LSE Research Online

Article (refereed)

Gail Wilson

Dilemmas and ethics : social work practice in the detection and management of abused older women and men

Originally published in Journal of elder abuse & neglect, 14 (1). pp. 79-94
© 2002 The Haworth Maltreatment & Trauma Press.

You may cite this version as:
Wilson, Gail (2002). Dilemmas and ethics : social work practice in the detection and management of abused older women and men [online]. London: LSE Research Online.
Available at: http://eprints.lse.ac.uk/archive/00000305
Available online: June 2005

LSE has developed LSE Research Online so that users may access research output of the School. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in LSE Research Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain. You may freely distribute the URL (http://eprints.lse.ac.uk) of the LSE Research Online website.

This document is the author's final manuscript version of the journal article, incorporating any revisions agreed during the peer review process. Some differences between this version and the publisher's version remain. You are advised to consult the publisher's version if you wish to cite from it.

http://eprints.lse.ac.uk
Contact LSE Research Online at: Library.Researchonline@lse.ac.uk

Dilemmas and ethics: social work practice in the detection and management of abused older women and men

Gail Wilson PhD

Gail Wilson is Reader in Social Policy and Ageing in the Department of Social Policy at the London School of Economics, Houghton Street, London, UK WC2A 2AE
g.wilson@lse.ac.uk

Dilemmas and ethics: social work practice in the detection and management of abused older women and men

Abstract

Social workers in one multi-ethnic area of UK were interviewed on the subject of elder abuse. They produced a dominant discourse that ignored issues of emancipatory practice relating to diversity and difference (gender and ethnicity) and that oversimplified the complexity of elder abuse cases. They worked in an organisational climate that provided insufficient resources to deal with cases of elder abuse once identified, and that imposed performance indicators that took no account of practical and ethical aspects of the abuse of older women and men. It was rare for a case of elder abuse to have a good outcome, and hence staff were faced with situations (defined as dilemmas) where no decision was likely to benefit the service users. Ethical practice gave way to avoidance of ethical issues and a reliance on guidelines and management aims.

KEYWORDS. Dilemmas, ethics, gender, elder abuse, social work

Introduction

This paper presents an argument based on discourses presented by professional social workers in one particular service in the UK. The theoretical stance is that discourses should be sited in context, rather than abstracted and so a certain amount of background data is presented. However this is not a research report in the conventional sense. For readers from outside the UK it is important o explain that the Social Services Department concerned operated in an urban area with high deprivation and social stress, and a large and varied minority ethnic population. The service had been frequently reorganised in the recent past, and was to be reorganised again in the following year. Heads of Social Service changed often and modern ideas of performance related management had been introduced relatively recently, and were not fully operational. The main emphasis of the Department was on child protection and services for older people were not high priority. Moral was low in many respects but the staff interviewed were positive about their work. Organisationally, the borough was divided into four social work areas, and work with older people was further divided into two teams in each area: Assessment, and Care Management. In theory Assessment did short term social work only, and handed over long term work and cases that needed high input (institutionalisation) to Care Management, but not all teams fully accepted the divide. All teams were under pressure to reach performance targets for assessments done or cases closed. There were also two hospital-based teams that assessed patients and had a limit of eight weeks on the length of time they held a case. The Social Work Department had no staff specifically for work with abused elders, but the Department prided itself on being progressive and on having up-to-date, locally produced guidelines (see McCreadie, 1993 for an indication of

diversity in the preparation and use of guidelines in UK work with elder abuse). The research brief was to present senior managers with information on how their staff thought about elder abuse and how the guidelines were working.

A sample of front line social workers and some first line managers were interviewed. All the teams were represented and the staff chosen for interview were those who were available on the day when we contacted the office or those who were absent, but chosen by their colleagues as people to be interviewed. Although the method was not random, it is very hard to discern any systematic bias in the final sample. We conducted 24 interviews in total. This was approximately 50% of the staff, but in a highly stressed service such as this, exact figures are difficult because of the relatively large numbers of locum staff (locums being temporary workers supplied by agencies but not on the long term pay roll) and staff on long and short term sick leave. The aim of the interview was to investigate staff understanding and attitudes to elder abuse rather than elder abuse itself. Staff were encouraged to make their own definitions of cases and to choose how much to say about them.

