

- Torn stained bloody clothing.
- Lack of privacy.
- Inappropriate touching, sexual innuendo by patient or another.
- Withdrawn un-communicative person.
- Observed or reported feelings of blame and guilt.

The above lists of possible indicators are by no means exhaustive. However, any one indicator in isolation or accompanied by other such indicators should serve to alert you to the possible presence of abuse.

Always remember that you have colleagues who will be able to help with or corroborate your findings. Also check with other agencies (e.g. Social Services) they may also have suspicions.

You have a duty to safeguard **all** those involved, your assessment should include an assessment of risk to yourself and other staff as well as the patient and their carers.

All staff who are concerned about possible abuse should take the following action.

Appropriate action:

Follow local guidance and speak to the lead agency in your area (usually Social Services) you will be able to advise other professionals of your concerns and possibly obtain collaborative information. Protecting people requires partnership working.

INTERVENTION should be;

BALANCED	avoiding unwarranted interventions whilst preventing further harm.
EFFECTIVE	provide practical solutions.
AWARE	non discriminating of culture, race, gender, beliefs and sexuality.
SENSITIVE	to the needs and feelings of patient and carer
TIMELY	avoiding further harm.

- Make **sensitive** enquires in a safe, private environment having regard to the safety of both yourself and patient. Allow the patient to speak. Find out what the patient wants to happen. **Do not conduct an interrogation**

- It is your responsibility to report any incident or suspicions to a lead agency. This will be in accordance with local policy. Do not attempt to deal with the problem alone use the experience and support of others. Involve other appropriate agencies e.g. Social Services, Police.

- Initiate emergency intervention if the patient requires removal to a place of safety by involving other agencies, a doctor's visit re hospital care, social services, residential care.

- Monitor the situation closely, collate and record your information and observations.

- Keep formal detailed accurate records, including completion of Incident form. Record what is said in the patients' own words. **To safeguard patient do not leave in the house a record that suggests there is suspicion of abuse.**

- Read government guidelines such as 'No Secrets', England; 'In Safe Hands', Wales; 'Vulnerable Adults Guidance', Northern Ireland. (There are no individual policies for Scotland). Seek advice from the Police or Action on Elder Abuse.

When a patient is disclosing an incident to you;

- Do not ask leading questions.
- Do not challenge abuser
- Find out what the patient wants to happen.
- Record what is said in the patients words.

The problems connected with Domestic Violence/Elder Abuse cannot be dealt with by one profession, the situation requires a Multi-Disciplinary approach.

It is recommended that each District Nurse cultivates good working relationships with other disciplines that may be involved in incidents such as; Social Service Dept (usually a named person) Police (Domestic Violence Unit or similar)

If there is occasion to report a colleague for abusing patients either follow local policy, or call Public Concern at Work. The CDNA will always help and advise.

Useful Telephone Numbers and Websites

Organisation	Telephone	Website
Action on Elder Abuse	020 8765 7000 (admin)	
Elder Abuse Response Help Line	0808 808 8141 (freephone10am-4.30pm)	www.elderabuse.org.uk
Alzheimer's Society	England: 020 7306 0606	www.alzheimers.org.uk
	Scotland: 0131 243 1453	www.alzscot.org
	N Ireland: 028 9066 4100	www.alzheimers.org.uk/northernireland
	Wales: 02920 431 990	www.alzheimers.org.uk/local/r_wales.html
Carers UK	020 7490 8818	
Carers line	080 8808 7777	www.carersonline.org.uk
CDNA	020 8280 5342	www.cdna.tvu.ac.uk
National Care Standards Commission (National Helpline)	0191 233 3556	www.carestandards.org.uk
Public Concern at Work	020 7404 6609	www.pcaw.co.uk
Refuge (National Office) (24hr National Domestic Violence Helpline)	020 7395 7700 0870 599 5443	
Women's Aid Domestic Violence Helpline	08457 023 468	www.womensaid.org.uk
Women's Aid Federation	England: 0845 7023 468	
	Scotland: 0131 475 2372	
	Ireland: 028 9024 9041	
	Wales: 029 2039 0874	

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RESPONDING TO ELDER ABUSE

GUIDANCE NOTES

■ Abuse can be prevented

■ Identifying abuse and initiating appropriate action is the duty and responsibility of all nurses.

