

1. Elder Abuse

1.1 Policy

Introduction

Elder Abuse, and Self Neglect, is common in our community, affecting between 3-5% of all people over the age of 65 years, but is often unrecognised. Abuse may involve combinations of verbal, physical, financial, and sexual abuse or neglect. All health care providers need to be able to recognise when abuse may be occurring, yet many feel at a loss to know how best to tackle the abuse situation. The guidelines (See page 4) to this policy, developed by a team of experienced professionals from both hospital and community sectors provides guidance in this complex area.

The information in the guidelines emphasises that abuse issues are complex, time consuming, seldom solved simply, and that they require *close collaboration of staff at both interdisciplinary and interagency levels*. A collaborative approach is essential.

Elder Abuse issues often raise conflicts over safety versus autonomy. The document stresses the importance of empowering the elderly person themselves, when they are competent to do so.

Policy

When Elder Abuse or Neglect is suspected, staff are to work as a multi-disciplinary team involving the appropriate health professionals working in accordance with the guidance in the attached appendix and, ensuring the elder abuse principles outlined below are being met.

Details regarding any suspicions are to be documented in the patient's clinical record.

Elder Abuse Principles

- Safety of ALL concerned must be considered
- Assume client competency until proven otherwise
- Never work alone
- The interests of the client should take precedence over those of the client's family or of other members of the community.
- Confidentiality of information is to be respected in accordance with professional ethics, agency policy and legal obligations.
- Self determination is to be encouraged. Individuals are to be encouraged and assisted to make their own decisions and to be provided with information about all relevant options. The individual may choose to decline intervention. Where people are capable of making their own decisions, their views must be taken into account.

- Least disruption of life style.
- Cultural needs of client should be respected.
- Least restrictive intervention.
- Clients should be informed of protection through legal remedies for violence, abuse, threats, intimidation and harassment.
- Assault and some other forms of abuse (eg. theft and fraud) are criminal offences.

Legislation

- Domestic Violence Act 1995
- Harassment Act 1997
- Health Act 1956
- Health and Disability Act 1993
- Mental Health Compulsory Assessment and Treatment Act 1992
- Privacy Act 1993
- Protection of Personal and Property Rights Act 1988
- Trespass Act 1980

Worker Accountability

CDHB workers are expected to:

- Practise within the framework and boundaries of their own professional body.
- Follow the policies and procedures of their own agency / organisation.
- Use the guidelines contained in the appendix attached when working on a case of elder abuse / neglect or suspected elder abuse / neglect.

Definitions

Elder Abuse

Elder abuse is the wilful or unintentional harm caused to an older person by another person with whom they have a relationship implying trust. Categories of abuse include financial or material abuse; psychological abuse; physical abuse; and sexual abuse.

Self Neglect

Self neglect is the failure of a person to provide for their own needs and well-being. Self neglect can be intentional or unintentional.

Neglect

Neglect is the failure of a carer to provide the necessities of life to a person for whom she or he is caring. Neglect can be intentional or unintentional.

Client

For the purposes of elder abuse work 'client' denotes the older person being abused.

Primary Worker

The primary worker needs to be able to accept and retain, in most instances, responsibility for the client and her/ his needs throughout the episode of abuse work.

Co-Worker

The co-worker may be from within the primary worker's own workplace or from another agency. His/her role is to provide support and consultation and share some of the tasks. It is expected that regular, ongoing contact will be maintained between primary worker and co-worker.

Elder Abuse Practitioner's Group

The forum is a representative group of people, from various agencies, who have had experience of working with elder abuse and neglect. Its purpose is to provide support and education and be a resource to others working with elder abuse and neglect.

SafeHouse

A SafeHouse is a place of safety for the person allegedly being abused. Consult with Elder Abuse Practitioners Group.

1.2 Guidelines

1.2.1 Assessment Guidelines

Assessment should commence as soon as possible after the agency becomes aware that abuse may be taking place.

When making an assessment of the situation the following should always be considered and documented.

- The competence of the person concerned. Although accurate determination of competency is a complex process which may require a referral to an appropriate agency, an initial judgement may need to be made. The following is a guide.

