University of South Florida

GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (GWEP)

Learn@Lunch Geriatric Education Series

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Principal Investigator

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For additional information about this and other USF GWEP events, email amaynard@health.usf.edu

Making Life Better®
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
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
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!

• *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

*No Federal Regulation of home care workers
*Only 50% of states require agencies to train workers
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
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 of Elder Abuse

- Self-Neglect: 37%
- Neglect: 16%
- Financial Exploitation: 15%
- Emotional/Psychological: 10%
- Physical: 1%
- Other: 1%
- Sexual Abuse: 1%

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
ELDER ABUSE SUSPICION INDEX (EASI)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</td>
<td></td>
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<tr>
<td>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?</td>
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<tr>
<td>3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?</td>
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<tr>
<td>4. Has anyone tried to force you to sign papers or to use your money against your will?</td>
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<td>5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?</td>
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<tr>
<td>6. <strong>Doctor:</strong> Elder abuse <strong>may</strong> 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?</td>
<td></td>
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</tbody>
</table>

*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

- 32.39% 1. Son
- 23.00% 2. Daughter
- 14.55% 3. Relative
- 13.15% 4. Spouse
- 7.04% 7. Stranger
- 4.69% 5. Neighbor
- 5.16% 6. Friend

Silver Spring Foundation - SSS GLOBAL:
Elder Abuse Survey 2011-12
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
“Red Flags of Elder Abuse: History and Interview”

http://www.quantiamd.com/player/yamzjuydr?u=bjtcfsclfu

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
REFERENCES, RESOURCES


National Center on Elder Abuse. Mosqueda, L. Forensic Markers of Elder Abuse [PPT]. https://ncea.acl.gov/faq/.