As a specialist professional association, the CDNA is committed to 'taking care of the people who care'. Those who on a daily basis are providing care in the community to those who are most vulnerable.

In their role as community nurses CDNA members often find themselves uniquely placed to gain access to those areas of community life that are so often viewed by others as taking place 'behind closed doors'. Such access inevitably brings with it many moral and ethical dilemmas that can only be effectively addressed by its members with the appropriate level of education and support.

The CDNA has previously sought to address the issue of domestic violence, however, it realises that this is but one area of abuse within the home.

Although the guide refers to 'Elder Abuse' these guide lines also apply to those patients attended by community nurses classed as 'vulnerable'

Definition of Vulnerable adult for the Law Commission Report (1995)

'Those aged 18 and over who are or maybe in need of community care services by reason of mental or other disability, age or illness and who is or maybe unable to take care of his/herself and protect him/herself against significant harm or exploitation, and those who are ill or dependant upon another for any of the aids to daily living.'

Elder abuse is a very serious and difficult area of family violence and in response to the concerns of members the CDNA is taking this sensitive issue forward and raising awareness of the problem. These guidelines are intended to assist our members who find themselves confronted with such possible cases. They are by no means definitive in their content and are intended to serve as an aide memoir and point of reference to other avenues of support.

WHAT IS 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. (As defined by Action on Elder Abuse).

In some instances, abuse may be unintentional where someone thinks they are trying to help but in the wrong way through ignorance. Abuse can also occur from an act of omission, a failure to give care. However, in many instances the abuse being inflicted amounts to a criminal act and many incidents of emotional and financial abuse give rise to a civil remedy.

WHO MIGHT BE AN ABUSER?

Anyone who comes into contact with the older person can abuse. Family member, friend, neighbour, partner, carer, care worker, nurse, manager, volunteer, stranger. THERE ARE NO SOCIAL CLASS or CULTURAL BARRIERS TO ABUSE.

WHERE MIGHT ABUSE TAKE PLACE?

Abuse can happen anywhere - in a person's home; in a residential or nursing home; at a day or resource centre; in a hospital, GP surgery or indeed any place where the elderly and vulnerable might be.

Elder abuse has five main manifestations as defined by Action on Elder Abuse. These are physical, psychological, financial, sexual or neglect.

Examples of these are;

Physical

hitting, slapping, burning, pushing, restraining, or giving too much medication or the wrong medication.

Psychological

shouting, swearing, frightening, blaming, ignoring or humiliating a person.

Financial

the illegal or unauthorised use of a person's property, money, pension book or other valuables.

Sexual

forcing a person to take part in any sexual activity without his or her consent – this can occur in any relationship.

Neglect

where a person is deprived of food, heat, clothing, comfort, or essential medication.

ABUSE CAN BE PREVENTED

Duty of Care

The Code of Professional Conduct (Nursing & Midwifery Council 2002) lays out clearly the professional responsibilities for nurses and pertinent sections point to actions which nurses are obliged to undertake, including:

2.2 "you are personally accountable for ensuring that you promote and protect the interests and dignity of patients and clients irrespective of gender, age, race, ability, sexuality, economic status lifestyle, culture and religious or political beliefs"

8 As a registered nurse/midwife, you must act to identify and minimise risk to patients

8.1 "you must work with other members of the team to promote health care environments that are conducive to safe therapeutic and ethical practice"

8.2 "You must act quickly to protect patients from risk if you have good reason to believe that you or a colleague from your own, or another profession, may not be fit to practice for reasons of conduct, health or competence"

Nurses should be reminded to utilise the Code of Conduct to support their actions in the protection of Vulnerable adults.

The Community Nurse has responsibility for the holistic care of the patient. When assessing a patient's needs it is important to consider the potential for abuse as well as identification of presenting problems. The needs of the informal carer's should also be considered, the nurse

ensuring that an appropriate assessment of their needs has taken place.

Identification of abuse is the responsibility of all staff who work with older people and their carers.

Community Nurses must be able to recognise signs and indications of abuse and be prepared to meet their professional responsibilities and ensure that appropriate steps are taken immediately to protect and support the individual.

