



University of South Florida
**GERIATRIC
WORKFORCE
ENHANCEMENT
PROGRAM (GWEP)**
Learn@Lunch
Geriatric Education Series

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Providers of
Continuing Education

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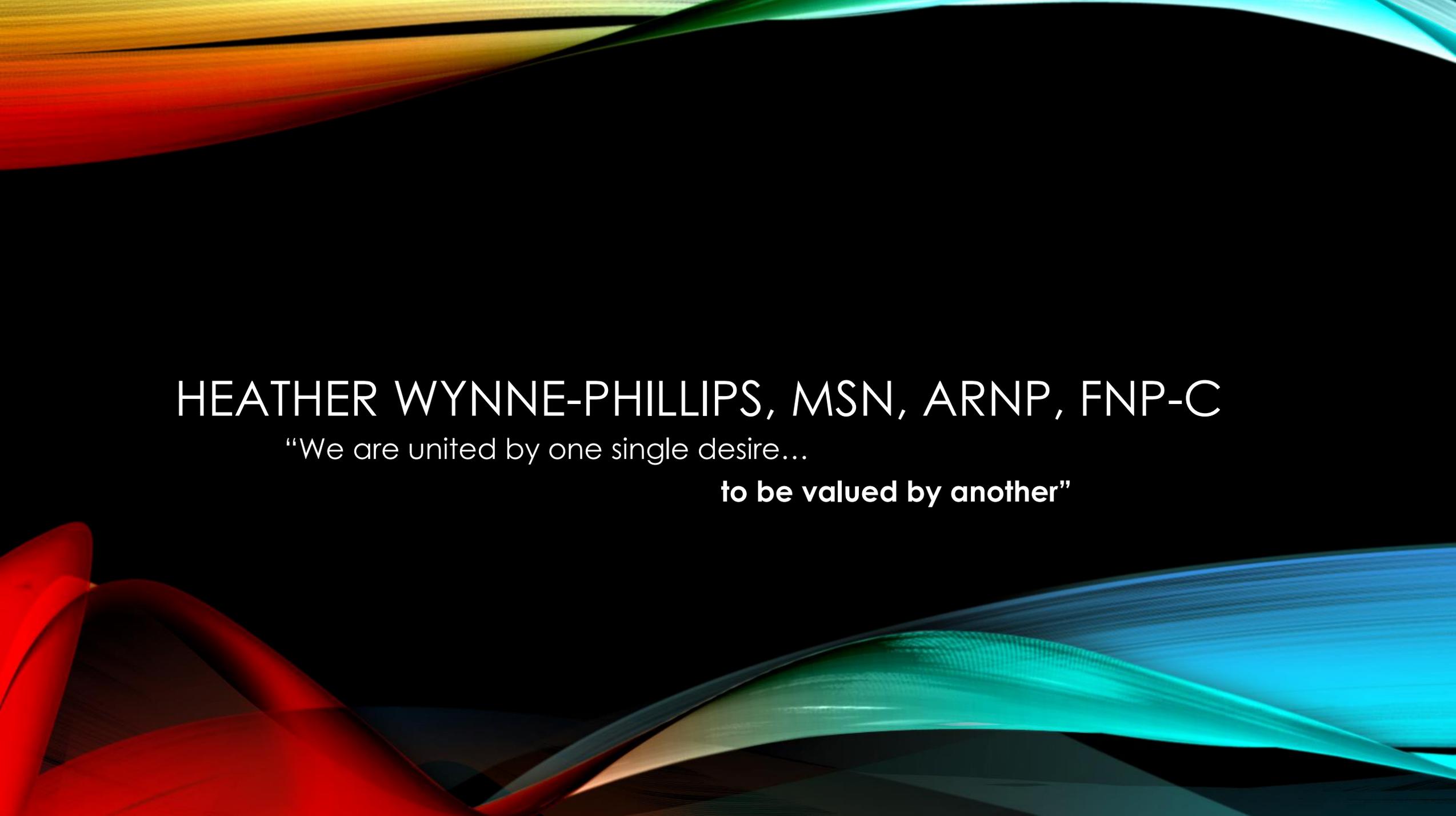


ELDER ABUSE

A Primer for Providers

Heather Wynne-Phillips, ARNP

USF Byrd Alzheimer's Institute



HEATHER WYNNE-PHILLIPS, MSN, ARNP, FNP-C

“We are united by one single desire...

to be valued by another”

OBJECTIVES

- Increase knowledge about ELDER ABUSE
- Identify types of ELDER ABUSE
- Become familiar with tools for ELDER ABUSE screening
- Become more comfortable interviewing patients about ELDER ABUSE
- Identify risk factors for ELDER ABUSE
- Gain knowledge about reporting suspected ELDER ABUSE

WHAT WOULD YOU DO?

