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Guidelines for Nurses in the Understanding and Prevention of Elder Abuse

Irish Nurses Organisation
Focus Group from the
Care of the Older Person Section

October 2004

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The focus group would like to place on record their thanks to Mr. Paul McGinn, BL for his contribution to these guidelines on the Legal Aspects of Reporting Elder Abuse.

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Content

11. Summary

"Confronting and reducing elderly abuse requires a multisectoral and multidisciplinary approach" (W.H.O. 2002.) Vulnerable adults need to feel enabled and empowered and more importantly encouraged to have their voices heard if they are victims of abuse. Professionals who have a responsibility for the care of vulnerable adults need to be educated to identify and report suspicions/allegations of abuse. A public awareness campaign heightening the risk of abuse of vulnerable adults should be incorporated as part of an overall education programme.

It is the right of the older person to be treated with dignity and respect. Abuse in any form should not be ignored or tolerated.

Continued support should be provided to the victim throughout all these stages.

Local policies in their dealings with suspected abuse in the care of the older person should reflect the following basic ethical principals -

- Beneficence - the intention to do good
- Non-maleficence - the intention to do no harm
- Justice - to treat all patients fairly and equally
- Autonomy - to aid and respect the patients right to self-determination

10. Recommendations

The Focus Group Recommends:

- Full implementation of existing Government policies e.g. The Years Ahead (1988), Adding Years to Life and Life to Years (1998) and Quality and Fairness (2001)
- Each health agency develop and implement preventative measures and a policy and procedure for the investigation of suspicious/allegations of abuse of older people.
- Develop an education programme to create awareness across all disciplines to include current legislation e.g. Ward of Court process.
- Appointment of Ombudsman for the older Person.
- Establishment of Advocate Groups within each health care agency.
- Provision of appropriate support services
- Creation of a safe environment to foster an open, transparent incident reporting process.
- Development and delivery of a public awareness campaign
- Allocation of resources to promote Irish based research.
- Introduction of legislation to protect the rights of Older Adults similar to the Children First National Guidelines for the Protection And Welfare of Children (DOHC 1999)

1. Introduction

In the last quarter of the 20th century the problem of abuse and negligence of children and spouse abuse have been acknowledged as being a significant social phenomenon. However, abuse of the elderly remained a private matter and well hidden from public view (WHO, 2002). Elder abuse is a violation of human rights caused by the mistreatment of an older person which results in suffering and distress (RCN, 1996), often leading to isolation and despair. Abuse of the older person has only recently been recognized as a global problem and a violation of human rights as well as a significant cause of injury, illness, lost productivity, isolation and despair (WHO, 2002). Studies have shown that people of all socio-economic, ethnic and religious backgrounds are vulnerable to abuse including countries where the traditional system of family care exists. Furthermore, it is increasingly being seen as an important problem and one that is likely to grow as many countries experience rapidly growing ageing populations. It is predicted that by the year 2025 the global population of those aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion (WHO 2002).

Although there is an increasing awareness that some older people are victims of abuse, neglect and mistreatment there is strong evidence to indicate that much abuse goes unrecognized and is hidden from public awareness (O'Loughlan & Duggan 1998).

It is acknowledged that abuse can occur within the home or care facility (Western Health Board, 2003). Any form of abuse is unacceptable. Nurses have a duty of care to the older people in their care to prevent this from happening. Although nurses who care for older persons can expect to encounter cases of abuse our knowledge of the incidence and cause of such abuse remains limited (McCredie, 1998).

These guidelines are intended to provide an overall framework for best practice, plus to highlight the need for multi-agency cooperation in all areas of work and relationships with vulnerable adults. The primary aim of these guidelines is to create an environment that fosters the prevention and protection against any form of abuse of older adults. Furthermore, it sets out a clear understanding that any such abuse will not be tolerated, and that each health care setting should have policies and procedures for the prevention/allegation of abuse of vulnerable adults. The policies and procedures should be implemented in tandem with an educational programme to facilitate the detection of abuse.

