'm doing what I'm doing. And then I'll just go through what it will be helpful to do today. Um, and hopefully we should be through in about an hour, an hour and a quarter. I don't know if that's, if that's about the length of time you're expecting to meet for?

* Mm, that's right.

HM Okay, so as I said I'm from the University of Bristol where I'm undertaking a study, um, some research which is very broadly looking at the treatment of older people in their later years, so how they are um, cared for, perhaps how they feel about their care um, in their, in their later life. So that's very broadly what the study is looking at. What I'm doing by undertaking these groups with women like yourself is speaking to a variety of women throughout

 *****, different sorts of groups that already meet for some sort of purpose. Um, so I'm going along to them, like I'm here today and talking with them about their views and opinions on how older people are treated in their later life. So what I'm going to be asking of you, your very general sort of views really, I'm not going to ask you for personal experience, or to divulge anything of a personal nature unless you care to share something with me, but most people tend to have sort of, if they do have an opinion, they tend to have an example of something that they want to sort of, um, talk about or throw in. But um, so that's the general idea. If you, if you feel that you don't particularly have any experience of this topic, that doesn't matter as such because I don't think I've met anybody who hasn't got an opinion on it, so you might feel that you don't, you may or you may not feel that you don't have a lot to say on this subject, but I hope, that by um, getting us to focus on some of the things that I'm going to ask us to focus on, you'll feel that you're able to contribute something. Um, so that's just very broadly about the research. Um, and as I said, anything that you feel might be relevant really, don't worry if ah, you think well that's not connected to that, that doesn't matter chuck it in and we'll see what we can make of it. Um, so the idea is, first of all I'm going to ask you, just your very general views and opinions on a particular phrase that I'm going to tell you, and then I have some written information and some scenarios, some situations of some, that some older people have found themselves in, and we'll read

through those together and then I want to ask you your particular um, responses and views to those, yes? And then after that we'll just have a very general summary really of what we've spoken about, okay?

* Mm.

HM So, first of all for the purposes of the tape-recorder, it would just be helpful, for, so that I can identify everybody's voice, if we could just go round and say our names for that, just your first name will be fine.

P1 I'm P1.

P2 I'm P2.

P3 I'm P3

P4 I'm P4.

HM Thank you, that will help me to distinguish people. So first of all, I want to tell you um, or give you this phrase, that has kind of cropped up to describe what I've just broadly been talking about and that's the term elder abuse. Now it is a phrase that professionals and people working with older people in care situations have come to use in the last um, 4, 5 years perhaps in this country, a bit longer in the United States where they've been concerned about this for longer. And what I first wanted to ask you, is whether you, any of you have heard of that term and if you have, where?

P3 No.

HM No.

P1 I have.

HM You have, you have heard of that particular term?

P1 Yes, because I worked, I actually when it was a county council home, I ran one for um, mostly we had senile and um, not mentally handicapped, but um, you know people that couldn't speak and sometimes whilst they could run about, they couldn't and walk about, they couldn't actually converse and tell you what they wished or what they didn't wish. And um, I do know what you mean because I did actually come across people that had been, had been, come in contact with violence from their families.

HM Right, the people that had come to live in the home?

P1 Yes.

HM Was that a place where they came to live um?

P1 They came into care through the county council.

HM Long term or just for short term?

P1 Long term. Sometimes we had the odd one who came in for a fortnight and went home, but mostly we had people we kept all the time.

HM So that's, it is not a term that you're unfamiliar with at all. It sounds like you've got quite extensive experience of coming across that sort of thing?

P1 Yes. Because it is not only physical abuse, it was the mental abuse that they, that made them worse in some cases, which we found that we could help them with when they came into the home.

- HM Right, and that particular term was used was it to describe their experience, elder abuse, or was it described in some other way?
- P1 It was described as violence really, in a sort of violent, whether verbal violence or whatever you know.
- HM So not so much that particular term perhaps?
- P1 No, no. When you think of elder abuse, you think of, elders in the chapel.
- LAUGHTER
- HM Right, right, yes.
- P3 And I've never been abused, being an elder.
- HM It is interesting that, that choice of term, I suppose, because it is not one that in this particular society or culture we use?
- P1 No.
- HM Except in specific circumstances like that?
- P1 Yes.
- P3 Yes.
- HM So that's what come to mind straightaway?
- P1 When you said elder abuse, that was the first thing.
- P3 First thing that occurred to me, but then, only because we are both elders I would imagine.
- HM Yes.
- P1 I don't know about P4?
- P3 P4 was an elder, you were an elder were you?
- P2 Oh yes, I was an elder for years.
- HM Really, so you saw it as something very specific?
- [LAUGHTER]
- P3 I didn't think that, but it crossed my mind. It crossed your mind yes, it crossed your mind, you know, but not not seriously, I did realise what it meant.
- HM So, P1, well it sounds P1 that you've had lots of difference experience, how about anybody else, you said no, straightaway you hadn't heard that?
- P3 Not in any official capacity at all, no, no.
- HM How about, no, no. So, when I first said it then, we've already, spoken about what your first response was, what and, what other things come to mind when I use that term, does anything sort of spring into your mind what?
- P4 Yes a picture on television about that lady that was beaten up, the picture kept coming up and coming up and coming up.
- HM Which one was this?
- P4 It made you cringe.
- HM Really?
- P4 She'd been um, I think she died eventually, ***** way I think it was.

- HM Was this recently or?
P4 Well, it was about a year ago it happened, but I saw the picture again, not more than a month ago.
- P1 Do you mean that one that was beaten up at home?
P4 Yes and everytime you saw her in hospital, her eye was terrible and that picture just lives with me.
- HM Mm, had a big impact.
P2 I suppose we don't live in that, quite in that same sort of area as the ***** people do we. Things round here are slightly different in set up. I don't feel targeted, I had odd people call on me and I wonder how they know, I'm alone, this is the thing you get a bit concerned about. But so far, you know, nothing untoward's happened. SLIGHT LAUGHTER
- HM So, that's what came to your mind as soon as I?
P3 When you sort of say the word elder abuse.
- HM You think of that image?
P4 She was beaten up, it wasn't by family.
- HM Right, yes. Right, and you're not quite, you're wondering about that term, doesn't really have a lot of relevance around here?
P2 Well I think it hasn't so much relevance, I mean I've been targeted a little bit, but it hasn't been very dreadful, sort of pushing garden walls over and calling on me and saying they've come from my doctor to see how I am.
- HM Really?
P2 I had that on one Sunday afternoon at 2 o'clock and ah, a very brash young lady and a young man with an earring and a crew cut LAUGHTER and she, and I went to the door and she was bright and breezy and said, oh hello, how are you, I've come from your doctor to see how you are and I thought this is a bit odd. And um, I said oh have you. And I said I'm perfectly alright thank you and what's the name of my doctor. And of course they didn't know the name of my doctor, so um, well if you don't know the name, oh, they said he lives up there on the hill. So I said if he lives up there on the hill, he's not my doctor and I just shut the door on them and they went. But I did wonder afterwards why they picked on me, how they knew I was alone. Um, because I asked several other people along the road who were alone and they hadn't had them. I think they just came in and targeted me and they went out again.
- P3 They probably disappeared in case you phoned the Police.
P2 Yes and ah, I told the um, Neighbourhood Watch people you know and they took it up with the Police, but um, if I'd let them in, of course I don't know what might have happened.
- P3 No
- HM No, so that, that's a situation that didn't turn out to be anything really, it sounds like you just dealt with it?
P2 No, no, I don't know what it could have been, but they could see that I wasn't going to be, I wasn't easy prey.

- HM Yes, but that's, that's a situation then that comes to mind when I, when we're talking about this sort of thing obviously that, you, I mean, that was just what you kind of connected to what I had asked about?
- P2 Yes. My concern was I feel that um, that they should know that I was alone, but then you've only got to look in the register of electors to see who is living alone.
- P3 The thing that came to my mind, I was thinking about it, was, I mean it is not in my experience, but when you hear of families who persuade their elderly mum or an elderly relative to sell their house and come and live with them and then, are not looking after them as they should, when really all they wanted was the money from the sale of the house or something.
- P2 A bit like that man from Bath, that was on television.
- P3 I don't remember that, but that's, I mean I have heard in the past of various, and that was the sort of thing that I think is an abuse of an elderly person to, persuade them against their will and wear them down.
- HM It is not as obvious as this image that P4 had of this woman having a black eye and having been, and not by family members either, that was an outsider situation, but yours is involving?
- P3 I was thinking of family abuse of elderly people.
- HM Right, right.
- P3 But I think the system abuses elderly people in some ways.
- P1 I feel when they closed the home that I was in and 30 people all who are very senile and suffering from Alzheimer's, had to be distributed amongst other homes, I think that was a terrible abuse. Because not only did they lose the familiar faces of their carers, they also lost their home as they saw it. I mean, we had one woman who had been in with us for 5 years and she'd never spoken, she had Alzheimer's, but I had to take her on one side, because we never did anything without telling them what we were doing, I had to take her on one side and say I'm awfully sorry but we're closing this home and I'm afraid you're going to have to go into a nursing home, because she was too bad to go into another council home. She didn't say a word, but the tears poured out of her face, not a word. And I mean, I felt so bad about that and I can see the grief that she was feeling, but she wasn't really able to express it, except by crying.
- P2 You don't really know how much people do suffer, we can't tell whether they're suffering or not can we?
- P1 No, people with Alzheimer's can't always do that.
- HM But it was clear to you that she obviously responded?
- P1 Oh absolutely oh she did respond, she knew what I was saying and it absolutely amazed all the staff that I got that reaction from her, because nothing else seemed to touch her, but I said I'm telling her because she's not going to go out of here without knowing what's happening to her. And they were amazed as I was, to find that tears poured out of her. But in a way I was glad that I got through to her, because at least she knew that where she was going, for that short space of time.
- HM And why?
- P1 Yes.

HM Presumably as well?

P1 Yes.

HM Rather than wondering whether it was something she had done or something?

P1 It is so awful, we treat people with Alzheimer's, as though they have never got any here and now, but they do have, from time to time, they come round to understand, you have to get through to them.

HM So you would describe that as a form of abuse then, that they had to be?

P1 Well I do, I think that was abuse to take her out of her home like that and upset her when she was, she was as happy as she could be anywhere with us. When she came in she was covered in bruises, now that may or may not have been that she fell, we had our suspicions and that was why she probably never spoke. Because the family didn't mind us having her because she couldn't speak.

HM Right. So you wondered about her circumstances before she came to you?

P1 Yes, yes.

P2 I suppose it can be extremely trying to have somebody like that in a home, you know, a private home.

P1 Yes, I understand.

P2 And not lose your.

P1 I do understand that but, it is still, very chilling to think that it can happen, because you never know what's going to happen to yourself?

P2 No.

P3 No.

HM Is that the sort of thing that you meant?

P3 I wasn't actually thinking of that, I was thinking of discrimination against, but whether that is something that you, is part of it. I remember it used to, and it was quite a while ago now, but my aunt had trouble with her hips and she had to go into hospital for an operation and she'd been in before and, in and out within you know a month, or six weeks or so, but she went into hospital one time for an operation on her hip and the nurses picked her up and she was, she was fairly heavy and they dropped her into the, on the bed, but made her hip worse, and so she had to be in plaster from here to her knees and so she was in hospital for about 6 months or so. Not for anything that she had done, it was nothing to do with, and it wasn't a long term thing, because once she was cured she would be out. But after 6 weeks her pension was stopped. Now if I had been in hospital, I wouldn't have had to pay for that, but she still had her home to run, she still had her friend living in there who had to be looked after, she still had all her bills to pay, but they took her pension book away from her and just allowed her a little something and I thought that was abuse. I mean if you're going into a home and you're staying there for long term, I can understand that, but for an operation which went wrong through no fault of hers at all. I really think that should, that was an abuse. I wish, I've said many, many times, I thought I wish I'd done something about that, but I didn't.

