



Review

Institutional abuse – Characteristics of victims, perpetrators and organisations: A systematic review



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ABSTRACT

Background: Abuse of vulnerable adults in institutional settings has been reported from various countries; however, there has been no systematic review of the characteristics of the victims and their abusers. Our aim was to identify and synthesise the literature on victims, perpetrators and institutions where abuse occurred in order to inform interventions to prevent such abuse.

Methods: Searches of MEDLINE (OVID), CINHAL (EBSCO), EMBASE (OVID) and PsychINFO (OVID) databases identified 4279 references. After screening of titles and abstracts, 123 citations merited closer inspection. After applying inclusion and exclusion criteria, 22 articles were included in the review.

Results: Our review suggested that the evidence available on risk factors is not extensive but some conclusions can be drawn. Clients, staff, institutional and environmental factors appear to play a role in increasing the risk of abuse.

Conclusions: Vulnerable clients need closer monitoring. Clients and staff may lack the awareness and knowledge to identify and report abuse. Institutions should take proactive steps to monitor clients, train staff and devise systems that allow for the identification and prevention of incidents of abuse. There is a need for further research into the associations between the individual client, staff, institutional characteristics and abuse.

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1. Introduction

The prevalence of abuse of vulnerable adults is high and the number of incidents of abuse in institutions remains almost as high as that in the community. In a UK study of 6148 adult protection referrals, 46% related to people in residential or supported living services [1]. Progress has been made to identify, monitor and prevent such abuse in institutions and communities throughout the world.

The Universal Declaration of Human Rights (1948) [2] was the most significant first step taken towards promoting awareness of and safeguarding from abuse. Further significant international agreements included the United Nations Declaration on the Rights of Mentally Retarded Persons (1971) [3], the Convention on the

Elimination of all Forms of Discrimination against Women (1979) [4], the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984) [5] and the Convention on the Rights of Persons with Disabilities (2006) [6].

In Europe, the European Convention on Human Rights [7] has been the most significant treaty to protect human rights and fundamental freedoms. It came into force in 1953 and 47 Council of Europe member states are now signatories to the convention. In the UK, legislation such as the Mental Health Act (1983) [8], the Human Rights Act (1998) [9], the Mental Capacity Act (2005) [10] and the Safeguarding Vulnerable Groups Act (2006) [11] were enacted to protect and safeguard vulnerable people.

In spite of such national and international agreements and legislation, incidents of institutional abuse continue to be reported from all over the world. Examples from the UK include cases of abuse at the high-secure hospitals, Rampton [12] and Ashworth [13], abuse of intellectually-disabled clients at the care home

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Winterbourne View [14] and, more recently, the investigation into the sexual assaults against large numbers of individuals over many decades in several NHS hospitals by the TV presenter Jimmy Saville [15].

This systematic review aimed to collate information on the characteristics of adults (over the age of eighteen years old) who are victims of abuse in institutional settings, the characteristics of professionals who abuse in institutions as well as the environmental factors within institutions, such as cultural factors and management deficiencies, that may allow or fail to prevent abuse in institutions. We followed the PRISMA guidance [16] as far as applicable in reporting methods and results of this systematic review.

1.1. Definition of 'abuse'

Various international organisations have defined specific forms of abuse but we could not identify an agreed definition for 'abuse in institutional settings'. The Oxford dictionary defines 'abuse' as 'Use (something) to bad effect or for a bad purpose'. The World Health Organisation defines '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. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect" [17]. Even though the above description was given not in the context of adult clients in institutions, the authors feel that this definition is relevant in the context of abuse of adults in institutional settings and we have therefore adopted this definition for the purpose of our review.

