



ELDERLY ABUSE AND TRAINING & SUPERVISION OF CAREGIVERS

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ABSTRACT

Elder abuse is the infliction of physical, emotional/psychological, sexual or financial harm on an older adult. Elder abuse can also take the form of intentional or unintentional neglect of an older adult by the caregiver. Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it. Many people who hear "elder abuse and neglect" think about older people who live in nursing homes or older relatives who live all alone and never have visitors. But elder abuse is not just a problem of older people living on the margins of our everyday life. It is right in our midst: Most incidents of elder abuse don't happen in nursing homes and other residential settings. Most elder abuse and neglect takes place at home. There is no single pattern of elder abuse. It isn't just older adults who have poor physical health or cognitive impairments who are vulnerable to abuse.

Key words: Caregiver, Elder abuse, Poor physical health or Cognitive impairments.

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INTRODUCTION

Older people today are more visible, more active and more independent than ever before. They are living longer and are in better health. But as the population of older Americans grows, so does the hidden problem of elder abuse, exploitation and neglect.

Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it. Many people who hear "elder abuse and neglect" think about older people who live in nursing homes or older relatives who live all alone and never have visitors. But elder abuse is not just a problem of older people living on the margins of our everyday life. It is right in our midst:

- Most incidents of elder abuse don't happen in nursing homes and other residential settings.
- Most elder abuse and neglect takes place at home.
- There is no single pattern of elder abuse.
- It isn't just older adults who have poor physical health or cognitive impairments who are vulnerable to abuse [1].

DEFINITION AND TYPES OF ELDERLY ABUSE

Elder abuse is the infliction of physical, emotional/psychological, sexual or financial harm on an older adult. Elder abuse can also take the form of intentional or unintentional neglect of an older adult by the caregiver.

- Physical abuse**
- Verbal, emotional or psychological abuse**
- Sexual abuse**
- Financial abuse and exploitation**
- Caregiver neglect**

RISK FACTORS FOR ELDELY ABUSE

A combination of individual, relational, community, and societal factors contribute to the risk of becoming a perpetrator of elder abuse. They are contributing factors and may or may not be direct causes. Understanding these factors can help identify various opportunities for prevention.

Individual Level

- Current diagnosis of mental illness



- Current abuse of alcohol
- High levels of hostility
- Poor or inadequate preparation or training for care giving responsibilities
- Assumption of caregiving responsibilities at an early age
- Inadequate coping skills
- Exposure to abuse as a child

Relationship Level

- High financial and emotional dependence upon a vulnerable elder
- Past experience of disruptive behavior
- Lack of social support
- Lack of formal support

Community Level

- Formal services, such as respite care for those providing care to elders, are limited, inaccessible, or unavailable

Societal Level

A culture where:

- there is high tolerance and acceptance of aggressive behavior;
- health care personnel, guardians, and other agents are given greater freedom in routine care provision and decision making;
- family members are expected to care for elders without seeking help from others;
- persons are encouraged to endure suffering or remain silent regarding their pains; or
- there are negative beliefs about aging and elders.

In addition to the above factors, there are also specific characteristics of institutional settings that may increase the risk for perpetration of vulnerable elders in these settings, including: unsympathetic or negative attitudes toward residents, chronic staffing problems, lack of administrative oversight, staff burnout, and stressful working conditions.

CUES THAT MAY SIGNAL ELDERLY ABUSE

Many of the symptoms listed here may be the result of disease conditions or medications. The appearance of these symptoms should prompt further investigations to determine and remedy the cause. Cues that cannot be explained medically may signal elder abuse.