P2 I think you did say though P3, 6 weeks in hospital has your pension, but this was a special case wasn't it.

- P3 This was, physically, there was no way she could go home, mentally, she was perfectly alright.
- HM And she was still, because she had a home and things, she was still accruing all of her bills and things.
- P3 All her bills were there, everything had to be done. I mean the one person who was left in the house, really had to pay it all from her pension, where as before, it had come from the two. But I mean they had no come back.
- HM So that's an example of, I mean that's kind of official legislation isn't it that says, that after?
- P3 That's official abuse.
- HM So you would still class it as abuse, although it comes from?
- P3 From high up, I think it was abuse, abuse of the system. I mean nobody, nobody looks at the system and said yes that's the rule, but there are circumstances when that can't, shouldn't be done. But ah, I could see that it would be difficult, but in a circumstance like that, when it was clearly not her fault that she was in hospital.
- HM Yes. So there's lots of different examples there in fact that you've come up with, you've come up with very specific examples of people, being physically assaulted but also down to things where governments have a say in how older people are treated.
- P3 And families persuading.
- HM And families persuading yes.
- P3 Persuading people to do things, telling them it will be for their benefit and it turns out not to be.
- P1 It fills me with horror when I hear that people who've lived all their lives in a certain village, are persuaded by their families, that it would be better to go up to the north of Scotland and stay with Sam George?? or whatever it is, where they know nobody. Because I always say to them, don't do it, stay where your friends are. Your friends are much more important than your relatives. In that situation, because friends go and see you, relatives don't come and see you if they're too close do they?
- P3 No.
- P1 They've got to be away to come and see you. If they're literally 2 or 3 doors they're always too busy. Oh she'll be alright, she'd let me know. That's what they're saying in it?
- * Yes.
- P1 That's how it works out.
- P2 I, it sounds ridiculous to say this, but where I live now, I have never really settled down, everybody is here, you know, I feel I want to come back, and one day a doctor came to see me, he was a locum and we were talking, he said I get the impression you're a very um reserved patient, you know, private patient, I said, oh I don't know, I'm not unsociable. He said no, but I get that impression, he said do you know many people along the road, and I said no, I've only lived here 30 years, I haven't had time to get used to. So it may be me, you see, I'm not a mixer but I don't have to go along there so I just see them when ..., and

- strangely enough I really don't know many people over here, not to be friends with. It may be me, perhaps I am a private person.
- P3 I think that probably could be right, because my step mother is a very private person, and doesn't know very many people and when she was um, she she was down in Plymouth and she had living with my father, she was 60, he was 70 and her mother was 80. And she was looking after the other, the two of them, my father ended up with, not exactly Alzheimer's, but he's, he had hardening of the arteries of the brain, so that was what he had. But she was looking after the two of them. Now for some reason, they both had different doctors, now when, both from the same practice, but two different doctors came. When they came to see her mother they came into the house, and into her bedroom, and the mother stayed in there when the doctor was coming to see dad, she wouldn't come out and so. And do you know, it was only a matter of weeks before her mother died, that anybody in that practice realised, picked up, the fact that there were two people there and this, by that time, she was 70 odd, was looking after an 80 year and a 90 year old. And that practice didn't pick that up.
- P2 Strange.
- P3 Now, I think that is, but 90% of that was her fault, because she didn't tell them, she didn't, it wouldn't occur to her, talking to them about dad was talking to them about dad, talking about her mother, was talking about her mother, it didn't occur to her to say, but I really could do with some help because I've got 2 of them to look after.
- HM But neither did they enquire with her?
- P3 They didn't pick it up, it was all the same address, they should have, somebody should have picked up that there were 3 people living in that house. But that was partly her fault, so you can't call that an abuse of the system because, the system, well perhaps they should have picked it up.
- P2 Well P3, some people know how to play the systems and others don't, and I mean some people get everything they can possibly get out of the system don't they, whether they're entitled to it or not really. A friend of mine came over and she does voluntary work and she took somebody from ***** to Cheltenham Hospital, and the family of that women claimed the petrol allowance and she was doing it as an honorary, you know social thing, my friend, but she couldn't believe it, the family couldn't take her over there, they were going to a theatre in in Swindon or something for the afternoon, so she took her to Cheltenham. When she got back the family was there and they gave the petrol allowance can you believe it.
- P3 But that depends, it could be that their circumstances they couldn't. But they shouldn't have done it for that one day.
- P2 No, but she said, that they know the answers to everything and they claim everything they possibly can and they get it, they're not sort of questioned about it at all and she does this voluntary work, she sees what's going on. So the system can be played by by the people who know how to play it.
- HM Well um, I said earlier, that there were some situations that I wanted us to go through, so perhaps this is a moment just to do that, shall I pass that around? I'll talk us through it, um, so if we start with June and Phyllis at the top of the page. So June and Phyllis are sisters and Phyllis has become increasingly reliant upon June for help as her physical health has deteriorated with arthritis. June

now does all of her shopping, pays her bills, and collects her pension. Phyllis is left with no money in her purse and knows that June is keeping what is left over. June knows Phyllis does not want for anything and believes she does enough for her to justify a small financial reward. The next situation is Mrs O, um, and she had some antique pieces of furniture which dealers removed for repair and cleaning 4 months ago, they charged for this service, but left no receipt or contact number. Mrs O lives alone and is physically fit, although has increasing problems with her memory. Raymond is Lily's sole carer, she has suffered from Alzheimer's disease for 5 years and now barely recognises her children when they visit. She often thinks Raymond is her own father and Raymond touches Lily sexually when he bathes her. The next situation is Ted who is housebound, and lives alone on an estate in a ground floor flat. The surrounding gardens are open plan and local children play ball games against his walls and windows and swear at him when he tells them to go. Ted is bothered by the noise and the lack of privacy he has. Blanche has provided physical care for her husband Roy since a stroke left him dependent 5 years ago. Roy needs assistance with washing, dressing, going to the toilet, feeding himself and to smoke his cigarettes. At times Blanche feels extremely frustrated and angry towards him. She has slapped his face at times, left him on the toilet unaided for an hour and left him with an unlit cigarette in his mouth all morning. Doris has a package of care which provides personal and domestic care in her own home. Her home worker, her home care worker is a man and Doris is very embarrassed and uncomfortable about some of the intimate care he has to do for her. She has been told that he is the only home care worker available to see her. And Dr Allen knows that the side effects of the sleeping medication she prescribes Jillian are making her confused and drowsy in the day. However, Jillian who lives alone, rings the surgery at all hours of the night, complaining of being unable to sleep. Herbert wants to move from his own home into residential care. He knows and likes the local care home in the village he has lived in all of his life, this home is too expensive by about £30 a week and his son who is financially able, will not contribute a top up payment to meet the cost. He has to accept a move to a cheaper care home 10 miles away for which the whole cost can be met. So that's a very quick um, quick whiz through those situations and um, possibly some have merged into the other, but don't worry too much, what I wanted to, um, first of all, just ask you your initial responses to those, if anybody had any particular thoughts on them as I was reading them through? If any jumped out at, any particular one jumped out at anybody as?

P1 Well I think Mrs O has seen the last of her antique furniture.

HM Yes, it doesn't look like that's coming back does it?

P1 No, that's been stolen hasn't it really?

* Mm.

HM Yes.

P1 I think she's had that. And it won't help her problems with um, will it?

HM Sorry?

P1 She won't help her problems having lost her furniture?

HM No, right.

- P1 Because my mum, she was about 90 when she let somebody into the house to use the phone and they took the last, a clock off the mantelpiece which my father had given her just before he died. And I don't think to the day she died, she ever got over that.
- P2 No, I don't suppose she did.
- HM Mm, mm.
- P1 I mean people con you don't they.
- P2 Well this was obviously a con because after all those years she really didn't want the furniture cleaned did she.
- HM Now, you've referred to stealing and to conning, would you, is that how you describe it as stealing as a crime, rather than abuse?
- P1 Oh yes.
- P2 They come in with the intention of taking something.
- P1 Well they abuse you by stealing it from you don't they, because they take advantage of you, because she obviously has problems with her memory then, she doesn't know, she might think sort of she knows that chappie and in the end she doesn't does she, and it had been gone 4 months, extremely unlikely she'll ever see it again, that is abuse I think.
- HM And she's no means of finding out anyway because they didn't leave anything with her, so if they were well intentioned they would have left?
- P1 They'd have given her a receipt for it wouldn't they.
- P2 Well, so she paid for the furniture to be cleaned and then they made off with the furniture as well, so she's lost two lots really.
- P3 I was looking at June and Phyllis and I think that's a matter of communication, that Phyllis should say, you know, I know you look after me and, but if I, if I could have some money and then just keep it topped up to how much, I think that's um. I'm not sure that that's actually an abuse of her, I think it is just, um, thoughtlessness, the fact that she hasn't got money in her purse. Just occasionally she might want to say to somebody, will you go and buy something for June, but she can't because she's got no money in her purse, so, I think that's a, well I suppose it is an abuse, but not an intentional one, she probably thinks that she's, she's doing.
- P2 I don't know, I feel that June was, you know, could have looked after her without expecting any recompense for her couldn't she?
- P3 Yes, but she probably thinks that, as Phyllis can't get out, probably can't get out without her going, why does she need money?
- P2 But if you've got an empty purse, you feel very sort of dependent on everybody else don't you?
- P3 Yes, but.
- HM Is that what you're saying, you think she is being thoughtless?
- P3 Yes, rather than actual abuse, she is being thoughtless, she is not really abusing.
- P2 I suppose abusing something.
- HM You're not quite so sure, P2, you're thinking that it is perhaps not?
- P2 Well, I would feel pretty horrible if I did that sort of thing to a friend wouldn't you?

- P3 Well I wouldn't do it, but.
P2 I know you wouldn't.
P3 But I could see, I can see the reasoning behind it, she's got, she's in charge of the money, she might as well have all the money because Phyllis obviously.
P2 I think possibly if she left some money for Phyllis, Phyllis will say well look here, you've done this for me, let me give you, let me reward you by giving her some money, but she just takes the money and leaves Phyllis with no money.
P3 Yes, yes, it could be.
P2 So she can't do anything about it, can she.
- HM What about if we um, what about if June and Phyllis weren't sisters and she was a neighbour say, who went in and?
P2 oh
P3 Ah, now that would be abuse.
- HM Right, so that's?
P3 But as they're sisters, yes, yes.
P1 That's a different kettle of fish isn't it?
P3 Yes.
- HM Right, or if it was say a home worker, a care worker who was going in and home help or something?
P3 And that does happen, that does happen, no that happens. I know that happens.
- HM So is it just the fact that they're sisters that makes you feel less sort of um, concerned that it is abusive?
P3 Yes, yes. I think it is more thoughtlessness than abusive, because she's obviously looking after her well, does all her shopping and everything for her.
- HM It sounds like, yes, she sounds like she does everything doesn't it?
P3 Yes, yes.
- HM Can I ask you out of all of it, we've just spoken quickly about Mrs O and June and Phyllis. I just wondered which one, which particular situation caused you the most concern, that you'd be the most worried about?
P3 I was worried about Ted, I wondered why he couldn't he's housebound, so wondered why he couldn't say to the council or somebody, look, the particular ground floor flat I'm in is not good, can you move me.
- HM Yes. That would be a way out of his situation?
P3 Yes, it's obviously not the fact that he's living alone or anything, it is just where he is because the, the children can play there and of course, once you complain, they just do it all the more don't they.
P1 I'm a bit concerned about Jillian and the side effects of her sleeping medication. It sounds as though she's sleeping all day and she's turned day into night and night into day and I think that could be remedied by taking her into hospital and re-aligning the day and the night for her.
- HM Right.

