An Elder Abuse Workshop for Healthcare Providers

The Toronto Regional Geriatric Program (RGP) Elder Abuse Network

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The problem of elder abuse has been highlighted by the Ontario government’s recent strategy. Considerable information is available about elder abuse but there is a lack of connection between this knowledge and the day-to-day activities of healthcare professionals. The Toronto Regional Geriatric Program therefore has developed an elder abuse workshop for frontline staff. In this workshop, elder abuse is defined, types of abuse are discussed, prevalence is addressed, victims and abusers are profiled and case discussions of an interactive nature take place. A post-workshop package is provided. The next step will be to develop a “train the trainer” model.

Key words: elder abuse, workshop, Ontario government, Regional Geriatric Program.

The problem of elder abuse has been highlighted by the Ontario government’s recent strategy to combat elder abuse. This strategy was developed with advisors from the private and public sector through a round table on elder abuse. An investment of $4.33 million will be made in a five-year plan, in which the Ontario Network for Prevention of Elder Abuse will partner with the Ministry of the Attorney General and the Ministry of Citizenship. Key elements of the plan include coordinated community services, training for frontline staff and a public education campaign. On a global level, the International Network for the Prevention of Elder Abuse, founded in 1999, is dedicated to the global dissemination of information as part of its commitment to the worldwide prevention of the abuse of older people. The World Health Organization also has recently published a World Report on Violence and Health, which has a whole chapter devoted to an in-depth exploration of elder abuse. This document makes the case that violence is preventable, and it highlights the crucial role that public health has to play. Very extensive information regarding elder abuse is also available from the National Center on Elder Abuse.

Development of an Elder Abuse Network

Despite these local and global attempts, a connection was lacking between the knowledge readily available and its translation into the day-to-day activities of healthcare professionals who interact with the frail elderly, since there is little training in the undergraduate and the postgraduate curricula related to this problem. To address this, the Toronto Regional Geriatric Program (RGP) formed an Elder Abuse Network in 1999. A multidisciplinary committee was set up with representatives from all the Toronto RGP services. The objective was to assist in the training of specialised geriatric service staff by increasing their awareness in the detection and management of elder abuse. The group undertook a comprehensive literature search, reviewing available materials and resources. A workshop was developed that was piloted at three hospital sites, then evaluated and revised. Though well received, it was felt that the program could be shortened with more flexibility and with a greater emphasis on interventions. A revised workshop has since been implemented, and is described here.

The Elder Abuse Workshop

Participants are given a pre-workshop package. This consists of a questionnaire that allows participants to reflect on their experience with elder abuse, and their expertise, attitudes and confidence in dealing with the issue. Several review articles are provided, including ones by Wolfe, Butler and Curtin, and a bibliography is added as well. The workshop consists of an introduction to elder abuse with discussion of a definition, types of abuse, statistics, identification, risk factors, profiles of abusers and victims, and “build-a-case”—an interactive group activity to develop an appropriate case of elder abuse for discussion. Strategies and interventions are then addressed and, finally, there is a summary. There is flexibility as to the length of the session and the use of such teaching tools as role play modules and videos.

Definition of Elder Abuse

The workshop uses a simple definition of elder abuse; that is, any act of commission or omission that results in harm to an elderly person. If the act is one of omission, it is usually described as neglect. The abuse may be intentional or unintentional, physical or psychological, or it may involve financial or other material maltreatment. It results in unnecessary suffering, injury or pain, the loss or violation of human rights and a decreased quality of life for the older person. Action on Elder Abuse in the U.K. developed a more detailed definition stating that elder abuse is a single or repeated act, or a lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. It often occurs within a relationship of trust with family members, friends, neighbours or paid caregivers and it can occur in all economic, social and cultural...
al groups. It includes abuse by individuals who prey on vulnerable seniors with fraudulent financial schemes. It takes place at home or in an institutional setting. This specific workshop deals with the home and community settings. It is planned to address the equally important issue of institutional abuse and the role of culture and cognition at a later stage.

