

act on adult abuse and neglect



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Re:Act Response Resource

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Who do we consider to be “vulnerable”?

- Frail elderly (women especially)
- Adults with mental illness
- Adults with physical/mobility impairments
- Adults living in poverty
- Adults with cognitive impairment
- Adults with developmental disabilities
- Immigrants (non-english-speaking women)
- Adults with addictions

Why is the Risk Higher?

- They are unable to call for help or protest
- They are dependent on others
- They have never learned assertiveness
- Many people have access to their homes
- There is a history of abuse
- They are not believed
- The abuse has not been officially identified

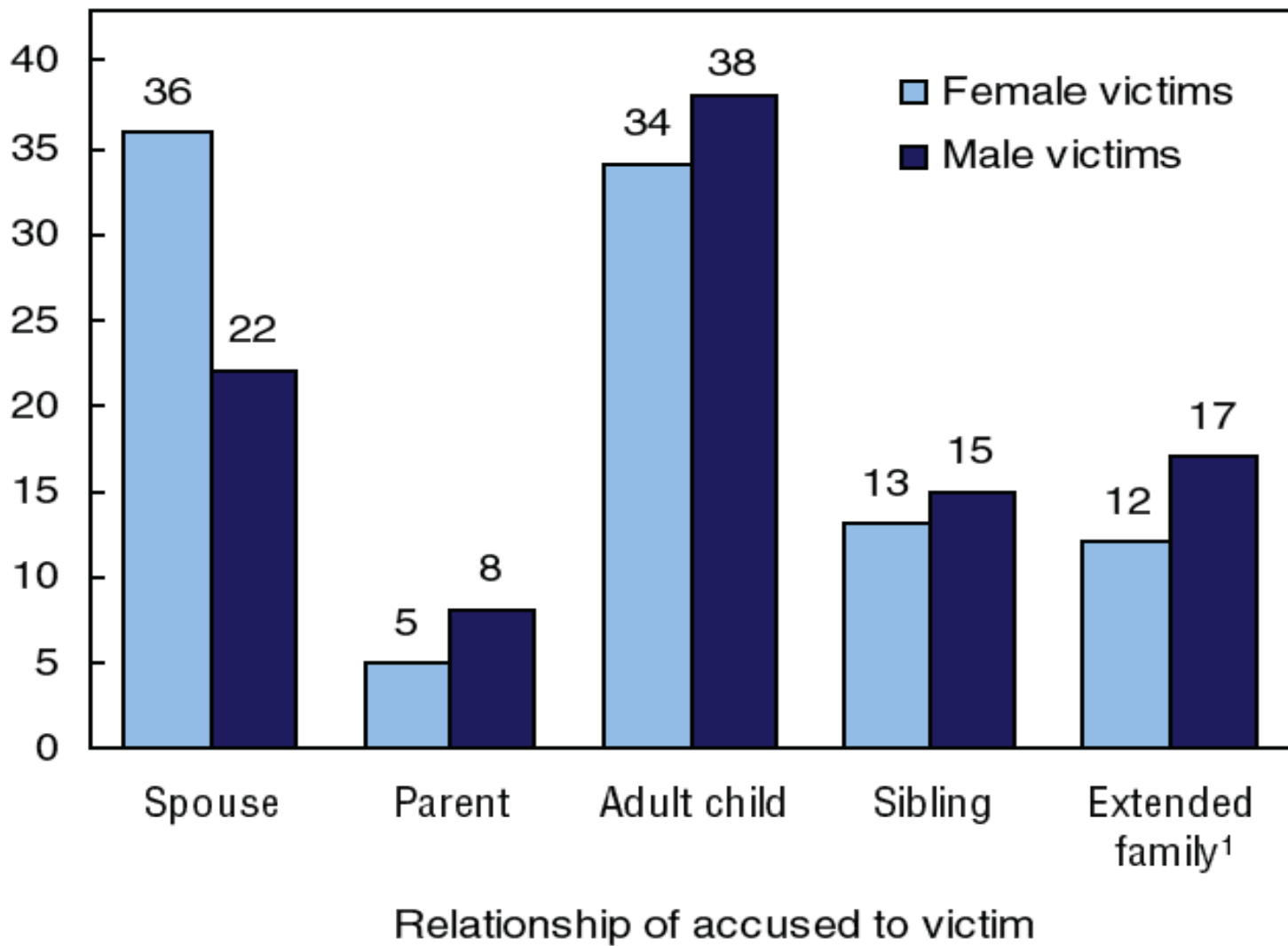
Abuse may not be obvious

- Family violence usually has a gradual onset
- An abused person may not realize that her/his life is being controlled
- An abuser may not realize the consequences of his or her actions
- Abuse may be denied due to shame, fear, guilt etc.

