# Challenges in Detection of Elder Abuse

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# Conflict of Interest

- **Principle investigator on team that developed and validated the Elder Abuse Suspicion Index (EASI)**

# Acknowledgements


## Funding

- ✓ Canadian Institutes of Health Research
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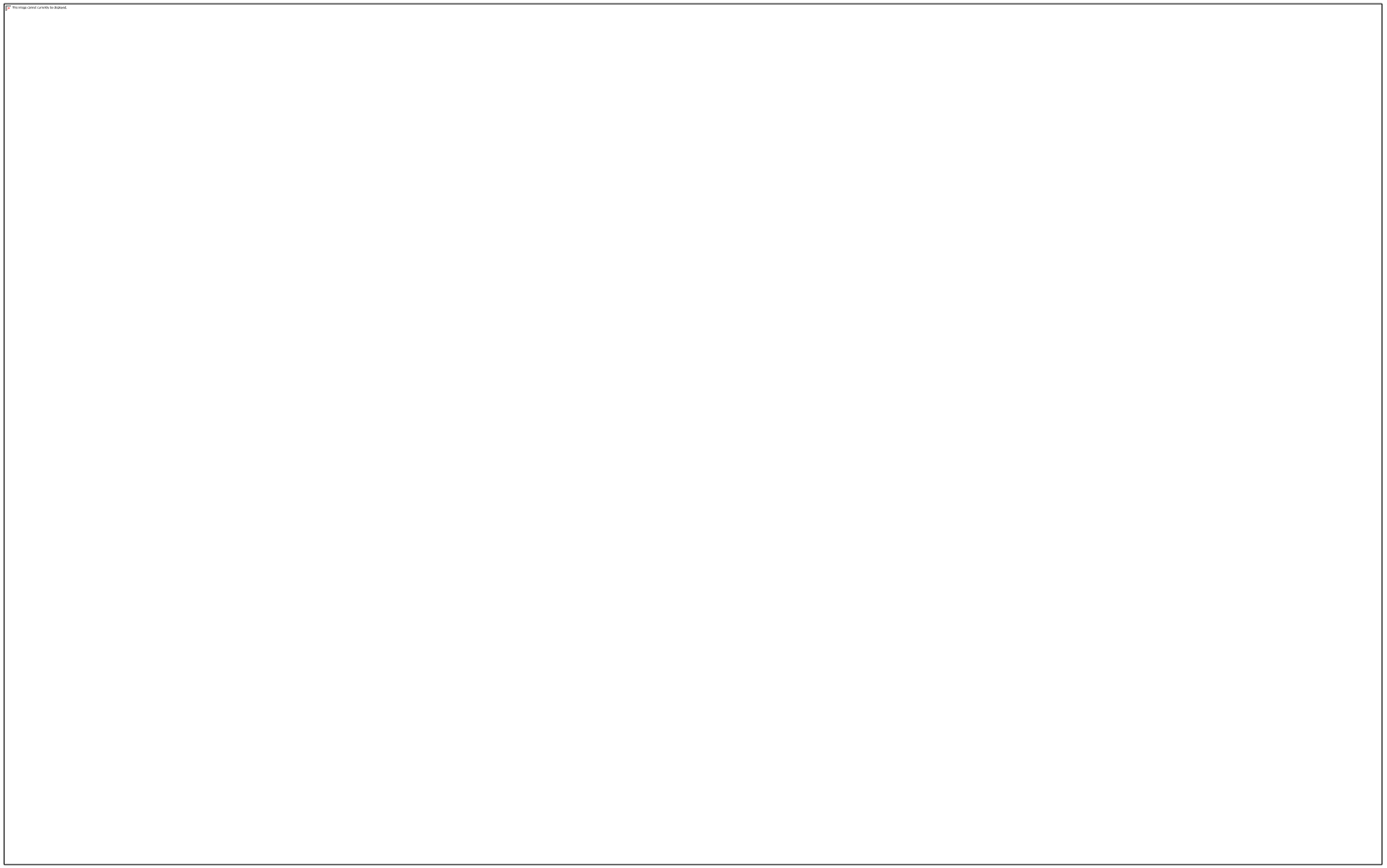
# Who is here today?

**(general public, health care professional, trainee…….)**



**“The test of a people is how it behaves toward the old. It is easy to love children….but the affection and care for the old , the incurable, the helpless, are the true gold mines of a culture”**

## Abraham Joshua Heschel

- Polish born
- German educated
- American theologian, ethicist,
- civil rights advocate

# Approaches to Detection

- **Screening:**

  Detection of an entity within a population that does not have signs or symptoms, or has undetected signs or symptoms; Should do more good than harm.

