Medical issues in recognising and responding to elder abuse

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Lack of involvement of the medical profession

- lack of knowledge of elder abuse
- ageism
- lack of scientific knowledge, screening instruments, and evidence based guidelines and treatment
- feeling of discomfort at dealing with abuse, and therapeutic nihilism
- fear of legal action

Role of medical practitioner

- older people are major users of health services eg. in Australia over 90% see their GP at least once a year
- GPs are in a good position to provide screening and assessment of risk
- impairment and disability are important in the occurrence of abuse, and identification and treatment can improve the situation
- abuse contributes to morbidity and mortality

Definition of Elder Abuse I

Elder abuse is any pattern of behaviour that causes physical, psychological, financial or social harm to an older person. The abuse occurs in the context of a relationship between victim and abuser.

Aust Soc Ger Med 2003

Definition of Elder Abuse II

Elder abuse is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

Aust Network for the Prevention of Elder Abuse 2001

Healthy Ageing Taskforce 2001

Definition of Elder Abuse III

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

World Health Organisation 2002

Physical abuse

The infliction of physical pain or injury, or physical coercion.

Examples include any form of assault such as hitting, kicking, beating, biting, burning, and physical restraint including tying to a chair or bed, or locking in a room. It includes overuse or misuse of medication.

Sexual abuse

Any form of sexual intimacy or sexual behaviour between 2 or more people, without consent, or through use of physical force or the threat of force, or emotional intimidation.

Examples include sexual harassment, oral, vaginal or anal rape including with objects, forced viewing of pornographic literature, inappropriate use of enemas, vaginal or perineal creams.

Psychological abuse

The infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame and powerlessness.

Examples include verbal intimidation, humiliation and harassment, threats of physical harm or institutionalisation, and withholding of affection.

Financial abuse

The illegal or improper use of an older person’s property or finances.

This would include misappropriation of money, valuables or property, misuse of a power of attorney, forced changes to a will or other legal document, and denial of the right of access to, or control over, personal funds.

Neglect

The failure of a caregiver to provide the necessities of life to an older person ie. adequate food, shelter, clothing, medical care or dental care.

Neglect may involve the refusal to permit others to provide appropriate care. Examples include abandonment, non-provision of food or clothing, witholding of medication, and poor hygiene or personal care.

Identification of abuse

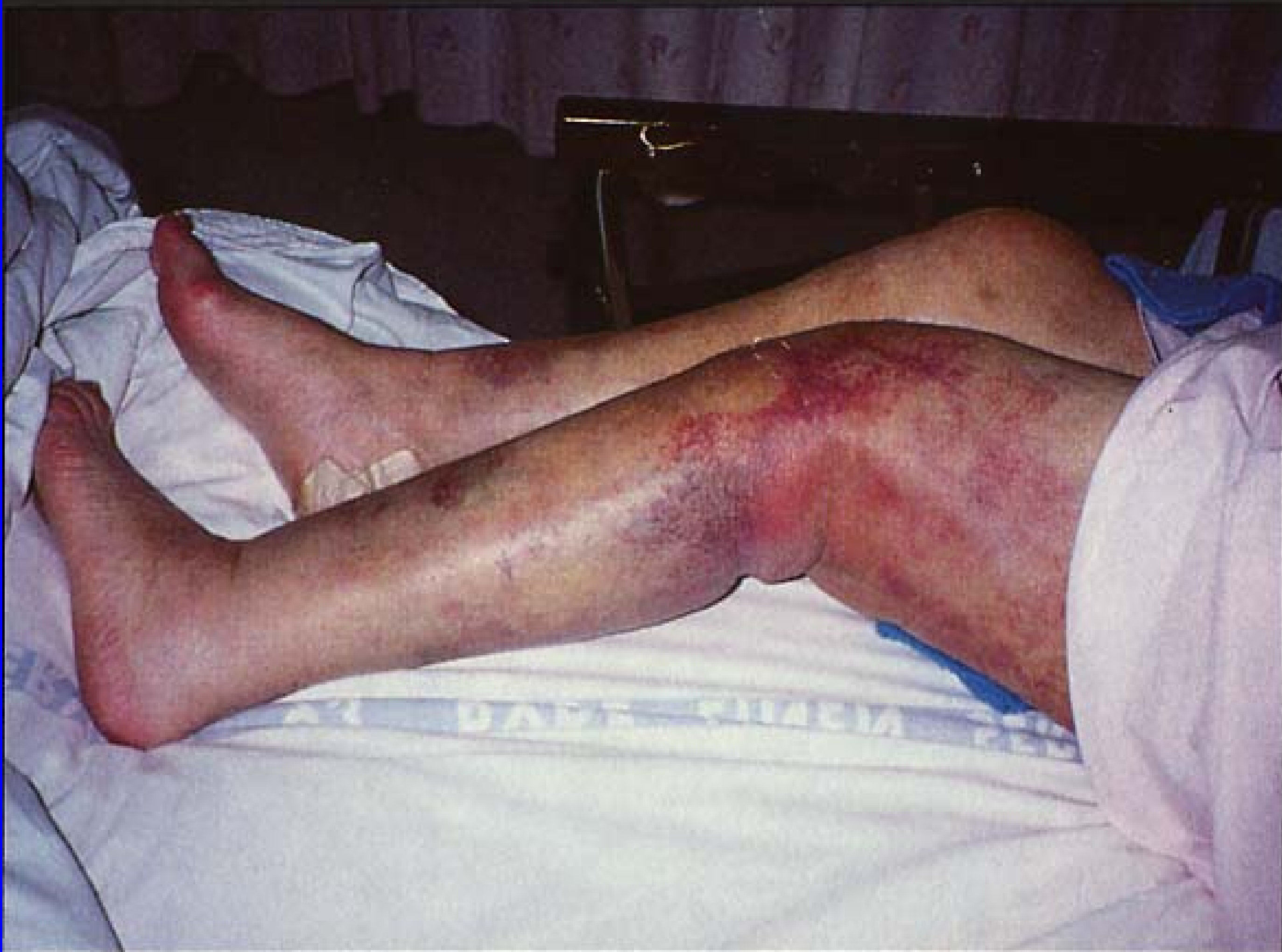
- one of the major problems in dealing with abuse is the difficulty in recognising it
- symptoms and signs are often subtle and are attributed to the ageing process
- older people are often reluctant to admit that they are being abused by a family member or caregiver on whom they rely for their basic needs

