ELDER ABUSE: NAVIGATING THE COMPLEXITIES

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ACKNOWLEDGMENTS

Geriatric Assessment Outreach Teams (Bruyere Continuing Care and Queensway-Carleton Hospital)

The Ottawa Hospital Geriatric Day Hospital

The Ottawa Hospital Geriatric Emergency Management Program + ED SW/TOH SW

The Ottawa Hospital Geriatric Medicine Inpatient Consultation Team

The Ottawa Hospital Geriatric Medicine Inpatient Unit

Vulnerable Adults Working Group (Social Work Department, The Ottawa Hospital)

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OBJECTIVES

UNDERSTAND

RECOGNIZE

RESPOND

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OUTCOMES OF UNDERSTANDING, RECOGNIZING, AND RESPONDING TO ELDER ABUSE

Reducing	Protecting
Reducing moral distress of professionals	Protecting vulnerable populations

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WHAT IS ELDER ABUSE?

Elder abuse is **any action** by someone in a relationship of **trust** that **results in harm or distress** to an older person. **Neglect** is a **lack of action** by that person in a relationship of trust with the same result.

(https://www.canada.ca/en/employment-social-development/campaigns/elder-abuse/reality.html#b)

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TYPES OF ABUSE

Financial Abuse
- An action or lack of action with respect to material possessions, funds, assets, property, or legal documents, that is unauthorized, or coerced, or a misuse of legal authority.

Physical Abuse
- Actions or behaviours that result in bodily injury, pain, impairment or psychological distress

Sexual Abuse
- Direct or indirect involvement in sexual activity without consent.

Psychological/Emotional Abuse
- Severe or persistent verbal or non-verbal behaviour that results in emotional or
- psychological harm.

Neglect
- Repeated deprivation of assistance needed by the older person for activities of daily living.

(National Initiative for the Care of the Elderly, 2015)

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CRIMES UNDER THE CRIMINAL CODE

Financial Abuse
- Theft, theft by holding power of attorney, stopping mail with intent, criminal breach of trust, extortion, forgery, fraud

Physical Abuse
- Assault, unlawfully causing bodily harm, manslaughter, murder

Sexual Abuse
- Forcible confinement, sexual assault

Psychological Abuse
- Intimidation, uttering threats, harassing telephone calls, criminal harassment

Active Neglect
- Criminal negligence causing bodily harm or death
- Breach of duty to provide necessities of life

(Elder Abuse Prevention Ontario: elderabuseontario.com)

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DUTY TO REPORT

- MANDATORY: REPORTING TO THE MINISTRY
- SUSPICION OR EVIDENCE OF ELDER ABUSE WHEN PATIENT RESIDES IN A LONG-TERM CARE OR A RETIREMENT HOME SETTING.
  - LONG TERM CARE ACT 2007
  - RETIREMENT HOMES ACT 2010

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TOOLS & TIPS

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PROFESSIONAL CURIOSITY

As professionals we have a duty to be curious.

We are to investigate and reflect on the worries, concerns, and evidence that is presented to us

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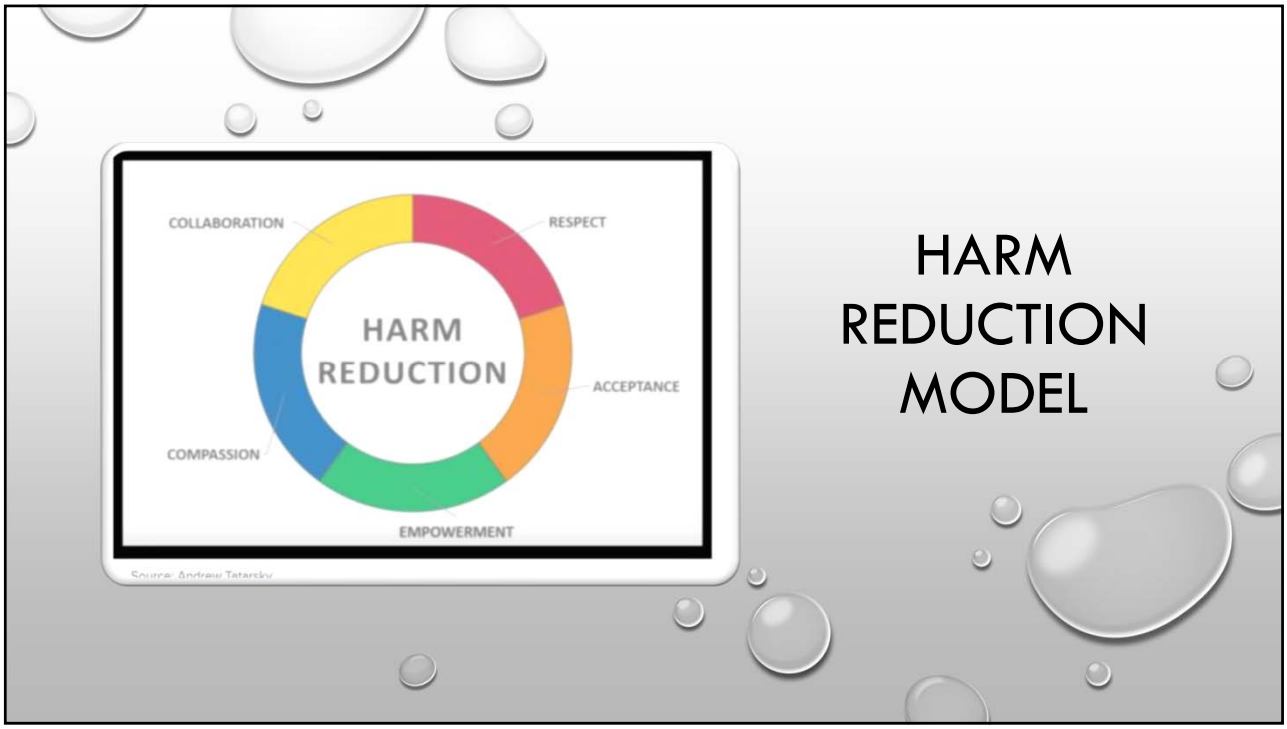