- **Case Finding:**

  Screening those who have risk factors for an entity, or whose presentation is suspicious for the entity

# Theories of Elder Abuse Causation (1)

- Dependency of the elderly on a caregiver and vice-versa
- A patriarchal family (spousal dominance)
- Removal of seniors from workforce reduces independence, promotes dependence
- Caregiver (abuser's) behavioral characteristics

# Theories of Elder Abuse Causation (2)

- Dysfunctional or conflicting family members' obligations
- Overburdened caregiver ( caregiver stress)
- Intergenerational family violence (learned behaviors)
- Cultural / societal values that sanction mistreatment

# Elder Abuse Risk Factors

- Research literature limited by absence of consistent definitions, methodologies, populations studied.
- Past tendency to show association (risk factor A+ outcome B co-exist), therefore assume causation (A causes B). Causation requires more than that.
- Current viewpoint: each manifestation of EA may be associated with unique risk factors

# Elder Abuse Risk Factors (1)
# Care Receiver

- Frailty
- Increased age
- Females
- Dependency on abuser
- Decline in mental health
- Cognitive impairment
- Impaired ADLs
- Problem behaviors
- Physically/verbally abusive
- Isolation
- No one to call on

# Elder Abuse Risk Factors (2) Caregiver

- Caregiver stress
- Poor mental health
- Psychiatric illness
- Alcoholism, drugs
- Financial dependency on care receiver
- Male

# Interdisciplinary Differences

- **Yaffe MJ, Wolfson C, Lithwick M.**

**Professionals show different enquiry strategies for elder abuse detection: Implications for training and interprofessional care.**

**J. Interprofessional Care 2009; *23(6),* 646-54**

# Physicians well-positioned to detect Elder Abuse

- Family physicians in N.A. may be the only people, outside of family, who regularly see seniors– an average of 5 visits / year.

  Aravanis SC et al. Arch Fam Med 1993

- Doctor-patient relationship has potential to increase likelihood of elder abuse detection because it is on-going, and optimally promotes trust, and therefore disclosure.

- Doctors are often the first professional contact following victimization

- In the doctor-patient encounter most patients are accustomed to doctors asking direct questions about sensitive topics.

- Physical exam; Lab findings; Unexplained deterioration

# Barriers to Physician Detection of Elder Abuse (1)

- Physician lack of awareness of elder abuse as an issue to look for.
- Physician lack of awareness that elder abuse, independent of the act of abuse, carries a high mortality rate. (Lachs et al 1998)
- Lack of knowledge of how to identify elder abuse.
- Screening / detection tools too long for office use; use vocabulary that doctors are not comfortable with; may be designed for assessment in the home (not done frequently by doctors); may involve caregivers ( ?? a source of the abuse).

# Barriers to Physician Detection of Elder Abuse (2)

- Ethical (confidentiality) issues
- Victim reluctance to report abuse to the doctor.
- Doctor fear of offending the patient
- Doctor belief that detection won't lead to a solution.
- Ageism ( mis-interpretation of signs or symptoms—geriatric syndromes)

# Barriers to Physician Detection of Elder Abuse (4)

## Confusing Guidelines for Elder Abuse:

- American Medical Association (1992): Recommended screening for family violence in all patients.
- Canadian Task Force Periodic Health Exams (1993): Insufficient evidence for/against elder abuse screening.
- U.S. Preventive Services Task Force (1996, 2004, 2013): same as Canadian Task Force comments.
- U.K. Report on Domestic Violence (2002): Health professional screening increased likelihood of detection….but may not result in improved outcomes.

# Barriers to Physician Detection of Elder Abuse (3)

**Legal Issues:**

1. **Reputable U.S. web-based resource for MDs on 400+ topics—elder abuse is located under "legal and ethical issues", not under geriatrics, elder care, aging**

2. **Mandatory reporting predominates: but unlike child abuse, is all elder abuse of legal consequence?**

# Physicians' Detection of Elder Abuse

- **Physicians rank 10th amongst health professionals & paraprofessionals in detecting elder abuse .**

  **Lachs MS. Clin. Geriatr Med 1993**

- **Physician reports account for only 2% of elder abuse occurrences.**

  **Rosenblatt DE et al. J Am Geriatr Soc 1996**

# Screening Tools for Elder Abuse

- **The fundamental function of any assessment tool instrument is to guide practitioners through a standardized screen to ensure that signs of abuse are not missed.**

  Anetzberger, 2001, Journal of Elder Abuse and Neglect

# Screening Tools for Elder Abuse

- **Choice of a screening tool should take into account a balance between brevity and comprehensiveness.**

- **Should do more good than harm**

# Properties of a screening tool

- High Sensitivity : high proportion of those who screen positive are truly positive
- High Specificity: high proportion of those who screen negative are actually negative
- High: 0.80 or 80% and above

