

Screening for elder abuse

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ABSTRACT

Introduction: The elderly's diminished social status in Portuguese society, the loss of authority during the aging process and the increased vulnerability associated with dependence, social isolation and economic frailty, contribute imperatively to a higher risk of abuse. According to the World Health Organization, Portugal is one of the main countries where this problem occurs. According to a study conducted in Portugal, 39.4% of elderly women surveyed claimed to be victims of abuse. Physical,

sexual or psychological abuse are major public health problems.

Aim: To review the available screening methods for elder abuse.

Methods: A search was conducted in the databases: Medline and Uptodate and medical journals: Postgraduate Medicine, PatientCare and Geriatrics.

Results: About two dozen screening scales for elder abuse were found, with different application and selection criteria.

Discussion: Through screening and identification of cases of maltreatment, as well as awareness of the existence of risk factors and alarm signs, the family doctor has a key role in the prevention and protection of their vulnerable elderly patients. However, further research in this field is important to simplify the selection of the most appropriate scale to be used in daily clinical practice.

Keywords: elderly, screening, maltreatment.

1 INTRODUCTION

The diminished social status that the elderly have in Portuguese society associated with dependence, social isolation and economic fragility, imperatively contribute to a higher risk of elder *abuse* (understood as synonymous with violence and abuse in the elderly). Elderly violence is a growing problem, given its progressive representation in society combined with the loss of authority in the aging process and their greater vulnerability. According to the World Health Organization, Portugal is one of the main countries where this problem occurs, estimating that 39.4% of elderly women are victims of abuse. Physical, sexual or psychological abuse are major public health problems. There are seven types of violence described, namely (1) physical abuse, (2) psychological abuse, (3) neglect, (4) self-neglect, (5) abandonment, (6) financial abuse, and (7) sexual abuse. Maltreatment is closely correlated with depression, dementia, loss of functional capacity, and increased mortality. Healthcare professionals have an opportunity to lessen the impact of the consequences of abuse, as well as a legal and moral obligation to identify victims and intervene when suspected. According to the literature there are few health care professionals who screen for maltreatment without apparent physical injury. Although there is little evidence on how to suspect and recognize this abuse, it is crucial to use screening tools for elder abuse.

2 METHODS

A search was conducted in the databases: Medline and Uptodate and medical journals: Postgraduate Medicine, PatientCare and Geriatrics, using the keywords "screening", "elderly" and "maltreatment". Articles written in Portuguese and English, published in the last 10 years that described screening instruments created for medical use were selected, and only 4 articles were obtained. From the analysis of the available instruments, those without evidence of reliability and validity were also excluded.

3 RESULTS

A number of screening instruments and protocols have been developed and are widely available. The vast majority are designed to be applied by physicians. It is crucial that screening methods can be reliably used in different circumstances and settings. Although all tests share a common dimension and identify the various types of violence against older people, there are key differences in the purpose, form and content of the tests.

Board 1 - Instrument Review

AUTHORS	INSTRUMENTS	TYPE OF VIOLENCE	ITEMS	AVALUATED GROUP	COMMENTS
Nanny (1992)	AMA Assessment Protocol	NE	Checklist if abuse is suspected	Vit.	Depends on clinical effectiveness; all clinical settings
Reis M et al. (1998)	Brief Abuse Screen for the Elderly (BASE)	F, P, N, FN	5	Vit./Cuid.	Rapid screening suitable for emergency departments or outpatients
Rathbone-McCuan et al. (1982)	Case Detection Guidelines	NE	8	Vit./Cuid.	Aimed at physicians with little experience in elder abuse; all clinical settings.
Straus M. (1979)	Conflict Tactics Scale (CTS-1)	F, P	19	Vit.	Environments with internal or external patients; sensitive issues.
Fulmer T et al. (1984) (modified 1992, 2000)	Elder Abuse Assessment TOOL (EAI-Fulmer)	F, N, A, FN	42	Vit.	Requires training, easy to administer, suitable for Caregiving at home, hospital, emergency room.
Hwalek et al. (1986)	Hwalek-Sengstock Elder abuse Screening Test (H-S/EAST)	F, P, N, FN	15	Vit.	Rapid screening suitable for emergency services or outpatients
Reis et al. (1998)	Indications of Abuse Screen (IOA)	F, P, N, FN	40	Vit/Cuid	Requires in-depth interview; unspecified setting, must be completed by professionals after a home assessment lasting up to two or three hours.
Johnson (1981)	Screening protocols for the Identification of Abuse and Neglect in the Elderly	F, P, N, FN	18	Vit./Cuid.	Used as a quick screening; environment not specified
Bass (2000)	Screening Tools and Referral Protocol Stopping Abuse Against Older Ohioans: A Guide for Service Providers	NE	Combination of several instruments; includes a reference protocol	Vit.	A whole series of qualitative and quantitative measures by the physician that leads to a perception of the picture of abuse and violence; all clinical environments
Schofielde and Mishra (2002)	Vulnerability to Abuse Screening Scale (VASS)	F, P, N, FN	12	Vit.	Self-report measure with four factors: vulnerability, dependency, depression, and compulsion.

Adapted from "Screening for Abuse in the Elderly", Correia, A.; 2008

A - Abandonment; F - Physical; FN - Financial; N - Neglect; NE - Not Specified; Victim; Caregiver - Caregiver

4 DISCUSSION

Screening methods for elder abuse have increasing potential in daily clinical practice. Screening for elder abuse is important because like other forms of violence this is often a hidden, understudied and masked problem. Victims are afraid, ashamed, and often cognitively unable to report the abuse. Unlike other forms of violence, particularly in children, where the signs and symptoms are suggestive of abuse, the aging process causes changes that can suggest and confuse it with abuse. Studies show that health problems such as dementia, depression, nutritional deficiency are independent risk factors for maltreatment. Comparative analysis between different screening tests can help clinicians use the most suitable and appropriate one for the setting and circumstances presented. The literature recommends using the CTS, the BASE, or the Elder Assessment Instrument because they are easy and quick to apply. Clinicians must have a high index of suspicion for abuse. By screening and identifying cases of abuse, as well as by raising awareness of risk factors and warning signs, the family physician has a key role in preventing and protecting their elderly patients. However, further research in this field will be important in order to simplify the selection of the most appropriate scale to be used in daily clinical practice.

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