



防疫不忘防虐

香港理工大學

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2020.9.2











內容:

- **防疫**...對院友的影响
- 防虐...何為虐老?

為何重要 (特別在疫情下)?

怎做怎防(特別在疫情下)?

主要目的:

提升服務長者的 工作人員對虐待 長者問題的警覺 性,以預防虐待 長者事件的發 生。







- Locations of the patients' accommodation/home
- O Number of patients treated at the hospital
- Infection clusters

North District 4823+ cases as of 2 Sept 2020 Alice Ho Miu Ling Nethersole Tai Po Pok Oi **NEW TERRITORIES** Ma On Shan Shatin ... Tuen Mun Prince of Wales Ming Chuen House of Yan Chai 2 Shui Chuen O Estate Caritas Medical Centre **United Christian** Tsing Yi **Princess Margaret** Tseung Kwan O Kwong Wah Queen Elizabeth The Aged Centre North Lantau LANTAU ISLAND Ruttonjee Queen Mary (1 probable case included)

防疫...對院友的影响 Sheung Shui



Centre for Gerontological Nursing



更多老年人將死亡:香港Covid-19死亡人數激增 背後的嚴峻事實,長者死亡率高...

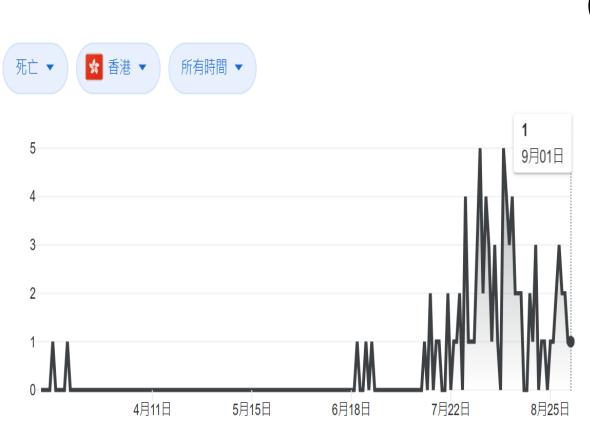
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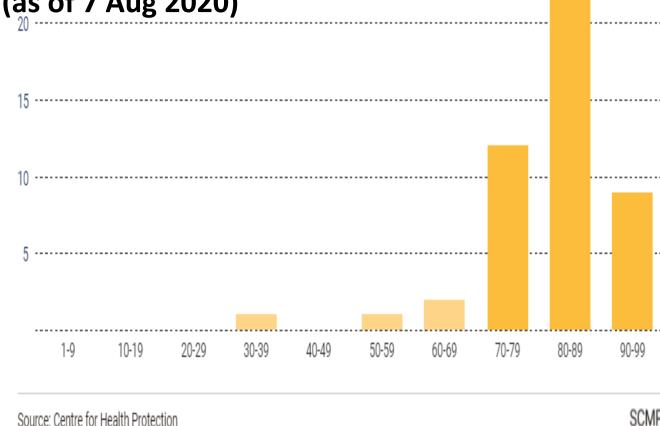


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Age distribution of Covid-19 deaths in Hong Kong (as of 7 Aug 2020)











