



Aged Abuse in Acute Care

*Responding to a window
of opportunity*

the elderly

Dr Lynette Joubert
Allied Health Research
Consultant,
St Vincent's Health
School of Social Work,
University of Melbourne



The emergency department as first point of contact

For many abuse victims, the hospital emergency department is the first contact point with the health system. (Fulmer 2002; Trevitt & Gallagher 1996), and may offer a “window of opportunity” for help and support (Kahan & Paris 2003)

- *Yet despite the potential for detecting abuse, the emergency department is often ill equipped to detect abuse other than serious physical injury (Kahan 2003; McDonald 1990)*

Staff knowledge and skills emerge as a clear deficit in detection with the education of medical staff identified as the most effective way of improving the recognition of cases of elder abuse in the acute hospital setting (Boldy 2002; White 2000; McDonald & Abrahams 1990)

- *The documentation of physical signs of abuse and neglect are the areas where nurses have been found to have the most skill and knowledge, with the other types of abuse not being as readily recognized. (Trevitt & Gallagher 1996)*

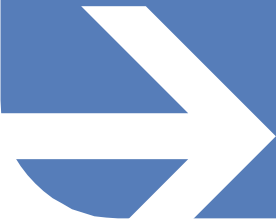


The need for screening

It has been claimed that only one in ten cases of elder abuse and neglect are reported due to inappropriate screening tools (Fulmer 2003)

- *Despite the complexity of elder abuse and neglect, protocols for management in acute care, including emergency departments, are feasible when screening procedures are in place.*

The use of instruments cannot alone adequately identify abuse cases but “professional judgment is always needed when assessing a potential abuse situation” while an interdisciplinary approach to detection, evaluation and management is crucial (Kahan 2003).



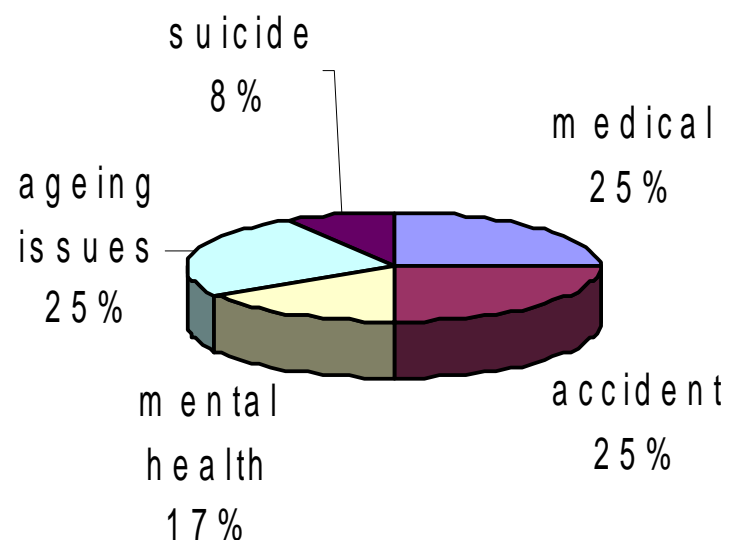
St Vincent's Centre for Allied Health Research : Aged Abuse Study METHODOLOGY



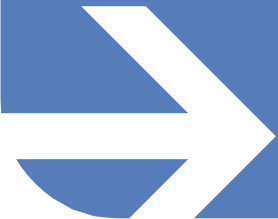
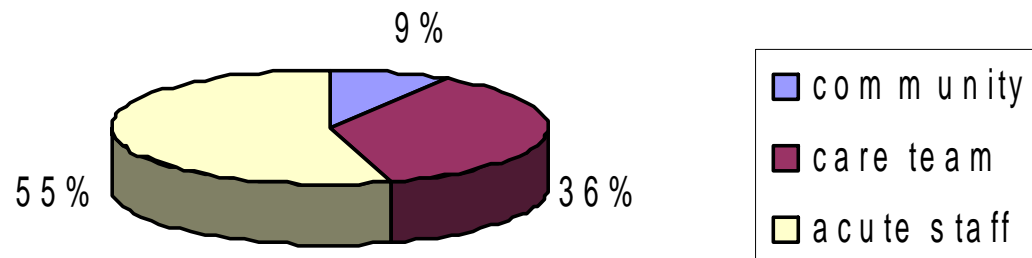
One hundred and sixty-six staff members from St. Vincent's Health Melbourne anonymously completed a questionnaire on their professional experiences of abuse of the elderly. Following completion of the questionnaires, eleven staff who had managed patients presenting with aged abuse consented to interview and eight participated in a focus group to explore qualitative themes associated with the abuse of the elderly



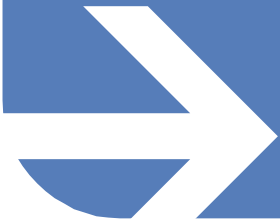
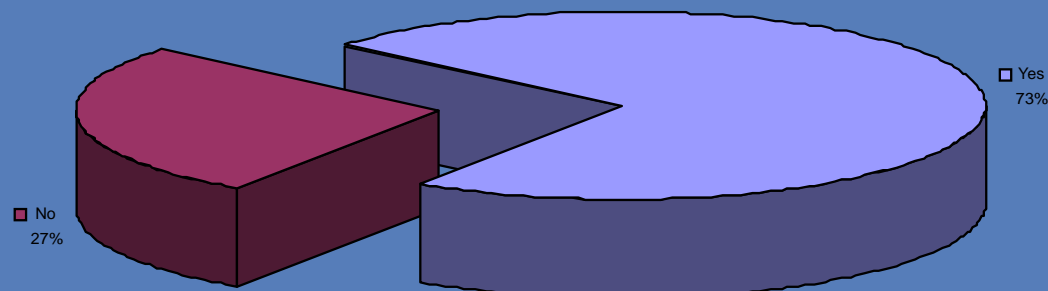
Associated problems of patients presenting with aged abuse at St Vincent's Health



