

# A Novel Approach to Detecting Elder Abuse and Neglect in the Community

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Detection  
and  
Reporting of  
Elder Abuse  
and Neglect

Translation to  
VA

Overview and  
Epidemiology  
of Elder  
Abuse and  
Neglect

The DETECT  
Project

“Pearls” for  
CDA

# Poll Question: Audience Characteristics

I primarily identify my professional role as:

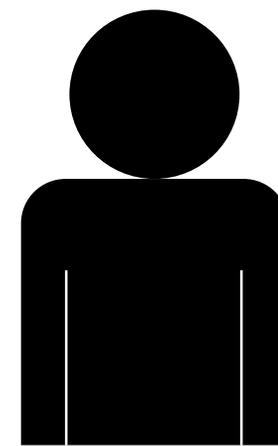
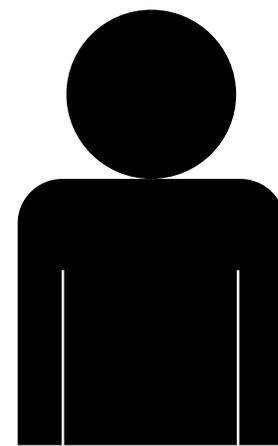
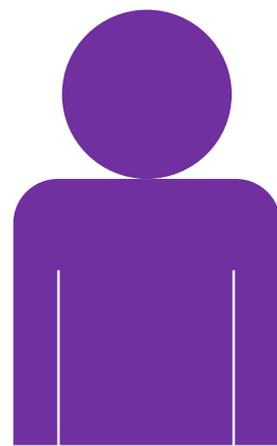
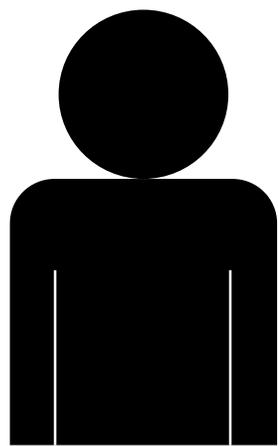
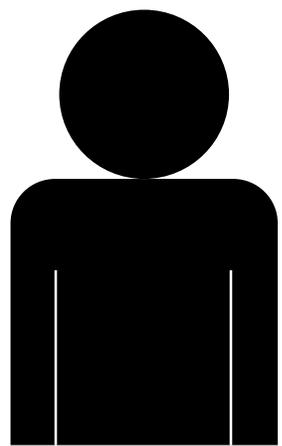
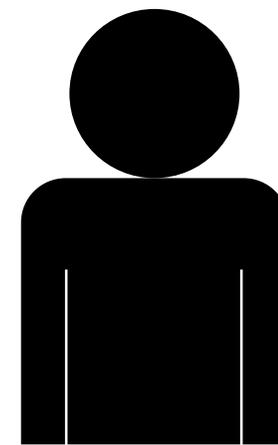
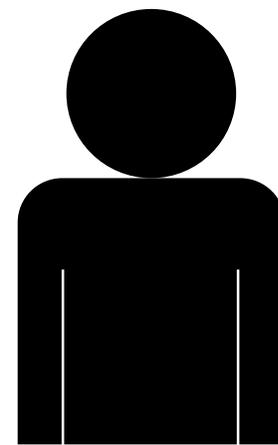
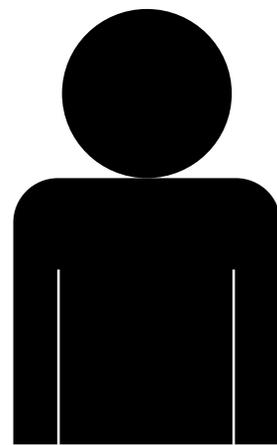
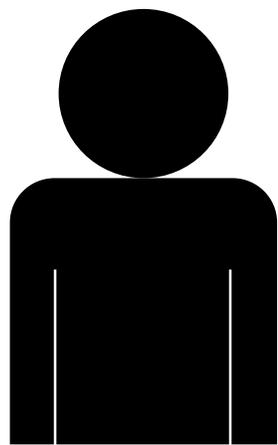
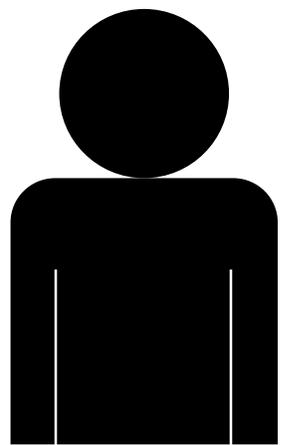
- A. A VA Clinician
- B. A VA Clinician Researcher
- C. A VA non-Clinician Researcher
- D. Administrator
- E. Other

