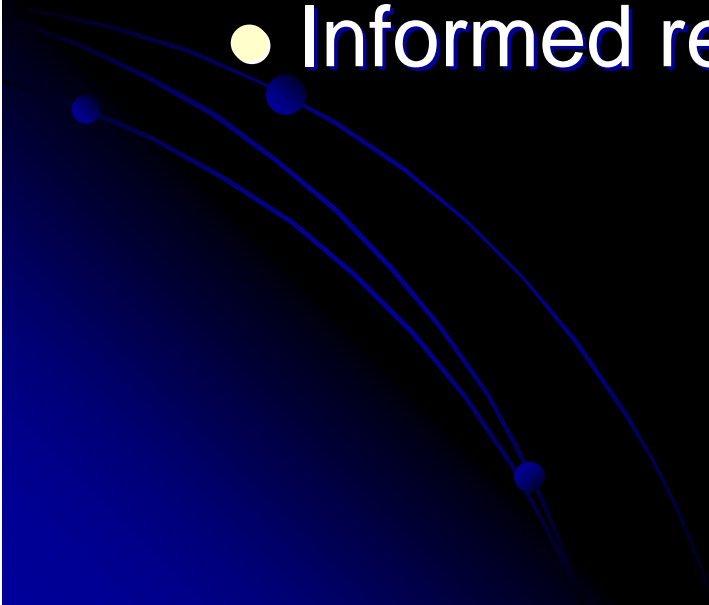


# Interweaving and Intervening

*Practitioners responses to the abuse of older adults in  
the community*

Janet Carter Anand  
Trinity College

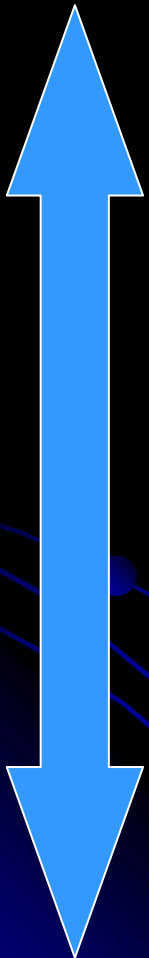
# Contents

- Focus on micro practice
  - Issues for practitioners
  - Practice paradigms, guidelines and frameworks
  - Informed responses
- 

# An alternative to the top down approach

- Policies do not protect people, its how they are implemented
- Learning valuable historical lessons – inter family violence
- Health professionals -key to identification, assessment management and monitoring
- Professionals at the 'coalface' exercise a level of discretion & autonomy (gatekeepers)
- The perception of professionals is critical in decision making
- Practitioners contribute valuable 'practice wisdom'

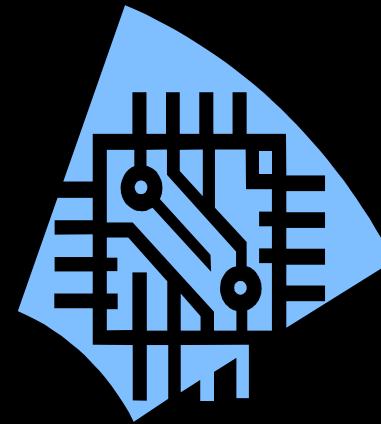
Northway et al 2007; Carter Anand 2009



# Practice Wisdom

## (Practitioners perspectives)

- Things are not always what they seem  
–ambiguity & complexity
- Juggling the best interests of the older person -ethics
- The right to take risks- client & professional
- The need for flexibility & creativity
- Addressing diversity – silent issues
- Not a sole practitioner or sole agency response – need for support, collaboration, checks and balances



# Case Complexity

- Elder abuse is not a **'homogeneous uni-dimensional phenomenon'** :
  - Cultural differences as to what forms of abuse are included or omitted
  - Some of the most common forms of abuse (psychological, emotional-HSE, 2008) can be extremely subjective
  - For intervention purposes it can be more useful to separate certain behaviours and respond differently e.g. severe physical abuse - a crime, assisting a stressed carer requires a different approach
  - Dealing with issues of relationships - power, control, dependency (60% of abusers are close family members-HSE, 2008)
  - Older adults may have impaired decision making capacity (under diagnosis of dementia)
  - Dealing with issues of relationships – power, control, dependency (60% abusers son/daughter/partner/husband)
  - Significant number of cases are unsubstantiated (78% HSE, 2008)
  - Significant numbers of cases require ongoing involvement
  - Outcomes may conflict with the wishes of the older persons i.e. admission to residential care

