

Helping Front-Line Health and Social Services Professionals Detect Elder Abuse



SUMMARY

May 2014

Summary of a scientific advisory entitled *Recherche de cas de maltraitance envers des personnes âgées par des professionnels de la santé et des services sociaux en première ligne*, published by the Institut national de santé publique du Québec in June 2013.

The advisory was prepared by Laforest, Maurice, Beaulieu and Belzile¹ at the request of the Ministère de la Santé et des Services sociaux.

Summary

Detection of elder abuse	2
Primary role of front-line professionals	3
Multifaceted strategy to promote detection	3
Conclusion	5

Elder abuse is increasingly acknowledged to be a health and social problem that must be addressed. Unfortunately, few recent studies provide a measure of the scope of the problem in Canada. The only Canada-wide study reports that 4% of seniors are victims of elder abuse in any given year. However, the actual proportion is probably higher, considering that such abuse is often misunderstood and under-reported.

It is important that the clinical community play a role in combatting this serious problem. On account of their frequent contact with seniors, front-line health professionals are well-placed to detect cases of elder abuse. However, not all of them are adequately equipped to meet the challenge of recognizing the many different forms of this type of abuse.

This summary is intended in particular for managers and decision makers in the health and social services network. It suggests possible courses of action for promoting early detection of elder abuse by health and social services professionals who work with older adults living at home.

Highlights

- Health and social services professionals have an essential role to play in detecting elder abuse.
- The strategy most likely to improve professional detection practices is based on three complementary measures:
 - Prudent use of available detection tools;
 - Making training available for professionals;
 - Creating favourable organizational conditions.

Detection of elder abuse

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.”² It is thus not limited to physical violence, but can take the form of neglect, psychological or emotional abuse, financial or material exploitation, and violation of a person’s rights.

It is important to identify abused seniors early on in order to ensure their safety and entrust management of their situation to the health and social services network.

According to the *Governmental Action Plan to Counter Elder Abuse* and the *Programme national de santé publique du Québec (Québec’s national public health program)*, detection is the strategy deemed most likely to achieve this objective.

DETECTION

+ Detection consists in identifying abused individuals in order to assess their situation and refer them to appropriate services. It is based on the presence of physical, psychological, behavioural, material or moral signs and symptoms.

Several approaches can be used to detect elder abuse: interviews with seniors, physical examinations, and caregiver and home assessments. It is suggested that a range of approaches be used, particularly because observable clinical signs of elder abuse are not always present (e.g. in the case of financial exploitation). That said, caregiver assessments seem to be the best approach in situations where seniors suffer from cognitive impairment.

It is impossible to take a stand in favour of a single, universal, systematic approach on the basis of current knowledge. Moreover, there is no consensus on which client groups should be targeted (i.e. seniors as a whole or only those who are at risk or show symptoms). Nevertheless, all experts agree that early detection of elder abuse is essential.

TAKING ACTION ON ELDER ABUSE

Various initiatives for taking action on elder abuse have been implemented in Québec. They have involved the organization of an elder abuse awareness campaign, the deployment of a province-wide *Elder Abuse Help Line*, the creation of a university research chair on mistreatment of older adults and the appointment of regional coordinators throughout Québec.

Numerous organizations are concerned by the issue of elder abuse:

- the ministère de la Santé et des Services sociaux and the Secrétariat aux aînés,
- long-term care facilities (public institutions, hospitals, rehabilitation centres, public and private long-term care hospital centres (CHSLDs) and private CHSLDs under agreement),
- regional elder abuse coordinators (health and social services agencies),
- Québec’s professional orders of nurses, nursing assistants, physicians, occupational therapists and social workers.

Primary role of front-line professionals

Health and social services professionals are faced with elder abuse on a regular basis.³ Therefore, experts unanimously agree that these professionals must play a leading role in identifying situations of elder abuse.

In Québec, attention should be focused primarily on professionals in ambulatory care clinics, home support and home care services, and hospital emergency wards because of their close contact with older adults. Indeed, 90% of people aged 65 or older consult a physician at least once a year.⁴ In addition, many seniors readily consult other health network professionals or are referred to them.

