ELDER MISTREATMENT

Geriatrics Rotation

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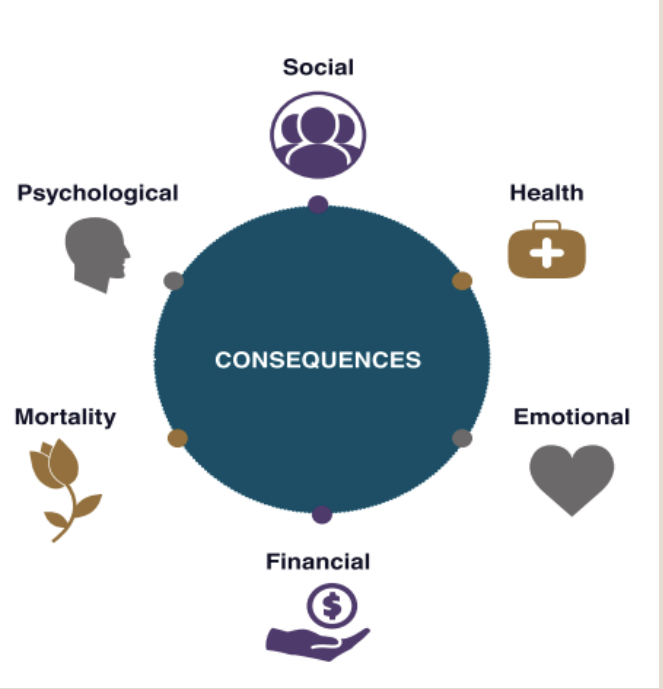
Background

- Growing geriatric population
- **1 out of 10 older adults experience some sort of abuse or neglect**
  - **1 in 2 older adults with cognitive impairment experience abuse**
- **According to the National Center on Elder Abuse only 1 in 14 cases get reported to the authorities**

- Elder abuse
  - It is a **public health problem**!!
  - **Triples** the risk of **premature death**
  - Causes illness and injury
  - **Four times** more likely to be admitted to a **nursing home**
  - **Three times** more likely to be admitted to the **hospital**



Background

- **AAFP Policy Statement**
  - Primary Care Physicians
    - Should be aware of factors that may increase the risk for mistreatment
    - Work to break the cycle of mistreatment
    - Should be aware of state regulations and mandatory reporting of mistreatment and how to refer cases to the local adult protective services

- **Despite requirements for reporting, it is the least reported type of domestic violence**
  - Suspicion is "subjective"
  - Healthcare professionals feel they don't get enough training on this topic
  - Physician's fear of loss of rapport with patients and families often supersedes suspicion