There was no attempt to quantify the results. The aim was to look at ideas and understandings rather than 'facts' about social work practice or elder abuse. Using an interview guide, not a questionnaire, we asked staff to talk about how they came to social work, what they liked and disliked about the job, what they thought about elder abuse, what their cases had been like (all but one had had at least one case), and what pressures they were under. The interviews were taped and transcribed. The data were analysed using Nudist, a computer programme specifically designed for this type of analysis (Richards and Richards, 1998,). Themes presented in the interviews were grouped into a series of dominant discourses and areas of silence were identified. The results, as they relate to practice dilemmas and ethics are presented below.

Dominant discourses

Virtually all those interviewed expressed similar views over a wide range of topics. In so far as they related to elder abuse they appeared to reflect Departmental Guidelines and a day of training in elder abuse that most staff had attended. Shortage of resources and a mistrust of residential care were the other dominant discourses.

Silence on aspects of difference

Staff spoke of their work on elder abuse in a language that denied difference and diversity. All but three of those interviewed were women but there was no evidence of a woman centred or gendered approach to professional issues. Their speech was largely gender free unless they were discussing particular cases. Thus the term 'elder abuse' was not replaced by 'abused men' or 'abused women'. Those identified as abused were 'service users' and not divided into men and women. They were 'victims' and were abused by 'abusers' or 'perpetrators'. Social workers, although mainly women, were not identified as male or female and carers were the most confusing of all. If a 'carer' was referred to, that might mean a member of the family, a friend or neighbour, a paid community worker (formerly a home help) or a member of staff in a residential home. Many family carers were not women, but this only emerged if the member of staff went into detail about the case. Gender was not mentioned for any residential home carers and possibly all the cases of abuse in residential homes were

by women, but the language used did not make this clear (Griffin and Aitken, 1999 report similar gender free language). For example two different staff members reported a case of likely abuse. One used a gender free description and said 'Somebody was found in bed with a broken neck'. The other, who had been closely involved in the case, said:

> 'The woman was wandering all night and was wet. Two carers changed her at 2 or 3 in the morning. At 6 o'clock in the morning she was found in bed with a broken neck. I actually said, "How does someone go to bed and end up with a broken neck. Are you sure she didn't fall and you put her back to bed". She was a tiny lady, absolutely tiny. . . . the findings were that there were no bruises and nothing to suggest foul play. There was no investigation. I think it went to the Inspection Unit [for residential care] and that's where it stopped. Death was the result of a broken neck.'

The second worker mentions gender, but as a personal attribute rather than as a matter of professional understanding, and the 'carers' are gender free.

Ethnicity is the other aspect of difference that was almost entirely absent from the discourse presented. There were only three mentions of ethnicity in respect to elder abuse. Possibly difference was assumed in such an ethnically diverse area, and therefore did not need to be mentioned. However it seems more likely that the dominant professional discourse was being used to obscure differences that presented problems to the service. An understanding of elder abuse in the context of the range of cultures in the area would have needed more training. Possibly more important, given the emphasis on institutionalisation (see below), the difficulty in finding culturally appropriate placements makes it possible to interpret the silence was a way of suppressing or marginalising a problem. Here is an almost throw away mention of ethnicity at the end of long case description:

> 'So once the abuse was identified, she admitted it, my role was to find a culturally appropriate placement for her. She was Bengali, so I found her something where she would feel comfortable. The abusers were not in the picture by that stage. And it didn't become the object of a criminal investigation'.

We do not know if 'where she would feel comfortable' was a Bengali residential home but in the circumstances this is unlikely because none existed in the borough.

Despite the fact that when they were talking professionally about elder abuse, staff used gender free language, the reality, as instanced by the individual cases mentioned, was a highly gendered phenomemon. It was clear that there was an overwhelming preponderance of women who were abused, and men who were abusers, especially where physical or sexual abuse was concerned. This bears out previous UK findings that considered gender as part of the analysis (Renvoise, 1978; Pritchard, 1991; Wilson, 1994; Whittaker, 1995). The interviews also supported previous work that has indicated that older women who were mentally ill or had dementia were more likely to be abused (Grafstrom et al., 1992; Langan and Means, 1996; Wilson, 1994: Northampton Social Services, 1993) thereby allowing professionals to conclude that some victims were not competent to make their own decisions.

Simplicity v complexity

The mismatch between the dominant discourse of gender free abuse and the reality was echoed in the gap between the discourse categorising abuse and the actual complexity of cases. Staff followed the guidelines in categorising abuse as physical, emotional, financial and sexual, and were at ease with this classification. However despite these simplified categories, the individual cases they described were much more complex. In other words there was a distinction between cases, which were complex, gendered and possibly with cross cultural dimensions, and a dominant professional discourse which offered simplified categories of elder abuse and took no account of gender or ethnicity.

