

Elder Abuse: An Overlooked Topic; #Educational Scholarship

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GIVING LIFE TO POSSIBLE



Disclosures

- Department of Veterans Affairs Merit Award (Mathew)
 - **Ketamine for Treatment-resistant Late-life Depression**
 - Co-Investigator
- Office of Rural Health, Department of Veterans Administration
 - **Simulation Training for Evaluation and Management of Patients at Risk for Suicide (STEMS)**
 - Principal Investigator
- PCORI (Patient-Centered Outcomes Research Institute) Cycle 3 2015 (Anand) 1.8 calendar
 - **Electroconvulsive therapy vs. Ketamine Treatment for Antidepressant Treatment-resistant Depression (ELEKT-D)**
 - Co-Investigator
- Norton Rose Fulbright Educational Grant Fund of the Academic of Distinguished Educators (BCM)
 - **Recognizing and Responding to Elder Abuse**
 - Principal Investigator

Objectives

- Describe the five categories of elder abuse
- Implement components of elder abuse evaluation in their clinical care
- Strategize means by which educational curricula can lead to scholarship
- Consider incorporating diverse modalities in their instruction



Elder Abuse - Definition

- World Health Organization:
 - A single, or repeated act, or lack of appropriate action that causes an older person harm or distress within any relationship where there is an expectation of trust
- Five forms of abuse:
 - Physical
 - Sexual
 - Financial
 - Psychological/Emotional
 - Neglect (self and caregiver)



Impact

- Estimated 10% of elder population are victims of abuse
- 1 in 14 incidents reported to the attention of authorities
- 1 in 25 cases of financial exploitation are reported (~5 million/year)
- Financial abuse costs older adults up to \$36.5 billion per year



Impact



- Reported cases are increasing
 - 150% increase between 1986 and 1996
 - 20% increase between 2000 and 2004
- Self-neglect is the most common allegation reported
 - Estimated at 5.6% prevalence (2008)
 - Estimated to be 26% of all reports
- Elders who have been abused have a 300% higher risk of death

Impact- Texas

- Persons aged 65 plus – 3,225,614
- Persons with a disability (ages 18-64) - 1,703,522
- Reported allegations – 110,277
- Investigations completed – 78,180
- Confirmed cases – 43,759



“An Expectation of Trust”

- Caregiver: A person who is in a trusting relationship and who has assumed responsibility for another individual
- “An 82 year-old-woman has dementia, and she is unable to manage her money without assistance. The client’s daughter manages the client’s money. The daughter pays the rent, utilities and other bills. The daughter’s ongoing actions establish that she accepts responsibility to manage the client’s money.”



“An Expectation of Trust”

- Not a Caregiver:
- “A 92-year-old man with dementia gives his estranged son’s name and number to the meals on wheel’s social worker. She calls the client’s son to come care for his father. The client’s son does not make contact with the client. He refuses to go to the client’s home. The son’s actions do not establish that he has accepted responsibility for the client’s care.”



Physical Abuse

- The willful infliction of physical force on an older adult that could result in physical injury, pain, or impairment

- Hitting
- Biting
- Kicking
- Pinching
- Forceful administration of drugs
Force-feeding
- Physical punishment
- Physical restraining of an elder





“From the Headlines” – Physical Abuse

- Marie Bois Belfort, 75, was found in a basement bedroom with the thermostat off and the thermometer reading 51 degrees.
- "She [w]as in a small basement room that could be equated to a cell," said Stoughton police Deputy Chief Rob Devine.
- The woman had bed open sores and was dehydrated and malnourished, police said.
- Sandra Calixte Lucien was arrested. The woman was found in the basement of Lucien's Paradise Circle home.
- Lucien said she took Belfort in because no one else would care for her, police said.

Sexual Abuse

- **Non-consensual** sexual contact of any kind with an elder person
- One year prevalence of approximately 0.6%
- Sexual contact with any person incapable of giving consent
 - Unwanted touching
 - Rape
 - Sexually explicit photographing
 - Coerced nudity





“From the Headlines” – Sexual Abuse

- Maya Fischer made this statement in court at the 2015 sentencing of a nursing assistant convicted of raping her mother, Sonja Fischer:
- "At 83 years old, unable to speak, unable to fight back, she was even more vulnerable than she was as a little girl fleeing her homeland. The dignity which she always displayed during her life, which was already being assaulted so unrelentingly by Alzheimer's disease, was dealt a final devastating blow by this man. The very thing she feared most as a young girl fleeing her homeland happened to her in the final, most vulnerable days of her life."

