

Elder Mistreatment

What we know, What we can do.

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April 16, 2015

Abuse is getting old.



Let's do something about it!

Objectives

- Discuss the definitions of elder mistreatment.
- List the types and categories of mistreatment.
- Review the prevalence and incidence.
- Provide an approach to evaluate victims.
- Report proper documentation of physicians evaluations.
- Present the obligations of mandatory reports.
- List web resources to learn more about elder mistreatment.

According to WHO

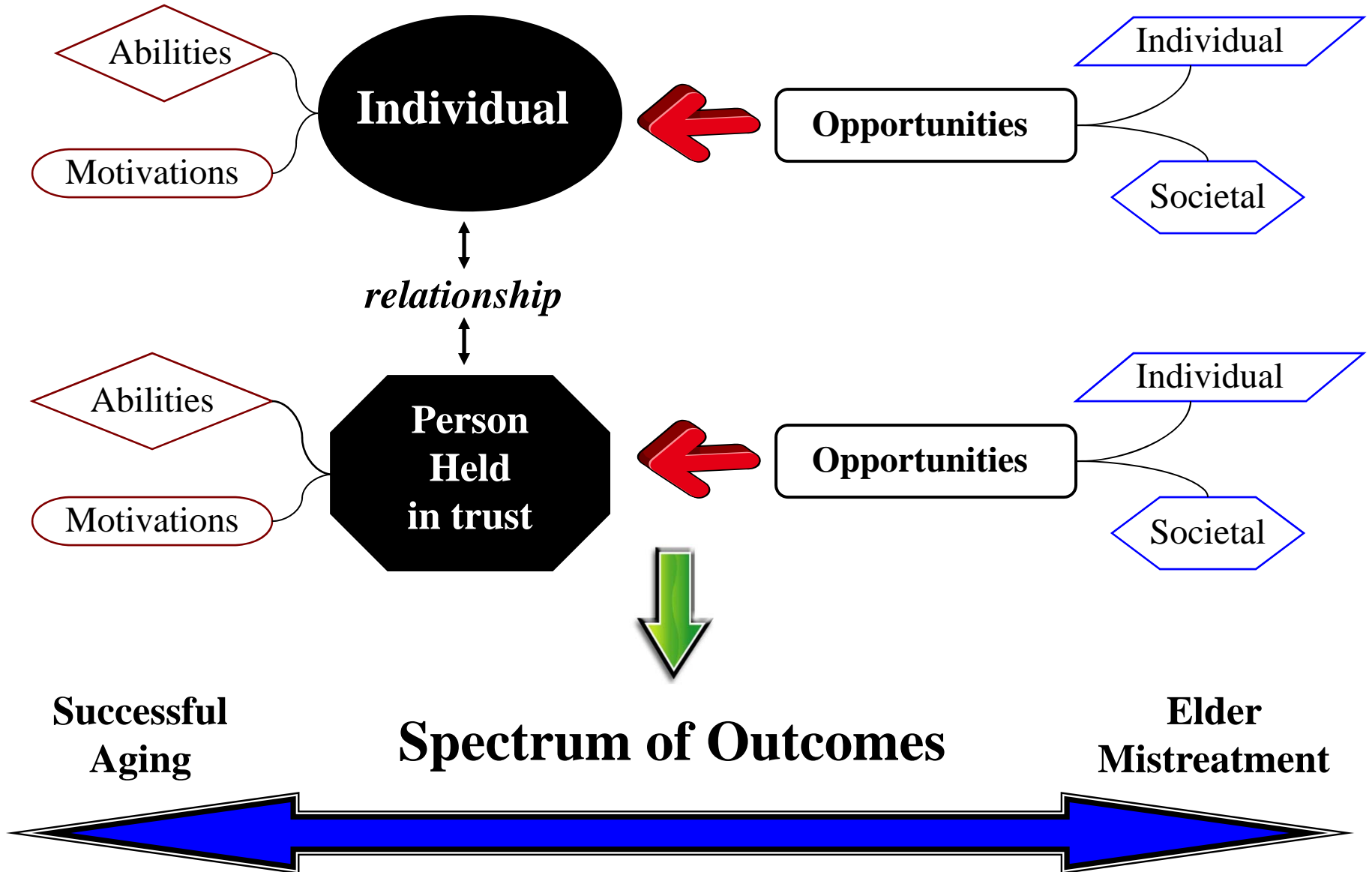
- Elder Abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair



Mistreatment Theories

- Caregiver Stress
- Social Learning (Cycle of Violence)
- Social Exchange (material and non-material goods)
- Dyadic Discord (relationship discord and behaviors)
- Power and Control (Ageism)
- Ecological (cultural and societal beliefs)

Model of Elder Mistreatment



Risk Factors for Elder Abuse

- Abuser's dependence on victim
- Abuser's psychologic state (mental illness, substance abuse)
- Victim's poor physical or cognitive state
- Social isolation
- Stressful life events and chronic financial strain
- Violence early in spousal relationship

Elder Mistreatment Outcomes

- Physical abuse
- Financial exploitation
- Emotional or verbal abuse
- Neglect
- Self neglect

Definitions of Elder Abuse

- No standard definition
- Differences in state laws
- Elder abuse / Elder Mistreatment



Elder Mistreatment

- An act of commission (abuse)
- or omission (neglect-intentional or not)
- of one or more types (physical, psychological, or financial)
- results in harm or threatened harm to the health or welfare of an older adult



Dependent Adult(Iowa code 235B.2)

- Person 18 years of age or older who is:
 - Unable to: protect own interests, adequately perform or obtain services necessary to meet essential human needs.
 - As a result of a physical or mental condition which requires assistance from another.

Elder Abuse (Iowa code 235F.1)

- Vulnerable elder – person 60 years of age or older who is unable to protect him or herself from elder abuse as a result of age or a mental or physical condition.
- Includes: Physical injury, sexual offense, neglect and financial exploitation.
- July 2014. (no mandatory reporting or penalties)

Abuse Types by Iowa Code 235B.2

- Physical abuse (unreasonable confinement, punishment and assault)
- Sexual abuse
- Financial exploitation.
- Denial of critical care (by the dependent adult)