Physical abuse

- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and/or ankles
- Repeated unexplained injuries
- Dismissive attitude or statements about injuries
- Refusal to go to same emergency department for repeated injuries

Verbal/emotional/psychological abuse

- Uncommunicative and unresponsive
- Unreasonably fearful or suspicious
- Lack of interest in social contacts
- Evasive or isolated
- Unexplained or uncharacteristic changes in behavior

Sexual abuse

- Unexplained vaginal or anal bleeding
- Torn or bloody underwear
- Bruised breasts or buttocks
- Venereal diseases or vaginal infections

Financial abuse or exploitation

- Life circumstances don't match what is known about the individual's financial assets
- Large withdrawals from bank accounts, accounts that have been switched; unusual ATM activity
- Signatures on checks don't match the older person's signature

Caregiver neglect

- Lack of basic hygiene, adequate food and water, or clean and appropriate clothing
- Sunken eyes or loss of weight
- Person with dementia left unsupervised
- Untreated pressure bedsores
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)[2]

SOCIAL AND CULTURAL ISSUES AND ELDERLY ABUSE

Certain societal attitudes may contribute to violence against older people and make it easier for abuse to continue without detection or intervention. These factors include the devaluation of and lack of respect for older adults and society's belief that what goes on in the home is a private, "family matter."

Certain cultural values, beliefs and traditions influence family dynamics, intergenerational relationships and ways in which families define their roles and responsibilities and respond to daily challenges. These differences make some situations difficult to distinguish from abuse or neglect. Older individuals who are ethnic minorities, particularly recent immigrants, may face language barriers and financial or emotional dependence that influence their ability or willingness to report abuse.

PREVENTION OF ELDERLY ABUSE

- **Education**
- **Respite care**
- **Social contact and support**
- **Counseling**



ROLE OF NURSES IN PREVENTING ELDERLY ABUSE

If suspecting that an older person is being abused or neglected

- Don't let your fear of meddling in someone else's business stop you from reporting your suspicions. You could be saving someone's life. The reporting agencies in each state are different, but every state has a service designated to receive and investigate allegations of elder abuse and neglect. Even if these agencies determine that there is only potential for abuse, they will make referrals for counseling (call the
- Do not put the older person in a more vulnerable position by confronting the abuser yourself unless you have the victim's permission and are in a position to help the victim immediately by moving him or her to a safe place.
- Remember that many professionals, including psychologists and other mental health specialists who work closely with older individuals, are "mandatory reporters" according to state statute, which varies from state to state.

If feel abused or neglected

- Your personal safety is most important. If you can safely talk to someone about the abuse (such as your doctor, a trusted friend, or a member of the clergy) who can remove you from the situation or find help for the abuser, do so at once. If your abuser is threatening you with greater abuse if you tell anyone, and if the abuser refuses to leave you alone in a room with others who could help, you are probably afraid to let anyone know what is happening to you. A good strategy is to let your physician know about the abuse. The physician has a legal obligation to report the abuser and help you find safety.
- You can also contact **Adult Protective Services (APS)**, and they will help you find safety and will also find help for the person who is abusing .

If you feel you have been abusive or are in danger of abusing an older person in your care

- There is help available if you have been abusive to an older person or if you feel you want to hurt someone for whom you're caring. The solution may be to find ways of giving yourself a break and relieving the tension of having total responsibility for an older person who is completely dependent on you. There are many local respite or adult day care programs to help you.
- If you recognize that abuse, neglect or violence is a way you often solve problems, you will need expert help to break old patterns. There is help and hope for you, but you must take the first step as soon as possible. You can learn new ways of relating that are not abusive. You can change. Talk with someone who can help — a trusted friend or family member, a counselor or your pastor, priest or rabbi. If alcohol or drugs are a problem, consider

contacting Alcoholics Anonymous or some other self-help group.

- Contact a helping professional, such as a counselor, psychologist or therapist who specializes in helping people change destructive behaviors. To find a competent therapist, ask your physician or your health plan representative for a recommendation. The American Psychological Association can help you find a local psychologist through its Psychologist Locator. If you cannot afford private therapy, call your city or state mental health services department to find out what your options are.
- The most important thing for you is to be honest — with yourself and with those who want to help you—about your history of violent behavior and your abusive relationship with the older person. Someone's life — and your own — may depend on it.