However, several barriers must first be overcome. Factors to be considered at the individual level are: lack of knowledge about the problem, attitudes that interfere with detection (e.g. refusal to shoulder responsibility) and the problems involved in detecting abuse (e.g. the difficulty of establishing the relationship of trust needed for seniors to reveal that they are victims of abuse, and uneasiness about asking seniors if they are victims of abuse). Special attention must also be paid to organizational obstacles (e.g. unfavourable climate and lack of training, tools or protocols) that can make detection difficult.

Multifaceted strategy to promote detection

The strategy most likely to promote the detection of elder abuse by front-line health professionals combines several different measures targeting the professionals themselves and the organizational environment. It is based on prudent use of available detection tools, training activities for professionals and developmental organization conditions.

Useful, but limited detection tools

Several tools are available for guiding detection practices. Unfortunately, they all have certain limitations and none are suited to all situations. Nonetheless, these tools are useful for raising professionals' awareness about the problem of elder abuse. They are also helpful for understanding the different aspects of such abuse and facilitating discussion of the subject with seniors.

A study of these tools identified 15 scientifically validated ones. They may be divided into three categories:

- *Abuse detection tools.* These are summary tools designed to be used in ambulatory care settings. They primarily involve the use of direct or indirect questions on violence, exploitation and neglect, or attempt to identify signs and symptoms of abuse. They rarely consider a senior's living environment.
- *Abuse assessment tools.* These tools foster a global assessment of a senior's situation (living environment) and document specific forms of abuse in depth. They are based on interviews with seniors or their families, or on home visits. Prior training is required to use these tools.
- *Abuse risk assessment tools.* Rather than documenting actual cases of elder abuse, these tools evaluate the risk that a senior will eventually become a victim of this type of abuse.

The following table presents the various tools identified and details the data collection methods used by each one, the forms of elder abuse targeted in each case and the clinical setting for which the tool was developed.

It is important to consider the characteristics of each tool in order to choose the one best suited to the setting concerned. However, none of these tools can establish with certainty whether or not a person is a victim of abuse. Therefore, they must be used with caution and in support of an in-depth clinical assessment.

Elder abuse detection and assessment tools

	Name of tool Country (year)	Information collection method/Source of information	Form/type of abuse targeted	Users and clinical setting
Detection tools	CASE: Caregiver Abuse Scale Canada (1995)	8 questions self-administered by the caregiver	physical, psychological, material negligence	health and social services professionals
	EASI: Elder Abuse Suspicion Index Canada (2008)	5 questions put to the senior 1 question requiring the physician's clinical judgment	physical, psychological, sexual negligence	physicians ambulatory care clinics
	HS-EAST: Hwalek Sengstock-Elder Abuse Screening Test United States (1986)	15 questions administered by interview or self- administered by the senior	physical, psychological negligence, financial exploitation, violation of rights	health and social services professionals social services or at home
	MCTS: Modified Conflict Tactics Scale United States (2005)	10 items self-administered by the caregiver	physical, psychological	users and settings unspecified
	VASS: Vulnerability to Abuse Screening Scale Australia (2002)	12 items self-administered by the senior	physical, psychological, financial controlling behaviour	users and settings unspecified
Assessment tools	EAI: Elder Abuse and Neglect Assessment Instrument United States (1984)	41 questions interview with the senior	physical, sexual, negligence financial exploitation, abandonment	nurses or physicians emergency ward or ambulatory care clinic
	EDMA: Detection scales for the risk of domestic abuse and self-negligent behavior in elderly persons Spain (2004)	54 items observation and, if necessary, interviews with the senior and his or her family	physical, psychological, material intimate partner violence, negligence, self-neglect	social services professionals at home or in an ambulatory care setting
	EPAS: Elder's Psychological Abuse Scale Taiwan (2006)	32 questions observation and interviews with the senior and caregiver	psychological and emotional	social services professionals at home or in an institution
	FVOW: Family Violence Against Older Women Scale United States (2009)	29 items interviews	physical, sexual, emotional, financial, coercion, negligence, intimate partner violence	users and settings unspecified
	E-IOA: Expanded Indicators of Abuse Questionnaire Israel (2006)	23 items interviews with the senior and caregiver	physical, psychological, sexual material, negligence	social services professionals hospitals
	GMS: Geriatric Mistreatment Scale Mexico (2012)	22 questions interviews	physical, psychological, sexual financial, negligence	health and social services professionals at home
	IOA: Indicators of Abuse Canada (1998)	29 items interviews and observation	physical, psychological, material, negligence	health and social services professionals at home
	OAPAM: Older Adult Psychological Abuse Measure United States (2011)	18-31 items self-administered by the senior	psychological: isolation, threats, intimidation, insensitivity, lack of respect, humiliation and reproaches	users and settings unspecified
	QUALCARE: Quality of Care Scale United States (1990)	54 items observation	physical, psychological, financial exploitation, negligence, violation of rights	nurse at home
Risk assessment tool	SVS: Social Vulnerability Scale Australia (2011)	15 questions information not available on the collection method	financial exploitation	users and settings unspecified