Physical abuse I

- unexplained accidents or injuries
- attendances at several different doctors or hospitals
- discrepancy between injury and history
- “accident prone” older person
- multiple injuries at different stages of healing
- untreated old injuries

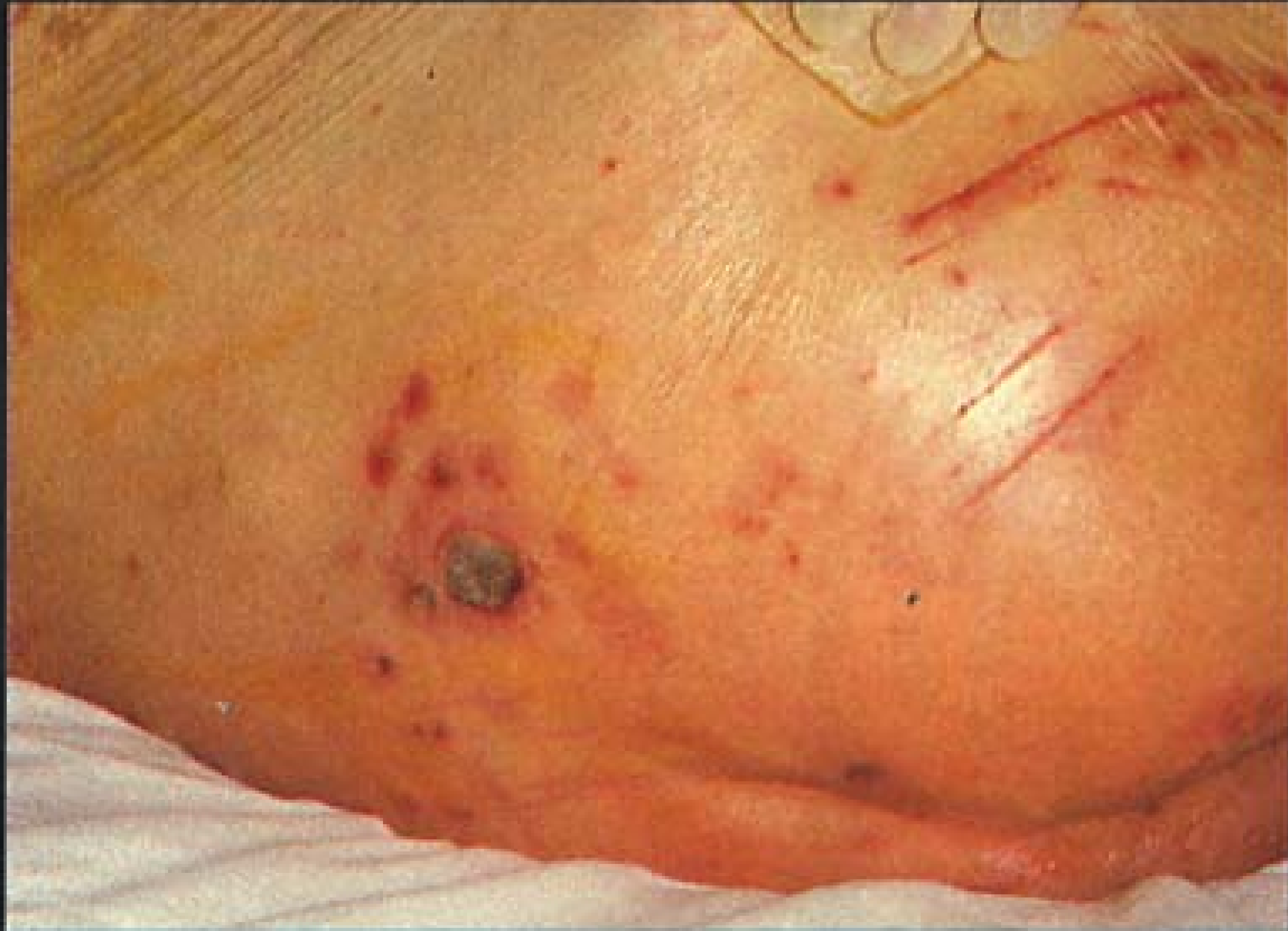
Physical abuse II

- head - bald patches, bruising, black eyes, fractures, lacerations, missing teeth
- arms - bruising, grip marks, bite marks, burns, rope marks
- trunk - bruises, burns, rib fractures
- lower limbs - bruising, rope burns, lacerations, past or present fractures
- evidence of overuse or misuse of medication