# Detection Tools (1)

- **Indicators of Abuse Screen (IOA):**

- **29 item checklist of problems, assessed during a 2-3 hour home visit by trained practitioners; discriminates 84.4% of abuse cases, and 99.2% of non-abuse cases ( time and location factors make it better for case-finding than screening).**

# Detection Tools (2)

- **Elder Assessment Instrument (EAI)**
- **41 item Lickert-scale checklist with sensitivity of 71% and specificity of 93% when used in emergency rooms by nurses trained to use it.**

  **(time –consuming)**

# Detection Tools (3)

- **Elder Assessment Instrument – Revised**
- **51 item Lickert-scale checklist**

# Detection Tools (4)

- **Brief Abuse Screen for the Elderly (BASE)**
  - **Respondent is trained practitioner who assesses likelihood of abuse: 5 questions, less than one minute to complete, 86%-90% agreement among healthcare workers (not necessarily physicians), no published sensitivity or specificity data.**

# Detection Tools (5)

- **H-S /EAST (Hwalek-Sengstock Elder Abuse Screening Tool**
- **14 questions, answered yes/no**
- **One of 3 tools recommended by the Centers for Medicare and Medicaid Services (CMS).**

(Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology, 10*(4), 406-415.)

# Detection Tools (6)

- **Vulnerability to Abuse Screening Scale (VASS)**
- **Adapted from the H-S/EAST, 12 yes-no questions to assess abuse in older women.**
- **One of 3 tools recommended by the Centers for Medicare and Medicaid Services (CMS).**

# Detection Tools (7)

- **Caregiver Abuse Screen (CASE)**
- **8 questions; respondents are caregivers; goal is to assess if that caregiver is potentially an abuser.**

# Conditions Necessary for Detection of Elder Abuse by MDs

- Awareness of what elder mistreatment is, plus a "high index of suspicion"

  Costa A. Primary Care 1993

- American geriatricians commonly problem solve on the basis of a "high index of suspicion".

  Harrell R et al. Am J Med Sci 2002

- A strong predictor of doctors seeing and reporting elder abuse is having "direct" questions to ask.

  Oswald RA, Jogerst GJ et al. J. Elder Abuse Neglect 2004

# The Elder Abuse Suspicion Index © (E A S I)

**Mark J. Yaffe, MD, MClSc**
**Maxine Lithwick, MSW**
**Christina Wolfson, PhD**
**Deborah Weiss, MSc**

**Yaffe MJ, Wolfson C, Weiss D, Lithwick M. Development and validation of a tool to assist physicians' identification of elder abuse: The Elder Abuse Suspicion Index (EASI ©). J Elder Abuse Negl 2008; 20 (3): 276-300.**



McGill Department of Family Medicine | Département de médecine de famille

# Expectations of EASI (1)

- Administration by family physicians in the office setting.
- Useful for screening or case-finding to generate reasonable level of ***SUSPICION*** to justify referral to community expert in elder abuse for in-depth evaluation.
- Therefore not designed to necessarily generate psychometric properties consistent with an outstanding screening tool.

# Expectations of EASI (2)

- Use on those ≥ 65, MMSE ≥ 24 ( a research ethics criterion for informed consent, not necessarily a limit of competency to respond….since 24 includes MCI…≤ 26).

- Validated, in English and French versions, by comparison with conclusions of a 26 page social work inventory (bronze standard)

- Could be used over time to de-sensitize people to discussing delicate issues.

# ELDER ABUSE SUSPICION INDEX © (EASI)

**EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.**

**Within the last 12 months:**

**1)** **Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? YES NO**
**(Dependency)**

**2)** **Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? YES NO**
**(Neglect)**

**3)** **Have you been upset because someone talked to you in a way that made you feel shamed or threatened? YES NO**
**(Psych / Emotional)**

# ELDER ABUSE SUSPICION INDEX © (EASI)

**EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.**
**Within the last 12 months:**

**4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO (Financial / Material)**

**5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO (Physical / Sexual)**

**6) Doctor:**

**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 last 12 months? YES NO (Observational)**

# Doctors Positive about EASI

**Post-validation, 2 mailing survey: 68.3 % (72/104) response rate:**

- **Somewhat /very easy to use 95.8%**
- **≤ 2 minutes to use 67.6%**
- **Some to big practice impact 97.2%**
- **> awareness of EA 66.0%**
- **> confidence what to look for 64.0%**
- **Somewhat / very practice useful 81.5%**

# EASI Properties (1)

- **Sensitivity = 0.47 ; Specificity = 0.75 : Not great, but it is the only published tool that has been validated for use in a primary care setting.**
- **Asks direct questions**
- **Face validity has been shown by a WHO project in 8 diverse countries (Australia, Brazil, Chile, Costa Rica, Kenya, Singapore, Spain, Switzerland).**

# EASI Properties (2)

- 2013 U.S. Preventive Services Task Force review all existing tools – its recommendations included only the EASI (keeping in mind its inability to recommend for or against screening of older adults for abuse).

