



Breaking the Taboo
Empowering health professionals to combat violence
against older women within families

MALTREATMENT OF OLDER WOMEN
FRENCH NATIONAL REPORT

Hannelore Jani-Le Bris

Paris

December 2007



This project has been funded with support from the European Commission. This report reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Translation from the French original : Gertraud Dayé

It is a tragic fact that only too often maltreated or neglected persons find themselves in a situation of guilt and ambivalence in relation to their "tormentors".

Actually, if the perpetrators are their own children, they will find a whole range of excuses to defend their aggressors and will pretend that they often are superfluous, or useless, and it might be good to have a closer look at the depressions many older persons suffer from...

Furthermore, the fear of an uncertain future as a consequence of denouncing the maltreatment very often puts a stop to all plans of speaking about it.

Michel Debout

Sometimes the old and infirm can be more at risk from relatives than from disinterested, but compassionate strangers.

Lynsey Hanley

Table of Contents

Introduction.....	5
1. History.....	5
2. Definitions.....	7
3.1. Number of calls – “Files Maltreatment” dealt with	9
3.1.1. Perpetrators – Victims in 2006.....	10
3.1.2. Why do they resort to violence?	11
3.1.3. Acts registered	12
3.1.4. How is maltreatment experienced by the older person?	13
4. Public authorities and maltreatment of older persons	14
4.1. Development.....	14
4.2. Legislative framework – legal texts	16
4.3. Education and training.....	16
Education, professional training as well as in-job training more and more include maltreatment in the curricula, or even make it a compulsory topic:.....	16
4.4. World Elder Abuse Awareness Day: 15 th of June	17
In conclusion.....	17
Reference.....	19

Introduction

This literature review is part of a European research project on various forms and degrees of maltreatment of women aged 65 and over within their families.

Seven Member States are participating in this research: Austria, Finland, Italy, and Poland on the one side, Belgium, France, and Portugal on the other.

In the first group of countries, the research covers

- Literature review – including research and collection of relevant scientific literature and databases on the topic;
- E-Mail and telephone survey – carried out to collect information from organisations and institutions on existing guidelines;
- Qualitative interviews with professionals in the field, 10 -15 per partner country.

In the second group, including France, the research is limited to literature review, excluding any field research.

This report on the situation in France concentrates on maltreatment committed by a family member and deals only sommarily with maltreatment occurring in residential or nursing homes for older persons.

1. History

The taboo covering neglect, maltreatment, abuse, and violence was, in France, first broken with regard to children, then to married women and only later with regard to older persons; older people are only third when it comes to attract interest in connection with abuse and maltreatment, although still coming before persons with disabilities, whose risk of being maltreated is still overlooked by society. Obviously the highly valued societal concept of the family makes it particularly difficult to break the taboo in the private area – much more difficult than in the professional field.

The lack, in France, of a national, representative poll carried out among older women – as well es among older or disabled persons in general – is significant. As late as in 2005 the IGAS¹ states : “As there is no national study (...) nor any national information system, we do not have the means to measure maltreatment of older or disabled persons (...) living either in institutions or in their own homes. Thus, it is not possible to present a reliable estimation of the extent of this phenomenon” (Tursz). Taboo because the fact is too painful, in particular in

¹ Inspection générale des Affaires sociaux (Inspectorate of Socail affaires

the case of maltreatment within the family? Is there an intentional underestimation of the extent of the occurrence of maltreatment because it is experienced as frightening?

The only national study in France² on violence is limited to women aged between 20 and 59 years³. (Jaspard et al.)⁴

Michel Debout's⁵ statement in his report on maltreatment for the government (submitted in January 2002 to the Junior Minister responsible for older persons) is as true in 2007 as it was 5 years ago: "We have to recognize that we lack, in France, a comprehensive epidemiological study that would present the real extent of the phenomenon:" (Debout ; Margueritte et al.)

However, INSEE⁶ started in 2005 a national study (metropolitan France) on the phenomena of violence committed against persons living at home. But there is a major deficiency from the gerontological point of view: the upper age limit is 75 years... (Tursz)

Margueritte et al. place the appearance of the notion of elder abuse in the late 80s, on the basis of a report by the Council of Europe (Conseil de l'Europe): "This concept was the topic of numerous scientific publications mainly in Anglo-Saxon countries. (...) In France, Professeur Robert Hugonot, a geriatrician in Grenoble, was the first to present this problem to the general public". (Margueritte et al.)

Beyond his publications on elder abuse and his active participation in congresses (organisation and presenting papers), the main merit of Hugonot in this area is the creation of the association "Alma" in Grenoble in Mai 1994 ("Allô maltraitances des personnes âgées" – a telephone help line that offers assistance and information⁷) Hugonot is also a powerful motor for knowledge about and recognition of this scourge as well as the fight against it, thus breaking the taboo.

Alma, a non profit association, is the oldest service of this type and the most widespread one in France: it is the leading institution in the field of elder abuse.

First limited to the département where it had been created (département de l'Isère), the Alma network progressively expanded to other départements with the objective to cover the whole country. This process is slow: in 2006 it covered 55% of the départements⁸, and according to projections it will be 65% in 2007 (Fédération Alma (1)), 2007).