Sexual abuse

- examine genital area and thighs for bruising, bleeding, painful areas
- examine the breasts for bruising or bites
- check for torn or blood stained underwear
- look for evidence of sexually transmitted disease
- watch for difficulty walking or sitting, or discomfort when bathed or toiletted



Psychological abuse

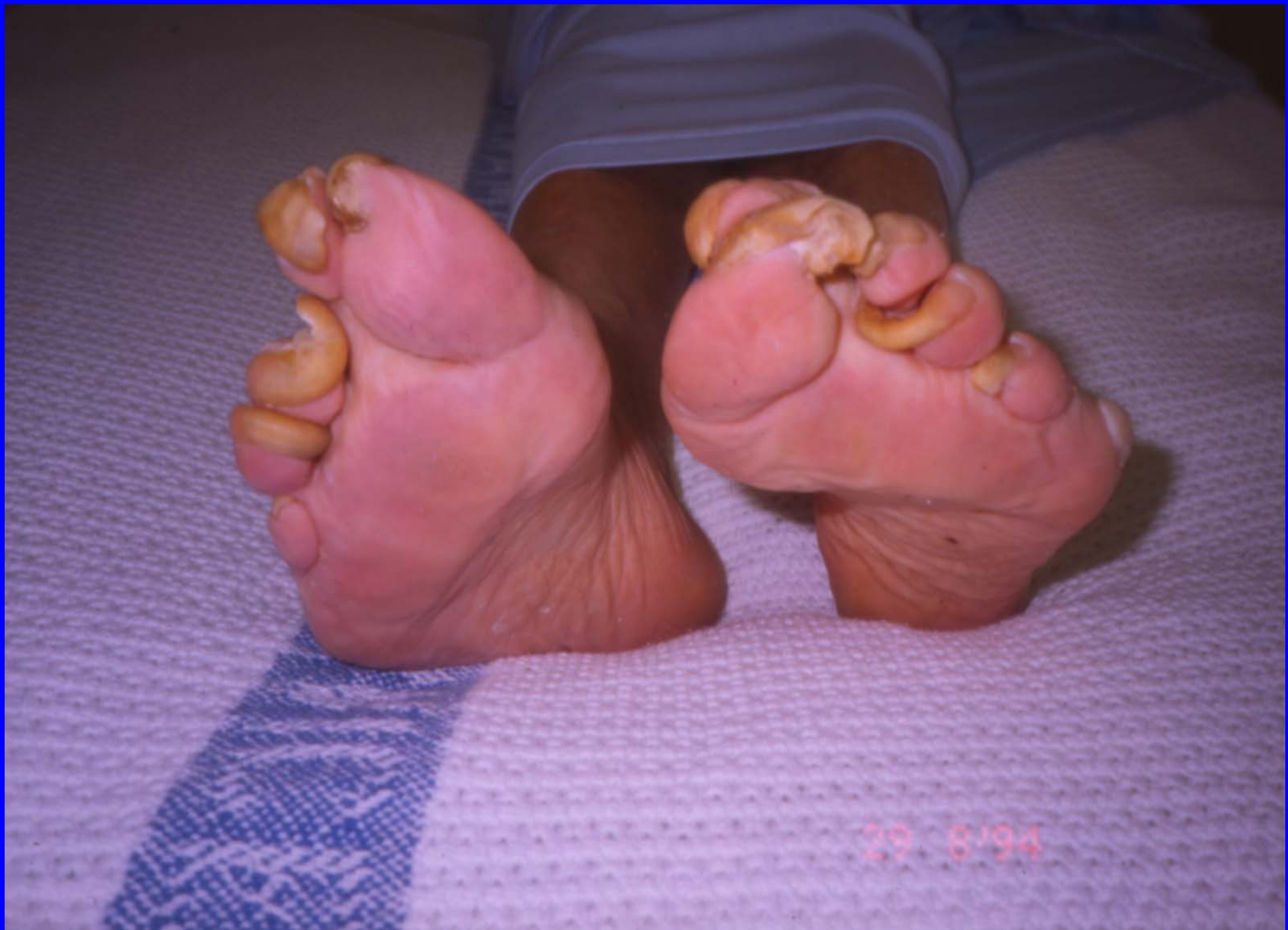
- huddled when sitting, nervous with abuser nearby
- insomnia, loss of appetite, anorexia
- fearfulness, helplessness, hopelessness, apathy, resignation, withdrawal, paranoid behaviour, anxiety
- reluctance to talk openly and avoidance of eye contact

