Session

Screening for Elder Abuse

Fuad Abujarad, PhD, MS, Yale University School of Medicine

APHA 2022 Annual Meeting and Expo

Abstract

Feasibility of a Digital Elder Abuse Screening Intervention in the Emergency Department Setting

Fuad Abujarad[1], Chelsea Edwards, BS, BA[1], Esther Choo, MD[2], Michael Pantalon, PhD[1], Karen Jubanyik, MD[1], James Dziura, MPH, PhD[1], Gail D'Onofrio, MD[1], Thomas Gill, MD[1] (1)Yale University School of Medicine, (2)Oregon Health & Science University

APHA 2022 Annual Meeting and Expo

Background: It is estimated that for each reported case of elder abuse (EA), as many as 24 older adults experiencing abuse go undetected by authorities. There is a critical need for improving current methods of screening. We developed and tested an innovative digital health intervention, VOICES, to increase identification of EA.
Methods: The VOICES EA intervention is a tablet-based, self-administered intervention that combines educational resources, screening, multimedia elements, and brief psychoeducational interviewing to encourage older adults to self-report. We recruited 1,002 participants ages 60 and older from the emergency department setting to examine the feasibility of the VOICES EA intervention.
Results: Participants included older adults from 60 to 102 years old with a mean age of 73.5. Most participants were female, white, and high school educated or higher. Fifty-three percent reported using the internet every day. On a 5-point Likert scale, 92% of participants were satisfied with the level of confidentiality and privacy provided by the tool. Also, 85% of participants agreed they felt engaged when using the tool.
Conclusions: Our findings suggest older adults find the VOICES EA intervention feasible (i.e. practical, acceptable, and satisfactory). We are currently exploring the use of VOICES with older adults with cognitive impairments and in alternate settings such as the primary care setting. Further research is needed to evaluate the efficacy of VOICES, as well as expand VOICES with other languages such as Spanish.

Abstract

A Novel Strategy to Improve Primary Care Screening for Elder Mistreatment in Dementia: Focusing Exclusively on Caregiver Neglect and Clinical Information

Tony Rosen, MD, MPH[1], Tony Rosen, MD, MPH[1], Karl Pillemer, PhD[2], Terry Fulmer, PhD, RN[3], Kristin Lees Haggerty, PhD[4], David Burnes, PhD[5], Alyssa Elman, LMSW[1], E-Shien Chang, PhD[1], Anais Rameau, MD[1], Sunday Clark, ScD, MPH[1], Sara Czaja, PhD[1], Jeanne Teresi, PhD[6], Monika Safford, MD[1], Mark Lachs, MD, MPH[1] (1)Weill Cornell Medical College / NewYork-Presbyterian Hospital, (2)Cornell University, (3)John A. Hartford Foundation, (4)Education Development Center, (5)University of Toronto Factor-Inwentash School of Social Work, (6)Hebrew Home for the Aged

APHA 2022 Annual Meeting and Expo

Background: Several screening tools have been developed and implemented in healthcare settings attempting to identify elder mistreatment. To date, these tools have been designed to assess for multiple types of mistreatment and rely primarily on asking questions of the patient and/or caregiver. A critical need exists for a screening tool focused exclusively on identifying caregiver neglect, which is associated with the highest risk of mortality, hospitalization, nursing home placement, and decline in physical function. Given challenges with obtaining reliable responses to questions from caregivers and older adults with dementia, who are at highest risk for neglect, this screening tool should rely on clinical information.

Methods: We report on development of an assessment exclusively for neglect that will rely on a healthcare

provider's clinical observations as well as patterns of healthcare utilization and trends in laboratory and other test results. To develop this tool, we are using a multi-step process, including: (1) generation of a list of potential candidate items using a modified Delphi approach experts, (2) comparison of a cohort of confirmed elder neglect cases to older adults not experiencing neglect to identify differences in these candidate items, (3) multi-variable analysis to identify items that make most significant contributions to predicting neglect to derive a tool, and (4) statistical analysis to describe test characteristics.

Results/Conclusion: The final tool will include the ≤7 items that have high sensitivity and specificity to detect neglect. It will be easy to integrate into clinical practice, improving identification of caregiver neglect in patients with dementia.

Abstract

Evaluation of the Detection of Elder abuse Through Emergency Care Technicians Project

Michael Cannell, PhD, MPH University of Texas Health Science Center at Houston School of Public Health

APHA 2022 Annual Meeting and Expo

Background: Elder mistreatment (EM) is difficult to detect and often goes unreported. To address this important public health issue, we developed the DETECT screening tool, which assists paramedics and EMT's (medics) with determining whether to report a case of potential EM to APS while in the field providing medical services. In the current study, we investigate the effects of the DETECT screening tool on changes in reports of EA to APS over a period of approximately 3 years.
Methods: We used a differences in differences in differences (DDD) design to estimate the effect of the DETECT tool on both the number of reports for EA reports made each week as well as the probability of a report being validated by APS.
Results: After adjusting for changes in the number of EA reports non-medics and medics outside the service area, there were on average three times as many reports among medics after the implementation of the DETECT screening tool (RR=3.03, 95% CI:[2.06, 4.46]). No differences were seen in the probability of a valid report attributable to DETECT.
Conclusion: The DETECT tool resulted in an increase in medic generated reports of EA to APS. Further research to evaluate the tool's validity and reliability is ongoing.