Older women as likely to be victimized by spouses or adult children, 2004

*

Percentage of victims



**Reference/credit for previous slide:
Elder Abuse in Canada, A Gender-
Based Analysis**

Peggy Edwards, The Chelsea Group

Adult Guardianship Act (Part 3)

- Abused, neglected & self-neglected and unable to seek support and assistance due to:
 - Physical restraint
 - A physical handicap that limits their ability to seek help
 - An illness, disease, injury or other condition that affects their ability to make decisions about the abuse and neglect

Guiding Principles & Presumptions

- Self-determination and choice
- Most effective but least intrusive support
- Adults are presumed capable
- Court is a last resort

What the D.A. Must Do

- Receive reports of abuse & neglect
- Conduct investigations to determine needs
- Involve the adult as much as possible
- Report criminal offences
- Keep the name of the person making the report confidential
- Use the tools in the legislation (possible court orders etc.)

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recognize and report

- Every employee has a responsibility to act in situations of abuse, neglect and self-neglect of vulnerable adults

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recognize and report

- **recognize** the signs and symptoms of abuse, neglect and self-neglect
- **report** the suspected abuse to the Social Worker or other Designated Responder

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recognize and report

- VCH has over 27,000 employees
- 556 locations
- 14 hospitals
- 15 First Nations Communities
- Serving over 1,000,000 people (25 %)

Reaching our Staff

- 1000+ binders, posters & Assessment Guides distributed
- 1600+ Information Packages to physicians
- Training/Education Sessions (400+)
- Web Site – Average 400 “hits”/day
- 3 Abuse & Neglect Consultants (North Shore, VGH, PHC)
- A network of 60+ Designated Responder Coordinators representing every service area
- ReAct Coordinating Teams (VC, PR, NS, StS)

re:act Brochure

Act on adult abuse and neglect - it's your duty

re:act
recognize and report

**act on
adult abuse
and neglect**
it's your
duty!

This brochure provides important information for the family physician, nurse and health care professional about abuse, neglect and self-neglect of vulnerable adults and responsibilities to recognize, assess and report suspected and known cases of abuse under the BC Adult Guardianship Act.

Vancouver Coastal Health
Promoting wellness. Ensuring care.

