Pam Pooiey looks at the different forms of abuse and the legislation that refer to the protection of vulnerable adults in the care setting.

Abuse affects everyone whether they are young or old and this article concentrates on the abuse of the elderly in care homes.

Elder abuse is rarely out of the news and with the acts of parliament and the introduction of regulations, it is hard to believe that cases of abuse are increasing. It is even more disturbing that the detection of abuse from registered nurses is still on the increase, for example, Benjamin Green RN convicted of killing two patients and of grievous bodily harm to 15 more; Charles Cullen RN who killed 29 patients (Foss, 2006), and Beverley Allitt RN convicted of murdering young children in her care. The extent and potential of abuse is concerning but the government is currently working with Action on Elder Abuse to establish the extent of the problem and review the implementation of previous guidance (Sturdy, 2005).

The charity Action on Elder Abuse found that over a period of 6 months, nine local authorities reported 639 abuse cases. Of these 188 were in care homes and in 116 cases the abuser was working in either a care home or hospital, however, just five cases resulted in a criminal prosecution (Blake, 2006). In the charity's first year over 700 people were banned from working in regulated social care settings, 155 of these are permanently barred by Protection of Vulnerable Adults, (POVA) (Anon. 2005).

Abuse is one of the most difficult problems to detect and control because of the reluctance to report. There are various reasons for this, for example, the abused person may rely on the abuser for basic survival. There is often a reluctance to report a spouse or child because there is the notion that the victim chose that person or brought him/her up so they blame themselves. The elderly mentally infirm are perhaps more susceptible to abuse as they often struggle to explain what has happened to them.

Another issue to consider is the ethics of abuse: is a percutaneous endoscopic gastrostomy a necessary invasive procedure when the prognosis is poor? Or is it right to introduce this because the technology exists and people must be kept alive at all costs?

Maybe it is time to go back to basics to try to determine a cause for this increase in abuse and consider practices to stop the trend and minimize the effects.

What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. It is the mistreatment of an older person resulting in suffering and distress. The Care Standards Act 2000 includes requirements that all refer in some way to the protection of the elderly in care homes. To acquire a thorough insight into the legislation that governs care home work, a selection of these standards must be considered.

Standard 7

Service users make decisions about their lives and that right is limited only through the agreed assessment. Unfortunately, many residents in care homes are unable to make even simple decisions about their care or social needs. Is it therefore possible to plan care for these people or must they have an input? Dimond (2006) states that:

'A mentally competent patient has the right to make his or her own decisions, including unwise
decisions and acting contrary to professional advice.’ And the Mental Health Act 1983 (reformed 2000) states that:

‘Informed care should always be considered before compulsory powers and that clients should be involved as far as possible in the process of developing and reviewing care plans... Consistent with safety, best interests of client and safety of the public’.

Standard 15
Service users have the right to appropriate personal, family and sexual relationships.

For example, in a situation where a married patient is taken to her room by her husband and when the carers go to help her they find her in state of undress, although she says nothing, she is often upset. Does this mean that he is abusing her or is she consenting or are we jumping to conclusions without any evidence of any wrong doing? Are we really non-judgmental in our decision making regarding relationships?

Standard 16
Rights are respected and responsibilities recognized in daily lives.

Patients have to be able to choose whether they want to take risks. For example:

‘Patients want to be cared for by helpful staff who treat them with kindness, respect and dignity. They do not want to hear excuses that staff are too busy and run off their feet.’ (Close, 2005).

Standard 23
Service users are protected from abuse, neglect and self harm.

If anyone suspects or witnesses an act of abuse they must do something:

‘Being vigilant for potential abuse of older people is every nurse’s responsibility. Ignorance is NO defence’ (Sturdy, 2005).

Where does restraint come into the equation? Does restraint constitute abuse by not allowing the patient to get up and roam or are we doing it in the patients best interests?

Standard 34
The elderly are protected by the home’s recruitment and selection procedures. The Criminal Records Bureau’s (CRB) role is to:

‘Reduce the risk of abuse by ensuring that those who are unsuitable are not able to work with children and vulnerable adults’ (Blunkett, 2005).

The introduction of the CRB should minimize the numbers of staff who may abuse. However, it can only identify potential staff that have already abused and have been found guilty in a court of law. In one particular case, a staff member was reported to the then UKCC, the health authority informed the manager that they had a lengthy dossier on him. When asked why they did not share their information she was told that it had only been hearsay and if not proven they would be taken to court. He subsequently went on to manage homes in a different county before his court case was heard and he was struck off the UKCC register 2 years later.

Standard 42
The health, safety and welfare of service users are promoted and protected.

An example of the violation of this is: a wife of a patient insists on him being subject to enemas three times a week, and yet the nursing staff have assessed the situation and this is only to be used as a last resort. Every time the wife enters the building the staff know they will face a cross-examination and argument. Is it right that the next-of-kin should have the right of prescribing care needs?

Older people are entitled to be treated with dignity and to have their wishes and privacy respected.

The Public Disclosure Act 1998 is the ‘Statutory protection which is given to those who bring concerns of abuse, danger, crime to the attention of others’ otherwise known as ‘The Whistleblowers Act’.