Financial Abuse (Exploitation)

- The illegal/improper use of an elder's resources for monetary or personal benefit
- One-year prevalence rate of 5.2%
- Altering a will or life insurance policy without permission
- Taking someone's social security or retirement benefits
- Forging checks
- Using someone else's credit card or bank account





“From the Headlines” – Financial Abuse

- A restraining order was issued against Stan Lee's caregiver, Keya Morgan
- Per attorney Lallas' account, Morgan seized control of Lee's home, hired security guards to keep away family members and others Lee trusted, and then moved Lee from his longtime family home to a condominium
- It said Lee suffers from severe hearing and vision impairment, relies on round-the-clock nursing care and has "recently exhibited short-term memory impairment, impaired judgment, and an inability to resist undue influence."
- "Mr. Lee has a large estate worth over \$50 million and therefore is vulnerable to financial predators," Lallas wrote

Psychological (Emotional) Abuse

- The infliction of anguish, pain, or distress, through verbal or nonverbal acts:
 - Insults
 - Threats
 - Intimidation
 - Humiliation
 - Harassment
 - Isolation
- Can occur in isolation or in conjunction with other forms of abuse
- More difficult to detect because it lacks physical evidence





“From the Headlines” – Psychological (Emotional) Abuse

- “Authorities say an 18-year-old man is charged with elder abuse for having his senile grandmother wear a black mask and hold a handgun for a video on thug life in Palm Beach County.”



Neglect



- Neglect can be subdivided into caregiver neglect and self-neglect
- Caregiver neglect is defined as the failure of a designated caregiver to meet the needs of a dependent elder
 - Elder abandonment is considered to be a form of caregiver neglect
- Self-neglect is defined as the inability of an elder to perform essential self-care. Self-neglecting behavior can be due to physical or mental impairment as well as any form of diminished capacity
 - It is the most prevalent type of elder abuse with a reported one-year prevalence of 5.9%



**Courtesy Carmel
B. Dyer**



APS 2017 Houston Abuse Reports

- Neglect: 1223
- Physical abuse: 494
- Psychological (Emotional) abuse: 303
- Financial abuse/exploitation: 187
- Sexual abuse: 90
- Total: 2307



Abuse Victim Risk Factors

- Lower income or poverty
- Diagnosis of dementia
- Experience of previous traumatic events
- Functional impairments
- Living with a large number of household members
- Low social support



Perpetrator Characteristics

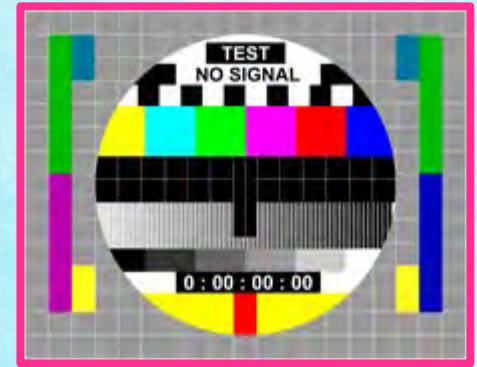
- Adult children or spouses
- Men
- Socially isolated
- Unemployed or have financial problems
- Experiencing major stress
- They also may have:
 - A history of past or current substance abuse
 - Mental or physical health problems
 - A history of trouble with the police



Institutional Mistreatment

- In 2014:
 - Nursing home residents: ~1.4 million
 - Number of residents in residential care communities: 835,200
 - 7.6% of ~188,599 complaints reported involved abuse, gross neglect, or exploitation [National Ombudsman Reporting System (NORS)]
- Contributors:
 - Care burden
 - Lack of training
 - Resident-to-resident violence