Definitions of Elder Abuse

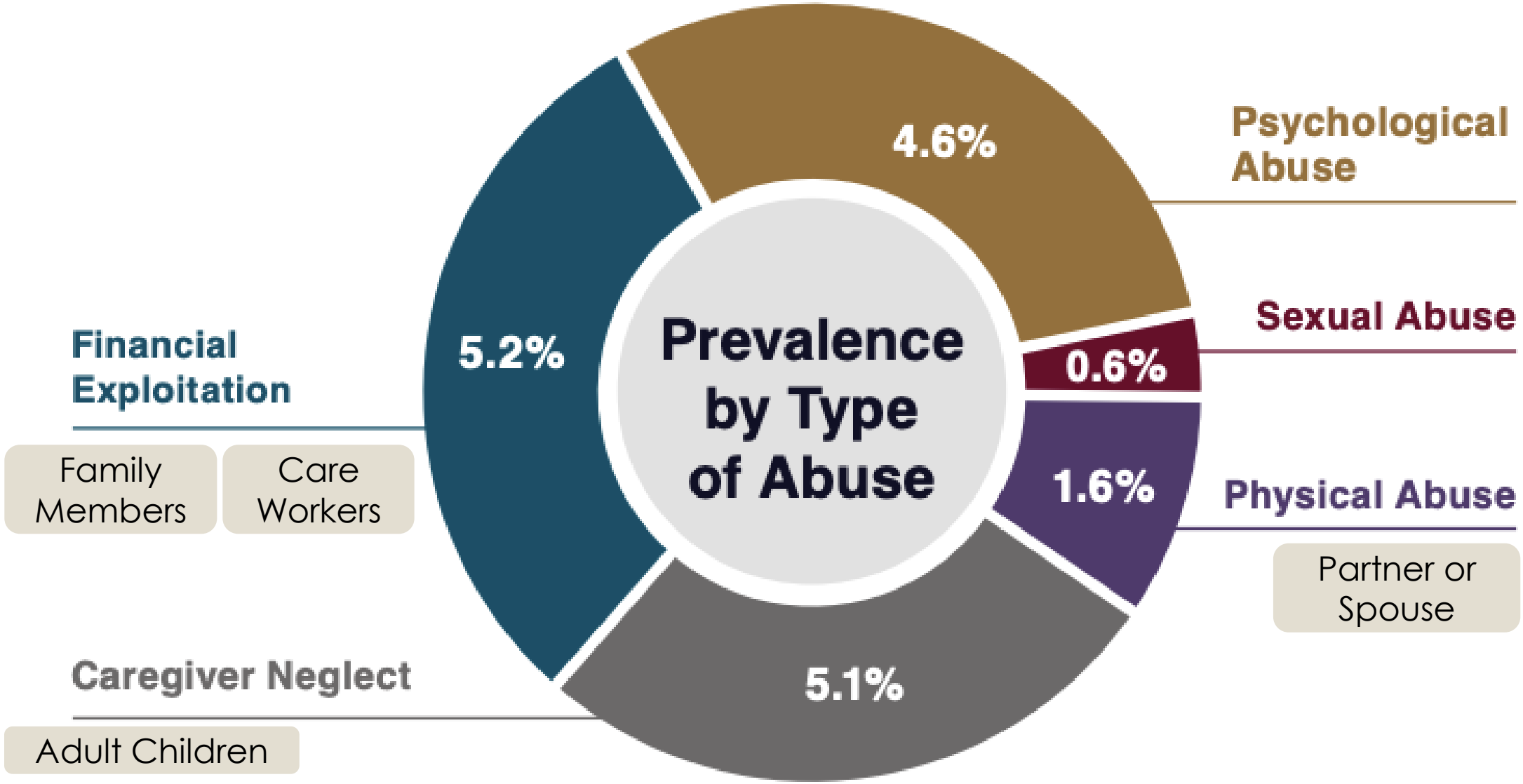
- Center for Disease Control and Prevention
  - "Elder abuse is an **intentional act or failure to act that causes or creates a risk of harm to an older adult.** An older adult is someone age **60 or older**. The abuse often occurs at the hands of a caregiver or a person the elder trusts."
- World Health Organization
  - "Elder abuse can be defined as **"a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person**." Elder abuse can take various forms such as financial, physical, psychological, and sexual. It can also be the result of intentional or unintentional neglect."
- National Research Council
  - "(a) **intentional actions that cause harm or create a serious risk of harm to a vulnerable elder** by a caregiver or other person who stands in a trust relationship to the elder, or (b) **failure by a caregiver to satisfy the elder's basic needs or to protect** the elder from harm."

TYPES OF ABUSE?

Table 1. Types of Elder Abuse

Types of abuse	*Characteristics*	*Examples*
Financial or material	Illegal or improper use of funds or resources, exploitation	Theft of debit or credit cards, coercion to deprive the older person of assets (e.g., forcible transfer of property or accounts)
Neglect or abandonment	Intentional or unintentional refusal or failure of designated caregiver to meet needs required for an older person's well-being	Failure to provide adequate food, clothing, shelter, medical care, hygiene, or social stimulation/interaction
Physical	Infliction of pain or injury	Slapping, hitting, kicking, force-feeding, restraint, striking with objects
Psychological or emotional	Infliction of mental anguish	Verbal aggression or threat, threats of institutionalization, social isolation, humiliating or degrading statements
Sexual	Nonconsensual genital contact, unwanted sexual talk	Suggestive talk, forced sexual activity, touching, fondling a nonconsenting competent or incompetent person