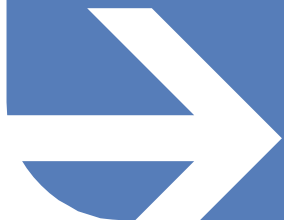
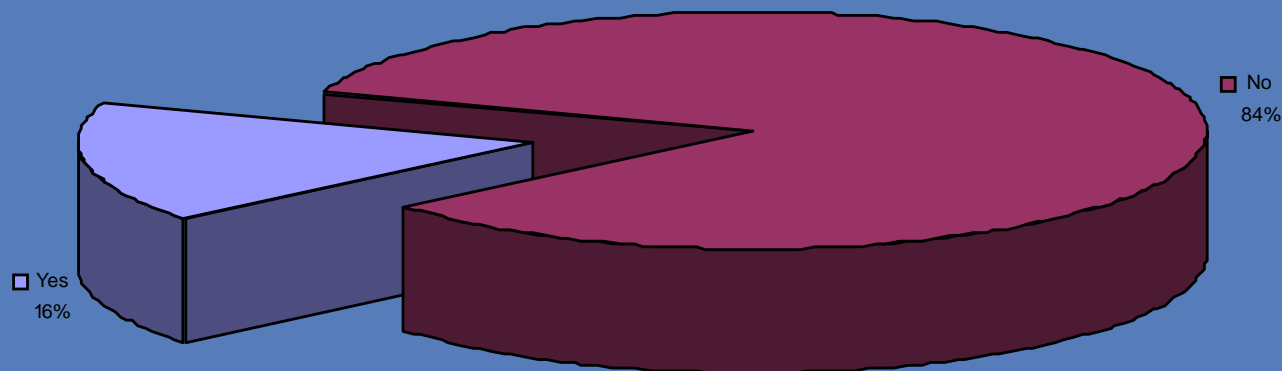
Detection of aged abuse



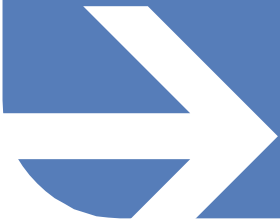
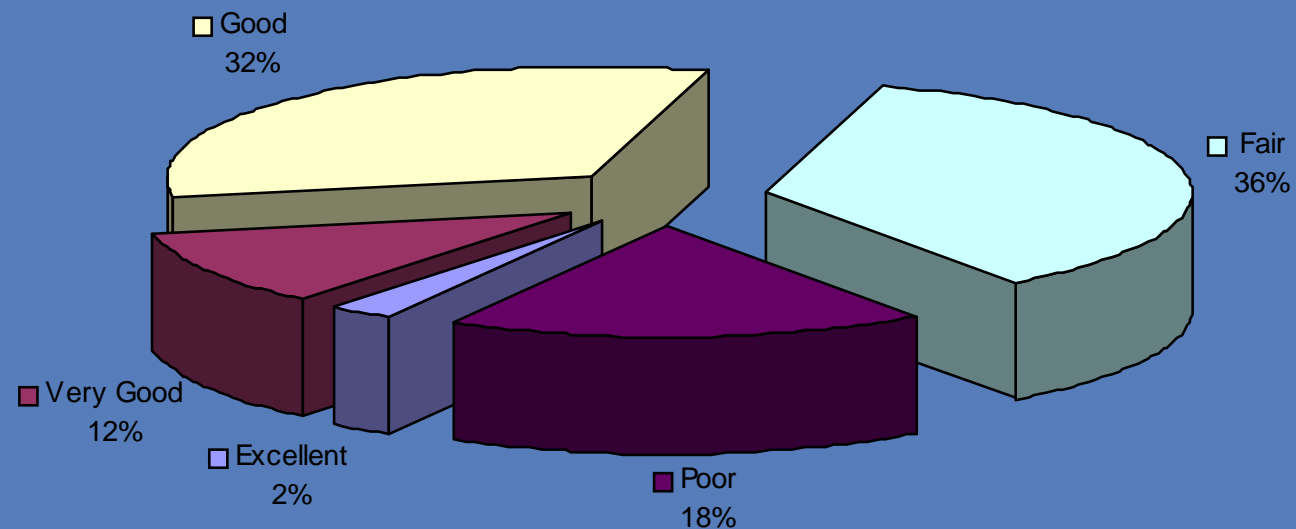
Are you familiar with the meaning of the
concept “elder abuse”?
(N = 166)



Have you ever attended an education or training session on elder abuse? (N = 166)

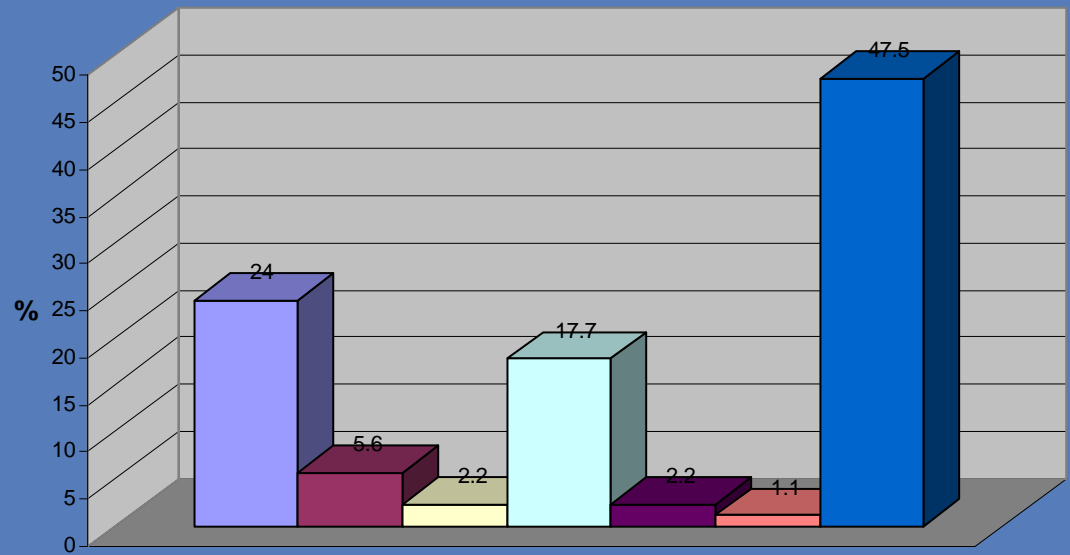


How would you describe your understanding of elder abuse? (N = 166)



Have you ever worked in a situation where you suspected elder abuse? (N = 180)