Originally a network of telephone help lines for private individuals and professionals (victims, witnesses, perpetrators), activities have rapidly gone beyond, which was to listen: analysis and evaluation of the calls, systematic registration since the beginning, collection of a maximum of information on all persons implicated as well as on the content, drawing-up and publication of yearly statistics, sometimes enquiries on the situation, depending on the seriousness and the content of the complaints, sometimes follow-up action (if the victim agrees) that may lead to judicial action. – Alma also offers training and information.

² Carried out in 2000 through phone interviews of 6970 women living in metropolitan France

³ It shows above all violence within the marriage

⁴ The choice of this upper age limit was explained by financial considerations: the types of acts of violence are so different depending on the age groups that it would have been necessary to considerably increase if not double, the number of test persons, which was not possible with the budget the State provided for this work

⁵ Specialist in forensic medicine and professor at the Faculty of Saint Etienne

⁶ Institut National de la Statistique et des Études Économiques (office of official statistics and economy)

⁷ Later on there was a reorganisation of the departemental networks in the Fédération Alma

⁸ In all the French départements, including the départements d'Outre-Mer

“Solidarité Vieillesse” (solidarity old age) is another listening service, created about ten years after Alma, by AFBAH⁹ (end of 2002; hotline service started in January 2004). It is a regional service operating in Île-de-France (greater Paris) (AFBAH (2)).

As regards its creation and financing, this non profit association is linked to public authorities and bases its activities on a large public-private partnership (Conseil général, public and private health and old age insurance companies, associations, etc.) In addition to the listening to private individuals and professionals, the association established in 2004 a software (said to be unique), to facilitate the data collection and the follow-up related to the phone calls, as well as their statistical analysis. The association also offers training for professionals on maltreatment, organizes information days and tries to inform the general public. – There are plans to create a regional observatory on maltreatment, and to foster research in this domain. (AFBAH (1); AFBAH (2))

The association Les petits frères des Pauvres also offers a hotline called “du cœur à l’écoute” (“listening with our heart”) for persons aged 50 years and over. In their fight against maltreatment they collaborate in particular with Alma. (de Monpezat)

2. Definitions

The use of expressions such as *neglect*, *maltreatment*, *abuse*, *brutalisation*, *violence*, apart from their literary definitions do not seem to be subject to strict definitions in written texts nor in spoken language. Each of these terms seems to be used as a synonym for the other, as a generic expression, or chosen by chance or for reasons of style. In specialized literature the term *maltreatment* seems to be used most frequently as the generic term. We will do the same in this text.

For reasons of thinking positive, there is a new stylistic trend in France: the word “well-treatment”¹⁰ has appeared.

WHO defines violence in its 2002 report as follows: “Deliberate use or deliberate threat of physical force or power directed against oneself, against another person or against a group or a community leading to or involving a strong risk to lead to traumata, to death, to moral damage, to a negative development or a deficiency.” (Tursz) This definition seems to be too restrictive conc. the expression “deliberate” – in particular with regard to older persons. (ibidem). Furthermore, this definition does not enter into details regarding the types of violence.

In France, in the field of maltreatment of older people, the definition given by the Council of Europe in 1987 is grosso modo taken up: it is characterized by “any action or omission committed by a person that injures the life, the physical or mental integrity of another person or seriously endangers the development of his/her personality, and/or encroaches upon his/her financial security” (Ministère du Travail des Relation sociales et de la Solidarité (1)). This definition, which is comprehensive and rather vague, was refined by the Council of Europe in 1992, referring to the different acts (ibidem):

⁹ Association francilienne pour la Bientraitance des aînés et/ou handicapés (Association for well treatment of older or disabled persons in Greater Paris)

¹⁰ expression that cannot be found in the dictionaries

- Physical abuse
blows, burns, mechanical restraints, rude handling when delivering care, not meeting physiological needs, sexual violence, killing (incl. euthanasia), etc.
- Psychological and emotional abuse
Respectless or humiliating language, lack of consideration, threats, bullying, patronizing, swearing, not respecting intimacy, etc.
- Exploitation, financial or material abuse
Thefts, demanding money, trickery, unsuitable accommodation, etc.
- Medical abuse, abuse related to medicines and drugs
not meeting basic needs, lack of information on treatment and care, abuse with regard to tranquilizing or neuroleptic medication, lack of rehabilitative treatment, disregard of pain, etc.
- Active neglect
All forms of bad treatment, abuse, abandonment, practical faults in full conscience of doing harm
- Passive neglect¹¹
Neglect caused by ignorance, and lack of attention by those surrounding the victim
- Denial or violation of rights
Restricting the freedom, denying civic rights or the right to carry out religious rites ...

Acc. to the statistics published by the listening services – such as Alma or Solidarité Vieillesse – the definition of the Council of Europe is more or less applied: explanatory details of the different types of maltreatment are not necessarily identical and the categories might be more restricted, or more detailed.

The Commission “Older and Disabled Persons”, created for the elaboration of the Government’s “Plan *Violence et Santé*” (plan violence and health) points out the difficulty to take into account the manifold realities of maltreatment in the definition. Indeed they also use the categories established by the Council of Europe, but insisting on the other hand on the “importance of maltreatment caused inadvertently, or ‘violence by omission’ following the terminology of Stanislas Tomkiewicz, which is characterized by an insidious, everyday manner (...) Maltreatment often starts with apparently inoffensive acts which are not illegal, but harmful and might make their targets to victims”. (Tursz)

On the basis of a qualitative, non representative study carried out in 2002 (see below), Thomas et al., state that complaints “do not fit in an evident manner” into the categories of definitions generally used, and they suggest to abandon the definitions based on the nature of the act, and to replace these by three categories based on the victims’ perceptions, i.e. on the types of attacks indicated by the older persons : violence against his/her integrity, his/her dignity and his/her civic autonomy. (Thomas et al.) However, we did not find applications of this definition.

