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Elder Abuse and Neglect Assessment

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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),^[1,2,3] a 41-item Likert scale assessment instrument that has been in the literature since 1984. 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/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

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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

Adapted from Fulmer, T. & Cahill, V.M. (1984). Assessing elder abuse: A study. *Journal of Gerontological Nursing*. 10(12): 16-20; Fulmer, T., Street, S., Carr, K. (1984). Abuse of the elderly: Screening and detection. *Journal of Emergency Nursing*. 10(3): 131-140.

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