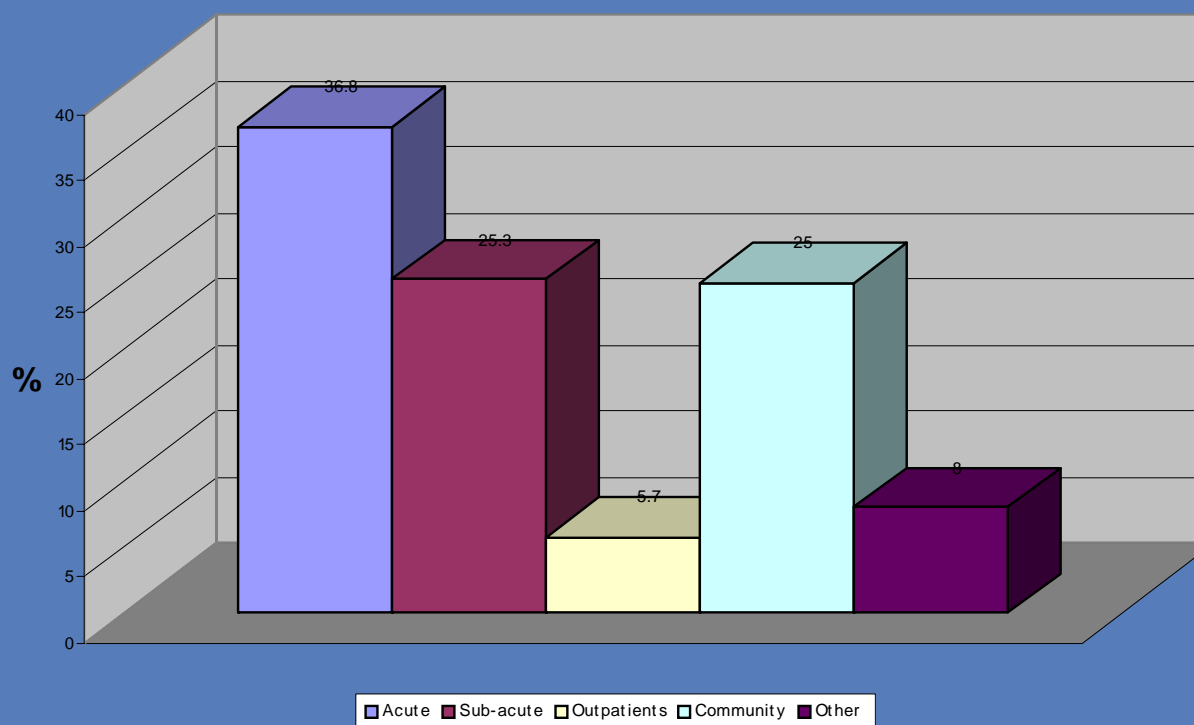
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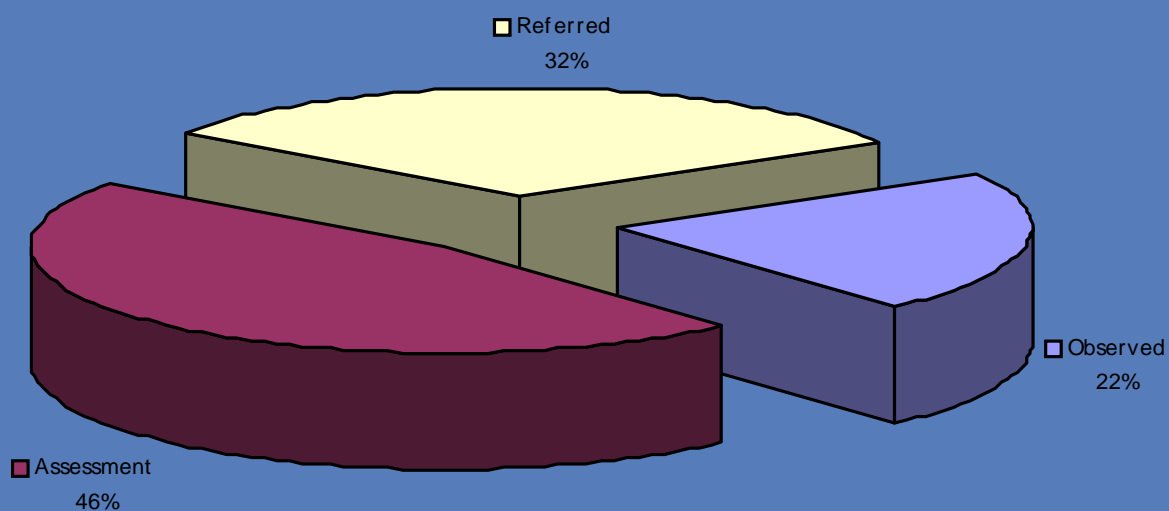
- Suspected, unable to confirm
- Suspected, did not do anything
- Suspected, confirmed, did not follow-up
- Never Suspected
- Suspected, did not know what to do
- Suspected, confirmed and followed up
- Suspected, confirmed, did not know how to follow up



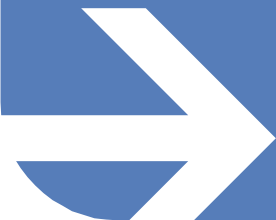
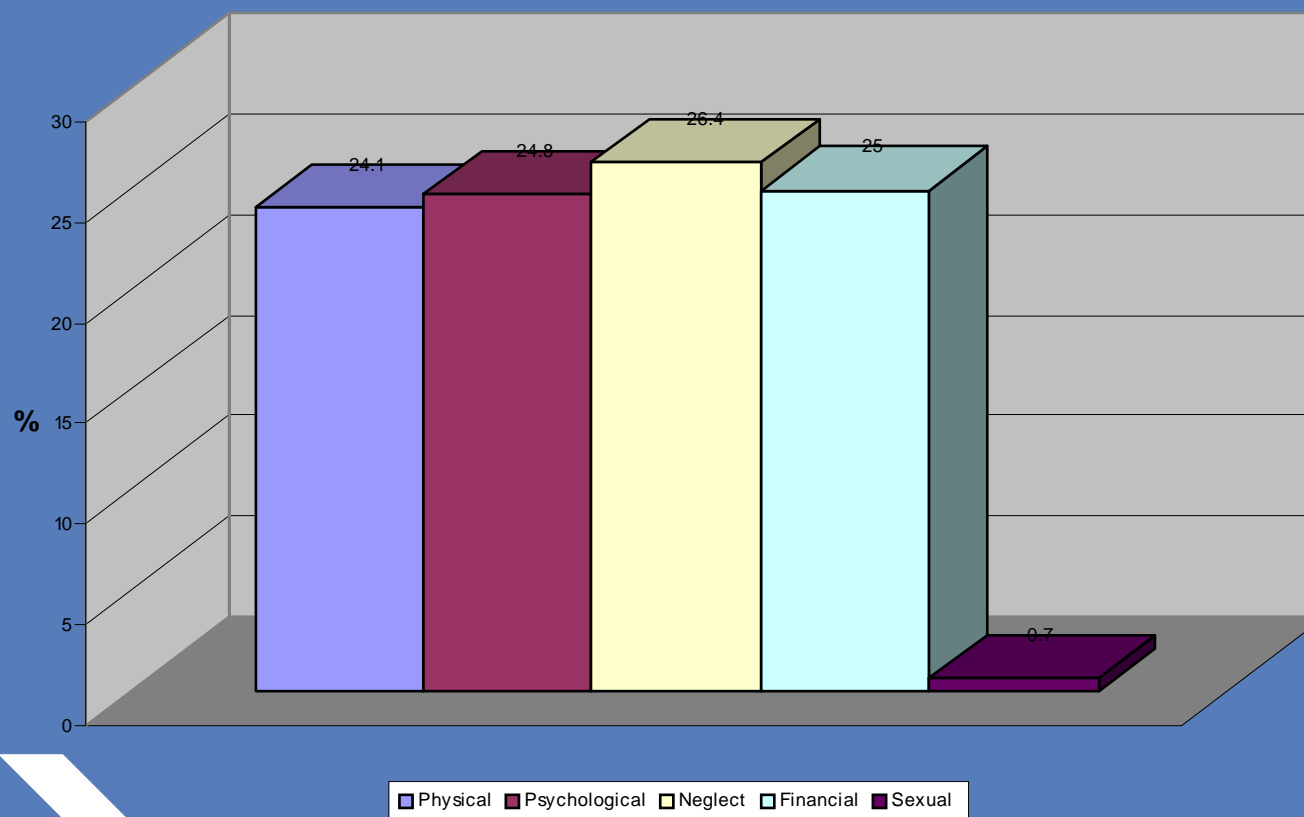
Clarify the setting in which your suspicions were aroused. (N = 88)