Screening



- US Preventive Services Task Force (USPSTF) concluded:
 - “The current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults of abuse and neglect.”
 - However, the USPTF noted that the potential harm of screening may also be small.
 - Though the USPTF does not recommend screening, there are a number of professional organizations that recommend routine screening, including the American Medical Association

Evaluation for Abuse - History

- Use systematic approach
- Create opportunity to meet with older adult alone
- Obtain collateral history
- May present with somatic or psychiatric complaints
- May deny abuse (embarrassment, fear of retribution, protect abuser)
- May not be able to report abuse (cognitive impairment)
- **Observe caregiver/older adult interactions**



ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Questions

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	Did not answer
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	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> 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	Not sure

Evaluation for Abuse – Physical Exam

- Important for older adult to be completely undressed – allows “head to toe” exam
- Is the explanation provided reasonably consistent with the physical findings?
- Note absence of physical aids (could lead to apparent further impairment)
- No laboratory tests exist to definitively detect abuse
- **Observe caregiver/older adult interactions**



Evaluation for Abuse – Physical Exam (General Appearance)

- Poor hygiene/malodorous
- Unkempt appearance
- Malnourishment
- Fear of examiner/caregiver
- Signs of overmedication
- Infestations
- Signs of dehydration
- Functional impairment
- Advanced medical disease



Table 3. Signs and Symptoms of Possible Elder Abuse or Neglect

Bruising in unusual locations (not over bony prominences; on lateral arms, face, or back; larger than 5 cm)	Patterned injuries such as hand slap or bite marks; ligature marks or scars around wrists, ankles, or neck suggesting inappropriate restraint
Burns in patterns inconsistent with unintentional injury or with the explanation provided (e.g., stocking or glove pattern, suggesting forced immersion)	Poor control of medical problems despite a reasonable medical plan and access to medication
Decubitus ulcers, unless the result of unavoidable decline	Subconjunctival or vitreous ophthalmic hemorrhage
Dehydration, fecal impaction	Traumatic alopecia or scalp swelling
Evidence of sexual abuse	Unexplained fractures
Intraoral soft tissue injuries	Unusual delay in seeking medical attention for injuries
Malnutrition, medically unexplained weight loss	Urine burns (similar to severe diaper rash), dirty clothing, or other signs of inattention to hygiene
Missing medications	

Information from references 28 through 30.

Evaluation for Abuse – Physical Exam (Pattern of Bruising)

- Bilateral on upper arms: **Shaking**
- Clustered on trunk: **Repeated striking**
- Shapes similar to objects, e.g., belt, cigarette butts
- Around wrists/ankles: **Restraints**
- Inside thighs or arms: **Sexual**
- Ulnar surfaces of forearms: **Defensive**



Evaluation for Abuse – Physical Exam (Neurological/Psychological Impact)

- Depression
- Anxiety
- Anorexia
- Sleep problems
- Regression
- Hunger for attention
- Unexplained changes in behavior

Critical to document findings



Distinguishing Abuse from Common Findings in Older Adults

- Normal aging or effects of medical illnesses can mimic findings caused by normal aging
- Physical findings should be evaluated in the context of psychosocial circumstances
- Laboratory and radiology can be helpful adjuncts

Abuse	Normal Aging
Lacerations	Skin tears
Multiple bruises	Coagulopathy, anticoagulation
Multiple fractures	Osteoporosis, osteopenia
Alteration in mental status, head trauma	Alcohol use disorder, metastatic illness

Ethical Considerations



- Caregiver may lack the skills, resources, time, or information to perform the necessary caregiving tasks
- Caregiver may be impaired, requiring clinician to make recommendations that may impact client and caregiver's life (e.g., alternative placement)
- The clinician must respect the autonomy of persons who have capacity and must protect those who do not
- Clinicians must recognize that everyone has the right to self-determination unless deemed incapacitated by the courts

Determining Capacity



- **Criteria for Decision-Making Capacity**

- Communicate a choices
- Understand the relevant information
- Appreciate the situation and its consequences
- Reason about treatment options

- **Assessing Capacity in Suspected Self-Neglect**

- Decisional capacity (Articulation):
Making decision for oneself or extending that power to another individual
- Executive capacity (Demonstration):
Process of putting one's decision into effect either alone or by delegating those responsibilities to another
- Two step screening process
 - One must articulate then demonstrate a task

Duty To Report Elder Abuse



- All Texans have an obligation to report suspicions of elderly abuse.
- Applies to professionals whose knowledge of the abuse... is obtained during the scope of their employment....If an attorney, clergy member, **medical practitioner**, social worker or **mental health professional** discovers abuse, they must report it. Confidentiality is waived under these circumstances.
- Any Texas resident who knows about elder abuse and decides not to report it will be charged and convicted of a Class A misdemeanor. Provides immunity from civil and criminal liability.

