Section 12

Abusive Relationship CAP

Problem

The Abusive Relationship CAP is designed to identify persons who are in situations of potential abuse or neglect, and to aid in the decisions for action. In some countries and communities, reporting such cases to a designated agency is mandated.

Mistreatment may be an act of commission (abuse) or omission (neglect). While in some instances it may be an intentional conscious attempt to inflict suffering, it may also be an unintentional act, a result of inadequate knowledge, infirmity, depression, burnout, or inattentiveness on the part of the caregiver.

The expressions of mistreatment can be grouped under four main headings:

- **Physical abuse —** Inflicting physical pain or injury, including sexual molestation.
- **Psychological abuse —** Inflicting mental anguish, including humiliation and intimidation.
- **Neglect —** Failure to fulfill a caregiving duty, including, for example, the denial of food, health related services, or abandonment.
- **Financial abuse —** The improper or illegal use of funds and assets.

It is imperative to respond to evidence of abuse. Persons who experience abuse may be at immediate risk of injury or other serious health problems. In addition, abuse affects other aspects of life, including psychological well-being, social participation, and community involvement. An ongoing concern, even after abuse has ceased, is the risk of post-traumatic stress disorder, which may include serious psychiatric symptoms such as severe depression and recurrence of suicidal ideation (suicidality).

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Overall Goals of Care

- Evaluate the capacity of the person to decide about his or her own welfare, and to have an understanding of the consequences of those decisions.
- Determine the level of risk to the person.
- Determine the need for immediate interventions, such as social services, medical care, court orders for protection, or relocation of the person.
- Monitor for long-term mental health consequences related to abuse.

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Abusive Relationship CAP Trigger

This CAP identifies persons of all ages who are in situations of neglect or abuse, or who are at substantial risk of either. The short-term goal is to decide whether the situation requires immediate action, while the medium- to long-term goal is to

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manage psychosocial consequences arising from a history of abuse. Research suggests that about one-third of the persons who trigger this CAP will no longer trigger it 90 days later. However, there is a persistent risk over the life course of depression, anxiety, and impaired social function if the psychological consequences of abuse are not addressed effectively.

TRIGGERED— HIGHEST RISK STATUS

This subgroup includes persons who meet both of the following criteria:

- **One or more** of the following direct indicators of abuse are present:
  - Fearful of a family member, caregiver, or close acquaintance
  - Unusually poor hygiene, unkempt or disheveled appearance
  - Neglected, abused, or mistreated
- **Two or more** of the following "stressors" are present:
  - Depression — Depression Rating Scale score of 3 or higher
  - Poor nutrition — includes any of following: substantial recent weight loss, malnutrition, the consumption of one or fewer meals a day, insufficient fluid intake, body mass index of less than 19, or a decrease in food eaten
  - Anger or conflict with family or friends
  - Health issues — not in full compliance with medication regimen, medically unstable, or self-rated health is poor
  - Residential setting judged to be unable to meet needs and it would be best if the person moved
  - Caregiver is distressed, angry, or depressed
  - Social isolation — withdrawal from activities, reduced social interaction, or expression of loneliness

About 2 to 6% of persons (of all ages) receiving home care and less than 1% of older adults living independently in the community will be triggered in the "Highest Risk Status."

TRIGGERED — MODERATE RISK STATUS

This subgroup includes persons who meet only the first of the two above criteria; that is, they have one or more of the direct indicators of abuse and do not have two or more stressors.

About 1 to 6% of persons receiving home care and less than 1% of older adults living independently in the community will be triggered in the "Moderate Risk Status."

NOT TRIGGERED This group includes all other persons.

Abusive Relationship CAP Guidelines

Is the behavior abusive? In determining whether a behavior is abusive, neglectful, or exploitive, the frequency, duration, severity, and likely consequences of the observations should be assessed. In addition, both the objective circumstances

surrounding the behavior and the person's view of the situation should be considered. Does he or she see it as abusive? Is he or she receptive to a corrective course of action? Are there cultural factors that result in acceptance of the behavior or that make the person less willing to respond?