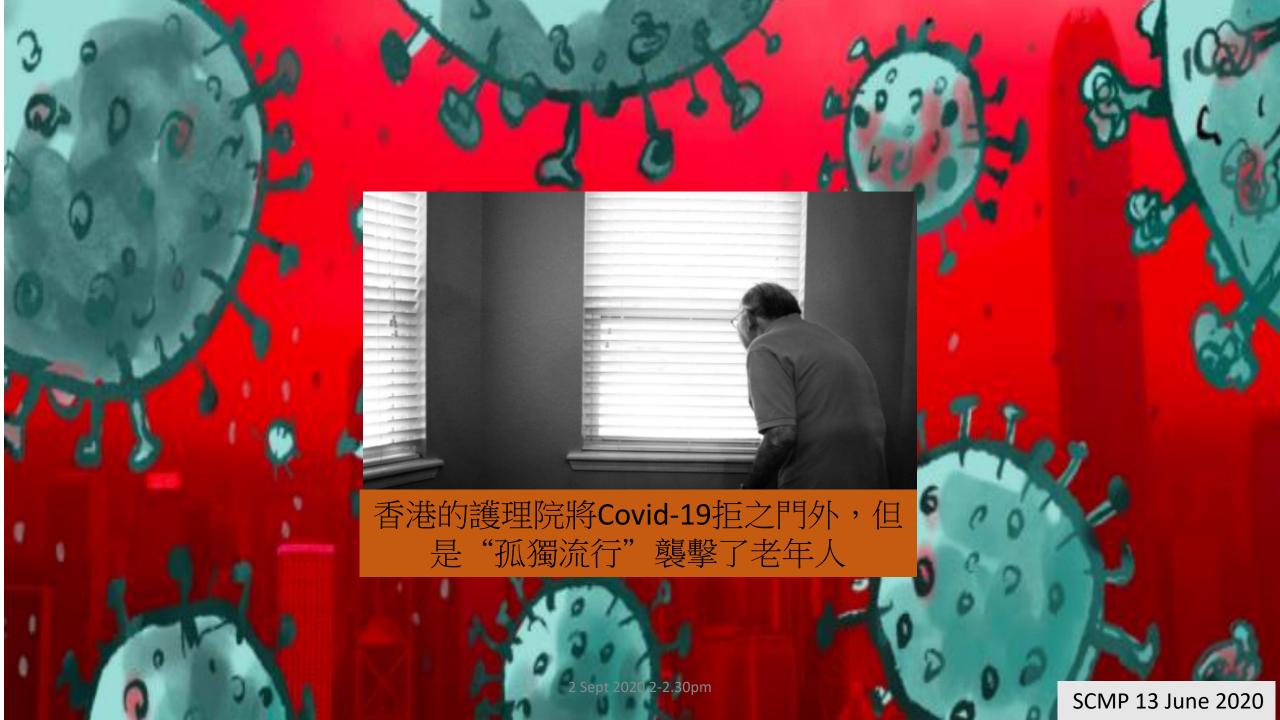


Residents at SAGE Kai Yip Home for the Elderly in Kowloon Bay. Photo: Facebook



但同時,一些院友由於幾個局不見家人而面臨精神健康問題











Covid-19對老年人的影響

[WHO, 2020]

經濟福祉

大流行可能會大大降低老年人的收入,生活水平。已經少於 20%的退休老人領取養老金的年齡

精神健康

社交疏遠可能嚴重損害我們的 心理健康。獨自生活並變得更 加非人化,老年人的精神健康風 險是更高



回應者

長者不僅僅是受害者。他們也在回 應。他們是衛生工作者,護理人員 以及許多基本服務提供商

牛與死

病死率高五倍高於全球平均水平。 估計70歲及以上的人中66%的人有 至少一項健康狀況出現問題

脆弱性

老年人經常依靠基本護理。 在歐洲約有一半的COVID-19死亡發生在長期護理環境中。 在香港, 它予長者的死亡率是<85%

虐待和忽視

2017年,六分之一的老年人是 遭受虐待。與鎖定和護理減少, 暴力侵害長者在增加。





■ 防虐...何為虐老?

為何重要 (特別在疫情下)?

怎做怎防 (特別在疫情下)?

何為虐老?

'一般而言,虐待長者是指傷害長者福祉或安全的行

為,或不作出某些行為以致長者的福祉或安全受到

傷害,通常施虐者與受虐長者本身是互相認識,或

施虐者是負責照顧受虐長者的'。

處理虐待長者個案程序指引(2019年修訂)- 第二章 (p.5)



虐老的形式:

身體虐待	身體虐待是指對長者造成 <u>身體傷害或痛苦</u> ,而可以肯定及合理地懷疑這些傷害乃非意外或由於沒有任何預防措施所引致的。
精神虐待	是指危害或 <u>損害長者心理健康</u> 的行為及/或態度,包括羞辱、喝罵、孤立、令長者長期陷於恐懼中、侵犯長者私隱,及在不必要的情況下限制長者的活動範圍或活動自由等。
<u>疏忽照顧</u>	是指嚴重或長期忽視長者生活上的基本需要(例如沒有為長者提供足夠飲食、衣服、住宿、醫療、護理等),以致危害長者的健康或生命安全。疏忽照顧亦包括沒有根據醫生的指示給予長者其所需的藥物或輔助器具,使長者身體受到損害。如果正規服務提供者(例如安老院舍、綜合家居照顧服務隊、醫院等)因沒有遵行照顧長者的責任而引致長者受到傷害,亦可以被視作疏忽照顧。
<u>侵吞財產</u>	侵吞財產是指任何涉及剝奪長者財富或妄顧長者利益的行為,包括在 <u>未經長者同意</u> 下,取用長者的財物、金錢或資產(例如房屋資產,或公屋戶籍等)。
<u>遺棄長者</u>	是指在欠缺合理原因下,長者被負責提供照顧或監護者 <u>離棄</u> ,而對長者身體或心理造成傷害,例如家人故意將患有痴呆症的長者帶往陌生地方後離去,使他/她不能自行返回住所,或將長者送入醫院時虛報地址,以致醫院無法聯絡照顧或監護者,商討有關長者的醫療及福利事宜。
性虐待	是指性侵犯長者(包括向長者展示自己的性器官、非禮及強迫進行性行為)。