Lack of resources and organisation imperatives

There was a universal discourse of resource constraints. Some staff simply related lack of resources to stress while others were specific in their examples:

> 'For example, you do an assessment and assess need and then you have to come back and decide that there is no finance to meet the needs of people that you went out to, to say yes, we are definitely going to give you so-and-so because in the legislation it says you have a choice. And quite obviously there is no choice'.

Shortage of finance led to other resource problems such as high case loads. As one front line care manager said: 'Also on stress, the number of cases we manage. We all hold approximately 50 cases'. Others went into detail: 'there is this big emphasis on monitoring, and the reality is that we haven't got the time to do it properly, and the services [private care providers] we are using, we don't have direct access to'. The issue of direct access arises because home help and residential care services were formerly part of social services. Home helps were often based in the same building as social workers but since the move to privatise these services, contact was much reduced and social workers were less able to monitor the quality of services.

Discretion

All those interviewed were sure that much elder abuse continued undiscovered in the community and in residential care. There was almost complete agreement that financial abuse was the most widespread form of abuse and that it was rife in a variety of forms. The simplest was when sons, grandsons or neighbours took the man or woman's pension book and collected the money for themselves. In more difficult cases older men or women were willingly giving money to neighbours, relatives or co-residents who they regarded as friends. When this left the older person undernourished, cold or unable to pay bills it could be categorised as abuse. Staff often had a choice in how thoroughly they would look for financial abuse and how they defined it. Some took a structured approach and stated that they always asked to see the pension book. Others relied on general observation and aimed to get an impression of whether income matched expenditure.

There was also choice (discretion) over whether to find cases of emotional or physical abuse. Suspicion might arise during routine assessment, but it was usually only a suspicion and could be left unconfirmed. Since older men, and particularly older women, were reported as unwilling to speak out about abuse while they remained in

abusive circumstances, one strategy, if abuse was suspected, was to change the environment. Several cases were reported where a woman who was a suspected victim had been found a place in a day centre. Once away from home she had been able to speak out. However finding a place in a day centre (other than in an emergency) was a relatively long procedure involving much paperwork and was subject to financial constraints. Suspicions could therefore remain unconfirmed.

Only one member of staff stated bluntly that he had not come into social work to do elder abuse, and pointed out the very real problems of taking on an abuse case at a time when everyone was under pressure to meet targets for closing cases. As he said: 'If an abuse case comes into the office, no one's volunteering to take it on'. He was from the Care Management side but it seems likely that Assessment staff, faced with constant pressure to complete a fixed number of assessments per week, were even more reluctant to make the extra visits that would have been necessary to confirm the suspicions outlined in the previous paragraph. Staff frequently mentioned that abuse cases were time consuming and complex. Two staff had no current elder abuse cases, and it seemed very likely that this was due to conscious or unconscious decision rather than a genuine absence of cases.

In other situations staff had no discretion in whether they took cases. As noted above for day centres, it appeared that a change of environment was highly conducive to uncovering abuse. Once in hospital, abused men or women might tell a member of staff, or nurses might notice something in their demeanour that led to further investigation. Older women who were admitted to Accident and Emergency were sometimes the victims of physical abuse. Cases of broken fingers or falls or unexplained injury were reported to the hospital social work teams. Similarly if nurses or medical staff uncovered abuse after a person was admitted, the case was passed to hospital social workers.

Area social workers received referrals from other parts of social services and via reports from neighbours. Home care staff appeared to be the main source of referrals. Other sources of referrals offered more scope for discretion. If neighbours or relatives reported that a man or woman was being abused, such cases were investigated. Family dynamics were usually complex in cases of abuse within the family (Brownell, 1998; Steinmetz, 1988). If the abused man or woman was unwilling to make an accusation, staff might have the option of continuing or stopping the investigation. Justification for going no further was presented in terms of service user autonomy if the older person was reluctant to make an accusation. See for example Johnson (1995) on the possibility of continued suffering in pursuit of a preferred lifestyle.