2. Literature Review

According to Cooney (2002) the first reference in the medical literature used politically incorrect emotive and narrow terms such as "granny bashing" (Baker, 1975) and "granny battering" (Burston, 1975). These terms tended to stereotype abuse as one of physical abuse of the older female. Today, it is now widely recognized that elder abuse effects both sexes and can occur in any setting or any situation and it can be a complex area of work, with multi-faceted problems.

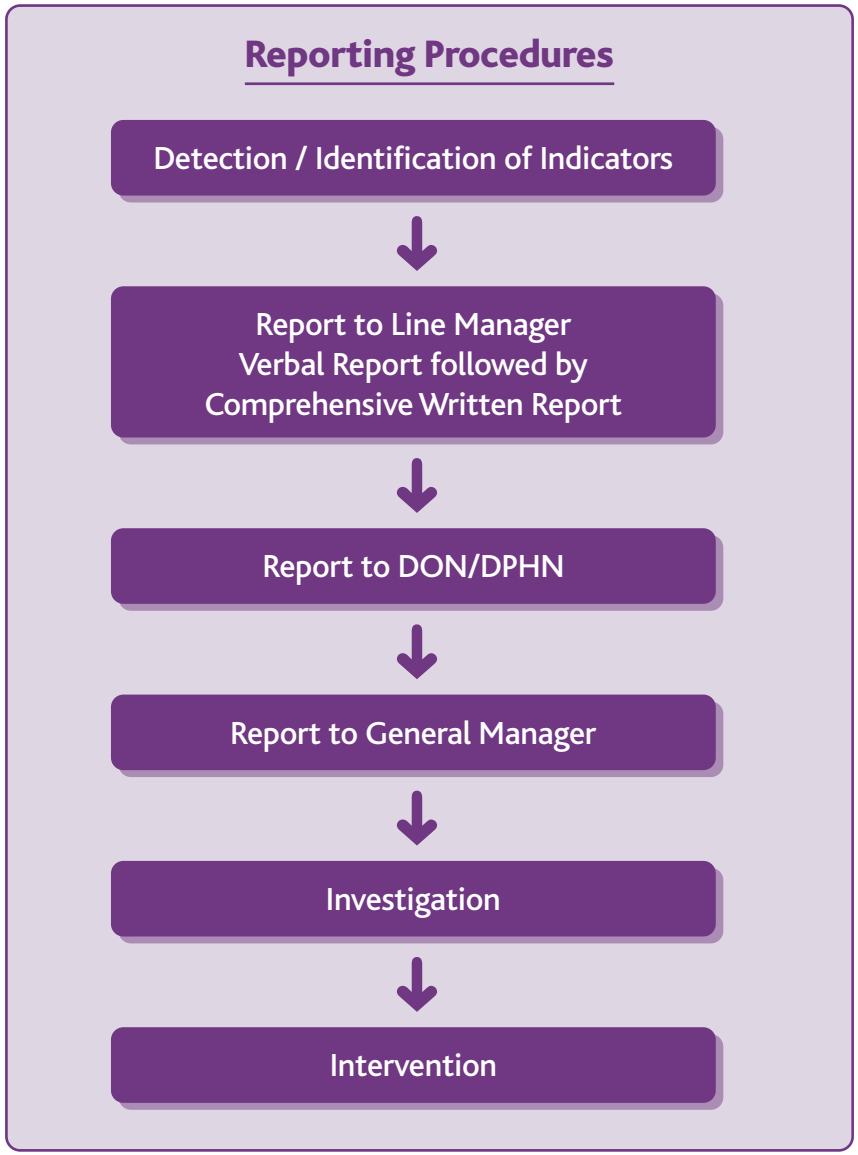
The issue of elder abuse received the greatest publicity in the US in the 1980's, and in the UK a voluntary organisation called "Victims of Elder Abuse" was formed and the first prevalence study was carried out (Ogg & Bennett 1992). The findings confirmed that elder abuse was a significant social problem and that guidelines relating to the identification and management of abuse were necessary. In Ireland, one of the first references to abuse in Ireland was by O'Neill (1990) who described three cases of abuse admitted to an acute geriatric assessment unit and stressed the need for awareness of the condition as a cause for morbidity in older people. In 1998 the National Council for Ageing and Older People published a wide ranging report on elder abuse (O'Loughlin & Duggan 1998). It identified that many victims were reluctant to admit being victims of abuse.

