Mandatory Reporting

Elder Abuse Prevention and Management in Health Care Settings

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Summary of Mandatory Reporting in the Healthcare Setting

Nurses employed by Carestaff Nursing are required to comply with Australian legislative requirements and ANMC nursing standards (where applicable), in the appropriate reporting of abuse and or assault of clients/residents in their care. Clients, namely residents and patients who are vulnerable and fragile to abuse are represented by many different subgroups but the purpose of this Elder Abuse package is on the elderly.

Residential Aged Care facilities or clients in their own homes in the community are protected by the Aged Care Act 1997. Carestaff nurses employed in the community setting for the elderly must report incidents to their employer/CNC and domiciliary nursing organisation that is chiefly providing care for the client.

It is a Carestaff requirement that all of our nurses working in the aged care sector or in the community setting understand the current legislation relating to mandatory reporting of Elder Abuse whether they work with vulnerable groups or not. The documentation provided in this package refers to current best practice and consists of two sets of reading material and 12 multiple choice questions. The expectation is 100% result achievement.
Elder Abuse
Prevention and Management in Health Care Settings

What is Elder Abuse?

Definition
The definition of elder abuse by the Elder Abuse Prevention Unit is:

"Elder Abuse 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 definition was developed in the United Kingdom in 1993 by Action on Elder Abuse and has been adopted by WHO and the International Network for the Prevention of Elder Abuse. A key point to note about this definition is the 'expectation of trust'.

Elder Abuse is a term for a form of mistreatment that forms one part of a spectrum of violence that occurs when differences in power exist in relationships between people. In essence, where there is an imbalance of power in a relationship there is a risk of abuse occurring from the dominant person or persons. These power differences have been interpreted, particularly in relation to domestic violence, as the result of living in a patriarchal or male orientated society where males and male values dominate.

The existing discrimination faced by minority groups also compound the effects of ageism. Other factors such as language barriers, access to culturally appropriate services, lack of a support infrastructure within some community groups, and so on, make detecting and responding appropriately to abuse in these communities a major challenge. Rural and remote communities within Queensland present another set of challenges associated with distance, availability and access to services and the understated issue of maintaining confidentiality within small community groups.

Responding to abuse in older populations therefore requires a very flexible and community based approach to accommodate the different types of abuse, various cultural groupings and the remote communities that occur within Queensland. The EAPU has assisted with the implementation of Coordinated Community Responses (CCRs) in various communities in QLD and continues to support and resource these communities via participation in activities, meetings and assistance with a variety of projects.
Recognising Elder Abuse

Elder Abuse can be interpreted in many forms including Financial, Psychological/Emotional, Social, Physical, Sexual abuse and Neglect. Each form of abuse can impact on behaviour changes which indicate to others that something is not right.

Behavioural Signs

Abuse and neglect can be detected from the behaviour of people involved as well as the more obvious physical signs and symptoms. Awareness of sudden and unusual behaviour patterns in the client, not only in the home, but in other situations and settings. These behaviours may include:

- Afraid of a person or persons
- Irritable or easily upset
- Depression or withdrawal
- Lack of interest
- Change in sleep patterns
- Change in eating habits
- Suicidal tendencies
- Shaking, trembling, crying
- Rigid posture
- Presenting as helpless, hopeless or sad
- Contradictory statements not tied to cognitive issues
- Reluctance to talk openly
- Avoiding contact - eye, physical or other
- Worried or anxious for no obvious reason
- Behavioural changes without definition

Financial Abuse

Financial abuse involves the illegal or improper use or mismanagement of a person's finances or property by another person with whom they have a relationship implying trust.

Examples include:

- Misappropriation of property, money or valuables - a loss of money ranging from removal of cash from a wallet, to the cashing of cheques for large amounts of money, loss of jewellery, silverware, paintings or furniture
- Forced changes to a Will or other legal document - the making of a new Will in favour of a new friend or another family member. Power of Attorney may be obtained improperly from a person without decision-making capacity.
- Denial of the right to access personal funds - A family member may take control of a person's finances or banking, while the older person is still capable of maintaining their affairs.
- Forging of signatures - on bank accounts or legal documents.
- Misusing Enduring Power of Attorney
• Forgery, embezzlement and exploitation

**Signs of financial abuse include:**

• Reluctance to make a will
• Loss of jewellery and personal property
• Unprecedented transfer of funds
• Improper attainment, or misuse of a Power of Attorney or Enduring Power of Attorney
• Missing financial material e.g. Bank books, credit cards, cheque books
• Bills not paid when money entrusted to a third party
• Management of a competent person’s finances by another person
• Unexplained withdrawal from bank accounts
• Cashing of personal cheques
• Removal of cash from a wallet, drawers

**Psychological Abuse**

**Definition:**

Psychological abuse is the infliction of mental anguish, including actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity or powerlessness.

