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Arizona Center on Aging
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February 2012 (updated May 2015)

ELDER CARE

A Resource for Interprofessional Providers

Elder Abuse: Clinician Reporting

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A previous edition of Elder Care detailed the different types of elder abuse and identified risk factors for and warning signs of abuse. This edition will focus on reporting of elder abuse by clinicians.

It is estimated that each year, about 2 million American adults age 65 or older are victims of some type of elder abuse. Though data collection methods vary across the country, it is thought that nearly 85% of these cases are never reported to Adult Protective Services (APS) agencies.

Under-reporting of elder abuse is thought to stem from a variety of causes, including differences in reporting guidelines, varying definitions of elder abuse, and patient/provider concerns (Table 1). Variation in guidelines is due to the fact that APS agencies are funded by each state, and governed independently by varying state statutes and regulations.

Clinicians are Elders' Frontline Protectors

As our older population grows, it is likely that the number of elder abuse cases will also increase. Thus, it is important for clinicians to be alert for signs of abuse.

Many abusers will go to great lengths to present themselves as dutiful caregivers. They will make doctor appointments for the older adult in their charge, stay by the elder's side during the office visit, even answer questions on behalf of the patient - the latter making it easy for the caregiver to give answers that hide abusive behaviors. Indeed, having an "extra set of ears" at a doctor appointment with older adults is standard practice today, so the presence of a caregiver who answers all the questions might not seem inappropriate. It is important, however, for clinicians to spend a few minutes alone with each patient, as this may be the patient's only opportunity to freely discuss any personal concerns and honestly answer questions about how they are treated.

Cultural Differences

Cultural, religious, or ethical beliefs can add to the complexity of identifying abuse because the perception of abuse can vary in different cultural and ethnic communities. While clinicians should be sensitive to these differences, it is also important not to ignore abuse that endangers patients.

Screening

Although the US Preventive Services Task Force has concluded that there is insufficient evidence to recommend for or against routine elder abuse screening, clinicians should be familiar with available screening tools (Table 2) and determine which might be most suitable for use in their practice when elder abuse is suspected. Data on these tools' reliability and validity in primary care settings is lacking, so it is not possible to recommend one tool over another. What is important, however, is to be alert for abuse and use these tools when needed as an aid to determining if a report should be filed with APS.

Table 1. Common Reasons Why Health Care Professionals Do Not Report Elder Abuse

- Concerns about making the situation worse for the patient
- Denial of mistreatment by patient and/or family
- Insufficient understanding of reporting process - don't know whom to call
- Lack of awareness of warning signs of elder abuse
- Loyalty to patient and/or family
- Patients are adults who may refuse intervention, thus making the effort of reporting seem useless
- Potential damage to rapport with patient and/or family

Source: Ahmad, M. and Lachs, M. *Elder Abuse and neglect: What physicians can and should do*. Cleveland Clinic Journal of Medicine, Oct 2002, Vol. 69 Number 10, p. 801-808.

TIPS FOR REPORTING ELDER ABUSE

- Spend a few minutes alone with each patient - this may be your patients' only time to freely discuss any concerns/issues/fears about their current living arrangements and concerns about their safety or financial security.
- Be aware of any cultural differences that may prevent a patient from disclosing issues regarding caretakers' behaviors that might indicate abuse.
- Know the reporting laws in your state.
- Remember that it is not up to you to prove abuse. But, it is up to you to protect your patient and report any suspicions of elder abuse. The authorities will follow up and determine the proper course of action.

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What Happens After Making a Report?

Clinicians often wonder what happens after they file a report with APS. Because of APS confidentiality rules, information may seem to flow one way and the clinician often cannot find out if an investigation was started or the outcome of that investigation. This should not discourage reporting of suspected abuse.

Healthcare professionals need to know the reporting laws in their state. They also need to have knowledge of what APS can and cannot do. In particular, they should know that legal and ethical requirements often prevent APS from releasing information about investigations. That understanding should increase confidence in the investigation process. More information about elder abuse and reporting can be found via the resources in Table 3.

Finally, remember it is not up to you to prove abuse, but it is up to you to protect your patient and report any suspicions of abuse. APS and other appropriate agencies will follow up and determine the proper course of action.

Table 2. Elder Abuse Screening Tools *

Brief Abuse Screen for the Elderly (BASE) - to help practitioners assess the likelihood of abuse.

Elder Abuse Suspicion Index (EASI) - to raise suspicion about elder abuse to a level where reporting might be necessary.

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) - screening device to identify people at high risk of the need for protective services.

Questions to Elicit Elder Abuse - specific questions to determine if abuse is occurring.

Screen for Various Types of Abuse or Neglect (American Medical Association) - general questions to screen an older person for various types of abuse or neglect.

Suspected Abuse Tool - designed to help recognize common signs or symptoms of abuse.

* These screening tools can be found at: http://www.medicine.uiowa.edu/familymedicine/emscreeninginstruments/

Table 3. Elder Abuse Resources

- Administration on Aging www.aoa.gov
- Clearinghouse on Abuse and Neglect of the Elderly www.cane.udel.edu
- National Adult Protective Services Association www.napsa-now.org
- National Center on Elder Abuse www.ncea.aoa.gov
- National Committee for the Prevention of Elder Abuse www.preventelderabuse.org

What information is needed to make a report to Adult Protective Services?

When calling or reporting online you will be asked:

- Reason for concern regarding suspected abuse; provide as many details as possible
- Name, address, contact information, and other identifying information (e.g., date of birth) of potential victim
- Information about the victim's health such as a disability or mental illness that increases vulnerability to abuse, neglect, or exploitation
- Name, address, and contact information of the alleged perpetrator, if available
- Any issues that might affect the safety of the APS field investigator
- Your name, address and contact information

Not all of this information is mandatory, but it can be extremely helpful to the agency investigating the case.

To find your state's reporting phone number, go to Eldercare Locator - www.eldercare.gov or call 1-800-677-1116

References and Resources

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Interprofessional care improves the outcomes of older adults with complex health problems

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Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB4HP19047, Arizona Geriatric Education Center. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.