llence

系統評價和薈萃分析

	社區中的虐老情況	机構內的虐老情況							
虐老形式	老年人報告	老年人及其代理人報告	員工報告						
總体虐老率	15.7%	沒有足夠的數據	64.2% 或 2/3						
精神虐待	11.6%	33.4%	32.5%						
<u>身體虐待</u>	2.6%	14.1%	9.3%						
<u>侵吞財產</u>	6.8%	13.8%	沒有足夠的數據						
<u>疏忽照顧</u>	4.2%	11.6%	12.0%						
性虐待	0.9%	1.9%	0.7%						





Elder abuse prevalence in community settings: a systematic review and meta-analysis



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Lancet Glob Health 2017;

5: e147-56

Yongjie Yon, Christopher R Mikton, Zachary D Gassoumis, Kathleen H Wilber

Background Elder abuse is recognised worldwide as a serious problem, yet quantitative syntheses of prevalence studies are rare. We aimed to quantify and understand prevalence variation at the global and regional levels.

Methods For this systematic review and meta-analysis, we searched 14 databases, including PubMed, PsycINFO, CINAHL, EMBASE, and MEDLINE, using a comprehensive search strategy to identify elder abuse prevalence studies in the community published from inception to June 26, 2015. Studies reporting estimates of past-year abuse prevalence in adults aged 60 years or older were included in the analyses. Subgroup analysis and meta-regression were used to explore heterogeneity, with study quality assessed with the risk of bias tool. The study protocol has been registered with heterogeneity, with study quality assessed with the risk of bias tool. The study protocol has been registered with PROSPERO, number CRD42015029197.

Findings Of the 38 544 studies initially identified, 52 were digible for inclusion. These studies were geographically diverse (28 countries). The pooled prevalence rate for overall elder abuse was 15.7% (95% CI 12.8–19.3). The pooled prevalence esumate was 11.6% (8.1–16.3) for psychological abuse, 6.8% (5.0–9.2) for financial abuse, 4.2% (2.1–8.1) for neglect, 2.6% (1.6-4.4) for physical abuse, and 0.9% (0.6-1.4) for sexual abuse. Meta-analysis of studies that included overall abuse revealed heterogeneity. Significant associations were found between overall prevalence estimates and sample size, income classification, and method of data collection, but not with gender.

Interpretation Although robust prevalence studies are sparse in low-income and middle-income countries, elder abuse seems to affect one in six older adults worldwide, which is roughly 141 million people. Nonetheless, elder abuse is a neglected global public health priority, especially compared with other types of violence.

Funding Social Sciences and Humanities Research Council of Canada and the WHO Department of Ageing and

The prevalence of elder abuse in institutional settings a systematic review and meta-analysis

Yongjie Yon¹, Maria Ramiro-Gonzalez¹, Christopher R. Mikton², Manfred Huber¹, Dinesh Sethi¹

ondence: Yongjie Yon, Division of Noncommunicable Diseases and Promoting Health through the Life-course, Davis School of Gerontology, vional Office for Europe, Marmorvej 51, Copenhagen DR-2100, Denmark, Tel: +45 (0) 45 33 69 32, Fax: +45 (0) 45 See Comment page e116

