# Understanding Elder Abuse in Family Practice

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# Objectives (1)

- To define elder abuse and mistreatment.
- To discuss prevalence of elder abuse.
- To describe how abuse might appear to doctors (signs and symptoms).
- To identify reasons for identification of elder abuse.

# Objectives (2)

- To discuss risk factors for elder abuse detection.
- To describe barriers to physician detection of elder abuse.
- To introduce the Elder Abuse Suspicion Index (EASI) © as an aid in detection
- What to do when you suspect elder abuse

# Osteoporosis Screening

- **Commonly promoted….Why?**
- **Morbidity: pain, medication use, fractures, possible surgery**
- **The Mortality Rate in seniors one year post surgical repair of hip fractures is 25-40% ….due to causes other than the direct effect of the surgery.**

# Elder Abuse MORTALITY

**Prospective cohort study of 2812 community-dwelling seniors:**

**When controlled for other factors , at year 13, survival of non-abused group was 40%, compared to 9% in abused group**

Lachs et al 1998

# Epidemiology of Elder Abuse

- **Terms: elder abuse; elder mistreatment; abuse of older adults**
- **Acts of Omission or Commission**
- **Impacts on Physical, Emotional, Psychological, and Financial Well-being**
- **Prevalence :1% -18% (Canada 3.2%- 4% ; Our data: 12-13%; US: 10%)**
- **Under-reporting: 1/15 to 1/6**

# Physicians well-positioned to detect Elder Abuse

- **Family physicians in N.A. may be the only people, outside of family, who regularly see seniors– an average of 5 visits / year.**

  **Aravanis SC et al. Arch Fam Med 1993**

- **Doctor-patient relationship has potential to increase likelihood of elder abuse detection because it is on-going, and optimally promotes trust, and therefore disclosure.**

- **Doctors are often the first professional contact following victimization**

- **In the doctor-patient encounter most patients are accustomed to doctors asking direct questions about sensitive topics.**

# Physicians' Detection of Elder Abuse

- **Physicians rank 10th amongst health professionals and paraprofessionals in detecting elder abuse .**

  **Lachs MS. Clin. Geriatr Med 1993**

- **Physician reports account for only 2% of elder abuse occurrences.**

  **Rosenblatt DE et al. J Am Geriatr Soc 1996**

# Barriers to Physician Detection of Elder Abuse (1)

- **Physician lack of awareness of elder abuse as an issue to look for.**
- **Physician lack of awareness that elder abuse, independent of the act of abuse, carries a high mortality rate. (Lachs et al 1998)**
- **Lack of knowledge of how to identify elder abuse.**
- **Screening / detection tools too long for office use; use vocabulary that doctors are not comfortable with; may be designed for assessment in the home (not done frequently by doctors); may involve caregivers ( ?? a source of the abuse).**

# Barriers to Physician Detection of Elder Abuse (2)

- Ethical (confidentiality) issues
- Victim reluctance to report abuse to the doctor.
- Doctor fear of offending the patient
- Doctor belief that detection won't lead to a solution.
- Ageism ( mis-interpretation of signs or symptoms—geriatric syndromes)

# Barriers to Physician Detection of Elder Abuse (3)

**Confusing Guidelines for Elder Abuse:**

- **American Medical Association (1992): Recommended screening for family violence in all patients.**
- **Canadian Task Force Periodic Health Exams (1993): Insufficient evidence for/against elder abuse screening.**
- **U.S. Preventive Services Task Force (1996, 2004, 2013): same as Canadian Task Force comments.**
- **U.K. Report on Domestic Violence (2002): Health professional screening increased likelihood of detection….but may not result in improved outcomes.**
- **Intimate Partner Violence literature: No harm from screening**

# Elder Abuse vs. Violence

- **EA committed by person in perceived position of trust --- an individual with responsibility for care of a protected person as a result of a family relationship, or who assumes the responsibility for care of the person voluntarily by contract or ties of friendship.**