Competent

The client is capable of making decisions and understands what has happened (is happening)

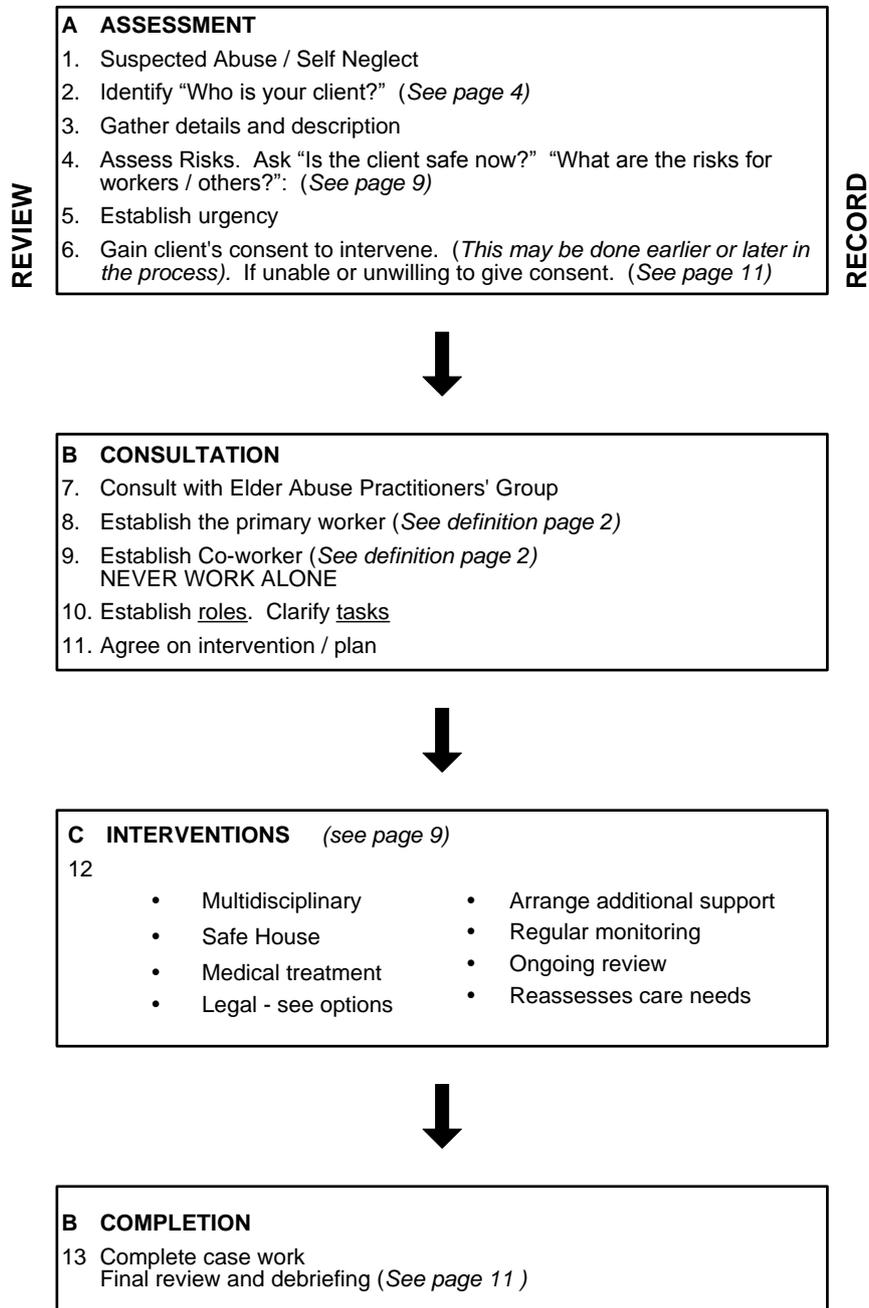
Not competent:

The client has demonstrated an impaired understanding of what has happened (is happening). (*See chart - clients competency*)

- The consent of the person Is the person prepared to accept initial assistance to terminate the abuse? The person's right to refuse assistance should be recognised. If permission for intervention is denied the worker has a responsibility to continue to support the victim or carer, as able.
- The level of risk It is essential to note the type, frequency, duration and severity of the abuse in order to assess the level of risk to both client / carer and worker.
- The health and functional status of the client.
- The relationship of the abuser to the client The nature of the relationship of the abuser to the client and their social context.
- The supports currently used by the client The range of informal as well as formal supports should be noted.
- The role of other services involved If other services are involved it is important to clarify their roles.
- Clarify family / client / professional understanding of the problem and possible resolutions.
- Identify primary and co-workers

