ELDER ABUSE

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OBJECTIVES

• After a 60-minute presentation, the learner will be able to:
  • Discuss elder abuse, its prevalence, and signs and symptoms of abuse.
  • Identify characteristics & risk factors for victims and perpetrators of elder abuse.
  • Propose communication strategies & specific questions to make discussing the topic of abuse more manageable.
INTRODUCTION

• Examples:
  • http://www.youtube.com/watch?v=wblVoo9WTY

newoldage.blogs.nytimes.com
INTRODUCTION: PROFILE OF OLDER AMERICANS

- 46.2 million in 2014
- 1 in 7 Americans
- 6.2 million 85 years or older
- 22% were minority

(AoA, 2015)
WHAT IS ELDER ABUSE (EA)?

• CDC (2016)
• An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.
PREVALENCE OF EA:

• In the community:
  • Difficult to establish
  • Acierno et al. (2010) 11.4% (n=5,777)

http://insightonfreedom.blogspot.com
PREVALENCE OF EA:

• Prevalence of abuse in Long-term care:
  • No reliable data
  • 20.6% of the 135,000 complaints related to resident rights

www.elderoptionsoftexas.com
TYPES, IDENTIFICATION & PREVALENCE:

• Five Types of Abuse
  • Physical abuse (1.6%)
  • Sexual abuse (.06%)
  • Neglect (5.1%)
  • Financial Exploitation (5.2%)
  • Emotional/Psychological (5%)  

(Acierno et al, 2010; CDC, 2016)
CHARACTERISTICS OF ELDERS & RISK FOR ABUSE

• Cognitive impairment
• Physical impairment
• Decreased functional ability
• Depression
• Dependency on others for care or for food

(WHO, 2002)
PERPETRATORS:

- Spouse*
- Adult children or other family members*
- Caregivers who are not related

www.premierelegal.org
CHARACTERISTICS OF PERPETRATORS OF EA:

• Substance Abuse
• Mental health issues
• Dependency on elders

(Who, 2002)
BRUIISING?

- Areas of bruising correlated with abuse
- Size of bruises
- What about cognitive capacity?

(Wiglesworth et al, 2009)

www.independent.ie
GUIDING PRINCIPLES ON ASSESSING FOR VIOLENCE:

- Seek informed consent from the patient
- Ask about safety
- Direct questions to patient first

(IAFN, n.d.)
MORE ON GUIDING PRINCIPLES:

• Pace
• Communication preferences?
• Circumstances
• Trust & rapport
• Expect reluctance & refusals to discuss
• Anxiety & Referrals
CARING COMMUNICATION:

• “I” messages
• Be specific
• Be sensitive
• Be nonjudgmental & non-threatening
• Empower not rescue
• Remove stigma

(IAFN, n.d.)
TIPS FOR INTERVIEWING PATIENTS:

• Looking Beyond the Hurt: A Service Providers Guide to Elder Abuse (NLNPEA, 2013)
  • http://www.nlnpea.ca/LBH

• G- general questions

• P- probing questions

• S – get the specifics
INTERVIEWING (CONT.)

- Use verbatim statements in quotes
- State behaviors/demeanor during the interview
- Do not document opinions or assumptions

(IAFN, n.d.)
Nine general screening questions specific to elder mistreatment (AMA, 1992)

- Has anyone at home (or the long-term care facility):
  - ...hurt you?
  - ...touched you without your consent?
  - ...made you do things you did not want to do?
  - ...scolded or threatened you?
  - Are you afraid of anyone ...
  - Are you often left alone ...
  - Has anyone ever failed to help you take care of yourself when you needed help?
MORE QUESTIONS FOR SEXUAL ABUSE:

(1) “…has anyone made you have sex or oral sex by using force or threatening to harm you or someone close to you?”

(2a) (for women) “Has anyone touched your breasts or pubic area or made you touch his penis by using force or threat of force?”

(2b) (for men) “Has anyone touched your pubic area or made you touch their pubic area by using force or threat of force?”

(3a) (for women) “Has anyone forced you to undress or expose your breasts or pubic area when you didn’t want to?”

(3b) (for men) “Has anyone forced you to undress or expose your pubic area when you didn’t want to?

(Cisler et al, 2010)
Within the past 12 months:

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
   YES  NO  Did not answer

2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with?
   YES  NO  Did not answer

3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
   YES  NO  Did not answer

4. Has anyone tried to force you to sign papers or to use your money against your will?
   YES  NO  Did not answer
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
   YES  NO  Did not answer

For the Provider: Do not ask this next question to the patient. It is for you only to respond to.

6a. 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 within the last 12 months?
   Yes  No  Not sure

6b. Doctor: Aside from you and the patient, is anyone else in this room during this questioning?
   Yes  No
• If a patient answers YES:
• It may feel uncomfortable to ask these questions
• Maybe next time
• Your role as a CSA is important
RESOURCES (CONT.)

Colorado Coalition for Elder Rights and Abuse Prevention (CCERAP)
  • http://ccerap.org/
National Council on the Prevention of Elder Abuse
  • http://preventelderabuse.org/
National Center on Elder Abuse:
  • http://www.ncea.aoa.gov/
National Clearinghouse on Abuse in Later Life
  • http://www.ncall.us/
BEST SOURCE FOR EA SCREENING TOOLS:

• University of Iowa Carver College of Medicine:
  • http://www.medicine.uiowa.edu/familymedicine/emscreeninginstruments/
  • 15 screening tools
  • Pdf and word versions of screening tools

• Clinical Guideline
  • Guideline Summary NGC-8569
  • Guideline Title: Elder abuse prevention.
  • Daly JM. Elder abuse prevention. Iowa City (IA): University of Iowa College of Nursing, John A. Hartford Foundation Center of Geriatric Nursing Excellence; 2010 2010 Oct. 71 p. [136 references]
  • http://www.guideline.gov/content.aspx?id=34018&search=elder+abuse+prevention
  • “How are things at home?”
REFERENCES


Daly, J.M. Elder abuse prevention. Iowa City (IA): University of Iowa College of Nursing, John A. Hartford Foundation Center of Geriatric Nursing Excellence; 2010 Oct. 71 p.