Adapted with permission from Perel-Levin S. Discussing Screening for Elder Abuse at Primary Health Care Level. *Geneva, Switzerland: World Health Organization; 2008:6.*


Prevalence by Type of Abuse
4.6%
Psychological Abuse
0.6%
Sexual Abuse
1.6%
Physical Abuse
Partner or Spouse
5.1%
Caregiver Neglect
Adult Children
5.2%
Financial Exploitation
Family Members
Care Workers

Risk Factors for Abuse

Victim Risk Factors

- Chronic medical conditions
- Functional and cognitive disability
- Mental Health problems
- Lower socioeconomic status
- Substance misuse
- Financial dependence
- Limited social support
- Female > Male

Perpetrator Risk Factors

- Chronic medical conditions
- Early childhood abuse
- Substance misuse
- Mental health problems
- Financial dependence
- Lack of social support
- High levels of stress
- Unemployment

When to suspect Abuse?

When to suspect?

Type of abuse	Presenting Situation	Effect on Patient
Physical	• Bruises, abrasions, open wounds, cuts, untreated injuries in various stages of healing • Head trauma/bone fractures • Sprains, dislocations, internal injuries/bleeding • Falls • Medication overdose or chemical restraints • Sudden behavioral changes	• Cognitive decline • Depression • Anxiety • Increase in hospitalizations • Increase in mortality
Psychological or Emotional	• Low self-esteem, feelings of worthlessness • Lack of self-care • Emotional distress or agitation • Withdrawal from activities of daily life • Non-responsive • Unusual behaviors commonly attributed to dementia (sucking, biting, rocking)	• Feelings of shame/guilt • Physical decline • Loss of self-esteem • Loss of attachment to perpetrator • Emotional distress • Depression • PTSD

When to suspect?

Type of abuse	Presenting Situation	Effect on Patient
Financial	• Sudden change in bank account • Abrupt changes to will or other financial documents • Disappearance of valuable possessions • Sudden transfer of assets • Unpaid bills or eviction proceedings	• Depression • Anxiety • Malnutrition • Monetary loss • Loneliness • Financial dependence
Sexual	• Bruises, abrasions, lacerations in GU area • Unexplained STIs	• Sleep disturbances • Agitation or restlessness • PTSD • Changes in self-image • Dissociation
Neglect	• Untreated bedsores • Poor personal hygiene • Untreated health problems • Unsanitary living conditions	• Malnutrition/dehydration • Functional impairment • Lower quality of life • Depression/psychological distress

What to do when you suspect abuse?

Get a complete medical history

Interview the patient & caregiver **separately**

Complete Physical Exam

Table 3. Signs and Symptoms of Possible Elder Abuse or Neglect

Bruising in unusual locations (not over bony prominences; on lateral arms, face, or back; larger than 5 cm)	Patterned injuries such as hand slap or bite marks; ligature marks or scars around wrists, ankles, or neck suggesting inappropriate restraint
Burns in patterns inconsistent with unintentional injury or with the explanation provided (e.g., stocking or glove pattern, suggesting forced immersion)	Poor control of medical problems despite a reasonable medical plan and access to medication
Decubitus ulcers, unless the result of unavoidable decline	Subconjunctival or vitreous ophthalmic hemorrhage
Dehydration, fecal impaction	Traumatic alopecia or scalp swelling
Evidence of sexual abuse	Unexplained fractures
Intraoral soft tissue injuries	Unusual delay in seeking medical attention for injuries
Malnutrition, medically unexplained weight loss	Urine burns (similar to severe diaper rash), dirty clothing, or other signs of inattention to hygiene
Missing medications	

Information from references 28 through 30.

Screening Older Adults for Abuse

- USPSTF evidence level C
  - There isn't sufficient evidence to suggest that screening older adults for abuse can help reduce exposure to abuse, or reduce physical or mental harm from abuse
- **No Gold Standard Exists!**
- Joint Commission, National Center on Elder Abuse, National Academy of Sciences, and American Academy of Neurology recommend routine screening for elder abuse
- **Elder Abuse Suspicion Index (EASI)**
  - Validated in primary care settings

Questions 1 through 5 asked of the patient; question 6 answered by the physician.

