Detecting and Addressing Elder Abuse in Primary Care

Annual Review in Family Medicine 2016

Anna H Chodos, MD, MPH
Division of Geriatrics, UCSF
Division of General Internal Medicine, ZSFG
Why is it important that you know about elder abuse?

Health care settings present an opportunity to detect it

You should be able to IDENTIFY elder and dependent adult abuse/neglect in patient encounters

You should understand your ETHICAL DUTIES to patients

You should understand what you or others can do to PREVENT or MITIGATE elder abuse
Objectives

• Define Types of Elder Abuse
• Describe 1 Way to Detect, Report, and Prevent Abuse (Each)
• Identify Self-care Resources
Objectives

• Define Types of Elder Abuse
• Describe 1 Way to Detect, Report, and Prevent Abuse (Each)
• Identify Self-care Resources
Awareness: definition of elder abuse

“includes physical, sexual or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.”

DOJ/HHS Elder Justice Roadmap
Awareness: types of elder abuse

- Physical abuse
- Neglect and abandonment
- Emotional or psychological abuse
- Financial abuse and exploitation
- Sexual abuse
- Self-neglect

Spectrum of severity within each of these.
• 70yo W with osteoporosis pushed down the stairs by her granddaughter
• Admitted for cervical spine fracture
• APS called, police called
• Restraining order placed against granddaughter
Physical Abuse

• Assault, battery, or force likely to produce injury
• Punitive or inappropriate use of physical or chemical restraints
• Deprivation of food or water leading to malnutrition and secondary medical problems
Examples of Physical Abuse

• Pulling a person’s hair
• Slapping/hitting/punching
• Throwing food or water on a person
• Intentionally tightening a restraint to cause pain
• 85yo W, homebound with severe dementia
• Left alone for 2 hours/week a few times a week so daughter, who is her 24/7 caregiver, can go shopping
Neglect and abandonment

• Failure of the caregiver to provide appropriate care
  – Food, clothing, and shelter
  – Medical care
  – Personal hygiene
  – Health and safety hazards
  – Desertion of older person
Examples of Neglect or Abandonment

• Person is lying in urine and feces for extended periods of time
• Person develops malnutrition and pressure sores due to lack of appropriate care
• Person is dirty, unkempt, lives in a filthy home
• Older person left by family when they move
• 65 yo W with dementia told that she should just die because she is a burden on the family
Emotional or Psychological Abuse

• Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.
Examples of Emotional or Psychological Abuse

• Verbal threats or assaults
• Demeaning, insulting, or negative comments
• Yelling unnecessarily
• Playing tricks or games on an older person to show control or demean her
• 80yo W, blind, loans her debit card to her
granddaughter to buy a $300 couch
• Granddaughter spends everything in the account
($10K), her grandmother’s entire savings, to the
point that she was rejected at point of purchase
for a pack of gum
• Prosecuted by police for felony- went to jail and
lost custody of kids
Financial Abuse

• When a trusted person takes or keeps, *or assists in doing so*, property of an elder for a wrongful use, with intent to defraud, or both.

• When a trusted person takes or keeps, *or assists in doing so*, property of an elder for a wrongful use, with intent to defraud, or both, *by undue influence*. Undue influence means excessive persuasion that result in inequity.
Examples of Financial Abuse

• Using older person’s money without permission
• Convincing them to give large sums of money to invest
• Convincing the person to part with an asset even though it is not in his best interest
• Getting on financial/property documents
Sexual Abuse

• Any sexual conduct with an older person without consent.
  – Coercion of a subject with capacity to consent.
  – Exploitation of a subject without capacity to consent.

• Some facts:
  – More likely to be women, physically frail or cognitively impaired.
  – Only 50% may have some evidence of trauma.