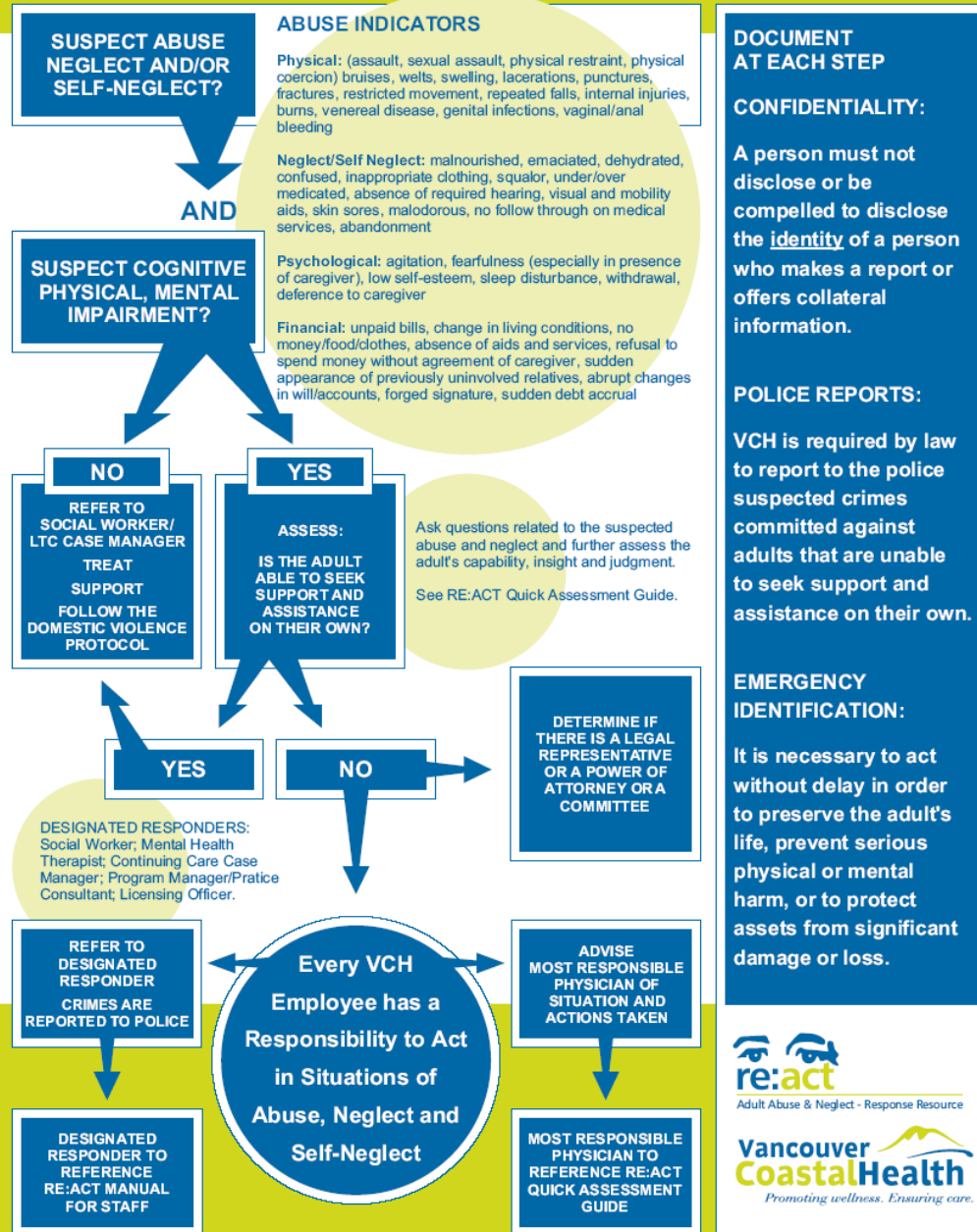
re:act manual for VCH Staff





Response Flow Chart

For Vancouver Coastal Health



re:act Quick Assessment Guide

re:act Adult Abuse and Neglect Quick Assessment Guide

Assessing an Adult's Ability to Seek/Refuse Support and Assistance



Vancouver Coastal Health has responsibilities for assessing and reporting suspected and known adult abuse and neglect, and self-neglect of the adults under the Adult Guardianship Act.

This guide will assist practitioners to recognize and report suspected adult abuse and neglect, and provides important information on where to refer for follow-up.

When in receipt of a report of adult abuse, neglect, or self-neglect, the VCH Designated Reporter or the Public Guardian of Property may request a medical opinion on the adult's ability to seek or refuse support and assistance. This guide will assist you in formulating your response.

For more information please visit our website: www.react.ca

If you still require direction call: 1-877-REACT99 (1-877-738-2399)



Assessing an Adult for Abuse, Neglect and Self-Neglect

Interview Guide

- Interview with the patient alone
- Begin with general questions and then move to more specific questions
- Obtain information from as many sources as possible
- Ideally the assessment will include a home visit
- Careful documentation of findings is crucial

(Revised per this guide)

- Be cautious when interviewing a suspected abuser. It is sometimes best left to the designated responder or police.
- Avoid confrontation
- Use an empathic and nonjudgmental approach
- Identify specific factors that can cause stress to a caregiver. Add comments and questions: "Caring for your wife now that she is incontinent can be a burden. How are you managing?"

- Be aware that assessment may alarm the abuser and expose the adult to greater risk.

Interview Screening Questions

- Has anyone at home ever hurt you?
- Has anyone ever touched you without your consent?
- Has anyone ever made you do things you did not want to do?
- Has anyone taken anything that was yours without adding?
- Has anyone ever scolded or threatened you?
- Have you ever signed any documents that you didn't understand?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Has anyone ever failed to help you take care of yourself when you needed help?

(Source: 2012)

Assessing a Caregiver for Abusive Behaviour

Caregiver Indicators

- Has behavioural problems
- Is financially dependent
- Has mental/emotional difficulties
- Has alcohol/drug abuse problems
- Has unrealistic expectations
- Lacks understanding of medical condition
- Shows reluctance to care giving
- Has marital/family conflict
- Has poor current relationship
- Is overpowered in care giving
- Is a blamer
- Has poor past relationship

(Revised per this guide) (Source: Bell, H., 2002)

Caregiver Abuse Screen

(Includes instructions of how to use it)

1. Do you sometimes have trouble making () control higher temper or aggression?
2. Do you often feel you are being forced to act out of character or do things you feel bad about?
3. Do you find it difficult to manage () behaviour?
4. Do you sometimes feel that you are forced to be rough with ()?
5. Do you sometimes feel you can't do what is really necessary or what should be done for ()?
6. Do you often feel you have to reject or ignore ()?
7. Do you often feel so tired and exhausted that you cannot meet () needs?
8. Do you often feel you have to yell at ()?