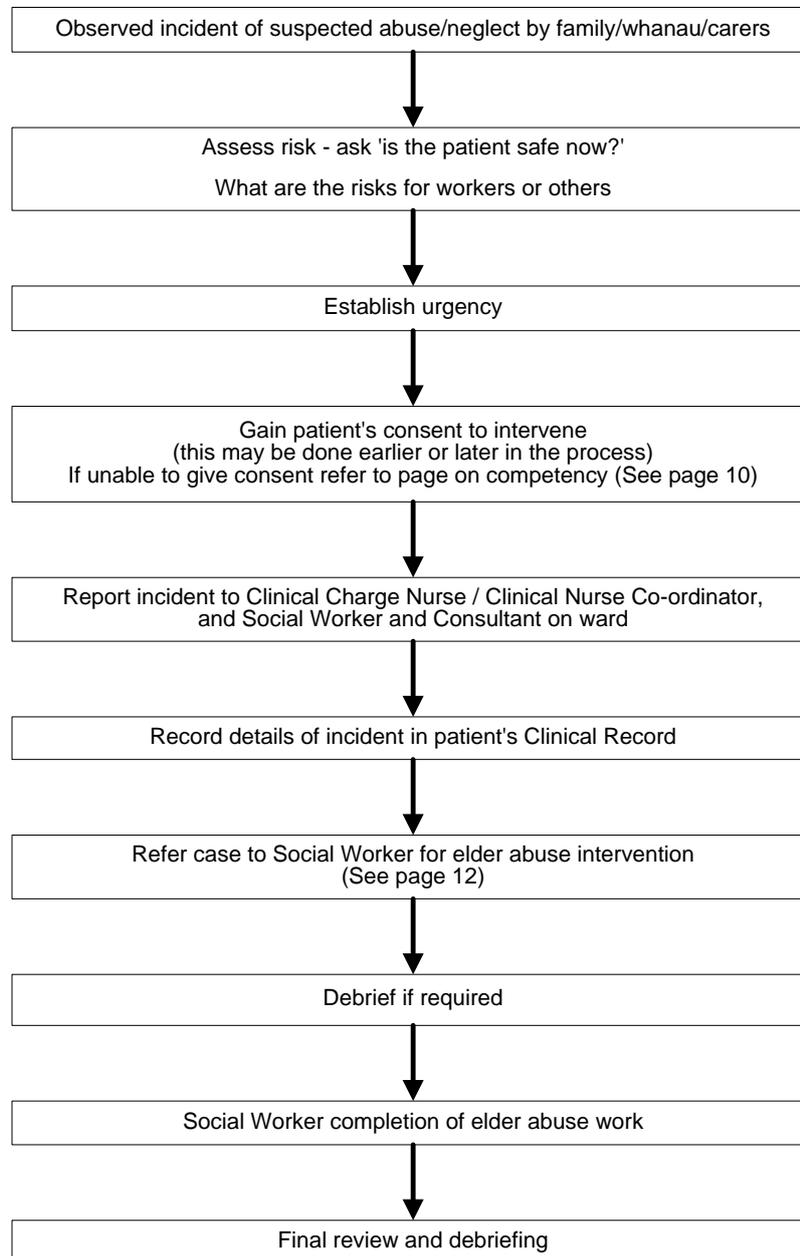
1.2.2 Elder Abuse and Neglect, Flowchart of Processes (Community)

Note: The order of progression through these steps may change according to circumstances, but no steps should be missed