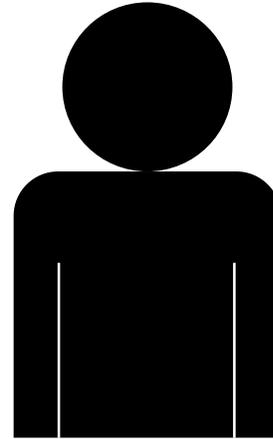
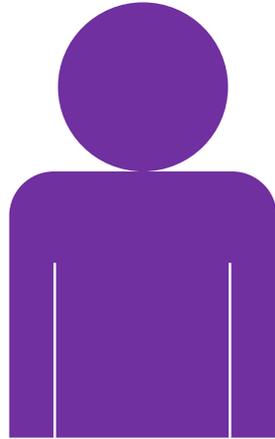
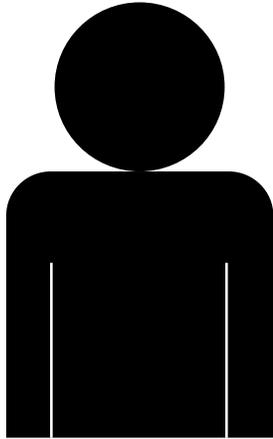
## Poll Question: Background Knowledge

Which of the following best describes your familiarity with the topic of elder abuse and neglect?

