The Complexities, Challenges and Strategies of Dealing with Elder Abuse

Presentation to College & Association of Registered Nurses of Alberta

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Seniors Association of Greater Edmonton
65 Years Of Age Or Older
Resides In Edmonton
Abuser Is A Family Member Or Unrelated Caregiver
Situation Identified as a High Risk Elder Abuse
What is Elder Abuse?

“Any action or inaction by self or others that jeopardizes the health and well being of any older adult ”

Definition used by Seniors Protection Partnership / Alberta Elder Abuse Awareness Network

“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 World Health Organization in Toronto Declaration on Elder Abuse
What Is Abuse of Older Adults?

Harm caused to older adults by someone who *limits or controls* their rights and freedoms.

The older adults are *unable to freely make choices* because they are afraid of being hurt, humiliated, left alone or of the relationship ending.
Major Risk Factors* Red Flags

- Shared Living Situation
- Dementia
- Social Isolation
- Mental Health concerns and / or alcohol abuse by abuser
- Dependence of Abuser on Victim

Screening

Many victims are frail and socially isolated, cognitively impaired, and not particularly involved in their care. They might be brought to the doctor by the abuser. Unlike the primary care patient who seeks early detection of disease, the victim of elder abuse might be fully aware of its presence but wants to actively hide its existence from the clinician.

Covenant Health
-- Nurse’s Role

RN Provides screening for:

- Psychiatric concerns /Psychiatric Assessment
- Cognitive Screening
- Physical Assessment
- Referrals to appropriate programs and assessments
- Patient and family teaching
- Communications with other health professionals
Questions to help uncover the abuse --- EASI Screening Tool

- Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
- Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
- Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
- Has anyone tried to force you to sign papers or to use your money against your will?
- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
Clues on Physical Exams

- Sores, bruises, other wounds
- Unkempt appearance
- Poor hygiene
- Malnutrition
- Dehydration
Bruising

The most common locations for non-accidental injury are the face and neck, the chest wall, the abdomen and buttocks.

Non-accidental injury is 13 times more likely to involve the head than other areas of the body.

Bruising pattern may reflect mechanism of injury (i.e. Fingers or knuckles or “tramline” bruising consisting of parallel lines resulting from stick)

Elder Mistreatment: Abuse, Neglect and Exploitation in Aging America (2003)
Location of Accidental Bruises

Location of Bruises Caused by abuse
The Importance of Context

- All bruises are due to the same thing: a blood vessel ruptures and blood extravasates into the surrounding tissue.

- All pressure sores are due to the same thing: there’s inadequate blood supply to maintain perfusion of the tissues.

- All fractures are due to the same thing: an external force greater than the strength of the bone was applied.
Sexual Assault

- Persons with cognitive impairment are in many ways the “perfect victim” and at high risk for sexual assault (Many victims do not report assault, not noticed unless staff detect evidence).

- Dementia can compound the trauma of the assault (one study showed that 11 of 20 victims died within one year of the occurrence).

National Institute of Justice Journal No. 255 (November 2006)
Barriers to reporting --- from Seniors perspective

- LOVE OF THEIR CHILDREN
- Fear (of being alone, retaliation, incarceration or institutionalization)
- Medical, Physical or Mental Disability
- Financial dependence
- Shame / Guilt / Embarrassment
- Unaware of assistance available
- Language / Cultural Barriers
- Normalized
Barriers to Identification and Response from Professional

Attitudes such as:
- Ambivalence – Family matters are private
- Avoidance – It is not my problem; I have enough of my own problems.
- Fear - Interfering will just make things worse
- Blaming the abused Person - Looking after older people is really hard, they should co-operate more
- Denial – That’s not abuse. It’s just conflict between 2 people.
“Bad” attitude in Action
Systemic Issues impacting response

- Rules
- Policies
- Resources
Elder Abuse & Your Role as a health care provider

The Advocacy Wheel

The Advocacy Wheel, sometimes called the Empowerment Wheel, illustrates the basic principles guiding interactions with abused individuals.