# Ethical Dilemmas

- Ethical principles:
  - Ensuring client autonomy and self determination
  - Privacy and confidentiality
  - Benefice – acting in the best interests of the older person
  - Non-maleficence – ‘do no harm’
  - Paternalism – may conflict with other principles
  - Justice
  - Preventative ethics

# Risk Management

## Possible implications

- The priority of risk over need
- Over reliance on policies, practices and regulation
- Changing professional roles –defensive practice
- Relocating of responsibility to the individual
- Promoting a blame culture

Green 2007



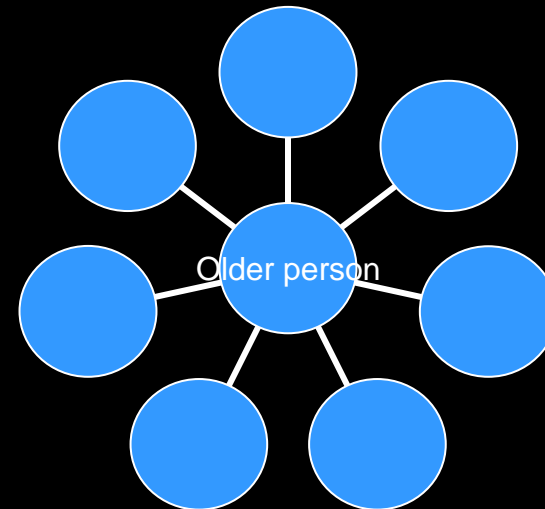
# Responding to Diversity

- Avoiding Ageism – treating older people differently from younger people
- Recognising Difference (invisible issues)
  - Gender – (37% referrals male-HSE, 2008)
  - Ethnicity, cultural diversity
  - Intellectual Disability
  - Mental Health
  - Dementia – issues of diagnosis
  - Older prisoners
  - Homeless older people



# Interdisciplinary Networks

- Family members
- Police
- Neighbours
- Social care workers
- Nurses
- Social workers
- Doctors
- Psychologists
- Solicitors
- Bankers, Financial Workers
- Real Estate Agents
- Counsellors
- Elder Abuse workers
- Nursing homes
- Women's health workers
- Others.....



