INSTITUTIONAL ABUSE

PERSPECTIVES ACROSS THE LIFE COURSE

EDITED BY
NICKY STANLEY,
JILL MANTHORPE &
BRIDGET PENHALE

Institutional abuse

Public inquiries, court cases and Government statements concerning institutional abuse in different settings have generated considerable interest in this topic, and have highlighted the need for the caring professions to develop preventive strategies and appropriate responses to this form of abuse.

Institutional Abuse brings together a number of different accounts of institutional abuse from leading academics and researchers. Using a life course perspective, four areas are covered: the institutional abuse of children, of adults with learning disabilities, of adults with mental health problems and of older people. Each section includes a critical overview, analysis of current research and a chapter reporting on users' experiences of abuse. This book aims to develop our understanding of how institutional abuse can be prevented and survivors' needs can be meet.

Institutional Abuse will be of interest to those studying social work and social policy, practitioners and managers, researchers and policy makers.

Nicky Stanley, Jill Manthorpe and Bridget Penhale are lecturers based in the School of Community and Health Studies at the University of Hull.

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Perspectives across the life course

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Foreword

There can be no doubt about the existence of the institutional abuse of some of the most vulnerable people in society. Also, there can be no doubting the harm it has done or the way it has blighted many lives. The only doubt is the extent of it. There can be few greater responsibilities than taking on the parenting of other people's children. When the State takes on this task, the very least which should be expected is that the children will be safe from harm. It is shocking that, over the years, so many young people experience abuse whilst in public care. The danger is not confined to residential homes but can happen in foster care, adoption and in educational establishments. And it is not confined to young people. Many adults, including those with learning disabilities, those with mental health problems and vulnerable older people are potentially at risk. So the messages from this timely book should be applied widely across the caring services.

The authors have brought together contributors from research and from those with a wide range of knowledge and experience of the care system. It is particularly valuable to hear from those who have stories to tell based on their personal experiences.

It is not always acknowledged that residential work is both skilful and very demanding. The staff have to live the values which underpin good practice every minute they are on duty, when they are tired, anxious or uncertain as well as when things are going well. Residents may bring with them the hurt, disappointments and anger from their previous experiences. It is not surprising that they are often upset and disruptive, or that their behaviour can be very challenging.

Added to this, residential services for both children and adults have often been under-valued. Staff frequently receive little or no training. Supervision and support can be patchy and the most difficult situations often occur outside normal office hours, adding to the general sense of isolation. The Government deserves credit for at long last tackling the

needs for residential care to be accorded a correct status and for staff to be given better training opportunities. Above all, society needs to recognise that institutional care is a vitally important part of the spectrum of services and offers the placement of positive choice for some people at a particular point in their lives. It must provide both safety and good quality care.

There is no going back to the large geographically isolated institutions of the past. Nor is it realistic to operate such small units which are not only uneconomic but also result in staff being on duty on their own. The modern unit needs to be large enough to provide a range of facilities and flexibility but not so large as to be impersonal and stigmatising. Good residential care is based upon the following:

- a clear set of values which can be translated by staff into each contact with a resident,
- a clear statement of purpose of each home,
- the building and staffing closely related to that purpose,
- an individual assessment and care plan agreed with each resident,
- regular reviews against agreed indicators of progress or deterioration,
- good record-keeping as an essential of quality care,
- regular and effective staff supervision,
- adequate training including induction training,
- ambition for the residents and the home,
- openness, honesty and constant vigilance, courage in tackling inappropriate behaviour,
- an annual audit, at least, and
- a lifetime of learning.

The latter provides the clearest justification for this important book and the contribution it makes to our understanding of the complex nature of institutional care services.

Lord Laming
October 1998

Introduction

Bridget Penhale

The abuse of individuals receiving care in institutions is not a new phenomenon. However, institutional abuse can be said to have been rediscovered in the late twentieth century in the UK and it is no longer possible to consign such abuse to the past. Reports of abuse in institutions have appeared frequently in the media in the last fifteen years but have often been superficially covered. It is nevertheless increasingly recognised that abuse is part of the experience of many residents in a number of different settings and that such abuse may be both widespread and systematic.