HARM REDUCTION MODEL

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CASE EXAMPLE

76-year-old patient presents to her doctor's office alone.

Referral was made to Social Work regarding concerns of physical abuse.

SW consulted to assess patient

A.C.T.

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CASE EXAMPLE

82-year-old patient presents to the Emergency department with spouse. She lives with a diagnosis of Heart Failure and Dementia. She presents to the hospital with shortness of breath.

Referral was made to Social Work regarding concerns of psychological and emotional abuse.

SW consulted to assess patient

A.C.T.

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- Assess Risk
- Capacity Impressions
- Timely Responses and Interventions

A.C.T.

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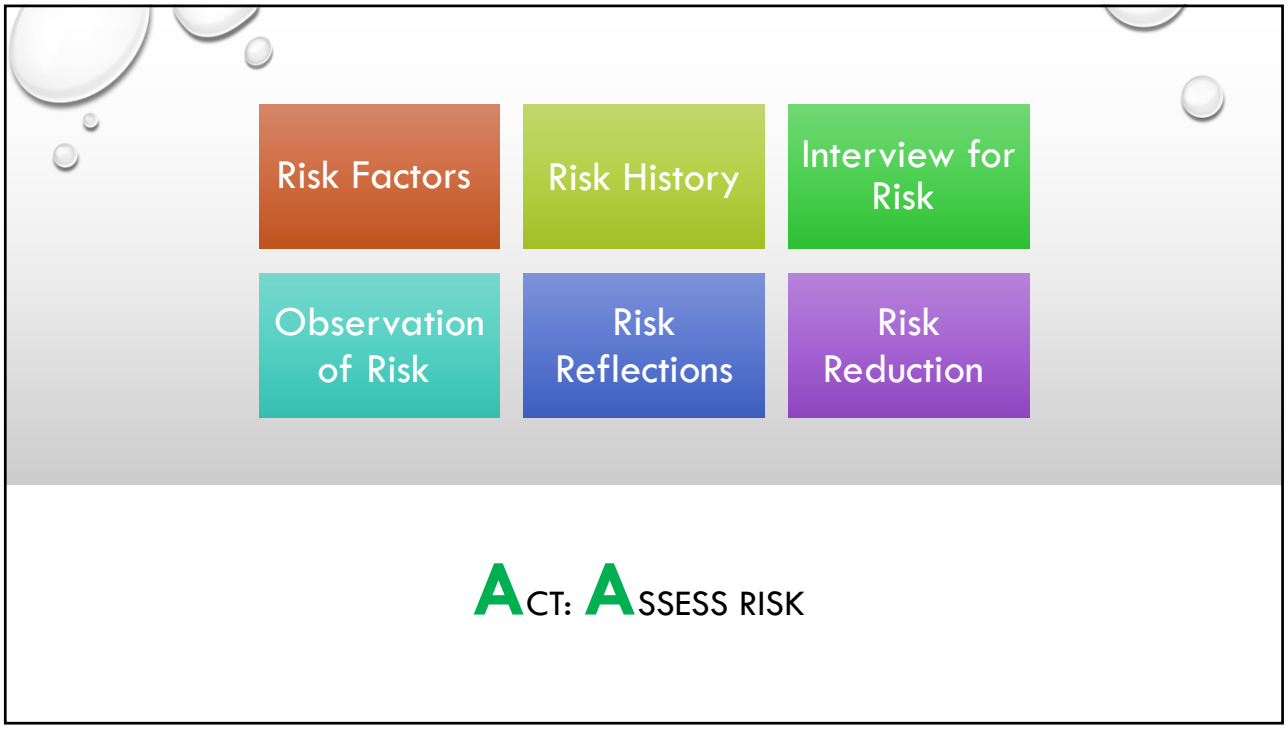