- **For the "Highest Risk Status" subgroup** there is a high likelihood of the presence of abuse with imminent physical or mental health concerns. For these persons, consider the following factors:
  - Is there a history of violence, abuse, neglect, or exploitation by the caregiver, including physical abuse of others?
  - Are formal services being provided at an adequate, reliable level?
  - Are agency staff aware of the issue and have steps been taken to address the recognized problems?
  - Should the person be removed from the abusive environment immediately?
  - Does the caregiver and family understand the abuse and are they willing to try to correct the problems?
  - Is substance abuse an issue for the person or for the caregiver?
  - Are there immediate mental health concerns that place the person at risk of harm to self or others?
- **For the "Moderate Risk Status" subgroup**, you should screen further for possible abuse and neglect. While abuse or neglect may be suspected, this may not always be true. There are a variety of reasons why initial indicators of abuse are in fact explained by other factors. For example, the caregiver (or others) may be falsely accused of abuse because of mental health problems experienced by the person. Sometimes a person with cognitive impairment may not recall the benign cause of a bruise. In evaluating potential abuse without supporting indicators, alternative explanations should be considered. However, the assessment of the situation should be as thorough as possible to ensure that cases of actual abuse are not inadvertently discounted. Particular attention should be given to
  - The immediate and long-term context of the presenting problem (for example, is there a family history of abuse?)
  - The risk of abuse, neglect, or exploitation (for example, how vulnerable is the person, and are there clear power inequalities between the person and the caregiver?)
  - The severity and frequency of the problem
  - The immediacy of the risk (for example, what is the likelihood of immediate harm to the person in the present environment?)
  - The caregiver's perspective (for example, does the caregiver feel that he or she is part of the problem?)
  - Cultural factors that may be barriers to identifying or responding to abuse

Interview the person in a nonthreatening manner. The discussion should occur with the person alone (not in the presence of the alleged or possible abuser), although at

first it may not be possible to do so. The person's confirmation of the mistreatment is an important factor in deciding the nature of further action. Ask the person to describe his or her feelings about the abusive event(s). Does the person describe the event(s) as inducing an intense feeling of fear or horror? What is the person's response to other severe life events? When the person denies mistreatment, you must make a decision about its validity.

Investigate the potential abuse. To decide if abuse is present, it may be advisable to obtain information from health or social service professionals, relatives, and service providers. An interview with the individual suspected of being abusive (if appropriate) can be helpful in developing a successful intervention strategy. Explain to the caregiver that part of the regular interview process is talking to the caregiver separately from the person. When doing this, evaluate the goodwill, health, mental and emotional status, and competency of the caregiver.

It may be difficult to assess the extent of financial abuse in the absence of detailed information on financial resources, spending patterns, and cultural and family norms. Although the need to make difficult economic tradeoffs (for example, among health care, prescribed medications, heating, food) may occur with some cases of financial abuse, not all economic tradeoffs are due to abuse and not all persons who are financially abused are forced to make economic tradeoffs.

Treatment. The response to abuse, neglect, or exploitation will vary according to individual cases, the severity of the abuse or its potential, and the laws of a jurisdiction. Often social service agencies can work with a caregiver to lessen or mitigate factors that contribute to possible abuse or neglect. Homemaking services and respite care can help in allowing the caregiver time away from the person.

The stressors referenced for those at highest risk are all highly prevalent problems. Many have associated CAPs that should be considered.

- About two-thirds of those triggered will have health problems, including ADL and cognitive impairment.
- One-half will have problems in the areas of social isolation, depression, anxiety, loss of pleasure in life (anhedonia), and anger or conflict with family.
- About 30% will have poor nutrition, identified to be in need of relocation, or have informal caregivers who are distressed, angry, or depressed.

Relevant Clinical Assessment Protocols to be considered to assist in resolving these problems include Social Relationship, Activities, Informal Support, Mood, Behavior, Dehydration, Cognitive Loss, and Undernutrition.

In constructing a plan of care, the following issues should be addressed:

- Is the person in immediate physical danger? If so, immediate action must be taken to address the problems. This might include steps to immediately remove the person from the present environment. Consider the potential reaction of the abusive individual and how he or she may respond to this move, as well as that of the person being abused.
- Will the person accept the intervention?
- Does the abusive individual acknowledge his or her role and will he or she accept entry into a therapeutic program?

- Will providing (more) formal direct care services lead to an improvement in the situation?
- Would the caregiver benefit from counseling or medical treatment to help bear the present burden?
- If the allegations of abuse appear to be unsubstantiated, would the person benefit from counseling or psychiatric assessment and treatment?
- Is the person showing indications of post-traumatic stress in relation to the abuse? If so, it may be necessary to make a referral for appropriate psychiatric care.

Follow-up and monitoring. Periodic reassessment is needed in all cases, especially when the evidence of abuse is inconclusive. Even if a person refuses help, it may still be beneficial to provide written information about emergency assistance numbers and suitable referrals.

For persons who have had the Abusive Relationships CAP triggered in a previous assessment, it is important to monitor for signs of mental health problems even if the CAP is no longer triggered. There might be new information available that will help assure the presence or absence of abuse. In addition, conditions that were antecedents or precipitating factors in prior episodes of abuse should be observed for and addressed if their recurrence is noted.

Additional Resources

Clearinghouse on Abuse and Neglect of the Elderly (CANE): www.cane.udel.edu
Ontario Network for the Prevention of Elder Abuse: www.onpea.org

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