P1 And I mean it could be done within a comparatively short time. But then if she could be, because that would stop her ringing the surgery up all night complaining she can't sleep. Either that or give her the number of um, um, what do they call them, the number in ***** for people that you can ring day and night, what do you call it?

P3 Emergency?

P1 Samaritans.

HM Samaritans, right.

P1 So that she could talk to them, but I think she's turned night into day and that's why she's, as she is. She obviously isn't taking that medication at the right time.

P3 No, because if she's not sleeping, she's not having her sleeping bit at night.

P2 She's either on the wrong.

HM But the doctor knows this, the doctor knows that this medication is making her confused and drowsy in the day?

P1 Well then he should take her off it and try her on something else.

P3 But she's obviously not sleeping at night because she's awake to phone the surgery.

P3 So I mean that's his.

P2 I should think perhaps if the Dr Allen withdrew the sleeping medication.

P1 It is too quick for the doctors to write out these prescriptions and give them to you, aren't they?, a lot of cases, they can't wait to get you out the surgery, they don't really listen to what the problem is. Meanwhile, they're giving her the drink and the sleeping medication at all, if they'd really taken to going to looking at the reason why she actually needs it, perhaps then she wouldn't have these side effects and she'd more alert during the day.

HM If he hasn't taken care and he, and he is um, prescribing these, this medication without a lot of thought, what you call that, would you call this situation abuse, or is this something else?

P1 Yes, yes, because I think they do, some doctors, I'm not saying all of them, but some doctors have no time for the elderly at all and you get that impression.

P3 Yes, yes.

P1 You get that impression

P2 I can't quite think of the word I want, but all they say is, you are so and so, what can you expect.

P1 Yes, and you're old, you're getting older.

P2 And you are 60 what can you expect. Well I mean it is ridiculous isn't?

P1 Yes.

HM So it is almost like it is a natural course of events because you're?

P1 Yes, because you're older.

P2 It is what I call the doctors escape route. He doesn't know what to do for you, so he just blames it on our age LAUGHTER

P1 Then fill you up with pills so you don't know which day of the week it is.

P4 You could always change your doctor.

HM Right.

- P4 Well a doctor said to me, well you're getting old and you've got heart trouble what can you expect. So I didn't see him again, he's a very good doctor, but I saw another one.
- P2 It is not the right thing for a doctor to say is it.
- P1 Yes, but that was an abuse really wasn't it?
- P4 I mean he's an extremely good doctor, but I didn't ever go to him again.
- HM That's how you dealt with it straightaway?
- P4 Yes.
- HM Just like that.
- P1 But not everybody can do that or wants to do that or is able to do that and that's when the abuse comes in.
- P3 No, because I took my step mother to see the doctor, because our doctor died and I thought right, I'll try this one and he just really, he didn't take her blood pressure, he didn't really talk to her, find out what she was like or anything and so I said right we're not going to see him again. Now if Edna had rung and he'd come to see her, she wouldn't have changed her doctor. She only said alright, we'll see somebody else because I said, hey, come on he's not very good, but Edna on her own, wouldn't have done that, she would have thought, well, that's the doctor and I must go to her, so, yes I think it is a form of abuse. I think the doctors should say, look you're keen on the elderly will you have them and.
- HM Right, so if somebody likes working with older people, then perhaps they could specialise or something in the surgery?
- P3 Mm.
- HM Did, P4, did you think that it was, at the time did you think that's abuse or did you think?
- P4 I just didn't, I didn't like the attitude, I've forgotten, I think I was feeling worse, I hadn't long had angina and I was feeling worse and he said well you are getting old and you've got angina so what can you expect.
- HM Did you feel that he was being lazy or he just wasn't bothered or?
- P4 No, he, I didn't think he was being lazy, I just thought he,
- P2 Wasn't interested?
- P4 Hasn't got a very good bedside manner. LAUGHTER
- P2 Of course, they're all a bit different some doctors aren't they?
- HM So it was attitude really?
- P4 Well the one I changed to and the one I've got now are both perfect.
- P2 But you could imagine a doctor getting a bit irritated if he was being rung up at all hours of the night.
- P3 He could do something about it, to make sure that she wasn't in that position.
- HM So the responsibility is with the doctor to do something about this?
- P3 Yes.
- P4 Oh yes.
- P3 Yes, yes.

- HM Is that, I can't remember who, P1, did you bring, you brought Dr Allen up didn't you?
- P1 Yes.
- HM Um, is that the one that concerns you the most out of these?
- P1 Yes, because I can see that happening to me.
- HM Right.
- P1 You know, I can see that happening to me. LAUGHTER I'll tell you the one above I don't like the idea of, and that's having a man to sort of.
- HM Right, Doris.
- P3 No, I think you ought to be able to say sorry but I don't want a man.
- HM Well it sounds like she has doesn't it, it sounds like from this that she has been told that he is the only worker, so it sounds like she might have either complained or just mentioned something and she's been told, um, that's he's it?
- P1 If she's that, I mean, if she's that upset about it, because she must have mentioned it as you say.
- P3 Yes, she must have done.
- P1 It is an abuse to make her have a man to come round doing things for her. I know it is all very well saying most of the men at the doctors are men and all this sort of lark, and you get male nurses in hospital.
- P2 It's slightly different in her own home isn't it, when you're isolated, with a strange man. Because I had male doctors in hospital and I didn't really, nurses, you know, I didn't really mind, but they had to do intimate things you know, but you just sort of.
- HM Is it, but it is about where you are is it for you, that makes a difference if you're in your own home that's?
- P2 Yes, I think it would be different, quite different because their behaviour might be quite unacceptable mightn't it in your own home. Because they're away from everybody. Some people don't even like male nurses in hospital.
- HM What about if um, this was a male nurse coming into your home, would that still, you'd still?
- P2 I don't think I would appreciate it very much.
- HM No, so it is not, it is not the fact that, because, it sounds like that he's a home care worker, so I don't think he's a qualified member of staff?
- P1 Yes, but a home care worker.
- HM Is it about the professional qualification or it is just being?
- P1 Home care workers pot you and all this sort of thing, they have to come in at certain times of the day and I wouldn't like that a bit.
- P3 Not a man, no. And I don't think a lot of old people would like it. I can remember when my father in law was ill, I wasn't able to do very much for him at all. We would go over there and sleep, he had part of my sister's house, sister-in-law's house, but when I was there, he wouldn't accept me, Bob could go and help, his daughter could go and help him, but I wasn't allowed in, during

- the the night, I wasn't allowed to help him to the toilet or anything, where's Bob.
- P2 It's that kind of age you see, they're reticent about it?
- P3 Yes, yes. He didn't want.
- HM Was that because you were a family member P3 do you think, or was it because you were a woman?
- P3 I don't know.
- HM I think if it was a female nurse?
- P3 I don't know why it was, but he wouldn't accept me.
- P2 It is reticent you know, I don't think.
- P3 Yes, yes, probably reticent, yes.
- P1 Well, when my father was dying of cancer, I helped, I stayed at home for 3 months with my mum and helped nurse him, now my father would let me do anything for him, but my sister he wouldn't let her do anything. I think sometimes you would take to people, or you don't take to people and if you don't take to someone, you won't want them doing the most personal things for you.
- P2 No.
- P3 But I mean I had a good relationship with father, but no, he didn't like me doing intimate things, just the same as sister, one daughter wasn't right. I mean he treated me like a daughter, they both did.
- P2 But with certain things he didn't want you to.
- P3 there were a lot of things which Linda will do it, no leave it till Linda comes.
- P2 I can understand that.
- P3 So I can understand people saying you know, I don't want this, I'm uncomfortable with it.
- HM And you think that's either way then, if um, Doris was um, Desmond say, and he had a woman, do you think that that would be possibly the same?
- P3 Yes, yes It would probably.
- P2 Mind some um women can be pretty casual and unkind can't they?
- P3 Yes, but that's just, you know, but I mean I would think that yes, he would probably be happier with a man unless you can, you get a good rapport for the person that's coming in.
- P1 Because I don't, you see, you haven't had a lot of choice have you, when they send home care workers in, they don't sort of say, well try this one this week and that one next week and see who gels best. Because we all like some people better than others. But no account is ever taken of that is it, when you do this.
- HM And the other thing is, that this is quite an unusual situation in that there is only a man to look after, whereas if it was, if it was a man, um, who didn't want a female carer, the chances are that, that this is all that he could have because most carers are women?
- P3 Most of them are women.
- P1 Yes, yes.
- P3 So, he would probably be in a worse situation than a woman who could say, well when there is one available, please can you change me?

- HM Yes, yes.
- P3 But the chances of having a man to look after a man, might be, that much more remote. But I don't know, how, usual it is to have men home care workers now, I don't know, whether that would be a thing?
- HM And P4 you agreed as well, you thought that this was not?
- P4 I felt very sorry for Doris yes.
- HM And would you call this situation abusive or would you call this just inappropriate care or something?
- P2 I wonder how much these men are vetted before they're allowed to take on these jobs you know, because, they go to women's homes, who are alone, it is rather an unfortunate situation. They might be perfectly alright, but on the other hand, you might get strange men applying for these kind of jobs mightn't you.
- HM And do you think again, that's different to when you're in hospital being looked after by male staff?
- P2 I think so, because there are more people around then and you're, and they're not in your home are they, and you don't know quite what they might be doing in your home.
- HM So they're possibly able to take greater advantage if?
- P2 Well I would have thought there's every possibility that they could. Some men, and I say you don't know how closely they vet these men before they're allowed to take on these jobs.
- P3 I was looking at the Herbert one?
- HM Right, yes. He's got to go into residential care?
- P3 No, he hasn't got to, he wants to move.
- HM Yes, yes, yes, that's right.
- P3 It doesn't say he's got to go, it says he wants to move, now if he's, if at this time, of my time of life, if my husband had died and I said, I think I'm going to go into a residential home, god, I think my family would say, hang on a minute, we're not paying £30 a week for years and years and years, just because you want to do something. If it was having to, I can see the family would say, yes, okay.
- HM Right.
- P3 Well they probably wouldn't want me to go anyway. But um, I can see that, but because someone wants to go in, you don't know why he wants to go.
- P1 I wonder if they, why, if he can approach a charity or even um, if he owns that house, and the money is invested, could it not make the £30 a week that he is short. If the home will be willing to wait [END OF SIDE ONE]
- P1 and some, and some um, charities will have the money, and I don't know that they pay £30 but they might pay something, they might pay £15 or they might pay £5, there's lots and lots of charities around, that are underused and could be, in to supplement that and then perhaps if the son was only asked for £10 a week he might consider that he could manage that. I think that's open to negotiation.