A recent study has shown that close to one in six older adults have experienced elder abuse in a Prof K HWIIber PhD); and University of West of England ting in the past year. It is thought that abuse in institutions is just as prevalent. Few systematic Scale of the problem exists in elder care facilities. The aim of this review is to conduct a systematic -analysis of the problem in institutional settings and to provide estimates of the prevalence of past 12 months. Methods: Fourteen academic databases and other online platforms were Gerontology, University of Southern California, hed for studies on elder abuse. Additionally, 26 experts in the field were consulted to southern California, Californi meta-analysis was conducted. Self-reported data from older residents and staff were Results: Nine studies met the inclusion criteria from an initial of 55 studies identified for mates, based on staff reports, suggest that 64.2% of staff admitted to elder abuse in the fficient studies to calculate an overall prevalence estimate based on self-reported data vence estimates for abuse subtypes reported by older residents were highest for followed by physical (14.1%), financial (13.8%), neglect (11.6%), and sexual abuse Nence of elder abuse in institutions is high. Global action to improve surveillance elder abuse is vital to inform policy action to prevent elder abuse



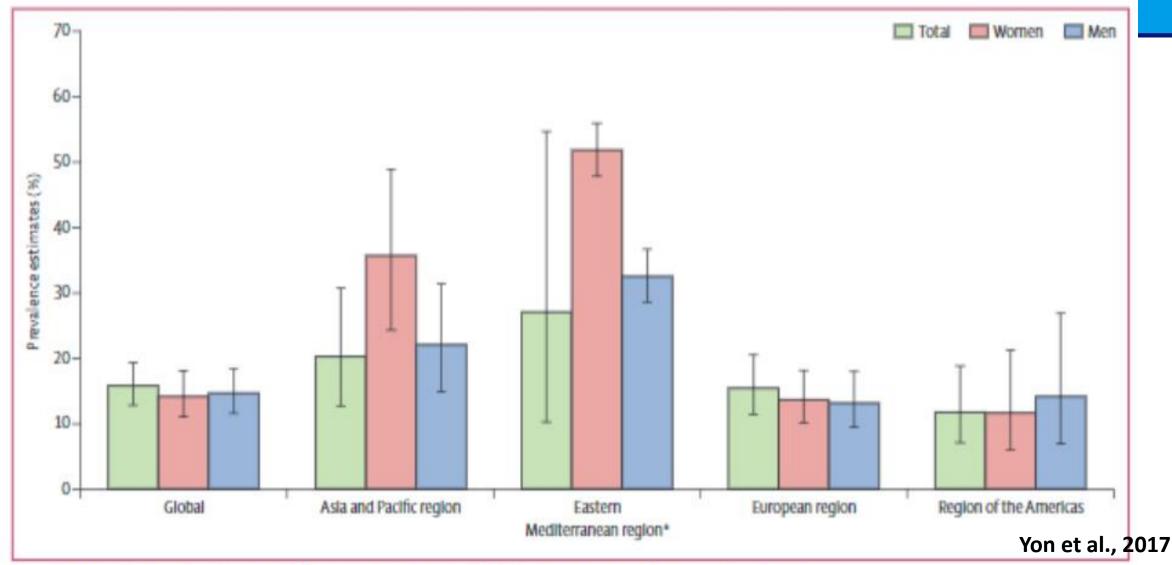




Figure 3: Estimated combined prevalence for elder abuse, separated by geographical area of the sample and gender Bars show 95% CI. *Less than two studies.

	Number of studies	Number of countries	Total sample	Pooled prevalence estimates	95% CI
Overall elder abuse	44	26	59 203	15.7%	12-8-19-3
Physical	46	25	64946	2.6%	1.6-4.4
Sexual*	15	12	43332	0.9%	0.6–1.4
Psychological	44	25	60192	11.6%	8-1-16-3
Financial*	52	24	45 915	6-8%	5.0-9.2
Neglect*	30	20	39515	4.2%	2-1-8-1

^{*}Pooled estimates presented here were adjusted for publication bias.