Effective training activities

Due to the limitations of the various detection tools, other support measures for professionals must be considered. Training activities have been shown to be effective for improving professionals' knowledge and attitudes about elder abuse, as well as management of this problem (detection, reporting, follow-up).

Such activities can be offered as part of an academic curriculum, at the time of hiring or in the course of employment. Their content should take the main professional barriers to detection into consideration. To help participants develop their skills, these activities should be combined with practical training.

Necessary organizational conditions

Organizational conditions play a primary role in the implementation of professional detection practices. Practitioners must feel supported in applying these practices and be able to count on a series of resources fostering not only detection of elder abuse, but also the assessment and follow-up of seniors who are victims of it.

Conclusion

Several measures exist to encourage front-line health professionals to make elder abuse detection an integral part of their practice. However, owing to their respective limitations, these measures must be used in combination with each other if we are to hope to achieve any real improvement in practices. The best strategy for achieving this goal is to take into account the many factors likely to influence professionals in identifying cases of elder abuse.

References

- 1 Laforest, J., Maurice, P., Beaulieu and M., Belzile, L. (2013). Recherche de cas de maltraitance envers des personnes âgées par des professionnels de la santé et des services sociaux, INSPQ.
- 2 Ministère de la Famille et des Aînés (2010). Governmental Action Plan to Counter Elder Abuse 2010-2015. Québec, Gouvernement du Québec.
- 3 Lachs, M.S. and Pillemer, K. (2004). "Elder abuse," Lancet, 364 (9441), p. 1263-1272.
- 4 Ministère de la Santé et des Services sociaux (2008). Programme national de santé publique du Québec 2003-2012. Mise à jour 2008. Québec, Gouvernement du Québec.

Helping Front-Line Health and Social Services Professionals Detect Elder Abuse

SUMMARY

Salomon Tchameni Ngamo, Planning, Programming and Research Officer
Vice-présidence aux affaires scientifiques
Institut national de santé publique du Québec

Karine Souffez, Knowledge Translation Specialist
Vice-présidence aux affaires scientifiques
Institut national de santé publique du Québec

With the collaboration of the authors of the advisory.

AUTHORS OF THE SCIENTIFIC ADVISORY

Julie Laforest, Scientific Advisor
Direction du développement des individus et des communautés
Institut national de santé publique du Québec

Pierre Maurice, Head of the Scientific Unit
Unité Sécurité et prévention des traumatismes
Direction du développement des individus et des communautés

Marie Beaulieu, Ph.D., Holder of the Research Chair on
Mistreatment of Older Adults
Centre de recherche sur le vieillissement
Centre de santé et de services sociaux – Institut universitaire de gériatrie de
Sherbrooke, Université de Sherbrooke

Louise Belzile, Ph.D. student in gerontology
Centre de recherche sur le vieillissement
Centre de santé et de services sociaux – Institut universitaire de gériatrie de
Sherbrooke, Université de Sherbrooke

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec Web site at: <http://www.inspq.qc.ca>.

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT – 2nd QUARTER 2014
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN: 978-2-550-70437-9 (FRENCH PDF)
ISBN: 978-2-550-70447-8 (PDF)

© Gouvernement du Québec (2014)

This summary was produced with the support of the Public Health Agency of Canada.

Publication N° : 1810