While making a home visit to a bedridden 89 year old man, you note he is cachectic, dehydrated, but cognitively intact. He states he is not receiving his medicine and that his granddaughter (his CG) is “more interested in my check.” He is unhappy, but asks you “not to tell” because he does not want to go to a nursing home. You would:

- A. Talk with the granddaughter and evaluate her ability to care for the patient
- B. Visit the patient more frequently to ensure that his condition does not deteriorate
- C. Report the situation to the state agency
- D. Honor the patient’s wishes because a competent patient has the right to determine care



ANSWER

C. Report the situation to the appropriate state agency

WHAT DO YOU THINK?

Which of the following statements is TRUE concerning elder maltreatment?

- A. This problem is found mainly in families of lower socioeconomic status
- B. An elderly adult being mistreated usually seeks help
- C. Routine screening is indicated as part of the care of older adults
- D. In most instances of elder mistreatment, a predictable cycle of physical violence directed at the older adult followed by a period of remorse on the part of the perpetrator is the norm

ANSWER

C. Routine screening is indicated as part of the care of an older adult

WHAT DO YOU THINK?

Risk Factors for becoming a perpetrator of elder maltreatment include ALL of the following **EXCEPT**:

- A. A high level of hostility about the caregiver role
- B. Poor coping skills
- C. Assumption of caregiving responsibilities at a later stage of life
- D. Maltreatment as a child

ANSWER

C. Assumption of caregiving responsibilities at a later stage of life (answer should be EARLIER stage of life to be true)

WHAT DO YOU THINK?

Elder maltreatment is considered drastically underreported; an estimated _____ cases go unreported for each *ONE* case that *IS* reported.

- A. Three
- B. Four
- C. Five
- D. Six



ANSWER

C. Five

WHAT DO YOU THINK?

The **MOST COMMONLY** reported form of elder maltreatment is...?

- A. Physical abuse
- B. Sexual Exploitation
- C. Financial Exploitation
- D. Neglect



ANSWER

D. Neglect

ELDER ABUSE DEFINITION

- Intentional or neglectful acts by a caregiver or “trusted” individual that lead to, or may lead to, harm of a vulnerable elder (someone over 60)
- Elder abuse can occur *anywhere*
 - Home
 - Nursing Homes
 - Other Institutions
- An estimated 1 in 10 elders is a victim of Elder Abuse, but the true incidence likely is MUCH higher

NO RULES!

*No Federal Regulation of home care workers

*Only 50% of states require agencies to train workers

- *Only 15 states require agencies to conduct in-home reviews of workers
- *Most states require criminal background checks BUT only check THAT state
- *Home Health Aid is the 3rd fastest growing occupation (US Bureau of Labor Statistics)yet they are underpaid (median wage \$9.61)-high turnover and inconsistent care

ACA-ELDER JUSTICE ACT

As part of the Affordable Care Act, Congress approved, \$500 million to help state and local adult protective services better detect & prevent elder abuse.

HOWEVER...

Lawmakers have yet to authorize any money for the program AND that lack of funding has stalled plans to conduct a comprehensive study on elder abuse.

TYPES OF ELDER ABUSE

- **Physical Abuse**
- **Emotional/Psychological**
- **Financial or Material Exploitation**
- **Neglect**
- **Sexual Abuse**
- **Self-Neglect**
- **Abandonment**

PHYSICAL ABUSE

- **Force that may result in bodily injury, physical pain, or impairment**
 - Striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning.
 - Inappropriate use of drugs or physical restraints, force-feeding, and physical punishment

EMOTIONAL / PSYCHOLOGICAL

- **Inflicting anguish, pain, or distress through verbal or nonverbal acts**
 - Verbal assaults, insults, threats, intimidation, humiliation, and harassment
 - Treating an elder like an infant
 - Isolating an elderly person from his/her friends, family, or activities
 - Giving the older person “silent treatment”