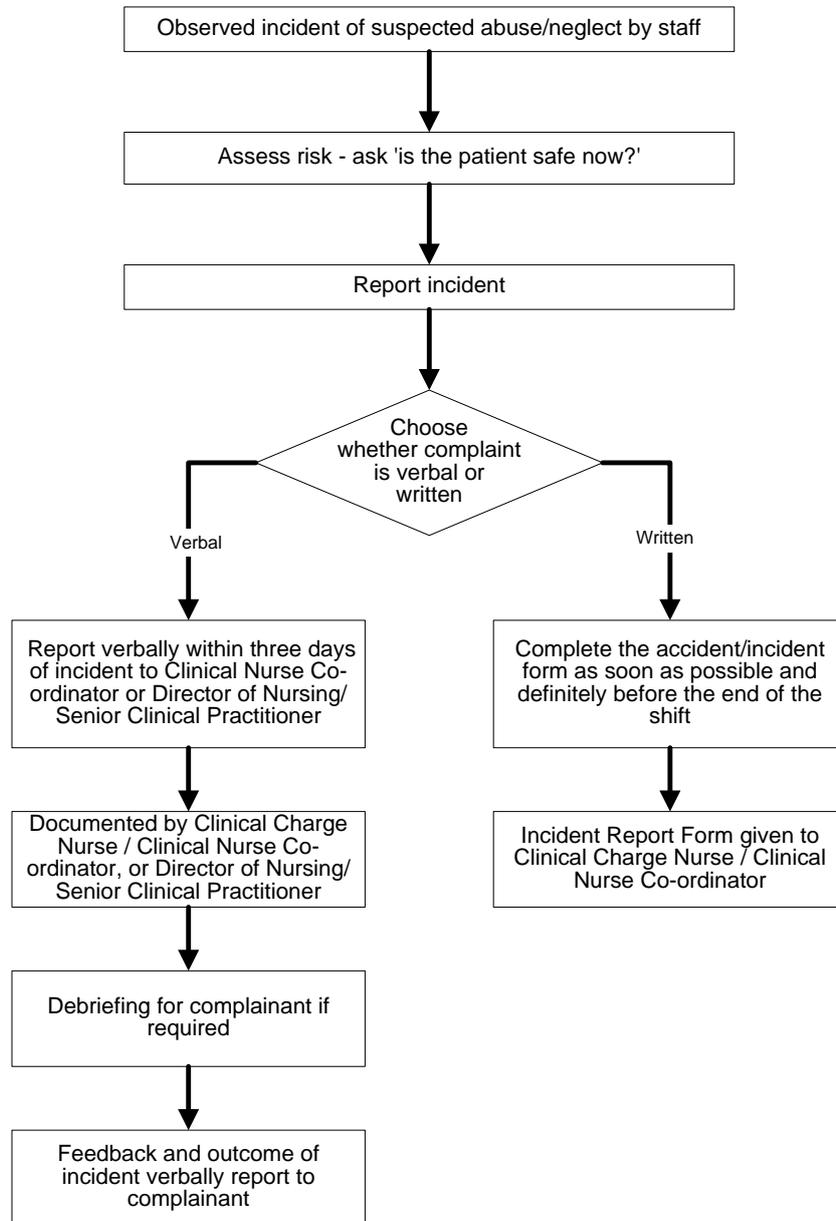


1.2.3 Flowcharts - Elder Abuse within Inpatient Setting

Abuse to patient by family/whanau/carers

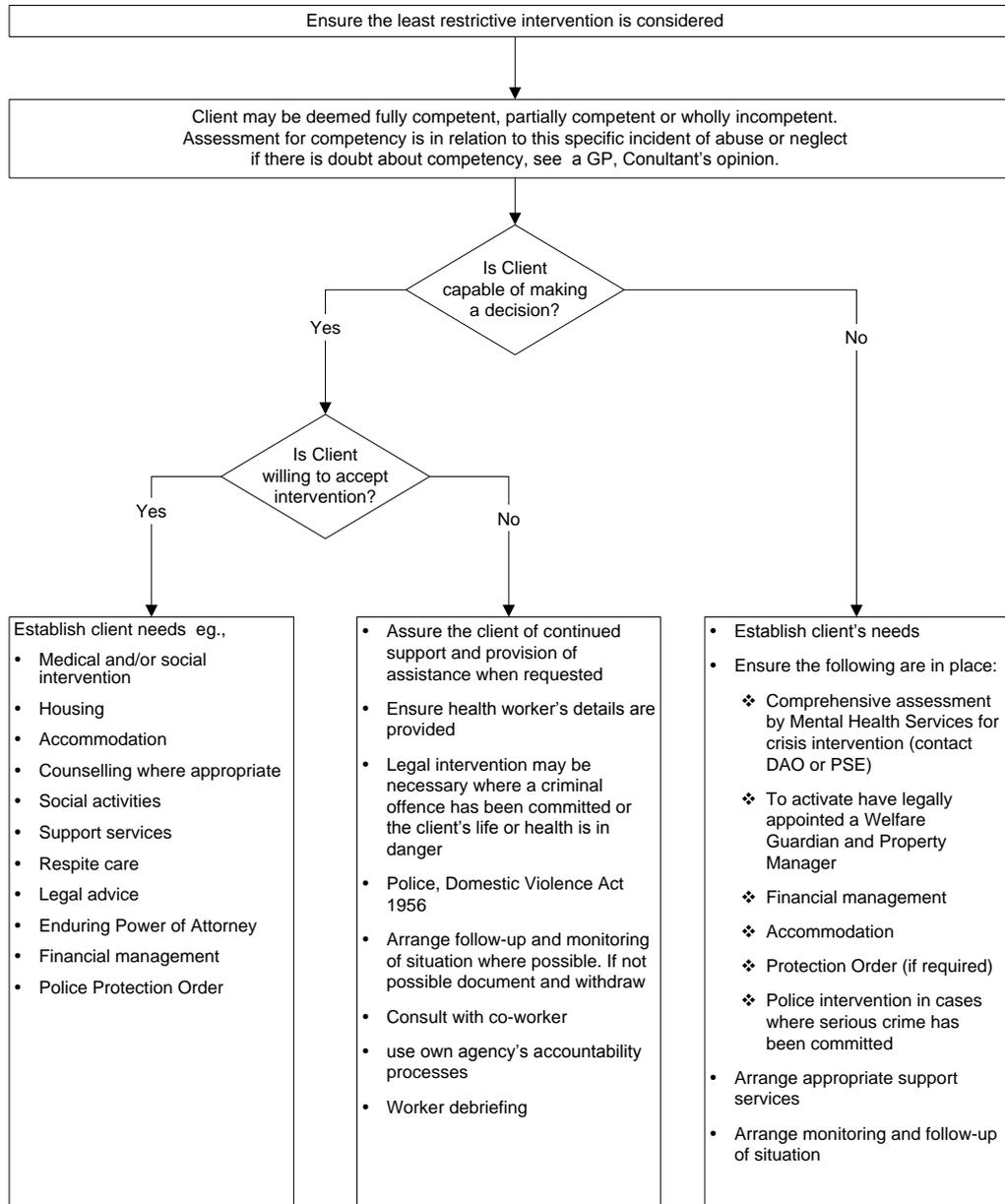


Abuse to patient by staff



1.2.4 Competency and Interventions

Flowchart - Assessment for Competency



1.2.5 Options for At-Risk Clients

- Family / Friends ~ for support, information, accommodation, care
- Other community support options, eg., disability support services such as personal care, day care, carer support.
- Hospital admission (*Acute or Assessment Treatment and Rehabilitation*)
 - Contact GP if available
 - Contact Psychiatric Service for the Elderly duty person, or
 - Older Persons Health duty consultant
- Legal options (refer to legislation listed on page 2)
- Police
 - Domestic Violence Act
 - Support for the use of the Mental Health Act or Infirm Persons Act
 - To assist in relocating client
 - To gain access to client's property
 - For removal of weapons
 - In financial abuse - protection and investigation
 - For consultation
 - For worker's support

1.2.6 Intervention

When planning the Intervention always ask

- Have the rights of the client been considered?
- Has client confidentiality been maintained?
- Has the client been consulted throughout the process?
- Will the action cause further harm to an already traumatised client?
- Does the client fully understand and consent to interventions?
- Can the client make these decisions or, if not, is everyone in agreement with the proposed intervention?
- Have Family Court applications been considered?
- What is the minimum intervention for the maximum effect?
- Have you recorded everything?

Intervention Options

Crisis Care.

This might involve admission to an acute hospital bed, or perhaps urgent respite care in a rest home, private hospital depending on the needs of the client.

Alternative accommodation.

This may be necessary on a temporary / permanent basis.

Provision of community support services.

The full range of community support services and Health Funding Authority funded services are actioned through Assessment Treatment and Rehabilitation Services, eg., respite.

Counselling.

This may involve individual counselling or family therapy. The aim is to help clients cope with their situation and assist them to find a way to be safe from abuse.

Treatment of the abuser.

In cases where the abuser's mental state is a major causative factor, referral for treatment may be necessary to address psychiatric illness or substance abuse problems.

Legal interventions.

These are hopefully a last resort, but may be the first line of intervention where criminal charges need to be laid in cases of financial abuse or physical abuse (particularly where there is a history of domestic violence). (Refer legal checklist page 2).

