Abuse, Neglect and Exploitation of Older Adults: A Primer for Primary Care Practitioners

Lena K. Makaroun, MD, MS
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Disclosure
• I have no relevant financial relationships to disclose

Objectives
1. Describe the prevalence and adverse health outcomes associated with experiencing elder abuse
2. Identify victim, perpetrator and contextual level risk factors for elder abuse
3. Explain key steps in identifying and reporting elder abuse in your patients

Outline
• What is elder abuse?
• Elder abuse stats and what we (think) we know
• What to do when you suspect abuse, neglect or exploitation
• Cases and reframing
What is elder abuse (EA)?

- Harm 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" (U.S. Department of Justice and Dept. of Health and Human Services)
- "Older person" → age 60+

Umbrella term that includes:
- Physical abuse
- Psychological abuse
- Sexual abuse
- Financial Exploitation
- Neglect
- Self-neglect

Types of abuse

- Physical abuse: intentional infliction of physical harm upon a person
- Sexual abuse: any sexual activity for which the older adult does not or can not give consent
- Psychological abuse: intentional infliction of mental harm and/or psychological distress upon the person

Types of neglect

- Active neglect: caregiver fails to meet their obligation to care for the older adult’s physical, social and/or emotional needs
- Passive neglect: the failure is unintentional
- Self-neglect: failure of person to meet their own physical, psychological, and/or social needs (considered separate from elder abuse by some)

Financial Exploitation

- Financial/material exploitation: misuse, misappropriation, and/or exploitation of a person’s possessions, property and/or monetary assets.
- In many studies, most common type of mistreatment
Shades of gray

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Elder abuse prevalence

• EA has an estimated combined prevalence of 10% in the U.S.

• Most cases go undetected -- only about 1 in 24 cases is identified and reported to state authorities

Elder abuse health consequences

• EA is linked to serious adverse health outcomes including dementia, depression and mortality
Elder abuse health consequences

- EA victims are also at increased risk of emergency room visits, hospitalization, and nursing home placement.
- EA is estimated to cost the U.S. multiple billions of dollars each year.

Locally? -- Pennsylvania

- Increasing Reports by Year:
  - 2015-2016: 6,068
  - 2016-2017: 8,699
  - 2017-2018: 8,608

Locally? – Allegheny County

- 4,064 cases from Allegheny county in FY 2017.
- Up from 3,553 in FY 2016 and 2,572 in FY 2015.

Risk factors

Who experiences EA?

• Known EA risk factors for older adult:
  • Poor mental and physical health
  • Cognitive and functional impairment
  • Low socioeconomic status
  • Social isolation
  • Female sex

Impairment in physical function

• Example: hemiparesis following stroke, limited mobility due to low back pain or osteoarthritis, urinary or fecal incontinence

• Reduces ability to perform own ADLs and IADLs

• Increases dependence on another

• More impairment in physical function leads to higher demand on caregiver

Impairment in cognitive function

• Example: dementia, mild cognitive impairment, long standing intellectual disability

• In addition to difficulty with ADLs and IADLs, may cause impairment in executive function

• Impaired executive function may lead to behaviors that make caregiving more difficult.

• May also impair judgement, predisposing to financial exploitation

Low socioeconomic status and social isolation

• May limit caregiving options

• Lead to increased dependency

• Limit opportunities for abuse to be discovered or lead to fear of consequences if it is discovered
Risk factors for trusted other

• Adult children or spouses
• Male
• Past or current substance abuse
• Mental or physical health problems
• History of trouble with the police
• Socially isolated, unemployed or have financial problems
• Experiencing major stress

In what setting does EA occur?

• Social isolation
• Co-dependency
• Poor quality pre-existing relationship

• Cultural norms
  • Views on certain diseases (e.g. Alzheimer’s)
  • Views on autonomy and self-reliance
  • Views on healthcare provider paternalism

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How many of you have heard…?

She’s just old and old people fracture easily

He’s just old and old people bruise easily

He’s just old and old people get pressure sores

She’s just old and old people fall

Reference:
Be on the lookout for pink flags

If you don’t look for it, you won’t find it

Signs and symptoms of EA

<table>
<thead>
<tr>
<th>Type</th>
<th>Example signs and symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Unexplained injuries, delay in seeking care, location and size of bruising (i.e. larger and head, neck, torso, buttock more concerning)</td>
</tr>
<tr>
<td>Sexual</td>
<td>Any STI in patient with dementia, inner thigh or genital bruising/pain/trauma</td>
</tr>
<tr>
<td>Psychological</td>
<td>Fearful, deferent, anxious/depressed, lack of eye contact. Trusted other controlling, threatening</td>
</tr>
<tr>
<td>Financial</td>
<td>Living below means, not having access to money for incidentals, anticipating “winning,” sudden appearance of new very close people, trusted other requesting you sign papers</td>
</tr>
<tr>
<td>Neglect</td>
<td>Poor hygiene, unintentional weight loss, decubitus ulcers (especially stage III/VI, unusual locations)</td>
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Gather information

- Always interview and examine the patient alone if possible
- Make sure to fully undress the patient during exam (including feet, buttocks, back)
- If able and safe, interview the trusted other separately
- Order appropriate lab and imaging studies to support or refute your concerns
- Document all relevant findings in patient chart
  - Important for monitoring
  - Important for prosecution in criminal cases

Now time to report

Always Remember...