Outcomes

Once recognised as abused, there were success stories but these were usually the simpler cases where the abused women were either relatively independent or were returned to better health by a stay in hospital. It was then possible to provide them with an independent flat or sheltered accommodation and they were able to continue living alone, with or without care support. For example a woman came into hospital because she had fallen and was found to be dehydrated on admission. Social work investigation showed that her house had been systematically stripped by her son and

daughter-in-law and that she had been forced to transfer ownership of the house to them. After a time in hospital she was well enough to take up a normal tenancy and live independently, but the story did not end happily. The son found out her address and began extracting money again. The social worker evaluated her input in terms of the process of finding and dealing with abuse (which she had done successfully), rather than the final outcome. She felt she had done all that she could. The fact that the woman was still being abused was seen as 'her choice'.

In another more complex case of suspected abuse:

> 'it was difficult because the carer [note gender free use of 'carer' shifting as the description progresses] lived with his mother. The care assistants who went in to look after his mom when he went out to work, felt that at times he wasn't allowing them, ...they'd go and he would already have her up and dressed. She had severe dementia and couldn't communicate and was very very old. And they had kind of seen that she was less communicative. They noticed changes in her, but equally that could have been down to the general deterioration of her capacities. It was part of my job to investigate and ascertain if there was any abuse.
>
> He felt he had to do everything himself. If we're too confrontational he'll pack up his job and he won't let anybody in. And if there is abuse, that puts her more at risk. So we decided that the best thing to do was to, after re-reading the guidelines, we felt the case conference wasn't appropriate.'

The outcome in this case was that the woman went into respite care for a full geriatric examination and died.

One final case illustrates many of the issues raised in previous sections:

> We think her physical state now is stopping his sexual abuse, because she is very incontinent and that we think it is working. There was some suspicion because he had placed her in respite care a couple of times and she wasn't incontinent and there was some discussion as to whether the incontinence was brought on as a way to stop the sexual abuse but we have never been able to find out if she is incontinent all the time and we haven't been able to find out what actually happened. But she wants him to remain her carer. He is known to us.
>
> She won't let anyone tackle her finances but what we do do is, we have a home care worker go in every morning to handle her personal care and she goes to a home care centre five days a week. When we called him in and interviewed him, he said he felt very stressed and she would keep phoning all day and as soon as he walked out of the door, she would phone the police, she would phone neighbours. She would shout. That was the problem. The situation was not so stressed when we took her out all day and he could have Friday for a day out and have his leisure.
>
> They live in a one-bedroom flat and she sleeps in a grotty old chair and he sleeps in her bed with three dogs. She won't have it any other way. We've told her she can have him removed but she won't have it. Presumably we are allowed to talk about him in this interview. He has actually been known to bother

children. But at the end of the day, it is her decision and currently we have no money and nowhere for her to live. She is still at home. He abuses her financially at times but he pays the bills and she is always fed and that's what she wants.

Interviewer: Did you use the guidelines?

We did. He was interviewed. We held a case conference and we followed our review quite closely but actually at the moment it works quite well. I think with my hand on my heart that the sexual abuse is no longer an issue. I am sure it went on in the past but I suppose it doesn't go on now. I think the physical abuse could happen any day. We took the angle that I would actually prevent him, which I have done. I mean he sends me Christmas cards, but he is not a nice man. It's so appalling, but at the end of the day he trusts me, and if anything goes wrong he rings me straight away, so I sort of feel we are always on top of him now. He will ring me if Amy is not well.'

The care manager had held this case for two years. It shows the problems created by shortage of resources, the high resource cost of working with abuse in the community (in this case high levels of care assistance and day care placement), the stress on the care manager and the need to compromise and accept poor outcomes. It also indicates the shift to a gendered discourse when dealing with a complex case.

Residential care: as outcome and as abuse

The above three examples are of 'successful' cases where abused women were maintained in the community. They show the dilemmas involved in working for outcomes that could hardly be judged satisfactory by anyone who was unused to the problems presented. On the other hand these cases are all exceptions to the rule that the most common outcome described for men or women who were identified as abused was entry into residential care (see also Kurrle, 1993 for a study of outcomes where institutionalisation was the norm). Staff were therefore faced with the dilemma of whether to move a 'victim' from an abusive situation in the community to residential care where it was highly likely that they would be victims of institutional abuse, and possibly of physical or financial abuse, by residential care staff.

