

Elder abuse guideline

Disclaimer:

These guidelines are not intended as a directive or to present a definitive statement of the applicable standard of patient care. They are offered as an approach for quality assurance and risk management and are subject to (1) revision as warranted by the continuing evaluation of technology and practice; (2) the overall individual professional discretion and judgment of the treating provider in a given patient circumstance; and (3) the patient's willingness to follow the recommended treatment.

From the CDC:

Definitions:

- **Physical Abuse:** the intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death. Physical abuse may include, but is not limited to, violent acts such as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning.
- **Sexual Abuse or Abusive Sexual Contact:** forced or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult. This may include but is not limited to forced or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight. It might also include forced or unwanted contact between the mouth and the penis, vulva, or anus; forced or unwanted penetration of the anal or genital opening of another person by a hand, finger, or other object; forced or unwanted intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks. These acts also qualify as sexual abuse if they are committed against an incapacitated person who is not competent to give informed approval.
- **Emotional or Psychological Abuse:** verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress. Examples of tactics that may exemplify emotional or psychological abuse of an older adult include behaviors intended to humiliate (e.g., calling names or insults), threaten (e.g., expressing an intent to initiate nursing home placement), isolate (e.g., seclusion from family or friends), or control (e.g., prohibiting or limiting access to transportation, telephone, money or other resources).
- **Neglect:** failure by a caregiver or other responsible person to protect an elder from harm, or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing,

basic activities of daily living or shelter, which results in a serious risk of compromised health and safety. Examples include not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.

- **Financial Abuse or Exploitation:** the illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older person of rightful access to, information about, or use of, personal benefits, resources, belongings, or assets. Examples include forgery, misuse or theft of money or possessions; use of coercion or deception to surrender finances or property; or improper use of guardianship or power of attorney.

Possible signs/symptoms: You may see signs of abuse or neglect when you visit an older person at home or in an eldercare facility or if they come into the hospital. You may notice the person has:

- Patterned injuries such as hand slap or bite marks; ligature marks or scars around wrists/ankles or neck
- Poor control of medical problems despite a reasonable medical plan and access to medication
- Subconjunctival or vitreous ophthalmic hemorrhage
- Traumatic alopecia or scalp swelling
- Unexplained fractures
- Unusual delay in seeking medical attention for injuries
- Urine burns, dirty clothing, or other signs of inattention to hygiene.
- Bruising in unusual locations (not over bony prominences; on lateral arms, face, or back; larger than 5 cm.
- Burns in patterns inconsistent with unintentional injury or with the explanation provided
- Decubitus ulcers, unless the result of unavoidable decline
- Dehydration, fecal impaction
- Evidence of sexual abuse
- Intraoral soft tissue injuries
- Malnutrition, medically unexplained weight loss
- Missing medications
- trouble sleeping
- Seems depressed or confused
- Loses weight for no reason
- Displays signs of trauma, like rocking back and forth
- Acts agitated or violent
- Becomes withdrawn
- Stops taking part in activities he or she enjoys
- Has unexplained bruises, burns, or scars
- Looks messy, with unwashed hair or dirty clothes

- Develops bed sores or other preventable conditions

If you see signs of abuse, try talking with the older person to find out what’s going on.

There is no gold standard for elder abuse screening. A positive screen does not mean elder abuse; just that further information should be obtained. EMS agencies that transport the patient could have additional perspective because they are able to visualize the patient in their natural environment which could supply clues to possible elder abuse (cleanliness, living conditions, unsafe conditions, etc).

Screening tools:

EASI

Questions 1 through 5 asked of the patient; question 6 answered by the physician.			
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 get 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 get 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 get answer
4. Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No	Did not get answer
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No	Did not get answer
6. Physician: 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 past 12 months?	Yes	No	Not sure
<hr/> <p>NOTE: <i>The EASI was developed to raise a physician’s suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, Adult Protective Services, or the equivalent. Although all six questions should be asked, a response of “yes” on one or more of questions 2 through 6 may establish concern. The EASI was validated for family physicians to administer to older persons with a Mini-Mental State Examination score of 24 or greater who are seen in ambulatory settings.</i></p>			

HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)

Purpose: Screening device useful to service providers interested in identifying people at high risk of the need for protective services.

