Physician Screening for Elder Abuse in the Emergency Department: A Literature Review

William M. Worrilow
Davidson College

Published In/Presented At
Worrilow, W., (2015, July 31) *Physician Screening for Elder Abuse in the Emergency Department: A Literature Review.* Poster presented at LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

Physician Screening for Elder Abuse in the Emergency Department: A Literature Review

William M. Worrilow
Mentor: Robert D. Barraco MD, MPH

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- The World Health Organization defines elder abuse as a "single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust, that causes harm or stress to an older person [1].
- By the year 2030,19.3% of the United States population will consist of people aged 65 years or older [3].
- This statistic suggests more elder abuse cases and reports, with 1/12 currently being abused, a higher volume of patients 65 years or older visiting the Emergency Department, and a greater necessity for Emergency Medicine physicians to have effective, ER-validated elder abuse screening tools at their disposal so that they can detect, assess, treat, and refer these patients.
- In one study, a 44 question national survey was taken by American Emergency physicians. 74% were not certain that definitions of elder abuse existed and 58% of the physicians believed they could not accurately identify cases of abuse [7].
- Evaluating the elder abuse screening and assessment instruments is a critical initial step in making the process of detection for elder abuse by Emergency Medicine physicians more simple.

Objectives/ Methodology

Objectives

- Identify validated elder abuse screening instruments and their applicability to the Emergency Department.
- Spread awareness to LVHN Emergency Medicine physicians about their unique role in detecting abuse in their geriatric patients and inform them about the instruments at their disposal through an educational podcast.

Methodology

- Medline literature search, June-July 2015
- Keywords: Elder abuse, elder mistreatment, screening instruments, tools, Emergency Department physicians, Emergency Department, and assessment strategies.
- Articles in the English language with these keywords, ranging from 1991 to 2015 were included in the search on Medline.

Elder Abuse Screening Tools

Table 1: Direct Question Tools

Name	Description	Problems/ Benefits	Validity	Year
H-S/East- (Hwalek-Sengstock Elder Abuse Screening test)	Earliest direct question tool 15 items covering 3 domains: overt violation of personal rights or direct abuse, characteristics of vulnerability to abuse, or potentially abusive situation [29, 30].	Very high false-negative rate. Quick and easy to use. [29].	Validity data are small from unrepresentative samples and low internal consistency. Apt for a social service agency setting [30].	1991
VASS- (Vulnerability to Abuse Screening Scale)	H-S/East + 2 questions Self-report tool [27].	More validity tests needed. Positive correlations with risk factors of abuse [27].	Tested in a 12,000 female group. Good construct validity [27, 30].	2002
Self-Disclosure Tool	10-item tool for patient self-disclosure. Covers all 7 types of abuse [28].	High criterion validity [28].	Criterion and content validity determined [17].	2007
EASI- (Elder Abuse Suspicion Index)*	Most recent interview tool created for assisting physicians. Consists of 6 questions [21].	Created to be accessible specifically to physicians [21].	Administered by physicians to 663 elder patients. Sensitivity of .47 and specificity of .75 [21, 30].	2008
CASE- (Caregiver Abuse Screen)*	8-item questionnaire answered by caregivers. Identifies caregiver possibly guilty of physical, psychological abuse or neglect [24].	Good construct validity. Non-confrontational wording [24].	Tested among 139 caregivers. Good construct validity, concurrent, convergent validity and reliability [24, 30].	1995

Table 2: Signs of Abuse Tools

Name	Description	Problems/ Benefits	Validity	Year
EAI- (Elder Abuse Instrument)*	42-item screening tool covering 5 categories: general assessment, possible abuse, neglect, exploitation, and abandonment indicators [17, 30].	Good internal and test-retest reliability. Good sensitivity, weaker specificity. Used efficiently by ER nurses [18,26]. Takes 12-15 minutes [30].	Tested in the ER. 71% sensitivity, 93% specificity, and content validity [30].	2004
Signs of Abuse Inventory	Tool that lists signs for each type of abuse. The severity of each sign is rated on a 0-4 scale, 4 being extreme [18,25].	Difficulty finding conclusive signs of psychological abuse. Good internal consistency [18,25].	Internal consistency ranging from 0.67-0.91 [17].	2007

Table 3: Risk of Abuse Tools [17, 23, 30]

Name	Description	Problems/ Benefits	Validity	Year
IOA- (Indicators of Abuse)	40-item survey First validated Risk of abuse tool. Created for trained professional.	Takes about 2-3 hours to complete. High internal reliability. High specificity.	Discriminant and convergent validity. Evaluated with 341 people via interview. Identified 84% abuse cases and 99% of non-abuse cases.	1998
E-IOA- (Expanded Indicators Of Abuse)	IOA items are broken down into a series of sub-indicators. Risk is rated on a 1-4 scale.	Takes about 2-3 hours to complete.	Content, criterion, and discriminant validity confirmed. Correctly classified 92.9% of the probably abused 731 participants.	2002

(*)– These tools are recommended for use in the Emergency Department.

Discussion

- According to one of the most current literature reviews on elder abuse screening instruments, some of the screening instruments above were created for the Emergency Department setting, however, only one tool, the EAI, was actually tested in the setting [26, 30].
- Many of the instruments in **Tables 1-3** are not suitable to the ER according to their validation studies and descriptions.
- The EAI was the only tool tested in the ER and has been used successfully by research nurses in the ED and is appropriate for the Emergency Department [18].
- Although its authors validated the tool for family physicians, a more current literature study states EASI is for the "physician" [17] and quick enough that it could be used in the ER. CASE is a rapid direct questioning tool that was created for "all clients." The Emergency Medicine physician can use this tool to interview the care giver in only 8 questions [24] detecting care giver abuse risk factors through positive results.
- These instruments cannot be used to detect abuse in cognitively impaired patients. If the patient does have cognitive dysfunction, the Emergency Medicine physician can use the only validated elder abuse screening tool for cognitively dysfunctional patients, the Conflicts Tactics Scale [17].
- These instruments only suggest the likely presence of abuse; they do not diagnose elder abuse and do not include geriatric elder abuse assessment models.

Recommendations

- Emergency Medicine physicians simply do not know enough about current screening instruments because there is a lack of education regarding the identification and treatment of elder abuse, there is no standard for diagnosis of EA, and there are no standardized criteria by which an EA screening tool can follow to be validated for use in the Emergency Department.
- As many studies state, more research must be done on deriving a criterion standard for the evaluation and diagnosis of elder mistreatment. In addition, there is not enough research done in testing the validity of these suggested instruments in the ER.
- Future research should involve evaluating the applicability of these elder abuse instruments to different settings including the Emergency Department and how they apply to their user.