There was no evidence that staff saw removal to residential care as a successful outcome of an abusive situation. Many of the black women staff had formerly worked in residential care. They were not uniformly condemnatory, but some saw aspects of residential care practice as abusive. They were joined by a range of staff who had come to the job through the usual social work training routes and now found themselves using residential homes where they were aware of bad practice, or even physical and financial abuse. They identified abusive practices in residential care, such as sending people to distant homes outside the borough where they could not be easily visited by any well-wishers, and where the standard of care was unlikely to be carefully monitored given the shortage of time and resources. Infantilisation or 'not treating people as people' was also mentioned by a range of staff. Other types of institutionalised abuse mentioned were bathing practices, lack of stimulation and confinement to chairs round the day room. Three members of staff voiced explicit concerns about sending more people to homes where abuse had been proven, or where

it had been investigated by the home's management rather than by an independent investigator. Others mentioned the problem of lack of communication between care management teams, which meant that although a member of staff might have serious doubts about the quality of care in a certain home there was no procedure for informing staff in other teams of the suspicion of abuse.

Ethical and professional dilemmas

A dilemma is defined in this paper as a problem, a situation or set of choices presented in a professional or personal context where there is no possibility of a good outcome or resolution. This differs from Johnson's (1995) definition of a dilemma as a situation where values conflict and was not covered by Anetzburger et al., (1997). The emphasis here is on situations where values are clear but the choices available to professionals are in conflict with implicit or even overt values. When the available options are all unsatisfactory, it is difficult to distinguish which of a range of unsatisfactory options will do least harm. Such situations are not uncommon in social services but they are rarely acknowledged in UK professional discourse, where the emphasis is on the professional's ethical responsibility to reduce suffering and empower the disadvantaged (See Central Council for Education and Training in Social Work, 1991b). The ethical dilemmas could be seen as particularly serious in the cases where institutionalisation appeared to be the only option, but institutionalisation was believed to be abusive. The professional dilemma was more closely related to lack of resources which meant that good professional practice was often impossible, or to the existence of performance indicators that meant corner cutting, or even, as outlined, above, turning a blind eye to possible abuse in order to meet assessment targets.

Social workers in the borough concerned were faced with major dilemmas at two stages in the process of finding and working with abuse. The first was in terms of case finding and the second arose once a case had been identified. The professional dilemmas arising from an inability to produce good outcomes for abused men and women were the background to most cases. As Biggs, Phillipson and Kingston (1995) have argued, there are objections to identifying elder abuse because the available care options are so limited, and there is no guarantee of a successful outcome . This research showed that to be identified as being abused in the borough concerned did not usually bring about much improvement. It frequently resulted either in further abuse (for example the case of an older man who was punished for speaking to social workers who called to assess him) or a change from one abusive situation to another.

Avoidance

In procedural terms, it was possible to avoid some dilemmas by failing to investigate potential cases. When discretion was possible, ethical decisions could be avoided by simply not admitting the possibility that abuse was taking place. The dilemma of choosing between a professional ethic of emancipatory practice designed to empower the powerless, and the reality of ignoring the possible abuse of disadvantaged individuals, did not arise as long as suspicions could be ignored. Service performance indicators that emphasised throughput and resource constraints, provided a background to decision making that implicitly biased staff against complex cases. It can be argued also that the over simplified dominant professional discourse on elder

abuse that ignored aspects of gender, ethnicity and the complexity of cases, also encouraged avoidance since it was silent on the need to empower women and ethnic minority elders.

However the ethical issues relating to the detection of elder abuse were minor compared with the much bigger ethical dilemma which arose once abuse was confirmed. Once again the staff interviewed did not present the issue in ethical terms but they did voice their mistrust of residential care. The examples they presented made it clear that in the majority of cases, identification as abused was followed by institutionalisation or death. Most, if not all, social workers were either aware of cases of abuse in institutional care or were disposed to see institutions as abusive. They had a choice, in theory, of maintaining a woman who was being abused in the community or moving her to residential care. In practice resource constraints meant that it was very difficult to finance any supportive package of care for a frail elder, let alone one that could protect a frail older woman from abuse by relatives, lodgers or neighbours.

Given the problems of dealing successfully with individual cases, it is not surprising that avoidance appeared to be an important professional strategy. Staff who described cases spoke well of the professional guidelines that had been drawn up by a joint health and social services committee. The strength of the guidelines was that once a case had been identified there were procedures that could relieve individual practitioners of the professional and ethical dilemmas created by elder abuse. The first step when abuse was recorded was to report to a manager. The guidelines stated that abuse was to be investigated, interested parties were to be identified and a case conference was to be held within a specified time. The case conference then decided what was to be done. Since, as noted above, by far the most common outcome of referral for abuse was institutionalisation, the case conference was helpful in relieving individuals of the decision to place a ‘victim’ in residential or other long term care. As one worker commented, it was too much of a responsibility to send someone into residential care by herself and a joint decision was essential. Staff were thus relieved of direct responsibility for decisions that they might have seen as unethical had there not been procedures that enabled them to avoid the ethical issue.

