Elder Abuse and Its Prevention

Public Workshop of the Forum on Global Violence Prevention

Panel on Screening and Detection

April 18, 2013

Discussant
Scott Beach, Ph.D.
University of Pittsburgh
Brief Overview of My Research
Significant predictors of Potentially harmful CG behavior (Psychological and physical abuse; MCTS) as reported by CR
<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR physical impairment</td>
<td>1.12 (1.03-1.22)**</td>
</tr>
<tr>
<td>Spouse CG</td>
<td>8.00 (1.71-37.47)**</td>
</tr>
<tr>
<td>CG cognitive status (worse)</td>
<td>1.20 (1.04-1.38)*</td>
</tr>
<tr>
<td>CG physical symptoms</td>
<td>1.07 (1.01-1.13)*</td>
</tr>
<tr>
<td>CG CES-D (16+)</td>
<td>3.47 (1.58-7.62)**</td>
</tr>
</tbody>
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Beach et al. (2005) *JAGS, 53, 255-261*
Using Audio Computer-Assisted Self-Interviewing and Interactive Voice Response to Measure Elder Abuse in Older Adults: Feasibility and Effects on Prevalence Estimates

Scott Beach (PI), Richard Schulz, Howard Degenholtz, Nicholas Castle, Jules Rosen, Andrea Fox, Alan Meisel, Richard Morycz
University of Pittsburgh

Research Supported by National Institute on Aging
5R21AG028-15-01
Results: Feasibility: A-CASI (n = 224)

- **123** completed with headphones (54.9%)
- **62** read questions w/o headphones (27.6%)
- **38** asked interviewer to read questions (17.9%)
- Only **1** participant refused to answer mistreatment questions

**Results: Feasibility: IVR (n = 227)**

- **188** completed no problems (82.8%)
- **25** touchtone phone issues, interviewer read questions (11.0%)
- **7** asked interviewer to read questions (3.1%)
- **2** IVR break-offs, interviewer completed abuse questions on callback (0.9%)
- **5** IVR not complete, refused remainder of mistreatment questions (2.2%)

Prevalence (%) of Financial Mistreatment By Survey Technology (n = 886)

Prevalence (%) of Psychological Mistreatment By Survey Technology

Since 60
6 months

Overall CAPI A-CASI CATI IVR

Beach et al. (2010) *Journal of Official Statistics, 26, 507-533*
% Reporting ANY Financial Exploitation by Race (combined across survey technology)

Since 60**
- Overall (n = 902): 9.7%
- Non-AA (692): 8.4%
- AA (210): 23.0%

Past 6 months**
- Overall (n = 902): 3.5%
- Non-AA (692): 2.4%
- AA (210): 12.9%

Beach et al. (2010) *The Gerontologist, 50, 744-757*
% Reporting ANY psychological mistreatment by race (combined across survey technology)

Since 60**
- Overall (n=902): 14.3%
- Non-AA (692): 13.2%
- AA (210): 24.4%

Past 6 months**
- Overall (n=902): 8.2%
- Non-AA (692): 7.2%
- AA (210): 16.1%

Beach et al. (2010) *The Gerontologist, 50, 744-757*
Other Recent Collaborations

An Examination of Resident Abuse in Assisted Living Facilities (NIJ 2010-IJ-CX-0023); Nicholas Castle, University of Pittsburgh (PI)


- Mailed survey of 832 nurses aides (PA registry) in 2010 who reported *prior employment at AL facility* (to *reduce potential underreporting*)
- Measured (1) observed, (2) resident direct report, (3) other person report, (4) nurse aide suspects abuse
- Found fairly high levels of verbal, physical, psychological, caregiving, medication abuse and material exploitation
Other Recent Collaborations

The Challenge of Providing Care to People with Multiple Sclerosis (Funder: North American Research Committee on Multiple Sclerosis [NARCOMS]); Elizabeth Morrison & Aileen Wigglesworth, University of California, Irvine (Co-PI’s)

- Anonymous (800-number call-in) telephone survey of national sample of 206 people with advanced MS (mailed invitations)
- Used validated “Conflict Behaviors of People with MS and their Caregivers” (CBMSP)
- More than half (54.9%) reported some form of mistreatment since becoming disabled; 43.7% in last year (31.6% psychological; 12.1% financial; 12.1% neglect; 5.3% physical; 1.0% sexual)
Elder Abuse Detection & Screening

General Discussion
# Elder Abuse Screening & Detection: Overview

## Community-Dwelling - Cognitively Intact
- Direct victim surveys (random sample)
- Direct victim surveys (targeted disease)
- Direct caregiver surveys (targeted disease)
- Direct perpetrator surveys (?)
- Community “Sentinels” (NEAIS)
- Health Care Screening (Physicians, ER, Hospital, Dental clinics)
- Social service providers (Adult Day care)
- Forensic analysis (bruising)
- APS / official reports

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- Direct perpetrator surveys (?)
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- Social service providers (Adult Day care)
- Forensic analysis (bruising)
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(Mild cognitive impairment – able to self-report?)

## Institutionalized / LTC - Cognitively Intact
- Resident surveys
- Family surveys
- Resident informant / proxy surveys
- Staff surveys
- Video monitoring of public areas (?)
- Forensic analysis (bruising)
- LTC Ombudsman / official reports

(Both staff-resident & resident-resident abuse)

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Elder Abuse Screening & Detection: General Discussion Themes

- EA from *whose perspective?* Older adult victims? Clinicians? Proxy informants?
- If cognitively intact, should we always get the victim’s perspective? (Maintain autonomy vs. “objectivity” of clinicians?)
- Which screening / measurement tool to use? (Many options, though many need more psychometric testing, development)
- Interviews vs. self-administered? Technology for data collection? (impact on perceived privacy, comfort reporting)
- Setting, context important – own home, PCP office, waiting room, ER (impact on perceived privacy, comfort reporting)
- Neglect particularly challenging – omission (not helping) or commission (actively preventing access to food, water, medicine)? Co-occurrence with self-neglect?
- Financial exploitation also especially challenging – stranger fraud/scams vs. family/trusted others (different dynamics)
- Sensitivity to the wider cultural context – global forum!