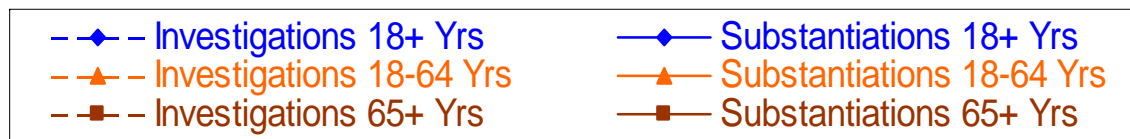
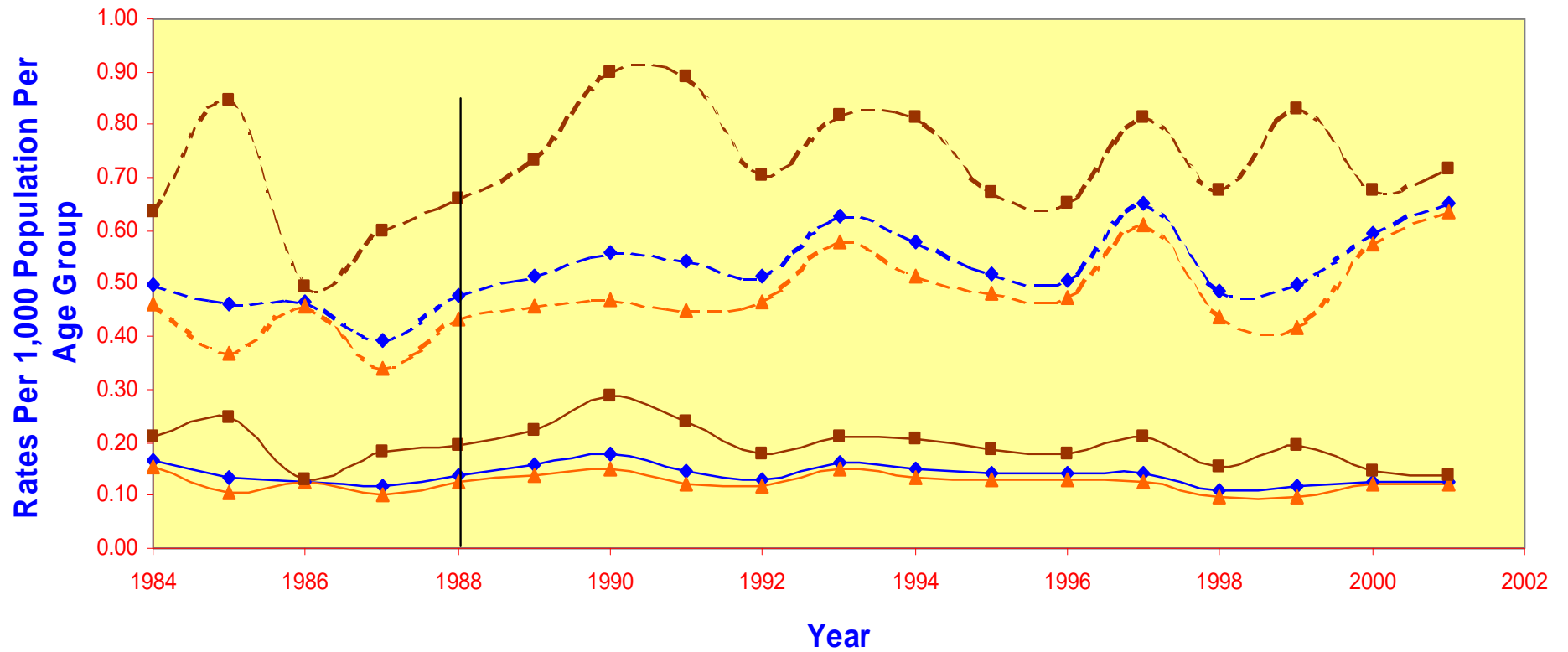
Required Training - Mandatory Reporters (235B.16)

- When: Within 6 months of initial employment and every 5 years.
- Time: 2 hours or 2 hours training combined with child abuse.
- Content:
 - Responsibilities, obligations, powers & duties.
 - Training to help identify potential victims.

Survey of 378 Iowa FPs
Oswald, RA et al JEAN 16(2) 2004

- Responsible for reporting EA 98%
- Attended required training 92%
Only 60% thought it was helpful
- Saw cases of EA in last year 49%
Only 54% reported all cases
- Felt FPs could identify EA 55%
- Asked all elderly pts. about abuse 12%
- Iowa has sufficient resources 11%

Iowa Domestic Dependent Adult Abuse Rates 1984-2001



Categories of Elder Abuse

- *Institutional* - occurs in nursing homes, board and care facilities
- *Domestic* - occurs at home or in home of caregiver
- *Self-neglect* - conduct of an elder living alone that threatens his or her own safety or health

Common Types of Elder Abuse

- Physical abuse
- Psychological abuse
- Financial abuse
- Neglect

Physical abuse

- Infliction of physical pain or injury
- Slapping, bruising, or restraining
- Sexual molesting (Code Chapter 709 or 726.2)
- Key - finding unexplained injuries

Psychological Abuse

- Infliction of mental anguish
- Humiliation, intimidation or threats
- Key - Has anyone ever scolded or threatened you?

Financial Abuse

- Improper or illegal use of an elder's resources without his or her consent for someone else's benefit
- Stealing, coercing person to sign contracts or change will
- Key - Has anyone taken anything that was yours without asking?

Neglect

- Failure to fulfill care giving obligation to provide goods or services
- Abandonment, denial of food or health services, failure to provide physical aids (glasses, dentures)
- Substandard care in home despite adequate finances
- Keys - Dehydration, pressure ulcers
 - Are you receiving enough care at home?