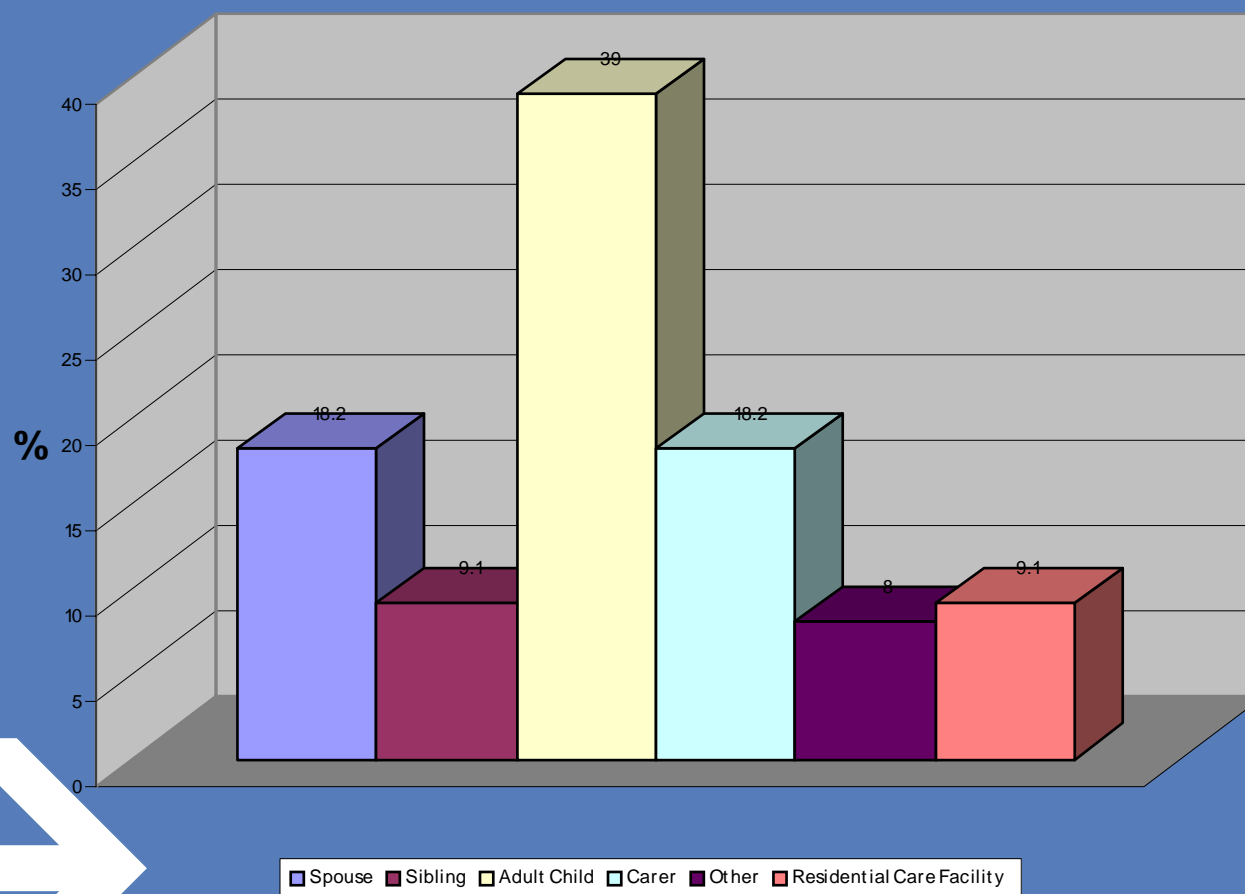
Did you observe the abuse directly, or was the abuse referred to you, or were your suspicions aroused during the course of your assessment? (N = 93)