Alberta Health

Taking Action Against Elder Abuse

Promote access to community services

Respect confidence

Help her/him plan for future safety

Believe her/him and validate the experience

Respect her/his autonomy

Acknowledge the injustice

11 Developed by: The Missouri Coalition Against Domestic Violence 415 E. McCarty, Jefferson City MO 65101
When do I report a concern of Elder Abuse?

Anytime abuse comes to your attention
- Senior reports to you
- You observe it

Assess for level of risk
- Check with patient what they would like to do/see happen
- Decide if risk meets the criteria for professional disclosure (see section 35)
Low / Medium vs. High risk

- Continual demands (not threats) on senior
- Senior feels they cannot say no
- Haven’t made the decision to set boundaries
- Unhealthy family dynamics
- Not willing to speak with police but want ongoing emotional support
- A lot of emotional/verbal and financial abuse cases.

- There has been threats
- Drugs and alcohol adding unpredictability to situation specifically around safety
- Adult child is associated with other “bad” people (criminal types, gang members)
- Concerns for senior physical safety
- Escalating
- Mental health issues (alleged abuser)
Reporting a high risk situation or what looks to be a criminal matter

Police
Criminal allegations & crisis situations
Emergency 911 or Complaint Line 780-423-4567
Call our intake line 780-477-2929
What Happens after I report?

Non-urgent complaints are reviewed by the front line team on Tuesdays every week.

Complaints are triaged by the team:
- Criminal
- Physical
- Social
- Psychiatric/ Cognition
Physical:
- Assault – unwanted touching, hitting
- Sexual Assault – unwanted touching of buttocks, breasts & genitals
- Forcible Confinement – victim not free to move around on their own initiative

Psychological:
- Intimidation – use of threats or violence to compel someone to do or not do something they have a legal right to do.
- Threats – a promise immediate or otherwise to do harm to victim or someone

Financial:
- Removal of tangible property / money without permission
- Theft by person holding power of attorney
Legislation relevant to Elder Abuse

- Criminal Code
- Adult Guardianship and Trusteeship Act (AGTA)
- Protection of Persons in Care Act (PPIC)
- Protection Against Family Violence Act (PAFVA)
- Personal Directives Act (PDA)
- Powers of Attorney Act (POA)
- Mental Health Act (MHA)
Disclosure to avert or minimize imminent danger to health or safety of any person. Section 35(1)

-- Permits the disclosure of individually identifying diagnostic, treatment, and care info. without the individual’s consent to any person, including a Police Service member if the custodian believes, on reasonable grounds, that disclosure will avert or minimize danger to health or safety of any person.
Elder Abuse Intake Line 780-477-2929 Monday to Friday 9:00 am to 4:00 pm (Social Workers are available to consult on situations of elder abuse)

Seniors Abuse Help Line 780-454-8888 – 24 hour line (info. and referral- good resource for seniors and families)

SAGE Seniors Safe House 780-702-1520 – call 9:00 am to 4:30pm (offers temporary accommodation to seniors leaving abusive situations)

Edmonton Police Service 24 hours (emergencies 911; complaints 780-423-4567)
Provincial Resources

- www.albertaelderabuse.ca (Alberta Elder Abuse Awareness Network)
- www.seniors-housing.alberta.ca (Government of Alberta Seniors & Housing ministry)
- www.familyviolence.gov.ab.ca (Family violence line - call 310 – 1818)
Protection For Persons in Care Act

- Goal is to promote the safety of adults who are in care

- Mandatory reporting to PPC or police where abuse occurs in publicly funded facilities
  - Includes hospitals, lodges, nursing homes, women’s shelters

- Investigation focus is on recommendations for change

1-888-357-9339
National Resources

- www.cnpea.ca (Canadian Network for the Prevention of Elder Abuse)

- www.nicenet.ca (National Initiative for the Care of the Elderly)