(Source: Bell, H. 2002)

All Incapability Assessments Have a Common Process

Assessment of Cognitive Function plus Assessment for Executive Dysfunction

- Assessment is focused on the adult's ability to make a specific decision and does not imply a global finding of incapability.
- To make a decision, an individual must be able to receive, assimilate, and integrate relevant information, evaluate benefits and risks, and understand the implications of a decision (Cooney, LM, et al., 2004)
- To be capable the adult must also be able to carry out the decision

Assessment of Cognitive Function

Tool: MMSE or 3MS* (Modified Mini-Mental State Exam) and Clock Drawing* included in your package.

- Assess memory & orientation, assess other cognitive processes including construction, abstract thinking (3MS), sequencing, visual-motor processing.
- <24/30 (MMSE) & <7/10 (3MS) indicates dementia, however, with vascular disease, head injury, & other processes a score of 100% may have significant deficits in executive (frontal) cognitive functioning rendering the adult incapable of following through to seek support and assistance.
- Administering the screening tool is a useful clinical interview tactic to evaluate the adult's thinking and approach to problem solving.
- If short-term memory is impaired the adult cannot evaluate day-to-day events or remember they decided to ask for help.
- For complex cases, neuropsychological testing may be necessary to clarify cognitive and executive function disabilities.

Assessment for Executive Dysfunction

Executive Cognitive Processes include:

- planning
- problem solving
- anticipation of an intended action
- initiation of activity
- ability to carry out a decision
- inhibition of inappropriate behaviour
- capacity to monitor the effectiveness of one's behaviour

Self-report by an adult with suspected Cognitive and Executive Dysfunction must be validated by reliable collateral.

- Adults with Executive Dysfunction have problems in judgment and in trusting appropriate people for assistance.
- Adults with Executive Dysfunction may be influenced by individuals who might take advantage of them.
- Intact Executive Function is instrumental to the adult being able to seek support and assistance.

Referrals to community teams may be required for further assessment:

- Ability to initiate, organize, and carry out instrumental and basic Activities of Daily Living (IADL/BADL)* see attached Lawton & Brody IADL that can serve as an interview tool or be given to the caregiver to complete and report back.
- Any change from baseline functioning is abnormal and indicates underlying physical, cognitive, or psychiatric illness is present.
- Determine areas of self-deficit that are not being provided for in the existing living environment.

Self-Neglect

- Occurs when an adult's actual performance in IADL/BADL is deficient, putting them at risk they lack insight and do not have, or refuse, appropriate help to maintain health, safety and their usual quality of life.

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A MANUAL FOR VANCOUVER COASTAL HEALTH SERVICES

recognize and report

Preventing and Responding to Elder Abuse in First Nations Reserve Communities

www.vchreact.ca

act on adult abuse

and

neglect



Re:Act Consistently

- Direct referrals to appropriate responders
- Clinical Consultation for Designated Responders
- Education and training
- Identify and address systems barriers
- Support local initiatives
- Coordinate regional initiatives in all matters related to AGA

Preventing Abuse, Neglect & Self-Neglect

- Decrease Isolation
 - Seniors programs, community's of faith, friendly visitors, respite services etc.
- Decrease Dependence
 - Financial, physical, transportation, functional, emotional
- Encourage and support advance care planning
 - Representation Agreements, Powers of Attorney, Advance Directives etc.
- Engage with community response networks



BC Association of Community Response Networks

Stopping Adult Abuse and Neglect - Together

- 50 CRN's throughout BC
- Recognizing the ability and capacity of diverse communities
- Protocols, Education, Prevention, Facilitation
- Mentors Model

How to Help

- Talk with the Senior (safe & private)
- Listen!
- There may be other types of abuse that you aren't prepared for
- Think about what makes the adult “vulnerable”
- Refer to the Social Worker/Designated Responder

Adult Protection vs. Elder Abuse

- Older adults don't always require protection
- BC does not have mandatory reporting
- BC does have agencies designated to receive reports
- BC does have mandatory responses

Costs to Health Care

- Permanent physical damage
- Alcohol and medication dependency
- Lowered immune system response
- Chronic eating disorders & malnutrition
- Self-harm or self-neglect
- Depression
- Anxiety disorders
- System subsidizes care

Who Else is Involved?

- Substitute Decision Maker (Committee, Guardian, Trustee, TSDM, Representative, PoA)
- Physician/Health Care Team
- Another Designated Agency
- Police (Elder Abuse Unit)
- Public Guardian & Trustee

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Adult Abuse & Neglect
Response Resource

Phone: 1-877-REACT-99
(1-877-732-2899)

Website: www.vchreact.ca

Email: react@vch.ca

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CoastalHealth

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