Examples of Sexual Abuse

• Unwanted sexual advances, forced viewing of pornography
• Fondling, sexualized kissing
• Oral-genital contact, digital penetration, and rape
• 67yo M with mild dementia, lives alone, presents for clinic visits malodorous and in unwashed clothes

• Every visit you refer to a caregiver agency and every time he returns he was unable to make this connection

• Reported to APS to help connect to a caregiver
Self-neglect

• Failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.
Examples of Self-neglect

• Misses medical appointments or cannot follow care plan, resulting in repeated hospitalizations because of a psychiatric or cognitive disability

• Fails to pay rent or utilities and is evicted or harmed

• Not meeting basic needs: housing, food, bills
Additional considerations of types of abuse in a nursing home

• Resident-on-resident
  – Stealing money or belongings
  – Threatening or physically abusive

• Staff-on-resident
  – Reflexive hitting
  – Neglect

• Resident-on-staff
  – Behavioral problems and lashing out
Awareness

• About 1 in every 8-10 older adults/year – 47% of adults with dementia
• 5-24 cases not detected for every reported case
• It occurs in every demographic and in every setting.

Prevalence of Types of Abuse

Adults 60+, randomly selected, in the last year:

- Financial abuse 5.2% (*current, by family member*)
- Potential neglect 5.1%
- Psychological abuse 4.6%
- Physical abuse 1.6%
- Sexual abuse for 0.6%

1 in 10 reported neglect or psychological, physical, or sexual abuse

Abuse ➔ illness, nursing home admission

• Abuse can lead to illness: neglect, forced isolation, withholding care

• Abuse associated with
  – 2x risk of ED visit and hospital visit
  – 4x risk of nursing home admission (especially caregiver neglect)
  – 3x risk of death

Risk factors for abuse

Mark Johannesen, and Dina LoGiudice Age Ageing 2013;42:292-298
Risk factors for abuse

Older person: cognitive impairment, behavioral problems, psychiatric illness, functional dependency, poor physical health or frailty, low income, trauma or past abuse, ethnicity, female

Relationship: family disharmony, poor relationship.

Abuser: high caregiver burden or stress, and psychiatric illness

Environment: mutual dependency, low social support, and living with others (except for financial abuse)

Mark Johannesen, and Dina LoGiudice Age Ageing 2013;42:292-298
Risk factors for abuse

**Older person:** cognitive impairment, behavioral problems, psychiatric illness, functional dependency, poor physical health or frailty, low income, trauma or past abuse, and ethnicity, female

**Abuser:** high caregiver burden or stress, and psychiatric illness

**Relationship:** family disharmony, poor relationship.

**Environment:** mutual dependency, low social support, and living with others (except for financial abuse)

*Mark Johannesen, and Dina LoGiudice Age Ageing 2013;42:292-298*
Risk factors for abuse

Older person: cognitive impairment, behavioral problems, psychiatric illness, functional dependency, poor physical health or frailty, low income, trauma or past abuse, and ethnicity, female

Abuser: high caregiver burden or stress, and psychiatric illness

Relationship: family disharmony, poor relationship.

Environment: mutual dependency, low social support, and living with others (except for financial abuse)

Mark Johannesen, and Dina LoGiudice Age Ageing 2013;42:292-298
Risk factors for abuse

**Older person:** cognitive impairment, behavioral problems, psychiatric illness, functional dependency, poor physical health or frailty, low income, trauma or past abuse, and ethnicity, female

**Abuser:** high caregiver burden or stress, and psychiatric illness

**Relationship:** family disharmony, poor relationship.

**Environment:** mutual dependency, low social support, and living with others (except for financial abuse)

*Mark Johannesen, and Dina LoGiudice Age Ageing 2013;42:292-298*
Vulnerability with increasing age

- **Emotional**: fear of being a burden
- **Physical**: more difficult to fend for oneself
- **Cognitive**: may not know that neglect is occurring or know how to get help
- **Social**: lack of financial or social resources
Subtle forms of abuse

- Subtle forms of abuse in particular, such as neglect and dignity issues, psychological coercion, rough handling, retaliatory physical abuse, and petty theft or scams.
Objectives

• Define Types of Elder Abuse

• Describe 1 Way to Detect, Report, and Prevent Abuse (Each)

