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An Interview with Mervyn Eastman: Campaigning for the recognition of older adult abuse in the 1980s and beyond

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An Interview with Mervyn Eastman on the recognition of older adult abuse in the 1980s and beyond

Dr Mervyn Eastman is a member and co-founder of the Later Life Audio and Radio Co-operative. He started his career as a welfare assistant, moving up to become a social worker, an assistant team leader, a Director of Social Services and the Director for the Better Government of Older People. In this interview, Dr Jeremy Dixon talks to Mervyn about his publications on elder abuse in the 1980s and his thoughts about the development of adult safeguarding policies and practices since that time.

Jeremy: I know that you wrote several articles in the early 80s setting out the issue of elder abuse. Can you tell me a bit more about what made you aware of that issue in the first place?

Mervyn: When I was Head of the assessment centre [a day centre for older adults], we had a client who refused to go home. And the care staff were trying to convince her to get on the transport. [She] wouldn't do it. She was chair-bound and they wheeled her into my office, and I then talked to her. And out of that discussion she disclosed that her niece, with whom she lived and [who] was her carer, had been abusing her quite severely. When I spoke to our visiting geriatrician, we had noted quite early on that she had bruises, certainly on the arms, the shoulder.

I called her Mrs Scarf in in the publications (Eastman, 1980, 1982). But when we [had] asked her, "How come the bruises? She [had] said she fell, and no one clicked, OK, if you're in a wheelchair, how do you fall out of the wheelchair in in that way? And then she then started to disclose issues - the abuse. And that was my very first conscious awareness of abuse within the domestic setting.

I looked back at my training; looked back at my previous work as a welfare assistant cum trainee and I'd not come across even any term related to the abuse within a domestic setting. So, I wrote an article (Eastman, 1980), and I said at the end of [the article], "if you have experience of [seeing abuse] as professionals, would you just let me know". There was very little response. The wonderful Polly Toynbee, who is a journalist, [then] interviewed me and said [she would] write a piece about this issue. I then said, would you insert my address [and] telephone number. And I received a number of calls and a number of letters. But primarily the letters were from carers rather than professionals. They wrote very candidly and honestly about their experiences. Why they were abusing an older relative or their spouses. That got me thinking. So, I negotiated with the editor of Community Care and I constructed a

questionnaire. He very generously agreed to send it out to all the public [as an enclosure with the magazine]. And out of that I got several hundred replies. And that was the foundation of the first book, which was called Old Age Abuse (Eastman, 1984). And so that's where it started.

Jeremy: You said that carers contacted you, using your number or address. Can you tell me a bit more about that, what kind of abuse were they talking to you about?

Mervyn: Some were around direct physical abuse – hitting [or] scratching. Others were what one would term in those days psychological abuse or emotional abuse. And I remember one relative saying very openly and honestly that she often said to her mum, “Do you realise that your brain is shrinking every day and sooner rather than later, your brain will just disappear”. So those sorts of examples. Often there was a sense of either shaking [the person] and some talked about wanting to smother [them] and so on. One telephone call led me to the attention of an MP who then reported me to Scotland Yard. I was then interviewed about ‘withholding information around suspected murder’, so I had these two detectives arrive and interview me. It was quite stressful!

What I had not picked up in those early days was the issue of sexual abuse. That came a little bit later.

One of the issues that really was interesting is that when I was looking at what literature there was, I was expecting a whole list of stuff. CPA [The Centre for Policy on Ageing] were kind enough to send me seven pages of everything that had been written and [it was] three or four articles. That's what made me interested. And I was also interested that in my two to three years in training, no-one had mentioned the issue of domestic violence in that context of older adults. Not one reference anywhere. So that I found [that] very interesting.

Jeremy: You mentioned the term granny battering or sometimes it was called granny bashing, in the literature - those two terms got used interchangeably. I think you initially used it in some of your articles, but then I think you said that [the term] was disparaging.

Mervyn: Well, I never used the term. What I did do was to refer to the term, when I wrote articles [or when] I was interviewed. I was always very conscious of not talking about granny bashing or battering. That came really as a result of two things. One, I think that we had been familiar through the 60s with the term child battering, baby battering and I think that very early pioneers sometimes used that term. But what I

found when I was writing articles, it would appear under the title granny battering. So basically, the copy editors coined that phrase. And thank God, after a period of time that was dropped.

Jeremy: You talked about there being little research. One thing that might be difficult for our readers to appreciate is that there was very little law and policy which was responding to adult abuse or neglect at the time. I wonder what you and other activists felt ought to be done at that point in time?