It seems to be necessary to base the categories on a nation-wide survey on maltreatment of older persons to reach a valid typology of maltreatment.

In conclusion, it is not astonishing that Tursz speaks about a “battle of definitions” (Tursz)

¹¹ i.e. without the express wish to do harm

3. Figures known

Although there is no representative national study in France, there are annual data (since 1995/96) collected within Fédération Alma and its networks. But these data are not representative as they are based solely on calls to Alma and their clients. Thus, it is not known what they really represent; and, consequently, the statistical data at our disposal have only an **indicative value**.

However, a representative regional survey was carried out in the department Nord among persons aged 60 and over "who were strongly suspected or diagnosed to have suffered violence, and who had been admitted in an institution or a care center on the day the study was carried out". In that study "Only violence and neglect that occurred within the larger family environment (i.e. family, friends, and neighbours) was taken into account, excluding thus all forms of maltreatment that occurred in care institutions- (Durocher et al.) We shall come back to this study later on.

If not stated differently, the data given in the following come from internal statistics of Alma and refer to the year 2006 (Fédération Alma (1), 2007).

3.1. Number of calls – "Files Maltreatment" dealt with

The steady increase of the numbers of calls is striking: a multiplication by 7 between 1995/96 (1 634 calls) and 2006 (11 308 calls). This development is partly caused by the steady expansion of Alma on the French territory (as already mentioned, in 2006 Alma is operating in 56 % of the French departments). This steady increase may also be a sign for a better knowledge of the possibilities to react, and of a breaking of the taboo in this area.

There were 2077 calls that led to opening a "file Maltreatment with follow-up » in 2006; this is 18% of all the calls received that year. This number as well as the percentage is also steadily increasing (in 2004, 1538 and 14%, respectively).

However, when calculating on the basis of the number of persons living in institutions (clearly lower than those living at home), the percentage of cases of violence in institutions is definitely higher than the cases of violence among those living at home. Obviously, *living at home* is not synonymous with *living in the family* or being *supported by the family*: other persons also take care of the older person, in particular home care services (see below).

On the other hand, it has to be stressed that there are strong differences with regard to the geographical distribution of home care and institutionalized care.

Who calls?

According to the "files maltreatment with follow-up" it is in most cases a family member who draws attention to a case of violence and looks for advice via a help line, regardless of where the older person is living, at home (40%) or in an institution (53%). But it is also the older person him/herself who calls, at least when he or she is living at home (31% versus 15% if he or she lives in an institution).

Regardless of where the victim lives, one case out of five is reported by a professional.

3.1.1. Perpetrators – Victims in 2006

In 8 cases out of 10 the violence occurs in the home of the older person.

The victims

The picture differs considerably depending on where the victim is living: at home, the victims are mostly women, regardless their age. (Contrary to the situation in institutions, where in one case out of two the victim is a woman aged at least 80 years.)

2006; in %			
at home	women	men	total
< 80 yrs	39	13	52
≥ 80 yrs	37	11	48
Total	76	24	100

2006; in %			
In institution	women	men	total
< 80 yrs	21	13	34
≥ 80 yrs	46	20	66
Total	67	33	100

The regional population¹², suspected of being victims of violence at home in the study carried out by Durocher et al. comprises 76% of women, and, on the other hand, 77% of persons with psychological and/or behavioural troubles, 95% having physical restrictions/handicaps (Durocher et al.)

The perpetrators

Wherever the victim is living, the perpetrators are those being near. At home, the immediate family as well as the larger family including friends and neighbours are the main perpetrators: 80%, whereas persons coming from outside are only rarely involved. In institutions the main group of perpetrators is found among staff, nursing staff primarily (33%); but, with 16% family, friends and neighbours are not innocent either (attention must be drawn, however, on the very high percentage of unknown perpetrators in institutions, a fact that draws some doubts on the distribution data).

¹² Département du Nord

Presumed perpetrators according to place of living; data gathered from the files dealt with; 2006; in %

Presumed perpetrators	at home	in institution
Immediate family	65	13
Larger family, friends and neighbours	15	3
Non medical staff	5	19
Nursing staff	3	33
Guardian, trustee	3	2
Other older persons/other residents	1	1
Others or unknown	8	29

Durocher et al. found that 76% of the perpetrators were family members. (Durocher et al.)

A qualitative study (Thomas et al.), that was not representative¹³ and did not give numbers, shows similar groups of perpetrators and adds some others:

Table (T1a): complaints of maltreatment to health authorities : who is denounced ?

