The role of primary health care professionals in detecting abuse and neglect

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Presentation Outline

Elder abuse and neglect

Primary Health Care Settings

PHC Encounters and identifying elder abuse

Protocols for dealing with abuse and neglect

Recommendations for future action
Elder Abuse and Neglect

• 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

  • Physical
  • Sexual
  • Psychological
  • Financial and material
  • Abandonment
  • Neglect
  • Actions that result in loss of dignity and respect

World Health Organization, 2015
Extent of the problem

• Difficult to quantify
  • Underreporting
  • Sparse data from developing countries

• Global estimate: 1 in 10 older people per month

Type-specific prevalence*

- Physical abuse: 0.2-4.9%
- Sexual abuse: 0.04-0.82%
- Psychological abuse: 0.7-6.3%
- Financial abuse: 1.0-9.2%
- Neglect: 0.2-5.5%

*High/middle-income countries-estimated from 1 study
World Health Organization, 2015
Elder Abuse in the Caribbean

Anecdote

Occasional publicized incident of mistreatment in nursing homes

Physical abuse
Financial abuse

The Jamaican Lottery Scam: How It Works

1. Scammers phone victim, getting the name and number from a contact list.
2. "You probably won $2.5 million and a car in a lottery!"
3. "I didn’t enter the foreign lottery!"
4. "We know where you live... You had better pay these fees!"
5. "Your check was misplaced. We need another!"
6. "This is the IRS - you have to pay withholding tax!"

Trinidad and Tobago

Rouse said many of the reports involved nominees swindling unsuspecting pensioners of their $3,000 monthly cheques. She said property abuse was also increasing, as the elderly were forced to sign over their palatial or upscale properties to family members. “After this is done, the elderly person is put into a (senior citizens’) home while the relative takes possession of the home.”
Risk Factors for Elder Abuse

**Older adult characteristics**
- Frail/physically dependent
- Cognitively impaired
- Financially dependent
- Socially isolated

**Caregiver characteristics**
- Highly stressed
- Substance abuse
- Bad relationship with care recipient
- Financially dependent on older person

**Law & Governance**
- Absent or inadequate policy & legislation
- Weak enforcement of laws
- Poor monitoring systems

**Institution**
- Poor training
- Ill-equipped facilities
- Dis-satisfied and demotivated staff
- Low accountability

**Society**
- Low societal value for elders
- No support system for caregivers
Addressing Elder Abuse

• United Nations Principles for Older Persons (1991)
• Madrid International Plan of Action on Ageing (2002)
• Work of the WHO Ageing and Life Course Programme and partners (2002-onward)
• Work of the WHO and the Centre for Interdisciplinary Gerontology
• UN ECLAC
• Policy and legislation
• Priority area for several ageing agencies within countries
  • Public awareness initiatives
  • Helplines
Community dwelling older adults have frequent interactions with PHC professionals

- Majority have a routine source of care
- PHC facilities (public and private) most visited facility type by the ≥60 in preceding 3 years
- Average of 3 visits in previous 12 months
- Visits largely due to chronic conditions
- Home visits?

What takes place during visit:

- Public: registration (clerk); vitals and anthropometry (nurse or trained CHA); clinical assessment and management (doctor)
- Private: As above or see doctor for all checks, etc after registration (if no nurse)
Primary Health Care Encounters (Jamaica, 2012)

- Satisfaction with select services at most recent visit

<table>
<thead>
<tr>
<th>Rating of health care experienced</th>
<th>Very Good–Good</th>
<th>Moderate</th>
<th>Bad</th>
<th>Very bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait time</td>
<td>53.3 (1,512)</td>
<td>24.3 (688)</td>
<td>15.3 (433)</td>
<td>7.1 (202)</td>
</tr>
<tr>
<td>Treated respectfully</td>
<td>93.5 (2,655)</td>
<td>3.8 (107)</td>
<td>1.6 (45)</td>
<td>1.2 (33)</td>
</tr>
<tr>
<td>Explained clearly</td>
<td>90.2 (2,528)</td>
<td>6.1 (171)</td>
<td>2.4 (68)</td>
<td>1.3 (37)</td>
</tr>
<tr>
<td>Involved in treatment decisions</td>
<td>81.6 (2,277)</td>
<td>9.5 (264)</td>
<td>7.6 (213)</td>
<td>1.3 (37)</td>
</tr>
<tr>
<td>Privacy of consultation</td>
<td>92.4 (2,576)</td>
<td>4.8 (134)</td>
<td>1.9 (52)</td>
<td>0.9 (25)</td>
</tr>
<tr>
<td>Easy access to provider</td>
<td>90.9 (2,536)</td>
<td>6.8 (190)</td>
<td>1.4 (39)</td>
<td>0.9 (25)</td>
</tr>
<tr>
<td>Cleanliness in the health facility</td>
<td>95.4 (2,659)</td>
<td>3.9 (110)</td>
<td>0.3 (8)</td>
<td>0.4 (11)</td>
</tr>
</tbody>
</table>
Opportunities for detecting abuse and neglect