- **Violence is everything else.**

# Physical Abuse (1)

- **Infliction of physical pain, injury, or willful deprivation causing physical harm**
- **Improper physical or chemical restraint**
- **Use of a weapon**
- **Twisted limb(s)**
- **Rough transfers**

# Physical Abuse (2)

- **Hit, slapped, kicked, tied shaken, choked, grabbed, pushed, shoved, slammed against a wall, punched, pinched, scratched, bit, burned, scalded**

- **<u>S+S</u>: Bruises, welts, lacerations, sprains, fractures, multiple trauma, under/overmedication, unexplained physical pain, apprehensiveness, withdrawl, depression, anxiety.**

# Physical Abuse (Sexual) (3)

- **Sexual contact, touching, rubbing, masturbation that is forced, tricked, coerced, or manipulated, or when senior lacks capacity to consent.**
- **Verbal threats or forced (hitting, holding down, weapon use) to give or receive oral, genital or anal sex.**
- **Forced to view or participate in pornographic/sexually explicit pictures, film, video.**
- **Frequent sex. talk that is offensive.**
- **<u>S+S:</u> Bruising, inflammation, tenderness, abrasions, or trauma to the area around genitals, unexplained physical pain, apprehensiveness, withdrawl, depression, anxiety.**

# Psychological Abuse (1) (Emotional / Verbal)

- **The willful or reckless verbal or non-verbal infliction of emotional or mental anguish, use of physical or chemical restraint, medication, or isolation as punishment or substitute for treatment or care.**
- **lying**
- **hiding belongings**
- **Coercion**

# Psychological Abuse (2) (Emotional / Verbal)

- Humiliating or infantilizing
- Threatening to abandon or put in nursing home
- Inappropriate shouting or yelling
- Controlling contact with people.... Social isolation (family, friends, etc)

# Psychological Abuse (3) (Emotional / Verbal)

- Threatening to hit or throw something
- Talking disrespectfully
- Non-respect for privacy or belongings
- Threats to destroy property

# Psychological Abuse (4) (Emotional / Verbal)

- **Insulted, swore at, called names, put down**
- **Threatened with weapon, deprivation, punishment, guardianship, instiutionalization**
- **Intentional overmedication**

**S+S: Depression, Fear, Stress, Anxiety, Anguish, Social Isolation**

# Financial & Material Abuse (1)

- **Expenditure , diminution, use of property, assets,or resources without voluntary consent of a person or that person's legally authorized rep.**
- **Improper taking, misuse, or concealment of resources, property or assets +/- coercion, enticement, intimidation, deception.**
- **Use of bank account, money, credit or debit card against will/ knowledge.**

# Financial & Material Abuse (2)

- Forced to give power of attorney.
- Cashed cheques, sold property + kept money
- Forged signature
- Forced to sign documents against will or understanding

# Financial & Material Abuse (3)

- **Misinformation about funds**
- **Misappropriation of funds, property, or P o A for personal gain**
- **Employed service people for personal gain**
- **S+S: Depression, Fear, Stress, Anxiety, Anguish, Social Isolation….and S+S of Neglect**

# Neglect (1)

- **Failure of a caregiver to comprehensively attend to food, water, shelter, clothing, medication, safety, access to health care services / appointments, and protection from abuse or exploitation.**
- **Denied access or assistance to necessary aids: walkers, wheel chairs, eye glasses, hearing aides.**
- **Left alone. Unsupervised**

# Neglect (2)

- Unsanitary living conditions
- Home too hot, too cold
- Denied access to telephone
- Clothing, diapers, bedding not changed

- S+S: appearance of pressure sores, contractures, bed sores, wounds....or inattention to them.
- Sun burns, frost bite, bathing scalds
- MaInutrition, Dehydration
- Clin. or lab signs of non-compliance or under/over medication

# Elder Abuse Risk Factors

- Research literature limited by absence of consistent definitions, methodologies, populations studied.
- Past tendency to show association, and assume there was causation.
- Current viewpoint: each manifestation of EA may be associated with unique risk factors

