

Elder Mistreatment Assessment

By: Terry Fulmer, PhD, APRN, GNP, FAAN, New York University College of Nursing

WHY: Elder abuse and neglect is a serious and prevalent problem that is estimated to affect 700,000 to 1.2 million older adults annually in this country. Only one in ten cases of elder abuse and neglect are reported and there is a serious underreporting by clinical professionals, likely due to the lack of appropriate screening instruments. Abuse, neglect, exploitation, and abandonment are actions that can result in elder mistreatment (EM).

BEST TOOLS: The Elder Assessment Instrument (EAI), a 41-item assessment instrument, has been in the literature since 1984 (Fulmer, Street, & Carr, 1984; Fulmer, & Wetle, 1986; Fulmer, Paveza, Abraham, & Fairchild, 2000). This instrument is comprised of seven sections that reviews signs, symptoms and subjective complaints of elder abuse, neglect, exploitation, and abandonment. There is no "score". A patient should be referred to social services if the following exists:

- 1) if there is any evidence of mistreatment without sufficient clinical explanation
- 2) whenever there is a subjective complaint by the elder of EM
- 3) whenever the clinician believes there is high risk or probable abuse, neglect, exploitation, abandonment

TARGET POPULATION: The EAI is appropriate in all clinical settings and is completed by clinicians that are responsible for screening for elder mistreatment.

VALIDITY AND RELIABILITY: The EAI has been used since the early 1980's. The internal consistency reliability (Cronbach's alpha) is reported at 0.84 in a sample of 501 older adults who presented in an emergency department setting. Test/retest reliability is reported at 0.83 ($P < .0001$). The instrument is reported to be highly sensitive and less specific.

STRENGTHS AND LIMITATIONS: The major strengths of the EAI are its rapid assessment capacity (the instrument takes approximately 12-15 minutes) and the way that it sensitizes the clinician to screening for elder mistreatment. Limitations include: no scoring system and weak specificity.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

Aravanis, S.C., Adelman, R.D., Breckman, R., Fulmer, T., Holder, E., Lachs, M. S., O'Brien, J.G., & Sanders, A.B. (1993).

Diagnostic and treatment guidelines on elder abuse and neglect. *Archives of Family Medicine*, 2(4), 371-88.

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing*, 29(1), 8-9.

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing*, 29(6), 4-5.

Fulmer, T., & Cahill, V.M. (1984). Assessing elder abuse: A study. *Journal of Gerontological Nursing*, 10(12), 16-20.

Fulmer, T., Guadagno, L., Bitondo-Dyer, C., & Connolly, M. T. (2004). Progress in elder abuse screening and assessment instruments. *JAGS*, 52(2), 297-304.

Fulmer, T., Paveza, G., Abraham, I., & Fairchild, S. (2000). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing*, 26(5), 436-443.

Fulmer, T., Street, S., & Carr, K. (1984). Abuse of the elderly: Screening and detection. *Journal of Emergency Nursing*, 10(3), 131-140.

Fulmer, T., & Wetle, T. (1986). Elder abuse screening and intervention. *Nurse Practitioner*, 11(5), 33-8.

Neale, A., Hwalek, M., Scott, R., Sengstock, M., & Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4), 406-418.

Elder Assessment Instrument (EAI)

I General Assessment		Very Good	Good	Poor	Very Poor	Unable to Assess
1. Clothing						
2. Hygiene						
3. Nutrition						
4. Skin integrity						
5. Additional Comments:						
II Possible Abuse Indicators		No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
6. Bruising						
7. Lacerations						
8. Fractures						
9. Various stages of healing of any bruises or fractures						
10. Evidence of sexual abuse						
11. Statement by elder re: abuse						
12. Additional Comments:						
III Possible Neglect Indicators		No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
13. Contractures						
14. Decubiti						
15. Dehydration						
16. Diarrhea						
17. Depression						
18. Impaction						
19. Malnutrition						
20. Urine burns						
21. Poor hygiene						
22. Failure to respond to warning of obvious disease						
23. Inappropriate medications (under/over)						
24. Repetitive hospital admissions due to probable failure of health care surveillance						
25. Statement by elder re: neglect						
26. Additional Comments:						
IV Possible Exploitation Indicators		No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
27. Misuse of money						
28. Evidence of financial exploitation						
29. Reports of demands for goods in exchange for services						
30. Inability to account for money/property						
31. Statement by elder re: exploitation						
32. Additional Comments:						

V Possible Abandonment Indicators		No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
33. Evidence that a caretaker has withdrawn care precipitously without alternate arrangements						
34. Evidence that elder is left alone in an unsafe environment for extended periods of time without adequate support						
35. Statement by elder re: abandonment						
36. Additional Comments:						
VI Summary		No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
37. Evidence of abuse						
38. Evidence of neglect						
39. Evidence of exploitation						
40. Evidence of abandonment						
41. Additional Comments:						

VII Comments and Follow-up

try this:

Best Practices in Nursing Care to Older Adults

A SERIES PROVIDED BY
The Hartford Institute for Geriatric Nursing
 EMAIL: hartford.in@yale.edu
 HARTFORD INSTITUTE WEBSITE: www.hartfordign.org
 CONSULTER/IN WEBSITE: www.ConsultGerRN.org

Adapted from: Fulmer, T., & Cahill, V.M. (1984). Assessing elder abuse: A study. *Journal of Gerontological Nursing, 10*(12), 16-20; Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing, 29*(6), 4-5; Reprinted from *Journal of Emergency Nursing, 10*(3). Fulmer, T., Street, S., & Carr, K. Abuse of the elderly: Screening and detection, pp. 131-140. Copyright 1984, with permission from The Emergency Nurses Association.