

# **INTERPROFESSIONAL COLLABORATION TO IMPROVE ELDER ABUSE SCREENING AND RESPONSE**

Associate Professor Nola Ries, Faculty of Law, University of  
Technology Sydney

Dr Elise Mansfield, Faculty of Health & Medicine, University  
of Newcastle

Fifth National Elder Abuse Conference - Sydney – 20 February 2018

## WHY COLLABORATION?

- The coordinated involvement of health, legal and community service providers is considered the “**gold standard** for programs, policies, and practices, as **no single discipline or sector alone has the resources or expertise** needed to address the issue.” (DuMont et al 2015)
- elder abuse is “**everybody’s responsibility** – a responsibility not only to **recognise** elder abuse, but most importantly, to **respond** to it effectively.” (ALRC 2017)

# IDENTIFYING ABUSE

## **Screening tools supported by research**

- standard set of questions
- valid, reliable, accurate
- quick to use
- enable earlier identification
- acceptable to professionals and clients

## **Elder Abuse Suspicion Index**

(Yaffe et al 2008)

In the last 12 months:

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking or meals?
2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
4. Has anyone tried to force you to sign papers or to use your money against your will?
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
6. [For assessment by professional]: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

# QUESTIONS FOR OUR PROJECT

## **When to use?**

- screening puts service providers “in a new role”; “special obligation to ensure that screening is beneficial” (Rose & Barker, 1978)

## **How to use?**

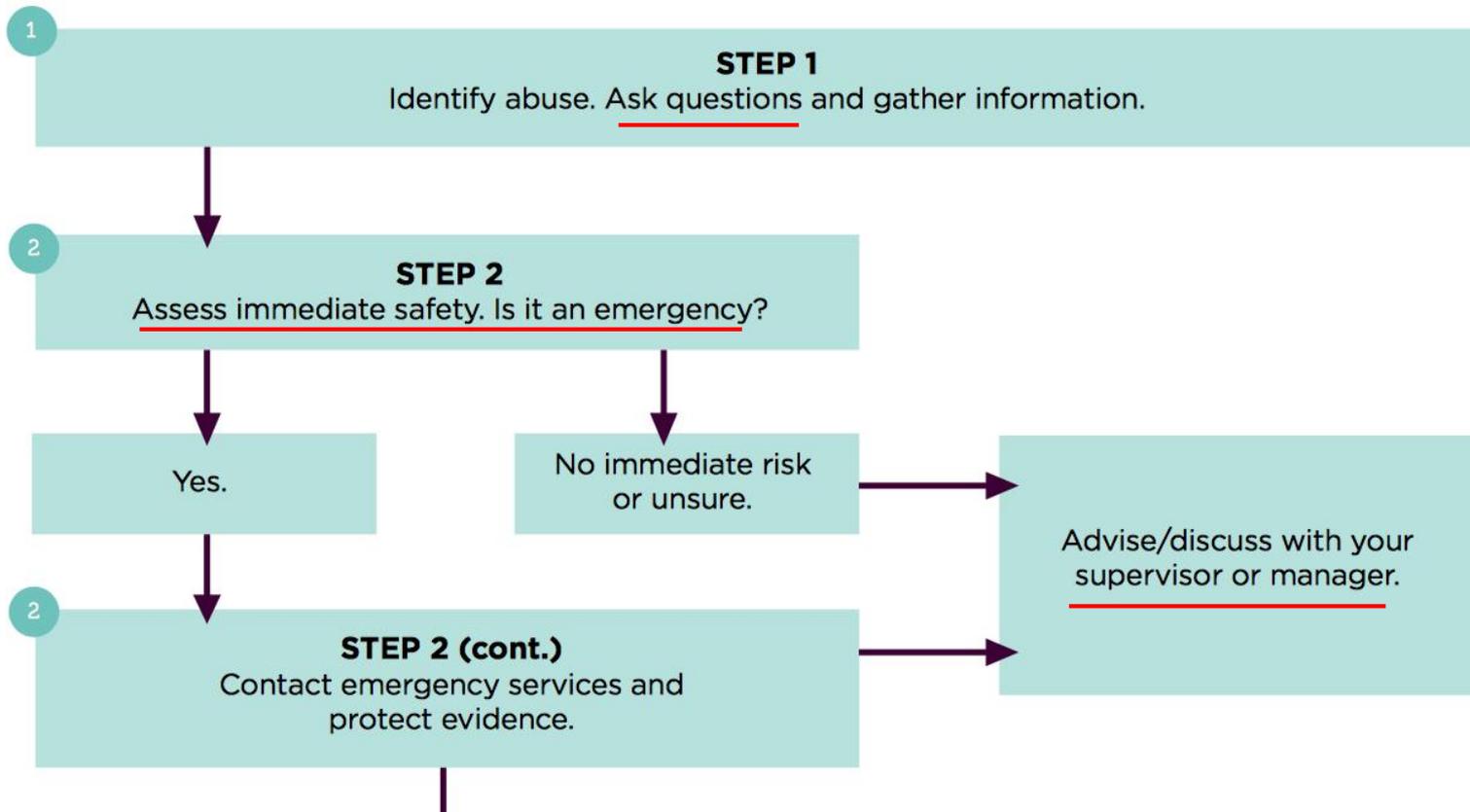
- having the conversation
- capacity concerns
- privacy

