Development of Best Practice Protocols BPP for identifying and supporting elderly female victims of violence in health care settings, WS2

Elder Abuse Suspicion Index © (EASI)

EASI screening tool (Elder Abuse Suspicion Index © (EASI) was translated into Finnish by the Daphne medical expert team of Malmi hospital in December 2017 according the protocol given by Professor Mark Yaffe. EASI tool was piloted in Malmi hospital emergency 15-21 January 2018 and 4-17 June 2018.

Before piloting the Daphne medical expert team did one month follow-up of Medical Examination Protocol of Battered Patient (PAKE) in emergency unit to see how and how often the protocol was used for older patients. The result was that only one 61 years old patient came to emergency for being assaulted by his grandson. The team concluded that older persons victims of domestic violence are rarely recognized in emergency. Therefore it was decided to use EASI tool for screening purposes. EASI tool is a scientifically validated tool and because it is short it was assessed to be suitable for emergency unit.

Malmi hospital is a pioneer in Finland in development of the protocol for medical examination of assaulted patients (called PAKE). PAKE was developed in 2002 and is now in use all over Finland in medical emergencies. PAKE is used for patients who are known to be victims of violence. It is not an identification tool. EASI tool was developed by the team of Professor Mark Yaffe in Canada and is translated into several languages (https://www.mcgill.ca/familymed/research/projects/elder). It has been piloted in several countries but not in Europe. Malmi hospital wants to be a pioneer in introducing the first scientific tool for suspision or identification of older victims of domestic violence in emergencies in Finland.

It was decided that EASI tool will be used for asking about violence over 75 years old seemingly competent patients who come to emergency for some reason. According the researches that is an average age when older persons' health and ability in daily activities start to decrease. These are the known as risk factors for domestic violence.

For the first pilot (15-21 January 2018) the staff of emergency and short-term units was trained by their superiors. For the second pilot (4-17 June 2018) the staff was trained by Daphne worker (Sirkka Perttu). EASI tool training was held in Malmi hospital 23 and 30 May 2018. In total 39 professionals was trained to use EASI tool.

In two pilots 26 EASI forms was completed. From them 5 patients told they were suffering at least one form of violence mentioned on the instrument. Violence was threats and physical and sexual violence. 2 patients (older women) refused to answer the questions; one of them was escorted by her adult son and the other one admitted to be a victim but she refused to talk about violence and didn't want any help either.
10 professionals in total from emergency completed feedback questionnaires. They reported that violence is a very sensitive issue for the patients; many of them refused to answer. The experiences of professionals varied:

- ”it took surprisingly long time to use the form”
- ”very delicate issue for the patients”
- ”very much needed to ask”
- ”patients didn't want to answer

In the advocacy meeting held in 6 November 2018 it was decided that Malmi hospital will continue the implementation of EASI tool in daily practice of emergency and short-term units where part of the patients are referred from emergency.

The Elder Abuse Suspicion Index © (EASI)

ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions **Q.1-Q.5 asked of patient; Q.6 answered by doctor** **Within the last 12 months:**			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: 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?	YES	NO	Not sure

The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

*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) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc: http: //www.HaworthPress.com

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Domestic violence enquiry and assessment tool

Domestic violence enquiry and assessment form of National Institute for Health and Welfare THL developed a tool for routine enquiry of domestic violence in social and health care services. 2010-2011 the form was disseminated in Finland in maternity and child welfare clinics. The form is accompanied by instructions how to use the form and how to ask about violence.

The form contains three selective questions that are first asked from the client:

1. Have you ever experienced physical, psychological or sexual violence or abuse in any of your intimate relationships?
2. Does the violence you experienced still affect your health, well-being, or life management?
3. Is there any physical, psychological or sexual violence or abuse in your current intimate relationships?

If the client/patient answers YES to questions 2 and 3, the professional continues with the following assessment questions:

What kind of domestic violence have you experienced?