This volume has approached the subject matter of abuse within institutions from a different standpoint to that generally taken. The book examines institutional abuse across the life course. There are three distinct sections to the book: the first explores the situation of children living in children's homes and boarding schools; the second considers the experiences of adults with learning disabilities and adults with mental health problems; while the final section examines the position of older people who live in residential or nursing homes. This focus on abuse across the life course allows for an identification of the similarities and differences between experiences of and responses to institutional abuse for children, young adults and older adults in receipt of institutional care.

The editors considered that it was essential in a book examining institutional care to include the perspectives of the users of those services, many of whom may be considered as survivors of abuse. In each section, therefore, we have included a chapter that presents user perspectives. The value of the testimonies and accounts provided by service users is particularly evident within these chapters (by Mary MacLeod, Jeanette Copperman and Julie McNamara, Jill Manthorpe, and Les Bright) but is echoed by the other contributors to the volume.

The views of users and relatives have rarely been adequately represented in inquiries into abuse. The accounts presented here emphasise the impact that such experiences have, and continue to have, on individuals. The testimonies also serve to highlight the differences between the perceptions of service users and those of professionals and policy makers involved in the field.

This book considers institutions that provide care, protection and sometimes treatment for individuals. In these places, the duty of care is of paramount concern, and when abuse occurs in such settings, it conflicts directly with the institution's stated function. As a recent report in relation to children comments:

> It may not seem realistic to expect life away from home to be safer than life at home for the generality of children. The law, however, expects it to be as safe: people caring for other people's children are required to exercise parental responsibility.
>
> (Utting 1997:16)

By contrast, in penal settings, definitions of abuse need to be constructed in the light of rather different institutional objectives such as crime prevention, control and punishment. Care, while still relevant, becomes of lesser concern in such institutions. Penal institutions are therefore not covered here: the focus is on settings that offer care and protection.

However, those in institutional care settings may find themselves subject to high levels of control and may experience themselves as situated anywhere on the long continuum stretching from choice to coercion. It is widely assumed, in these days of post community care implementation, that the majority of adults who live in residential care are there by choice. This is of course not the case for those individuals who are committed to psychiatric or Special Hospitals under the provisions of the Mental Health Act, 1983. It is arguable, moreover, that the majority of children who are looked after within residential settings (as opposed to boarding school provision) are not there through absolute choice and that decisions have often been taken on their behalf. Both Chapters 1 and 2 make this point in relation to children's experiences of residential care.

Similarly, some older people may still experience a lack of real choice when faced with the rationing devices of local authorities in assessing their needs. Authorities may spout rhetoric concerning increased choice for individuals, yet construct such stringent eligibility criteria, particularly in relation to service provision once needs have

been assessed, that the individual experiences limited or false choice. Entry into residential or, perhaps more frequently, nursing-home care may often occur through lack of realistic and (economically) viable alternatives for individuals to remain in the environments of their choice.

Definitions and meanings

The definition of abuse remains an area for debate. There has not been any agreement between either researchers or, in the United States, legislators, as to what constitutes abuse and neglect; it is therefore difficult to extrapolate fixed truths about the incidence, prevalence and other characteristics of the phenomenon from the research findings. Nor is it certain how well such findings travel cross-culturally. Furthermore, much of the research tends to involve abuse situated within the family setting, and uses fairly small, unrepresentative samples of survivors. Many studies do not include any control group so that there are methodological difficulties in the way that the research is conducted and in the validity of the interpretation of the results.