Persons denounced at home	Persons denounced in institutions
Practitioners Hospital services Trustees and guardians	
Professional home helpers and social services	Para-medical staff Service staff Management
Family Neighbours	Other residents
Shop keepers Bank staff Insurance Company staff	
Source : <i>Une maltraitance ordinaire : perception et réactions des personnes âgées aux actes de maltraitance</i> . Rapport final, DREES, 2004	

3.1.2. Why do they resort to violence?

Before being a *situation* of help, family help is a *relationship*. The reality of family care is far from the well-rooted idealistic concept according to which affection or love for the person cared for is the main motivation for help (Jani-Le Bris). Debout states: "maltreatment of older persons (...) is located in a relational environment. The perpetrator often does not have a clear conscience of his role as a perpetrator. To help and care for an older person is a heavy, difficult, often impossible task, and escapist behavioural patterns can be observed. In this relationship, both persons are prisoners of what is happening. The older person needs the family carer. His/her survival depends on this family member. There is no escape. As for the family carer, he or she has to fulfill the task. The relationship with a dependent older person is frequently a situation of confinement: Many relational drifts may appear. The number of maltreated older persons cannot be known; only the number of situations of maltreatment that ended with a legal complaint can be known. » (Debout)

¹³ Study based on 1. analysis of the complaint files addressed to DGAS in 2002 and 2003; 2. approx. 40 semi-structured interviews of older persons not having lodged a complaint, carried out by sociologists.

It is, consequently, not astonishing that the primary risk factors in the case of home care are caused by the difficult relationship between the family carer and the person cared for, or by old family stories (33%), or by the lack of communication between the family members (11%).

But maltreatment of an old and frail relative will only happen when there is a whole range of interdependent and interactive factors contributing to the situation. Two factors are directly linked to the care situation, although they are not seen as of primary importance according to the statistics known: it is wear and tear of daily life, exhaustion, and burn-out (7%), and the lack of support (5%). The risk factors are more often linked to the personal or social situation of the carer: financial problems (13%), consumption of alcohol or drugs (13%), illness, physical or mental disabilities (12%), unemployment or other social difficulties (7%).

The highest risk of violence within the family is an accumulation of these risk factors.

According to the Alma statistics, the main factors leading to abuse of all kinds in institutions cover primarily the relational field on the one side, and the organisational area on the other:

Risk factors for maltreatment of persons in institutions (2006); in % :

Lack of communication, listening, speaking	24
Lack of staff, absenteeism, repeated change of staff	20
Aggressive, violent behaviour of the older person	9
Inactive home councils; faulty interior regulations	8
Strain, exhaustion	6
Lack of financial means	5
Alcohol, drugs	1
Other factors	27

3.1.3. Acts registered

The first type of maltreatment at home consists of psychological acts and financial abuse (much more seldom in institutions, where legal provisions render this very difficult).

The importance of physical acts against older persons is, in our opinion, underestimated, at home as well as in institutions.

Neglect is three times less frequent at home than in institutions.

Types of maltreatment, at home and in institutions: data gathered by evaluating the files, 2006; in %

	at home	in institution
Psychological	24	23
Financial	22	11
Physical	14	11
Neglect	11	31
Neighbourhood	10	1
Civic	4	6
Medical	2	7
Between suffering and maltreatment	6	2
No maltreatment	8	9

The non representative qualitative study quoted above gives some complementary details (Thomas et al.):

Table (T2b): what are the older persons' complaints when giving answers to the sociologist?

at home	in institution
Thefts, swindling	
Verbal violence, insults, patronizing and disrespectful language, contemptuous behaviour, ignoring what the older person says	
Lack of attention to physical or psychical suffering expressed by the older person	
Lack of nutrition, malnutrition	
Health problems, loss of autonomy, pains	
Deprivation of assistance Lack of care, refusing to care Loneliness and isolation Lack of money	Lack of staff Lack of care, refusing to care Lack of affection Lack of money Bad hygienic situation of the place and the body Non-respect of dignity Forced institutionalisation Inadequate institution Mechanical restraints, confinement Blackmailing, threat of blackmail Incompetence of staff Separation from spouse
Family Neighbours	Other residents
Shopkeepers Bank staff insurance brokers/staff	
Source : <i>Une maltraitance ordinaire : perception et réactions des personnes âgées aux actes de maltraitance. Rapport final, DREES, 2004</i>	

3.1.4. How is maltreatment experienced by the older person?

Michel Debout gives valuable answers to this question. He underlines that there is "heavy and serious maltreatment, but also more insidious maltreatment that may be committed by each of us" (Debout)

Debout suggests three categories of behaviour that explain the difficulty of the aged victim to denounce the situation he or she experiences in his family:

- Protection of the perpetrator
« Frequently, the older person is in a situation of ambivalence and feeling of guilt. In fact, when the perpetrator is the own child, the older person will try to find extenuating circumstances, excuses, explanations. In that case, the older person protects his/her perpetrator »
- Silence
« Certain persons who would like to denounce their perpetrator do not do it because they dread what will happen then. What will become of them? Will they really be better off somewhere else? Thus, they suffer in silence. »
- Culpability
« Certain older persons fall into depression, convinced that they are simply superfluous, not of any use, a burden, and that they should feel happy that someone provides care for them at all » (Debout)

Thomas et al. also stress this aspect, and state in particular that the older person might consider as "normal" or "banal" to be maltreated, with the consequence that they are incapable to see themselves as maltreated (Thomas et al.).

Tursz recommends : "although this often poses the problem of intruding into the private lives of older persons, only interventions in the private homes of these persons and their families are appropriate strategies for detecting cases of maltreatment and dealing with the prob-

lem in an adequate way, when dealing with groups of the population who live exclusively or almost exclusively within the family framework : the very young children, the older persons, and persons with certain forms of handicaps.” (Tursz)

4. Public authorities and maltreatment of older persons

It has to be underlined that the different bodies of public authorities direct their efforts and interventions to fight maltreatment in most cases – or even exclusively – on illegal acts committed in institutions for older persons and not acts committed in private homes.¹⁴

4.1. Development

The problem has been approached in small steps, marked by sporadic periods of slowing down. It is from the 80s onward that “older persons (...) became the object of concern (...) of public authorities” (Juilhard, Blanc). The beginning of recognition of the problem of maltreatment on the governmental level was, as already said, focussed on maltreatment of children.