- physical violence (e.g. shoving; hitting; kicking; pulling of hair; banging of head; scratching; tearing; shaking; using a firearm or an edged weapon; threatening with physical violence)
- psychological violence (e.g. subordination; criticism; name-calling; contempt; control; restriction of social interaction; strong jealousy; isolation; breaking of belongings; harming of pets; or threatening with any of these or with suicide, for example)
- sexual violence (e.g. rape; attempted rape; pressuring to different forms of sexual activity; coercing to engage in sex; threatening with sexual violence; sexual degradation; forced pornography; forbidding the use of contraceptives; forced abortion; restricting of sexual self-determination)
- abuse or negligence (e.g. depriving dependent children, elderly persons or persons with disabilities of necessary care, assistance or attention; harming another person with medicines, drugs, alcohol, chemicals or solvents)
- economic abuse (e.g. preventing independent use of money; preventing participation in economic decision-making or coercing into giving one's own money to another person's use; threatening or blackmailing with economic abuse)
- cultural or religious violence (e.g. coercing to a religious belief; threatening with violence or committing violence on the basis of religious belief, culture, or family honour; threatening with issues relating to religion).
    1. When was the last time you were subjected to the type of domestic violence you have described? (within a day, within a week, within a month, within a year, more than a year ago)
    2. How often have you been subjected to domestic violence? (only once, several times, repeatedly, all the time)
    3. Who has been violent towards you?
    4. Ask this question only if domestic violence is ongoing (Are there any under-aged children in your family who have been exposed to violence?
    5. Ask this question only if the client/patient is pregnant. Has your spouse been violent towards you during your pregnancy?

Client's/patient's own assessment (0 = no effect, 5 = great effect)

On a scale of 0 to 5, how much do you think your current health is affected by the domestic violence you have experienced? Assessment _____

On a scale of 0 to 5, how much do you think your current well-being is affected by the domestic violence you have experienced? Assessment _____ On a scale of 0 to 5, how much do you think your current safety is affected by the domestic violence you have experienced? Assessment _____

What kind of help would you hope to receive?

The form continues by the professional's assessment and the list of following measures. (https://thl.fi/attachments/kasvunkumppanit/vakivalta/THL_lahisuhdevakivalta_lomake_ENG.pdf

There is a follow-up of the use of form in health centres but there is no information how it is used in elderly care services.

Multi-Agency Model in Preventing Elder Abuse

A Multi-Agency working group was established in 2013 in Department of Social Services and Health Care of Eastern Service District of Helsinki city. The starting point for development work was a serious violence case the different professionals tried to solve. In assessment process it was found out many problems of multi-agency work. The development work resulted a model called "Good practices on Multi-Agency Model in Preventing Elder Abuse of Helsinki city". The development work was based on case studies and included workshops, planning meetings, work counselling, ethical support and evaluation at different stages of cooperation. In the end of 2018 social and health care of Helsinki city stated to disseminate the model in all the districts by training the professionals.

Multi Agency Risk Assessment Conference, MARAC

MARAC, is used by several municipalities in Finland. (https://thl.fi/attachments/kasvunkumppanit/MARAK/THL_MARAK_haitariesite_ENG.pdf). The method is efficient – experiences gained in the piloting towns showed that the spiral of recurring violence was cut in about 80 per cent of the cases. A victim of violence can either seek help his/herself or an official involved in the MARAC process, such as a police officer. A victim only needs to contact one official. After the contact the professionals will have a meeting where they will draw up a safety plan and assign a support person for the victim. The purpose of the safety plan is to take into account the specific needs, hopes and resources of the victim. Examples of possible measures in the safety plan:

- Victims and their children are arranged a place in a shelter
- Victims are provided opportunities for discussion and peer support
- Victims are helped with financial issues, for example with finding a new home
- A restraining order is filed against the offender
- The events are reported to the police

Typical clients in MARAK process are women 25–44 years old. Older women rarely enter the process. The reason can be that the professionals have difficulties to recognize older victims and older victims are reluctant to seek help.
http://www.julkari.fi/bitstream/handle/10024/134851/YP1703_Piispa%26October.pdf?sequence=1&isAllowed=y (in Finnish).