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Risk Potential	Risk Factors
For Becoming A Victim	Functional dependence or disability Poor physical health Cognitive impairment/dementia Poor mental health Low income/socio-economic status Social isolation/low social support Previous history of family violence Previous traumatic event exposure Substance abuse
For Becoming a Perpetrator	Mental illness Substance abuse Caregiver stress Previous history of family/intimate partner violence Financial, housing, or other dependence on older adult

POTENTIAL RISK FACTORS FOR ELDER ABUSE

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ACT: ASSESS RISK

WHEN ACCESSING RISK, OFTEN WE ARE REFLECTING ON THESE TWO QUESTIONS:

- CAN THE PATIENT UNDERSTAND AND APPRECIATE THE RISKS THEY ARE LIVING WITH?
- CAN THE PATIENT SEEK SUPPORT/ASSISTANCE FOR THE SITUATION THEY ARE DEALING WITH?

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CASE EXAMPLES: *A.C.T.*

82-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT WITH SPOUSE.

- RISK FACTORS
- INTERVIEW FOR RISK
- OBSERVATIONS OF RISK

76-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT ALONE.

- RISK FACTORS
- RISK REFLECTION
- RISK REDUCTIONS

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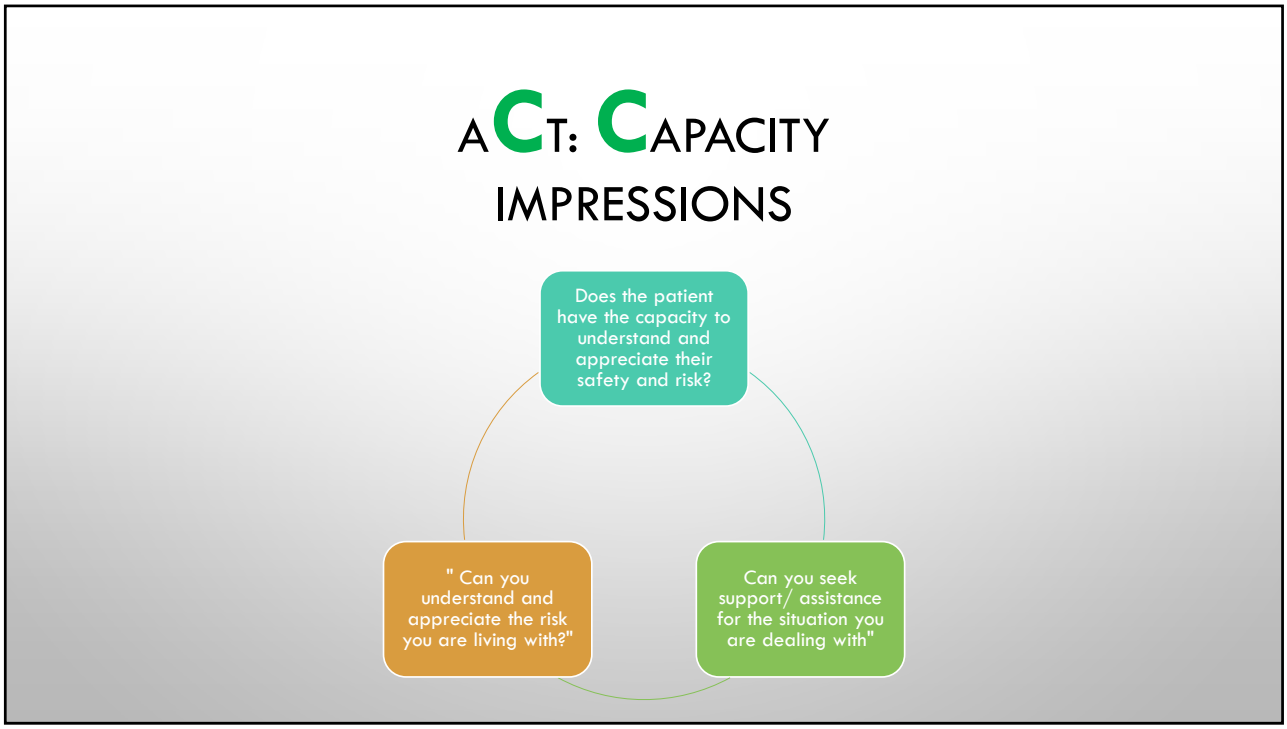
ACT: CAPACITY IMPRESSIONS
Does the patient have the capacity to understand and appreciate their safety and risk?
" Can you understand and appreciate the risk you are living with?"
Can you seek support/ assistance for the situation you are dealing with"