Centralized Reporting and Data Collection

- Texas Department of Family and Protective Services – Central intake in Austin
- Abuse Hotline 24/7/365: 1-800-252-5400
- Online report at www.txabusehotline.org



Adult Protective Services (APS)

- Mission is to protect Texas residents 65 years or older, and those ages 18 to 64 with a disabling condition, from abuse, neglect and exploitation
- Created as a result of Title XX of Social Security Act (1974)
- By early 80s every state had established APS
- In Texas, APS housed in Department of Family and Protective Services (DFPS):
 - Regulated by Chapter 48 of TX Health & Safety Code



Texas Department of
Family and Protective Services

Adult Protective Services

- Face-to Face investigations (24-72hrs)
- Develop case plans
- Referral for medical assessments
- Home cleaning and repair
- Temporary medications
- Transportation
- Emergency housing
- Placement in Long-term Care
- Counseling
- Social services
- Legal assistance
- Law enforcement
- Advocacy



Texas Department of
Family and Protective Services

Take Home

- You will see cases of elder abuse in your practice
- Recognize the problem
- Document, assess, and refer for appropriate care



Educational Scholarship

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“Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut.”

Laura Mansnerus (reporter)

Educational Scholarship

- First described by Boyer in 1990:
 - Scholarship of teaching: Study of teaching and learning processes in a systematic method to optimize learning
- AAMC identified 5 categories in representing educational contributions:
 - Teaching
 - Learner Assessment
 - Curriculum Development
 - Mentoring and Advising
 - Educational
 - Leadership and Administration
 - **Norton Rose Fulbright Faculty Excellence Award**

#EducationalScholarship

- (Interdisciplinary) **Collaboration**
- **Innovation** (Creativity/Risk-taking)
- **Patience**
- **Persistence**

#EducationalScholarship

- First met **Sabrina Pickens**, PhD, MSN, GNP-BC, ANP-BC, - July 2015
- Shared mutual interests in geriatric psychiatry
- Developing dementia educational curriculum with **Geri Adler**, LCSW, PhD
- Wanted to create a focused **video**