• PHC professionals are **uniquely positioned** to detect elder abuse and neglect
  • Older adults are frequent visitors to health facilities
  • Screening and in-depth examinations for signs of abuse and neglect can be incorporated into existing visit activities
  • Nurse, CHA and/or any other trained member of the health team can be involved in some aspects of the assessment (eg. Preliminary screening)
Signs of possible abuse and neglect that can be identified in the PHC setting

- Depression/Depressive symptoms
- Anxiety
- Changes in behaviour
- Cuts and Bruises (un- or poorly explained)
- Repeated injuries
- Bruises and marks in areas like wrists, ankles, neck, genitalia
- STI

- Untreated bedsores
- Poor hygiene
- Weight loss (medically unexplained)
- Dehydration
- Poor control of medical problems despite access to medication
Detecting abuse and neglect in the PHC setting

• Physical examination
• Observant and alert PHC worker
  • Observes interaction between caregiver and older adults
  • Aware of the characteristics of older adult and caregiver that increase risk of abuse and neglect
  • Knows the ‘right’ questions to ask older adult
    • Some instruments exist. Adaptations may be needed to make them culturally appropriate
• Willing to get involved
• Knows steps that should be taken on suspicion
Screening for abuse and neglect

- Age Friendly PHC toolkit:
  - Some elder abuse indicators, risk factors
  - Screens and Detailed/confirmatory assessments
Several tools for screening elder abuse

• Elder Abuse Suspicion Index (EASI)
  • 6-item instrument
  • For use in persons without cognitive impairment
  • Queries dependency, screens for main types of abuse
  • Includes physician opinion on manifestation of signs
  • Further evaluation by relevant social services

• WHO and partners sought to develop and validate a tool (based on EASI) in different cultural and geographical contexts
Challenges and Best Practices in Care of Older Adults

Challenges

• Heavy patient load limits consultation time
• Absence of a single, usual medical practitioner in the public sector can limit ability to build trust, get to know patient
• Inadequate geriatrics and gerontology competence among health care providers
  • Limited knowledge of pertinent issues in elder health
  • Limited expertise in dealing with older adults
• Inadequate monitoring of residential care facilities
• Absence of detailed/comprehensive standards and regulations for residential care facilities
Challenges and Best Practices in Care of Older Adults

**Best Practices** (various Caribbean countries)

- Representation at the Governmental and/or national level
  - Established national ageing councils
- Ageing policies and legislation which direct and influence care activities
- Measures to improve health care access and utilization
  - Removal of user fees
  - Health insurance
  - Drug subsidies
  - Subsidized bus fares
Protocols for dealing with elder abuse

Jamaica

• Not actively screened for
• If abuse suspected in the PHC setting, doctor can report directly to police
• Doctor usually refers to social worker for case investigation
  • Investigation can include interview with older adult, caregiver (separately), and home visits
  • Psychosocial intervention
• Handled under broader legislation governing offences against the person, sexual offences and domestic violence
Recommendations

• Research
• Public education campaigns about the elder abuse and neglect
• In-service/continuing education for PHC workers which includes geriatrics and gerontology components
• Sensitization of PHC workers to the occurrence, risk factors and signs of elder abuse
• Consider incorporation of screening during routine PHC visit
  • Develop/Identify suitable elder abuse screening tool
  • Screen for abuse risk factors (Age Friendly tool kit)
  • Train auxiliary health workers to conduct some of the screening
• Improvement in monitoring of residential care facilities
• Provision of caregiver support
thank you