- HM Yes. And P3 it sounds like you're saying that um, that just because this particular older person wants to do something, it is not, the family shouldn't be beholden to that and?
- P3 No, I think he should look at it in, from his son's point of view as well. I mean he wants to move it says.
- P2 It doesn't say here whether he owns his own home does it, I presume he doesn't, otherwise.
- P3 Well it says his own home.
- P4 It is his own home.
- P2 He'd be able to convert that into cash, unless he's made it over to the family which seems to be the thing to do now.
- HM What if he didn't want to, what if he had to go into residential care, would that make a difference?
- P3 Then I think, that would make a difference, then I think his son would then say, yes, I think it is probably, it could be, I don't think it is probably, but it could be, he might just have thought, oh I'm fed of looking after myself and things, I think I'll go somewhere where somebody can look after me. Now, if that is the question, I can see that his son might not be terribly happy about it, if he had to move for health reasons. I can, I would imagine that the son would say look.
- HM And what if the son didn't, what if Herbert did have to go into residential care for his own health reasons and the son didn't want to pay this £30 top up?
- P3 I think he should go, sell the house and say right, the money doesn't go to my son whether I'm, everything I've got left doesn't go to him, that's hard cheese you know, yes.
- P1 I think it is a mistake to go 10 miles away.
- HM This is what you were suggesting earlier P1 wasn't it?
- P1 I'm absolutely against that, moving out of the area in which you're known.
- HM But it sounds like Herbert is feeling like he has to because, if he can't afford to go into the one?
- P1 Yes, well he realises that his friends are getting older and they can't come 10 miles to see him and it makes such a difference if it was in the same village, they could pop in and see him.
- P3 Yes.
- P2 Yes.
- P2 But they probably wouldn't pop in.
- P3 You really want to know a bit more about why he wants to move.
- HM Yes, yes.
- P3 Before you can, before I can sort of.
- P2 Perhaps he doesn't like being alone in his own home, maybe that's the reason he wants to move.
- HM Mm. So it is not clear cut for you anyway, this is quite a difficult one that might be down to negotiation P1?
- P3 That is not clear cut no.
- P1 Yes, yes.

- HM Can I just draw your attention to Blanche and Roy. Um, at the top of the page that Herbert is on, the one where Roy has had a stroke and he's dependent on Blanche who, it sounds almost, do everything for him and she gets very frustrated and angry towards him and she has slapped him and she's done some other things like leave him on the toilet unaided, um. I just wondered what your response is to that, to this one?
- P1 I think probably I feel the same way that Blanche feels. But on the other hand you see, what help is she having, it doesn't say anything about here. If she's getting any help from anywhere and this is what gets my goat. The Social Services in *****, you couldn't have a worse county for help for the elderly, is practically non-existent. If you go into hospital and you've got a home help, you haven't got one when you come out, they take it away, never are available again, it all makes me really mad and I expect, if she had help, if the district nurse came in to bath him that would be a help. And if she could have some, somebody come in for a day to stay with him, so that she could go out, or even take him to a day centre for a day.
- P3 Yes.
- P1 Because you must have time to be yourself, I don't blame her for feeling frustrated.
- P2 Nor do I, I think she is justified. It must be a terrible life for her.
- P1 And I mean, I expect she slaps him and immediately is very upset. That makes the situation 10 times worse.
- HM So your concerns are for Blanche?
- P1 Yes, yes.
- P2 Yes.
- P3 Yes, yes.
- HM Would you describe her as abusing him?
- P2 I feel I should do the same myself quite frankly, if I had somebody so dependent on me and he was probably a nasty old man anyhow, you know, irritable, there's a limit to what you can do.
- P1 Well people who've had strokes are often quite difficult, very difficult to deal with.
- P2 And there's a limit to what the carer can take really isn't there.
- P1 They usually treat the one who loves the most like their wives in an appalling manner when they had stroke and they're much better with strangers.
- P3 Yes.
- HM Would you call it abuse then? I'm going to try and pin you down on this one.
- P3 Well I suppose, yes, basically she is abusing him, but you can see why.
- HM But it sounds like you're a bit uncomfortable about actually?
- P2 I think I would probably have done much worse LAUGHTER.
- P1 I'm not going to have you looking after me.
- P1 I admit it is abuse, but I think it.
- P3 It is abuse.
- P4 It is abuse.

- HM You think it is abuse?
P1 I think it is abuse.
- HM You sound quite clear about that P4?
P4 Yes.
- HM Yes, yes.
P4 I'm sorry for her, but it is abuse.
- HM Yes, yes.
P3 She is abusing him, but.
P1 If she's not getting any help, you can understand it.
P2 I don't think it is any difference.
- HM You're sticking to your guns, P2, you don't think she is?
P2 Well if you're looking after somebody like that for 5 years, there's a limit to what you can take, there really is. And I think I should just slap more than his face sometimes, I really do think so. And I am a very tolerant person, but there's a limit to what you can take. You just can't see anything
- HM So you're not comfortable about calling, her abusing him because it just doesn't reflect?
P2 No, I don't think she abusing him, I think he deserved itbecause he had a stroke, but on the other hand, they can be extremely trying.
- HM Can I give you a little bit more information about this particular situation then, just to, it might your opinion, it may not. Um, you've, you two are actually quite right, that there was more to this relationship than meets the eye, in that Roy when he was, before he had his stroke and throughout their married years was a violent man and um, was quite aggressive and violent to Blanche throughout their marriage. Um, and I just wondered if that changes your opinion or your view of this situation or whether it is just the same, it could just be the same?
P2 Well, we don't know whether he was a violent man before he had his stroke, but after a stroke you're so dependent on people, you can be awkward. I mean you can't help being like it I know, but on the other hand, there's a limit to what the carer can take.
P1 I can see that Blanche might feel that she's justified in slapping him for the slaps she's had, but you know, but um.
P3 Two wrongs don't make a right.
P1 They don't no. And it won't make her feel any better, because she knows how she felt when he slapped her, and so she knows that it, she's not doing any good to herself or him, she knows that.
P3 I can't, I can see that, I don't think leaving him with an unlit cigarette in his mouth all morning is abuse, I reckon that's [LAUGHTER] shouldn't like it anyway. LAUGHTER
P4 But leaving him on the toilet for an hour.
P3 Yes, yes. That is, but not the unlit cigarette, I reckon she ought to be saying to him, time you stopped smoking anyway.

- P1 Well probably if she left him on the toilet for an hour, at least she could do something for herself in that time.
- P3 Yes, she would know where he was, wouldn't she?
- P2 Yes.
- HM So that's, so the additional information that I gave you doesn't really make a lot of difference really, you're opinions are still the same towards that one?
- P1 Yes, yes.
- P3 I think if she's looked after him for 5 years and that is the only um, abuse she's doing with him, at times.
- P2 She deserves a medal.
- P3 That she has not, she's done well.
- P1 She's not taken advantage of the situation.
- P3 No, she's not taken advantage of him, she could have been.
- P4 Justifiable abuse. LAUGHTER
- P3 Understandable. But you see she's only slapped his face at times, she's not continually abusive to him.
- HM Right, do you think in these sorts of circumstances then, there's almost, a reasonable level of sort of, I don't know what you'd call it really. Um?
- P1 An allowable thingy, do you think it is allowable?
- HM I mean I don't know, it sounds like?
- P1 Allowable to slap him occasionally.
- P3 No, because it is still abuse, no matter, yes, it is still abuse, but you can understand why she does it.
- HM Yes, yes.
- P1 If she had some help and she sent him off the day centre a couple of days or.
- P3 She wouldn't be like that.
- P1 She wouldn't be like that, because she'd have time to be herself wouldn't she.
- P2 But, you see, we can't really appreciate what it is like to be tied to somebody like that. Not being able to get away from it all.
- P1 I mean my husband and I, he has now taken to going out one day a week, because he's driving me mad, I mean he is perfectly alright, I haven't got these problems, but he doesn't hit me and I don't hit him. But I'm so glad when he goes out for the day, I say to P4 don't I, I'm so pleased to be on my own just for a few hours.
- HM Have some space?
- P1 Yes.
- HM Literally just to have some space?
- P1 Yes, yes, and I can understand it is much worse with something like this going on, you look after them all the time, you know, 24 hours a day.
- P3 Yes, I know someone who's husband is retired and is at home a lot of the time and I think oh thank goodness mine plays golf. You know.
- P2 Get under your feet a bit don't they?

- P3 Yes, yes, he's, I know that I've got one morning a week when he isn't there, I mean there's no reason that, you know, we're not unhappy or anything like that, but I do appreciate that when he away and.
- HM Do you think, do you think the men feel the same?
P1 Oh yes.
P3 Oh yes. I'm sure.
- HM So they want their space as well and it is not that you know?
P3 Yes, oh yes.
P1 Yes. And they also want male company you see.
P2 Is this just hypothetical, because I mean how do they know that Blanche feels extremely frustrated and angry and leaves him on the toilet and does that sort of thing, if she's just alone there with him in the house.
P1 She's probably told somebody that's um, she might tell the neighbour, or the neighbour may have seen her.
- HM No, the, all these situations are um, real cases if you like, I don't know the outcomes to all of them. But I suspect what has happened about this, is that it has come to light at a later date, that yes?
P2 This is a situation that could arise.
P1 He may have got an extra hard slap one day and still had the bruise when the doctor came.
- HM Is it the slapping that makes the difference on this, what if she didn't actually physically slap, but she still did the things like left him on the toilet?
P1 Well, nobody would know about that would they?
P3 No, and that's still abuse.
- HM Right, so it doesn't come down to whether she's?
P3 Marking or not, no, no.
P2 Because if you've had a stroke it wouldn't be very comfortable, would it
P4 It would be worse I should think to be left on the toilet for an hour than it would to be slapped?
- HM Do you think so?
P4 Yes.
P3 Yes, because a slap is over and done with, whereas you're left there thinking.
P4 I mean it is like with a child, you've got to slap them sometimes, it is the only thing.
- HM Right, so do you imagine that he might have done something to?
P4 Well, I don't think she'd slap him just for the fun of slapping him.
- HM Right.
P2 Well my sympathy goes out to Blanche there.
P1 Probably after he's sat on the toilet for an hour, he gets up and wets himself. And I mean it is quite likely, that she would slap him then wouldn't she?
P4 I wouldn't think of that, LAUGHTER never had any experience.

- HM Okay can I, I just want to um, ask you about another one, Raymond and Lily which is on the other side of the page where um, if you remember Lily, Lily's has got Alzheimer's disease um, and she now barely recognises her children and she thinks Raymond who is her carer, is her own father and he touches her sexually when he baths her. Now I just wondered what your initial thoughts were on that?
- P3 Is he her husband, or is he her brother, or what is he?
- P2 Who is Raymond?
- P3 Yes, what's the relationship.
- HM That's very observant of you and a very important question.
- P2 Is Raymond her carer?
- HM Um, because it doesn't say and so um?
- P1 Is it because her father, had she had a relationship with her father sexually then? If she thinks Raymond is her father and he touches her up sexually, does she think that she's gone back to being a child again.
- P2 Or do you think her father did it?
- HM Do you think that's a possibility?
- P1 Well I think it is a possibility.
- P3 Do you? LAUGHTER
- P1 Because if she thinks Raymond is her father and he touches her like that and she's been touched up as a child, she wouldn't think anything different.
- HM You think it is bringing memories back or something?
- P1 Well, yes from her Alzheimer's, revert back don't they?
- P3 It doesn't say how old she is, because I know somebody who had Alzheimer's when she was very young, when the children were still teenagers, when she had it, so it doesn't say how old Raymond or Lily is.
- P2 Raymond presumably is just a male carer?
- HM Right, well, well that's um, that, I was going to ask you actually, whether it would make a difference in fact, whether Raymond was?
- P2 Relative or a male carer?
- HM Yes, relative or um, somebody who was coming from one of the services to look after her?
- P3 Oh yes, that would make a tremendous difference.
- HM Right, yes.
- P3 Only if he was her husband would it be permissible.
- HM So, if Raymond was her husband, you wouldn't be concerned about it, or you would be less concerned?
- P3 Not too much.
- HM Not too much, you'd be less concerned? If he was say?
- P1 If he was a son I would be disgusted.
- P3 Oh yes, yes.

