

Elder abuse in hospital setting



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Modena
Policlinico

Progetto anziani

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- Abuse against older person is a **widespread** but **underestimated** and **not-well know** phenomenon, both in the medical field and in the wider society
 - The exact prevalence is not known, both because of **lack of reporting** and **incapacity of health professionals to identify the signs.**



Elder abuse is defined by the World Health Organization (WHO) 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.”



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Elder abuse

Can be **intentional or not**,

And concern not only physical abuse, but also psychological, emotional, sexual, financial and pharmaceutical

Neglect.

Discrimination and **prejudices** because of age can also be considered forms of abuse



Types of abuse

Physical abuse

- Suffer
- Physical damages (slaps, burning, binding)

Financial abuse

- Theft
- Extortion
- Anticipated inheritances
- Forced signatures

Violence for omission

- lack of daily care, lack of provision of basic assistance, neglect

Emotional or psychological abuse

- Verbal subjugation
- Humiliation
- Intimidation
- Threats

Medical violence

- Excessive provision of drugs or lack of necessary medications

Civic Violence

- Arbitrary lack of respect for the individuality of the older person

Sexual abuse

A FRAGILE OLDER PERSON
is predisposed to the risk of abuse



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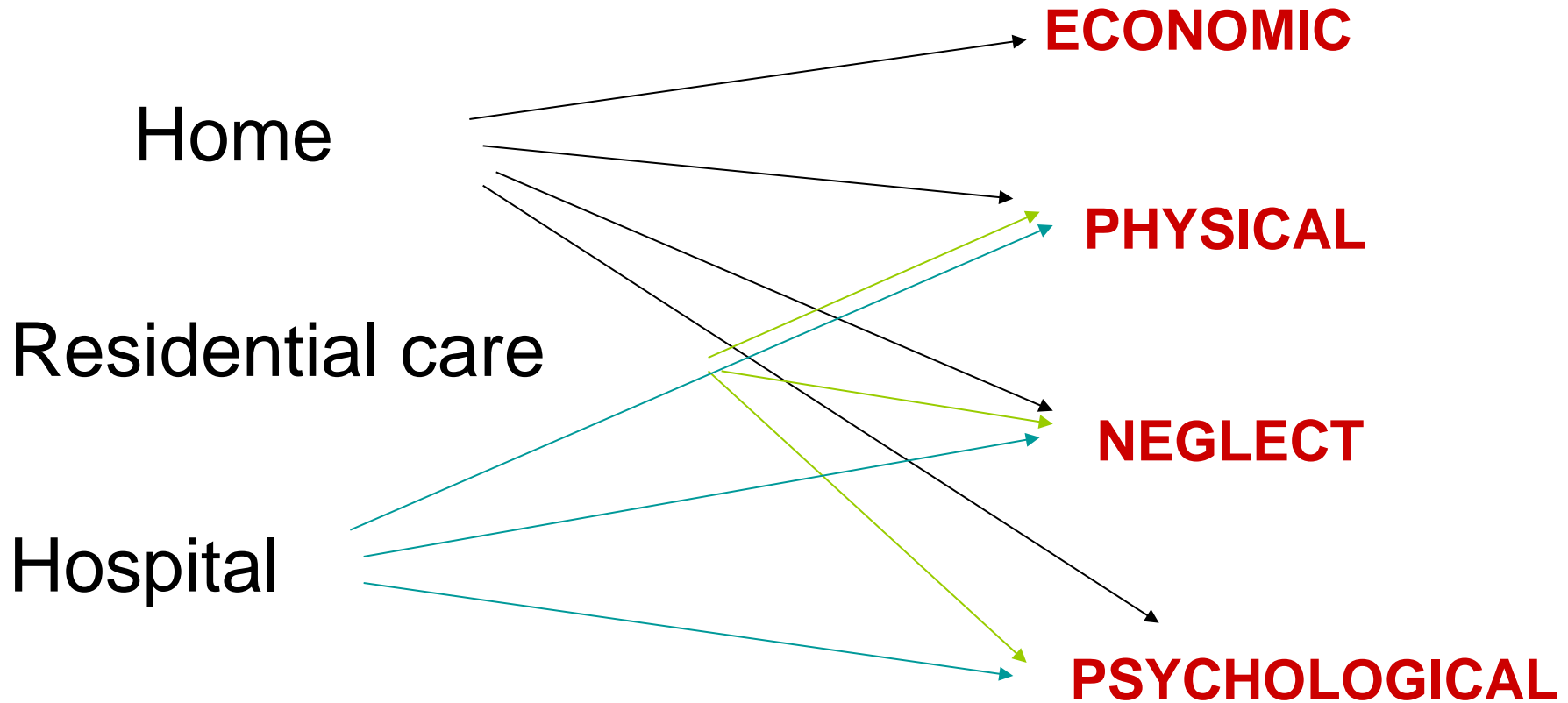
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Considerations

- The older person is often unaware of his/her right to receive appropriate care according of his/her physical and mental status
- The caregiver is so burdened that he/she can't imagine him/herself as potential abuse perpetrator
- There is the idea that a certain extent of violence is necessary to take care of an older person
- It's a common idea that the elder abuse can be only physical; as a consequences, the most subtle forms like lack of respect, childish speak and other forms of psychological abuse are neglected
- It's difficult to distinguish between violence and use of restraint when this is necessary to protect the victim



Abuse: Where?