There is also considerable controversy surrounding such issues as the definition of institutional abuse, indicators of abuse and the role of neglect within considerations of abuse. In many respects, research in this area is still in its infancy in the UK. Owing to the lack of any overall national research strategy, small-scale studies continue to be undertaken in the absence of any agreement as to the continued usefulness of such an approach. There is consequently a heavy and perhaps disproportionate emphasis on the evidence of inquiries into institutional abuse in the UK, and a number of inquiry reports will be considered in this volume.

In the absence of a standard definition of abuse, public inquiries into institutional abuse employ differing definitions, many of which have emerged from the process of one particular inquiry. Whilst the use of differing definitions need not be problematic (Penhale 1993), it is important that there is some clarity from the outset concerning what definition is being used when and for what purposes. Within public inquiries, the relationship between the members of the inquiry, the professionals involved, the individual service users and the presence of the media may interact to produce a definition of abuse for that particular inquiry. Definitions should seek to draw some distinction between individual acts by abusers within institutions, abusive regimes and examples of poor, or indeed bad practice of management and care, that is of organisational and structural

problems within the institution in which abuse occurs (Bennett *et al.* 1997; Utting 1997).

It is instructive to consider the main similarities and differences between abuse that occurs within institutions and that which occurs within the domestic setting. It is, of course, critical that care in families is not idealised and romanticised; it is apparent that family life is dangerous for a significant number of individuals and bad for the health of a very large number of others (Straus *et al.* 1980). However, power relations are central to all abusive situations. What needs to be considered are the dynamics and variables that inform the abuse of power within different settings.

Structural factors, including the potential roles of gender, race, disability and age, are clearly of major importance. Considerations of gender are of particular relevance in relation to sexual and physical forms of abuse that are predominantly perpetrated by men. Race is also a pertinent structural factor within many situations of institutional abuse. Factors regarding disability are highly relevant, and some analyses emphasise vulnerability, which may itself be an oppressive or enlightening concept. Many of the models of causation that have been developed in relation to institutional abuse have tended to focus on perpetrators and their associated pathology: the so-called 'bad apple' approach (Biggs *et al.* 1995).

Consequently, the identification of and responses to abuse in institutional settings have tended to focus on flushing out individual abusers and other, arguably more critical, factors have not been accorded sufficient attention. Factors that concern wider structural oppressions and inequalities clearly need much more detailed consideration than hitherto. A number of the chapters in this volume consider in some detail the dynamics of gender, disability and the power relations that inform these dynamics.

Issues of the betrayal of trust and of the reification of secrecy are also found in both abuse within families and in that within institutions. However, the nature of betrayal in institutional abuse differs as the concept of trust differs. Trust involves a complex web of relationships and is derived from the care contract. This care contract is crucial in distinguishing abuse in institutions from abuse in families.

The role and nature of the care contract between the institution and the service user has both explicit and implicit elements. It may, of course, be less explicit for some groups than for others: for example, children and mental health service users may not be signatories to a contract. Recent statements by the Department of Health in relation to 'corporate parenting' (Secretary of State for Health 1998) may be seen as

attempts to make the contract more explicit in relation to children. However, within the field of learning disabilities and in the care of older people, contractual arrangements are much more likely to be used. This is especially evident in relation to those individuals who are in receipt of assistance via public funding for their care, when the contract is likely to include the local authority as a party. It may be the case that the formal contract that is established in such instances is essentially between the local authority and the provider (the institution) rather than with the individual who receives the care. In these instances the individual service user is not a signatory to the contract in any formal sense.

We can discern the existence of rather more implicit and informal contracts between the individual service user and the provider, and between the local authority (or health purchaser) and the individual. It is possible to conceptualise this contract as being triangular in form: between the service user, the provider (institution) and the State (as purchaser and regulator of care). Such contracts, whether implicit or explicit, charge the institution with a duty of care with regard to individuals who are vulnerable. The existence of abuse within such settings can be viewed as a failure to ensure that the duty of care is upheld and can be conceptualised as a violation of the implicit terms of the contract.