Instructions: Read the questions and write in the answers. A response of “no” to items 1, 6, 12, and 14; a response of “someone else” to item 4; and a response of “yes” to all others is scored in the “abused” direction.

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life—like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you’re sick when you know you’re not?
10. Has anyone forced you to do things you didn’t want to do?
11. Has anyone taken things that belong to you without your O.K.?
12. Do you trust most of the people in your family?
13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home?
15. Has anyone close to you tried to hurt you or harm you recently?

VULNERABILITY TO ABUSE SCREENING SCALE (VASS)

Purpose: To identify older women at risk of elder abuse through a self-report instrument.

Instructions: Questionnaire can be mailed to subjects with instructions to answer “yes” or “no”.

1. Are you afraid of anyone in your family? Yes ____ No ____
2. Has anyone close to you tried to hurt you or harm you recently? Yes ____ No ____
3. Has anyone close to you called you names or put you down or made you feel bad recently? Yes ____ No ____
4. Do you have enough privacy at home? Yes ____ No ____
5. Do you trust most of the people in your family? Yes ____ No ____
6. Can you take your own medication and get around by yourself? Yes ____ No ____
7. Are you sad or lonely often? Yes ____ No ____
8. Do you feel that nobody wants you around? Yes ____ No ____
9. Do you feel uncomfortable with anyone in your family? Yes ____ No ____
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? Yes ____ No ____
11. Has anyone forced you to do things you didn't want to do? Yes ____ No ____
12. Has anyone taken things that belong to you without your OK? Yes ____ No ____

Consequences of Elder Abuse

The possible physical and psychosocial consequences of elder abuse are numerous and varied. Few studies have extensively examined the long-term consequences of elder abuse and distinguished them from those linked to normal aging.³⁻⁵

Physical Effects

The most immediate probable physical effects include the following: ⁶⁻⁹

- Welts, wounds, and injuries (e.g., bruises, lacerations, dental problems, head injuries, broken bones, pressure sores)
- Persistent physical pain and soreness
- Nutrition and hydration issues
- Sleep disturbances
- Increased susceptibility to new illnesses (including sexually transmitted diseases)
- Exacerbation of preexisting health conditions
- Increased risks for premature death

Psychological Effects

Established psychological effects of elder abuse include high levels of distress and depression.

Other potential psychological consequences that need further scientific study are

- Increased risks for developing fear and anxiety reactions
- Learned helplessness
- Posttraumatic stress disorder

Most states require reporting of suspected elder abuse. Please refer to your specific state laws regarding mandatory reporting.

- **For More Information About Elder Abuse and Where to Get Help**

- **Elder Abuse Helplines and Hotlines**

- Call 1-800-677-1116
- Always dial 911 or local police during emergencies.
- If the problem isn't emergent, contact your local adult protective services
- National Institute on Aging www.nia.nih.gov
- For more information on elder abuse, visit www.cdc.gov/violenceprevention.

- **Eldercare Locator**
1-800-677-1116 (toll-free)
www.eldercare.gov

- **National Center on Elder Abuse**
1-855-500-3537 (toll-free)
ncea-info@aoa.hhs.gov
<https://ncea.acl.gov>
- **National Adult Protective Services Association**
1-217-523-4431
www.napsa-now.org
- **National Domestic Violence Hotline**
1-800-799-7233 (toll-free, 24/7)
1-800-787-3224 (TTY/toll-free)
www.thehotline.org/get-help
- **U.S. Department of Justice**
1-202-514-2000
1-800-877-8339 (TTY/toll-free)
elder.justice@usdoj.gov
www.justice.gov/elderjustice

Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the

HwalekSengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4),
406-415. Reprinted by permission: Sage Publications, Thousand Oaks, CA.

The Gerontological Society of America. Schofield, M. J., & Mishra, G. D. (2003). Validity of
self-report screening scale for elder abuse: Women's Health Australia Study. *The
Gerontologist*, 43(1), 110-120, Table 1