- P4 Anyone other than her husband or these days, it is partners.
P3 Yes.
- HM Husband or partner?
P3 Mm.
- HM Would be acceptable or understandable?
P3 Unless, Lily is objecting to it, if Lily is objecting then it is not acceptable.
P4 No, that's true.
- HM Right, but anybody other than her husband it is absolutely out?
P3 Yes, out
- HM So that, whether it is her son, or her care worker right?
* Yes.
- HM And if it is her husband then, it is okay?
P1 Well it is.
P3 Unless she objects.
P1 Unless she, I mean is she in a position to say no, if she's not in a position to say no, I wouldn't even agree to her husband
P3 No.
- HM Well it is difficult to say without?
P3 You don't know whether they're complaining or not.
- HM Even if she's not. You gave our example, even if you don't speak you still feel something about it?
P1 Of course you do, yes, she could feel rage inside about it couldn't she.
- HM So if you don't know?
P1 You should respect her and she should be respected and left to be herself.
P3 Mm.
- HM Right. So even if it is her husband it is perhaps not?
P3 Not always.
- HM Not entirely?
P3 Not entirely, no. But again we would want to know the circumstances.
P1 Yes.
P2 You don't really know about these people, um, what they dislike and what they like.
P3 No.
P2 She may appreciate it, I don't know, you can't tell you what someone does to you sexually or physically.
- HM So, if he is her husband, it might be something that she still wants or she still enjoys or needs or?
P2 Yes
P3 Mm.

- P2 You can't really
 P3 You don't know, that's a very difficult one.
 P1 Unless you knew what their relationship was.
 P3 And what it had been.
 P1 Before she had the Alzheimer's. I mean whether she was a woman that was very sexual or whether she was a woman who wasn't very sexual, and whether her husband is making up for it now.
- P3 Yes.
 P1 You don't know do you?
 P3 No.
 P2 Everybody is a bit different in that respect.
 P3 Yes, yes.
- HM Would you, if she, it sounds like, if it is anybody other than her husband you'd call it abuse?
 P1 Yes.
- HM Am I right in saying that?
 P3 Yes, definitely.
- HM Because it is absolutely out of order anybody else. If it is her husband, then that might be more difficult to describe it as that?
 P1 Yes, yes.
 P3 Yes.
 P2 She might even approve, you don't know about these.
- HM So if she wants it, or needs it or whatever, than it is clearly not?
 P1 Yes.
 P3 Yes.
- HM It is just, it is still part of their?
 P3 Part of her.
- HM Yes, and their relationship?
 P1 Yes.
- HM If she's uncomfortable with it, or she doesn't like it, would you, and it was her husband, would you describe that as abuse?
 P3 I don't know.
 P1 Yes, yes.
 P2 If you could express a dislike,
 P1 If she didn't have a good relationship with him before all this and he is taking advantage of her now, that is abuse.
 P3 Yes, yes.
- HM Okay, right. We've spoken um, you've pointed out that there are a number of examples from this and your own examples that, um, have made a point of, the fact that as women or as men, we might object or find things difficult and I'm just wondering if um, you think, abuse in later life is experienced differently by

men and women, do you think that's the case or do you think it is the same whether you're a man or a woman?

P1 I think you're more frightened of it as you get older, you're frightened of what might be there might aren't you really.

HM Does that depend on whether you're a man or a woman and do you think men and women are frightened equally by?

P1 I think some men are very frightenedOVERTALKING

P3 Yes, I would think it was just, I think it, applies equally.

P1 Yes.

HM Right.

P3 I mean there might be some strong women and weak men and weak, strong men and weak women, but it would apply equally I would think.

P2 I think perhaps the area where you live is responsible for a lot of fear. I mean if you lived in some of those places you read about or what is seen on television in ***** and those places you could be terrified couldn't you. But if you live in a very peaceful area in the country, a lot of them are quite safe anyway aren't you.

HM And that's if, say you're a man living in those sorts of areas that you refer to in ***** , you could be equally frightened?

You could be equally frightened if you're a man or a woman if you've got.....

P1 Men would also feel that they shouldn't be like that, because they should show the masculinity and be able to cope with that situation, which could make it worse for them couldn't it, it could make it worse for them in some respects, because they're.

P3 Yes, I'm not sure that it is a valid point where you live might be worse. I mean I live at the top of the town and occasionally I have to, I choose to walk down into the town to get a taxi up to the church because we've only got one car and that was a a conscious choice to do that. But in the winter when it is dark and I'm going down, I don't go through the town and as this is supposed to be peaceful town. I go, I keep to the road where there are cars going up and down and it's lit, I don't go through the town. This week I went down through the town, but normally I wouldn't.

HM So, but when it is dark in the winter you take a different route?

P3 In the winter, I go on the out.

HM And that's even though you, you experience this town as a peaceful one and there's no?

P1 I don't experience that our town is a peaceful one, I think it is full of drug addicts.

P3 It is not as peace, yes, there's an awful lot of people around now that, 2 years ago.

P1 And at 9 o'clock at night if you've got a purse full of money, you can easily be parted from it.

P3 No, I don't, if it was that time of night I would get a taxi from home, it is only about 7 o'clock when I go down, but I wouldn't.

- P1 But I don't go to things in Stroud because um, I'm not happy, I wouldn't go to a thing on my own in Stroud, that's for sure.
- P2 A lot of them are imported aren't they, come into the towns, so I'm told. But I can understand poor old Ted if he lives in a ground floor flat and children are kicking a ball against his house all the time, it can drive you to distraction that sort of thing. You know, when they keep on. I've got a nice family living next door to me and a boy comes in to see me, the boy who lives there, playing football in the garden and it is bump, bump, bump all the time, it really can get you down if you're not careful and the ball is always coming over into my garden and it lands on the plants that I've taken great care to have. Um, so it can get, you know, it can really make you.
- HM So you can, you can particularly understand Ted's?
- P2 Oh I can sympathise with Ted, oh yes.
- P4 A friend only said yesterday, um, that parked cars outside her house, that she couldn't get out through her gate if she wanted to, now that's abuse really? It is thoughtlessness. In a way it is abuse.
- HM Mm, because it is not thought of the fact that she, they've parked right in front of her gate?
- P4 Yes.
- P2 I don't think you can do much about that P4 because I had a friend who lived in *****.
- P4 Yes, but if they park on the pavement, then you can, so that you can't even get outside your gate, you can't tell me that.
- P2 Oh no, I thought you meant couldn't get your car out.
- P4 Oh no, she couldn't, she hasn't got a car.
- P2 Oh no, that is abuse.
- HM Literally getting out of her garden gate?
- P4 Sometimes when they've got visitors, they park their car and if she wants to get out of her gate she couldn't.
- P2 Now that really is abuse.
- P3 But there's a lot of abuse of car parking. The number of people who park on the road, on the pavement and then if you've got a pushchair you've got to go round.
- P1 Yes.
- P4 I was just thinking it is similar to having a ball against your wall, it is as annoying?
- P2 Yes, keep on P4 all the time, really can, it really can wear you down.
- P4 We used to do it when we were young though.
- HM Right, you used to? LAUGHTER
- P4 A ball against the wall.
- HM Right, you're owning up. And what do you?
- P4 We just didn't think anything about it, I mean it was just what we did, it was just a different world wasn't it. Well you wouldn't know.

- HM But do you think that's what's going on about this, that the children don't realise that they're being a nuisance or?
- P1 Well I think.
- P4 When he probably opens the windows and swears.
- P1 There's so few places for them to go and play ball. I mean they're.
- P4 No, I don't think, I think they know, if they swear at them.
- P1 And they can't you see, the thing is with children today, they can't leave home now too far, I mean we used to take off the first thing in the morning and come back last thing at night and we'd be up on the common or in the woods or something, quite safe, but the children of today can't do that. It is not safe for them to go up in the woods.
- P3 This open plan is a mistake. I mean if it was your garden and it was fenced in, you could legitimately say and you could tell them off, but when it is, an open plan grass all the way round, it is very difficult, so the children.
- *
- P3 Yes, it is very difficult for the children if there's nowhere else to play.
- P1 And if that's the only place that they can be seen by their parents, you could understand.
- P3 Yes, yes.
- HM What if Ted um, I'm going to turn the circumstances of this round a bit. What if Ted was living with his um, his daughter and son-in-law for example and the children that were annoying him to this extent were his grandchildren, do you think that's equally?
- P1 I think that it is very unfortunate that he's living with them.
[LAUGHTER]
- P2 One of the reasons to get annoyed does he
- P1 He can't get out can he, he's housebound, he's absolutely. I mean if that's the case, he's being abused, because he's not um, he's not allowed to have any life of his own is he?
- P4 But it would still be abuse if it was his grandchildren wouldn't it?
- P1 Yes, it would.
- P3 Yes.
- P1 Because they should learn to respect him and give him some time and he should learn to respect and let them, do the ball and play with the ball some other times.
- P3 People are always very keen on their rights, but nobody ever says very much about their responsibility, so that the children should be told that you've got a right to play, but you haven't got a right to play when you're annoying other people. Your responsibility is to play somewhere else. But, there's very little emphasis put on these days about your own, your responsibilities. Responsible for your own actions.
- P2 I came down a little track along the road the other day and there's a great big sign up, no cycling and there's a boy who is coming up on his bicycle, so I said, can't you read and he said, yes, and I said, are you going to cycle, he said yes, I said oh well I expect I should have done when I was your age. He was very polite
- P3 Yes except some of them can be a bit stupid, you know, cycling on pavements on things when they're elderly people around, and perfectly old enough to go on the road. But except there are a lot of car drivers who abuse cyclists.

- P4 Oh adult cycle along the pavement in Bath Road, I think it terrible, that's one thing that really does annoy me.
- P2 What's that P4 that annoys you?
- P4 Cyclists on the pavement, even adults do it, it isn't just children.
- P2 Oh yes, that's very dangerous you can't even hear them coming, can you
- HM I was asking you about the differences between men and women, um, around um, whether they feel these things differently and you felt not. The other side of that is, whether you think that men and women, um, if they are going to abuse older people do that differently, or do you think that's?
- P2 Oh I think so yes.
- HM You do. How do you think it is different P2?
- P2 I mean how would you deal with somebody who is annoying you or?
- HM No, if um, we know that um, men and women abuse older people. I mean you've spoken about examples of that, I'm just wondering whether you think that they abuse them differently as men and women or whether the things that they do are the same?
- P2 I think the one who is being abused might deal with it differently. If you opened a window and swear at children and call them all sorts of things and tell them b-off and that sort of thing, you're not going to get any response from them. If you can, reason with them a bit, I found you know, when people are.
- HM Do you think that's different if you're a man or woman doing that?
- P2 Well, I don't think a man probably would even think of doing it, he'd, but um.
- P3 I think it is your personality, whether, I mean there are women who would open the window and shout and swear, um.
- P2 But they're not going to have the same kind of response are they?
- P3 Well they will, I mean if you're sworn at, it doesn't matter who is swearing at you, you'll be cussed about it wouldn't you?
- P4 It isn't Ted swearing, it is the children swearing at him.
- P2 Yes, but he probably swore at them when he opened the window.
- P3 When he tells them to go is it.
- P2 Maybe he's so frustrated that he tells them to go.
- P3 He wasn't asking them to go, he was telling them to go.
- P2 You can reason with them now, even in these days you know, I've done it myself.
- HM And another example is um, we know from some of the things that we know about abuse of children, you know, child abuse that are differences in who abuses children. That there are, that more men for example, are more likely to sexually abuse children and I just wondered if you thought that there might be similarities around abuse of older people that men either abuse more or less than women or that the sorts of things that they do, the very acts of abuse are different or similar?
- P3 I would think that the way they would abuse them would be different for men and women but not.
- HM In what way?