Diogenes Syndrome



Epidemiology

- Prevalence 700,000-2.5 million U.S. elders
- Domestic abuse incidence in persons 60 & older was 550,000 in 1996. (NEAIS)
- Approximately 1 in 5 cases of abuse reported & substantiated by A.P.S. agencies
- 1 year prevalence in Amsterdam was 5.6% and UK 2-10%
- Ten-year incidence rates in Iowa of reported abuse 1.27%

National Elder Mistreatment Study in United States

- Stratified random-digit-dialing method
- 5777 adults 60 yrs and older.
- Annual incidence of 11.4%
- Types of abuse (%)
- Emotional 4.6, Physical 1.6, Sexual 0.6, Financial 5.2, Potential Neglect 5.1

Reported abuse in Iowa Nursing Homes (per 1000 residents in 2001)

- 20.7 abusive events
- 18.4 reported events
- 5.2 substantiated events
- Government data for 2001
 - 8.1 investigations
 - 7.3 substantiations
- Jogerst,GJ et al. J Am Med Dir Assoc 2006; 7: 203-207

Identifying Elder Mistreatment

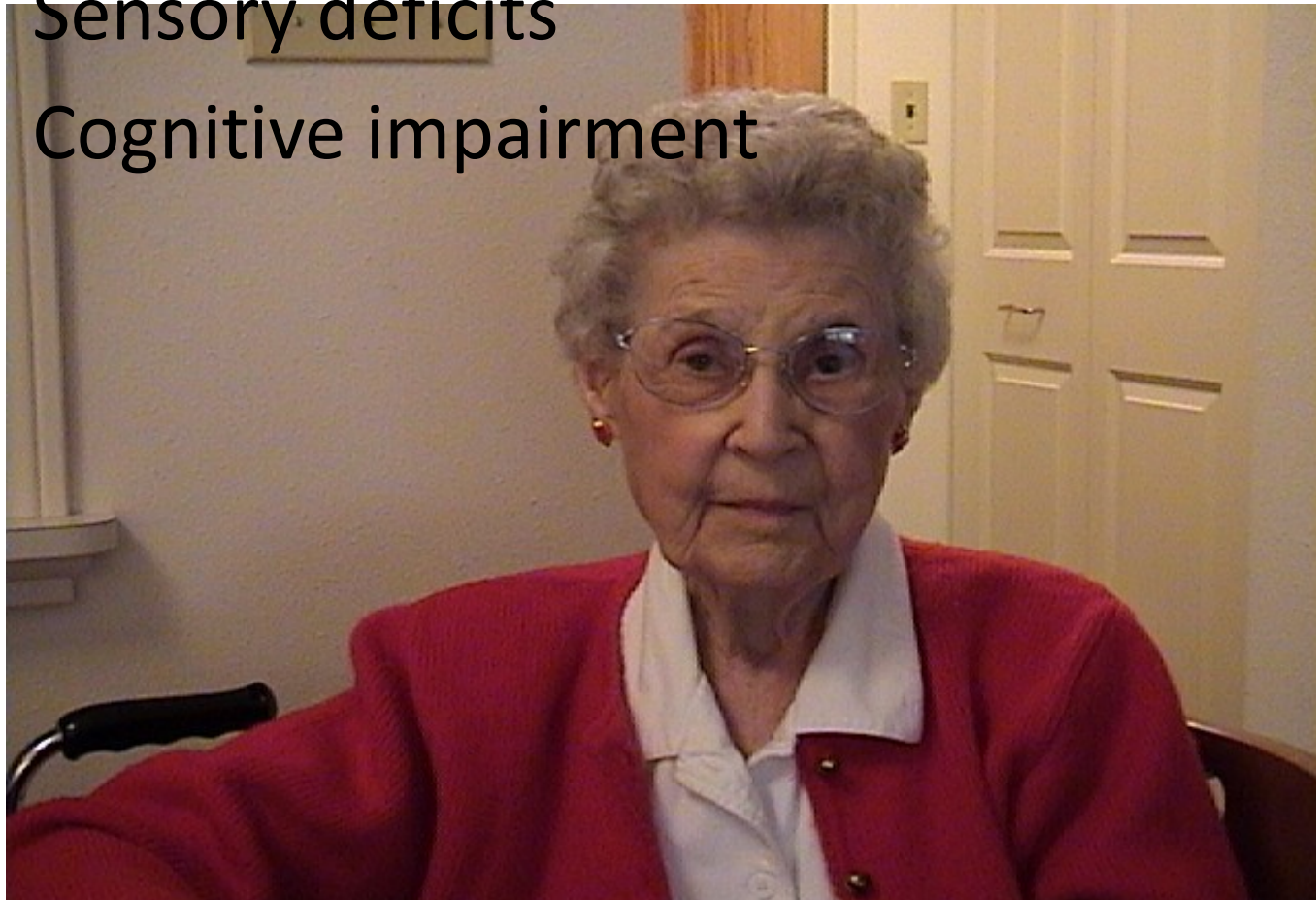
- Screening questions (examples)
 - Has anyone at home ever hurt you?
 - Has anyone taken anything of yours without asking?
 - Are you afraid of anyone at home?
- Interviewing
 - Talk to elderly person away from caregiver
 - Interview family members separately