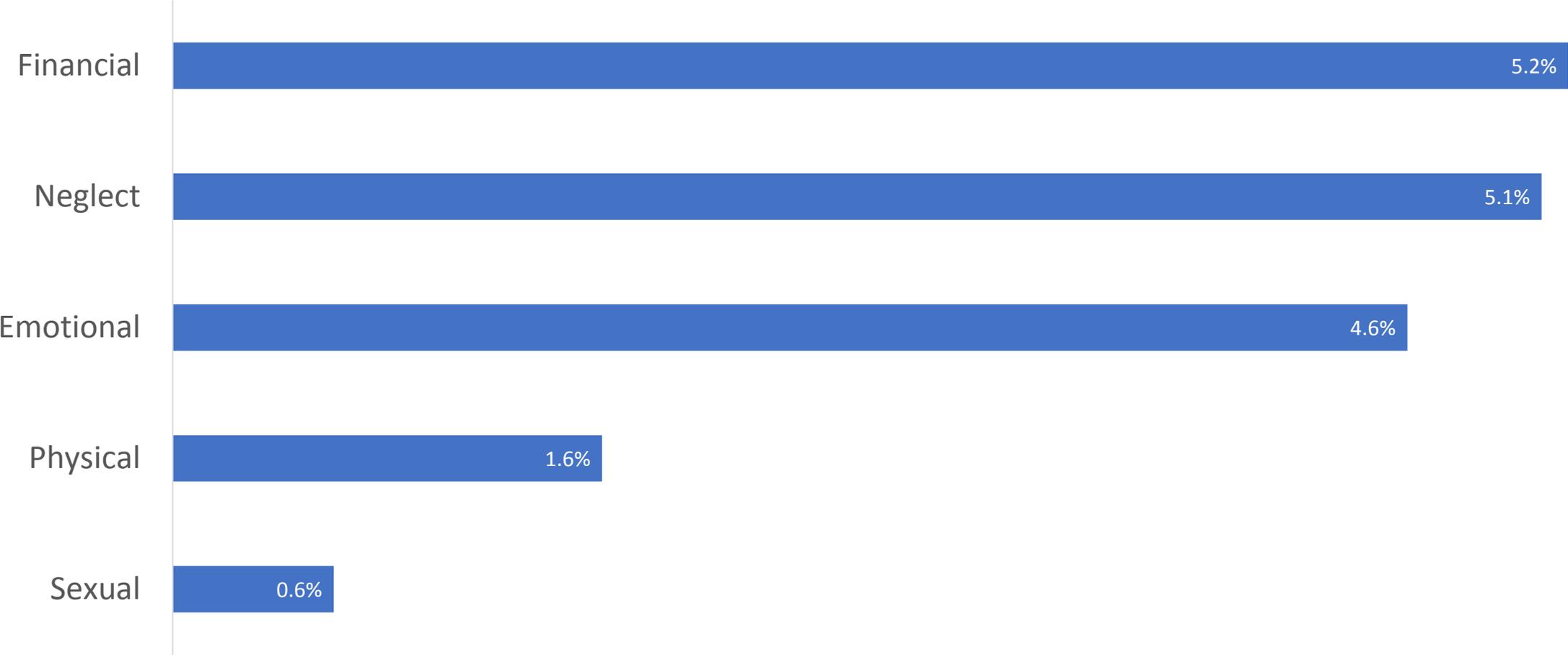
- A. I think I've heard something about elder abuse once or twice
- B. I'm no expert, but this is a topic that is near and dear to my heart
- C. I should be giving this webinar

**Elder abuse is: an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust, that causes harm or creates a risk of harm to an older adult.**





# Yearly Prevalence of Elder Abuse by Type



# Risk Factors

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- Low social support (OA/CG)
- Dementia (OA)
- Prior abuse exposure (OA/CG)
- Dependence (OA/CG)
- Mental health problems (OA/CG)
- Substance use/misuse (OA/CG)
- Financial problems (OA/CG)



# Impact

- Mortality
- Physical injuries
- Functional Decline\*
- Depression/psychological distress
- Increased visits to ED
- Increased hospital admissions
- Costs in the billions each year

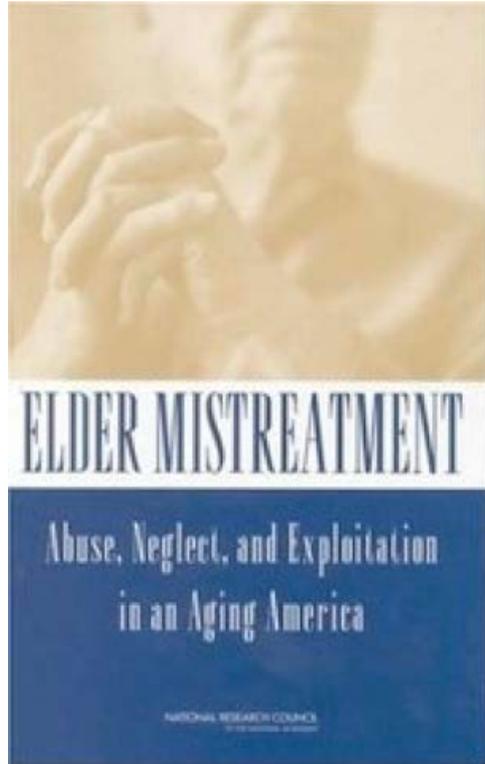
Baker et al., 2009; Mouton et al., 2010; Dong et al., 2012, 2013;  
Connolly et al., 2014; Cannell et al., 2015; Burnett et al., 2016;



## Underreporting is a **BIG** problem

**1 in 14** cases of elder abuse are reported to authorities  
(Acierno et al., 2010)

**3.24 per 1,000** older adults contacted social services or law enforcement for investigation and support  
(Lifespan of Greater Rochester, 2011)



“New methods of sampling and **identifying** elder mistreatment victims **in the community** should be developed in order to improve the validity and comprehensiveness of elder mistreatment occurrence estimates.”