Patient confidentiality is often cited as a problem area in abusive situations as many older patients are reluctant to share their experience in spite of being in danger. The Code of Professional Conduct. (2002) gives clear guidance in clause 5.3 as to when disclosure can occur without consent e.g. "where disclosure is essential to protect the patient or client or someone else from the risk of significant harm." However it is always advisable to tell the patient that you may have to tell others about their situation.

ALWAYS LISTEN TO WHAT YOUR PATIENT IS TELLING YOU.

Never dismiss what a patient says, always take it seriously even when the patient appears to be confused. Most patients have periods when they are able to converse and able to recall their experiences, or you may be alerted by a frightened demeanour, coupled with some non verbal indicators and other physical or environmental evidence.

It is the duty of all nurses to be familiar with not only their Local standards, policies and procedures pertaining to Abuse of Elder and Vulnerable people but also all National guidelines and policies.

POTENTIALLY VULNERABLE PEOPLE & ABUSIVE SITUATIONS (produced through research)

- People with an illness such as Parkinson's Disease or Dementia which can affect memory, ability to reason, reduce predictability, produce repetitive or aggressive behaviour.
- People with communication problems of any kind.
- People who are physically dependent on others.
- People with a history of alcohol, drug abuse. (patient or carers).
- People with Mental ill health/incapacity of any kind.
- People with Learning Disabilities.

- Patients and carers who are socially isolated.
- People with history of family violence.
- People who have poor long term relationships with family or their carers.
- People who lack support services.
- People with a carer who has received inadequate support (physical or emotional), or has had to change his/her lifestyle, is experiencing financial difficulties, or has other conflicting interests.
- Cultural differences and language barriers.
- Non-qualified staff undertaking nursing tasks and /or inappropriate care.
- Staff shortages leading to lack of supervision.
- Lack of training for all levels of staff.

Other indications may be

- Difficulty gaining access to patient, inability to speak to them alone.
- History of unexplained or repeated falls or injuries.
- Refusal by patient or carer to accept any help or support.
- Frequent transfer from one agency to another.
- Repeated visits to Nurse, GP or A/E dept with no obvious medical problem.

RECOGNITION of ABUSE.

PHYSICAL

- Bruises/abrasions/lacerations/burn marks.
- Repeated falls and 'accidents' – fractures, untreated injuries, injuries in varying stages of healing.
- Poor skin condition, skin breaks, ulceration.
- Over or under use of medication.
- Evidence of over feeding/ under feeding.
- Evidence of restraint.

Look for bilateral marks, abnormal shaped marks, finger marks, marks in clusters, injuries healing at differing rates.

NEGLECT / ENVIRONMENTAL

- Dehydration, malnourishment, weight loss without illness related cause.
- Pressure sores, ulceration, urine burns, dirty mouth rashes, lice.

- Dirty clothes, hands, feet, nails and hair.
 - Inadequate clothing, heating, nourishment
 - Unsanitary, unclean conditions.
 - Poor personal hygiene.
 - Untreated medical conditions.
 - Lack of stimulus- books, radio, TV, no planned activities.
 - Loss of privacy and choice such as doors left open, patient's body left uncovered, locked doors.
 - No apparent choice in diet. Set rules - times of meals, getting up and going to bed.
 - Inadequate heating, no ability to adjust heating, unsuitable clothing, unable to use hearing aids, mobility aids and glasses.
- All the above may be observed during visits to the home.*

PSYCHOLOGICAL

- Observed shouting, swearing, ignoring behaviour by another person to patient.
 - Observed or reported incidents of loss of choice, humiliation, shame, blame, rejection, manipulation, loss of dignity/privacy
 - Observed incidents of hesitation to talk openly, helplessness, anger without apparent cause, unexplained fear, emotional agitation, unusual behaviour such as sucking, biting, rocking.
 - Observed withdrawal, inability to communicate, in the absence of a reason, non-responsiveness, confusion/disorientation.
- Often difficult to assess on a first visit, needs awareness to detect.*

FINANCIAL

- Observed Illegal/unauthorised use of property, possessions, pension book.
- Observed or reported changes in circumstances - such as increased isolation, worry about/unpaid bills.
- Disappearances of possessions.
- Lack of amenities that the patient should be able to afford.
- Lack of heating/food.

SEXUAL

- Observed, suspected or reported incidents or forced participation in any sexual activity without the persons consent.
- Bruises around breasts/genital area.
- Genital infections/disease.