



Elder Abuse Identification and Clinical Management in Primary Care

AIM: A Tool to Assess Risk and Plan Next Steps

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Game Plan

- Scope of problem
- Complexity of issue
- Abuse Intervention/Prevention Model (AIM)
- Applying AIM in our clinical practice
- Case presentation
- Discussion

Elder Mistreatment in the United States: Estimates From a Nationally Representative Study E. Laumann et al (2008)

- 9% verbal mistreatment
- 3.5% financial mistreatment
- 0.2% physical mistreatment

The National Elder Mistreatment Study R. Acierno et al (2010)

- 11.4% mistreatment other than financial

Laumann E, Leitsch SA, Waite LJ. Elder Mistreatment in the United States: Prevalence Estimates from a Nationally Representative Study. *J Gerontol B Psychol Sci Soc Sci.* 2008.

Acierno R, Hernandez MA, Amstadter AB, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the united states: the national elder mistreatment study. *American Journal of Public Health.* 2010.

Both studies excluded the most susceptible populations:

- People in facilities
- People too impaired to give consent

Prevalence of Abuse Among Postmenopausal Women

Women's Health Initiative cohort
(91,749 women ages 50 – 79)

11.1% reported abuse in prior year

- 89.1% verbal
- 2.1% physical
- 8.8% both

Abuse and Neglect of People with Dementia

Pilot of 129 dyads of people with dementia and their caregivers

47%* abused or neglected

42% psychological abuse

10% physical abuse

14% neglect

*More than one type of mistreatment in some cases

Wiglesworth A, Mosqueda L, Mulnard R, Liao S, Gibbs L, Fitzgerald W. Screening for Abuse and Neglect of People with Dementia. JAGS. 2010.

Abuse in Nursing Homes (Staff Survey)

- 36% saw physical abuse
- 10% committed physical abuse

- 80% saw psychological abuse
- 40% committed psychological abuse

Pillemer K, & Moore DW.. Abuse of Patients in Nursing Homes: Findings from a Survey of Staff. Gerontologist. 1989.

EA impact on “concerned others”

73 million adults knew someone who experienced elder mistreatment

44 million involved in helping a victim deal with their mistreatment situation

32 million people -- knowing about mistreatment was highly stressful, and trying to help the victim exacerbated their distress

Breckman R, Burnes D, Ross S, et al. When Helping Hurts: Nonabusing Family, Friends, and Neighbors in the Lives of Elder Mistreatment Victims. *Gerontologist*. 2018.

Recap: Elder Abuse Impact

- Widespread (1 in 10 people 60+)
- Cognitive impairment raises risk to appx 50%
- Hastens mortality for victims three fold
- Stressful for 30+ million concerned others
- Majority never reported
- Human and economic price very high

High Risk Caregiving Situations

- Caregivers with inadequately treated mental health and/or substance abuse problems
- Caregivers who feel stressed/burdened
- Care recipient who is physically combative and/or verbally abusive

Pink Flags

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries
- Inconsistent stories
- Sudden change in behavior

Factors to consider

- **Medical issues**
 - What diagnoses does this person have?
 - Are the diagnoses complete & accurate?
 - Are the illnesses optimally treated?
 - What medications are being taken?
- **Mental health issues**
 - Depression
 - Substance abuse
 - Anxiety disorder

Factors to consider (cont'd)

- **Functional** issues
 - ADLs and IADLs
 - Need for assistance
- **Social** complexities
 - Family conflict
 - Caregivers, paid and unpaid
- Questions about **cognition**
 - Capacity to make decisions
 - Dementia

Factors to consider (cont'd)

- Questions about **cognition**
 - Capacity to make decisions
 - Dementia
- **Functional** issues
 - ADLs and IADLs
 - Need for assistance
- **Caregiver** issues
 - Medical problems
 - Mental Health issues
- **Social** complexities
 - Family conflict
 - Caregivers, paid and unpaid

Leading to.....

Please stand back. My head is exploding.