“Substantial research is needed to improve and develop new methods of **screening** for **possible** elder mistreatment in a range of clinical settings.”

**Social isolation, dementia, and declining health and poor functional status** are all associated with elder abuse and neglect

Older adults are **four-times** more likely to use emergency medical services than younger adults

**It make sense for EMS to be part of the solution**

Reingle Gonzalez et al. *BMC Emergency Medicine* (2016) 16:36  
DOI 10.1186/s12873-016-0100-7

BMC Emergency Medicine

RESEARCH ARTICLE

Open Access

# Barriers in detecting elder abuse among emergency medical technicians



CrossMark

Jennifer M. Reingle Gonzalez<sup>1\*</sup>, M. Brad Cannell<sup>2</sup>, Katelyn K. Jetelina<sup>1</sup> and Sepeadeh Radpour<sup>2</sup>

## Poll Question: Barriers to Reporting

Which of the following IS one of the barriers to reporting elder abuse and neglect among medics?

- A. Medics don't perceive elder abuse and neglect to be a high-prevalence problem.
- B. Medics feel like it takes too long to make a report to APS.
- C. Medics feel pressure from their supervisors to avoid reporting.
- D. Medics are worried about becoming entangled in a lengthy legal proceeding.

# Barriers

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1. Medic apprehension towards violating older adults' personal freedom to determine the conditions of their living environment
2. Medic moral anxiety about the perceived negative consequences of an APS investigation on the older adult and/or their caregiver(s)
3. The time burden associated with reporting elder abuse or neglect to APS
4. A perceived lack of case recall ability by medics
5. Low medic confidence regarding ability to correctly identify potential elder abuse or neglect

# Indicators

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1. The condition of the outside areas around the home
2. The conditions inside the home
3. Lack of / inadequacy of social support
4. Medical history and medication use / misuse
5. Caregiving indicators
6. The physical condition of the older adult
7. The older adult's behavior
8. EMT instincts

RESEARCH ARTICLE

Open Access



# Towards the development of a screening tool to enhance the detection of elder abuse and neglect by emergency medical technicians (EMTs): a qualitative study

M. Brad Cannell<sup>1\*</sup>, Katelyn K. Jetelina<sup>2</sup>, Matt Zavadsky<sup>3,4</sup> and Jennifer M. Reingle Gonzalez<sup>2</sup>

# Final Screening Tool

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1. Brief
2. Direct Observations
3. Decision Rule
4. Easily Incorporated into SOP