Resident Assessment Instrument, RAI

RAI is an international instrument developed by an organization called InterRAI. InterRAI is an international collaborative to improve the quality of life of vulnerable persons through a seamless comprehensive assessment system (http://www.interrai.org/). In Finland the National Institute for Health and Welfare, THL, is part of that international collaborative. THL collects information on the assessed health and social care needs of clients in certain services, e.g. in nursing homes and home care. This data is stored on a database. Information is collected using a multi-disciplinary resident assessment tool, RAI. RAI includes indicators for neglect and abuse. Five indicators are used to measure neglect and abuse. These include:

- the client is afraid of a family member or a carer;
- the client is exceptionally untidy;

- the client has inexplicable injuries, fractures or burns;
- the client is being neglected, battered or abused;
- movement/mobility of the client is prevented by any reason.

RAI model is used for the clients who receive regular care and services. RAI assessment has to be done in the beginning of care and during the care every six months. If the health status or situation changes substantially the new RAI assessment will be done. In Finland, 26 per cent of the home care services are using the RAI assessment method. Approximately 6 per cent of homecare clients meet at least one of the five indicators. However, the reliability of this result depends on the perceptions of the professionals.

Self-monitoring plan of good service and treatment for older persons

In Finland according to the Social Welfare Act the social service providers should respond to the support needs caused by family violence and abuse (Social Welfare Act 1301/2014. http://www.finlex.fi/fi/laki/alkup/2014/20141301). The purpose of the act is to enhance the right of the client to good service and treatment in social care. The act has given since the beginning of 2015 an obligation to public and private sector organizations to create a self-monitoring plan. The plan has to be written and public. The meaning of the plan is to secure quality of the service and also tell what will be done if e.g. the safety of the clients/residents is in danger. This written plan helps individual units and health and social care agencies to recognize risk factors and defects in their services and to fix them quickly. The self-monitoring process is based on the idea of risk management. Services and the processes related to the implementation of services are evaluated based on factors of quality and safety of clients/patients. Prevention of elder abuse is part of the required scheme. The scheme increases the safety of both clients/patients and the staff of the organisations. The sceme must be publically available for all service users to see.
From the beginning of 2016, based on Social Welfare Act, it has been compulsory for the workers in social welfare to report any grievances in their work, e.g. such as about risks of the safety of older persons or elder abuse to the authority responsible of the service. The secrecy rules do not forbid the report. If the risk is not corrected promptly the worker has to inform the Regional State Administrative Agency (AVI).
The Act No. 980 /2012 on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons is also an essential operational guideline in helping individual staff members to report cases of elder abuse and provide required help for older people who are at risk of getting abused or neglected. According the act if a health care professional or a person employed by the social service system of the municipality, rescue services in the area, the Emergency Response Centre or the police has been informed of an older person in need of social or health care services who is obviously unable take care of himself or herself, his or her health or safety in the future, the health care professional or employee must confidentiality provisions notwithstanding notify thereof the authority responsible for municipal social welfare. (Finlex 2012. http://www.finlex.fi/fi/laki/ajantasa/2012/20120980#L5).
National Supervisory Authority for Welfare and Health Valvira, is Finland's national supervising authority on health and social welfare. Valvira's statutory purpose is to supervise and provide guidance to healthcare and social service providers both in private and public sector. By the means of supervision and guidance Valvira ensures the adequacy of services different healthcare professionals and medical facilities provide. Valvira's regular supervision is based on legal data collection from the municipalities and social services, such as older people's residential services. Valvira also starts supervision based on complaints or information appearing in public. Valvira has the rights, According to the Social Welfare Act, to demand every public and private sector organisation that organize services of health and social care to create a self-monitoring scheme.