Types of Elder Abuse

Types of abuse are discussed under the following headings:
- **Physical**, including the infliction of pain or injury, or physical- or drug-induced restraint;
- **Psychological or emotional**, with the infliction of mental anguish;
- **Financial or material**, with the illegal or improper exploitation or use of funds or resources of the older person;
- **Sexual**, including non-consensual sexual contact of any kind with the older person, and;
- **Neglect**, the refusal or failure to fulfill a caregiving obligation that may or may not be conscious or intentional.

Prevalence of Abuse

It has been noted that there are different interpretations of the definitions of abuse and there has been a call for more specific medical definitions, such as when malnutrition is a problem due to anorexia because of diseases rather than abuse or neglect. There also is a need for more objective ways to determine whether bruises and fractures are the result of abuse or the result of diseases. Prevalence is discussed; a recent study of family violence in Canada found that 7% of older people had experienced some form of emotional abuse, 1% financial abuse and 1% physical abuse or sexual assault at the hands of children, caregivers or partners during the previous five years. Surveys in five developed countries in the last decade have shown a rate of abuse of 4–6% among older people if physical, psychological and financial abuse and neglect are included. In a U.S. incidence study in 1998 based on reports of elder abuse and neglect to the Adult Protective Services (APS) agencies, the National Center on Elder Abuse concluded that unreported cases of abuse, neglect and self-neglect are four times greater than those reported to the APS agencies, and that reported cases are just the tip of the iceberg.

Victim and Abuser Profiles

The profile of the victim is discussed, including risk factors such as social isolation, functional disabilities, cognitive impairment or psychiatric problems, feelings of worthlessness or low self-esteem, and dependency on drugs or alcohol. Older men are at risk of abuse by spouses, older children and other relatives in about the same proportion as women. A comparison of samples of patients with Alzheimer disease has shown that the degree of impairment was not a risk factor for being abused. Characteristics of abusers include being a close relative, neighbour or caregiver; being stressed from the caregiving role, substance abuse, mental illness, financial problems and dependency on drugs or alcohol. Older men are at risk of abuse by spouses, older children and other groups. It includes abuse by individuals who prey on vulnerable seniors with fraudulent financial schemes. It takes place at home or in an institutional setting. This specific workshop deals with the home and community settings. It is planned to address the equally important issue of institutional abuse and the role of culture and cognition at a later stage.

Case Discussions

The participants of the workshop then take part in an interactive exercise to develop a case for discussion. This is based on their own experiences and the knowledge of the advantages and disadvantages of case management. Principles of interviewing suspected abusers and victims are identified and sample questions and approaches are given. The involvement of colleagues and the importance of documentation are stressed. Practice gaps are identified and debated and interventions are suggested. An approach to treatment may be divided into three stages: crisis intervention; short-term intervention; and long-term treatment and follow-up. Crisis intervention should focus on the imminent harm and the immediate safety of the victim. In these cases, admission to hospital is often acceptable by both the victim and the caregiver if it is justified for treatment of specific health problems, rather than for protection from abuse. Short-term intervention involves solving longstanding family conflicts with risk reduction strategies, including the introduction of social services such as home care, day care and financial aid.

With regard to legal action, all the Atlantic provinces have legislation for mandatory reporting of abuse of the elderly, while over 43 states in the U.S. require reporting of possible cases of elder abuse to state-designated agencies.

Post-workshop and Future Directions

A post-workshop package asks the participants to fill in the same questionnaire as that prior to the workshop, with an evaluation as well. Further readings by Sclater and Patterson and Podnieks are provided. Suggested questions for interviews and a list of resource specific to the region are given with RISC: A Protocol for Elder Abuse. RISC is an acronym for recognition, interview, safety assessment, cognition and capacity.

The workshop has been held on four occasions and the evaluations thus far have been positive. The next step is to develop a trainer model so that there will be a greater opportunity for more training for frontline staff. Interested staff will be invited to take part in this training program and will then be able to provide training and support in their work place. Anyone interested in participating should contact the Toronto RGP (rory.fisher@sw.ca).

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