

NZNO 10TH NATIONAL GERONTOLOGY SECTION CONFERENCE

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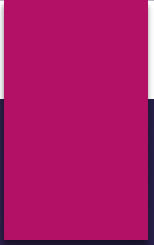


BACK
TO OUR
FUTURE



Always Respected Never Abused

Trina Cox – Age Concern Canterbury



Always Respected Never Abused Elder Abuse and Neglect Prevention

A PRESENTATION BY AGE CONCERN CANTERBURY



Serving the needs of older people

What is Elder Abuse and Neglect?

- ▶ Age Concern Definition:
- ▶ *“Elder Abuse and Neglect is 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”*

The Facts and Figures



- ▶ In excess of 2000 referrals were received in 2015 by Age Concern NZ where abuse was suspected. In about 75% of these cases, abuse was confirmed
- ▶ 70% of alleged abusers are family members
- ▶ 45% of alleged abusers are children of the victim
- ▶ 2/3 of abused older people are women
- ▶ 46% of older people who are abused live alone
- ▶ Last year Age Concern NZ provided education to more than 8000 professionals and aged care workers, focusing on respectful practices and ways to reduce the incidence of abuse and neglect



WHAT
TYPE OF
INCIDENTS
MIGHT BE
CONSIDERED
ABUSE OR
NEGLECT?

Psychological Abuse

- ▶ Behaviour that results in mental anguish or despair
 - Intimidation
 - Harassment or humiliation
 - Threats of harm to an older person, their family, pets etc
 - Withholding affection
 - Verbal abuse
 - Ignoring
 - Treating the older person like a child
 - Saying hurtful things



Physical Abuse

- ▶ Infliction of pain, injury or force
- ▶ Hitting; Slapping; Shoving; Pushing;
- ▶ Rough handling
- ▶ Burns
- ▶ Inappropriate use of restraints or confinement
- ▶ Under or over medication
- ▶ Assaults with a weapon or other object



Financial or Material Abuse

- ▶ Illegal or improper exploitation and/or use of funds or other resources
- ▶ Withdrawing money from bank accounts
- ▶ Selling or transferring assets without consent
- ▶ Misuse of Power of Attorney
- ▶ Failing to repay loans
- ▶ Withholding money from the older person
- ▶ Deciding what they can and can't spend their money on



Sexual Abuse

- ▶ Sexually abusive and exploitive behaviours involving threats, force or inability to give consent
- ▶ Unwanted touching
- ▶ Sexual assault or battery
- ▶ Sexual photography
- ▶ Rape
- ▶ Forced nudity



Institutional Abuse

- ▶ A policy or accepted practice within an institution that causes harm to, or disregards the rights or needs of a person
- ▶ Inflexible routines
- ▶ Rationing of products essential to the care and needs of patients or residents
- ▶ Withholding opportunities for self determination ie making choices for the person, preventing them from completing tasks independently
- ▶ Failure to recognise, respect and honour the cultural traditions of a patient or resident



Neglect



Active Neglect

Conscious and intentional deprivation by a carer of the basic necessities, resulting in harmful physical, psychological, material and/or social effects.



Passive Neglect

Result of a carer's lack of knowledge, infirmity or lack of trust in prescribed services to provide the basic necessities, resulting in harmful physical psychological, material and/or social effects



Self Neglect

Occurs when older adults, by choice or lack of awareness, live in ways that disregard their health and safety needs, sometimes to the extent that this disregard becomes hazardous to themselves and others

Key Issues In Defining Elder Abuse and Neglect

- ▶ *Judgement*- Deciding whether a situation involves elder abuse, elder neglect, or a combination of these will be based on the knowledge, skills and judgement of the person assessing the situation.
- ▶ *Frequency*- The frequency of abuse can range from a single incident to a daily occurrence.
- ▶ *Duration*- This overlaps with frequency but the two can differ as there may be no harmful effect on the older person unless the behaviour is repeated over an extended period of time
- ▶ *Severity*- The severity of an abusive act will influence the degree of harm experienced by the older person
- ▶ *Intention*- The intention of the person inflicting the abuse and/or neglect is an important issue in intervention

What does elder
abuse and
neglect look
like?