Abstract

Description of an elder abuse screening training program for health care providers and integrated mental health treatment for identified victims

Melba Hernandez-Tejada, PhD,DHA University of Texas Health Science Center at Houston

APHA 2022 Annual Meeting and Expo

Elder mistreatment affects fully 10% of community residing older adults across backgrounds, cognitive status and socio-economic status. The negative outcomes of abuse are well documented, in both mental and physical health spheres. As such, the issue is relevant to healthcare providers. Intervening with elder abuse is difficult given a lack of screening protocols in healthcare settings, and a lack of proper referral options when cases are suspected or confirmed.
Our team has implemented an approach to increase awareness and implementation of screening mechanisms in healthcare settings, while also offering a connected mental health treatment referral option for identified cases of mistreatment. Training components include evidence-based epidemiological overview of the problem, available screening tools and how to incorporate them in practice, referral information tailored per area, data-based description of negative outcomes of abuse in the elderly giving particular emphasis to mental health outcomes, and establishing the connection with the mental health services component of the program for older adults.
Referrals require frequent interaction with trained providers to make sure cases are consistently referred. Networking with other services is key to establishing additional referral channels. In the locations we have implemented this approach, we have observed significant increases in referrals and older adults engaging in

mental health services compared to prior years before the program was implemented. Success factors and next steps will be discussed in this session.

Abstract

A Two-Pronged Approach to Address the Psychological Impact of Elder Abuse in South Carolina

Theresa Skojec, MA, LPC, Mara Steedley Allport , Tatiana Davidson, PhD, Julie Watson, BSN, RN, GERO-BC, SANE-A Medical University of South Carolina

APHA 2022 Annual Meeting and Expo

The prevalence of community-based elder abuse in the US is 10%. We launched SC Safe Seniors (SSS), a technology-enhanced program to improve identification of elder abuse and facilitate access to mental health treatment. SSS was implemented in SC where the elder abuse prevalence (13%) is higher than the national average. Using a novel two-pronged approach, we (1) trained healthcare providers on identifying and referring cases of elder abuse; and (2) provided direct services via telehealth to victims. This training aims to increase provider knowledge of risk factors for elder abuse, implement a screening process that can be easily interated into their workflow, and develop a referral process for outside services. We trained over 5,000 providers and served hundreds of victims through community outreach and direct patient care. Pre-training surveys indicate that less than half (41%) of providers currently screen for abuse when interacting with older adults. Post-training survey responses indicate that 97% planned to implement screening for elder mistreatment and 97% of providers felt more confident referring and reporting cases of elder mistreatment. This feedback suggests that providers want to screen their older adult patients and refer them to services. To this end, SSS has experienced a 500% increase in referrals for mental health treatment. We also established several statewide and national partnerships to continue increasing awareness and making screening for abuse standard practice throughout the lifespan. We recommend increasing use of trauma-informed care, including engaging in collaborative conversations about symptoms and service referrals, and development of strong community-based partnerships

Abstract

Basic Elements of Epidemiological Screening for Elder (or any age) Abuse

Ron Acierno, PhD[1], Melba Hernandez Tejada, PhD DHA[2] (1)University of Texas Health Science Center Houston, (2)University of Texas Health Science Center, Houston

APHA 2022 Annual Meeting and Expo

Effective epidemiological assessment of elder mistreatment involves 2 crucial components: (1) contextually orienting, empathetic preface statements, and (2) behavioral descriptions of index events that elicit closed-ended responses. Because traumatic events such as violent crime are associated with extremely aversive emotional and cognitive states, it is important, both to respondent welfare and experimental integrity, to preface criminal victimization queries in such a way as to convey acceptance, empathy, normalization, and encouragement. Preface statements should show interviewer concern and knowledge that occurrence of assaultive violence is not rare. Moreover, preface statements must provide contextual orientation so that the likelihood of reporting that information sought by the investigator is maximized. For example, if questions regarding sexual assault follow a crime survey in which reported crimes are investigated, and no preface statement is used to specifically direct respondents to report all assaults, then respondents might be biased toward disclosing only those sexual assaults that have been reported to police. Thus 3 contextually orienting preface statements are required to frame the query: that respondents should report both recent AND distant past abuses, that they should report these whether or not they knew the perpetrator, and that they should report these whether or not they were reported to police or other authorities (e.g., “please report any assault by any assailant at any time). Next, it is essential to use detailed behaviorally-specific, closed-ended descriptions of abuse events under investigation. Early surveys employed “gateway screening questions characterized by very limited behavioral specificity (e.g., “have you ever been sexually abused?). If respondents endorsed the gateway question, further questions about assault followed. Unfortunately, gateway questions without preface statements lack specificity and do not adequately orient respondents to the type of responses the examiner is seeking (i.e., they fail to state that one is interested in all abuse, not just those reported to police or perpetrated

by adult children) and are extremely subject to individual respondent's subjective interpretation of queries (i.e., definitional variance. By contrast, behaviorally specific descriptions of assault events minimize variance associated with cultural differences, personal differences in intellect, psychological stability, general willingness to disclose, or understanding of criminal justice terminology (e.g., "rape, "aggravated assault). These questions are highly detailed and require only "yes "no answers. In addition to removing definitional and cultural variance, closed-ended "yes or "no questions simplify the role of respondent and minimize the risk that anyone will overhear disclosure of highly personal events.