Examples include:

• Verbal intimidation - being forced into making decisions against your will.
• Humiliation and harassment - being called demeaning names or experiencing behaviours that are degrading, in public or private, being treated like a child.
• Shouting
• Threats of physical Harm - e.g. “If you don’t move quickly, I’ll give you a hurry along”
• Threats of institutionalisation – e.g. “You are really proving to be slow, I’ll put you in an aged care home”
• Withholding of affection - refusing access to cherished family members.
• Removal of decision-making powers.

**Signs of Psychological Abuse**

Psychological abuse may be language or actions and is usually characterised by a pattern of behaviour repeated over time and intended to maintain a ‘hold of fear’ over the victim.

**Signs of psychological abuse include:**

• Loss of interest in self or surroundings
• Passivity
• Ambivalence towards family member or carer
- Apathy, unusual tiredness
- Fearfulness
- Lack of eye contact with practitioner, carer or other person
- Huddled or nervous around carer or other person
- Reluctance to talk openly
- Helplessness
- Withdrawn
- Insomnia/sleep deprivation
- Paranoid behaviour or confusion not associated with illness
- Resignation

Social Isolation

Social abuse involves preventing a person from having social contact with friends or family or access to social activities, some examples may include:

- Distancing the person, or cutting the person off from the support of friends or family members
- Limiting the person to use the telephone or monitoring his/her calls
- Limiting the person to socialise
- Claiming that the person’s friends or family are "interfering"

Physical Abuse

Physical abuse is the infliction of physical pain or injury or physical coercion and physical restraint

Examples may include:

- Slapping, pushing, punching, kicking, beating, biting, scratching, shaking, arm twisting, spitting, hitting
- Physical restraint can be tying a person in a chair, putting them in a chair they can't get out of, or locking a person in a room or confined space.

Signs of Physical Abuse

This can be one of the easiest forms of abuse to identify as it is the most visual. However, signs of physical pain, injury or force may not always be visible so the general appearance, attitude and behaviour of the client should also be observed.

Weapons of physical abuse can include belts, knuckles, walking sticks, hairbrushes, and ropes.
Signs of physical abuse may include:

- Discrepancies between injury and memory/history
- Facial swelling or missing teeth
- Burns
- Reduced consistency - seen by different doctors or hospitals
- Unexplained accidents or injuries
- Bruising and cuts
- Conflicting stories between residents, carers or family members.

**Sexual Abuse**

Sexual abuse is sexually abusive or exploitative behaviour through physical force or intimidation.

Examples may include:

- Rape - Sexual intercourse against the consent of an individual.
- Indecent assault - inappropriate sexual handling and touching/feeling.
- Sexual harassment - inappropriate comments / labeling about general appearance, attitudes and behaviours.
- Any behaviour that makes an older person feel uncomfortable about their body, self esteem or gender.

**Signs of Sexual Abuse**

Sexual abuse can include rape, indecent assault, sexual harassment and inappropriate touching/feeling. It can be very difficult to identify signs of sexual abuse as embarrassment and shame may prevent the subject from being discussed. Some signs may include:

- Bruising to breasts or genital area
- Unexplained venereal disease or genital infections
- Torn, stained, or bloody underclothing, pads or bed linen
- Presence of sperm in the vagina or anus
- Unexplained vaginal bleeding
- Bruising on the inner thighs
- Difficult walking, sitting or standing
Neglect

Neglect is failure of a carer to provide the necessities of life to a person who is under their care. Neglect may be intentional or unintentional.

Unintentional neglect occurs when a carer does not possess the skills or knowledge to care for a dependent person. They may not be aware of the type of support available. They may be unsuitable to provide care based on their own illnesses.

Neglect is deemed intentional when an older person is abandoned, does not have adequate food, clothing, and shelter, medical or dental care. Neglect may be the improper use of medication, poor hygiene or personal care or the refusal to allow other people to provide adequate care.

Examples may include:

- Inadequate food and drink, which may result in; malnutrition, weight loss and dehydration. The person may have constipation or faecal impaction.
- Isolation, lack of mental, physical, social or cultural contact/stimulation.
- Poor supervision particularly when caring for someone with dementia, the person is left unattended for long periods or locked in the house alone.
- Inappropriate administration of medication e.g. over-sedation in daylight hours.
- Physical decline e.g. decaying teeth or untrimmed nails.
- Lack of essentials such as spectacles, dentures, hearing aids or a walking frame.
- Clothing may be in poor repair or inadequate for the season.
- Poor hygiene or inadequate skin care- head lice, urine stained clothing.
- Urine rash with abrasions and chafing.
- Pressure areas over the pelvis, hips, heels or elbows.
- Hypothermia, recent colds, bronchitis or pneumonia.
REFERENCE LIST

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Images

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