1.2.7 Agencies that provide Legal Assistance

- Client's own solicitor
- Legal Services Board to pay for legal costs when client unable to pay legal service
- Community Law Centre: Assist clients with legal advice
- Women's Refuge. Assist women seeking protection orders under Domestic Violence Act
- Social Work Services.
- Presbyterian Support are registered providers of individual programmes for adult protected persons under the Domestic Violence Act

1.2.8 Final Review and Debriefing

Closure is mutually agreed by all parties and planned

Debriefing may be with the following people:

- The primary worker and co-worker
- or, the multidisciplinary team
- or, with representatives of other agencies involved
- or, with someone from own team
- or, through a case presentation to the Elder Abuse Practitioners Group

The Elder Abuse Practitioners Group is a group of people with experience and interest in elder abuse work. It is composed of representatives from Presbyterian Support, Nurse Maude Association, Canterbury DHB, Age Concern Canterbury and the Medical Officer of Health.

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355 0047

Presbyterian Support,
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366 5472 (03) 313 8588

Age Concern Canterbury
PO Box 2355
Christchurch
336 0903

Social Work Department
Christchurch Hospital
Private Bag 4710, Christchurch
364 0420

Older Persons Health
The Princess Margaret
Hospital
Private Bag 731, Christchurch
337 7899

Psychiatric Service for the Elderly
The Princess Margaret Hospital
Private Bag 731
Christchurch
337 7997

1.2.9 Procedure

Step	Action
1.	Staff need to be aware of potential risks to themselves and work in a safe manner. This may, in some circumstances, involve:
	<p>For Community:</p> <ul style="list-style-type: none"> • Being accompanied by another staff member or professional when doing a home visit and parking out of view • Leaving the address and telephone numbers of home visits at the office • Carrying a cellphone with you on home visits • Requesting that the client be seen at the office
	<p>For Inpatients</p> <ul style="list-style-type: none"> • Ensuring that other staff are present in the building when seeing a client at your office and that those staff are aware of any risks
2.	<p>All staff have a responsibility to immediately report to a senior staff person any potential risk or danger to themselves, other staff or clients. Others who may also be at risk are to be alerted to the nature of the risk. A plan of action may need to be put in place should there be a potential rather than an actual risk.</p> <ul style="list-style-type: none"> • Never work alone when suspected abuse has occurred to client by family/whanau/carers/visitors • Consult with a Senior Staff member following observed incident of abuse/neglect • Ensure another staff member is present when gaining client's consent to intervene following an abusive episode
3.	Staff must seek immediate support where a client's or their own safety is in jeopardy. Emergency services may need to be called.
4.	The incident must be fully and accurately reported (both verbally and written) following the Incident and Accident procedure of your agency as soon as practicable after the event.
5.	Where safety concerns have given rise to stress or distress in the staff member concerned and/or other members of the team, the Elder Abuse Practitioner Group will organise for appropriate debriefing to take place as soon as possible.

1.2.10 Worker Safety

All employees have the right to a safe working environment. Their safety and that of their clients is paramount. Where there are concerns about safety the appropriate protection of individuals and reduction of risk factors can be put in place.

Safety concerns arise when:

- A staff person is at risk of harm by a client or other person
- The agency is at risk of harm

Procedures about safety issues:

- Manage the level of risk in the agency
- Support staff through shared responsibility
- Maintain a high level of accountability

Staff being treated in a threatening manner

Trespass Act:

Contact Security Manager to arrange a Trespass Notice to be served on abuser or prevent entering hospital grounds.

Abusive Phone Call:

Option 1: - Make contact with abuser and inform that the call will be discontinued should they persist in such a manner

Option 2:

Notify police of harassment

1.2.11 Suspicion of coercion to sign documents when under assessment and may not have competency

If you suspect that family/whanau/carers and /or solicitor are trying to have legal documents signed when the client/patient appears to be unable to make an informed decision, then it is your responsibility to report this incident immediately to

- Clinical Nurse Co-ordinator
- Ward Consultant
- Social Worker

If these staff cannot be located then request that documents are not signed until completion of clinical assessment has been completed.

1.2.12 The Signs of Abuse

One of the major problems in dealing with abuse is the difficulty in recognising it. It is necessary to be on the alert because symptoms and signs are subtle and are attributed to the ageing process (eg. because the person is old and frail) or to the disability. People may be reluctant to admit that they are being abused by a person on whom they rely for their basic needs.

It is important to remember that the presence of one or more of the signs listed below does not necessarily establish that abuse is occurring.

It should also be noted that the severity of abuse can vary substantially. In some cases one incident may constitute abuse (eg. theft or physical assault), in other cases one incident may not be abuse (eg. the case of a stressed carer shouting once at a relative with dementia). However, the presence of any of the signs listed below should alert you to the possibility of abuse.