FINANCIAL/MATERIAL EXPLOITATION

- **The illegal or improper use of elder's funds, property, or assets**
 - Cashing elderly's check without permission
 - Forging signature
 - Misusing or stealing money or possessions
 - Coercing or deceiving into signing a document such as contract or will
 - Neglecting duties to an elder

SEXUAL ABUSE

Non-consensual sexual contact of any kind with an elderly person or sexual contact with any person incapable of giving consent

Unwanted Touching

All types of sexual assault or battery including rape, sodomy, coerced nudity, and sexually explicit photographing

ABANDONMENT

- The **desertion** of an elderly person **by an individual who has assumed responsibility for providing care for an elder**, or by a person with physical custody of an elder.

NEGLECT

- Refusal or failure to provide food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, or other essentials

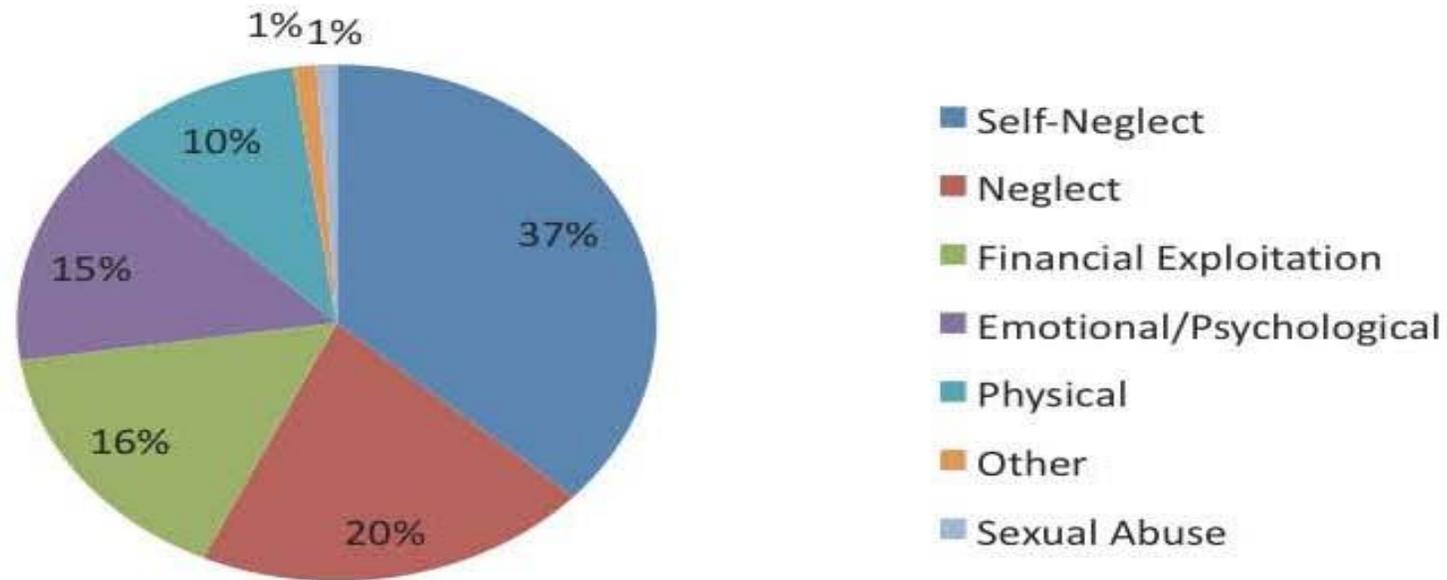
SELF NEGLECT

- **Behavior of an elderly person that threatens his/her own health or safety**

An older person may refuse or fail to provide him/herself with adequate food, water, clothing, shelter, personal hygiene, medications, and safety precautions

TYPES

Types of Elder Abuse



From National Center on Elder Abuse, 2006.