• Identify Self-care Resources
Goals of prevention

**Tertiary:** Prevent further abuse by perpetrators

**Secondary:** Preventing ongoing/continuing abuse in at-risk person

**Primary:** Prevent before happens in whole populations
Approaches for prevention

**Primary:** Reduce risk factors

**Secondary:** Screen older adults or higher risk older adults

**Tertiary:** Prevent further abuse
Elder Abuse 39

Evidence for prevention

Tertiary: 5 studies

Secondary: 1 study to educate at risk caregivers in a nursing home – improved behavioral abuse and knowledge

Primary: 2 studies on improving training in caregivers - no improvement in abuse detection

Review of studies to improve abuse

At tertiary level:

• 47 NYC LTC facilities – education on resident-resident mistreatment -> higher levels of recognition and documentation (Teresi et al. 2013)

• 4 other studies had interventions to improve team effectiveness and coordination between agencies (Wigglesworth et al. 2006, Navarro et al. 2010, Heath et al. 2005, Holkup et al. 2007)
Bottom Line

• No evidence based interventions for preventing elder abuse in a primary care setting

Day A. 2016 Health Soc Care Community, 2016 Feb 22.
Baker PR. Age and Ageing 2016; 0: 1–3
Detecting abuse

• Screens for abuse
  – In community there are not recommendations to universally screen but rather to have a high suspicion in high risk individuals and pursue suspicion.

• Practical approach:
  – Be aware of risk factors and identify high risk adults
  – Ask

Detecting Risk Factors

• Assess:
  – Functional status
  – Cognitive function
  – Psychosocial well-being
  – Environment
Elder Abuse Risk Index

- Age > 80
- Female
- Black
- Income > $15K
- ≥3 Medical conditions
- MMSE ≤ 23

- Difficulty with 1 flight of stairs
- CESD (Depression) ≥ 4
- Social network < 2

5+ factors = 26x risk of abuse

Main risk factors for abuse

- frailty, functional disability, cognitive impairment
- social isolation
- caregiver stress or anger
- conditions in the abuser
- dependence of victim/abuser

Perel-Levin 2008 WHO. Discussing screening for elder abuse at primary health care level
Suspecting abuse: Red Flags

• Implausible or vague explanations for findings
  – Unexplained injuries, bruises, weight loss
  – Inconsistent stories between patient and caregiver
• Delay in seeking care or unexplained lack of improvement
• Person has signed over finances, property or made a large gift
• Sudden change in behavior
Suspecting abuse: Red Flags in Caregiver

• Lack of follow up, missed appointments
• Speaks over the older person
• Attitude of indifference or anger toward the elder
• Social isolation or restriction of activity of the older person
• Conflicting accounts of incidents
• Substance abuse or serious mental illness
Abuse vs. normal changes with aging

• Musculoskeletal
  – sarcopenia
  – osteopenia/osteoporosis

• Function
  – gait/falls

• Skin
  – Thin epidermis
  – capillary fragility
  – less elasticity

• Sensory system
  – hard of hearing
  – slower reaction time
  – macular degeneration, cataracts

Greater susceptibility to illness

More difficulty in recovering from illness

Sensitivity to side effects of medication

Vulnerability to abuse
Suspicion -> Ask and Observe
ASK: Practical Issues

• You have to ask the person alone in private
• Person’s safety is critical- create safe environment, be empathetic
• Non-judgmental language
• Comfort, taking breaks
• Pay attention to body language
ASK: Older Adult Factors

- Optimize hearing and vision: glasses, hearing aids
- Timing: medication and sleep schedule
- Positioning
- Speak loudly and clearly; don’t shout!
- Cognitive impairment:
  - Determine if dementia or other impairment is present
  - If present: use simple and short sentences, be patient, minimize distractions
  - May need to talk to caregiver
EASI

**ELDER ABUSE SUSPICION INDEX © (EASI)**

**EASI Questions**

Q.1-Q.5 asked of patient; Q.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>Yes</td>
<td>No</td>
<td>Did not answer</td>
</tr>
<tr>
<td>2) Has anyone prevented you from getting food, clothes, medication?</td>
<td>Yes</td>
<td>No</td>
<td>Did not answer</td>
</tr>
</tbody>
</table>
What to ask?