Pascal Vivet places this beginning precisely in the year 1982, with the International Congress of maltreatment in the world, reporting that “the Minister who did not want to appear ridiculous in front of the global community, looked for information about the work carried out by French scientists on this topic. He was very disappointed to learn that, except for one or two studies, there was no research carried out on maltreatment. Neither the CNRS¹⁵, nor INSERM¹⁶ had worked on these topics. » (Quoted from Juilhard et Blanc.)

Some years later, France participated in the above mentioned international congress of the Council of Europe in 1987, *Violence within the family*, organized in three sub-committees: violence against children, violence against women, and violence against older persons.

From the year 2000 onwards things moved faster

- In July 2000 the seriousness of the problem of maltreatment led to a ministerial reorganisation, with the immediate consequence that at DGAS¹⁷ an office for the protection of people was created. However, as it was stressed by Juilhard et Blanc in their report to the Sénat, “it is still true that (...) this office is a rather small body although consisting of persons who are extremely competent. This shows the political wish as well as the relative weakness of means that can be used to tackle the problem ». (Ibidem)

¹⁴ It is possible that this was favoured by the fact that the majority of beds in institutions in France depend on the public authorities. This explanation might lead to the conclusion that the State sees its responsibility engaged with regard to what happens in institutions but not, or less with regard to what happens within the families.

¹⁵ National centre of scientific research

¹⁶ Institut nationale de la Santé et de la Recherche médicale (National institute of health and medical research)

¹⁷ Direction Générale des Affaires sociales (general directorate of social affairs)

- In 2001 the Junior Minister for older persons¹⁸, Paulette Guinchard-Kunstler, installed a working group, chaired by Michel Debout, having the task to reflect on prevention of and fight against maltreatment of older persons. (ibidem) The report that came out of their work, *Preventing maltreatment of older persons*, was presented to the Secretary of State in January 2002 (Debout 2003).
- The successor of P. Guinchard-Kunstler in the function of Junior Minister for Older Persons in 2002, Hubert Falco¹⁹, stated: « Maltreatment of older persons is still too often a taboo. It is a reality that nobody wants to face. Society must be solidary with its most frail older members and guarantee their right to dignity. 5% of persons aged 65 and over are victims, and 15% of those aged 75 and over²⁰. Persons suffering from Alzheimer's disease and similar illnesses are particularly at risk » (Juilhard et Blanc).
- Already in November 2002, H. Falco established le "Comité national de Vigilance contre la Maltraitance des Personnes âgées"²¹. (ibidem) The 1st evaluation of this committee was presented in 2004.

Nevertheless Margueritte et al. still concluded in 2004: "it can be assumed that France has not yet really fully gathered the extent of the phenomenon of maltreatment of older citizens, essentially because of a lack of precise data." They also insisted on the "difficulty the socio-medical, judicial and political institutions have in responding to maltreatment, which lies in the problem linked to detecting maltreatment; in fact the alerts and diagnostics of this form of violence is still too rare. » (Margueritte et al.)

In fact, the incontestable efforts made by successive governments to fight against maltreatment have had a wider effect only from 2004/2005 onwards, at least with regard to institutional care of older persons. Various State institutions ordered or carried out analyses and programmes dealing with maltreatment: following the report by Juilhard et Blanc for the research commission of the Sénat, ordered by the Ministry, IGAS²² entrusted Françoise Bas-Theron and Christine Branchu with an analysis to evaluate the special supervision programme (created in 2006 by the DGAS²³) of the residential and nursing homes, (Bas-Theron, Branchu; DGAS).

There are two recent government initiatives (March 2007): 1. the creation of ANESM²⁴ that has the objective to "develop a culture of good treatment in the institutions and social and medico-social services" (Ministère du Travail, des Relations sociales et de la Solidarité (2)). 2. the elaboration of a "*Development plan for good treatment and intensified fight against maltreatment*" (Bas).

¹⁸ Partie socialiste

¹⁹ UMP (Groupe Union pour un Mouvement Populaire)

²⁰ Note HJ : these numbers are based on extrapolations from data for foreign countries (Norway, Sweden, United States, Canada) where situations are not necessarily comparable to those in France, at least when taking into account the different systems of social and health care services.

²¹ National vigilance committee on maltreatment of older persons

²² Inspection générale des Affaires sociales

²³ Direction générale des Affaires sociales

²⁴ Agence Nationale d'Evaluation sociale et médico-sociale (national agency for social and socio-medical evaluation)

After having declared Alzheimer's disease an important national issue (2007), the President of the Republic established a third plan to fight against this disease in November 2007, the *Plan Alzheimer 2008-2012* (Portail du gouvernement). As persons suffering from senile dementia are particularly at risk of maltreatment, it is to be hoped that the implementation of this plan has positive effects also with regard to fighting risks of maltreatment, including that in the private homes

It has to be underlined that a large majority of the governmental efforts are limited to maltreatment in institutions. The different programmes as well as ANESM are, in fact, concentrated on maltreatment in institutions. Such efforts are not shown with regard to fighting maltreatment at home, nor maltreatment occurring within the family, where it tends to remain hidden: **even in 2007, the taboo of elder abuse within the family remains more or less unchallenged.**

As can be seen above, a new concept appears, to which government as well as some associations adhere: « old treatment » of older persons .