Within the past 12 months:

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No	Did not get answer
2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with?	Yes	No	Did not get 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 get answer
4. Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No	Did not get answer
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No	Did not get answer
6. Physician: 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 past 12 months?	Yes	No	Not sure

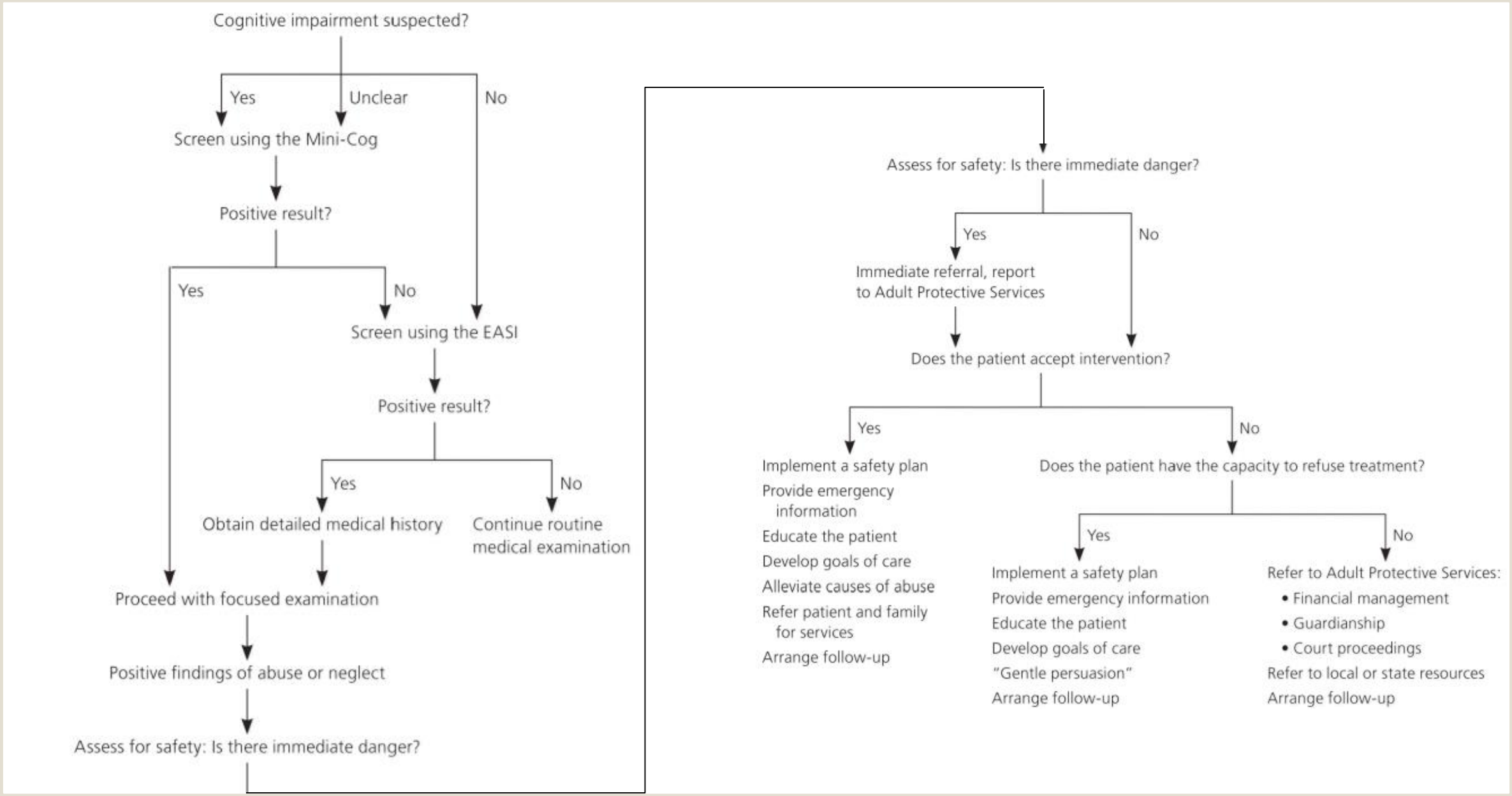
NOTE: *The EASI was developed to raise a physician's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, Adult Protective Services, or the equivalent. Although all six questions should be asked, a response of "yes" on one or more of questions 2 through 6 may establish concern. The EASI was validated for family physicians to administer to older persons with a Mini-Mental State Examination score of 24 or greater who are seen in ambulatory settings.*