The data presented in the interviews did not produce any evidence that staff were 'doing ethics' by making their own ethical decisions as suggested by Johnson, (1995). Neither did they appear to be negotiating ethical outcomes after recognising that issues were more complex than a simple ethics of user autonomy allowed (Moody, 1992). In fact user autonomy was cited as a reason for allowing abuse to continue on several occasions (see above). It seemed more likely that staff were coping with an impossible set of tasks by fulfilling managerial expectations and by following professional guidelines that protected them from dilemmas, rather than enabled ethical practice.

Conclusion

The reality of the practice situation for the professional social workers interviewed was that they were handicapped in their approaches to working with abused older men and women. The dominant professional discourse ignored gender and ethnicity, and so obscured important facts about abuse. Staff were nearly all women and worked mainly with women service users, but the language of their profession was gender

free. Those interviewed compromised by speaking 'professionally' in gender free terms, about service users and carers, victims and abusers, but speaking of 'men and women' and 'sons and daughters' (usually, though not always) when they described individual cases. Despite the rhetoric of English social work training which lays very strong emphasis on equal opportunities and working with difference (see CCETSW, 1991a; 1991b), staff did not refer to their own ethnicity nor (with three minor exceptions) to the ethnicity of service users. This divergence between reality and the dominant professional stance was further compounded by a categorisation of elder abuse that emphasised clarity in types of abuse and a dichotomy between 'abusers' and 'victims' (see Wolf and Pillemer, 1989 for an early exposition of the complexity of elder abuse). The intractable nature of many abusive situations, which would have been difficult to deal with under any circumstances, was compounded by an organisational climate that offered no incentives to detect, or work with elder abuse, and many incentives not to. Staff were faced with high case loads and performance indicators that did not specifically take account of the complexity of abuse cases and placed a premium on case throughput rather than outcome. Resource constraints meant that complex care packages or high quality placements were difficult or impossible to finance. It was a tribute to the professionalism of the staff that nearly all reported current cases despite the disincentives to doing this type of work.

The argument of this paper is that discourses on ethical practice had been silenced by the dilemmas faced by staff in the service under review. The dilemmas created, were not part of the dominant professional discourse but appeared in interviews as hidden areas of disquiet and stress. On the one hand there was a (largely muted) reluctance to find and work with elder abuse and on the other, a willingness to respect the wishes of women and men who 'chose' to remain in abusive relationships. In situations where staff might, in theory, have been expected to draw on social work values and the principles of emancipatory practice they were not doing so. When ethical practice, as learnt theoretically, is impossible because the only choices available are unsatisfactory or positively harmful, professionals are faced with a range of dilemmas and may feel that ethics are an irrelevance. One well-known reason for this is the intrinsic complexity of elder abuse cases (Wolf and Pillemer, 1989). Further, longitudinal research may show that positive outcomes are very rare, as in Australia (Kurrle, 1993) and that dilemmas are the normal background to working with elder abuse.

Staff reacted to the dilemmas with which they were faced mainly be avoiding ethical issues. They evaluated their practice in terms of the relationships they had with service users rather than ethical terms. As long as they were helping people, and some service users were grateful, it appeared that they could feel justified and they were overwhelmingly positive about their roles and their service. Only one said she was leaving because the nature of the work was changing and one other expressed reservation about working with elder abuse. All those interviewed felt that social workers had a role to play in finding elder abuse and expressed a commitment to working against it. Although this might be expected in an interview about social work and elder abuse, the level of agreement was very high and indicated that staff were avoiding some of the more stressful implications of their work.

The presence of professional guidelines on elder abuse appeared important because they used the same simplified and gender free language as the social workers who

were interviewed. All but two spoke very positively about the guidelines. They allowed the front line professional to share the burden with her manager and with other professionals and the family involved in the abuse case. One member of staff might still be left carrying the main burden, as in the case quoted above, but usually the care manager was relieved of sole responsibility for putting someone into institutional care, and that was greatly appreciated.