AIM

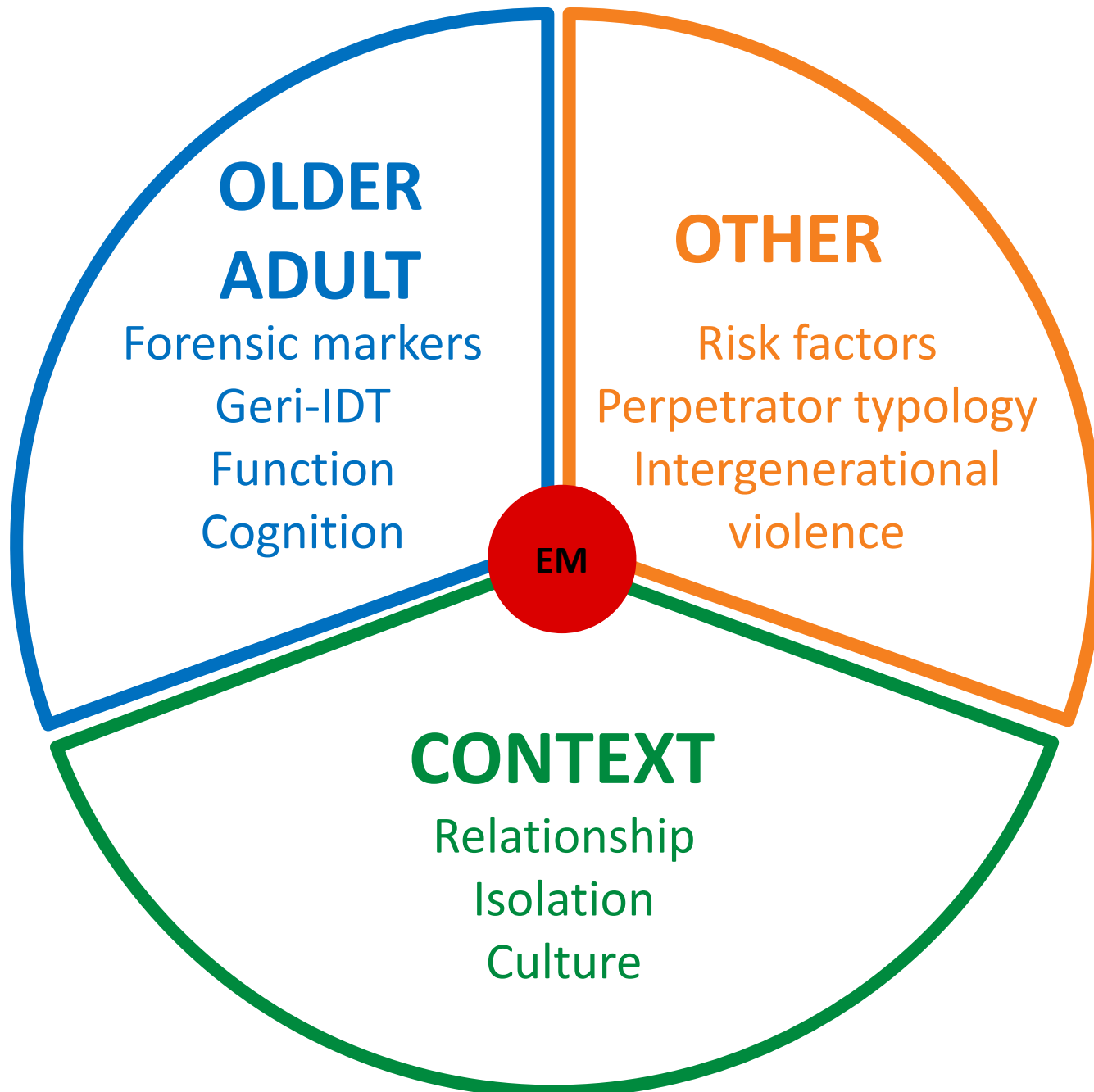
Abuse Intervention/Prevention Model

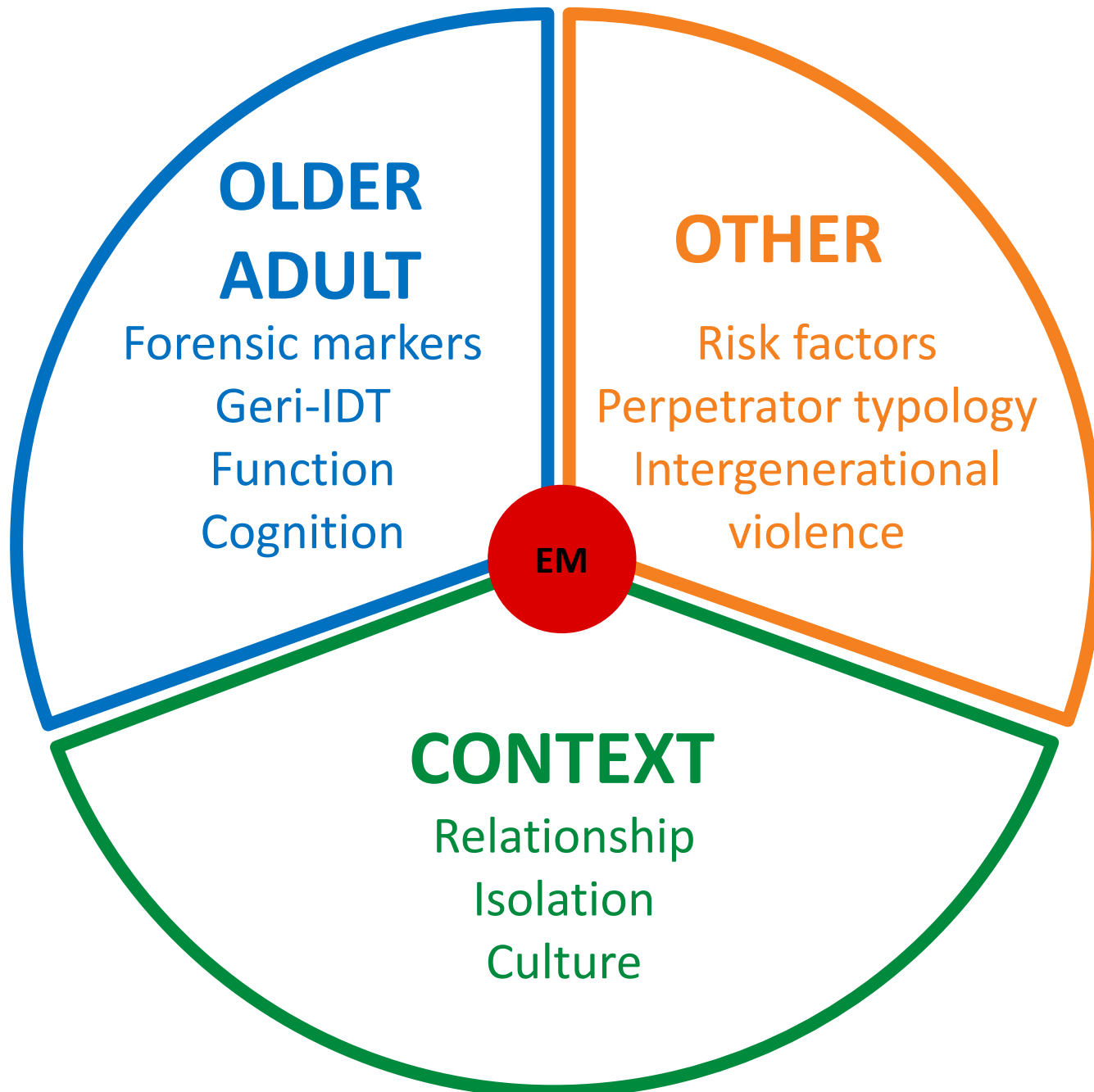
- Practical framework
- Includes 3 broad domains
 - Vulnerable older adult
 - Trusted other
 - Context
- Factors known or thought to be related to risk of abuse