- P3 I would think that women would be more likely to verbally or um.
P1 Give a slap.
- HM Give a slap?
P1 I think women are more likely to give a slap, whereas the man more likely to give you a punch.
- P3 No, I was thinking that um, a woman might um, I don't know quite how to say it.
- P1 Could be sarcastic, very sarcastic.
P3 Yes, yes.
P1 Sarcasm is very wounding, isn't it.
P3 Yes, yes. In a mental way, mentally rather than physically, perhaps the best way to describe it.
- HM So, if you're going to abuse and you're a man, perhaps you're more likely for it to be?
P1 Physical.
- HM Some sort of physical?
P1 Yes.
- HM And if you're a woman?
P1 A woman can be very, very sarcastic, can be very wounding.
P3 They're cutting, very cutting in ways.
- HM So not needing to resort to?
P1 No.
P1 But if they did they would just give you a slap.
P3 Yes.
P1 They wouldn't punch you, whereas a man is more likely to punch I think, if he's going to, if he's really, really um.
- P2 I think you can reason with them a bit too, I can remember once several years ago when I was in that precinct in *****, about a dozen blacks fighting each other, young boys and I wanted to get through and they were sort of blocking the way out. And the people standing around looking like that, and I wanted to catch a bus. So I, I just barged right into the middle of them, I said well when you have finished knocking each other about, could you let me through please because I want to catch a bus and they stood back and looked at me, as much to say, good grief, you know and they opened up like the red sea LAUGHTER and I went through, and people thought I was mad to do it, but I just wanted to catch my bus and I think the kids. It just depends on how you deal with people really doesn't it.
- HM Right.
P2 I found them, um, lots of times, I've said well, would you gentlemen mind letting me through and they just sort of open up and you go through.
- HM So it is down to who you are and how you are, rather than?
P2 I think it is how you approach them and how you ask them to do things I think, I found that, you know, they've always been pretty good.

- P1 I think if you, as a child, if you were knocked about by your parents, you wouldn't see anything wrong in doing the same when you were older. Because that was the norm when you were a child, now you're mother has become childish, well, that's it isn't it. I mean I can see the reasoning in their way, they would think about that.
- HM So it might depend on the sort of relationship you had in the first place?
- P1 With your parents yes, through your own parents, how you were brought up, what was considered the norm then. It's so, it is so difficult isn't it, because, um, I mean some people's norm is to have a drunken father all the time wasn't it, I mean if he takes to drink when he's getting older, they're just going to treat him the way he treated them when they were younger.
- HM Yes.
- P2 They had the wrong example when they were young.
- P1 Yes.
- HM I'm conscious of the time and that we should really finish shortly because um.
- P1 We've overrun our, your time have we
- HM No, no, no, I mean we could possibly go on all day talking. LAUGHTER I wonder if I could just sort of tie things together a bit by asking you, um, just quickly, whether, um, we've spoken about all of this with, a sort of label of old age over it and I'm just wondering if. What do you think about um, being vulnerable and old age, if you think it is being older that makes you vulnerable to these sorts of examples that you've spoken to me about and these that we've read, or whether it is, just because you might be unwell in some way or your circumstances are?
- P1 Can I say something, I think that, I find myself being more aggressive as I'm getting older.
- LAUGHTER
- HM Right.
- P1 Now I may invite, as I get older, 10 years, I may even fight violence.
- HM Because of how you?
- P1 Because of how I've become. I'm not so, um, diplomatic as I was. I don't suffer fools so easily.
- HM You just wade in there and?
- P1 Yes, yes and say what I think and the look on their face is, I know I'm doing it, but I don't seem able to stop myself doing it and I'm conscious that as I'm getting older, I could well invite violence because of the way how I present violence by my aggression. Now it wasn't something that, I've I've only recently realised that's what I'm doing.
- HM How did you realise it?
- P1 I saw the look of astonishment on my son's face when I said something.
- LAUGHTER
- P2 Lack of patience I think really.

- HM Patience?
- P2 I get terribly impatient with myself, I haven't got anybody else to be impatient with, so I take it all out on myself, and I am terribly impatient with myself, I do silly things and I call myself all sorts of silly names and I think, if there was somebody living with me, I'd probably be taking it out on them, I don't know. Um, but I must admit that, as I get older I get less patience with myself.
- HM So you're saying because of that, it might be understandable that people could get stroppy with you or get?
- P1 Yes, I could well invite it.
- HM So that's directly linked to age, you're saying and P2?
- P1 Yes I'm saying as I'm getting older, I'm getting more sure of myself and less caring about what happens, LAUGHTER yes, I don't have to worry too much because I'm not going to be here too long you see.
- P2 That's probably what it is P1, all your life you've been looking after people haven't you in homes and things?
- P1 Yes, yes.
- P2 And now you can jolly well look after yourself.
- Rachel You're a woman of the 1990s. LAUGHTER++++
- HM Right, how about P4 and P3, what are your views on that one. Do you see yourself changing as?
- P4 I shall have to look out because she's my neighbour [LAUGHTER +++++]
- P3 Yes, I shall be looking out LAUGHTER.....
- HM I wouldn't say anything to upset her.
- P4 No, I think I'm calmer on the whole than when I was younger.
- HM Right, so it is completely different?
- P4 I think I take things more in my stride, I can always see two sides of things.
- P2 P4, could I ask a personal question. Do you think your family is less tolerant of you than they were when?
- P4 I can go days without seeing my family, I live underneath my daughter you see.
- HM Oh right.
- P2 I just wonder if
- P4 No I can go two or three days without seeing her or I may just see her through the window getting into the car. We have no connection unless I go upstairs if I want something done or, I want to say something to them.
- P2 Sounds as though they're their treatment of you isn't always.....
- P4 No, its, um.
- P2 But I looked after my mother as you know.
- P4 But they don't have fortunately, yet to look after me, only in so much that, if I want a light bulb changed, they come down and do it for me.
- P2 But I can't remember a time even when I was a young child, that I didn't feel responsible for my mother, isn't it silly, because my father died two or three days after I was born and so there was always that, you know, and I looked after her right through her life. And there were times when, you know, it was a bit

- difficult and I had to put up with, understand some of the reaction of these people and yet you know, I was, there was a great fondness between us they can get terribly irritating.
- P4 One thing I find is not having anybody to tell me to do anything, you know, I can go to bed what time I like and no-one says I've got to come on to bed, I'm tired out. I mean you've got to have a few plus's to being on your own, being on your own I think. You can eat what you like.
- HM When you like as well.
- P3 I think you have to be careful. I find I tread a fine line with my step mother is on her own and living up here. Now I go in and see her every day, I don't spend a lot of time with her, but I just go in and see her every day. Sometimes I think, should I spend more time with her, and then another time I think, but she's independent, she that's her life, if I go in and start taking over more than I do now and I must admit I do, take over for her. I think I would be abusing her by making her do everything as I want it to do. Whereas, she's in a warden controlled place and she is there on her own, but that's because her choice is to do that. She doesn't go down and join in with the others, she doesn't, she's a very private person, she likes to be there on her own. Now I'm not sure what I would be like in that situation, whether I would want someone coming in for a long time or a short time. I don't know, I'm very unsure.
- P2 I don't think you like somebody to come in and take you over, as though you weren't capable of doing things yourself.
- P3 No and sometimes I have to think to myself, watch out, you shouldn't be doing that.
- P2 I think that's how I should be if somebody came in and telling me what to do.
- P4 I suppose if I'm honest, I do feel that my daughter might come down and see how I am if I'm not well yes, but she's got, semi invalid husband, so I just. We get on so, well, we've been together now for 9 years, haven't yet had one row.
- P3 I do go in every day, but not for very long, I mean I pop down.
- P4 But we're not together that's the point you see, it's an ideal situation really.
- HM The idea was to live separately?
- P4 Yes. Which is the same as Edna really, she's there and she's running her own life.
- P2 I think she must be allowed to do it, I think I should resent it if somebody came over, came in and took over, but on the other hand I can spend hours alone and never see a soul, you know, go right through a day and not see anybody, that's not normal either is it, so.
- HM Well look um, we clearly could go on for another couple of hours. LAUGHTER
And it has been very, very interesting, so can I just thank you very much for making the effort to come along this morning, because I know you've made a special trip and it has been very good, very interesting and um, all that's left is for me now to go and make sense of everything that you've said,
- P2 It's nice to come and talk to you and to hear their views.
- HM thank you. I hope you have found it interesting yourselves. Um, just before we go, I have got a sheet of information just to let you have, which is about organisations in this country that are around to help or to provide information if

you want it about the sorts of things that we've spoken about. So, if as a result of today you want to know more, or you're concerned about somebody you know or anything, you've got it. Thank you, thank you very much.

P3 Do you want this back, can you use it some other time.

HM Thank you.

[END OF TAPE]

71/INT-TAB/AT

Focus Group Schedule

DISCUSSION PLAN & GUIDE
II TAPE RECORDER II**INTRODUCTIONS**

Me (*where from - what doing - role: facilitate discussion*)

Helper (as above - *role: note taking to aid recordings / timekeeper*)

Group participants (*to each other & researchers*)

take seating plan

How group will proceed

(group) initial thoughts on 'elder abuse' from group

Main Part - discuss scenarios

summing up final thoughts

Timings

length of group

moving on at times to finish on time

Ground Rules

varying opinions & views - *want to hear what all group members*

think - freedom & permission to speak - respect for what others

say

Relevance

not necessary to have heard of or talked about 'elder abuse'

before. Not looking for right answers, not a test etc. interested

in all opinions & thoughts they have

seating plan of group:

CONTEXT

Briefly introduce research

Importance of older peoples' voices in the research that effects them

INITIAL THOUGHTS

- **Ask group's initial thoughts on the term 'elder abuse'**

Have they heard it before? In what context? (*who where with when?*)

What do they think of when they hear the term?

Who or what do they think it is referring to?

What does the term abuse mean to them?

How does it feel to talk about it? OK? Taboo?

Why should this concern arise now?

What situations / relationships / behaviour might they include?

SCENARIOS

- **Read scenarios** [read through with group]

- (i)

1. *any initial thoughts / reactions?*
2. *which scenarios concern them the most?*
3. *which of the scenarios do they feel the most vulnerable to?*

More depth of discussion around the extremes of concern

- (ii) **would concerns be different if abuser status changed?**

e.g. change identity of abuser (relative, professional, stranger)

does their concern change?

how is it different?

what makes the difference?

does ethnicity influence their concern?

- **Ted**
- **June & Phyllis**

SIGNIFICANCE OF GENDER

- Expand on information of 2 scenarios to explore issues around gender and diversity (ethnicity, age, sexuality)
 - BLANCHE
 - RAYMOND & LILY

does their concern change?
 how is it different / or are they the same/similar?
 what makes the difference?

important questions

do participants think that

1. abuse is experienced differently by men & women?
2. women & men are abused in different ways?
3. men & women abuse differently?
4. 'elder abuse' mirrors other forms of abuse? (e.g. male perpetrators etc.)
5. is abuse different for black older women?

REVIEW

- Is elder abuse about *age or gender* or is it about other sorts of vulnerability? (e.g., illness, isolation)

Are older people at greater risk of abuse than other vulnerable adults?

What might they be *more* vulnerable to?

Do participants think it has made a difference that this group was women-only? / black women only?

BIG THANKS FOR TAKING PART.

GIVE OUT SUPPORTIVE CONTACTS

NOTES ON THE RATIONALE FOR THE CONSTRUCTION OF ABUSE SCENARIOS

1. To explore a different focus for definition of abuse - by *relationship* not by *act* of abuse, which other definitions concentrate on.