Evaluation of Abuse Victim

- Positive screening
- Questions about when and where maltreatment occurred and by whom
- Note the alleged victim's
 - statements
 - behaviors
 - appearance

Barriers to Communications with an Older Adult

- Ageist attitudes
- Sensory deficits
- Cognitive impairment



Special Aspects of Physical Exam

SKIN

- Evidence of physical restraints on wrists and ankles
- bruises in various stages, unusually shaped
- clusters and bilateral injuries
- burns, welts, lacerations
- pressure ulcers

HEAD AND NECK

- Facial fractures
- Loose or broken teeth
- Scalp hematomas
- Neck imprints
- Areas of alopecia

EYES

- Subconjunctival hemorrhages
- Orbital trauma: blowout fractures

BREASTS, GENITAL, RECTAL EXAM

- Bruises
- Signs of STD's
- Bleeding
- Lacerations

Clues to Physical Neglect

- Poor hygiene
- Pressure ulcers
- Dehydration
- Malnutrition

Documentation

- Complete history of abusive events
- Record events in victim's own words
- Photograph injuries
- Photograph the person's environment

Documentation (Cont.)

- X-rays to confirm fractures, subdural hematomas
- Laboratory data: document signs of malnutrition (abnormal lytes, dehydration, low albumin, cholesterol and lymphocyte counts)
- Drug levels (nonadherence, chemical restraints)

The Physician's Responsibilities

- Patient's safety
 - should patient return home?
 - are there barriers to further assessment?
- Mandatory reporting
 - (800)362-2178 Iowa Central Registry

Reasons for Not Reporting Abuse

- Abuse involved subtle signs 44%
 - Victim denial 23%
 - Unsure of reporting procedure 21%
 - Unclear about reporting laws, definitions, accessing community resources 10%
 - Other or not specified 2%
-
- Kennedy, RD Fam Med 2005;37(7):481-5.

Mandatory Reporting

- Oral report within 24 hours.
- Written report within 48 hours after oral report.
- Form 470-2441: 1) Why dependent? 2) What type of abuse? 3) Who is caretaker?
- If immediate protection needed, oral report to law enforcement.

What happens after the Report?

- Intake at county level. (470-2441 form)
- County attorney notified of report.
- Evaluation and assessment.
 - *completed in 20 working days
 - *all subjects and reporters notified of conclusions
- Founded, Exception, Unfounded
- Ref. www.dhs.state.ia.us

What happens after the evaluation?

- Services: social casework, adult day care, transportation.
- Law enforcement intervention
- Court action – criminal charges
- Commitments (mental health or substance abuse)
- Conservatorship
- Guardianship

Elder Mistreatment

Key Points

- EM possibly affects 1-10% of our elders
- Physicians who ask direct questions about EM are more likely to see and report EM
- Screening questions include: Has anyone at home ever hurt you?; Has anyone taken anything of yours without asking?
- Positive screen --> evaluation to determine immediate danger.
- Obligation to report abuse.

Elder Mistreatment Web Sites

- www.centeronelderabuse.org/
- www.ncea.aoa.gov
- www.apsnetwork.org
- <https://webapps1.healthcare.uiowa.edu/elder/mistreatment/>



THE END