Unfortunately this act does not take into account the small staffing levels of many homes. By the time the staff member has reported an issue of possible abuse there is a chance that it has been mentioned to a close colleague. The majority of staff will know who reported it before any action is activated and every member of staff will have formed an opinion on whether or not it should have been reported.

The Human Rights Act 1998 seeks to protect the basic needs of the patient, in the rights to life, liberty and security, respect for family and private lives and freedom of thought. Abuse of those rights is prohibited. But again most of the patients in care homes are unable to consent to many of these issues.

Where do we go from here?
First we need to recognize the different forms of abuse that we may come across.

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Physical abuse

Physical abuse can include punching, hitting, not feeding, overfeeding, inappropriate use of medicines, withholding mobility aids among others. For example:
- A demented patient was only quiet when she was eating, she is now obese and immobile.
- A patient who has had a stroke and is unable to feed herself. Her husband feeds her and tells her she is too fat, he reduces her dietary intake using his limited knowledge while not asking advice from a professional.

Sexual abuse

Unexplained bruising coupled with depression or anxiety are some signs you might recognize in patients. Care workers must not forget that men as well as women can be the subject for sexual abuse. This type of abuse can involve inappropriate touching and kissing as well as more invasive attacks.

Financial abuse

This might include stealing money and belongings. For example, a patient may inform carers that her daughter has left her some money. The carers have not seen it but at a later date the patient reports the disappearance of the money. Because of the nature of the patient's illness, for example, if she is suffering from dementia, it becomes unclear as to whether the money has gone missing or if it even existed in the first place. Perhaps care homes should introduce policies that carefully monitor patients' financial activity.

Psychological Abuse

Shouting, swearing, laughing at or ignoring a patient can be deemed as psychological abuse. It is easy to joke with patients but carers must be aware of the boundaries. Some situations which may require carers to be more aware are as follows:
- A patient joked that she was too hot. The carer laughed with her and told her she was having a hot flush. The patient reported the carer to the manager even though she was still laughing when the carer left the room.
- Telling a patient that she can pass water because she has a pad on to save the carer taking her to the toilet so allowing the patient to be incontinent regardless of her feelings.

Discriminatory abuse

There are four types of discriminatory abuse.
1. Direct discriminatory abuse - when a person is treated less favourably on racial grounds.
2. Indirect discriminatory abuse - when a condition or activity applies to everyone but some people of a particular group are unable to participate.
3. Victimization - may occur when a person is treated less favourably because they have taken action or given evidence against discrimination.
4. Institutional discrimination - involving an organization failing to provide appropriate or professional services to people.

Reluctance to report

There are many reasons why those being abused or those aware of potential abuse taking place may be reluctant to report. Such examples include:
- Dependence on the abuser for basic survival. This person may be the only family he/she has left and therefore the only visitor and link to the outside world and their previous life.
- Patients and relatives need to be reassured that they are allowed to complain without fear of retaliation. Many staff members may come across as domineering and arrogant in their attitude and patients may be frightened of them.
- Assumption of guilt and blame on the part of the person being abused because they are married to the abuser or because they are just not sure where they stand.
- Guilt at inviting the abuser into the home or befriending them.
- Bonds of affection, for example, most mothers forgive their children for most things and they may regard them as a product of their upbringing.
- Society's views of family and family lives can be a problem when the abuser is already a member of the family. Many elderly people have a private outlook on their lives and do not appreciate their homes being invaded by the outside world.

Reassurance

O'Donovan (2005) supports the theory that:
'We must believe what the vulnerable adult tells us until it can be verified or proved otherwise... Honour and respect your elders - they could be us in a few years time!' To do so we must ensure:
- Vulnerable adults are taken seriously.

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Conclusions

All vulnerable adults should be protected from abuse whatever its form. Openness is key and discussing abuse issues before something actually happens can prevent problems from occurring. If a carer suspects abuse, they must take appropriate action to ensure the patient's safety.

KEY POINTS

- Care home staff and managers should be fully aware of the legislation that govern the protection of older people from abuse.
- There are different forms of abuse that need to be recognized. These include physical, sexual, financial, psychological and discriminatory abuse.
- Care workers should reassure and support residents and take any allegation of abuse seriously.

QUESTIONS

1. Which legislation govern the protection of older people from abuse?

2. What are the main signs and symptoms of the different types of abuse?

3. How can you encourage people to report abusive situations?

4. Why are people reluctant to report abusive situations?

ANSWERS


2) Physical - bruising, fractures, marks on the skin, obesity, malnutrition, lack of mobility aids, sedation.

- Psychological - depression, screaming when people get to close, withdrawal.

- Sexual - bruising, depression, swelling in the genital area.

Financial - inability to pay bills, lifestyle less than expected from their assets

Neglect - stench of urine/faeces, unwashed bodies, depression, unkempt accidents

Discrimination - loss of choice because of age, sex, education.

3) By reassuring them that you believe them and that their complaint will be taken seriously. They must be reassured that they will be protected from retaliation and that what they have said will be treated in confidence until it is proven or disproved. Finally they must be kept informed of the progress of the investigation.

4) The abuser may be the only link with the patient's previous life, they may fear retaliation, they may assume that they were in some way to blame and they do not want other people to know that there is something wrong, particularly if the abuser is within their own family.
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