Elder Abuse

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Violence as a Public Health Issue

- Crime and Violence prevention involve the complex cooperation of many parts of our society.
- Some of these measures fall outside the criminal justice system
- They exist within families, communities and the health care system

Interpersonal violence now accepted as a public health issue

- Why?
- High levels of morbidity and mortality
- In older people the recognition that even minor injuries can cause serious and permanent damage

Challenge for the Millenium

- In 1992 UN General Assembly declared that older people should be able to live in dignity and security, free from exploitation and physical or mental abuse
- In 1999 we celebrated the international year of the elderly
- In 2001 WHO global response against elder abuse
- In 2002 – elder abuse is the most rapidly growing form of interpersonal crime

How many? How old?

- Census night – 7th August 2001: 2,370,878 older Australians and of this 2,503 aged over 100 years of age
- Australian life expectancy 81.9 years (F) and 76.5 (M)
- Significant number of Australians over 75 years of age

Concern........

- Realisation that in coming decades there will be a dramatic increase in the older age segment population
- Estimates 2025 global population of those over 60 years will be more than double from 542 million in 1995 to 1.2 billion (United Nations population Division, 2003)
With age comes wisdom and sometimes, abuse

It happens across the country, across the state, And across the street!

Definition

- Elder abuse `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'. (Definition adopted by the British Charity Action on Abuse of Older Persons)

Headliners

- "Granny dumping outrage Families jump queues into nursing homes" (Herald Sun, p 005, 1999)
- "Daughter accused of homicide by neglect: mother, 75, died amid filth in home" (Seattle Post, p 1 2003)
- "Das put focus on prosecuting cases of elderly abuse" (Denver Post, p1, 2004)
- "Nursing Home Death Investigation" (Ohio News, p1 2004)
- "Aide accused of abusing elderly" (The Des Moines Register, p3, 2004)

Background

- Abuse of older people by family members dates back to ancient times – a private matter
- Initially seen as a social welfare issue, then a problem of ageing, today abuse of the elderly like other forms of family violence is recognised as a public health and criminal justice concern

Historical recognition of elder abuse

- Mistreatment of the elderly first describe in British Scientific Journals in 1975 ‘Granny Bashing’
- Seized by USA Congress as a social and political issue
- Then by researchers and practitioners

Prevalence rates of violence and abuse in private settings

- Only established in a few settings
- Inconsistent findings M/F ratio - although more women than men have been abused
- Approx 3-10% in countries like Australia, Canada, United Kingdom and Ireland
Prevalence

- 1999 study in Adelaide of 100 phone calls alleging abuse:
  - 76% female
  - Psychological and financial abuse most commonly reported followed by physical abuse, social abuse, and neglect
- 54% lived with the abuser
- 5 lived in a nursing home
- Abuse primarily from son 29%, daughter 23% and multiple family members 11%
- 7% of abuse from a spouse (Cripps, 1999)

Prevalence rates of violence and abuse in public settings

- USA study
  - 36% nursing staff reported witnessing physical abuse
  - 10% of having committed at least one act of physical abuse
  - 81% had observed an incident of psychological abuse
  - 40% admitted to having verbally abused a resident in the past 12 months

Forms of Elder Abuse

- Physical Abuse - may include but is not limited to:
  - Kicking
  - Stalking
  - Hitting
  - Pinching
  - Pushing
  - Delaying access to medical treatment
  - Physical and chemical restraint
  - Forcible feeding
  - Physical punishment

Indicators

- Bruises, in particular defensive bruising
- Welts, lacerations, rope marks
- Fractures
- Puncture marks
- Burns
- Dehydration, malnutrition
- Poor personal hygiene
- Unattended health problems

Case Study

An 86 year old man lived alone until he became ill. He moved in with his extended family temporarily until he recovered.

As he began to improve, he was perceived as a nuisance and was shut in his room in the early evening.