Table 2: Prevalence of abuse and its subtypes

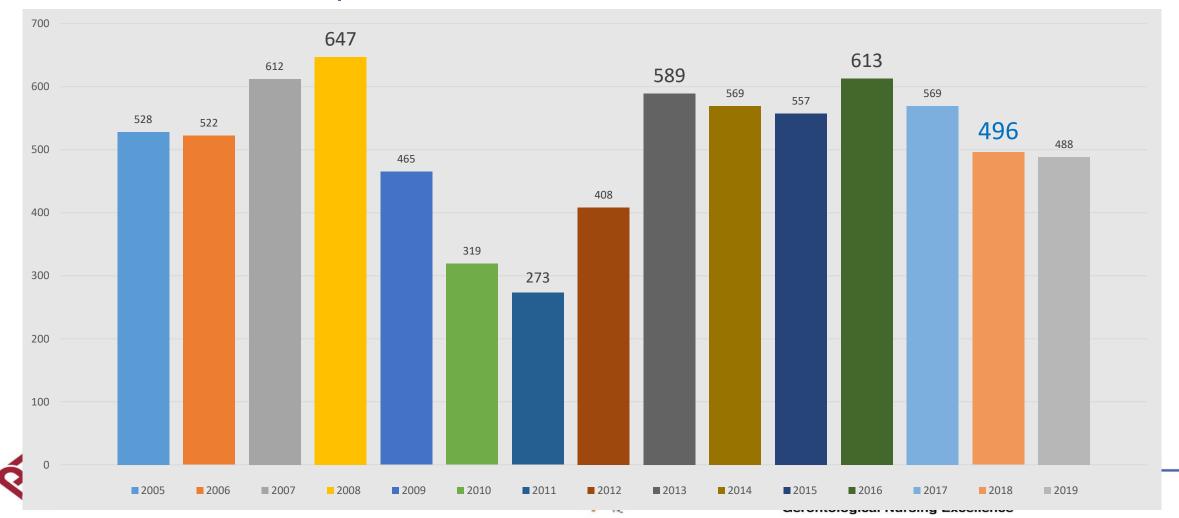
- •≥60歲的人口中有六分之一的人在社區遭受過某種形式的虐待
- 在工作場所, 例如療養院和長期護理機構中的機構, 三分之二的員工報告他們在過去一年中曾施虐
- 全球60歲以上的人口將從2015年的9億增加到2050年的約20 億,增加一倍以上,虐老問題可以想像...

WHO, 2018





Reported cases of elder abuse in HK



Statistices on Elder Abuse Cases																
Types of Abuse	No. of reported abuse cases															
	2020*	2019	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
1 Physical abuse [身體虐待]	155	331	340	355	389	359	400	399	257	204	248	344	363	255	327	390
2 Psychological abuse [精神虐待]	22	41	43	74	69	49	50	73	36	16	24	35	188	141	57	26
3 Neglect [疏忽照 顧]	0	5	2	2	3	2	1	0	3	2	3	0	1	2	3	3
4 Financial abuse [侵吞財產]	31	71	68	109	102	93	91	70	68	32	18	62	66	76	92	87
5 Abandonment [遺棄長者]	0	0	0	0	2	3	0	2	2	2	1	0	1	0	1	1
6 Sexual abuse [性侵犯]	7	6	15	5	13	14	12	9	4	1	3	4	6	1	4	1
7 Multiple abuse [多種虐待]	0	0	0	24	35	0	15	0	5	11	22	20	22	37	38	20
8 Others (*started from 2011) 其它	9	37	28	0	0	37	0	36	33	5						
Total	224	488	496	569	613	557	569	589	408	273	319	465	647	612	522	528
* Reported cases of elder abuse from Jan to Mar 2020									ource:	HK S	Social	Welfa	are De	epartn	nent, 1	2020

- 較早的研究發現, 虐待老年人的患病率從21.4%到62%不等 (Yan et al., 2015),
- 但每年向社會福利部報告的病例範圍為319至647(2005年至2020年3月的數據)。
- 如將2018年的21.4%推至香港當年總老年人口,則有271,700虐老 案件,但僅接收了496報告例。
- 這些數字可能並非**100**%準確,但它們表明了低報老年人虐待的 巨大潛力。研究發現,醫護人員缺乏識虐老的知識是未發現和未 報告的主要原因之一。



"冰山—角"

- 由於文化背景
- 体弱長者需要
- 各種環境因數
- 缺乏解困條件
- 錯估虐老影響
- Fear, Face, Fate

引致虐老的危機因素



Aggression and Violent Behavior

journal homepage: www.elsevier.com/locate/aggviobeh



- 不良的家庭關係別人
- 照顧的壓力
- 不能適應家庭結構的轉變
- 親友/照顧者自己的身體狀況 出現問題
- 長者身體或精神上要依賴
- 長者社交網絡薄弱

Risk factors for elder abuse and neglect: A review of the literature



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ARTICLEINFO

Reywords:
Risk factor
Elder abuse perpetrator
Elder abuse victim
Elder mistrealment
Elder neglect
Abuse of old

roblem gaining recognition due to its severe impact on victims and the ageing popution has led to the investigation of perpetrator and victim characteristics that increase e. The identification of such risk factors can assist practitioners in preventing abuse, ded elder abuse and, where factors are dynamic, can be targets for risk management. This literature review identifies ar or and victim risk factors for elder abuse with the goal of informing professional practic n empirically derived risk assessment instrument for elder abuse. Electronic seamet the eligibility criteria. The studies reviewed provide evidence supportin e perpetrator that increase their risk of continued dace the victim at heightened risk of elder abuse. elder abuse and eight victim associations are outlined. The practical utility of the risk and Hypotheses raised by retors are use thed. The need for and approach to developing a structured method to assess and k based on the empirically supported risk and vulnerability factors is discussed.