# Detection of Elder abuse Through Emergency Care Technicians (**DETECT**)

Disp	Pt	Hx	Assess/Vitals/Tx	Impression	SCT	Narrative	Txp	Sign	Call In	DETECT
<b>Assessment of Living Environment (65 y/o and older)</b>										
<b>If caregiver(s) present, they appear... (65 y/o and older)</b>										
<b>Is - Does the patient - older adult ... (65 y/o and older)</b>										
Isolated in the home <input type="text"/> <input data-bbox="1862 668 1905 711" type="button" value="+"/>										
Have suspicious falls, wounds, and/or injuries <input type="text"/> <input data-bbox="1862 732 1905 775" type="button" value="+"/>										
Show evidence of any old injuries that have been left untreated <input type="text"/> <input data-bbox="1862 796 1905 839" type="button" value="+"/>										
Under the influence of alcohol and/or illicit drugs <input type="text"/> <input data-bbox="1862 861 1905 903" type="button" value="+"/>										
Appear depressed, anxious, or emotionally distressed for reasons other than their immediate medical condition <input type="text"/> <input data-bbox="1862 925 1905 968" type="button" value="+"/>										
Have poor personal hygiene (including soiled in urine or feces) <input type="text"/> <input data-bbox="1862 989 1905 1032" type="button" value="+"/>										
Inadequately clothed or wearing dirty, torn, or soiled clothing <input type="text"/> <input data-bbox="1862 1053 1905 1096" type="button" value="+"/>										
Have difficulties taking their prescribed medications as directed <input type="text"/> <input data-bbox="1862 1118 1905 1160" type="button" value="+"/>										
Appear to be hoarding/saving old medications <input type="text"/> <input data-bbox="1862 1182 1905 1225" type="button" value="+"/>										
Need assistance with eating, toileting, transferring, dressing, or bathing <input type="text"/> <input data-bbox="1862 1246 1905 1289" type="button" value="+"/>										
<b>Family and Protective Services (DFPS) - (800) 252-5400</b>										