It is not without scepticism that we look at this expression: is it really more than a new word en vogue? Is it actually a concept, or rather only a new soothing expression of a reality in front of an increasing awareness of what was considered inconceivable²⁵, against which, however, it is humane and urgent to react ?

4.2. Legislative framework – legal texts

According to the institutions IGAS and DGAS the legal and regulatory dispositions in force are “sufficient and adequate for the protection of vulnerable persons” (Bas-Theron, Branchu). Anne Tursz comes to the conclusion that “at present, the application of the existing legal and regulatory texts is a priori to be preferred to the formulation of new laws”; she adds, however, that “as the texts concerning the health and socio-medical sectors are generally considered to be over-abundant, difficult to read and occasionally incoherent, it seems to be above all essential to facilitate their accessibility” (Tursz)

Lists of a very wide range of legal texts dealing with this topic are published on several websites, such as the website of Alma (Alma-France) where it is stated that “the choice made in this context, which is necessarily not exhaustive, is not at all specifically addressing older persons (some texts, however, stipulate that vulnerability due to age as well as a physical or mental disabilities are to be taken into consideration). This partiality is caused by the wish to make available only a basic material aiming to direct the reader towards an eventual solution and not to help him establish a complete legal file which, in any case, would be the task of a lawyer » (ibidem)

4.3. Education and training

Education, professional training as well as in-job training more and more include maltreatment in the curricula, or even make it a compulsory topic:

²⁵ In order to « embellish » a reality seen as too harsh, the use of the words “vieux, vieille” (i.e. old) was forbidden some 30 years ago (but is still used as an insult): the expression “older persons”, later on “older and retired persons”, and, in the meantime “seniors” – was seen as “nicer” and allowed to protect sensitive mentalities against an unbearable reality

- Preventing maltreatment is one of the priorities in in-job training of staff in public hospitals (Bas-Theron, Branchu; annexe)
- In 2005, IGAS launched activities aiming to improve knowledge about maltreatment in institutions and to strengthen sensibilisation and education of staff with regard to this problem (ibidem)
- In its *Plan Violence et Santé 2005* (Tursz), the government plans to strengthen professional education of its staff : “education on ‘health aspects’ of violence and on good practice in the field of prevention, of detecting, registering and dealing with abuse concerns many professional sectors. All the health staff is concerned, medical and paramedical, hospital staff, private and public health care staff, and all levels of education (basic training and in-job training, general and specialized training). Outside the health sector, many other professional sectors are concerned: justice, police, the social sector, and national education. » (Tursz) Tursz insists, further, strongly on the need to inform the general public about maltreatment and to show the means to react to it.
- Durocher et al. emphasize: better knowledge about and awareness of maltreatment and breaking the taboo are the most important means to fight against this scourge. Training of actors in the health and social sector, very often helpless when confronted with the complexity of the situations, must also be provided. (Durocher et al.)
- Alma recently created some training DVDs (Hugo (2), Hugonot-Diener).
- Being an essential tool against maltreatment, training and information of the family carer as well as a real policy of care for carers has to be seriously developed and applied.

4.4. World Elder Abuse Awareness Day: 15th of June

“Elder Abuse, which was for a long time passed over in silence, has now its world awareness day. This day will be observed for the first time today (15.06.2006), upon the initiative of the International Network for the Prevention of Elder Abuse (INPEA²⁶).” (de Mallevoüe)

In conclusion

It is undeniable that public authorities, and more precisely the successive junior ministers for older persons have been engaged in the fight against maltreatment of older persons, well beyond the political discussions. With a national, representative survey on maltreatment of the older population missing, they based their action on the work carried out since the early 90s by Robert Hugonot and the non profit network « Alma », the first telephone help line for private individuals and professionals, which he created in 1994.

As there are no reliable, detailed statistics, the extent of the phenomenon is unknown, for both maltreatment at home and maltreatment in institutions.

²⁶ International Network for the Prevention of Elder Abuse, founded in 1997

Especially since the early 2000s, various ministerial departments multiplied reports, analyses and programmes – programmes generally including the training of staff and often also information of the general public. But they essentially concentrate on different prejudices encountered in institutional care, thus neglecting maltreatment at home and especially within the family.

Certainly, phone calls to hotlines have seen considerable development since the beginnings, because this service is better known and because Alma is more widespread. Certainly, the number of files that lead to a follow-up or even to police and/or judicial action, is also increasing. But it is not less true that, above all within the family, the revelation of maltreatment – which is often experienced as a betrayal – is a very difficult step for the older person. Cared for by the family he/she is involved in a psychologically and socially complex relationship, and there is frequently the dread that denouncing the maltreatment will not lead to improving his or her situation, but quite to the contrary, will worsen the conflict situation, and maybe even lead to a breaking up of the family relation, with the consequence of the victim's ending up in institutional care. The family carer, when committing maltreatment, is frequently in a similarly complex situation; he/she is overburdened, desperate and full of a feeling of culpability of which he/she cannot free him/herself without external help.

Thus, the phenomenon of maltreatment within the family can only slowly be changed, the more so as it takes place in the private, intimate sphere.