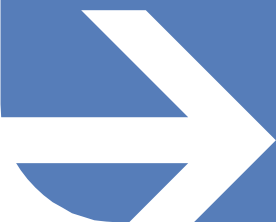
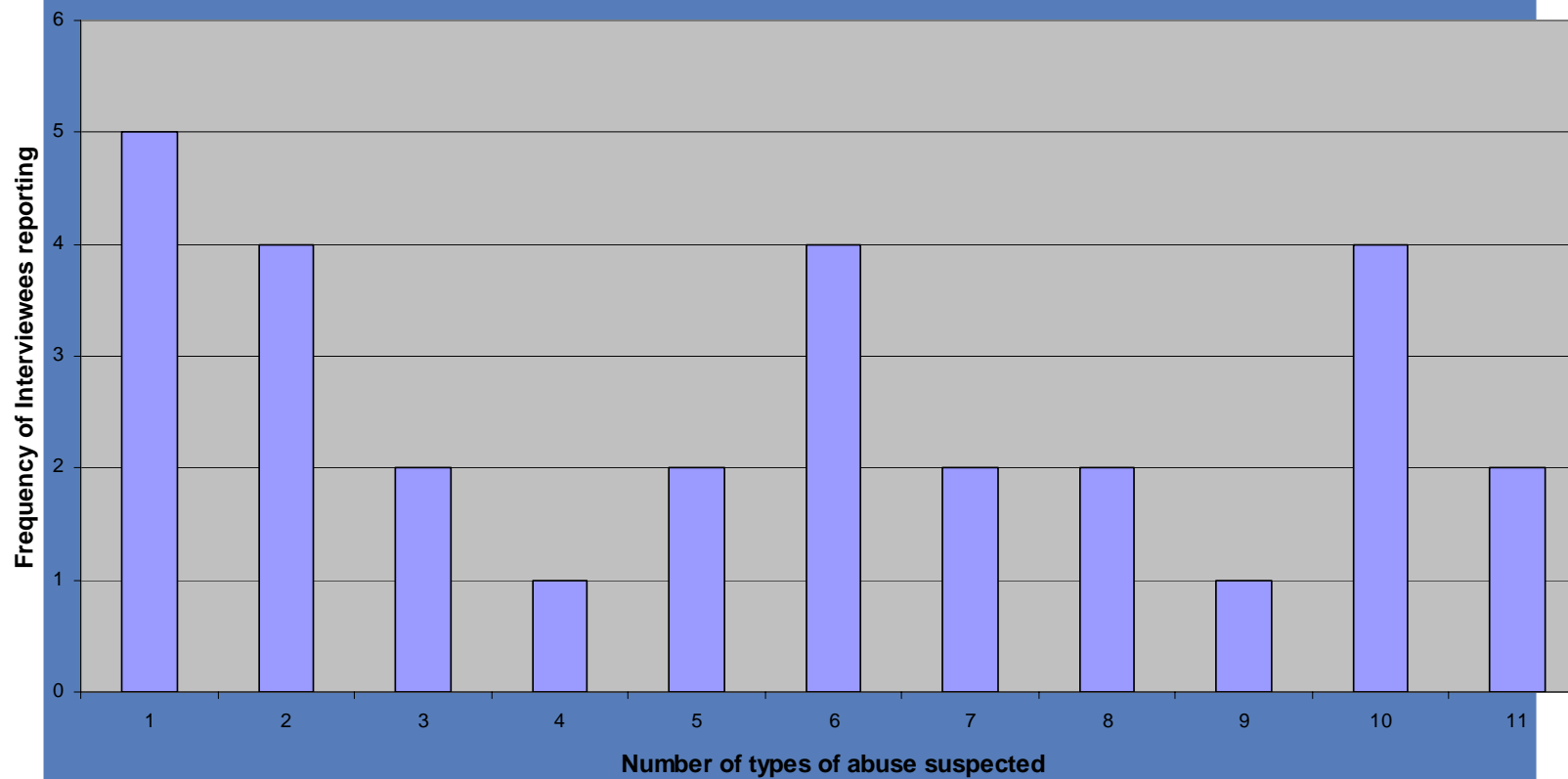
What type of abuse was observed / suspected? (N = 145)



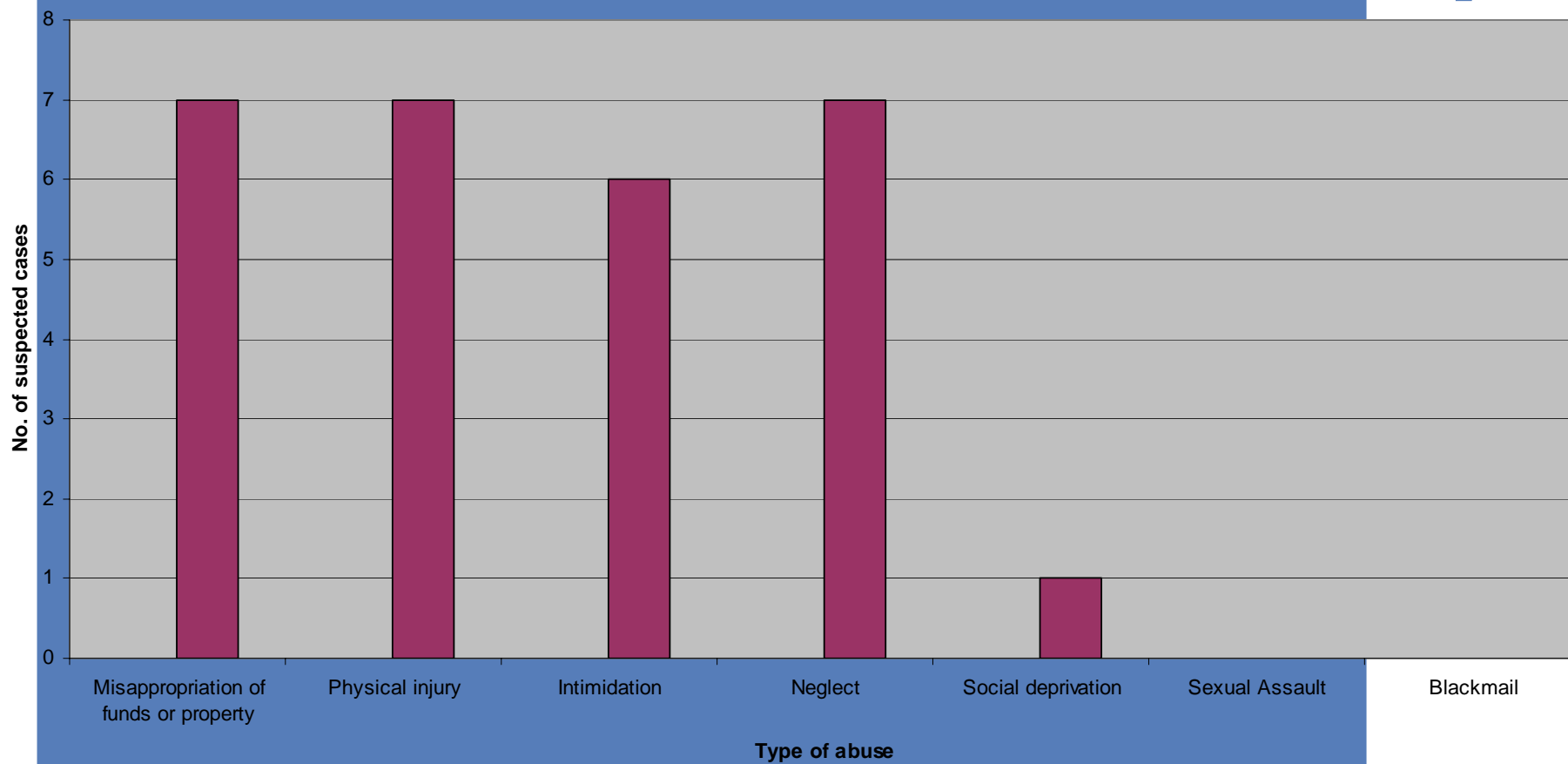
Who was suspected of the abuse? (N = 100)