3. Definition of Elder Abuse

Elder abuse is defined as 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 or violates their civil rights (DOHC, 2002).

Elder abuse can occur in a variety of settings, ranging from the persons own home to the hospital setting or nursing home. The abuser can be any person in a position of authority, or a family member. Elder abuse is considered to occur between two parties, that is the abuser and the victim. It is therefore important to differentiate between elder abuse and acts of self neglect and crime by a stranger.

This flowchart outlines the steps that need to be adhered to in the reporting of an alleged incident of abuse. Reporting structures in each health care setting and every health board may differ. This fact alone highlights the importance of local policies and the focus group recommends that local policies should be established in each individual health care setting.



Abuse has recommended that the Government introduce a new law to extend to reports of elder abuse the same protections that now apply to reports of child abuse.

7.3 HOW TO PREVENT FURTHER ABUSE

Although it is up to the gardai to protect a person from abuse and to prosecute an abuser, nurses can play a role in alerting their employers about protecting vulnerable patients. One way to protect a vulnerable patient is to make that patient a so-called "ward of court." Under Irish law, a High Court judge can make a person a ward of court if that person is unable to look after his or her own affairs. Of course, many victims of elder abuse are quite competent to look after their own affairs and cannot avail of the protection of the ward of court procedure. However, if a nurse knows of a patient who is not competent and who may be at risk of abuse, the nurse can recommend that the hospital or health board apply to the High Court to make that patient a ward of court.

A ward of court application is based on the opinions of two psychiatrists that the patient is incapable of looking after her or his own affairs. If the High Court accepts the opinions of the psychiatrists, it will make the person a ward of court and oversee not only the nursing and medical care of the patient but also the patient's financial affairs to ensure that no one can harm or take advantage of the patient. Although the ward of court procedure can be cumbersome and slow, the (DOHC) Working Group on Elder Abuse and Law Reform Commission have recommended changes to improve and speed up the ward of court process.

8. How to deal with Abuse in the Care of the Older Person

The INO focus group recommends that the following procedures should be adhered to upon receiving an allegation of suspected abuse:

All reports and/or suspicions must be taken seriously, and treated in confidence. This includes those made anonymously.

Suggestions of elder abuse can come from a variety of sources, inclusive of the older person himself, a friend or relative. It may also come from a member of staff.

People reporting alleged acts of elder abuse must be assured of the following:

Their reports will be taken seriously, and treated appropriately
Their concerns will be shared and supported if they or others are at risk.
They will be kept informed of actions taken and all outcomes.

4. Types of Abuse

Six definite types of abuse can be highlighted, details of which are outlined:

4.1 PHYSICAL ABUSE -

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

4.2 PSYCHOLOGICAL ABUSE -

The infliction of mental anguish for example threats.

4.3 FINANCIAL OR MATERIAL ABUSE -

The improper or illegal exploitation and/or use of funds or resources for example making wills under duress.

4.4 NEGLECT AND/OR ACTS OF OMISSION -

Withholding the necessities of life such as medication, adequate nutrition or heat.

4.5 DISCRIMINATORY ABUSE -

Ageism, racism, failure to uphold the civil rights of the older person in society as a whole, for example lack of information on pensions and entitlements.

4.6 SEXUAL ABUSE -

Rape and sexual assault that the person has not consented to or has been compelled into.

