**Principles of Assessment and Management of Elder Abuse**

Developed by Patricia A. Bomba, M.D., F.A.C.P., MedAmerica Medical Director

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### Assessment

Maintain an index of suspicion for elder abuse, neglect and financial exploitation.

**History: Assess**
- Comorbid medical and surgical conditions
- Cognitive status: Mentally retarded, developmentally disabled, Alzheimer’s Disease & related memory disorders
- Functional status: ADL’s & performance status
- Trajectory of decline in status
- Medication history & compliance
- Alcohol & substance use
- Vague references to sexual advances
- Past neglect, abuse or domestic violence

**Psychosocial History: Assess**
- Depression, anxiety, PTSD, suicide risk
- Longstanding relationship problems between victim & perpetrator
- Quality of life
- Caregiving and social support
- Financial resources
- Patient, family, and caregiver’s cultural and spiritual beliefs

**Assessment:**
- Order and evaluate appropriate diagnostic labs & X-rays

### Suspect Elder Abuse, Neglect, Financial Exploitation

**General:**
- Delays between injury or illness and assessment
- History from victim and perpetrator differs
- Implausible or vague explanations
- Frequent ED visits for illness despite plan of care & adequate resources
- Functionally impaired patient presents without caregiver
- Cognitively impaired patient presents without caregiver
- Lab or X-ray results inconsistent with history
- “Doctor hopping”

**Physical Abuse:**
- Bruises, welts, cuts, wounds, cigarette/rope burn marks
- Blood on person, clothes
- Injuries: fractures, sprains
- Painful body movements, unrelated to illness

**Psychological Abuse:**
- Sense of resignation or hopelessness
- Passive, helpless, withdrawn behavior
- Fearful, tearful, anxious, clinging
- Self-blame for life situation or caregiver behavior

**Neglect:**
- Pressure sores
- Unclean appearance
- Inadequate food or meal preparation
- Underweight, frail, dehydrated
- Inappropriate use of meds
- Inadequate utilities
- Unsafe or unclean environment
- Neglected household finances

**Financial Exploitation:**
- Overpayment for goods, services
- Unexplained change in POA, wills, legal documents
- Missing checks, money
- Unexplained decrease in bank account
- Missing belongings

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**Management and Monitoring**

Assess for safety: Is there immediate danger?

- **Yes**
  - Immediate Referral
  - Does the patient accept intervention?
    - **Yes**
      - Implement a safety plan
      - Provide emergency information
      - Educate the patient
      - Develop goals of care
      - Alleviate causes of abuse
      - Refer patient & family for services
      - Arrange follow-up
    - **No**

- **No**
  - Does the patient have the capacity to refuse treatment?
    - **Yes**
      - Implement a safety plan
      - Provide emergency information
      - Educate the patient
      - Develop goals of care
      - “Gentle persuasion”
      - Arrange follow-up
    - **No**

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Modified Ohio EA & DVLL Screening Tool, NEAN 13(2) 2001: 35

Modified AMA Diagnostic and Treatment Guidelines on Elder Abuse and Neglect, 1992

Compliments of MedAmerica Insurance Company, a leading Long-Term Care Insurer, committed to raising awareness of Elder Abuse

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As health care professionals, our challenge is to balance:
1. Duty to protect the safety of the vulnerable elder
2. Elder’s right to self-determination

VALUES
- Treat elders with honesty, compassion, respect
- Goals of care should focus on improving quality of life and reducing suffering

PRINCIPLES: Rights of Older Adults
- Right to be safe
- Retain civil and constitutional rights, unless restricted by courts
- Can make decisions that do not conform to social norms if no harm to others
- Have decision-making capacity unless courts decide otherwise
- May accept or refuse services

BEST PRACTICE GUIDELINES
- First, DO NO HARM
- Interest of the senior is the priority
- Avoid imposing your personal values
- Respect diversity
- Involve the senior in the plan of care
- Establish short-term and long-term goals
- Recognize the senior’s right to make choices
- Use family and informal support
- Recommend community-based services before institutional-based services, whenever possible
- In the absence of known wishes, act in the best interest and use substituted judgment

Adapted and modified from A National Association of Adult Protective Services Administrators (NAAPSA) consensus statement.

SCREENING QUESTIONS:
- Are you afraid of anyone in your family?
- Has anyone close to you tried to hurt or harm you recently?
- Has anyone close to you called you names or put you down or made you feel bad recently?
- Does someone in your family make you stay in bed or tell you you’re sick when you know you aren’t?
- Has anyone forced you to do things you didn’t want to do?
- Has anyone taken things that belong to you without your OK?

Modified 15-item H-S/EAST screening tool by Australian Women’s Health Survey (Scofield, 1999)