Topic: Elder Abuse
Microlearning Case-based Article for Interprofessional (IP) Age-Friendly Healthcare

Case Scenario

Mary went to long-term care for therapies and safety after experiencing a broken ankle after her husband shoved her down the stairs. She recovered to independence with self-care but IP discharge planning was challenging due to the risk of repeated abuse if she returned home with her husband. Mary would not speak about the abuse, but IP team members recognized non-verbal communication that suggested Mary was afraid to return home.

Learning Objectives

- Screen for risks and indicators of abuse and/or neglect
- Create IP interventions for safety and proper care

Literature

Background

Elder abuse is a silent problem that robs elders of their dignity, security, and quality of life. At least 10% of older adults experience some type of abuse every year (Department of Justice, 2023); however, statistics are skewed because very few cases (1 in 14 incidents) are reported to authorities (National Center on Elder Abuse, 2020). Vulnerability to abuse includes: social isolation, cognitive limitations, underlying mental illness, and history of interpersonal violence within the family or cultural unit (National Council on Aging, 2021).

Abuse is the *willful* infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish. *Abuse* is categorized as physical, psychological, or material/financial exploitation. *Neglect* is the inadequate provision of basic needs such as food, clothing, shelter, and medication or medical treatment. Neglect can be active (intentional) or passive (unintentional).

Indicators of physical abuse/neglect: bruises, lacerations, burns, pressure ulcers, malnutrition/dehydration, signs of hair pulling, unexplained sexually transmitted illness, delays/absence in seeking medical care, signs of confinement, and patterns of inappropriate medication administration. Indicators of psychological abuse/neglect: sleep deprivation, excess fear, ambivalence, confusion, resignation, low self-acceptance, change in appetite, agitation, paranoia, or tearfulness. Financial exploitation is defined by the National Center on Elder Abuse [NCEA] (2023) as "the illegal, unauthorized, or improper use of an older adults' resources for monetary or personal benefit." The use of older adults' resources may result in the older person being deprived of benefits and resources they may need as they age. Examples include: misusing or stealing; coercing or deceiving an older person in signing documents such as will; and improper use of guardianship or power of attorney. Caregiver dependence is often a risk factor due to fatigue with the ongoing demands for giving care (NCEA, 2023).

Evaluation

IP team members assess indicators and risk situations for abuse or neglect; however, special agencies, county social services, and/or police conduct more intensive investigations when a case has been reported.

Assessment tool	Description	Citation
Elder Abuse Suspicion Index (EASI)	Quick, 6-item screening tool for risk, neglect, type of abuse within 1 year	Yaffe, et al. (2008) NCEA (2023)
Caregiver Abuse Screen (CASE)	8-item tool that asks caregiver yes/no questions	Reis & Nahmiash (1995) NCEA (2023)
Older Adult Financial Exploitation Measure (OAFEM)	Quiz taken by older adults to determine if they feel exploited	Conrad, et al (2010) Care for Elder Abuse Prevention Services (2023)
Occupational Therapy Elder Abuse Checklist	Identify risk factors for elders who live alone or with others	(LaFata & Helfrich, 2001)

IP team members also conduct typical assessments, which will often unveil key indicators of abuse or neglect. Findings are then reported to the team on a *need-to-know* basis to protect the privacy of sensitive client or patient situations. The presence of signs of abuse or neglect mandate most healthcare team members to report the case to county social services, adult protective services, or area law enforcement, who will then conduct the in-depth investigation. A healthcare provider would call 911 if there is an immediate threat to a client or patient.

Prevention/Intervention/Treatment

The IP team develops an intervention plan when indicators of confirmed abuse or neglect are present. Prevention and intervention approaches help mitigate situational risk factors, such as caregiver dependence. Nursing, occupational therapy (OT), and physical therapy (PT) will focus on improving self-care independence by integrating multiple approaches to restore abilities or compensate for the lack of abilities. Compensatory strategies can include:

- Medication dispensers and reminder systems.
- Adaptive equipment: tub bench, handrails, toilet risers, reachers, sock aides, transfer belt, etc.
- Assistive devices: wheelchairs, walkers, canes, etc.

Medical providers treat injuries or conditions when abuse or neglect is confirmed (e.g. pressure ulcers) and make referrals to appropriate professionals for psychological services to support mental health.