Behavioural Signs

Abuse and neglect can sometimes be detected from the behaviour of people involved as well as the more obvious signs and symptoms. It is important to be aware of sudden and unusual behaviour patterns in the client, not only at home, but in other situations and settings - for example, suddenly not attending church or a group after regular attendance.

Behavioural Signs Of Victims

Behaviours that a person may exhibit can include:

- Showing signs of being afraid of a particular person/people
- Appearing worried and/or anxious for no obvious reason
- Becoming irritable or easily upset
- Appearing depressed or withdrawn
- Losing interest
- Sleep disturbances
- Changed eating habits
- Having thoughts of suicide
- Frequent shaking, trembling and/or crying attacks
- Rigid posture
- Presenting as helpless, hopeless or sad
- Making contradictory statements not resulting from mental confusion
- Reluctance or hesitation to talk openly
- Waiting for the carer to answer
- Avoiding physical, eye or verbal contact with carer or service provider

It is more effective to observe these behaviours in the home. However, it is important to be aware of them in other situations as well.

It is also important to observe the behaviour of people with whom the client has contact. Are they willing to touch, talk, listen to or look at the client? Do they react strongly to suggestions regarding the client care? Do they use discriminatory remarks or put-down comments?

Behavioural Signs Of Abusers

Behaviours that may be exhibited by a person inflicting abuse can include:

- Blaming the victim for his/her behaviour (eg, wandering, incontinence)
- Not wanting the older person to be interviewed alone
- Refusing treatment for the victim
- Seeking medical attention from a variety of doctors/medical centres
- Responding defensively, making excuses, being hostile or evasive
- Being excessively concerned or unconcerned
- Minimal eye, physical or verbal contact
- Treating the victim like a child
- Using threats, insults or harassment
- Taking control of the victim's money or other resources
- Difficulty managing his or her own life

Environmental Signs

Living arrangements and standards will vary. What is acceptable for one person may not be for another. It is therefore important that personal standards do not influence our judgement. Consideration should be on the effect the living arrangement or standards have on the client or carer.

Environmental signs include:

- If the home is hazardous to the client's or carer's health or safety due to disrepair, level of cleanliness, fire safety etc, this may be a sign that the carer is unable or unwilling to provide adequate care and may signal abuse or neglect.
- Inadequate heating, inability to reach food or water, inadequate sleeping or sanitary facilities are other signs that may indicate abuse or neglect.
- The presence of any of the above behavioural or environmental indicators does not necessarily imply that abuse or neglect is taking place, but it does mean that further investigation is warranted.

Signs of Material and Financial Abuse

This is the improper use of a person's money, property, or assets by someone else. Money can be a very sensitive subject. Fear of not having enough money for future care or feeling obligated to others can leave a person vulnerable. These feelings can be reinforced and used as a threat. This may be more easily detected when clients are visited in their own homes.

Signs include the following:

- A loss of money ranging from removal of cash from a wallet to the cashing of cheques for large amounts of money
- Sudden or unexplained withdrawal of money from a bank account
- A sudden inability to pay bills, buy food or participate in social activities
- Failure to pay rent or other bills on behalf of the person being cared for
- Loss of bank books, credit cards and cheque books
- The reluctance to make a will or have budget advice
- Loss of jewellery, silverware, paintings or furniture
- An unprecedented transfer of money or property to another person
- The making of a new will in favour of a new friend or another family member. Power of Attorney may be obtained improperly from a person who is not mentally competent.
- Management of a competent person's finances by another person.

Signs of Psychological Abuse

This is said to have occurred when a person suffers mental anguish as a result of being shouted at, threatened, humiliated, emotionally isolated by withdrawal of affection, or emotionally blackmailed. It may be verbal or non-verbal. Psychological abuse is usually characterised by a pattern of behaviour repeated over time and intended to maintain a hold of fear over the victim.

Signs may include:

- The person may be huddled when sitting and nervous with the family members or carer nearby
- Insomnia, sleep deprivation and loss of interest in self or environment
- Fearfulness, helplessness, passivity, apathy, resignation, withdrawal.

Look for paranoid behaviour or confusion. Look for anger, agitation, or anxiety. Many of these signs may be attributed to psychiatric disorders.

Watch how the person behaves when the client/carer enters or leaves the room. There may be ambivalence towards a family member or carer. Often there is reluctance to talk openly, and the person will avoid eye contact with both practitioner and client/carer.