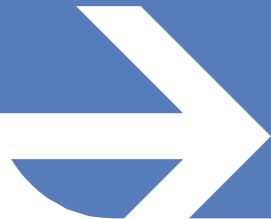
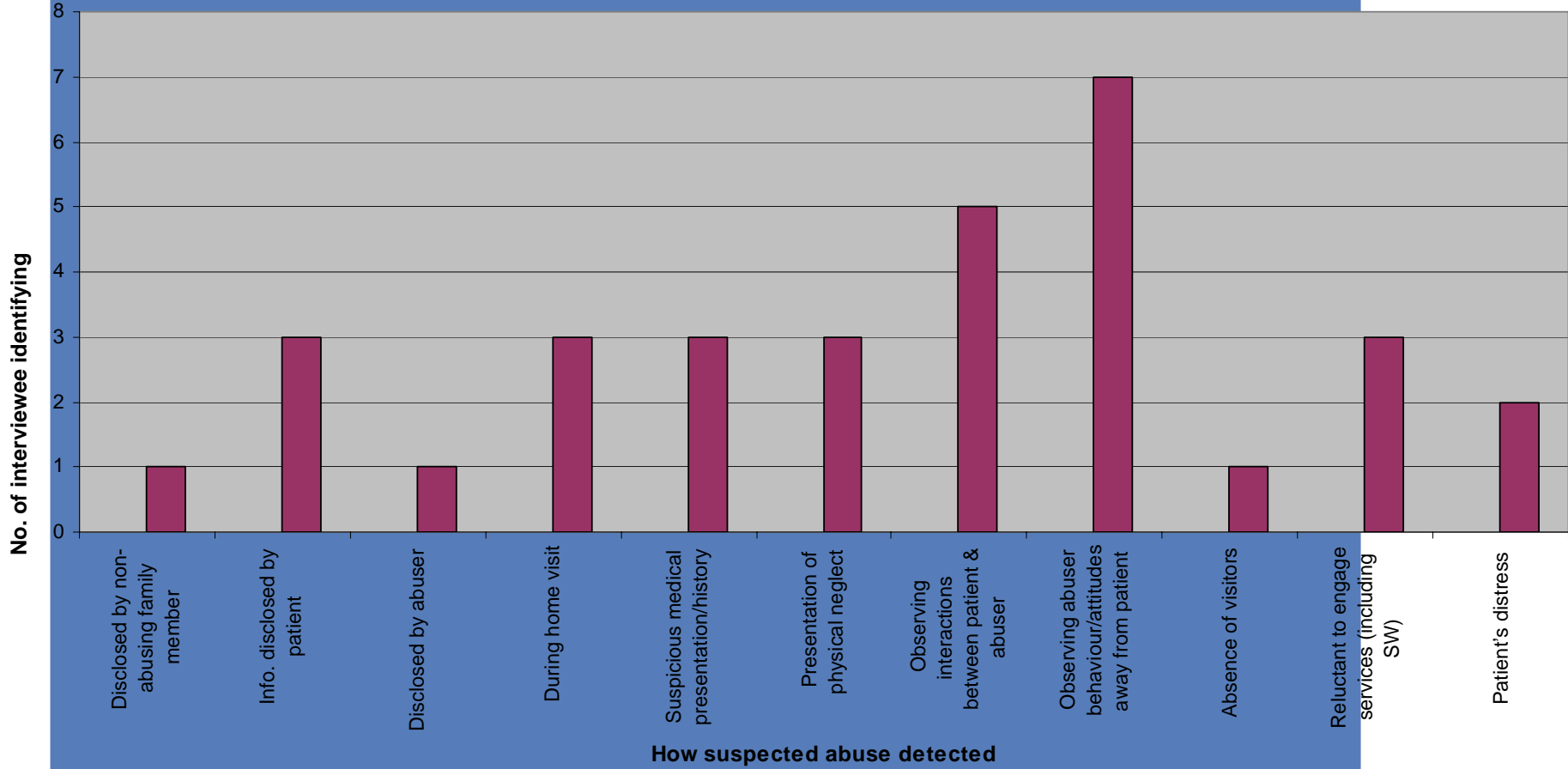
Number of Types of Abuse Suspected



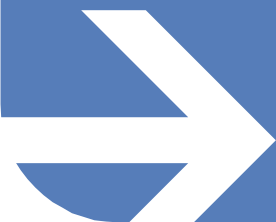
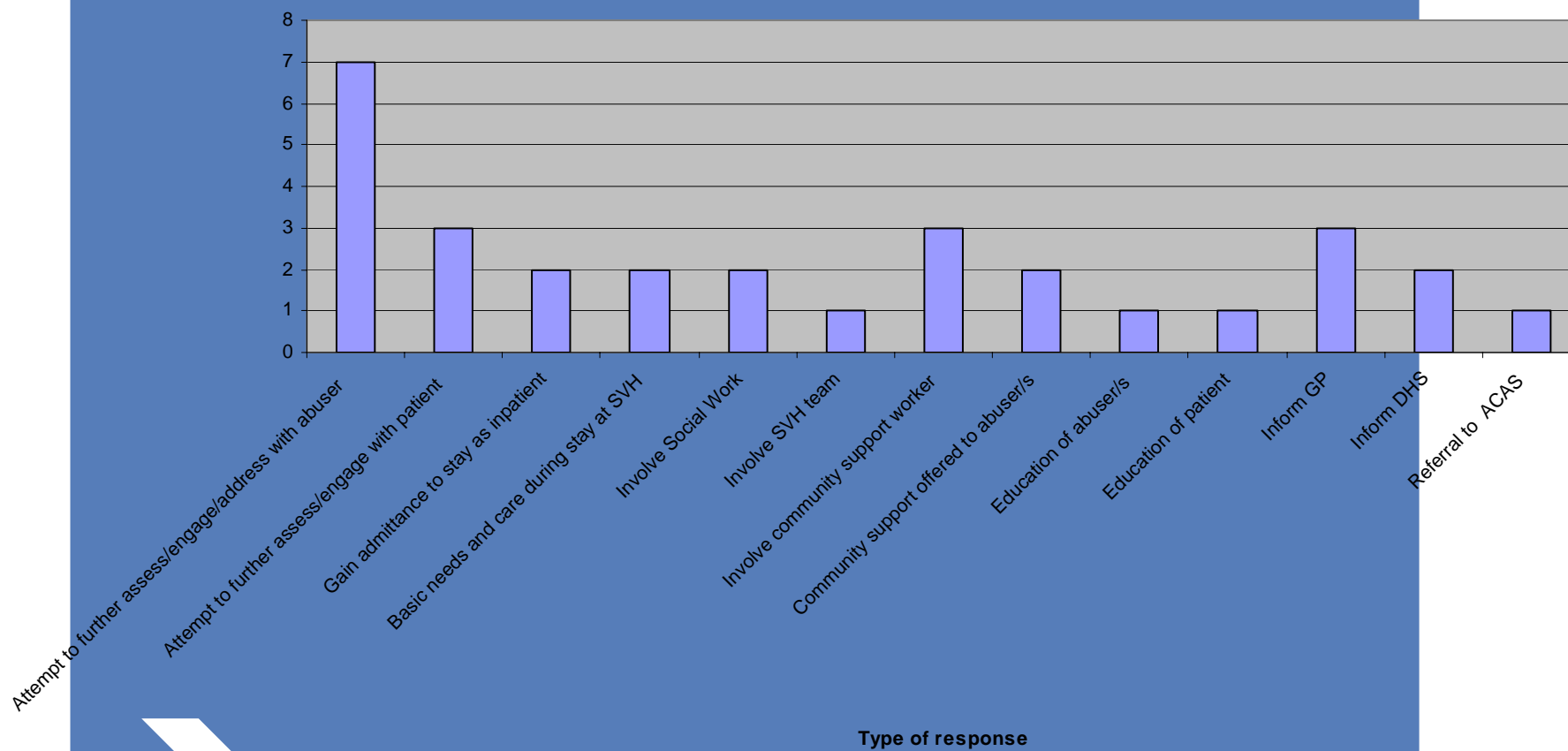
Frequency of Types of Abuse Suspected