Caregiver needs include *compassion, respite, and training*. Most caregivers are considered *informal,* meaning they have not been trained in caregiving tasks and are not paid for providing cares, some of which may require advanced techniques such as prevention and treatment of pressure injuries. *Compassion* is the best approach because it helps the caregiver feel heard, understood, and safe, thereby opening lines of communication about caregiving challenges. Communication strategies that exhibit *compassion* include:

- Paraphrasing: restate what the person said to help them feel heard.
- Reflection statements: reflect on feelings to help them feel understood.
- Open-ended questions that start with "how" or "what" to help them process the issue.
- Avoid questions that start with "why" because they trigger defensiveness.
- Avoid a statement that starts with "you should" because it is overwhelming.

Respite services are recommended, which can be provided by credentialed agencies or community groups like churches, senior citizen centers, or neighbors.

Client and caregiver *training* for self-care and instrumental activities of daily living (e.g. meal preparation, light housekeeping) is the primary focus to decrease caregiver dependence. It is important to implement proper teaching strategies that align with learners' preferred modes for learning, such as visual demonstrations, spoken or written words, or kinesthetic movement for practicing techniques. Educational materials should use words and images that present the topic with a good balance between words, images, bullets, and white space. It is important to provide careful attention to skills and knowledge about types of literacy: such as reading, health, and/or electronic systems.

Case Scenario Resolution

In Mary's case, the care facility's social worker and county nursing agency determined that OT and PT should conduct a home evaluation prior to discharge at Mary's apartment where her husband lives and at Mary's daughter's home, which was offered as an additional location for discharge. During the home evaluations, Mary was able to perform key tasks in each room of both homes as well as navigate the steps in her daughter's home. The OT and PT concurrently conducted patient education for safety while Mary performed the tasks, such as sitting on the tub bench and then raising legs over the edge of the tub verses stepping over.

The apartment was smaller and had a laundry basket on the floor that could pose as a tripping hazard. When this was pointed out, Mary's husband responded with a sudden, loud, harsh voice tone that alarmed both providers. Mary would not speak about her fear but did offer subtle preference to be discharged to her daughter's home. The OT and PT knew Mary would not be safe to tell her husband that; therefore, they recommended that Mary be discharged to her daughter's home because it was more accessible than the apartment. The county social services nurse conducted the EASI, which helped Mary speak about the abuse to the nurse and then her primary care physician.

Mary lived thereafter at her daughter's home until her husband's death years later, at which time she moved to an assisted living home. Her ankle healed well, and her physician referred her to a counselor to help her process through the abuse she experienced, which helped her release past resentment and fear of the future. Self-efficacy improved and she obtained a part-time job at a garden center, which enhanced her self-efficacy and overall well-being.

Summary

Elder abuse is often a silent issue, making it challenging to address. The IP team assesses indicators and risk factors to determine the need to report and guide strategies for prevention, intervention, and treatment. Higher access to multiple healthcare providers will result in lower rates of abuse and neglect.

References

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Microlearning Article Reference

Janssen, S. & Semmens, K. (2024). Elder Abuse. Microlearning case-based article for Interprofessional Age-friendly Healthcare presented by Dakota Geriatrics, Geriatric Workforce Enhancement Program at the School of Medicine & Health Sciences. University of North Dakota. Grand Forks. North Dakota. USA.

Pre- and post- test questions:

1. Which of the following is the best interprofessional approach to assessment to detect risk factors for and indicators of elder abuse?
    a. One team member conducts the Elder Abuse Suspicion Index and then refers to the rest of the team.
    b. The primary physician screens for elder abuse and then refers to specialists as indicated
    c. Each team member conducts discipline-specific assessments, attending to situational risk factors and indicators, which are shared with the team on a need-to-know basis to determine appropriate action for further assessment or investigation.
    d. One team member is designated conduct the Caregiver Abuse Screen (CASE) to assess the primary caregiver's level of fatigue and stress and document results in the client's medical record.
2. If a high-risk situation for caregiver abuse of a patient has been detected, which of the following interprofessional approaches is best?
    a. Synchronize interventions carefully among appropriate professions and agencies to provide caregiver training, compassion/support, and respite while also implementing client interventions that promote independence in self-care skills if possible.
    b. Make referrals to each profession separately but limit interprofessional communication to protect privacy and confidentiality of the sensitive situation.
    c. Recruit more family members and friends to help with caregiving tasks.
    d. Schedule an interprofessional team meeting with the caregiver to discuss all risk factors and teach the caregiver how to provide better care.