Various authors agree in the opinion that a notable change depends on different factors: good statistical knowledge about the victims, the perpetrators, the acts and their reasons, well-founded definitions, systematic basic and continuous training of staff on the topic of maltreatment – including the staff of home help services – and information of the older persons themselves and of their environment.

It is necessary to “rethink supporting older persons at home”, to quote the basic work of Bernard Ennuyer (2006), “it is the whole system that is concerned”.

As far as we know, no programme, no initiative address specifically older women, but all address men and women, which, from the gerontological point of view, seems to be perfectly correct and justified. It is a fact that in France, similarly to general geronto-social policies, policies against maltreatment are not specifically directed towards older women but towards the older population as a whole.

Maltreatment against who ever and wherever is one of the fundamentally negative phenomena of our society.

HJ-13.12.2007

Reference

- AFBAH (1) anonymous: *Pour faire connaître l'AFBAH et Solidarité Vieillesse*, undated, <http://www.afbah.org/logiciel.php>
- AFBAH (2) anonymous: *Maltraitance des personnes âgées en Île-de-France*, undated, probably ≥ 2005, <http://www.afbah.org/afbah.pdf>
- Age Village (1), anonymous: *Maltraitance : Hubert Falco en fait une cause nationale*. <http://www.agevillage.com/article-1955-1-maltraitance.html>
- Age Village (2), anonymous: *Maltraitance : dossier complet – Outils d'évaluation. Instituer la vigilance*. <http://www.agevillage.com/article-1882-1-Eviter-la-maltraitance.html>
- Age Village (3), anonymous: *Maltraitance des personnes âgées : Premier bilan du programme de lutte*. <http://www.agevillage.com/article-3967-1-maltraitance.html>
- Age Village (4), anonymous: *Maltraitance des plus âgés – L' INAVEM est l' Institut national d'aide aux victimes* <http://www.agevillage.com/article-6260-1-Eviter-la-maltraitance.html>
- Alma-France anonymeous: *Avertissements in Documentation Codes et Lois*, Grenoble , undated <http://www.alma-france.org/spip.php?rubrique23>
- Bas Philippe (presented by): *Plan de développement de la bientraitance et de renforcement de la lutte contre la maltraitance*. Ministère du Travail, des Relations sociale et des Solidarités, Paris, mars 2007 http://www.travail-solidarite.gouv.fr/actualite-presse/dossiers-presse/plan-developpement-bientraitance-renforcement-lutte-contre-maltraitance-6224.html?var_recherche=Comit%E9+national+de+vigilance+et+de+lutte+contre+la+malt+raittance
- Bas-Theron Françoise, Branchu Christine: *Évaluation du dispositif de lutte contre la maltraitance des personnes âgées et des personnes handicapées mis en œuvre par les services de l'État dans les établissements sociaux et médico-sociaux – Rapport définitif*. IGAS, Rapport n° 2005 179, March 2006
- Busby Françoise, Hugonot Robert, Moulias Robert, Paulhé Anne-Marie, Tainturier-Topie: *À l'écoute de la maltraitance envers les personnes âgées et/ou handicapées*, 2007 http://www.alma-france.org/spip.php?page=backend&id_rubrique=58
- Cap Retraite, anonymous: *Dossier La Maltraitance*, undated <http://www.capretraite.fr/la-maltraitance-21-3.html>
- Caudron Jean-Michel, charlot Valentine, Guffens Caroline: *La maltraitance envers les personnes âgées vulnérables*, territorial éditions, Voiron, July 2007
- Cario Robert: *L'aîné(e) victime : la fin d'un tabou ?* L'Harmattan, Paris, 2004
- Conseil de l'Europe: *Violence contre les personnes âgées au sein de la famille*, Strasbourg 1987), quoted from: Margueritte et al.
- Debout Michel: *Prévenir la maltraitance envers les personnes âgées. – Rapport à Mme Le Secrétaire d'État chargé des personnes âgées*. Éditions École Nationale de la Santé Publique (ENSP), Rennes, 2003
- Debout Michel: *Violence, maltraitance et personnes âgées*. Cours universitaire (29 janvier 2003) résumé par François Alice, undated

<http://infodoc.inserm.fr/ethique/cours.nsf/0/7e1f2ebc7c61133b80256cc5003294d0?OpenDocument&ExpandSection=2>

de Mallevoüe Delphine: *Le fléau de la maltraitance des personnes âgées*. Le Figaro du 15/06/2006

de Monpezat Clémence : *Communiqué*. Les petits frères des Pauvres, Paris 2007
http://www.petitsfreres.asso.fr/Webmaster/images/documentation_pdf/communiqué_du_15_juin_2007.pdf

DGAS²⁷, anonymous: *Maltraitance – Programme d’inspections des établissements sociaux et médico-sociaux 2002/2006*. Ministère des Affaires sociales
http://www.social.gouv.fr/IMG/html/cahier_ch.html

DGAS²⁸, anonymous: *La politique de prévention et de lutte contre la maltraitance des adultes vulnérables*, undated

DGAS²⁹, anonymous: *Maltraitance – Programme d’inspections des établissements sociaux et médico-sociaux 2002/2006*. Ministère des Affaires sociales
http://www.social.gouv.fr/IMG/html/cahier_ch.html

Dreyer Pasca, Ennuyer Bernard (sous la direction de): *Quand nos parents vieillissent – Prendre Soins d’un parent âgé*. Éditeur: Autrement Collection Mutations, Paris, 2007