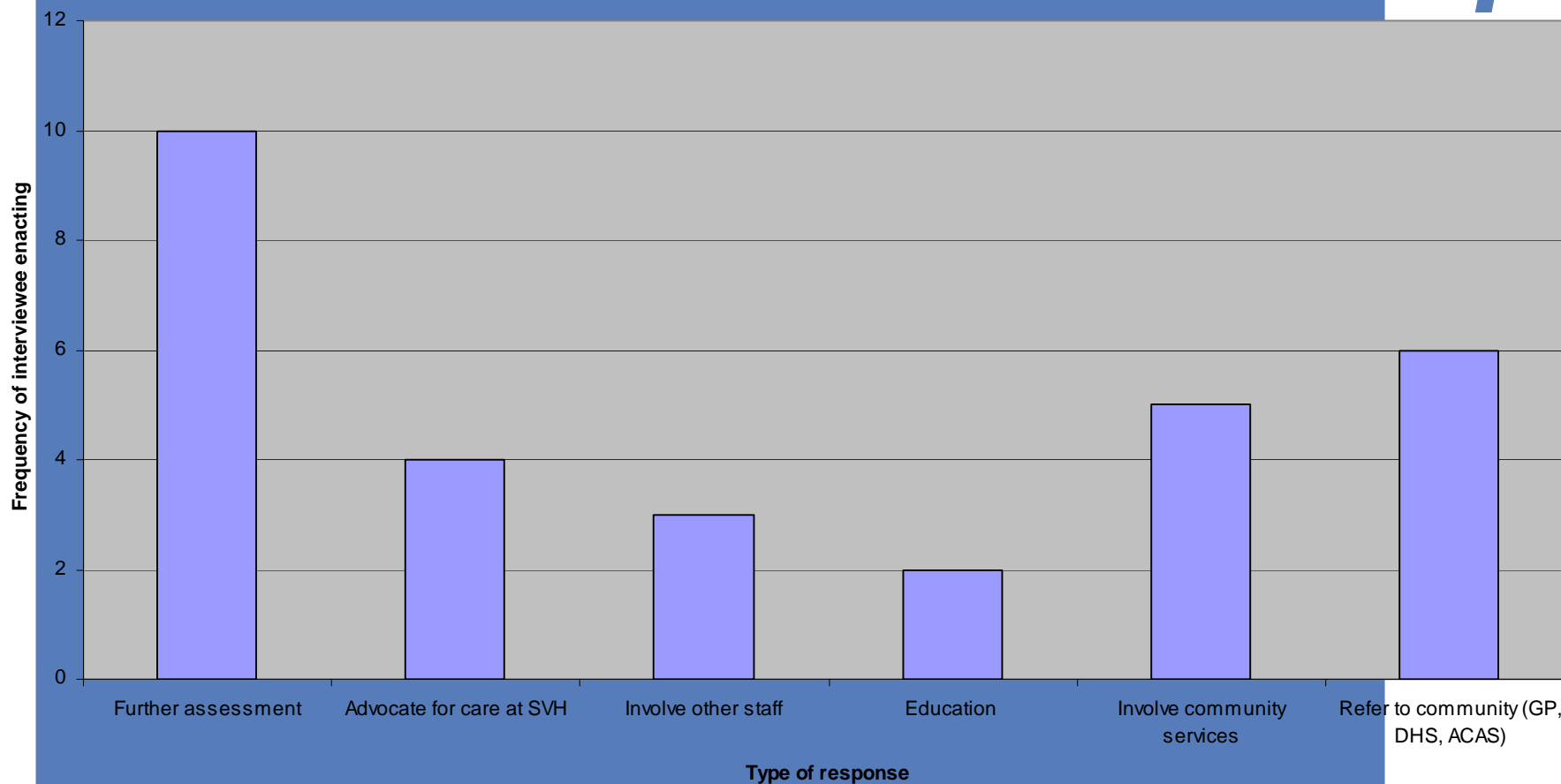
Detection of Elderly Abuse



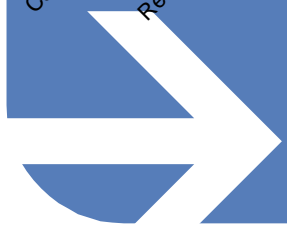
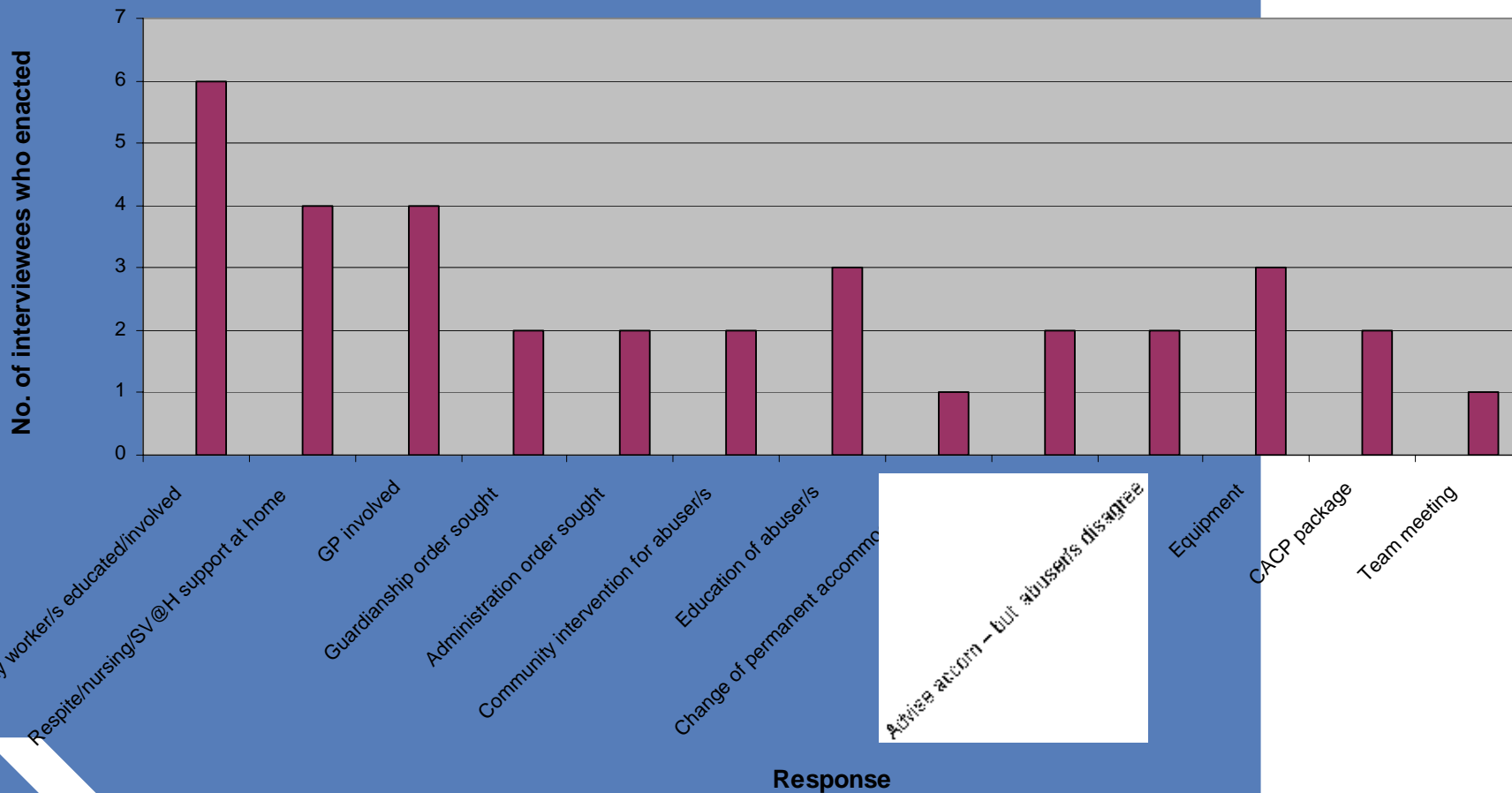
Immediate Response to Elderly Abuse



Immediate Response to Suspected Abuse



Discharge Plan and Intervention Responses



Conclusion

Hospital workers

- have minimal training in detecting elder abuse
- Majority have only fair or poor understanding
- Half have suspected elder abuse, usually in the acute setting

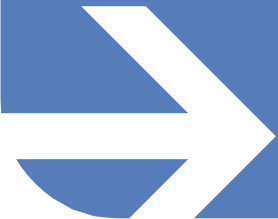
Abuse is evenly physical psychological
financial and neglect

Adult child, carer or spouse the suspected
abuser



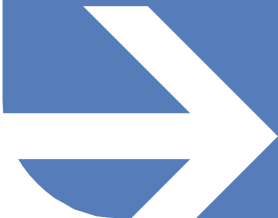
Issues around the Patient:

- Competency versus lack of competency – due to medical (e.g. ABI) and / or psychiatric problems.
- Competent patients may exercise their right to stay in an abusive environment rather than leave the family or carer(s) to be put in to nursing home or other residential care facility
- Need “evidence” if patient does not have capacity
- End of life issues ; who decides what is in the best interests of the patient?
- Consider interpersonal issues which may not be clear



Issues around the Carer(s)

- Abusive behaviour may build on existing problems or old resentments which may result in “payback time”
- Deliberate abuse versus non-deliberate neglect through inappropriate care (e.g. inappropriate lifting etc.)
- Misguided intentions which may not be deliberately cruel but misguided, frustrated, stressed, not coping
- Carer burden may be very high even if carer has patient’s best interests at heart
- The motives for caring for the elderly person are important
- Controlling, restrictive behaviours taps into patient’s fear
 - Deliberate ending of patient’s life
 - Misuse (over or under-use) of medications



Issues around health care professionals and service provision

- Detection and referral can be difficult as the issues relating to abuse of the elderly may be subtle
- Substantiating and gathering information may need to be done over time and involve community resources