A further distinction between familial abuse and abuse within institutional settings is found in the relationship between individual service users. While residents of institutions live together, often in conditions of some intimacy that approximate to family life, they will not necessarily be in close or intimate relationships with one another. However, as the chapters by Nicky Stanley, Hilary Brown and Jennie Williams and Frank Keating confirm, there is increasing recognition of the abuse that occurs between residents in institutions. In addition, within institutional settings there may also be risks of abuse being directed by residents at members of staff or at relatives (Department of Health and Social Services Inspectorate 1996).

When considering definitions, meanings and understandings, it is also relevant to look briefly at what we understand by the term ‘institution’. As with abuse, there is no standard definition of an institution. Dictionary definitions provide a number of different meanings for the word. Institution may mean a society or organisation. The word concerns structure, function and process, not merely the presence of a physical entity or building (Jack 1998). In a recent exploration of residential provision, Jack suggests that the term institution has become synonymous with a particular form of service provision and processes of institutionalisation. He argues that a somewhat simplistic, dualistic

concept can be identified within both public and professional arenas, and suggests that this concept equates community with good care and institutions with all that is bad. Whilst Jack is surely correct to challenge such over-simplifications, his alternative model that contrasts neglect in the community with high quality residential care appears equally misleading. It is notable that his analysis fails to include any detailed consideration of institutional abuse.

For the purposes of this volume, institution refers to care provided within a home that is not owned by the individual, and where the locus of control lies beyond the individual living in that environment. Also central to the definition is that the individual lives with others and there is often likely to be little or no choice as to who those individuals are. Control over the structure, function and organisation of the home is not within the power of the individual but is exercised by members of staff who are not ordinarily resident in that environment. Indeed, the extent of control, or lack of control, by individuals in relation to their living environment appears to be a key defining element of an institution, although the degree of control available to them is likely to vary between different settings.

Much of the care within institutional settings is valuable, of good quality and provided well. An unnecessary polarisation between community living as first choice and institutional care as last resort seems evident in many recent statements about institutional care. This has not been assisted by much of the rhetoric surrounding the implementation of the community care reforms, which tended to imply that community provision was the only appropriate form of care that is relevant for individuals.

However, in eschewing the over-simplified conflict model of community care versus institutions, we must not ignore the testaments of service users in general, and of survivors of institutional abuse in particular. Such testaments tend to affirm a view that care in community settings is more desirable for individuals than continuing long-term care in institutions, particularly if those settings are ones in which abuse occurs and in some instances is perpetuated.

A number of approaches have been taken in relation to establishing definitions of institutional abuse. Such abuse can be conceived of as existing at three different levels. The following schema can be used to structure the concept of institutional abuse:

- Level 1: abuse between individuals within the residential setting;
- Level 2: abuse arising due to the regime of the institution;
- Level 3: abuse arising at a system level (broader social structure).

This type of approach is also suggested within Gil's (1982) work, which identified three different forms of institutional abuse in relation to children. The first form was the overt or direct abuse of a child by a care worker. The abuse could be physical, sexual or emotional, or indeed there could be multiple forms of abuse in co-existence. The second form of institutional abuse identified by Gil was termed 'Programme Abuse' and referred to the existence of an abusive regime or treatment programme within an institution. The 'Pindown' regime that existed within Staffordshire Social Services in the 1980s and that is more fully discussed in Chapter 1 is an example of this type.

The third form of abuse is that of 'System Abuse'. This corresponds to the third level, that of the broader social system. In Gil's terms it refers to abuse that is perpetrated and perpetuated by the system and in which the safety of individuals within institutional care cannot be guaranteed (1982). By altering the first part of Gil's definition from child to individual, it is possible to consider the definition of institutional abuse in a rather more holistic way than simply considering either the different types of abuse or the range of settings in which abuse occurs.

The changing context of institutional care

In exploring institutional abuse, it is necessary to acknowledge the changing nature of institutions and the care provided by them. These recent changes form part of structural changes in welfare provision in the UK.

