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

- Individual
  - Abilities
  - Motivations

- Person Held in trust
  - Abilities
  - Motivations

- Opportunities
  - Individual
  - Societal

Successful Aging

Spectrum of Outcomes

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

![Two older women laughing](image)
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

The graph shows the rates per 1,000 population per age group (18+ yrs, 18-64 yrs, 65+ yrs) for investigations and substantiations from 1984 to 2001. The rates fluctuate over the years, with some periods showing a decrease and others an increase. The graph indicates a general trend of increased rates from 1984 to 1995, followed by a fluctuation till 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

Acierno, R et al, AJPH Feb 2010, Vol 100 No 2 pp 292-297
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

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
HEA&D 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%

Mandatory Reporting

• Oral report within 24 hours.
• Written report within 48 hours after oral report.
• 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