5. Recognition of abuse in the older person

(These indicators of abuse do not constitute an exhaustive list)

Recognition of elder abuse can be difficult, as some indicators can be subtle and may also be incorrectly attributed to the ageing process. By acknowledging some of the possible indicators, as detailed below, they may serve to alert us that elder abuse may be occurring.

Possible indicators of abuse

5.1 PHYSICAL ABUSE -

"Unexplained" bruises
Lacerations
Burns
Mouth injuries
Scratches
Fractures
Hair Loss

5.2 PSYCHOLOGICAL ABUSE -

Disrupted sleep or appetite
Depression
Agitation, aggression, introversion
Confusion
Demoralisation

5.3 FINANCIAL OR MATERIAL ABUSE -

Refusal to spend money
Lack of funds for day-to-day spending
Making dramatic financial decisions
Absence of required aids e.g. glasses or medication
Disparity between living conditions and assets
Misappropriation of property
Sudden alterations to wills

5.4 NEGLECT AND ACTS OF SELF OMISSION -

Dehydration
Malnutrition
Alcohol abuse
Poor hygiene
Pressure sores
Absence of aids e.g. glasses, dentures
Under/over medication

5.5 SEXUAL ABUSE -

Bruising
Trauma
Venereal Disease
Trauma about the genitals, rectum, mouth
Injury to face
Human bite marks

6. Prevalence of Abuse in the Care of the Older Person

There are no figures for the prevalence of elder abuse in Ireland. In translating the international global figure of 5% into the Irish context, and based on the 2001 Census, 430,000 people were over the age of 65 in Ireland at that time. The World Health Organisation estimates that 5% of all older people may be the victims of at least one form of abuse at any one time. Therefore this equates to 21,500 people in Ireland possibly being subject to some form of abuse at any one time.

7. The Legal Aspect to Reporting Elder Abuse

Three legal issues arise whenever a nurse suspects elder abuse:

1) whether to report the abuse,
2) how to report the abuse, and
3) what to do to prevent further abuse.

7.1 WHETHER TO REPORT ABUSE

There is no specific criminal law that requires a person to report elder abuse or even child abuse. Notwithstanding this fact, it is technically a criminal offense to conceal a felony from the gardai; however, no Irish health professional has ever been charged with such a crime.

Also, no nurse is bound by her or his employment contract to report cases or suspicions of elder abuse. By contrast, any nurse employed by a health board is bound by her or his employment contract to report cases of known and suspected child abuse.

Despite such an absence of specific criminal or contractual law requirements to report elder abuse, an Irish court could still find a nurse negligent for failing to report a suspected case of elder abuse. Although there is no Irish case and few cases elsewhere involving the failure of a nurse to report elder abuse, the abused person or family member could sue the nurse for negligence if the nurse failed to report elder abuse despite having reasonable suspicions about ongoing abuse or about the risk of future abuse.

7.2 HOW TO REPORT ABUSE

Once a nurse makes the decision to report a case of known or suspected elder abuse, she or he should report the abuse as outlined in section 8 of these guidelines "Reporting Procedure". Following such guidelines is important because if a nurse discloses suspicions of elder abuse to a person who has no part in the reporting procedure or makes an allegation of abuse out of spite, the nurse could be sued for defamation by the alleged abuser.

Currently, there is no specific law that protects nurses or anyone else against defamation lawsuits if they report suspicions of elder abuse. By contrast there is a specific law that protects anyone who reports suspicions of child abuse. That law, Protection of Persons Reporting Child Abuse Act, 1998, provides a nurse with an absolute defence against a defamation lawsuit for a report of child abuse. Even if the report is wrong, the act provides a defence if the report was made in good faith and made to the appropriate person, such as a member of the gardai or health board social worker. By contrast, there is no specific act that protects a person who reports suspicions of elder abuse. The Department of Health and Children Working Group on Elder