Access to Emergency Services and admission to hospital

Alert

Prevention opportunity



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Mistreatment of the older person?

When there is delay between the injury or disease and the request for medical assistance

When patient and caregiver reports do not coincide

When the seriousness of the injury is not justified by what the caregiver reports

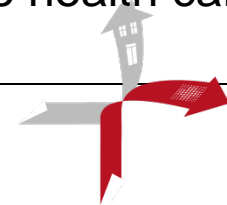
When the explanation provided by the patient or the caregiver are not plausible or are vague

When the admission to emergency department for exacerbation chronic diseases are frequent in comparison to an adequate care plan and adequate economic resources

When a patient with reduced functionality comes to the hospital without its caregiver

When laboratory diagnosis are not consistent with anamnesis

When the caregiver is reluctant to accept home care services (i.e. the visit of a nurse) or to leave the older person alone with a member of the health care staff



Signal of mistreatment in the older person

Behaviour	Regression of the patient, the caregiver treats the person as a child, the caregiver insists in telling the story of the patient
General appearance	Lack of hygiene (sloppy look, untidiness), inappropriate clothing
Skin/membranes	Signs of dehydration, multiple skin wounds in various stadiums of development, bruises, bed-sores, lack of care in stabilized skin wounds
Head and neck	Traumatic alopecia (different from the androgenic alopecia for distribution)
Trunk	Bruises, marks (the shape can represents objects such as belts etc...)
Genital area	Rectal and vaginal bleeding, bedsores, infestations

Limbs	Injuries on wrists or ankles that suggest the use of restriction tools or dipping burning (ex. Shape of a sock or glove)
Muscular- skeletal area	Hidden fracture, pain, disturbed gait
Mental and emotional health	Depressive symptoms, anxiety

Clinic characteristics of older victims of abuse

Physical abuse:

- Bruises, fractures or untreated injuries, wounds in different stages of healing, internal injuries, signs of constrictions or binding
- The older person reveals acts of abuse or defeat (slaps, kicks or other mistreatments)

Emotional and psychological abuse:

Depression, agitation, emotional stress, mutism

Carelessness:

- dehydration, malnutrition, untreated bed sores, poor personal hygiene, untreated health problems, dangerous or unsafe housing conditions (exposed electricity wires, lack of heating or running water), insane or not clean living conditions (ie dirt, fleas, bed wet, smell of urine or excrement, dirty clothes)
- an elderly reporting he/she doesn't receive attention

Neglect:

- elderly person abandoned in the hospital, in another institution or in any public place
- an elderly reporting he/she has been abandoned



Financial or
material
abuse

- sudden changes in the bank account (also addition of name on credit or bank cards, unauthorized withdrawal using an ATM card)
- sudden and unexplained changes of the will, disappearance of funds or valuable possessions, buying unnecessary goods
- the sudden appearance of previously uninvolved relatives claiming the holdings of the elderly, and unexplained sudden transfer of holdings to a family member or a person outside the family,
- an elderly person reporting financial abuse



Sexual abuse

According to the collective imagination sexual abuse against an elderly woman (but also against a man) it is rare or inexistent. It's actually much more common than one may think, and is carried out in different places, such as the home of the elderly, nursing homes, hospitals and even outdoor. (Macchione, 2006)

- It occurs whenever a person turns to the elderly with allusive expressions or phrases, provides the elderly pornographic magazines, someone caresses him/her without consent, to the rape.
- The *included* elderly are those who are autonomous, who are able to tell that harassment and violence against them; the *excluded* ones are the victims unable to testify because of their physical or psychic functions are compromised or because the abuses occur at their home or in maltreating facilities.
- Some clinical indicators such as torn or dirty clothes, unexplained diagnosis of STDs, genital infections, genital or anal contusion with signs of injury (bruising, bleeding) may bring to the suspicion of sexual abuse of the elderly.