Mervyn: Back in the early 80s and late 70s, there was an absolute total policy vacuum. Clearly laws existed, but that was through the criminal justice system i.e. because the police were talking about common assault or actual bodily harm, manslaughter or murder. There was a pathologist who wrote an article about when older adults, often partners, killed their partner in later years, but not within the context of a social care community context (Knight, 1994).

The biggest challenge, Jeremy, I think during that time is that people didn't really believe you when you were talking about the [abuse of older] people in a domestic setting, [people thought], 'What is this guy going on about?' I remember my Director of Social Services calling me into the office after a couple of articles had been published. And on one occasion I was threatened with the sack - that I would be disciplined. So that was what was happening back in the early 80s.

Jeremy: Just thinking about the situation, you just talked about with your manager. Why was elder abuse seen as a shocking idea?

Mervyn: Well, I think that [they] had not come across examples in their professional practise...

So, you had that cohort of professionals [and] the broader context. In terms of the literature, in terms of the elected Members [of Parliament]. To conceive of a daughter, a son, a carer partner, actually physically abusing an older person was just not really conceptualised or understood. I would argue that what really put [elder abuse] on the map wasn't [my] Old Age Abuse book (Eastman, 1984), but it was [due to] an interest by one of the Social Services Inspectors who dealt with me, when I was running the day centre. He'd seen my articles and said, 'Would you be interested in leading on a research project?' I'll just take two local authorities. So, out of that came a publication (Department of Health and Social Services Inspectorate, 1993).

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5 **Mervyn:** The late wonderful Gerry Bennett, who was a geriatrician took it up and
6 became incredibly active in campaigning and writing (Bennett and Kingston, 1993).
7 Then people like Chris Cloak (1983) were writing about it. So, in terms of if you like
8 leading up to 1984 - you had a number of people.
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12 **Jeremy:** A bit earlier, you were talking about there being a dearth of research. What
13 do you think about the state of research in adult safeguarding as it stands?
14 And what do you think we might need to know going forward?
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17 **Mervyn:** Well, first of all, I will celebrate the likes of people like [Bridget] Penhale and
18 others that are really taking this forward and there's a lot of them from King's College
19 London, super-solid academics. The change occurred when the academics took
20 notice. Not the profession. [The] profession was very late, but when we began to
21 talk to academics and academics started to take this on you had some extremely
22 influential and powerful academics, such as Gerry [Bennett], though he was a
23 clinician, [and] also an academic. So that began to shift.
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29 And of course, the work of Action on Elder Abuse. Back in the day, [when] it was
30 first formed. You had the likes of Jackie Pritchard, who wrote extensively around
31 elder abuse [and] violence and in in our own way, we formed the Practitioner
32 Alliance Against the Abuse of Older People, that attracted academics into the fold.
33 And so the landscape now is incredibly and rightly very different from, if you like the
34 Mickey Mouse stuff that I did. [Academics were] beginning to get a more
35 sophisticated understanding of [the] abuse of older adults.
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40 **Jeremy:** Are there things that you would like to see done or research projects which
41 you'd like to see develop?
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45 **Mervyn:** If you look at the Care Act and safeguarding, I think there needs to be a link
46 between, if you like, the academic research [and practice]. I can say this to you
47 because you know I love you. Academics often are very precious about what they're
48 doing, [or] what they're saying. I actually think it's sometimes like a bear pit in the
49 world of academia. The obsession to be published. I'm not saying that's wrong, but
50 some of the research comes out of funding opportunities [or] the particular interests
51 of the researcher. [The] interest of those undergoing PhDs and so on.
52 And I get that. But often what I find is that if you're going to write for other academics,
53 then what's your audience? How do you apply the lessons and the messages from
54 the world of academia? How do you apply that to the day-to-day practise? How do
55 you get a manager or an organisation - a local authority, a trust board, or managers
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to understand what the research is saying and how that can it be applied?
[Recently], there's been more collaboration in relation to drawing in agencies, [and]
different people. And one area that I would celebrate was the work of Dewis Choice
at Aberystwyth University, where Sarah [Wydall] and her colleagues were able to
really look at the issue of domestic violence in relation to older adults (Dewis Choice,
2024). And really turn that into something that Joe Bloggs, the social worker or John
Bloggs, a social work manager or Director can actually get their head around. And I
think, that was interesting, Jeremy, about where they were coming from.