## **What to do?**

- when risk factors or abuse identified
- screening is part of a process



## Tool 5.1: Flow chart: responding to the abuse of older people



## PRINCIPLES BASED APPROACH

- Older people are **not children** (ALRC, 2017)
- Provide **information** about options, taking account of **risk severity**
- Encourage and assist the older person to make their **own decisions**
- Give and respect the choice to **accept or refuse** services
- Consider the **needs** of culturally and linguistically diverse clients (NSW Interagency Policy, 2015)

## THE VIEWS OF OLDER PEOPLE

- “older people’s voices about ‘elder abuse and neglect’ are **missing**, and the abilities, needs and wishes of older people perceived as victims are **subsumed** under professional expertise.” (Harbison et al 2016)
- “‘we’ understand how badly you are being treated ... ‘we’ have the tools ... if you adhere to our program ‘we’ will make your life considerably better.” (Kalish 1979)
- “No study evaluated acceptability of the tools by older people.” (Gallione et al 2017)

## PROJECT GOALS

- Views and experiences of legal and health practitioners
- Tailored toolkit of information and resources
- Feedback on the Elder Abuse Suspicion Index
  - recently adapted for use by police in US (Kurkurina et al 2017)
- Sharing our work
  - N Ries & E Mansfield, Elder Abuse: The role of family physicians in community-based screening and multidisciplinary action. *Aust J of General Practice*
  - N Ries, Elder abuse and lawyers' ethical responsibilities: Incorporating screening into practice. *Legal Ethics*
- Inform larger scale project

## REFERENCES

- Du Mont J et al. Determining possible professionals and respective roles and responsibilities for a model comprehensive elder abuse intervention: A Delphi consensus survey. *PLoS One* 2015; 10(12):e0140760
- Harbison J et al, *Contesting Elder Abuse: Ageism, Risk and the Rhetoric of Rights in the Mistreatment of Older People* (Vancouver, UBC Press, 2016)
- Kalish RA. The New Ageism and the Failure Models: A Polemic. *Gerontologist* 1979; 19(4): 398-402
- Kurkurina E et al. Detection of elder abuse: Exploring the potential use of the Elder Abuse Suspicion Index<sup>©</sup> by law enforcement in the field. *J Elder Abuse & Neglect* 2017
- New South Wales Government. Preventing and Responding to Abuse of Older People: NSW Interagency Policy. 2015
- Rose G, Barker D. Epidemiology for the uninitiated. Screening. *BMJ* 1978; 2: 1417-1418
- Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI)<sup>©</sup>. *J Elder Abuse Negl* 2008; 20(3): 276-300