This facilitates

- ~ a feminist perspective of the nature of abuse and violence in intimate relationships in later life
- ~ an exploration of the significance of gender to an analysis of 'elder abuse'
- ~ an alternative conceptualisation of abuse to those (the majority) of studies which prioritise act of abuse;

Therefore the *social relationship* becomes the predominant category for exploration not *form of abuse*.

2. To evaluate the relevance of the social relationship in 'elder abuse', scenarios of abuse have been put together which have a possibility of reflecting different social relationships within them. E.g. is a form of physical abuse or neglect thought of differently if it is perpetrated by a relative, professional or stranger?

While the nature of the social relationship predominates in the construction of the scenarios, a further set of categories address forms of abuse. These come under 3 headings: '*caregiving*', '*criminal*', and '*infringement of rights*'. These attempt to reflect

- a. that the nature of **caregiving**, is a complex situation which may well involve a number of different features which cannot be accurately separated or described by the separate categories of *physical, emotional, sexual, financial* abuse etc..
- b. what we already know to some extent - that older people are concerned about **crimes** committed against them and they may choose to include these under a general description of 'elder abuse'.
- c. that 'abuse' may not be thought of solely as an 'act' but may also involve **infringements of rights**. This may implicate individuals *or* groups of individuals or institutions in forms of 'elder abuse' and thus broaden the definition & move away from individualistic notions of abusive relations.

social relationship	form of abuse represented	scenario
<i>RELATIVES</i>		
caregiving	physical/psycho	Blanche & Roy
criminal	financial	June & Phyllis
infringement of rights	self-determination	Herbert
<i>PROFESSIONALS</i>		
caregiving	medical	Dr Allen
criminal	sexual	Lilly & Raymond
infringement of rights	sexuality	Doris
<i>STRANGERS</i>		
criminal	robbery	Mrs. O
infringement of rights	environmental	Ted

Blanche has provided physical care for her husband, ***Roy***, since a stroke left him dependent 5 years ago. Roy needs assistance with washing, dressing, going to the toilet, feeding himself and to smoke his cigarettes. At times Blanche feels extremely frustrated and angry towards him. She has slapped his face at times, left him on the toilet unaided for an hour, and left him with an unlit cigarette in his mouth all morning.

~ ~ ~ ~ ~

Doris has a package of care which provides personal and domestic care in her own home. Her homecare worker is a man and Doris is very embarrassed and uncomfortable about some of the intimate care he has to do for her. She has been told that he is the only homecare worker available to see her.

~ ~ ~ ~ ~

Dr Allen knows that the side effects of the sleeping medication she prescribes ***Jillian*** are making her confused and drowsy in the day. However, Jillian, who lives alone, rings the surgery at all hours of the night complaining of being unable to sleep.

~ ~ ~ ~ ~

Herbert wants to move from his own home into residential care. He knows and likes the local care home in the village he has lived all of his life. This home is too expensive, by £30 a week, and his son, who is financially able, will not contribute a 'top up' payment to meet the cost. He has to accept a move to a cheaper care home 10 miles away for which the whole cost can be met.

June and ***Phyllis*** are sisters. Phyllis has become increasingly reliant upon June for help as her physical health has deteriorated with arthritis. June now does all of her shopping, pays her bills, and collects her pension.

Phyllis is left with no money in her purse and knows that June is keeping what is left over. June knows Phyllis does not want for anything and believes she does enough for her to justify a small financial reward.

~ ~ ~ ~ ~

Mrs. O had some antique pieces of furniture which dealers removed for repair and cleaning 4 months ago. They charged for the service but left no receipt or contact number. Mrs O lives alone and is physically fit although has increasingly problems with her memory.

~ ~ ~ ~ ~

Raymond is ***Lilly's*** sole carer. She has suffered from Alzheimer's disease for 5 years and now barely recognises her children when they visit. She often thinks Raymond is her own father. Raymond touches Lilly sexually when he bathes her.

~ ~ ~ ~ ~

Ted is housebound and lives alone, on an estate, in his ground floor flat. The surrounding gardens are open plan and local children play ball games against his walls and windows and swear at him when he tells them to go. Ted is bothered by the noise & lack of privacy he has.

Appendix IV
Thematic Framework

<u>1 Older Women's understandings of the term 'elder abuse'</u>	<u>3 Gender & 'elder abuse'</u>	<u>Scenarios</u>	<u>P1 Sensitive Issues</u>
1:1 conceptualisations & typologies of abuse	3:1 vulnerability to abuse	s1 Blanche & Roy	P1:1 willingness to discuss
1:2 vulnerability to abuse	3:2 relationship with abuser	s2 Doris	P1:2 willingness to share experiences & examples
1:3 historical context of 'elder abuse'	3:3 abusers	s3 Dr Allen & Gillian	P1:3 contradictory & contested positions
1:4 media	3:4 forms of abuse	s4 Herbert	P1:4 enjoyment
1:5 action against 'elder abuse'	3:5 general reference to gender (outside direct 'elder abuse' discussions)	s5 June & Phyllis	P1:5 laughter
1:6 intergenerational relations	3:6 care giving	s6 Mrs O	P1:6 other
1:7 familiarity with term e.a.	3:7 other	s7 Raymond & Lily	
1:8 other		s8 Ted	
<u>2 Older Women's experiences [of 'elder abuse']</u>	<u>4 Older women's Relationships with caregivers [between abused & abuser]</u>		<u>P2 'Model' focus group expectations</u>
2:1 older women's concerns [around 'elder abuse']	4:1 over the life-course		P2:1 variations in groups
2:2 social divisions and 'elder abuse'	4:2 with formal carer [professional relationship]		P2:2 feminist research requirements
2:3 examples of abuse & other than abuse	4:3 with informal carer		P2:3 other
2:4 expectations of care & treatment	4:4 carer stress		
2:5 other	4:5 other		
2:6 attitudes towards older people	4:6 other relationship		

Appendix V
Example of a Thematic Chart

CHART 2.a.

OLDER WOMEN'S EXPERIENCES [OF 'ELDER ABUSE']

	Older women's concerns [around 'elder abuse']	Social divisions and 'elder abuse'	Examples of abuse	Examples <u>other</u> than abuse	Expectations of care and treatment	Attitudes towards older people [of older people]	Other
	2:1	2:2	2:3	2:3	2:4	2:6	2:5
GROUP 1	<p>6 being taken advantage of - childcare, to comply</p> <p>7. familiarity breeds contempt.</p> <p>7 not want to give up own home - last resort. 47.</p> <p>8 being believed if o.p. make accusations of abuse in care homes.</p> <p>9 how visible are probs in nursing homes? ...</p> <p>20 no access to money.</p> <p>42 activity, esp. intellectual, is vital in maintaining self.</p> <p>46 maintaining independence is vital otherwise at others' command -</p>		<p>5 neglect of mother - shut out, no visitors, missed meals.</p> <p>6• dismissive, unthoughtful treatment by y.p.</p> <p>'the modern way of talking "very hurtful" - "depressing".</p> <p>● o.p. relocating to live with their children and it not working out.</p> <p>10 taken out of own environment into institution "I'm lost, very very unhappy".</p> <p>18 families removing possessions.</p>	<p>18 forgetfulness - mother claimed never given money.</p> <p>50 sister-in-law relocated with husband, now widowed - v. lonely and 'in the way'.</p>	<p>12 non-institutionalised environment in care homes.</p> <p>21 caregivers should be rewarded.</p> <p>24 respect should be taught by parents.</p> <p>32 ambivalence about children caring for their parents - some expect, some don't.</p> <p>47 should be assisted to stay in own home.</p>	<p>5 o.p. like children - give time and patience ●</p> <p>6 viewed as a nuisance.</p> <p>7 a burden.</p> <p>8 they can be exasperating ●</p> <p>9 families make decisions on their behalf.</p> <p>10 "forget we've got brains".</p> <p>24 o.p. can be intolerant ●</p> <p>40 are close relatives viewed as old?</p>	

	<p>lose your power to take decisions and exercise choices. People who are vulnerable are at risk of abuse. 47 Alzheimer's terrifying independence is vital.</p>						
<p>GROUP 2</p>	<p>21 should have intervened not there so couldn't help. 22 o.p. fearful of complaining about standards of care.</p>	<p>23 attitudes to o.p. resident in nursing homes dependant upon financial income and resources.</p>	<p>3 family taking on care of elderly relative and then not providing adequate care. 20 o.w. extorted for tarmac to driveway by bully boys. 23 staff disclosing fee paying status of resident - changes attitudes of staff and visitors. Downgrading of room according to payment.</p>	<p>4 older man caring for wife with Parkinson with no support or respite. 8 professionals meeting their own needs at work, not of patients Peggy's e.g. of incon. 23</p>	<p>3 standards of treatment should be set in order to define abuse. 7 support and attitudes dep. upon having a visible disease - just "being old" not enough to get help or support. 8 comparisons in care of elderly in institutions to children - standards, quality of staff, job status etc. 8 "living hell" to caregiver with no support "..." 13 families have a responsibility of care to older relatives.</p>	<p>6 frustration of professionals taken out on o.p. 8 6 o.p. reluctant to pay for services - rather do without. 7 o.p. "not just sweet little old ladies" ● 16 selfish o.p. don't recognise their care needs and refuse to go into a home ● 19 can't always trust what an o.p. says ● (c.a. e.g.).</p>	

GROUP 3	<p>2 fears created in o.p. minds about threats to them - not necess. so, but the suggestion is there.</p> <p>2 concerned about stories heard about treatment in care homes.</p> <p>3 afraid to get old when they hear stories.</p> <p>4 fearful of confronting nuisance youths.</p> <p>15 difficult to contemplate mistrusting a partner ... but it's possible.</p> <p>18 not being believed - memory</p>		<p>2 being threatened in car - pulling up at traffic lights - verbal</p> <p>4.</p> <p>3 older women in R.C. exposed and humiliated on commodes in front of others.</p> <p>4 bottle thrown at car.</p> <p>5 older women humiliated and assaulted in crowded street - no-one helped.</p> <p>5 bogus callers - theft.</p> <p>6 empty lives in R.C.</p> <p>13 o.w. burgled - now fearful of being</p>		<p>15 children have their own lives - no <u>duty</u>.</p> <p>16 should relatives be expected to look after frail dependent family?</p> <p>19 the smallest care support and provision can mean so much.</p>	<p>11 treatment of o.p. has changed - nobody used to bother - left alone and not targeted 24.</p> <p>24 o.p. used to be supported and helped in community.</p>	<p>2 white hair - a signal of vulnerability.</p> <p>5 o.p. targeted for crime because live alone and assumed to have cash.</p> <p>6 no mind of your own.</p> <p>8 o.p. cantankerous and play games ●</p> <p>9 some o.p. dislike children being <u>old</u></p> <p>10 no respect for o.p. children swear etc. 13.</p> <p>11 language is imp. e.g. o.a.p.'s not seniors. <u>Not</u> language but visual prompt (grey hair) prompts attitudes.</p>	
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GROUP 4	<p>probs.</p> <p>6 fear of the streets - being alone walking, in cars, after dark. 7 could break down in car.</p> <p>9.</p> <p>8 despite statistics on personal violence still fearful.</p> <p>9 <u>not</u> fearful - aware.</p> <p>10 fearful.</p> <p>13 no control - Lily.</p> <p>15 dislikes caregiving by men.</p>	<p>7 transcends social divisions. Can happen to anyone, anywhere.</p> <p>9 has spread from cities to rural locations.</p>	<p>5 inaccurate/matter of perspective - o.p. may <u>claim</u> abuse - but could be forgetful, spiteful, critical.</p> <p>6 being called derogatory insulting names by y.p.</p> <p>7 older man who retaliated to harassment hit out and was prosecuted.</p> <p>Insensitive treatment = big upset = abuse.</p> <p>Children gave mobile.</p>	<p>3 women put in a bath and forgotten by care staff.</p> <p>13 o.w. modest and body shy with professionals - unthinking.</p>	<p>9 treatment by children a problem - should be effectively deterred from offending.</p> <p>17 children should intervene and act to prevent/stop incidents (R&L).</p> <p>Abusers should receive help (Raymond as husband).</p> <p>18 when should caregiving be taken on by the state?</p> <p>21 must have access to money.</p> <p>23 expectations on family to observe fair rules.</p>	<p>12 attitudes to o.p. reflect gen. attitudes to authority.</p> <p>2 o.p. likened to children - esp the care of them - which is as/more frustrating/hope-less</p> <p>● 4</p> <p>3 get on people's nerves.</p> <p>4 o.p. can be nasty ... esp. to carers ● /ungrateful</p> <p>5/spiteful, critical.</p> <p>11 viewed as easy target "..."</p> <p>21 disregarding unthoughtful attitudes. No respect.</p>	
GROUP 5	<p>5 inappropriate eligibility to resources.</p> <p>7 who benefits from extending o.p. lives?</p> <p>8 future needs of childless o.p. who can be trusted to care/finance</p>	<p>2 black workers and white older people ... appropriateness of care 3.</p> <p>11 ability to pay for care may afford some protection against abuse.</p> <p>22 scenarios could</p>	<p>2 older aunt (unmarried) insensitively dealt with by male staff in care home.</p> <p>Prompted mental health break down?... hospital action 3.</p>	<p>3 o.w. incontinent - didn't want male worker to toilet.</p> <p>12 male professional/family member approachable but <u>not</u> male professional.</p> <p>17 e.g. of tired</p>	<p>4 lack of care and sensitivity by professional carers - want to shift responsibility.</p> <p>7 questions raised about euthanasia - is it abusive, could it be abused ...?</p>	<p>4 professionals want shift responsibility</p> <p>6.</p> <p>5/6 societal attitudes (esp. professionals and policy makers) o.p. past it, y.p. prioritised</p> <p>12 y.p. and o.p. have</p>	