# Informing Practice

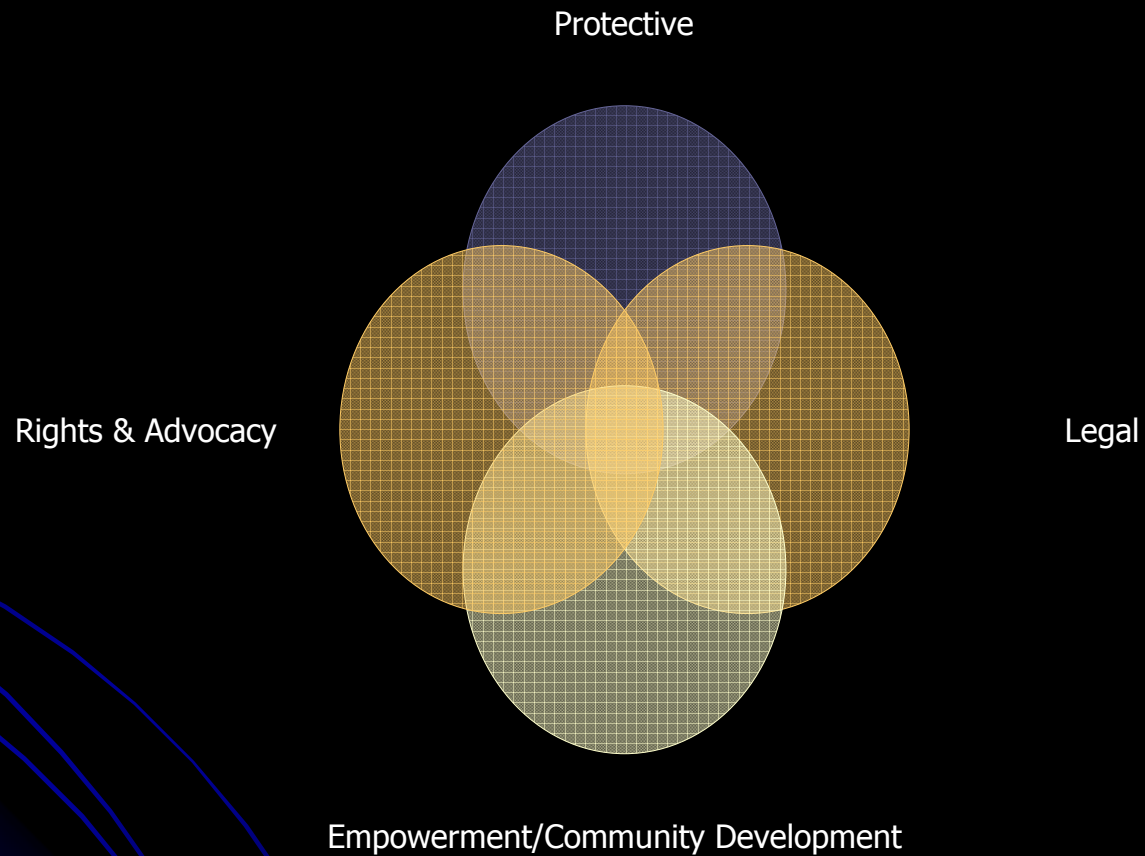
Paradigms

Frameworks of practice

Principles of practice



# Different Paradigms



# Framework for Professional Practice

**Social Justice/Humanism**  
Equity, Access, Participation, Rights



**Practice Theories**  
eg Medical, Social Health Model, Systems, Critical, **Strengths Perspective**



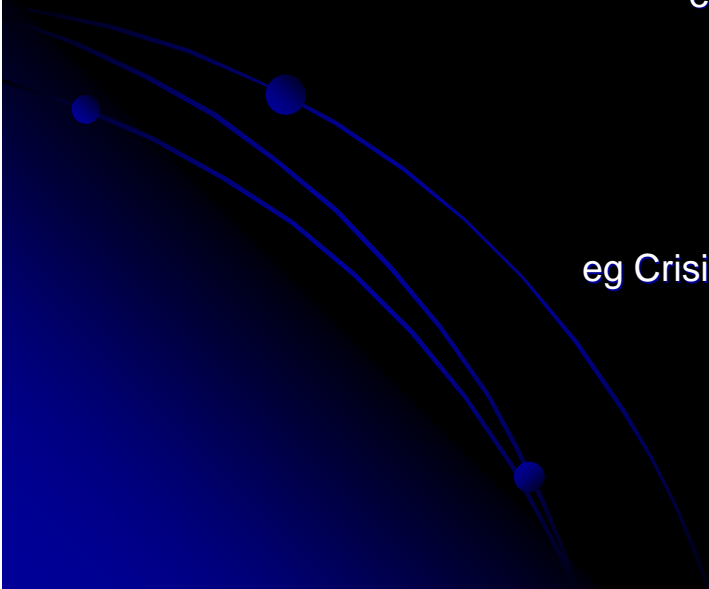
**Values**  
eg Autonomy, Self Determination



**Interventions**  
eg Crisis intervention, **Advocacy**, Counselling



**Skills**



# Generic Principles of Practice

- Inform as to all relevant options
- Encourage & assist to make their own decisions
- Respect and give the choice to refuse services if competent to make that decision
- Even when the older person can not make their own decisions, every effort must be made to ensure their view are taken into account
- Responses & interventions must be in the interests of the older person at risk or who has been abused and ensure safety
- Many forms of abuse are crimes
- Responses must be consistent to human rights charter
- Responses must take into account the needs of the older person in relation to culture, disability, language, religion, gender and sexuality.
- The needs of the older person at risk or who has been abused and the abuser must be kept separate at all times
- When the safety of others is involved, confidentiality cannot be afforded unconditionally
- Any person should be able to report abuse without fear of retaliation or retribution
  - Interagency Protocol for Responding to Abuse of Older People, NSW, 2007

# Interweaving and Intervening

- Empowerment, rights
- Ethics
- Strengths
- Frameworks
- Opening up possibilities
- Interdisciplinary
- Person centred
- Culturally Sensitive
- Informal & formal
- Ongoing
- Protection, Legal
- Risk
- Pathology, problems
- Protocols
- Limiting possibilities
- Experts
- Service centred
- Dominant culture
- Formal
- Crisis orientated

# Informed Response

- Intervention should be interdisciplinary
- Effective intervention will probably involve local and health authorities, public and private and voluntary agencies
- Agencies should have policies, guidelines
- Recognition that there is not a correct, or one way of managing elder abuse
- Ethical commitment to client centeredness (service user perspective), empowerment and the interweaving of services
- Support and training for professionals (graduate and post graduate level)
- Clear frameworks of practice
- Dissemination of evaluation and research findings in ways which inform practice