

Response to Abuse and Neglect of a Native Elderly Person¹

Highest priority is to ensure the safety of the elderly person while **respecting their autonomy**.

1. Does the elderly person accept or refuse intervention?

- a. Older adults in immediate danger should be separated from the suspected abuser whenever possible.
- b. If not in immediate danger then implement safety plans (e.g. safe-house placement, protection order from court, hospital admission).
- c. Educate the elderly patient about elder mistreatment and the tendency for abuse to increase in frequency and severity over time.
- d. Provide assistance to alleviate causes of mistreatment (e.g. counseling, addiction rehabilitation, home health services).
- e. Refer elderly patient and family member to appropriate services, insure culturally appropriate services, if possible.

2. Does the elderly patient retain decision-making capacity?

- a. No: Discuss following options with APS
 - Assistance with financial management
 - Conservatorship
 - Guardianship- The court may need to appoint a guardian to make decisions about living arrangements, finances, and care
 - Court proceedings (protection orders)
- b. Yes: Discuss with the elderly patient
 - Educate the patient about the incidents of elder mistreatment and tendency for abuse to increase in frequency and severity over time
 - Provide written information about emergency-assistance contact numbers and appropriate referrals
 - Develop and review a safety plan
 - Develop a follow-up plan for elderly patient
 - Discuss effects of abuse/neglect on physical and mental health of the elderly person

Example: Elderly Health and Safety Screen²

Statement 1: This primary care office would like to ask you some questions we ask all of our patients 60 years of age or older.

Statement 2: Many people are hurt by or have problems with their family members, loved ones, friends, or neighbors. Others may feel pressured by strangers or other care providers.

Statement 3: You do not need to complete this screen to see your doctor today, but your doctor is interested in your safety and may want to talk about any concerns you may have. This safety screen is private and will not be shared with anyone without your agreement.

- Has anyone close to you called you names or disrespected you recently?
- Are you afraid of anyone in your life?
- Are you able to use the telephone anytime you want?
- Has anyone forced you to do things you did not want to do?
- Has anyone taken things or money that belong to you without your permission?
- Has anyone close to you tried to hurt you or harm you recently?

Statement 4: If you have answered yes to any of these questions or if you are feeling at all under pressure, we would like to have a representative from (designated local Victims Services agency) call you.

References

1. Lachs, M. S., & Pillemer, K. (1995). Abuse and neglect of elderly persons. *New England Journal of Medicine*, 332(7), 437-443.

2. University of Maine Center on Aging. (May 2, 2007). Elder abuse screening protocol for Physicians: lessons learned from the Maine partners for elder protection pilot project. Retrieved on August 7, 2017 from https://digitalcommons.library.umaine.edu/cgi/viewcontent.cgi?article=1018&context=moca_research

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