The 1960s and 1970s witnessed the flourishing of the movement towards community care and the provision of care to individuals in their own homes. This was coupled with the development of views concerning the detrimental effects of institutional life and 'batch living' on individuals. The union of the two strands resulted in a strong and healthy infant: care in the community with associated changes in social policy acting as midwives in attendance. These policy changes took place together with legislative change in the form of the NHS and Community Care Act, 1990 that was finally fully implemented in 1993. This framework has seen the further development of the perception of institutions as places of last resort, and the range and scope of institutional care has been altered as a consequence.

In recent decades, there has been an overall decrease in the number of institutions in the public sector and a rise in the number of institutions for adults that are run by the private or not for profit

(including the voluntary) sector (Peace *et al.* 1997). We have witnessed the closure of a large number of children's homes and of traditional psychiatric hospitals (Gooch 1996; Goodwin 1997). Institutions are generally smaller in size and more diverse in terms of their provision: for example, the amount of respite care provision has increased (Moriarty and Levin 1998; Stalker 1996). They are less likely to be socially or geographically isolated and many residential homes are now more integrated into the communities in which they are located. The growth of residential homes offering care to a very small number of residents who may in some instances actually be considered as part of a family (Holland and Peace 1998) further contributes to an increasingly diverse sector. Such homes can still be considered institutions by virtue of their organisational setting in which care is provided and finance is exchanged.

Goffman's (1961) seminal work on institutions continues to form a backcloth to our understanding of institutions but needs to be re-examined in the context of this changing social environment. Goffman's work involved the construction of a model of the 'total institution' and he explored the processes of de-personalisation that individuals experienced in such institutions. Routine served as an example of the process that shaped this experience. While he presented an overview of the institution, it is often forgotten that he argued for a fivefold classification. This included:

- institutions designed to care for the 'incapable and harmless' (e.g. homes for the 'blind, aged or orphaned');
- institutions established to care for the 'incapable', who present an unintended threat to the community (e.g. sanatoria; mental hospitals);
- institutions organised to protect the community from 'intentional dangers' (e.g. prisons);
- institutions established for some 'work-like task' (e.g. army barracks; boarding schools);
- institutions set up as retreats from the world (e.g. monasteries).

Such classifications may be increasingly blurred but it is with the first two types that this book is principally concerned, although there is some consideration of boarding schools (type four above) in relation to the institutional abuse of young people. For Goffman, it was possible to identify common characteristics of institutions that might be present, albeit to varying degrees. Essentially, the key features of total institutions were:

> First, all aspects of life are conducted in the same place, and under the same single authority. Second, each phase of the members' daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled with one activity leading at a pre-arranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials.
>
> (Goffman 1961:17)

Thus, in Goffman's view, it was the fundamental nature of institutions and institutional care that led to a degradation of care. He argued that the removal of normal, everyday patterns of activity and identities for individuals constituted the essence of institutional life. Within this specific context the individual is de-personalised. Wardhaugh and Wilding's exploration of the corruption of care develops this concept of de-personalisation to argue that if individuals are viewed as less than human and 'not like us', then abuse of those individuals becomes more explicable, if not justifiable (1993).

In recent years there has been some criticism of Goffman's work, arguing that his account failed to examine the relationship between the institution and the broader social context (Perring 1992). As noted, a number of the chapters in this book argue that social identity, as defined by gender, disability, race and age, informs the dynamics of institutional abuse. Recent theory emphasises the centrality of the body in the construction of identity, and we would therefore suggest that while those receiving institutional care may be disempowered, structural factors such as gender, disability and race continue to shape abusive interactions within institutions. While Goffman's concept of de-personalisation now seems limited, his work continues to provide a vivid and persuasive account of the role of power inequalities in defining institutional life.

