MEDAmerica INSURANCE COMPANY
An Excellus Company
Home Office: Pittsburgh, PA

Principles of Assessment and Management of Elder Abuse

Developed by Patricia A. Bomba, M.D., F.A.C.P., MedAmerica Medical Director

Assessment

Maintain an index of suspicion for elder abuse, neglect and financial exploitation.

History: *Assess*

- Comorbid medical and surgical conditions
- Cognitive status: Mentally retarded, developmentally disabled, Alzheimer's Disease & related memory disorders
- Functional status: ADL's & performance status
- Trajectory of decline in status
- Medication history & compliance
- Alcohol & substance use
- Vague references to sexual advances
- Past neglect, abuse or domestic violence

Psychosocial History: *Assess*

- Depression, anxiety, PTSD, suicide risk
- Longstanding relationship problems between victim & perpetrator
- Quality of life
- Caregiving and social support
- Financial resources
- Patient, family, and caregiver's cultural and spiritual beliefs

Assessment:

- Order and evaluate appropriate diagnostic labs & X-rays

Diagnostic Terms:

Elder Abuse — all-inclusive term for all forms of elder mistreatment
Abuse — act of commission
Neglect — act of omission
Mistreatment — term preferred by seniors

Types of Elder Abuse:

- Physical
- Sexual
- Psychological
- Financial Exploitation
- Self-neglect
- Abandonment
- Domestic Violence of Late Life

Results of Elder Abuse:

- Unnecessary suffering, injury, pain, decreased quality of life, loss or violation of human rights
- Increased mortality rates

Lachs, M. 1998, JAMA 280(5):428-32

Suspect Elder Abuse, Neglect, Financial Exploitation

General:

- Delays between injury or illness and assessment
- History from victim and perpetrator differs
- Implausible or vague explanations
- Frequent ED visits for illness despite plan of care & adequate resources
- Functionally impaired patient presents without caregiver
- Cognitively impaired patient presents without caregiver
- Lab or X-ray results inconsistent with history
- "Doctor hopping"

Physical Abuse:

- Bruises, welts, cuts, wounds, cigarette/rope burn marks
- Blood on person, clothes
- Injuries: fractures, sprains
- Painful body movements, unrelated to illness

Psychological Abuse:

- Sense of resignation or hopelessness
- Passive, helpless, withdrawn behavior
- Fearful, tearful, anxious, clinging
- Self-blame for life situation or caregiver behavior

Neglect:

- Pressure sores
- Unclean appearance
- Inadequate food or meal preparation
- Underweight, frail, dehydrated
- Inappropriate use of meds
- Inadequate utilities
- Unsafe or unclean environment
- Neglected household finances

Financial Exploitation:

- Overpayment for goods, services
- Unexplained change in POA, wills, legal documents
- Missing checks, money
- Unexplained decrease in bank account
- Missing belongings

Modified Ohio EA & DVLL Screening Tool, NEAN 13(2) 2001: 35

Management and Monitoring

Assess for safety: Is there immediate danger?

Yes → Immediate Referral

No →

Does the patient accept intervention?

Yes →

- Implement a safety plan
- Provide emergency information
- Educate the patient
- Develop goals of care
- Alleviate causes of abuse
- Refer patient & family for services
- Arrange follow-up

No →

Does the patient have the capacity to refuse treatment?

Yes →

- Implement a safety plan
- Provide emergency information
- Educate the patient
- Develop goals of care
- "Gentle persuasion"
- Arrange follow-up

No →

- REFER TO APS
  - Financial Management
  - Guardianship
  - Court proceedings
- Refer to Geriatric Consultation Team
- Arrange follow-up

Modified AMA Diagnostic and Treatment Guidelines on Elder Abuse and Neglect, 1992

Compliments of MedAmerica Insurance Company, a leading Long-Term Care Insurer, committed to raising awareness of Elder Abuse

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As health care professionals, our challenge is to balance:

1. **Duty to protect the safety of the vulnerable elder**
2. **Elder's right to self-determination**

VALUES

- Treat elders with honesty, compassion, respect
- Goals of care should focus on improving quality of life and reducing suffering

PRINCIPLES: Rights of Older Adults

- Right to be safe
- Retain civil and constitutional rights, unless restricted by courts
- Can make decisions that do not conform to social norms if no harm to others
- Have decision-making capacity unless courts decide otherwise
- May accept or refuse services

BEST PRACTICE GUIDELINES

- First, DO NO HARM
- Interest of the senior is the priority
- Avoid imposing your personal values
- Respect diversity
- Involve the senior in the plan of care
- Establish short-term and long-term goals
- Recognize the senior's right to make choices
- Use family and informal support
- Recommend community-based services before institutional-based services, whenever possible
- In the absence of known wishes, act in the best interest and use substituted judgment

Adapted and modified from A National Association of Adult Protective Services Administrators (NAAPSA) consensus statement.

SCREENING QUESTIONS:

- Are you afraid of anyone in your family?
- Has anyone close to you tried to hurt or harm you recently?
- Has anyone close to you called you names or put you down or made you feel bad recently?
- Does someone in your family make you stay in bed or tell you you're sick when you know you aren't?
- Has anyone forced you to do things you didn't want to do?
- Has anyone taken things that belong to you without your OK?

Modified 15-item H-S/EAST screening tool by Australian Women's Health Survey (Scofield, 1999)

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