It is the contention of this paper that neither professional social workers nor professional practice are well served by the silences that were identified in dominant professional discourses. In the first place, the failure to integrate aspects of diversity, in terms of gender and ethnicity, into professional discourse obscured many aspects of the abuse of older men and women. In the second place, the failure to acknowledge dilemmas in finding and dealing with cases of abuse where the almost certain outcome is institutionalisation, placed undue strain on staff. Interviews revealed that staff were not making ethically based professional decisions, but were following managerial dictates and guidelines in ways that might relieve them of personal responsibility. It can be argued that structures such a guidelines are essential and much better than leaving staff totally unsupported. On the other hand such an approach leaves staff to deal with the stress of unresolved and largely unacknowledged professional dilemmas (defined as situations where all outcomes are likely to be harmful). Failure to take full account of the problems faced by staff does not assist, and very probably hinders, support for ethically based professional development. Although this was a one off piece of work in a highly stressed social service department, it would be interesting to know how far avoidance and rule following affect ethical practice in other services where dilemmas (defined as situations with no beneficial outcomes) dominate practice.

References

Anetzburger, G.J., Dayton, C. and McMonagle, P., (1997), 'A Community Dialogue Series on Ethics and Elder Abuse: Guidelines for Decision-Making', *Journal of Elder Abuse and Neglect* , 9 (1) 33-50.

Biggs. S., Phillipson, C. and Kingston, P., (1995), *Elder Abuse in Perspective*, Buckingham: Open University Press.

Brownell, P. J., (1998), *Family crimes against the elderly : elder abuse and the criminal justice system*, New York : Garland Publishing.

Central Council for Education and Training in Social Work, (1991a), *One small step towards racial justice : the teaching of antiracism in diploma in social work programmes*, London: CCETSW.

Central Council for Education and Training in Social Work, (1991b), *Rules and requirements for the Diploma in Social Work : DipSW. (CCETSW paper 30)*, London: CCETSW.

Grafstrom, M., Norberg, A. and Winblad, B., (1992), '"Abuse is in the eye of the beholder". Spontaneously reported accounts by family members of abuse of demented

persons in home care. A total population-based study', Stockholm: Stockholm Gerontology Research Centre.

Griffin, G. and Aitken, L., 1999, 'Visibility Blues: Gender Issues in Elder Abuse in Institutional Settings', *Journal of Elder Abuse and Neglect* 10 (1/ 2) 29-42.

Johnson, T.F., (1995), 'Ethics and Elder Mistreatment: Uniting Protocol with Practice' *Journal of Elder Abuse and Neglect*, 7 (2/3) 1-18.

Kurrle, S., (1993), 'Responding to Elder Abuse - a follow-up study of interventions and outcomes', *Australian Journal on Ageing*, 12 (4) 5-9.

Langan, J. and Means, R., (1996), 'Financial management and elderly people with dementia in UK: as much a question of confusion as abuse?', *Ageing and Society*, 16 (3) 287-314.

McCreadie, C., (Ed), (1993), *Elder abuse: new findings and policy guidelines*, London, England: Age Concern Institute of Gerontology, King's College London.

Moody, H.R., (1992), *Ethics in an Aging Society*, Baltimore: The Johns Hopkins University Press.

Northamptonshire Social Services Department, (1993), 'A Report on elder Abuse in Domestic Settings in Northamptonshire November 1991 - October 1993' Northampton: Northampton Social Services.

Pritchard, J., (1991), *The Abuse of Elderly People a handbook for professionals*, London: Jessica Kingsley Publishers.

Renvoise, J., (1978), *Web of Violence*, London: Routledge and Kegan Paul.

Richards, L. and Richards, T., (1998), ‘the Transformation of Qualitative Method: Computational Paradigms and the Research Process’ in N. G. Fielding and R. M. Lee (eds), *Computer analysis and qualitative research*, London: Sage.

Steinmetz S. K., (1988), *Duty Bound Elder Abuse and Family Care*, Beverley Hills: Sage.

Whittaker, T., (1995), in Arber, S. and Ginn, J., *Connecting Gender and Ageing*, Buckingham: Open University Press.

Wilson, G., (1994), 'Abuse of Elderly Men and Women among Clients of a Community Psychogeriatric Service', *British Journal of Social Work*, 42, 681-700.

Wolf , R.S. and Pillemer, K.A., (1989), *Helping elderly victims : the reality of elder abuse*, New York: Columbia University Press.