Few current institutions fit within Goffman's original definition of a total institution. For example, generally not all aspects of life are carried out in one place (young people attend school; occupation or training may be provided for adults); not all activities are carried out by all individuals at the same time, nor are all aspects of the regime rigidly programmed at all times. The move towards smaller community-based institutions may suggest a fundamental change in the nature of institutional care, but this may only be a superficial change. Smaller institutions often lack the elaborate hierarchies that

made it so difficult to achieve change in the larger institutions. It may also mean that it is easier to intervene to achieve change and that the boundaries between the home and the community are more permeable. However, in some instances the institution may be owned by the person responsible for the daily management of the unit, which can present particular areas of difficulty. It is arguable, too, that in smaller units the balance of power and the opportunities for abuse of that power remain potentially problematic. Within smaller institutions, however, the population of residents and staff may change more frequently than in larger, more traditionally run, units. The chapters by Hilary Brown and Jill Manthorpe identify such issues in relation to an inquiry into the care of people with learning disabilities in one particular home.

It is appropriate to add that many institutions now do not stand alone, but increasingly work in partnership with other forms of care provision. The potential partnerships with short-term provision such as respite care and fostering, or schemes where residential and nursing homes provide day and domiciliary care services to older people within the locality may be indicative of future options. Residential homes have also been developing a much more person-centred and 'homely' style of provision (Holland and Peace 1998). There have been moves to make residential homes more open, with links to communities, families and the neighbourhood.

Therein lies a challenge: how to provide a home that is more 'homely' yet also more open to public scrutiny and regulatory mechanisms in a way in which domestic homes are not. The existence of smaller homes that are more integrated into the local community does not necessarily mean that the home will be more open or free from abuse or abusive practices. Families have traditionally not been particularly open to outside scrutiny, given the historical and societal perspectives that linger concerning the right to privacy and freedom from public interference in what are considered 'private matters' for the family to deal with.

As many of the contributors to this book argue, the response to institutional abuse is not just about improving care standards. Awareness of the possibility of abuse occurring within institutions and the risk factors involved can affect decisions about the provision of care, and, for individuals, decisions about choice of care. Within the field of child care, the publicised failure of care provided in some residential homes and schools, together with scandals relating to abuse within such settings has led to an increasing loss of public confidence in the ability of such homes to provide safety and protection for their

residents. This has been coupled with a growing concern that there may not exist an absolute place of safety for young people.

Developments that are currently taking place or are anticipated—such as an independent inspectorate for residential care and nursing homes; the introduction of the General Social Care Council and Government initiatives concerning caring for children and young people in residential care homes (Secretary of State for Health 1998); and the protection of vulnerable adults in care homes—may go some way toward restoring confidence. It will take some time, however, for the public to feel sufficiently assured that residential care is anything other than a last resort for individuals who need care, and this may in itself be a key factor in the development and perpetuation of abuse within institutions.

The structure of the book

The eleven chapters in this book deal with a range of different residential institutions, but all share a common concern: to examine the various forms that abuse in institutional settings may take for particular groups of individuals. As described above, the book has taken a life course approach so that all the chapters fall into one of the three main stages of the life course: childhood, adulthood or later life.

Chapter 1, by Nicky Stanley, provides an overview of the abuse of children in residential settings. The chapter considers past and recent inquiries into abuse and the ensuing Government response in the UK as well as relevant research. The nature of abuse is explored in relation to issues of control and restraint, gender and sexuality, bullying and institutional abuse. Some of the key developments that constitute a response to abuse are discussed.

The perspectives of children concerning abuse in institutional settings are examined in Chapter 2 through Mary MacLeod's analysis of calls made to ChildLine's telephone helpline. Experiences of abuse in both residential care and educational settings (boarding schools) are discussed and some first-person accounts are included. The descriptions by the young people cover a wide range of different forms of abuse occurring within such settings. Consideration is also given to the types of support available to assist young people who experience such abuse.

Chapter 3, by Christine Barter, describes an NSPCC research study of investigations into child abuse in institutional settings and sets this study against a background of research findings from the United States. The study considers the problems associated with such investigations and suggests some possible solutions. This chapter also examines the

support needs of both young people and members of staff during the course of investigations, and a useful protocol for investigations is outlined.