Signs of Physical and Sexual Abuse

Because the results of physical abuse are often visible, this can be one of the easiest forms of abuse to identify. However, the signs of physical pain, injury or force may not always be visible so the general appearance, attitude and behaviour of the client should be taken into account.

This type of abuse includes punching, kicking, beating, biting, burning, pushing, dragging, scratching, arm twisting, sexual assault and any other physical harm to a person. It includes physical restraint such as being tied to a bed or chair, or being locked in a room.

Sexual abuse can include rape, sexual assault, sexual harassment and inappropriate touching. It can be very difficult to identify as embarrassment and shame may prevent the subject from being raised.

- Look for a history of unexplained accidents or injuries. Has the person been to several different doctors or hospitals? It is important to check on conflicting stories from the client and carer, and on discrepancies between injury and the history. There may have been a long delay between the injury occurring, and reporting for treatment.
- Any person labelled as “accident prone” should be viewed with suspicion, as should multiple injuries, especially at different stages of healing, and untreated old injuries.
- Medical and nursing staff should undertake a good physical examination where possible. However, in the absence of a formal physical examination, other practitioners can note the presence of bruising and abrasions on exposed areas such as the face, neck, forearms and lower legs.
- On the head, look for bald patches, and signs of bruising on the scalp. This may be indicative of hair pulling.
- Watch for black eyes and bleeding in the white part of the eye. Look at the nose and lips for swelling, bruising and lacerations. Are there any missing teeth? Fractures of the skull, nose and facial bones, should always alert one to the possibility of abuse.
- On the arms look for bruising, especially bruises of an unusual shape. Think of belt buckles, walking sticks, hair brushes or ropes as instruments of injury. Look for pinch marks and grip marks on the upper arms. Victims of abuse are sometimes shaken. Look for bite marks or scratches.
- Look for burns from cigarettes, or chemical burns from caustic substances. Glove or stocking burns suggest immersion in hot or boiling water.
- Look for rope or chain burns, or other signs of physical restraint, especially on the wrists or around the waist. A victim of abuse may be tied to a bed, to a chair, even to a toilet.
- On the trunk look for bruises, abrasions and cigarette burns. Ribs may be fractured if the victim is pushed or shoved against an object or a piece of furniture.

- Medical or nursing staff should examine the genital areas for bruising, bleeding, and painful areas. Check for torn, stained or blood stained underwear. Look for evidence of sexually transmitted disease. Watch for difficulty in walking or sitting. Any of these signs may be indicative of sexual abuse.
- On the lower limbs observe for bruising, rope burns, abrasions, lacerations, or evidence of past or present fractures.

Neglect

This is where a person is deprived by the carer, or the carer is unable to provide the necessities of life.

- If food or drink are being withheld, there is malnutrition, weight loss, wasting and dehydration, all without an illness-related cause. The person may have constipation or faecal impaction.
- Isolation, lack of mental, physical, social or cultural contact.
- Inadequate supervision, the person is abandoned/unattended for long periods or locked in the house without any supervision.
- There may be evidence of inadequate or inappropriate use of medication, for instance, the person may be over-sedated in the middle of the day.
- There may be evidence of unmet physical needs such as decaying teeth or overgrown nails.
- The person may be lacking necessary aids such as spectacles, dentures, hearing aids or walking frame.
- Clothing may be in poor repair or inadequate for the season.
- There may be poor hygiene or inadequate skin care. The victim may be very dirty, smell strongly of urine or be infested with lice. There may be a urine rash with abrasions and chafing.
- In some cases when people are immobile, they may develop pressure areas over the pelvis, hips, heels or elbows.
- Hypothermia, recent colds, bronchitis or pneumonia.

Self Neglect

Self-neglect is often reported by neighbours because they are concerned about the safety of the person or because they find the behaviour difficult to understand or cope with. The dilemma that self-neglect raises is the effect this lifestyle has on the safety of others versus the person's right to determine how he/she lives.

The following signs do not necessarily indicate self-neglect, and even when they do, careful consideration should be given to the consequences that may result from any intervention.

- Reclusive behaviour
- Frugality
- Shrewdness, fear, distrust
- Inappropriate eating habits
- Malnutrition, dehydration
- Filthy and unhealthy living environments
- Collecting and/or hoarding rubbish
- Absence of basic hygiene and personal care
- A menagerie of pets
- Inability and/or refusal, to pay bills
- Fierce guarding of independence and privacy

Policy Owner	Corporate Quality and Risk
Policy Authoriser	Clinical Board
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