He was assaulted and sustained severe bruising (Kurrle et al 1991)
Emotional Abuse, inflicting anguish, pain or distress through verbal or non-verbal acts
• Humiliation
• isolation
• belittling
• verbal and non-verbal threats
• abandonment
• intimidation
• verbal harassment
• Enforced isolation

Indicators
• Fear
• anxiety
• poor decision making ability
• apathy
• withdrawal
• depression
• suicide attempts

Case Study
Dennis a 77 year old gentleman, confided in both his GP and Mental Health Practitioner of his suicidal thoughts one week before he successfully took his own life. On the same day as discussing his feelings he tried to drive his car into a tree - the next day he hung himself at home.

The elderly are just as much a risk of committing suicide as the general population. It has been estimated that of all suicides committed in Australia approximately 13% were over 65 years of age.

Neglect
• Failure to provide adequate food, fluids or medical care
• inappropriate provision of clothing
• inadequate hygiene facilities
• failure to prevent physical harm ad to provide needed supervision
• denying the person social contacts

Case Study:
A frail elderly man lived on a remote rural property with his extended family. He was kept all day on an open verandah in all types of weather. He was rarely provided with food and often only had a glass of water beside him during the day. (McCallum 1993)
Case Study

- Daughter accused of homicide by neglect
- Mother, 75, died amid filth in home
- Human faeces matting in her hair
- Not been bathed for 6 months
- Daughter lived in house
- Had complete control of mother’s finances est. value 0.5-1 million US$

Sexual Abuse, non consensual sexual contact of any kind with an elderly person

- Sexual coercion
- sexual harassment
- sexual assault from violent rape to indecent assault
- Gerophiles

Indicators

- STI’s
- blood stained under clothing
- bruising around genital area
- reports of sexual harassment, assault by the older person
- unexplained fear, showering, dressing, toileting times

Case Study:

An 83 year old woman in a nursing home was heard crying out ‘stop’. Two nursing assistants observed a male resident having sexual contact with her but failed to do anything about it.

When they finally notified the RN it was too late to save the evidence as clothing, for example, had been discarded.

Financial Abuse

- Misappropriation of funds
- forcing the older person to change their will to benefit specific individuals
- denying them access to their money
- theft
- preventing them from controlling their assets
- diversion of property

Indicators

- Frequent, expensive gifts from older person to a care giver
- Older persons belongings go missing
- Unpaid bills
- Recent will when older person incapable of making one
- Frequent cheques made out to cash
- Caregivers refusal to spend money on older person
Case Study:
Son found guilty of financial exploitation of a vulnerable adult. Stole more than $20,000 from his father after he was given power of attorney to manage his father’s accounts. He used it to pay for his home loan and gambling debts. His father was then not able to pay for his nursing home care.

Variations to the previous categories

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Detection of Elder Abuse

- Unless specifically prepared professionals and lay people are unlikely to identify abuse in all but the most extreme cases
- Too often assumptions are made about the behavioural/physical state of the older person being due to old age or ill health
- Situational and psychological barriers to reporting

Motivation to conceal abuse

- Fear of institutionalisation
- Fear of retaliation
- Desire to protect the abuser from the consequences of their conduct
- Shame and embarrassment
- Victim’s perception that the abuse is expected or deserved
- Cognitive impairment or poor communication skills reduce reporting options

Risk Factors

- Mental or physical impairment
- Poverty
- Childlessness
- Living alone
- Social isolation and displacement
- Drug or alcohol misuse
- Ageism and sexism
- Weakening intergenerational ties
- Migration of adult children to city

Who are the Perpetrators of Violence

- Family members
- Friends and acquaintances
- Strangers
- Commercial organisations
- Health carers
Settings of Abuse

• Public - institutions
  - nursing homes
  - long stay hospital wards
  - homes for the destitute
  - homes for the disabled
  - day care centres

• Private - within the home

Contributing factors:

• Public Institutions
  - poorly trained staff
  - overworked staff
  - poor resident management
  - dilapidated facilities
  - abusive, exploitative behaviours from both staff and residents

• Private
  - changes from traditional norms
  - social and economic strains on the household
  - scarce resources
  - aggressive young family members
  - drug and alcohol addiction in family
  - poor housing
  - poor welfare supports
  - lack of skill in caring for the aged
  - intergenerational transmission of violence

Responding to the Problem

• Must be at all levels
• Public awareness campaigns
• new legislation
• judicial action and intervention
• prevention programs
• campaigns to promote respect and dignity for the elderly
• regulation of care facilities