Durocher A. M., Di Pompeo C., Puisieux F., Dewailly P., Durocher A.: *La maltraitance des personnes âgées dans un cadre familial élargi – Enquête dans le département du Nord*. Lille, 2007 – <http://cat.inist.fr/?aModele=afficheN&cpsidt=1397991>

Ennuyer Bernard: *Repenser le maintien à domicile – Enjeux, acteurs, organisation*. Dunod Collection Action sociale, Paris, 2006

Fédération Alma (1), anonymous: *Statistiques 2006*. Données statistiques détaillées au 31 juillet 2007, Grenoble <http://www.alma-france.org/spip.php?article190>

Fédération Alma (2), anonymous: *Evolution*, 2007, Grenoble
<http://www.alma-france.org/spip.php?article2>

Fédération Alma (3), anonymous: *Présentation graphique chiffrée*, Grenoble, 2007
http://www.alma-france.org/IMG/pdf/Statistiques2006_31juil07.pdf

Fernandez Christophe, Pons Thierry, Prédali Dominique, Soubeyrand Jacques: *On tue les vieux*, Editions Fayard, Paris, 2005

Gineste Yves (sous la direction de): *Silence on frappe... De la maltraitance à la bienveillance des personnes âgées*. Édition Animagine, 2004

Hugonot Robert (1): *La vieillesse maltraitée*, Dunod, Paris, 2003 (1^{er} édition 1998)

Hugonot Robert (2) (presented by): *Comment maltraiter un vieillard en institution en 10 leçons – DVD pédagogique*. Alma-France, 2007
<http://www.alma-france.org/spip.php?article215>

Hugonot-Diener Laurence: *Comment maltraiter un vieillard à domicile en 10 leçons – DVD pédagogique, domicile*, 2007 <http://www.alma-france.org/spip.php?article215>

Jani-Le Bris Hannelore: *Prise en charge familiale des dépendants âgés dans les pays des Communautés européennes*, Fondation européenne pour l’Amélioration des Conditions de vie et de Travail, Dublin. Office des publications officielles des Communautés européennes, Luxembourg, 1993

²⁷ Direction générale des Affaires sociales

²⁸ Direction générale des Affaires sociales

²⁹ Direction générale des Affaires sociales

- Jaspard Maryse, Brown Elizabeth, Condon Stéphanie, Fougeyrollas-Schwebel Dominique, Houel Annik, Lhomond Brigitte, Maillochon Florence, Saurel-Cubizolles Marie-Josèphe, Schiltz Marie-Ange : *Les violences envers les femmes en France. Une enquête nationale, La Documentation française*, Collection "Droits des Femmes", Paris, 2003
- Juilhard Jean-Marc, Blanc Paul: *Maltraitance envers les personnes handicapées: briser la loi du silence, (tome 1, rapport)* Rapport de Commission d'enquête n° 339 (2002-2003) du Sénat. Le Sénat, Paris, 2003, http://www.senat.fr/rap/r02-339-1/r02-339-1_mono.html
- Lynsey Hanley: *Don't assume family care is always best for our elderly*, in The Guardian, Monday July 23, 2007
- Margueritte Emmanuel, Martrille Laurent, Malbranque Stéphane: *Les maltraitances envers les personnes âgées* ; in Urgence Pratique, 2004, n° 66
http://www.urgence-pratique.com/Legal/Pers_age.pdf
- Ministère du Travail des Relation sociales et de la Solidarité (1), anonymous: *La maltraitance des adultes vulnérables: une réalité complexe*. In Espaces personnes âgées, grands dossiers, 06.07.2007
<http://www.travail-solidarite.gouv.fr/espaces/personnes-agees/grands-dossiers/maltraitance/maltraitance-adultes-vulnerables-une-realite-complexe-5746.html>
- Ministère du Travail, des Relations sociales et de la Solidarité (2), anonymous: *Agence nationale de l'évaluation sociale et médico-sociale (ANESM)*, Paris, 2007
<http://www.travail-solidarite.gouv.fr/espaces/social/partenaires-institutionnels-associatifs/agence-nationale-evaluation-sociale-medico-sociale-anesm/856.html>
- Portail du gouvernement, Premier Ministre, anonymous: *Le plan Alzheimer 2008-2012*, Paris, 2007
- Secrétariat d'État aux Personnes âgées, anonymous: *Diffusion de la brochure « Ligne de vie – Ligne de conduites » ; Dispositif national d'écoute et de traitement concernant la maltraitance des personnes âgées ; Expérimentation dans 5 départements, mars – septembre 2004*. Ministère des Affaires sociales, du Travail et de la Solidarité, DGAS, Paris, 24 March 2004
- Thomas Hélène, Scodellaro Claire, Dupré-Lévêque Delphine: *Perception et réactions des personnes âgées aux comportements maltraitants : une enquête qualitative*, in DREES Études et Résultats, n° 370, January 2005
<http://www.sante.gouv.fr/drees/etude-resultat/er-pdf/er370.pdf>
- Tursz Anne: *Travaux préparatoires à l'élaboration du Plan Violence et Santé en application de la loi relative à la politique de santé publique du 9 août 2004 – Rapport général*. Ministère de la Santé et des Solidarités, Mai 2005 (rapport.gouv. Cf p 31 ff mai 2005.pdf)

HJ-07.12.2007