Elder Abuse Summary

Introduction

- maltreatment as a single or repeated act, or neglect physical, sexual, social, psychological and financial
- is underrecognised and underreported.
- much more in the literature on abuse occurring at home rather than in institutions

elderly people living in care are more likely to be at risk than those who live in the community

- 577 nurses and care assistants working in American nursing

homes: 36% of the staff had witnessed physical abuse, with 10% admitting to committing one or more act themselves; and 81% had witnessed psychological abuse, 40% admitting to it personally. In the UK, abuse allegations made to the UKCC average about 1000 annually. Half of these relate to physical, verbal or sexual assault. In 1998, 84 nurses lost their registration; more offences occurred in nursing homes than anywhere else (Nursing Times, 24 February 1999).

Physical abuse – some examples

_ assaults that may or may not cause observable injury (punching, slapping, pinching, kicking, pushing or rough handling)
_ bathing patients in water that is too hot or too cold
_ force-feeding
_ punishing by denying food, warmth and comfort
_ use of physical restraint
_ neglect of nutrition or hydration
_ over-sedation
_ not dressing or cleaning the incontinent patient
_ ignoring painful or treatable conditions
_ treating all medical conditions routinely without consideration of the individual
_ an attitude of medical nihilism

Psychological abuse – some examples

_ lack of personal information about a resident so they cannot be treated as an individual
_ not acknowledging the patient as an individual
_ bullying or threatening behaviour, intimidating or causing anxiety to patients
_ humiliation, e.g. 'telling patients off'
_ verbal abuse, swearing and shouting
_ teasing a patient who does not understand, or other forms of ridicule
_ infantilisation
_ lying to patients, even if it seems the easiest solution

Financial abuse – some examples

_ taking anything that belongs to the older person
_ not spending money from the person's account on things that they could enjoy
_ giving in to pressure from a relative to keep a person in hospital when more appropriate residential care would affect the former's inheritance
_ colluding with relatives to sign enduring power of attorney, wills, etc.
_ extension of the enduring power of attorney to issues of treatment extends the scope for abuse

Sexual abuse

_ Patients who are physically and mentally disabled need assistance with personal care. Staff perform intimate tasks with patients' bodies. Any sexualisation of this particular contact is abuse.
_ Patients may invite physical contact unrelated to washing and dressing;

hand-holding or an arm round someone may be comforting, but there must be boundaries.
_ Recognising that a patient/resident is still a sexual being is not abusive; they may need a private space to meet with a partner or to masturbate.
_ How to treat patients as gendered beings with sexual needs while maintaining appropriate boundaries may be a topic for training.
Social abuse – some examples
_ impoverished physical environment
_ lack of personal space and privacy
_ lack of personal possessions
_ any punitive treatment
_ music and television for the tastes of the staff, not the residents
_ running the unit for the convenience of the staff, not the residents
_ lack of choice: food, clothes, timetable, general practitioner, etc.
_ lack of activities/stimulation
_ admitting friends to different units
_ lack of flexibility in accommodation, so that partners are separated
_ isolation – confining patients to their room
_ stereotyping older people
_ labelling a patient as 'bad'
_ blanket policies
_ ignoring the dignity of the patient

Aetiology

Personal factors

- commonly and more understandably may be someone who started out without malevolence in mind but who has become corrupted by fear, hatred or ignorance.
- There is some evidence to suggest that those who abuse people often misuse alcohol or drugs and have psychiatric or personality difficulties and relationship problems

Psychosocial

- negative attitudes towards elderly people
- lack of support and working in isolation
- only 25% of incidents were witnessed

Patient characteristics

- older people with mental or physical impairment are at greatest risk of abuse
- They may be irritating and repetitive, resistive to care and aggressive, ungrateful and demanding or physically disgusting

Organisational factors

- aims of the institution are more important than the aims of the individuals within it
- quality of life for the patients was inextricably linked to the quality of life for the staff.

The role of the doctor

- Audit Commission (2000) report into mental health services for older people reports that only 20% of residents of homes are receiving antidepressants, although 40% are likely to be suffering from depression.
- In homes, patients with dementia and some without are frequently prescribed psychotropic medication
- Recognition of elders being abused;

Physical indications of abuse

_ unexplained falls and injuries
_ multiple bruising not consistent with a fall
_ old and new bruises at the same time
_ finger marks
_ bruising on inner thighs, blood on underwear and sexually transmitted disease/frequent infections/genital or urinary irritation
_ patient trying to hide part of his or her body on examination

_ accidents in unexpected places or at unexpected times
_ burns
_ signs of neglect: unattended incontinence and malnutrition/dehydration
_ inappropriate administration of medication or under-use of medication

Behavioural indications of abuse

_ marked change in behaviour
_ cowering
_ fearfulness with particular staff
_ unusual clinging
_ seeking attention/protection
_ making great efforts to please
_ appearing anxious, agitated or withdrawn
_ unusual weeping or sobbing
_ unexplained paranoia
_ unexplained angry outbursts or aggression
_ low self-esteem
_ change in appetite
_ sudden onset of confusion
_ depression
_ change in a patients behaviour or attitude to sex

Institutional indications of abuse

_ isolation of residents
_ problems over access to residents
_ visitors discouraged
_ a 'closed' and isolated environment
_ a run-down environment
_ too much staff autonomy
_ high staff absenteeism/sickness
_ 'anti-group' behaviour, scapegoating
_ paranoia among staff
_ rigid attention to routine
_ lack of individual care plans
_ poor standards of cleanliness

Indications of financial exploitation

_ missing or controlled belongings, money, pension book, etc.
_ inability of residents to buy essential items
_ misappropriation of residents personal allowances
_ particular interest by a member of staff in a patient's assets/will
_ 'gifts' to a member of staff

What to Do:

Emergency Department Care: Many factors are involved in the management of older persons who have been abused, including immediate care, long-term assessment and care, education, and prevention. Intervention can be a lengthy process, especially in a busy ED. Many hospitals have developed multidisciplinary teams (ie, social workers, physicians, nurses, administrators) to help in these situations. The ultimate goal is to provide the aging adult with a more fulfilling and enjoyable life.

- Immediate care focuses on treating the physical manifestations of abuse and assuring the safety of the patient. This may include the following:
    - Admitting the patient to the hospital
    - Obtaining a court protective order
    - Placing the patient in a safe home
    - Permitting return home if the patient is competent and refuses intervention