We [also] need to be careful not to simply look at safeguarding through the prism of
health and social care. Health and social care is not the centre of the universe.
There are a whole range of partners and factors that come into both supporting,
understanding, assessing. And so what [the Dewis Choice team] did was, they didn't
abandon the health/ social care prism, but they brought in criminal justice law.
[They] were able to find that balance and the work that they have produced has been
absolutely brilliant and so looking forward, I'd like to see far more of collaborative
work within the universities. I'd like to see more research outward looking rather than
saying how will I look with my peers. You know how, how would I get a
professorship? You know, that's a wicked generalisation, Jeremy, but that's the
direction of travel.

Jeremy: So, when you say collaborative work, what do you think's wrong? Do you
think it's the fact that it's the research outputs are overly complicated, or do you think
that practitioners aren't involved enough from the outset or a combination of those
things?

Mervyn: Well, let me be fair. I think there's some academics who are so dense in
their narrative. I [often] look at [research and I think what are they talking about?
What's going on here? So, I'm not asking for an Enid Blyton [children's author]
approach to safeguarding writing, but I think many universities and other academic
institutions are [now] sensitive to that issue of what are we communicating? How are
we communicating? And I think that's good. I think many have started to say,
'Where are the voices of older adults? Where are the voices of the carers? Where
are those voices? How do we capture those voices? How are they involved in the
design of a research project? How do they become involved as researchers
themselves, and so on?'

I think that the work around residential care that's been happening at Salford
University is incredibly interesting (Stephens *et al*, 2022). Where they brought
together residents, staff, managers and so on, to create a piece of work that talks

about interdisciplinary working. Now that I think is a good direction of travel.

My anxiety is that there's a big difference between that and what's actually happening in practise. When I talk about compassionate ageism and how insidious and pernicious that is, I'm either thrown out the building or there's a sense of, well, you know, "Surely there must be compassion in our practice". And this worries me, And [so large charities and organisations] end up producing patronising and paternalistic services. But the other thing [they are] actually are doing is becoming oppressive. And I think that some of this stuff around safeguarding in terms of the assessment process, risk factors and interventions can be oppressive and you're actually abusing the individual through the very mechanisms and processes you have put in place to safeguard older adults. And I think that that's where I start to get on my high horse...

Jeremy: What you said, slightly anticipated my last question because I was interested in what you think about current legislation. What do you see as the pros and cons of the safeguarding legislation that we've got and what changes would you like to see made? I guess you've identified that there's a risk that it can be paternalistic and belittling. Are there things or changes you would like to see in the law and guidance?

Mervyn: Well, if I can just use the Care Act as the centrepiece, in one sense. And if you if you look at the Care Act at one level, there's issues around what happens in terms of first contact. There's issues around needs assessment and what are your duties and powers? And then [you have] got care planning and advocacy, and so forth. That's all very fine. But if you then look at what is the reality of practice - one issue I'd like to be examined is the quality of the assessment. What's its purpose? What's its outcome? What control does the family, or indeed the older person, have? Often there is abuse in [the] power dynamics [in] who holds authority. So, it seems to me that it's still around who's got the loudest voice, who's got the biggest hat, who's got the best title. So, I think [when] we're looking at reviewing and assessment it's about going behind that and looking at it in more and more detail. I'm also not sure about the training now, a lot of training has been externalised to external trainers. What's the quality of that?

Jeremy: So how would you want that to be different?

Mervyn: [Safeguarding training] needs to be embedded in supervision. It needs to be embedded in a culture of the organisation. It needs to be embedded within the mindset of the social worker in terms of values, principles, ethics and so on. I've lost

count the number of social workers either in writing or whatever, who actually talk, if you like [using] ageist language. And I've seen staff who are qualified and [who] talk to the older person and about the older person as if they are in an early years centre.

So, it's about really trying to change the organisation, the culture and the regulators. [We] need to when looking at the regulations and look at the practise set against those requirements. [So] you get what's called the corruption of care. So, when you look at the [writing about] corruption of care by Wardhaugh and Wilding (1993) and then look at those eight propositions, [from] the 90s – do they still exist¹. And at what point do we talk about best practise being based on ageist assumptions or oppressive safeguarding?

Jeremy: Thank you very much for your time Mervyn. It's really great to hear your reflections.

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¹ Wardhaugh and Wilding's eight propositions are: 1. The corruption of care depends on the neutralisation of normal moral concerns 2. The corruption of care is closely connected with the balance of power and powerlessness in organisations 3. Particular pressures and particular kinds of work are associated with the corruption of care 4. Management failure underlies the corruption of care 5. The corruption of care is more likely in enclosed, inward-looking organisations 6. The absence of clear lines and mechanisms of accountability plays an important part in the corruption of care 7. Particular models of work and organisation are conducive to the corruption of care 8. The nature of certain client groups encourages the corruption of care.

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