**251** medics  
**1,480** older adults

September 17, 2015

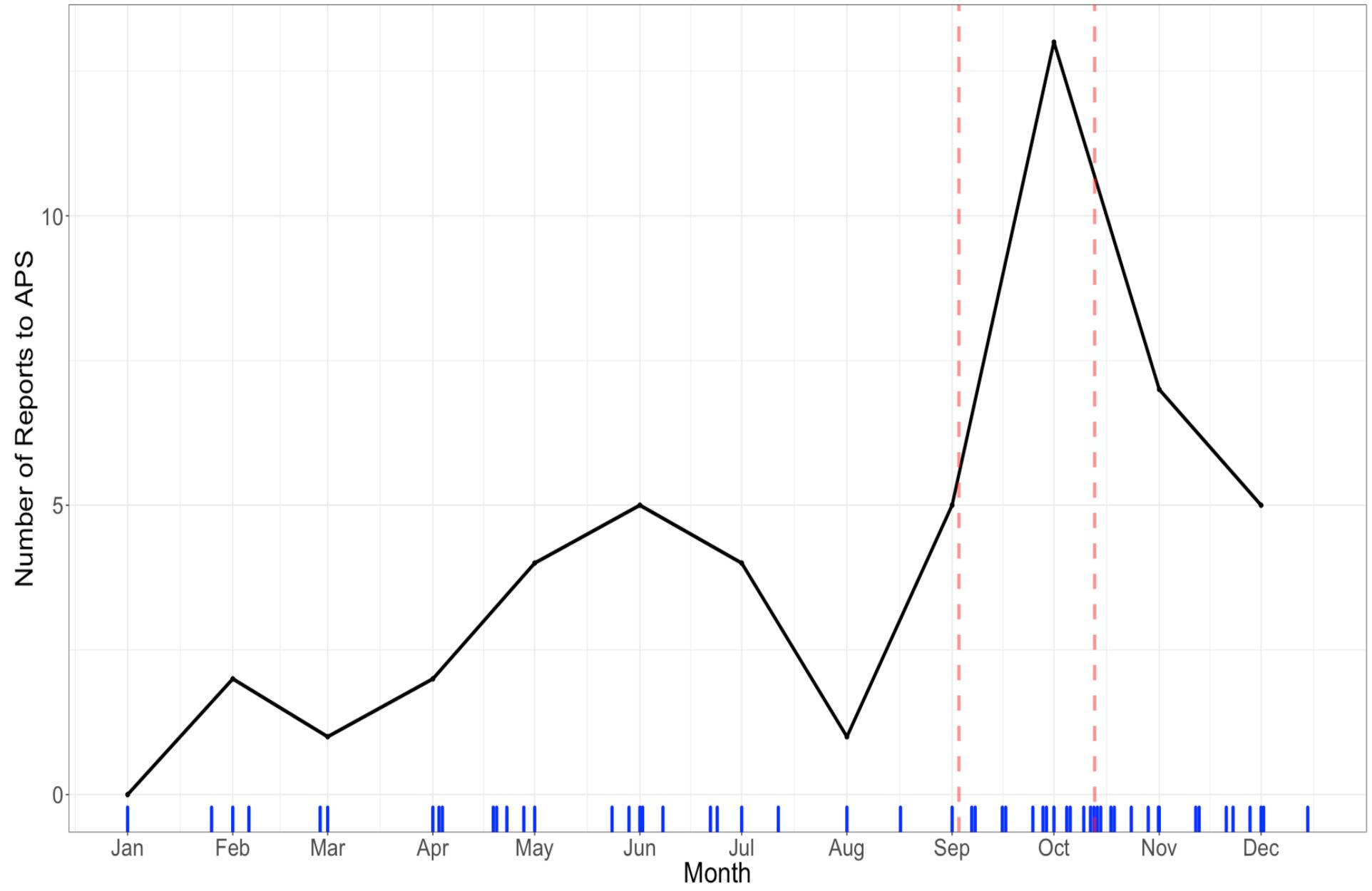
October 26, 2015

**1,248** DETECT Screenings  
**209** Positive Screenings

September 17, 2015

October 26, 2015

Monthly increase after DETECT = 3.6 reports/month ( $p < 0.0001$ )



	EA +	EA -		
DETECT +	TP	FP	FDR = $FP / (FP + TP)$	0.10
DETECT -	FN?	TN?		
		FPR = $FP / (FP + TN)$ ?		

# Strengths

- Feasibility
- Increased reporting
- Low FDR
- Community connections

# Opportunities

- Reporting
- No information/follow-up for negative screens
- No “Gold Standard”
- Little contextual information

DETECT Phase II  
September 15, 2018 to May 30<sup>th</sup>, 2023

*AIM 1: Validation  
of an innovative  
EM screening tool  
(DETECT)*

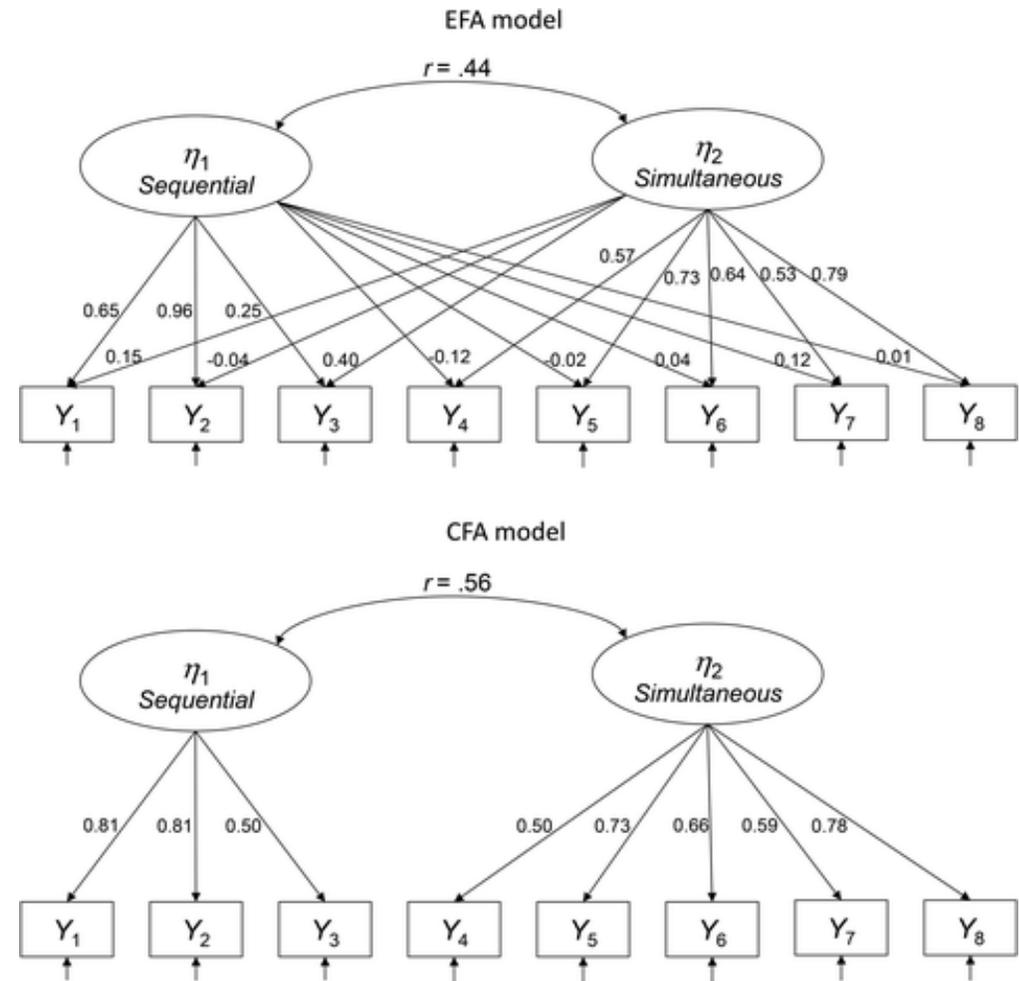
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Priority Area 1