Health assessment

- In case of suspected abuse, it is necessary run a detailed physical examination. The general state and the appearance of the patient, and the relationship with the caregiver, may be indicators of abuse.
- The body of the elderly must be assessed, seeking any skin lesions.
- The doctor and the nurse must make an adequate medical history and clinical assessment, focusing on relationships with family members and on the social and domestic context
- Risk factors must be assessed, such as, for example, caregiver stress and precarious economic situations.
- The evaluation of the mental state is an important part of the clinical examination, since cognitive impairment is a possible and important risk factor for abuse. Changes in mood may suggest a situation of abuse





the elderly should be interviewed alone,
without relatives or other people.

It is necessary to start with general
questions regarding the safety of the house,
to keep up with more specific questions
about the suspected abuse.

Do you feel safe in this house?

Who prepares the food?

Who makes the checks for you?

Have you been touched by someone without your consent?

Were you forced/compelled to do things that you didn't want to do?

Does someone take your things without asking you?

Have you been threatened or reprimanded?

Have you signed documents you did not understand?

Are you afraid of someone?

Do you stay alone for a long time?

Have you been helped when you were in need at home?



- Avoid direct contrast
- If you suspect abuse, you may want to get information from different sources, including relatives, neighbors, nurses and other persons performing services. If the elderly person accepts the protective intervention, the doctor and nurse must protect him/her while maintaining his/her autonomy. You may need to transfer the elderly in a safe place or protected environment also through hospitalization.
- You should try to distance the offender, especially if it is dependent on alcohol or psychotropic substances.



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Ageism



The concept of ageism was first introduced in 1969 by R. Butler, director of the National Institute of Aging, which has linked it to other forms of **discrimination** such as racism and sexism, defining it as a process of systematic stereotyping and discrimination against the elderly because of their age.

- The ageism has three basic components :
 - prejudice against the elderly;
 - actions of discrimination;
 - institutional practices perpetrating stereotypes about older people.

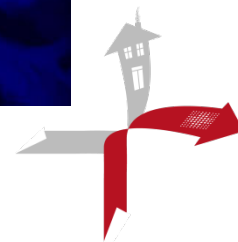


Ageism is that thought according to which anyone who has reached and advanced aged is old, based on the stereotyped image of a dependent person, or severely compromised from the cognitive point of view, whose life quality is considered hopelessly too low to profit of therapies aimed to healing or prolongation of life or solution of some problems.

Nowadays ageism is a form of discrimination quickly increasing, perpetrated both by those institutions to which the majority of older persons have access to (health and social insurance services) and by the educational and professional settings: lack of educational programmes targeting older persons, lack of structured geriatric training for those professionals taking care of older persons.



It should not be under-estimated that the ageism still present in health care services negatively influences their quality; the stereotyping of older persons is surely evident in the press, television and advertisement.



European Charter
of the rights and
responsibilities
of older people
in need of long-term
care and assistance



- **The person has the right** to develop and preserve his own individuality and freedom
- **Society and institution have the duty** to respect individuality of each older person, recognising his/her needs and performing adequate intervention, with reference to all the parameters of his/her life quality, and not exclusively in function of his/her age.



- **The person has the right** to keep the freedom to choose where to live.
- **Society and institutions have the duty** to respect the free choice of the older person to continue living in his/her own home, providing the necessary support and – in case of absolute impossibility – condition of residential care allowing to preserve some aspects of the life environment that was left.



- **The person has the right to be** cared for and cured in the environment that best guarantee the recovery of the damaged function.
- **Society and institutions have the right** to care and cure the older person as long as possible at home, if this is the environment that best stimulate the recovery and conservation of the damaged function, providing any health and social assistance considered doable and appropriate. It is in any case granted to the sick old person the admission to a hospital or rehabilitation unit for as much time as it is necessary for cure and rehabilitation.



- **The person has the right** to be safeguarded from any form of physical and/or moral violence.
- **Society and institutions have the duty** to contrast – in any context of society – every form of prevarication and defeat against older person.

If in the ageing process you end up depending on someone else for help and assistance, you keep the right to receive high quality care and treatments adapted to your personal needs and desires.



CHARTER OF THE RIGHTS OF DEPENDENT OLDER PERSONS

WHO GIVES US THE RIGHT TO:

- Call him «grandpa»
- Call him with the name of his illness
- Do not use the due titles
- Do not take him to the toilet when he needs it
- Undress him in front of other people
- To speak among us when we take care of him
- To ignore him



WHO GIVES US THE RIGHT TO:

- Refuse him a treatment we reserve for younger persons
- Tell other people about his disease
- Not give him food or drink if he can't do it by himself
- Not help him to move in bed
- Not pay attention in order to prevent bed-sores
- Impede to his beloved ones to stay with him while he is dying
- Not let him die with dignity
- Not treat his pain
- Not help him in personal hygiene
- Leave him in bed when with some help he could be raised
- Put catheterize him to reduce the workload
- Give him sleeping-pills or downers





Thank you for your
attention



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