ELDER ABUSE SCREENING TOOLS

- The AMA recommends screening all geriatric patients (Burnett et al., 2014)
- Research suggests only 1.4% of reported cases come from physicians (2006 National Committee for Prevention of Elder Abuse)
- The USPSTF concluded there is insufficient evidence to assess the balance of benefits vs. harms of screening all elderly (2013)
- No universal screening tool, currently no gold standard for screening
- Elder Mistreatment Symposium (convened by CMS 2013), identified 3 tools:
 - EASI,
 - H-S/EAST
 - VASS

EASI

ELDER ABUSE SUSPICION INDEX (EASI)

EASI questions: questions 1–5 asked of patient; question 6 answered by doctor. Within the last 12 months:

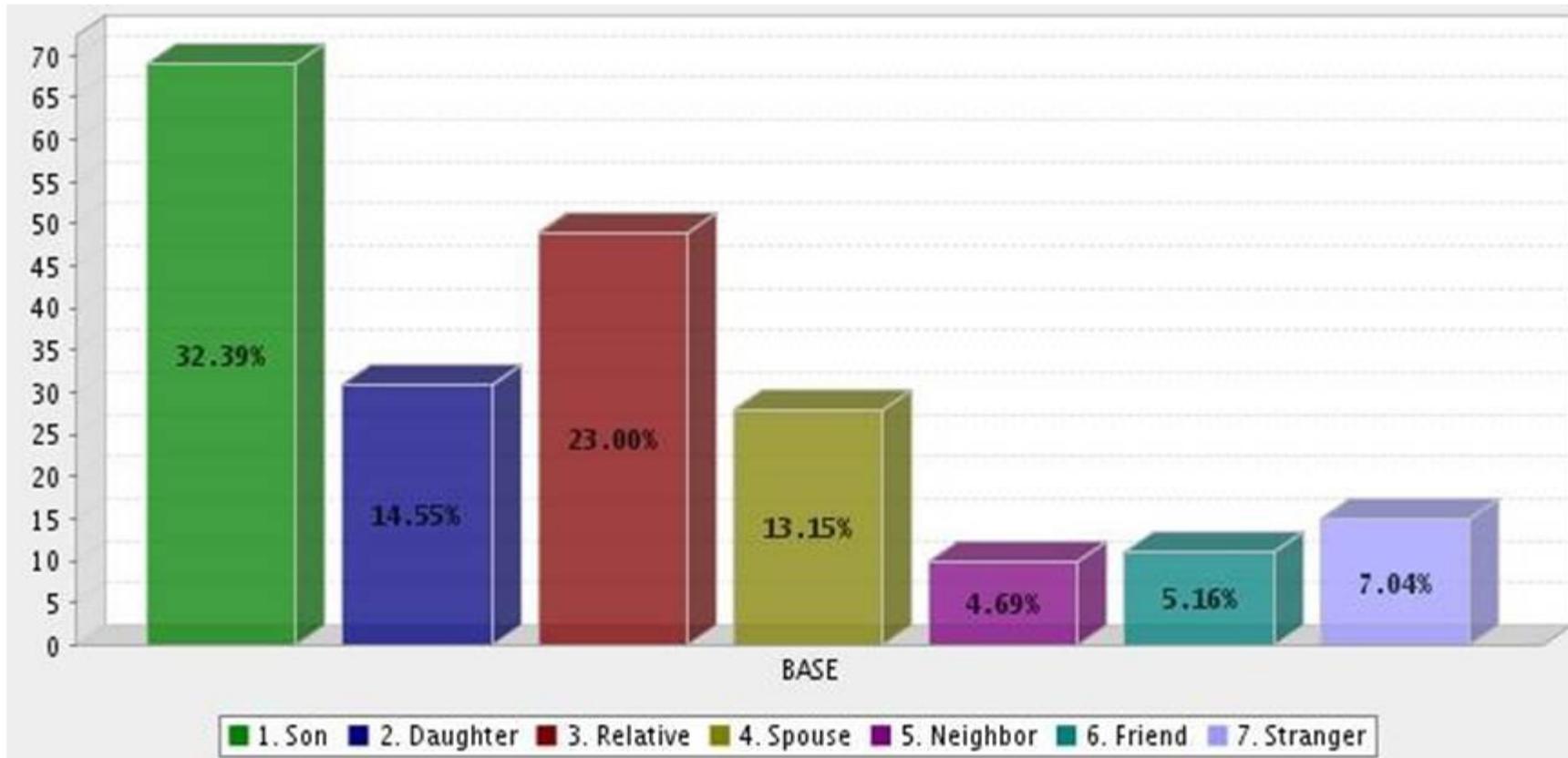
1	Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No	Did not answer
2	Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	Yes	No	Did not answer
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 <u>may</u> 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...While all six questions should be asked, a response of "yes" on one or more of questions 2 to 6 may establish concern.