PROTECTIVE FACTORS FOR ELDER ABUSE

Relationship Level

- Having numerous, strong relationships with people of varying social status

Community Level

- Coordination of resources and services among community agencies and organizations that serve the elderly population and their caregivers.
- Higher levels of community cohesion and a strong sense of community or community identity
- Higher levels of community functionality and greater collective efficacy

Factors within institutional settings that may be protective include: effective monitoring systems in place; solid institutional policies and procedures regarding patient care; regular training on elder abuse and neglect for employees; education about and clear guidance on how durable power of attorney is to be used; and regular visits by family members, volunteers, and social workers.

TRAINING AND SUPERVISION OF CAREGIVERS

Supervision

It can be helpful to have a family member or friend present to assist in supervision on occasion, as a second pair of eyes can catch things you may not. In supervising, you should consider quality, quantity, time, and rules. By analyzing these four things, you can get a thorough assessment of your caregiver [3].

Performance Issues

If you come across problems during your supervision, work with your employee to find solutions. Listen to and respect your caregiver's suggestions and ideas, but remember they are there to help you, not to make decisions for you. Although your caregiver may have worked in similar situations in the past where a client accepted their suggestions, they may not suit you.



When you notice your caregiver performing poorly, be sure to point it out. Remind the employee of the way you would like things done. Deal with problems as they arise, as repeated problems are likely to worsen over time. When correcting your caregiver, be respectful and patient, but note the issue in order to ensure it is properly taken care of.

If training does not work to solve the problems, discuss the situation openly with your caregiver. If the performance still does not improve, it may be necessary to take action. This can include disciplinary action up to dismissal. Using “if-then” statements can help employees to understand the consequences of their actions.

Although it is necessary to inform your caregiver of performance issues, you should also praise your worker for a job well done. Let your caregiver know that you value their support and that you appreciate their compliance with your chosen routine.

Evaluation

While you supervise your caregivers daily, it is important to formally evaluate them on a regular basis. When doing a formal evaluation, you should use a prepared evaluation form. This form should be comparable to the job description and employment agreement along with any additional agreed upon tasks.

A formal evaluation process helps to ensure your worker knows and efficiently completes their duties. Copies of all evaluations should be kept on file along with being given to the caregiver. If your caregiver has a recurring problem, past evaluations can be referred to. Evaluations can also be reviewed in the event you are considering parting ways with the employee.

It is important to supervise and evaluate your caregiver in order to ensure your health, safety, and comfort in daily life. Evaluations can act as a reminder to your caregiver of their duties and how to perform them.

TRAINING FOR THOSE CARING FOR THE ELDERLY

This training is conducted by professionals trained in the care of the elderly [4].

A. For the caregiver at home.

There are 3 types of training programmes available:

1. Basic training course

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This involves training in the following:

- Maintaining personal hygiene for the elderly
- Changing the bedbound
- Skin Care
- Nutrition in the elderly
- Managing continence
- Managing constipation
- Safe use of medications
- Baby care (for maid training only)

2. Advanced training course

- Tube feeding (via nasogastric tube or gastrostomy tube)
- Wound care
- Intermittent catheterisation
- Urinary catheter care
- Suctioning (especially for patients with a tracheostomy)

3. Individual training course...

- This is suitable for patients who may have very specific needs.
- This tailored training is done on a one-to-one basis and preferably within the patient's own home

B. For the general public.

Part of our care giver training approach involves public education programmes which aim to increase the awareness about health issues in the elderly

We must conducting periodic public talks, education and awareness sessions

We also provide information on the range of services and resources available for seniors and their care givers. If we cannot provide you with a particular service, we will point you in the right direction [5].

C. For staff in homes, day care centres and other institutions caring for the elderly

- Dementia and its management, especially difficult behavioural problems
- Falls prevention
- Maintenance of continence in the elderly
- Management of constipation in the elderly
- Management of wounds and pressure ulcers, including preventative measures
- Nutrition and feeding issues in the elderly



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