2. Methods

2.1. Searches

Database searches were undertaken on 13th March 2013. The following databases were searched: MEDLINE (OVID) from the year 1950 onwards, CINHAL (EBSCO) from 1982 onwards, EMBASE (OVID) from 1980 onwards and PsychINFO (OVID) from 1806 onwards. Search terms used covered the population of interest, types of abuse and settings and included: elder abuse, violence, abuse, abused, maltreat*, neglect, violence, exploit, sexual, physical, mental, emotional, elder, financial, intellectual disability, developmental disabilities, disabled Persons, disab*, impair*, physical, mental, intellectual, learning, cognitive, vulnerable, frail, decline, dementia, Alzheimer, adult, man, woman, women, elderly, older person, older people. The full details of the search strategy can be obtained from the authors upon request. Identified citations were subjected to a selection process applying exclusion and inclusion criteria as described below by two of the authors (YK, MF). Reviews were not included but their citations were examined for references to primary studies that may meet the inclusion criteria. The search identified two non-English language articles; one was German and was analysed by one of the authors who is a German speaker (BV), the other article was Spanish and was excluded.

2.2. Inclusion criteria

Studies, including case studies and series, published in peer reviewed journals, dissertations, inquiries into specific instances of abuse, or other publications which describe characteristics of either the victims or the perpetrators of abuse or the environmental or organisational factors contributing to abuse in institutions were included. Only studies on abuse of adults (over the age of eighteen years) in institutions were considered.

2.3. Exclusion criteria

Studies of abuse of children or of adult victims in non-institutional settings were excluded as were studies where the perpetrator was not in the role of professional caregiver to the victim or where the characteristics of either the victims or the perpetrators or environmental factors of abuse were not described. Studies which included both individuals over and under eighteen years of age were excluded if data about the adult population could not be separated. Similarly, studies that had components addressing abuse in both institutional and domestic settings were included but only if information on institutional abuse could be separately identified.

2.4. Selection of studies

Using titles, keywords and abstracts, three of the authors (SM, YK, MF) screened all references obtained in the searches for possible inclusion. If a publication appeared relevant from initial screening, full text papers were obtained and examined in accordance with our inclusion and exclusion criteria. The selection process is summarised in Fig. 1 as a flow chart.

3. Results

The searches resulted in 4279 citations which were subjected to the selection process as represented in Fig. 1 resulting in the identification of 22 relevant articles included in this review. The information from the selected articles was analysed in terms of the population groups affected and type of abuse; study characteristics are represented in Table 1. Risk factors that were identified in

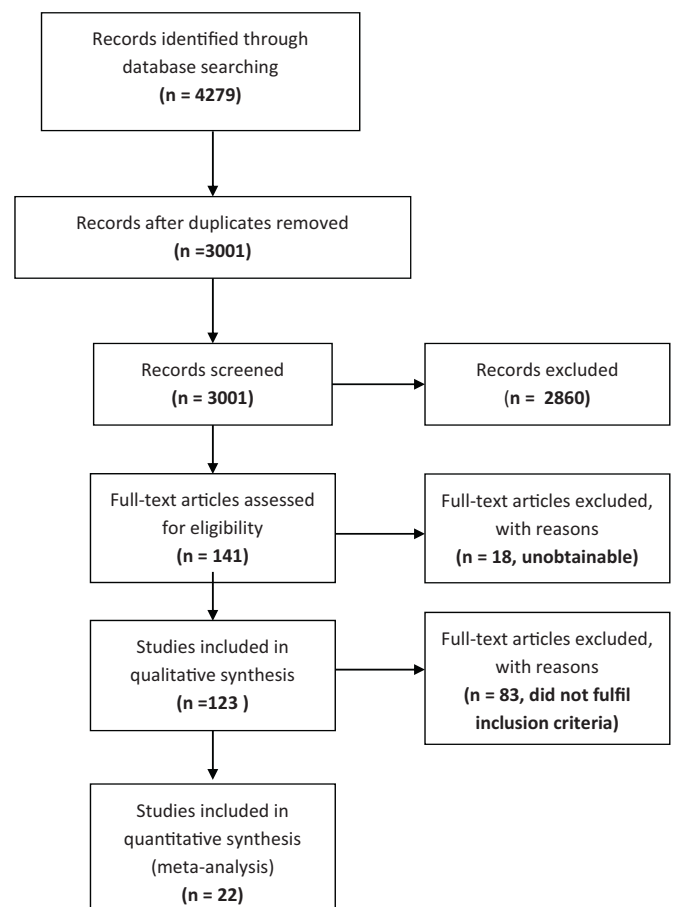


Fig. 1. Flow chart showing study selection process.

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