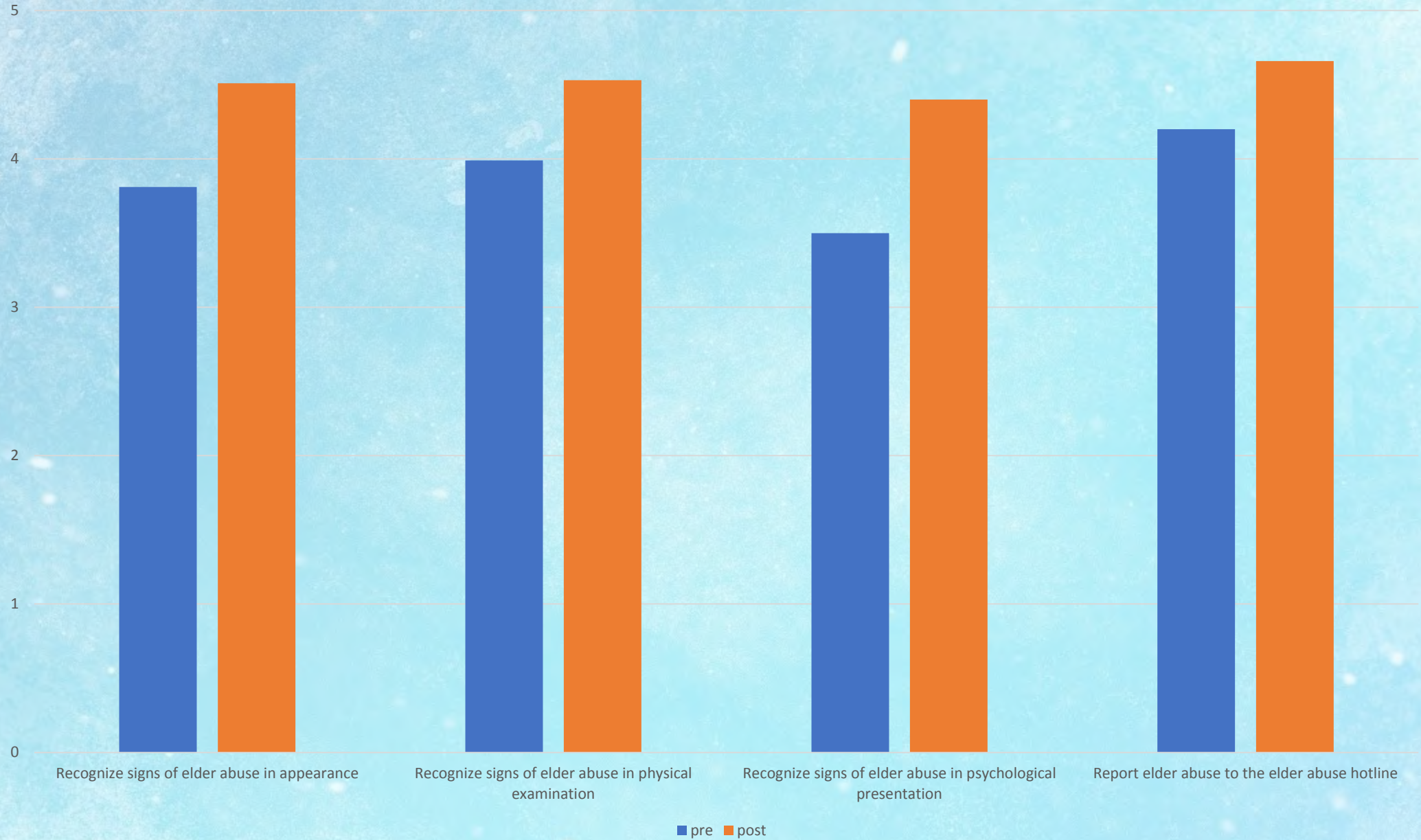
Video Development

- Started script September 2015
 - Completed March 2016
 - Filmed May 2016
- Posted video to VA internal site and YouTube webpage (3000 views)
- Embedded into Program for Advancing Cognitive disorders Education for Rural Staff (PACERS) module, “Addressing Decision Making and Safety” (150 users)
 - Available to VA providers (Talent Management System) and Humankind (VHATRAN)
- Video

Don't Stop Now

- Consider developing class for nursing students
 - No immediate foothold
- Begin work with **Jennifer Bryan**, PhD – January 2017
 - **Katherine Thomas** (Rice Health, Humanism and Society Scholars program student) – August 2017
- Begin UT Cizik School of Nursing collaboration
 - **Mary Ellen Ross**, DrPH, MSN, RN, GCNS-BC (director of geriatric course)
 - Develop didactic course, **pocket guide, and standardized patient experience**
 - Launch class in April 2018
 - Modify didactic and launch SPE in July **2018**

Skills



Can't Keep A Good Idea Down



- Invited to write a chapter:
 - “Psychiatric Ethics in Late-Life Patients: Medicolegal and Forensic Aspects at the Interface of Mental Health”
- Pickens and Ross received nursing grant
- Asghar-Ali and Bryan received Norton Rose Fulbright Educational Grant Fund of the Academic of Distinguished Educators (BCM)
 - **Adapting course for psychiatry residents to include SPE**
- **IRBs submitted**
 - Exploring **MedEdPortal** and nursing/education literature
- Expanded didactics to Texas Woman’s University Occupational Therapy students
 - **November 2018**

The Team



The Other Team



A blue, glossy, 3D button with a white shadow underneath. The button is centered on a white square background, which is itself centered on a light blue, textured background. The text 'THANK YOU!' is written in white, bold, uppercase letters with a slight drop shadow, centered on the button.

**THANK
YOU!**



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