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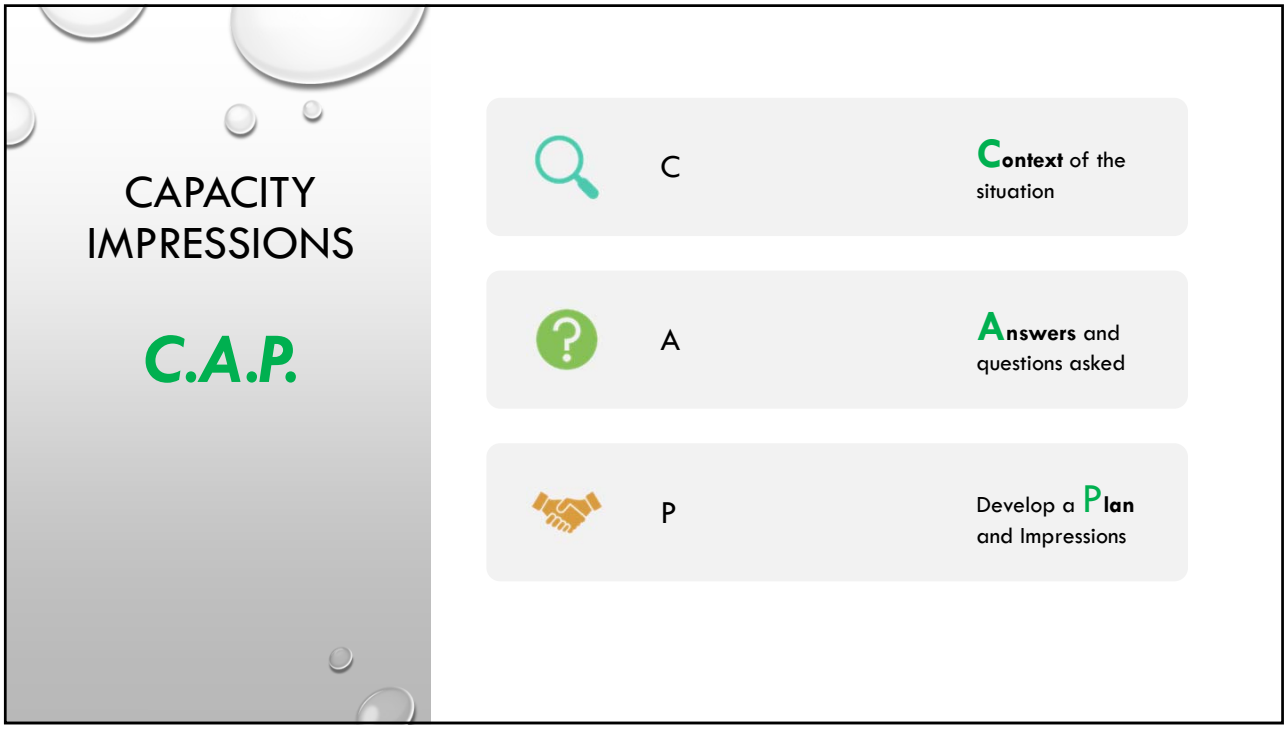
CAPACITY IMPRESSIONS
C.A.P.
C
Context of the situation
A
Answers and questions asked
P
Develop a Plan and Impressions

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CASE EXAMPLES: *A.C.T.*

82-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT WITH SPOUSE.

- INTERVIEW AT BEDSIDE ALONE
- CAN YOU TELL ME WHY YOU ARE IN HOSPITAL ?
- APPEARS TO LACK INSIGHT

76-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT ALONE.

- WIDOW WITH ONE SON
- UNDERSTANDS HER HEALTH CARE NEEDS
- APPRECIATES HER RISK

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ACT: TIMELY INTERVENTION

Psychoeducation	Emotional Support/Counselling	Direct Interventions	Providing Resources
• Safety Planning • Cycle of Violence	• Validation • Empathetic Listening	• Police Involvement • Admission to Hospital	• Referrals to Community Agencies

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CASE EXAMPLES: *A.C.T.*

82-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT WITH SPOUSE.

- SUPPORTIVE COUNSELLING TO THE SPOUSE
- ADMISSION TO HOSPITAL

76-YEAR-OLD PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT ALONE.

- LISTENING TO HER VOICE
- COMMUNITY RESOURCES

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THANK YOU

QUESTIONS/ COMMENTS

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