D12   Elder Abuse: A Simple Likert Assessment Tool for Investigators

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After attending this presentation, attendees will be able to: (1) identify the top five criteria that place elders at risk for abuse; (2) identify the top five criteria that place caregiver at risk for being abusers; and, (3) demonstrate the correct use of a Likert Scale assessment tool.

This presentation will impact the forensic science community by giving investigators a simple tool to assist in determining credible risk factors for victims to be abused as well as risk factors for caregivers to be abusers.

Primary care medical professionals, as well as emergency department medical staff, continue to have limited face-to-face time with clients. The fact is, more elders are not being assessed for abuse until the abuse is blatantly evident. Part of this problem is that as our aging population numbers grow, there is no standardized assessment tool to determine risk factors for elders.

While there is physical abuse, there are types of elder abuse that are not as easily visible. Elder abuse can take place in the elder's home, assisted living, nursing home, or living with other family members. Financial exploitation, sexual abuse or harassment, emotional intimidation or humiliation, and healthcare fraud are not as easily witnessed or assessed. Non-accidental injuries that cause pain, misuse of drugs, restraints, and confinement may only be circumstantially evident. Intimidating, isolating, and ignoring behaviors or verbal threats that may not be witnessed. The use of an assessment tool can aid the investigator by establishing baseline criteria to assess risk.

There are spouses, adult children, other relatives and friends who find care giving of an elder to be satisfying and enriching; however, the responsibilities and demands of elder care giving, which can escalate as the elder's condition deteriorates, can take on abusive coping mechanisms. Caregivers are not immune to the stressors that everyday life, work, family, and financial responsibilities include while providing care to a loved one. Assessing caregivers, professional and non-professional, at risk to abuse is equally as elusive as assessing the risk of the elders they abuse.

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, those with severe mental illness, children, homeless, women and the elderly to name a few. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and/or an absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education. We already understand that familial caregivers have an increased risk to abuse. When an elder entrusts caregivers who themselves may be part of a vulnerable population for assistance with regular, everyday activities of living, risk factors for both will increase and can go undetected.

While the medical community has standardized many assessment tools such as pain, wound, and coma scale, it has not agreed on any to assess risk for abuse. Dr. Miri Cohen developed an assessment tool that included both the elder and the abuser. This Expanded Indicator of Abuse (E-IOA) tool is a lengthy comprehensive assessment tool. Using the Likert scale, Dr. Cohen's tool is eight pages long and is numbered as to which questions should be asked of each. Most primary care providers (PCP) spend less than 20 minutes with patients and emergency care providers usually spend less than 25 minutes. Neither has enough time to include any additional assessment tools. Technology may have assisted in expediting certain information but any time saved was immediately replaced by another patient.

Elder Abuse, Assessment Tool, Risk Factors