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WHO ARE THE ABUSERS?

Who is the Abuser of Elders



RED FLAGS OF ABUSE

- Unexplained injury
- Repeated injury to same area
- Injury around head, face, neck
- Changes in mental or physical function suggesting over or under-medicated
- Sexually transmitted diseases in a person not considered sexually active
- Signs/symptoms of dehydration or malnourishment
- Unexplained financial hardship
- Fear and anxiety when caregiver/relative is proximate
- Delay in seeking treatment for illness/injury
- Characteristic Burns, decubitus ulcers, or odd/unusual injury
- An inconsistent or illogical explanation for an injury



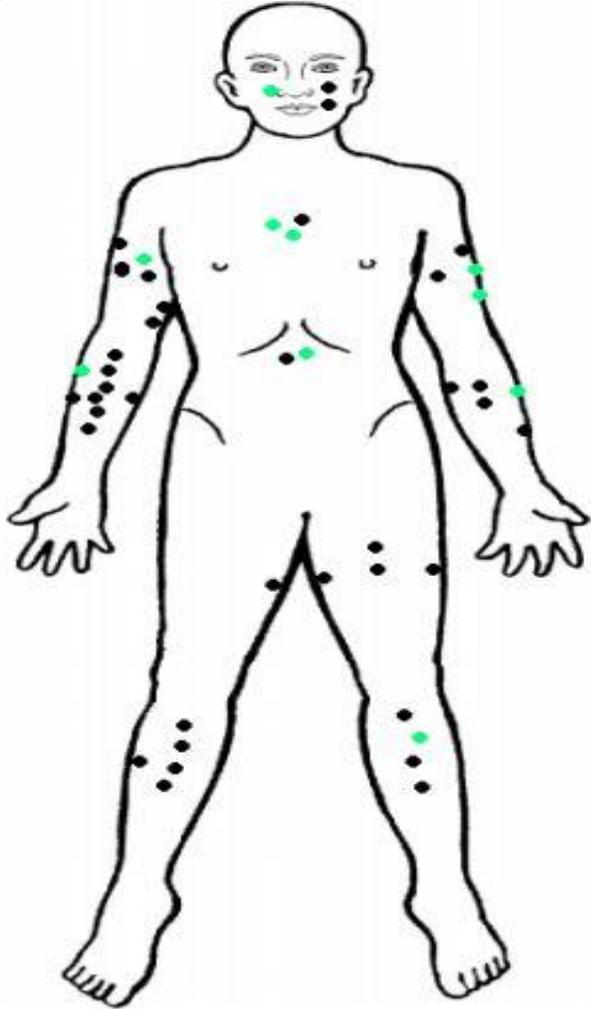




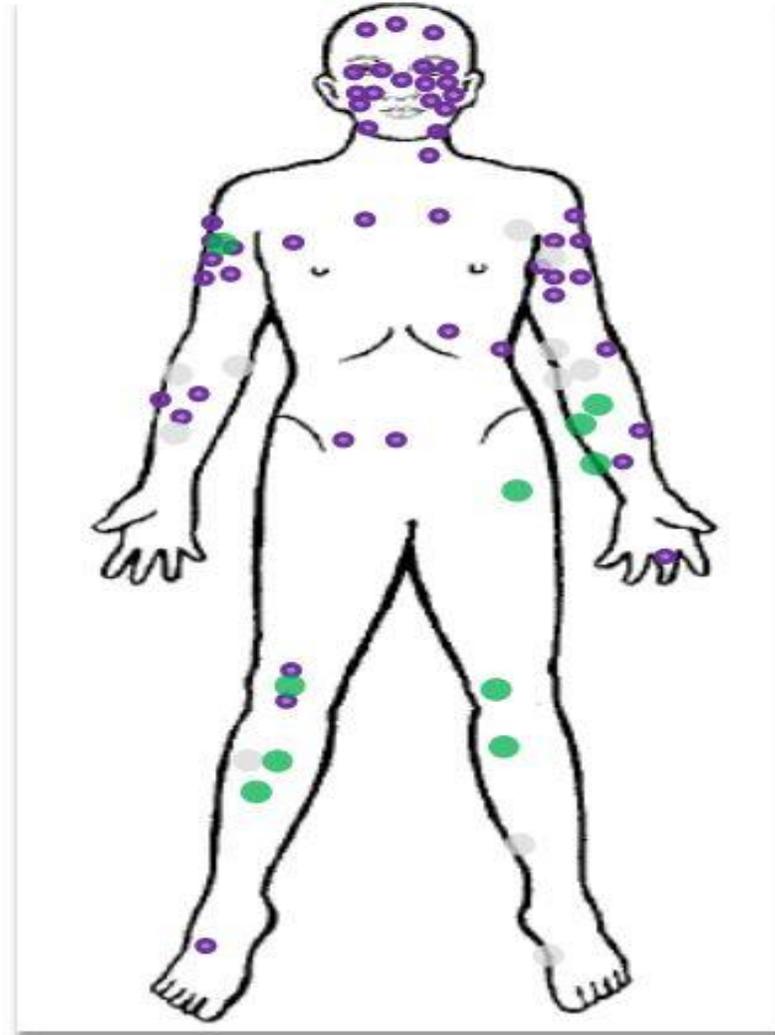


Anterior Comparison

Part I: Accidental

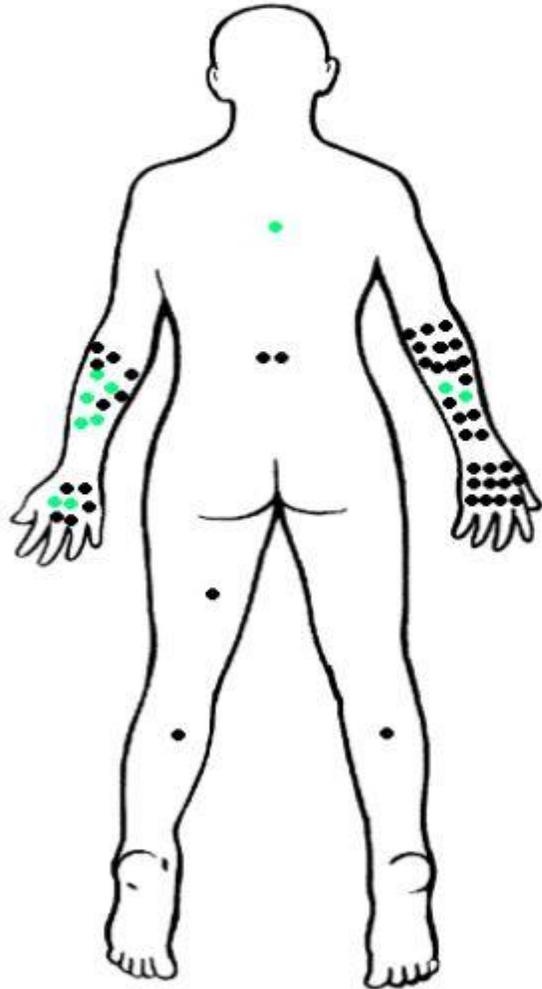


Part II: Physical Abuse

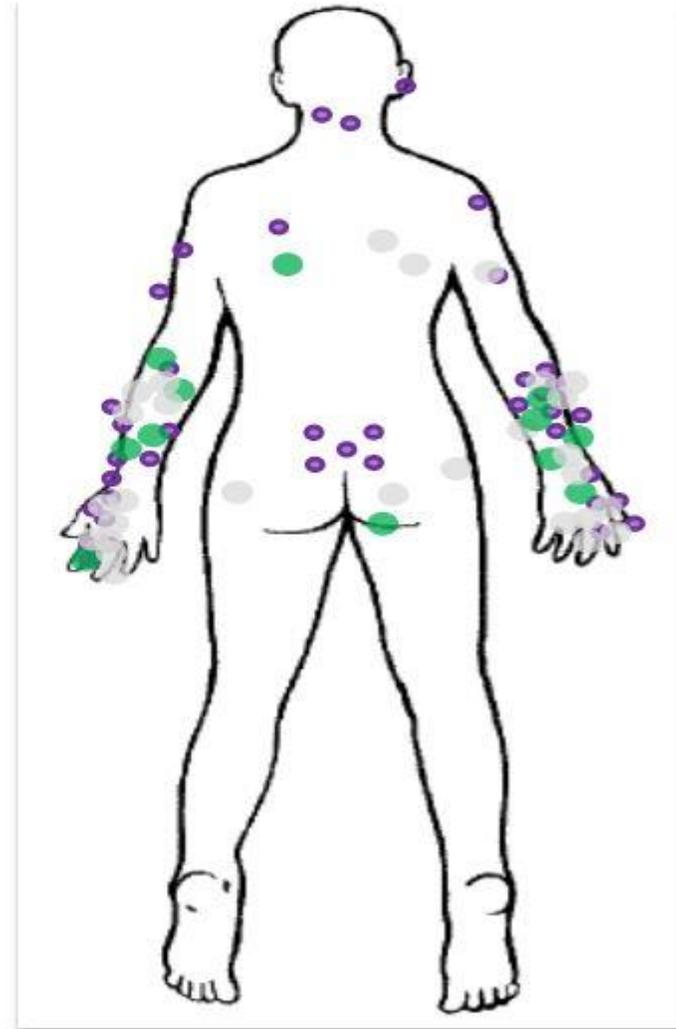


Posterior Comparison

Part I: Accidental



Part II: Physical Abuse



HISTORY AND INTERVIEW

- “Red Flags of Elder Abuse: History and Interview”

<http://www.quantiamd.com/player/yamzjuydr?u=bjtcfsfu>

Dr. Laura Mosqueda

Chair and Professor of Family Medicine,

Co-Director, National Center on Elder Abuse

University of California, Irvine School of Medicine

RISK FACTORS FOR PERPETRATORS