Mandatory Reporting

• 50 States of the USA have regulations enforced through adult protection services
• not all have mandatory reporting laws (43 States)
• Australia has decided against mandatory reporting laws being unconvinced of their effectiveness
• other than guardianship legislation and disability acts no specific legislation to deal with elder abuse exists in Australia
• Possible use of Apprehended Violence Orders
Mandatory Reporting of Elder Abuse

- Introduction of legislation that criminalizes the abuse of older people
- Mandatory reporting obligations for doctors, nurses, social workers - legally required to report suspected abuse of older persons
- Some states in USA require banking staff to report suspicions of financial abuse

Arguments for Mandatory Reporting:

- Not unlike those put forward for mandatory reporting of child abuse: - vulnerability of the victim
- Legal protection for the reporter
- Enforces the expected moral standard
- Takes away responsibility associated with choice of reporting

Arguments against Mandatory Reporting:

- Jeopardises older person’s autonomy
- May be ignored like other mandatory reporting laws
- Workers do not need protection where reports are made in good faith
- Risks clients trust in services where they fear reporting abuse may lead to institutionalisation
- May only be used where there is incontestable evidence of abuse

The Nurses Role in Elder Abuse

- We owe a duty of care to our clients
- We have a responsibility to become informed and skilled in identifying and managing elder abuse
- Case example, The administrator of a 108-bed nursing home, Deborah Davis will face trial soon in California on a criminal charge of failing to report the physical abuse of a patient to the police.

The Nurses Role in Elder Abuse

- Competent and specific interviewing and assessment skills
- Awareness of the legal issues involved
- Educate other health carers
- Empower the older person
- Provide care for the abused older person
- Participate in a multi institutional, interdisciplinary prevention, awareness campaign

Adopt a forensic approach:

- Maintain an index of suspicion
- Look for sustained patterns and patterned injury
- Distinguish between intentional or accidental injury
- Identification, collection and preservation of evidence
Documenting your findings

- As with any area of our practice the documentation of what we do is crucial in the contemporaneous management of our residents.
- Where abuse is suspected it can help lead to the resolution of a dangerous situation
- Include, objective and subjective data, the patient and care giver’s explanation of what happens, use body maps, photographs if permitted, note discrepancies in their stories

Organizational response

- Policy and procedural responses to abuse
- Education campaigns
- Awareness campaigns
- Interview proformas, action plans, assessment tools

Asking the right questions

- Create a safe setting for the interview
- When and how did it happen?
- How often has this kind of injury happened?
- Did someone hurt you?
- Has anyone ever touched you without your consent?
- Who cares for you at home?
- Are you afraid of your care giver?

When the older person is at home

- If competent and unwilling to agree that they are in an abusive situation- make detailed and objective notes in their record
- Report concerns and findings to case manager/medical officer
- Review timing of scheduled visits
- Support and education for the older person

Institutional Abuse

- ‘Family Sues Nursing Home in Resident’s Death’

- ‘Grieving family members have filed a lawsuit against a suburban nursing home, alleging that a resident there was beaten to death. Dorothy Gregory’s family says she did not die from old age, but from injuries she suffered at the hands of a nursing home employee.’


PAIN AND SUFFERING

Inquiry into more aged-care deaths

Resident’s wound ‘had maggots’
Institutional Abuse

- What do you do if you witness a colleague or another resident abusing an elderly client?
- A decision to do nothing at all - is still a decision not to act
- Duty to report to your employer
- Failure to report—possibly subject to disciplinary proceedings
- Failure to report leaves countless older folk at risk

Consequences of Elder Abuse

- Depend on the type, intensity, severity, frequency and duration of the abuse
  - Permanent damage from physical injury
  - Medication/alcohol dependency
  - Eating disorders
  - Self harm
  - Depression
  - Fearfulness/anxiety
  - Death

Conclusion

- As longevity increases, so does abuse of the elderly
- Abuse is violation of fundamental rights guaranteed by the United Nations
- Research must be done in this area
- Policy development at national level must occur
- Specialised education programs for those in care relationships with the older person are essential

Our elderly folk have earned the right to live in dignity and without fear: the community as a whole should contribute to this process

(Chappell)