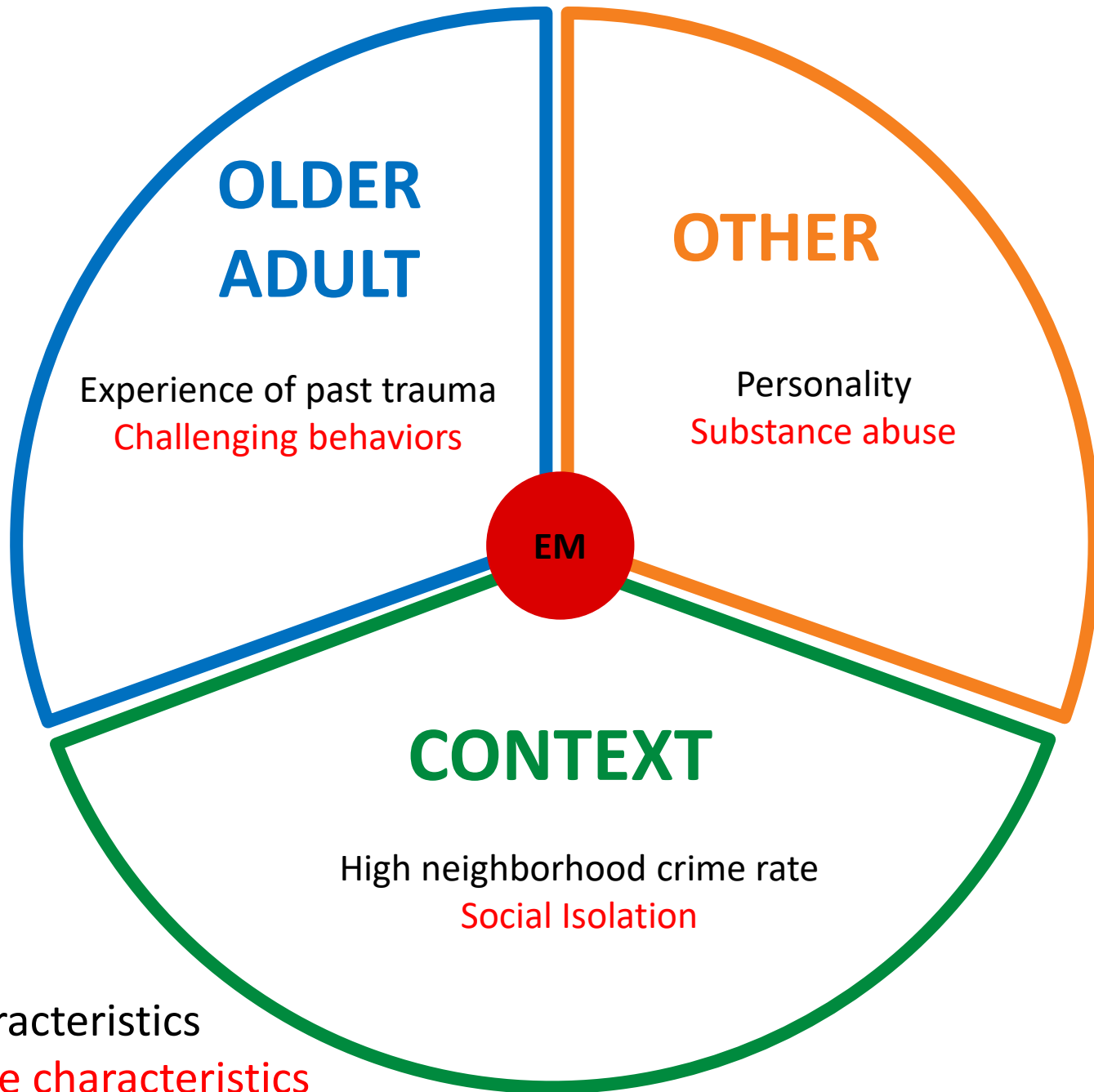
Mosqueda L, Burnight K, Gironde MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016.

Abuse Intervention-Prevention Model (AIM)









KEY:

Fixed characteristics

Modifiable characteristics

Common Interventions

- Adult Protective Services
- Long Term Care Ombudsman program
- Victim services
- Proxy decision making (POA, guardianship)
- Mandatory reporting laws
- Law enforcement/911
- Prosecution
- Multidisciplinary teams/Forensic Centers

We will practice applying the model during the case presentation

Older Adult

Trusted Other

Context

Vulnerable Older Adult

- Impaired Physical Function:
Dementia limiting ADLS

- Impaired Cognition: Dementia
causing resistance to care

Trusted Other

- Mental Illness: depression and
anxiety

- Impaired Physical Function:
Osteoarthritis limiting caregiving

Context

- Low-Quality Relationship: Strained family
relationship

- Social Isolation: Limited social contact

- Cultural Norms: Wife does not manage
finances

Setting the Stage

- Establish rapport
- Establish privacy
- Establish safe environment
- Normalize the questions
- Be empathetic
- Don't assume

ASK

- Patients
 - Are you afraid of anybody?
 - Has anyone hurt you?
 - Has anybody touched you in a way that made you scared or nervous?
 - Is anyone using your money without your permission?

- Caregivers
 - How are you doing with all this stress?
 - Have you ever hit your mom, or are you worried that you might?

Preventing abusive actions

- All of us have the potential to “take out” our stress on the folks we are caring for
 - Yelling/Belittling
 - Getting physical
- It doesn't mean you're a bad person... it usually means that you're overwhelmed
- It's ok to acknowledge when you are overwhelmed and **ask for help**

Patient & Family Education

- Promoting skills
- Fostering physical and mental activities
- Avoiding unnecessary challenges to the person – never argue “facts”
- Recognizing role of stress
- Focusing on the person, not the disease

Prevention and Early Detection

- Identify high-risk situations
 - Elder with dementia: aggressive, dependent
 - Caregiver: untreated mental health problem, drug/alcohol dependency, overwhelmed, burdened/stressed
- Ask and listen
- Intervene and help
- Follow up
- Reassure