A **Combination** of factors contribute to the risk of an individual becoming a perpetrator of elder mistreatment:

- Individual (personal)
- Relational
- Community
- Societal Factors

RISK FACTORS

- Diagnosis of mental illness or substance abuse
- High level of hostility about the caregiver role
- Poor coping skills
- Inadequate preparation for caregiving
- Assumption of caregiving at an early age
- Maltreatment as a child or as a spouse
- High level of financial or emotional dependence on a vulnerable elder
- Lack of social support/isolation
- Cultures/communities where elder mistreatment is more tolerated

RISK FACTORS (CON'T)

- Community where there is more negative beliefs toward aging/elderly or where individuals are encouraged to endure suffering or remain silent in pain
- Unsympathetic or negative attitudes toward certain residents in facilities
- Chronic staffing problems
- Lack of administrative oversight or competent administration
- Staff or caregiver burnout
- Stressful working conditions
- Poorly paid workers

PROTECTIVE FACTORS AGAINST ABUSE

- Strong personal relationships
- Accessible community support
- Support groups
- Effective monitoring systems in facilities/homes
- Clear understandable policy/procedures in facilities
- Ongoing education about abuse/neglect
- Regular visits by family members/friends of facility patients
- Strong social worker interaction
- Appropriately paid, well treated, and respected staff/hired CG

PREVENTION OF ABUSE

- Listen to caregivers AND patients for clues of abuse
- Be astute to recognizing ABUSE vs. normal aging process
- Confirm that patients who live alone have some support or connection
- Encourage use of Adult Daycare, Respite Services
- Encourage CG to use Support Groups, Counseling, Outlets that promote well-being
- Where prudent, encourage multiple people to be involved in finances
- Refer CGs who have substance abuse issues to get help

***Florida* Helplines, Hotlines, and Referral Sources**

To report suspected elder abuse, neglect, or exploitation in Florida (Source: National Center on Elder Abuse)

- 800-962-2873 (for suspected elder mistreatment in the **home** or in a **facility**)
- 800-453-5145 (for suspected elder mistreatment in the home, TDD/TTY access)
- **Elder Helpline:** 800-963-5337
- **Long-Term Care Ombudsman Program** 888-831-0404
- **Statewide Senior Legal Helpline:** 888-895-7873

National Resources

Elder Abuse Helplines and Hotlines: Call 1-800-677-1116

National Center on Elder Abuse: www.ncea.aoa.gov

National Institute on Aging: www.nia.nih.gov

National Institute of Justice: www.ojp.usdoj.gov/nij/topics/crime/elder-abuse/welcome.htm

CDC: www.cdc.gov/violenceprevention

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