# Elder Abuse Risk Factors (1) Care Receiver

- Frailty
- Increased age Females
- Dependency on abuser
- decline in mental health; cognit. impair.
- impaired ADLs
- problem behaviors
- physically/verbally abusive
- isolation no one to call on

# Elder Abuse Risk Factors (2) Caregiver

- Caregiver stress
- Poor mental health
- Psychiatric illness
- Alcoholism, drugs
- Financial dependency on care receiver
- Male

# The Elder Abuse Suspicion Index
# E A S I

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**Maxine Lithwick, MSW**
**Christina Wolfson, PhD**
**Deborah Weiss, MSc**



# ELDER ABUSE SUSPICION INDEX © (EASI)

**EASI Q.1-Q.5 asked of patient; Q.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**

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**

3) **Have you been upset because someone talked to you in a way that made you feel shamed or threatened? YES NO**

# ELDER ABUSE SUSPICION INDEX © (EASI)

**EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.**
**Within the last 12 months:**

**4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO**

**5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO**

**6) Doctor:**

**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 last 12 months? YES NO**

# Doctors' Attitudes to EASI

**Post-study, 2 mailings survey; 68.3 % (72/104) response rate:**

- **Somewhat /very easy to use 95.8%**
- **</ 2 minutes to use 67.6%**
- **Some to big practice impact 97.2%**
- **> awareness of EA 66.0%**
- **> confidence what to look for 64.0%**
- **Somewhat / very practice useful 81.5%**

# Characteristics of EASI

- **Validated for use on those ≥ 65, with MMSE ≥24**
- **Generates reasonable level of *SUSPICION* to justify referral to community expert in Elder Abuse**
- **Usable over time to de-sensitize people to discussing their situations.**
- **Is rapid means to teach about the scope of elder abuse**
- **Doctors found the EASI quick and easy to use**
- **Can be self-administered as the EASI-sa: Q1-Q5 of the EASI, in Georgia font, print size 14, and Bold type.**

# What to do if you suspect abuse? (1)

- Social Services
- Adult Protective Services
- Police: municipal, provincial, RCMP
- Health Canada Resource list

# What to do if you suspect abuse? (2)

**Ontario**

- **Seniors' Safety Line**
  **1-866-299-1011**
- **Long Term Care ACTION Line**
  **1-866-434-0144**
- **Retirement Home Complaints Response and Info Service**
  **1-800-361-7244**

# FP Role for Hospitalized Patient

1. **Provide an up to date list of the older adult's medical, psychological, or social problems.**
2. **Provide an up to date list of the older adult's medications and level of compliance with them**
3. **Provide information about previous suspicion of elder abuse, how it was addressed, and why**
4. **Provide information about past confirmed elder abuse, how it was addressed, and why**
5. **Provide information about past confirmed elder abuse, how it was addressed, and why**

# FP Role for Hospitalized Patient

6. **Provide insights about problematic relationships between older adult and family and /or friends, while respecting confidentiality if the latter are also patients of the same family physician.**

7. **Provide risk factors of either older adult or persons in a position of trust to that person that might be risk factors elder abuse**

8. **Discuss possible negative consequences of separating abused older adult from his /her caregiver**

9. **Where elder abuse is suspected, but not confirmed in hospital, is the family physician agreeable to seeing (following) the older adult on a more regular basis to look for signs or symptoms suggestive of mistreatment.**

# Conclusion: EASI Website

- http://www.mcgill.ca/familymed/research-grad/research/projects/elder
- **Background on EASI and how to use it**
- **Versions of EASI in English, French, Spanish, Italian, Hebrew, German, Japanese, Portuguese**
- **Hyperlinks to obtain pocketcard versions or digital versions**
- **References, including Yaffe and Tazkarji, *Understanding Elder Abuse in Family Practice,*** Canadian Family Physician, December, 2012