

Have I Done Everything I Can?

Lunch and Learn Series by Webinar

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Seniors & Healthy Aging Secretariat



Provincial Elder Abuse Strategy

- > Began as an Initiative in 1999
- Established in 2002
- > Includes:
 - **☑** Elder Abuse Consultant
 - ☑ Education/awareness publications, education & training



Provincial Elder Abuse Strategy

- Partnerships:
 - ☑ A & O: Support Services for Seniors Safe Suite Program & Elder Abuse Counselling Services
 - ☑ Seniors Abuse Support Line (24/7)
 - ☑ Manitoba Network for the Prevention of Abuse of Older Adults

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Elder Abuse Services

- Provides counselling for Winnipeggers 55+ experiencing physical, emotional, sexual, financial abuse or neglect
- Assistance accessing resources to reduce any dependency on abuser
- Safety planning
- Six Protection Order Designates Social Worker attends Law Courts with client, fill out court order and accompanies client in the court room



Elder Abuse Services

- 2011 2012 Program Stats
 - A&O worked with 1356 clients
 - Highest reported types of abuse: emotional and financial
 - Females typically reporting experiencing abuse more often than males
 - Age range: 65 74 reporting most often followed by 75 – 84



Safe Suite Program

- Safe housing for men, women and couples 55+ experiencing any form of abuse
- Furnished accommodations for up to 60 days at <u>no</u> cost (longer stays = lower recidivism rates)
- First Safe Suite opened October 2006
- Second Safe Suite opened in July 2007
- Third Safe Suite opened in May 2010
- Social Workers provide intense counselling services and safety planning
- Practical assistance with arranging finances, housing, legal and support services



Safe Suite Program

- 2011 2012 Program Stats
 - Worked with 10 safe suite clients
 - Average stay in suites: 49 days
 - Clients from Winnipeg: 6
 - Clients from outside of Winnipeg: 2
 - Protection orders: 2
 - Total number of clients since suites opened: 41
 - Average age: 71
 - Age range: 56-87
 - Gender: 22 females; 7 males
 - Highest reported abuse: Emotional and Physical



Levels of Prevention

- Primary works to stop the potential of abuse before it occurs
- > Secondary early detection and intervention to keep abuse from becoming more severe
- > **Tertiary** address/prevent the recurrence of abuse and it's potential escalation



Risk Factors

Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America (2003)

Well substantiated:

- ✓ Share living arrangements
- ✓ Social isolation
- ✓ Dementia

Characteristics of Abusers:

- ✓ Mental illness
- ✓ Hostility
- ✓ Alcohol abuse
- ✓ Abuser dependency



2011 - 2012 Stats

- 48% of individuals worked with reported living with their abuser
- 37% of individuals we worked with reported living alone



Risk Factors

Possible:

- √ Gender
- ✓ Relationship of victim to perpetrator
- ✓ Personality characteristics of victims
- ✓ Race

Contested:

- √ Physical impairment of older person
- √ Victim dependence/caregiver stress
- ✓ Intergenerational transmission



2011 – 2012 Reported Abusers

- Adult Child 116
- Spouse or ex-spouse 39
- Other Family 50
- Friend 21
- Neighbor 16



Intervention

Goals:

- provide necessary intervention to ensure the well being and safety of the older adult
- respect client's autonomy



A&O: Approach

- Client must be aware of referral and agree to A&O assistance
- If client not ready to make these changes what can we do?
 - Harm reduction approach
 - Education on resources
 - Support
 - Develop skills and boundaries
 - Decrease isolation



Struggles

Working in shades of grey

 prevent unnecessary suffering and maintain quality of life

Complex issue with no simple solution

Often left with "moral residue" (L
Stewart-Archer)
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A&O: Approach

- Challenges
 - As staff having to know that some clients are unsafe, but are competent and choose to remain in these relationships
 - Discussions often around what client is saying they want, and how we can work with them
 - Not always a comfortable situation for workers



Case Study

- 72 yr old female
- Reported abuser: Son
- Son had issues involving: unemployment, drug addictions, past violence against other family members, had served jail time
- Worked with client for over a year and a half provided support, practiced conversations, discussed increased risk factors



Case Study

- Client's son would follow her to grocery stores, gain entry into her apartment building and show up at her door
- One day client felt she had enough. He had been released from serving time, and had called her continuously for money, and she told him no. She contacted worker right away, and knew she needed a protection order at this time
- As she was already informed about protection orders, she knew this was her best option



Ethical Challenges

- > Autonomy
- > Beneficience
- > Confidentiality/sharing information
- > Justice



Balance

Risk management

Harm reduction

 Senior directed – most effective, least intrusive



Strategies

To promote autonomy:

- facilitate informed decision making
- acceptance of right to take risks
- acceptance of right to refuse services



Strategies

To prevent harm:

- Develop clear policies and procedures (including response and safeguarding confidentiality)
- Team approaches
- Training
- Most effective/least intrusive
- Recognize limits



Strategies

To ensure social justice:

- Community wide education re: ageism
- Carefully consider legislative frameworks
- Work with law enforcement/justice
- Carefully consider strategies (avoid paternalistic responses)



Tools

 National Initiative for the Care of The Elderly (NICE)

 In-Hand ("to support health and social service practitioners in their ethical reflection leading to decision making")

www.nicenet.ca



Ongoing Issues "In Hand" (2010)

- Being uncomfortable when doubts remain about capacity/cognitive state
- Questioning one's practice (organizational mandates, limited time, admin policies, work overload)
- Intervention takes time
- Respecting the pace of the older adult



- Monitoring (autonomy, danger, capacity, etc)
- Tolerating potential risk/accepting certain risks
- Intrusiveness of intervening to protect most "vulnerable" seniors against their will



- Questioning whether proposed intervention has more negative than positive consequences
- Exposure to possible threat from abuser
- Facing limits on one's professional autonomy and decision making



Opportunities

- Education (community)
- Training (front line)
- Multidisciplinary partnerships



Moving Forward

- Adult protection consultation
- Team approaches
- Training opportunities