The next chapter, by Hilary Brown, opens the sections covering the institutional care of adults. It explores the extent of abuse amongst adults with learning disabilities within institutional care and relates this to research findings in the UK and other countries. The chapter provides an overview of vulnerability factors in relation to adults with learning disabilities and also considers philosophies of care and the appropriate legal context. The results of one particular inquiry into institutional abuse are presented as a case study in this complex and sensitive area.

Chapter 5, by Jill Manthorpe, focuses on the perspectives and involvement of service users in this area. Consideration is also given to the views of caregivers, and the role of campaigning and advocacy services in general is examined in some depth. Dr Ann Craft had agreed to write this chapter but her untimely death meant that a substitute was needed and we are fortunate that Jill was able to assist with this. The work of Dr Craft and the organisation that she helped to set up, NAPSAC, now renamed the Ann Craft Trust, have been central to developing understanding and good practice in this area and her early death has both diminished the field and provoked much sadness.

The following two chapters, 6 and 7, consider the abuse of adults in mental health settings. This is an area that receives little coverage in the media and where public awareness is generally low. Special Hospitals are today the institutions that most closely resemble Goffman's total institution. In Chapter 6, Jennie Williams and Frank Keating provide an overview, considering the factors involved in the abuse of individuals within mental health settings. In particular, the extent to which such abuse mirrors social inequalities is examined. This chapter includes findings from recent studies of adults with mental health problems and identifies the difficulties experienced by mental health service users in voicing experiences of abuse.

Chapter 7, by Jeanette Copperman and Julie McNamara, presents the voices of survivors of abuse in mental health settings, with particular focus on the sexual abuse that many women patients experience. Abuse in relation to treatment regimes and consent to treatment is also addressed within this somewhat bleak, yet moving collection of accounts.

The final sequence of three chapters is concerned with the abuse of older people within residential and nursing care settings. Frank

Glendenning provides an overview account of this area in Chapter 8. Current knowledge and findings from relevant research in both the United States and the UK are brought together here. Although the focus of the chapter is on residential and nursing homes, the range of settings in which institutional abuse occurs is covered and recommendations for future work and practice are explored.

Chapter 9, by Les Bright, is concerned with the experiences of older people within institutional care and also provides accounts from caregivers. The chapter draws on work recently undertaken by the voluntary organisation, Counsel and Care, in response to a range of different types of abuse and abusive situations that have been identified within institutional settings for older people. Attention is given to the factors that contribute to abusive regimes and to a lack of respect for individuals who live in such care settings.

The final chapter in this sequence, by Roger Clough, focuses on the role of management and of regulatory and inspection mechanisms in relation to residential and nursing-home settings. This draws on Professor Clough's extensive experience as Chief Inspector of a Local Authority Social Services Department Registration and Inspection Unit. The part played by such mechanisms in identifying and defining situations of abuse and neglect is examined and proposals outlining good practice in this area are included.

Chapter 11, by Jill Manthorpe and Nicky Stanley, acts as a conclusion and draws together the major themes of the book. Similarities and differences in abuse across the life course are examined, as are issues in connection with professional whistle-blowing, abuse prevention and training. This final chapter returns to the themes of users' voices and suggests that the concept of users' rights may offer a framework for combating abuse and the attitudes that feed it.

The original ideas for the book arose from discussions between the editors in 1997 concerning different forms of institutional abuse and its impact on groups of service users. We identified a need to compare and contrast these experiences, drawing on the vivid accounts provided by users. Only by increasing our knowledge and understanding in this way will we be able to begin to develop really effective strategies for the prevention of abuse across the life course. The commitment and enthusiasm of the contributors to this project has reinforced our conviction concerning the value of this approach.

The wider phenomenon of interpersonal violence is a social problem that is increasingly recognised. Within the study of interpersonal violence, the issue of institutional abuse, in all the forms