Elder Abuse Suspicion Index (EASI)

Sensitivity 47%

Specificity 75%

If "yes" to any of questions 2-6 then the patient requires further assessment


Cognitive impairment suspected?
Yes
Unclear
No
Screen using the Mini-Cog
Positive result?
Yes
No
Screen using the EASI
Positive result?
Yes
No
Obtain detailed medical history
Continue routine medical examination
Proceed with focused examination
Positive findings of abuse or neglect
Assess for safety: Is there immediate danger?
Assess for safety: Is there immediate danger?
Yes
No
Immediate referral, report to Adult Protective Services
Does the patient accept intervention?
Yes
No
Implement a safety plan
Provide emergency information
Educate the patient
Develop goals of care
Alleviate causes of abuse
Refer patient and family for services
Arrange follow-up
Does the patient have the capacity to refuse treatment?
Yes
No
Implement a safety plan
Provide emergency information
Educate the patient
Develop goals of care
"Gentle persuasion"
Arrange follow-up
Refer to Adult Protective Services:
• Financial management
• Guardianship
• Court proceedings
Refer to local or state resources
Arrange follow-up

If you suspect abuse…

- Be aware that your patient may be experiencing internal barriers that prevent them from disclosing
- Utilize Trauma Informed Care
- Ask you patient directly, start with open-ended questions
  - *"how is it going with [family member/caregiver] at home?"*
  - *"how has it been going since [child/grandchild] has moved back into the home?"*

- **Ultimate goal = patient well-being and preventing further mistreatment**

Where to Report?

- Adult Protective Services (APS)
- Long-term care ombudsmen
  - For abuse that is suspected in a facility
- Multidisciplinary Teams

Who is mandated to report?

Any person who has full or intermittent responsibility for the care or custody of an elder adult, whether they receive compensation for the care

Includes:

- Administrators
- Supervisors
- Licensed staff of a public/ private facility that provides care or services for the elder adult
- Health practitioners (physicians, RN, LVN, EMT/paramedic, dentists, nursing aide, PT/OT, therapist)
- Clergy members
- Employees of county adult protective service agencies, local law enforcement agencies
- Employees of financial institutions if financial abuse is suspected

LA County Adult Protective Services

If you suspect abuse, call the APS hotline (open 24/7)

- **Elder Abuse Hotline Call: 1-877-4R SENIORS (1-877-477-3646)**
  - for suspected abuse in Long Term Care call the long-term care ombudsmen: 1-800-334-9473
- If non-emergency/life-threatening can also report through online form **https://bit.ly/3jUIXyh**

How it works?

- If meets legal definition of abuse, neglect or exploitation
- APS staff assigned for investigation
- Investigation will begin within 24 hours
  - Will visit client home within 24hrs, 3d, 7d or 14d depending on priority of case
- APS will determine if client needs protective services
- When abuse, neglect, or exploitation is not validated the case is closed, but APS can still refer to community resources

Bottom Line

- **We need more education as physicians**
  - Many physicians voiced a need for educational materials
- **We need to increase societal awareness about the topic!**
  - World Elder Abuse Awareness Day (WEAAD)
    - https://eldermistreatment.usc.edu/weaad-home/
  - Reframing Elder Abuse and Elder Justice
    - https://ncea.acl.gov/Resources/Reframing.aspx

More Resources

USC's Center for Elder Justice

https://trea.usc.edu/

Department of Justice – State Resources

https://www.justice.gov/elderjustice/support/resources-neighborhood?state=CA

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