GROUP 6	<p>etc 9. 23 create vulnerable scenarios around illness and dependency and the future.</p>	<p>happen at any age.</p>	<p>7 keeping people alive beyond a reasonable experience of quality of life.</p>	<p>spouse caregiving to wife and respite. 22 impact and effect of some experiences (moving) is greater in o.a. 23. 26 difficulty in asserting self with relatives.</p>	<p>9 should family members be expected to <u>caregive</u>? Don't <u>want</u> to be a burden. Parents and children have diff. needs and views 25 26. 18 there's a limit to the treatment caregivers should be expected to put up with 19. 19 support <u>must</u> be given to vulnerable caregivers. 20 prevention not only are need from professionals. 21 for whose benefits are o.p. given drugs? 26 independent should be enabled.</p>	<p>divergent perspective on caregiving by diff genders. 17 some o.p. don't try when unwell ● 20. 22 some actions in o.a. too daunting (moving) 23. 24 o.p. can be different and resistant and diff. to care for. 24 patience increases.</p>	
	<p>4 feel safer in rural location compared to city life. 5 how do people get to know information about you. 6 to be fair and honest with o.p. don't know what</p>		<p>4 images of beaten o.w. on TV. 4 bogus callers to house - being targeted through prior knowledge "..." 5. 5 closure of care home "... distressed</p>		<p>6 people with Alzheimer's dismissed as having no understanding of their circs or experiences. 11 family caregivers should not expect recompense.</p>	<p>13 medias (g.p.'s) age reductionist. Dismissive attitudes and action 14. 14 difficulty in buttressing such treatment. 30 non-appreciation of what it is to be</p>	

<p>GROUP 7</p>	<p>future holds - is abuse out there waiting? 11 without money = dependency. 26 women are different in their sexual needs in later life. 27 greater fear comes with o.a. ??? 28 careful at night when out - or don't go out alone. 33 invite violence with attitude/less patience and tolerance "... 34 "... 35 how would I be needing support/or being in??? upon ...</p>	<p>women with Alzheimer's 6 25. 7 harm caused by professionals = hospitalisation = benefit ↓. 10 trauma left through theft of sentimental value. 29 children's behaviour can wear you down - but we did it!</p>	<p>17 little attempt made to match worker and user in care. 18 should be mutual understanding of needs - family and o.p. shouldn't be in favour of o.p. 20 full-time caregivers need to be given support for themselves. 21 may lead to inappropriate actions if meet own needs e.g. B&R. 25 respect should underpin and inform ??? of people with Alzheimer's disease. 35 don't wish to be told what to do and how.</p>	<p>older ... cyclists on pavements. 33 less diplomatic as older less concerned with what others think. 34 calmer ... 23 ● o.p. may need a slap like a child</p>	<p>5 o.p. dismissed and not ??? seriously. 7 some o.p. ????? V. well by family. Appears to be a contradiction around the respect of elders in Chinese culture and society.</p>
<p>GROUP 7</p>	<p>2 great unhappiness results from abuse. 9 abuse by family particularly painful. 14 the spouse who dies first is the lucky one - surviving spouse vulnerable.</p>	<p>3 small community in UK so don't hear so much incidents as in Hong Kong. 4 no welfare system in China no support net o.p. in UK cared for by state. 6 hidden in Chinese</p>	<p>2 o.w. passed over money to family when younger - then ignored/neglected by family later 3.4. 4 so much?? abuse can't explain daily reality for o.p. in China.</p>	<p>2/3 family take money from o.p. should then care - give when o.p. needs this 4. 4 forced to rely on family in China. 5 money safeguards against relying on</p>	<p>5 o.p. dismissed and not ??? seriously. 7 some o.p. ????? V. well by family. Appears to be a contradiction around the respect of elders in Chinese culture and society.</p>

		<p>community "..." 7 poverty not o.a. is defining feature of abuse. 13 china - resources and support better in city - rural situations worse.</p>	<p>6 abuse in this Country goes on - but hidden. 7 15/7 with one son " ..." 11 o.w. getting husband back in toilet. 14 taking financial advantage of women with cancer. 17 women currently being hit by husband when drunk 18.</p>	<p>family. 11 abuse by family worse than by stranger - even sexual abuse. 2/2 quality of prior?? relationship would determine quality of care later 11 12. 11 differing opinions on B&R - should she stay.</p>	<p>Assumptions of respect for elders (on my part, but also from Ka Lee) but many examples of abuse especially given conditions and structures in China with poverty 2:5??</p>	
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CHART 2.b.

OLDER WOMEN'S EXPERIENCES [OF 'ELDER ABUSE']

	Older women's concerns [around 'elder abuse']	Social divisions and 'elder abuse'	Examples of abuse	Examples other than abuse	Expectations of care and treatment	Attitudes towards older people [of older people]	Other
GROUP 8	<p>2:1</p> <p>3 can't trust anybody. 5 thinking about it raises own vulnerability from family. 7 how do you try and stop abuse? 10 terrible to be confused to the point of not recognising children (Alzheimer's) 13. 13 left dependent.</p>	<p>2:2</p> <p>4 "common old person" why beat ??? (? no money to take).</p>	<p>2:3</p> <p>3 neighbour mugged 4 e.g. of older professional men moved in with family and gradually pushed aside. 6 o.w. living with daughter verbally abused</p>	<p>2:3</p> <p>11 forgotten about gifts to the family implications for accusations.</p>	<p>2:4</p> <p>3 no-one can be trusted (strangers). 5 children won't care for parents. 7 how can children abuse their parents? 13 caregivers should receive small payments.</p>	<p>2:6</p> <p>11 o.p. dismissed by Drs. 13 o.p. become demanding and "crabid"??</p>	<p>2:5</p>
GROUP 9	<p>7 concern for life in R.C. will I go there too. 8 worried about losing independence - synonymous with going into R.C. 10 physical</p>		<p>15 o.m. by son - could not intervene. 7 changing wills in R.C. 10 irritate insensitive ??? of o.p. being collected by car blocking</p>	<p>4 empty lives in R.C. 5 unfair ????? 7. 19 confusion over taking sleeping ?????? (how many taken? memory?)</p>	<p>17 expectation of care instilled through having contributed. 19 greater thought about o.p. lives needed by professionals e.g.</p>	<p>9 o.p. easy prey to take from - rape or robbery. Age used to protect.</p>	

GROUP 10	<p>vulnerability in ageing - on the street. 17 moving from known area. 20 fear of damage to property and self by children.</p>		road.		<p>experience of sleep. 20 conflicts in allegiance if generation cohabit.</p>		
	<p>4 greater trust in local authority than private care. 4 alone and unhappy - but should be grateful. 6 many o.p. V. lonely in o.a.</p>		<p>7 hospital exp. of being ignored by professionals and dismissed incontinent. 10/11 Aida's experience of being banned from Tesco's bus - great distress and 'abuse'.</p>	<p>8 e.g.'s of good quality care.</p>	<p>5 differs geographically - communities of people behave diff to o.p. 5 families could do more - o.p. so often forgotten about. 6 families very important to o.p. for caregiving, support, company. 6 material surroundings and activities imp. in R.C. 9 quality of care/R varies geographically. Local councils. 13 available resources too stretched not enough available e.g. homecare</p>	4	

GROUP 13	6 o.p. attacked/mugged in the open/can't go out.	13 disposable income determines extent to which you can remain in contact with people. 19 sexuality and caregiving - less of a threat from homosexual carers.	4 o.p. left unable to feed themselves in hospitals/go to the toilet/be put to bed 8. 7 bottle thrown through window.	15 not embarrassed by male carer. 22 care of an abusive partner. 29 vulnerability through age - failing and unable to help oneself.	2 professionals battle with scarce resources and do what they can 4.9. 3 standards of care vary-? luck of the draw. 8 professionals could do more than they do. 11 expectation of care through contribution 12. 13 conflict in resources y.p. and o.p. 14 misappropriation of carers benefits. 21 support is not for carers available - but should be. 21 family should care give and support. 22 prior relationship would determine caregiving 23+++ 30 standards of care love diminished -	6 o.p. there to be taken from (younger people). 7 little respect for o.p. 9 past a certain age not worth bothering with. 27 2 e.g.'s of older men as sexual appears to be noteworthy and a laugh.))))
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Dedication



Woman Enough
Erica Jong

Because my grandmother's
 hours
 were apple cakes baking,
 & dust motes gathering,
 & linens yellowing
 & seams and hems
 inevitably unravelling-
 I almost never keep house-
 though really I like house
 & wish I had a clean one.

Because my mother's
 minutes
 were sucked into the roar
 of the vacuum cleaner,
 because she waltzed with
 washer-dryer
 & tore her hair waiting for
 repairmen-
 I send out my laundry,
 & live in a dusty house,
 though really I like clean
 houses
 as well as anyone.

I am woman enough
 to love the kneading of
 bread
 as much as the feel
 of typewriter keys
 under my fingers-
 springy, springy
 & the smell of clean laundry
 & simmering soup
 are almost as dear to me
 as the smell of paper and
 ink.

I wish there were not a
 choice;
 I wish I could be two women.
 I wish the days could be
 longer.
 But they are short.
 So I write while
 the dust piles up.

I sit at my typewriter
 remembering my
 grandmother
 & all my mothers,
 & the minutes they lost
 loving houses better than
 themselves-
 & the man I love cleans up
 the kitchen
 grumbling only a little
 because he knows
 that after all these
 centuries
 it is easier for him
 than for me.

for reference see bibliography