Financial abuse

- loss of money - from small amounts of cash to large cheques, unexplained withdrawals of money
- sudden inability to pay for food or services
- “loss” of bank books, credit cards, cheque books
- loss of jewellery, paintings, furniture
- unprecedented transfer of money
- improper use of Power of Attorney
- making of a new will

Neglect

- malnourishment, weight loss, wasting
- constipation or faecal impaction
- witholding of medication
- lack of necessary aids
- poor hygiene and inappropriate clothing
- pressure areas
- withholding of medical care and attention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Assessment of elder abuse I

- use of screening instruments - no effective screening techniques yet developed
- assessment includes:
  – assessment of type of abuse and reasons for it
  – assessment of victim and impact of abuse
  – assessment of abuser
- assessment is performed by:
  – Aged Care Assessment Teams, incl geriatricians
  – hospital staff - social workers, RN’s, MO’s, ED
  – GPs, community service providers

Assessment of elder abuse II

- issues of consent
  - shame
  - fear of retaliation
  - fear of institutionalisation
- take a non-judgemental approach - often a victim-victim situation
- observe ethical principles
- confidentiality
- interview process - tact, sensitivity, privacy

Assessment of elder abuse III

- assessment of mood, cognition and mental capacity is essential
  - capacity is task specific
  - person has capacity until proved otherwise
- obtain past medical history
- assessment of physical and functional state
- corroboration of information
- involvement of victims in decision making
- full and accurate documentation

The medical role

- GP - prevention and identification
- geriatrician - identification and management, assessment of cognition and capacity
- aged care psychiatrist - assessment of mood and capacity, also psychopathology in the abuser
- emergency physician - identification and referral
- all should work as part of a multidisciplinary team

The medical role: VAST (Vulnerable Adult Specialist Team)

- Few clinicians receive training in recognition of elder abuse
- VAST is team of trained medical experts providing advice to APS and other services
  - confirmed abuse or neglect
  - documented impaired capacity - dementia, delirium, depression, grief, psychosis
  - reviewed medical problems
  - reviewed medications

Mosqueda 2004

Options for intervention

- crisis care
- addressing underlying medical problems
- provision of community support services
- provision of respite care
- counselling and advocacy
- treatment of the abuser
- alternative accommodation
- legal interventions

Legal interventions

- access mainstream legal services eg to donate or revoke a Power of Attorney, to prepare enduring guardianship, to evict an unwelcome person from the home
- restraining order
- Police involvement
- Guardianship application - guardianship or financial management issues

Strategies For Intervention And Management Of Elder Abuse.