ont: Empirically supported dynamic risk factors for elder abuse are identifiable for of abuse in the existing research literature. These risk factors can be utilised by pro-

被虐長者的傷害:

• 身体方面

- 傷口和受傷(例如瘀傷,撕裂傷,牙齒問題,頭部 受傷,骨折,壓瘡)
- 持續的身體疼痛和酸痛
- 營養和水合問題,睡眠障礙,對新疾病(包括性傳播疾病)的易感性增加
- 現存的健康狀況惡化 過早死亡的風險增加



被虐長者的傷害:

• 精神/心理方面

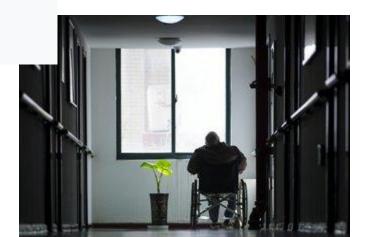


■ 需要進一步科學研究的其他潛在心理後

果是:發展恐懼和焦慮反應的風險增加

- 無奈/無助
- 創傷後為症





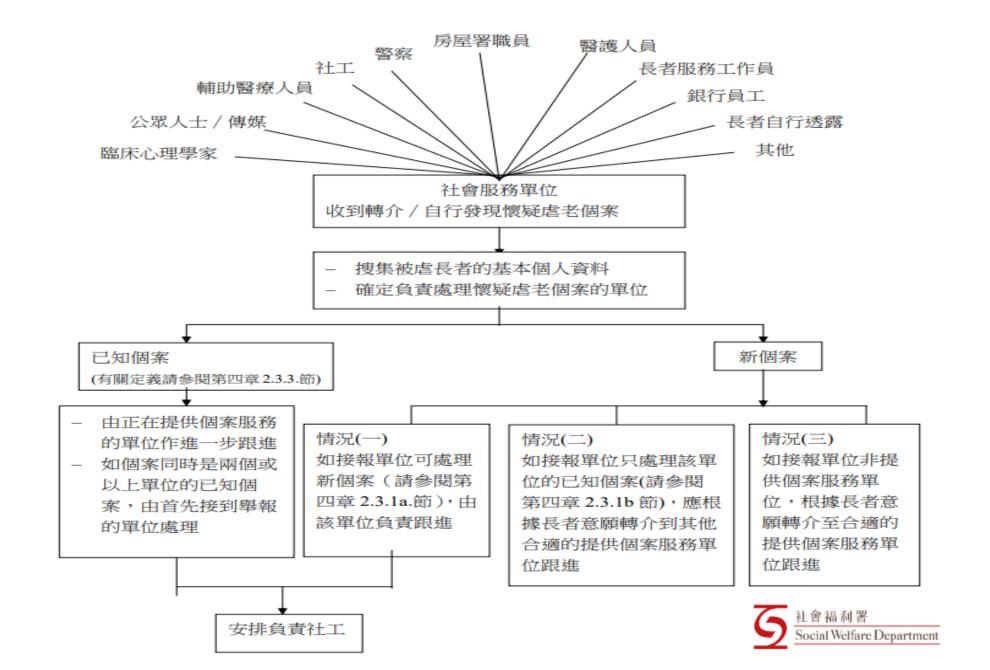
虐老 - 不可漠視

每個人都享有生存、自由和人身安全的權利。任何人,包括長者,都不應受到侮辱性、殘忍、甚或不人道的對待。為保障長者的權利,社會各界都應關注虐待長者(虐老)的情況,而各有關專業人士,亦應共同合作,局負保護長者免被虐待的責任。

如何幫助被虐待長者?