Identifying Abuse & Neglect



Guiding principles for responding to elder abuse and neglect



- ▶ The safety of the older person is paramount
- ▶ Any action taken should not cause more harm than the abuse and neglect nor undermine the rights of the older person or their carer
- ▶ The safety of those working with elder abuse should be protected – do not work in isolation
- ▶ Actions that are supportive and empowering assist older people experiencing abuse to make choices and take control over their lives
- ▶ Each older adult has distinctive family/whanau, cultural and other values that should be respected and appropriately addressed
- ▶ A collaborative and inter-sectoral approach enables solutions to be found that are meaningful to the older person and provides support to those working with elder abuse and neglect

Some Cultural Considerations for Working with Elder Abuse

- ▶ In many other cultures, the role of older people or elders continues to be significant and critical to the physical, mental and spiritual wellbeing of the immediate and extended family
- ▶ Many other cultures and ethnic groups provide care in the home for their older family members and this can be both a protective factor and a risk factor for abuse to occur
- ▶ A predominant world view is that any conduct that is disrespectful towards older people is a violation and breach of the protocol and etiquette that governs relationships
- ▶ Older people within families of many other cultural and ethnic backgrounds can be reluctant to disclose abuse because of the stigma and reluctance of older people to expose their family to community disapproval
- ▶ There is often a cultural stigma of placing someone in residential care



Maori Perspectives

- Maori have a holistic approach to combatting elder abuse including making decisions as a whanau
- Maori recognise that a person's well being depends on all four cornerstones of the Te Whare Tapa Wha model - taha wairua (spiritual), taha whanau (family/social connections) taha hinengaro (mental/emotional) and taha tinana (physical/medical)
- Because cultural identity and whanau are recognized as essential components of wellness, intervention focusses on working with family to strengthen relationships and promoting Maori values such as respect for the older person/kaumatua



Abuse is a
human thing, not
a cultural thing

When we are
kind and loving
we are all the
same.

Abuse is a
negative aspect
of being human



Cognitive Impairment , Dementia and Elder Abuse and Neglect

In all cases, irrespective of a person's ability to communicate, comprehend or make a decision in relation to the abuse, it is important to:

- Respect the person's view and treat the information they provide seriously
- Maximise the control the person has over the abuse
- Ensure that options provided are least restrictive
- Identify significant others who can support and assist the person



Best Practice

Best practice will be achieved in settings where there is sufficient organisational support for addressing abuse as a critical health care issue, and where health providers work in partnership with community based providers of services for those who have experienced abuse.

A multi-disciplinary approach to the planning and delivery of services is recommended to ensure a range of support, skills and experience is available.



Interagency Referral Processes



- ▶ Referral relationships and inter-agency protocols need to be in place. The health care provider may wish to seek advice from elder abuse services, even if a referral is not made. It is not always necessary for an incident of abuse to be proven before making a referral. The actual point in which a referral is made will be a matter of professional judgement, and will be influenced by:
- ▶ The level and urgency of safety concerns
- ▶ The readiness of the older person to disclose information on abuse and their willingness to accept a referral
- ▶ The complexity of the older person's physical, social and mental health needs

Barriers to Referrals, Specialist Assessment, Reporting and Diagnosis (From a Community Perspective)

- ▶ Reliance on Primary Health Care for Assessment – The lack of or absence of Primary Health Care is often at the core of the presenting issue
- ▶ Strict adherence to Clinical Pathways for referrals into Specialist Services
- ▶ Lack of trust in the assessment skills of the community based practitioner
- ▶ Lack of collaboration and sharing of information between community based agencies and Health authorities
- ▶ Issues of consent – Often there is an inability to give informed consent or consent will be refused because abuse is occurring. Practitioners need to be aware of how to proceed in these situations ie use of Compulsory Assessment Orders; use of Family Court ; Utilising the skills of clinicians such as Social Workers to negotiate consent
- ▶ Lack of ability or willingness to undertake home based assessments and seeking the input of those practitioners who have actively worked and been present in the home. Home based assessment is often the most valuable way of detecting abuse and neglect.


Back to Our Future

- ▶ Collaboration and integration across government and non-government to ensure that a pool of valid and comparable data is available for future research and service development
- ▶ Ensuring that all older people can easily access an EANP services regardless of where they live
- ▶ There is a need to address issues of capacity for existing elder abuse and neglect prevention services and to give innovative thought to ways in which EANP services can respond to growing cultural diversity and be offered in geographically widespread areas
- ▶ Recognition of the problem of self neglect and resourcing for appropriate responses
- ▶ The need for action to eliminate ageist attitudes and behaviours which can lead to elder abuse and neglect

It's About Respect

Preventing elder abuse starts with respecting our older people, acknowledging the lives they have lived and including them in all aspects of our family and community. Bring love and respect of older people into everyday life.





Sometimes the only things
visible are tears...



Thank You

Trina Cox – Social Worker for Age Concern Canterbury