Identification of abuse, neglect or exploitation in an elderly person.

- Take a history from the victim of abuse.
- Ensure performance of thorough physical examination and assess mental competence.
- Document any injuries, evidence of neglect, threats or allegations of violence.
- Interview the abuser separately, if possible.
- Liaise with family members and service providers to confirm details of abuse.
- Consider the need for immediate removal of the victim from the abusive situation.

Victim is **CAPABLE** of making decision.

UNWILLING to accept intervention.

- Assure the victim of continued support and provision of assistance when requested.
- Legal intervention may be necessary where criminal offence has been committed, or the victims life or health are in danger.
- Arrange a follow up and monitoring of the situation where possible. If not possible, document and withdraw.

WILLING to accept intervention.

- Establish the needs of the victim.
- Provide information about abuse and arrange counselling where appropriate.
- Arrange appropriate community services.
- Encourage activities and contact outside the home situation.
- Assess the need for and acceptance of respite care - in the home, day centre or institution.
- Explore the victim's desire or need for alternative accommodation.
- Assist with legal intervention if appropriate eg. guardianship, financial management, police, restraining order.

Victim is **INCAPABLE** of making decision.

WILLING to accept intervention.

(Shares the WILLING box above.)

UNWILLING to accept intervention.

- Ensure the least restrictive intervention is considered.
- Arrange appropriate support services.
- Arrange monitoring and follow-up of situation.
- Guardianship - a legally appointed guardian has oversight of health care and treatment, accommodation, and provision of appropriate services to the victim.
- Financial management.
- Comprehensive assessment by mental health services for crisis intervention.
- Involuntary psychiatric admission via the Mental Health Act.
- Restraining Order.
- Police intervention in cases where serious crime has been committed.

Case 1: Psychological abuse

- 76 year old man, past history of stroke, had some difficulty swallowing, tended to cough or spit food out
- losing weight, wife very upset with him and shouted at him - “carer stress”
- services increased with no effect
- GP review led to assessment by speech pathologist who identified swallowing difficulties, started on thickened fluids and soft diet with good effect

Case 2: Physical abuse

- 84 year old lady, moderate Alzheimer's Disease, lived alone, managed with visits from community services and GP visits
- daughter moved in to "care" for her, stopped all services
- 3 months later neighbour found her wandering in garden crying, bruised face, not using R arm, had lost weight
- admitted to hospital, # R wrist, poor nutrition, many old and new bruises

Case 3: Financial abuse

- Case 2 continued
- patient was wealthy, wished to return home with extra services (and without daughter)
- daughter had Power of Attorney and refused to pay for extra services
- application made to Guardianship Tribunal for guardianship and financial management
- discovered that daughter had transferred large amounts of money to herself

Case 4: Medication abuse

- man in his late 70's, significant dementia, attends day centre, always drowsy
- wife insisting on N/H placement
- admitted to hospital, wife always present in am, feeds husband toast and jam
- benzodiazepines in urine drug screen
- wife has diazepam prescribed for her

Case 5: Neglect

- 86 year old man, venous ulcers, living with daughter who has schizophrenia
- daughter refused to allow home nursing to dress ulcer or assist with bathing
- neighbours complained to the council about smell from unit
- police and ambulance visited, found patient in filthy state, incontinent, maggot infested ulcers, malnutrition, unable to walk

Case 6: Carer abuse

- 78 year old man with Parkinson's Disease, cared for by wife (82 y.o.) who was frail
- wife fell and fractured wrist, husband insisted she continue to assist him with personal care
- for 4 months bruising noted on wife's face. She said she had fallen or run into a door
- eventually admitted to ACAT SW that her husband got angry and often hit her
- husband admitted to nursing home

Case 7: when all is not as it seems

- 78 year old woman with early dementia
- daughter moved in with her 4 months ago
- loud voices heard, bruising noted on face and forearms of woman by neighbours
- GP arranged admission to hospital as considered at high risk of further abuse
- diagnosis of blood clotting disorder and deafness, not abuse
- daughter devastated by accusation of abuse

The medical profession can make a difference

"… the proper management of elder abuse can produce improvement in quality of life that rivals or exceeds the gains made when doctors aggressively diagnose and treat heart disease, pneumonia, diabetes and other organic illnesses …"

Lachs 1995