- •被虐長者或認識這些長者的人,應盡快向有關專業人士(例如社工、醫護人員、警方等)尋求協助,使情況得以改善。
- 各專業人士會為被虐長者提供援助,並會按需要,透過商討或會議,協力為長者及他/她的家人釐訂適切的福利計劃。
- 專業人員會盡量尊重長者的意見,用最適切的方法保護及幫助他們。
- 在以保障長者安全為前提下,專業人員更會幫助施虐者解決其個人或家庭的問題,並在情況許可下,盡力協助長者與家人,包括與施虐者改善關係。

懷疑虐老個案轉介圖







處理虐老的有關法例:

侵害人身罪條例

[Cap.212]

謀殺

誤殺

襲擊致造成身 体傷害 普通襲擊 盗竊罪條例

[Cap.210]

- 盜竊罪
- 搶劫罪
- 以欺騙手段取 得財產
- **–** ...

刑事罪行條例

[Cap.200]

- 婚內強姦
- 強姦
- 猥褻侵犯
- _ ...

• • •







在疫情下, 防虐特別重要!

A 'hug curtain' ...

https://www.youtube.com/watch?v=wIm7nQz0REg#action=share



安老護理的目標:

- 1. 給予長期病患者安全和支持的環境
- 2. 提供康復治療以確保最佳的功能和認知狀態
- 3. 專業護理可延緩慢性疾病的進展
- 4. 預防急性和醫源性醫學疾病
- 5. 維護長期/絕症患者及其照顧者的尊嚴和舒適感
- 6. 允許有關最後晚年(end-of-life)各問題的自主權和決策權。



愛與關懷開始消退

■ 工作人員不足

■ 沒有家人探訪

■ 防疫措施輪迥

• ...

以目標導向的"護理"

以目標導向的流水作業的 "例行任務"

以人為本的護理

尊重的護理 Respectful care



2015年5月26日星期二

家屬: 廁所壞燈 5天不換 長者打翻水

被罵「去死」



















2 Sept 2020 2-2.30pm

長者遭脫光露天等冲涼

護老院創辦人認損尊嚴 社署極度關注





智障漢遭紗布塞肛後肺炎亡裁死於自 然官轟社署監管鬆促設安老院黑名單



















2020年8月13日 星期四



怎做怎防 (特別在疫情下)?



多點?

少點綁

齊心,我們-定可以打擊虐老問題

- ✓ 建立可靠的患者護理政策和程序。
- ✓ 培養志願者和社會工作者的頻繁訪問 (疫後)。
- ✓ 安裝質量監控系統??
- ✔ 定期對員工進行虐待和忽視問題的培訓: 提升服務長者的工

作人員對虐待長者問題的警覺性(如今次討論)。







防止虐待老年人干預措施包括:

- 公眾和專業宣傳運動
- 篩查(潛在的受害者和濫用者)
- 支持照顧者干預措施(包括壓力管理和暫托服務)
- 院舍政策: 提升護理標準等
- 培訓癡呆症照料者。







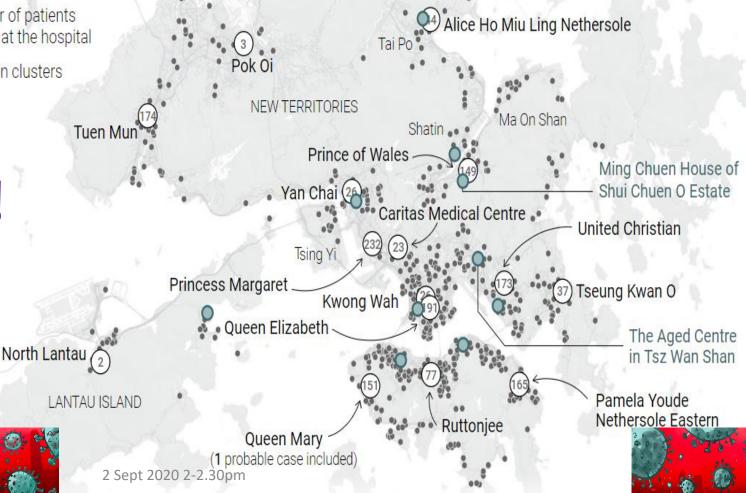


North District •



- Locations of the patients' accommodation/home
- O Number of patients treated at the hospital
- Infection clusters

防疫有天可能完, 敬老防虐要堅持!



總結:

- 防疫對院友的影响
- 防虐 何為虐老? 為何重要? 怎做怎防?
- 防疫固然重要, 當時也需注意院友的基本尊嚴;以至顧及院 友們晚年的**身心健康需要**。
- 向虐老說不, 我哋一定得!

謝謝各位!