- Need to proceed with investigations of abuse of the elderly very carefully and where possible involve other healthcare professionals, drawing on their perceptions, judgement and experience
- Picking up on triggers may be difficult and health care providers may not have the confidence to take matter further
- Abuse of the elderly is necessarily covered in professional education
- The thrust of services is to keep people in their own homes for as long as possible and this should always be accompanied by formal supports



Issues around types of abuse

Financial abuse is common and may be easier to detect than other forms of abuse

Financial exploitation can in many cases lead to criminal charges

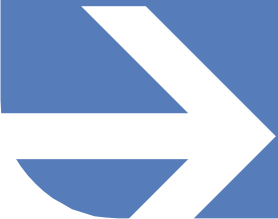
Families who would rather care for elderly person badly or grudgingly in order to preserve inheritance rather than put patient's money into best possible care resources

Authority for banking can create abuse opportunities such as the payment of family and carer unpaid bills, parking or speeding fines

Use of patient's resources such as car or medication



Abuse of the elderly does not lend itself to a clear cut model like that of child abuse due to the mutual dependency and emotional enmeshment of the abuser and the abused.



The analysis of the data from the survey suggests the need to develop:

- A screening system for the detection of abuse of the elderly in acute and sub-acute care
- Dedicated acute and sub-acute healthcare professionals' time to liaise with other professionals and implement an intervention in a neutral, protected environment. It is easier to explore issues and ask questions without the family or carer(s) present
- Educational and professional development programs to increase awareness of healthcare professionals
- Guidelines to facilitate pathways of referral within the health service for healthcare professionals to refer the elderly where they feel there are issues of concern
- A program for carer education and community support for carers