# AIM 2: *Optimizing the DETECT Tool Via Systematic Item Reduction*

Priority Area 1



*AIM 3: Identify  
risk and  
protective  
factors for EM*

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Priority Area 1



# Relevance to VA

- Aging Veteran population is growing
  - Caregiver burden
  - Medically/psychologically complex
- Dramatically increasing population of women Veterans
- Many points of care observed outside of a clinical setting
  - Home based care

# Interdisciplinary Mentorship and Research Relationships: A Few “Pearls”

- Perspective – Forrest, Tree, Leaf...Forrest
- Iterative Cycling and Concepting
- Clarity and Defining Mentorship Goals
- Minding the Clinical/Non-Clinical Gap
- Synergistic Yield
- Understanding Complimentary Skills
  - Skill gaps
  - Lexicon
  - Priorities and Guilds
  - Blind spots

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- Dr. Doug Livingston, Emory University School of Public Health
- Dr. Sid O'Bryant, University of North Texas Health Science Center



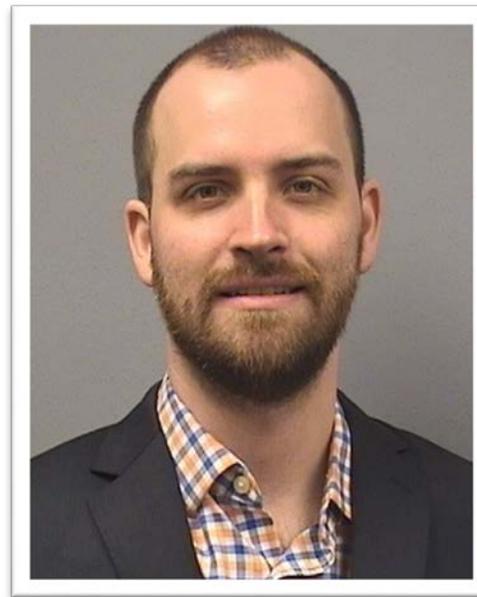
**TEXAS**  
Department  
of Family and  
Protective Services



**safe**  
**COMMUNITIES**  
**AMERICA**  
**FORT WORTH, TX**  
NATIONAL SAFETY COUNCIL



Dr. Jenn Reingle – Gonzalez  
Univ. of Texas School of  
Public Health



Dr. Doug Livingston  
Emory University, Rollins  
School of Public Health



Dr. Sid O'Bryant  
University of North Texas  
Health Science Center

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