• “Are you afraid of anyone?”
• “Does anyone threaten you?”
• “Does anyone ever hit you or hurt you?
• “Does anyone control your money or property, or use it without your permission?”
• “Has anyone ever touched you sexually or forced you to have sex when you didn’t want to?”

*If you do not ask, you will not often find out about it*
Cognitive Impairment and Abuse

• May be unable to recognize abuse
• May be unable to report abuse
• May be the perpetrator of abuse
• May not be believed

-> ASK THE CAREGIVER
Asking the caregiver

Again, find a private space, use non-judgmental questions.

• How are you coping with having to care for (person)?
• Do you often feel you act out of character or do things you feel bad about with (person)?
• Do you find it difficult to manage (person’s) behavior?
• Do you sometimes feel that you are forced to be rough with (person)?
Asking the caregiver

• Do you sometimes feel you can’t do what is really necessary or what should be done for (person)?

• Do you often feel you have to reject or ignore (person)?

• Do you often feel so tired and exhausted that you cannot meet (person’s) needs?

You can ask direct and pointed questions if a specific incident is in question, e.g. “Have you ever hit (person)?”
What to note

• You want to record what the older adult or caregiver told you and anything else you know about **Who, What, When, Where, How**
  – Interaction of the possible victim and perpetrator
  – Behavioral: Withdrawal, Fear, Confusion
  – Injuries
# Injury Assessment

## Types of Injuries

- Bruises
- Pressure sores
- Fractures
- Burns

## What to look for

- Location
- Old injuries
- Delay in seeking care
- History & exam consistent?
Assess Safety

• May not be safe to isolate perpetrator and abused immediately
  – Threat of injury, financial harm
• Assess how victim feels about the situation
  – Ready for change
• Assess way in which to disclose that you are making a report
  – Consult with agencies you report to
Reportable Abuse: California

- Physical Abuse
- Sexual Abuse
- Financial Abuse
- Neglect
- Self-Neglect
- Abandonment
- Abduction
- Psychological (optional report)

Welfare and Institutions Code 15610
Reporting: Who

• Mandated reporters often include
  – Health care professionals
  – Law enforcement
  – Social service personnel
  – Care custodians
  – Clergy
Reporting: When

• A report is necessary
  – If abuse is observed
    • “stand alone” physical finding
    • witnessed event
  – If you receive a direct report from a victim
  – If you have knowledge of a “reasonably suspicious” event
It is NOT your responsibility to determine if abuse actually occurred.

It IS your responsibility to report if you have a reasonable suspicion.
Reporting: To Whom

Report to LTC Ombudsman Program if person is in a care facility or Adult Protective Services in the community.
Prevention

National Center on Elder Abuse (NCEA) 1-800-677-1116

https://ncea.acl.gov/

Elder Financial Abuse:
CA Advocates for Nursing Home Reform,
www.canhr.org
Objectives

• Define Types of Elder Abuse
• Describe 1 Way to Detect, Report, and Prevent Abuse (Each)
• Identify Self-care Resources
Start and end with self-care

• These situations are very upsetting for everyone.
• Trauma in caregivers’ own lives are possible sources of mistreatment risk. You may uncover MORE trauma.
• We are not immune to abuse in our own lives, this affects us as well.
Self-care

• Which other team members help?
• What should I prioritize?
• Am I uncomfortable with doing this? Who can mentor me?
• Take breaks
Resources

• [www.leapsf.org](http://www.leapsf.org)- local resources, safety plans

• National Center on Elder Abuse, [http://www.ncea.aoa.gov/](http://www.ncea.aoa.gov/)

• CA Advocates for Nursing Home Reform, [www.canhr.org](http://www.canhr.org) – Financial Abuse resources

• American Bar Association Commission on Law and Aging: [www.abanet.org/aging](http://www.abanet.org/aging)
Thank you

• Leigh Kimberg, MD, UCSF
• Laura Mosqueda, MD, USC

• To YOU!
EASI

• Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?

• 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?
EASI

- Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
- Has anyone tried to force you to sign papers or to use your money against your will?
- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
EASI

- **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?