Reasonable suspicion is all that is needed to report – NOT PROOF!
### Who are mandated reporters for EA?

- Laws differ by state – know your state’s law
- Generally, all licensed healthcare providers (regardless of degree) are mandated reporters
- In most states, person who identifies the concern must report → can’t push off onto another team member (though can report collectively)

### Steps to reporting

- Report to Adult Protective Services (APS) in county where patient lives, plus:
  - Long term care ombudsman if in nursing home or facility
  - Law enforcement if physical/sexual assault or imminent harm
- Online or by phone, sometimes in paper
- Reporting is:
  - Confidential
  - Rarely requires follow up (but also often a frustration)

### Lean on your team, whoever that is

- When reporting abuse, always involve your social worker (if you have one)

### What happens after you call APS?

- APS will take the report and investigate if APS has jurisdiction. An APS investigator will:
  - conduct a home visit, usually unannounced
  - interview other individuals who may have information about the situation
  - offer protective services if the investigator determines abuse has occurred
  - law enforcement may also be called upon to investigate
- **But**, this is all if the older adult consents
- APS principles prioritize autonomy
APS limitations

Remember: vulnerable adult has the right to make choices and has the right to refuse any or all interventions or change his/her mind and withdraw consent to assistance from APS at any time.

What can YOU do after reporting?

• To help reduce risk, occurrence and consequences of EA in your patients:
  • Home safety evaluation
  • Home PT/OT for appropriate DME to maximize function and decrease dependence
  • Home nursing if appropriate (e.g. pressure ulcers)
  • Community resources to reduce caregiver stress and social isolation → adult day health programs, senior centers, AAA programs, friendly visitor programs, meals on wheels, etc.
  • Patient and caregiver education

Financial scams

• Be aware of scams: [https://www.consumer.ftc.gov/scam-alerts](https://www.consumer.ftc.gov/scam-alerts)

  • “sweetheart,” lottery, wire money, driveway/roof repair, sweepstakes, IRS, grandchild needs $ or in jail…

  • Decreased scam awareness likely one of the earliest signs of dementia (before any testable cognitive impairment)

Help your patients be tech savvy

• Tell them to:
  • Never answer phone from a number they don’t know → if it’s important, they will leave a message!
  • Never share sensitive information (e.g. SSN) over the phone or by email
  • Always request verification of identity for those claiming they know you
  • When in doubt, hang up or delete!
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Case 1: 86 yo female w/ pressure ulcer

• While examining an 86-year-old woman with mild dementia and limited mobility, you discover a stage II sacral pressure ulcer

• Her daughter is her primary caregiver and says that she has not noticed it before

• What do you do next?

Case 1: Continued

• Gather information:
  • Examine patient head to toe and interview alone
  • Evaluate for other injuries, signs of malnutrition and dehydration
  • Interview daughter alone – how is she caring for patient? What is her medical knowledge base? What are her time constraints? Technical limitations? Stressors?
  • Document your findings

Case 1: Continued

• You find out:
  • The patient has adequate nutrition but is slightly dehydrated
  • There is no other skin breakdown
  • The daughter is the sole caretaker, but works full time to make ends meet
  • She expresses distress at the presence of the ulcer and asks how it got there and what she needs to do to help it heal
  • She expresses significant caregiver stress
Case 1: Continued

- **Next steps:**
  - Refer for home OT safety evaluation and home PT to improve appropriateness of DME and home mobility; home RN for pressure ulcer care
  - Educate daughter and patient about preventing pressure ulcers
  - Involve social work and refer for adult day health programs or other respite program
  - Refer daughter to caregiver support group
  - Schedule close follow up

Case 2: 91 yo M w/ falls

- A 91 year-old man with moderate dementia is brought in by his son for repeated falls
- Though he says the first fall was months ago, he hasn’t presented for care until now
- What do you do next?
  - Is this abuse?

Case 2: Continued

- **Gather information:**
  - Examine patient head to toe, undressed
  - Interview patient alone and evaluate for signs of fear and hyper-arousal. Can he recount what happened with the falls?
  - Evaluate for other injuries, signs of malnutrition, dehydration, infection, mobility
  - Interview son alone – when did the falls happen? How did they happen? When was the last one? Why did he not bring in his father sooner?

Case 2: Continued

- **You find out:**
  - Son is reluctant to let you interview patient alone
  - Patient does not speak and looks down in son’s presence
  - The patient denies having fallen. He appears to be in pain when you touch him during exam
  - The son gives a vague story of several falls and states that he did not bring his father in earlier because he had been busy
Case 2: Continued

• On exam:
  • In addition to torso bruising, bruising on neck and a pressure ulcer on the patient’s heel

Case 2: Continued

• Based on your physical exam:
  • You obtain imaging to document any other old or current injuries
  • You obtain labs to evaluate for signs of dehydration, malnutrition, anemia, etc.

Case 2: Continued

• Next steps:
  • Document your findings
  • Involve your social worker and update with details of case
  • Report to APS and potentially law enforcement without delay
  • Remember: reasonable suspicion is all that is needed
  • Consider sending to ED for hospital admission for safety

Culture, ageing and abuse

• Societal attitudes that make it easier for abuse to occur and continue without detection or intervention:
  • Devaluation and lack of respect for older adults
  • Older people regarded as a burden, drain on resources
  • Bias and misunderstanding of disability
Questions and discussion

References


3. Connolly, M., Dec, 8; 31(4):693.