- One of 3 tools recommended by the Centers for Medicare and Medicaid Services (CMS).

# EASI-sa

- **EASI is feasible and acceptable (words and content) for seniors to self-administer as the EASI-sa (Q1-Q5 of the EASI, in Georgia font, print size 14, and Bold type).**

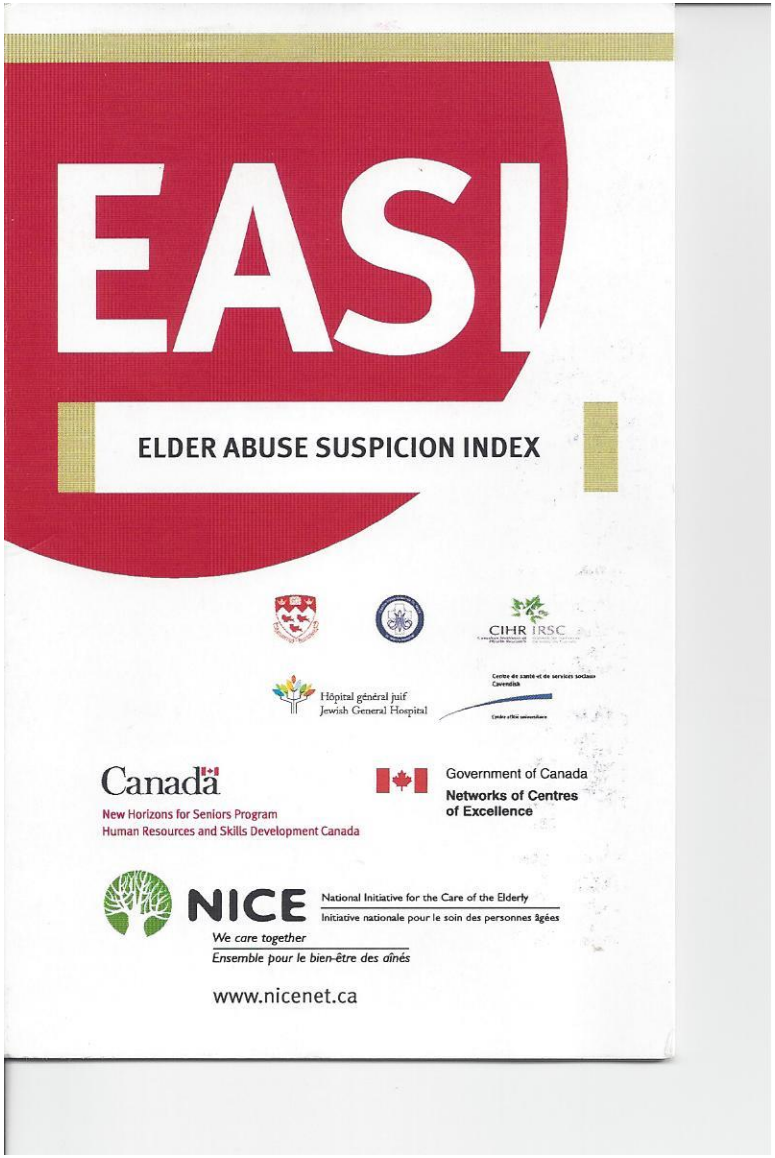
- **Self-administration helps to increase seniors' awareness of EA and its manifestations.**

**Yaffe, Lithwick, Weiss. J Elder Abuse Negl 2012; ; 24 (2) 277-292.**

# EASI Website

**https:www.mcgill.ca/familymed/research-grad/research/project/elder**

- **Background on EASI and how to use it**
- **Versions of EASI in English, French, Spanish, Italian, Hebrew, German, Japanese, Portuguese**
- **Hyperlinks to obtain pocketcard versions or digital versions**


EASI
ELDER ABUSE SUSPICION INDEX
CIHR IRSC
Hôpital général juif
Jewish General Hospital
Canada
New Horizons for Seniors Program
Human Resources and Skills Development Canada
Government of Canada
Networks of Centres of Excellence
NICE
National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
We care together
Ensemble pour le bien-être des aînés
www.nicenet.ca

# Harm to Seniors?

- **Experience with the EASI-sa suggests none**
- **No obvious negative effects of screening:**
  **(Moyer VA. Annals of Internal Medicine 2013: U.S. Preventative Services Task Force on Screening for intimate partner violence, and abuse of elderly or vulnerable adults.)**
- **An exploration of the results of individuals aged 60 and older. 2013 PhD thesis of Hollie Caldwell, RN, Medical University of South Carolina: Seniors administered the EASI reported no negative effects, or objections.**

# Conclusion

**EASI DOES IT….**

***More research needed*.**

# What do you think? Questions?