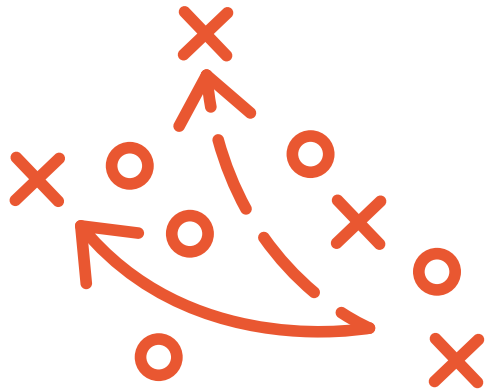




**CENTRALINA**  
Area Agency on Aging

## Recognizing and Addressing Elder Abuse: Empathy as Catalyst for Change



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# Recognizing and Addressing Elder Abuse: Empathy as a Catalyst for Change

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Department

# Elder Abuse. ... A Silent Public Health Issue

- ▶ “An intentional or negligent act by any person that causes harm or a serious risk of harm to an older adult”<sup>1</sup>
  - A silent public health issue<sup>2</sup>
  - U.S. has an estimated 5.0 million cases of elder abuse yearly, with \$36.5 billion of annual loss.<sup>3</sup>
  - It is estimated that over 10% of those age 65 and older experience some form of elder abuse in a given year.
  - >50% of elder abuse is not reported.<sup>3</sup>

# Healthcare Providers' Roles and Responses

- All nurses have an obligation to report suspected mistreatment of older people to APS. <sup>4</sup>
- Home health nurses are in an even more advantageous position to identify elder mistreatment, as direct observation during a home visit when an older person is in his/her home environment is more likely to result in the identification of mistreatment compared with an office visit where self-report measures were relied on. <sup>5</sup>
- Nurses are most likely to detect signs of elder mistreatment and be able to provide interventions and preventative services. <sup>4</sup>
- Social workers play integral roles in developing, implementing, and strengthening systemic structures—programs, policies, education, and research—that help prevent and address elder abuse. <sup>6</sup>
- Knowledge about elder abuse is necessary for every social worker, regardless of practice level, specialty area, or setting<sup>7</sup> , and any social worker can help prevent and address elder abuse. <sup>6</sup>

# Purpose

- The goal of this study was to investigate the enabling, hindering, and intention to report (EHIR) factors included in our conceptual framework.
- The purpose of this study was to examine factors influencing healthcare professionals' (home health nurses' and social workers') decisions to report elder abuse.

# Methods

**Phase 1:** Qualitative focus groups (N=9) of home health nurses (n= 4) and social workers (n= 5) who currently worked in one or more home health agencies.

Virtual setting-Zoom

Procedure-Recruitment via Facebook, separate focus groups for nurses and social workers (4-8 per group), semi-structured interviews, recorded, verbatim transcripts subject to content analysis

- Knowledge-*I can detect when an older adult has been a victim of sexual abuse.*
- Perspectives-*I have a personal responsibility to stand up for older adults who might be or who I know are experiencing elder abuse.*
- Feelings-*I feel able to advocate for older adults who might be or who I know are experiencing elder abuse.*

# Methods

## Phase 2:

Step 1-created questions eliciting participant's knowledge, perspectives, and feelings about elder abuse in home health and nurses/social workers

Step 2- the team reviewed, discussed, and edited questions (face and content validity)

Step 3- questions were formatted as an electronic survey

- 70 items

- Four point Likert format and 100-point slider scale

- Knowledge-23 items

- Perspective-32 items

- Feelings -14 items

- Distributed electronically

I have a personal responsibility to stand up for older adults who might be or who I know are experiencing elder abuse.

☐ Disagree

☐ Somewhat disagree

☐ Somewhat agree

☐ Agree

It is important to advocate for older adults who might be or who I know are experiencing elder abuse.

☐ Disagree

☐ Somewhat disagree

☐ Somewhat agree

☐ Agree

There is not much I can do to protect older adults who might be or who I know are experiencing elder abuse.

☐ Disagree

☐ Somewhat disagree

☐ Somewhat agree

☐ Agree

I am able to identify older adults who might be or who I know are experiencing elder abuse.

☐ Disagree

☐ Somewhat disagree

☐ Somewhat agree

☐ Agree

# Setting, Sample, Procedure



- Social Media (Facebook) to recruit participants
- Desired sample size (100) to determine the factors related to EAR; *to determine the factors related to EAR, 100 nurses and social workers were recruited considering the precision  $(d) = 0.05$ ,  $Z = 1.96$ ,  $p = 0.32$*
- Targeted home health groups (same ones where we recruited focus group participants) and sent survey link to focus group participants.
  - Informed consent and survey links were embedded in recruitment flyer
  - Monitored completion of surveys via Qualtrics

# Elder Abuse Reporting Questionnaire Results

70 items

Likert format-4 and 100 pts

Knowledge-23 items

Perspective-32 items

Feelings -14 items

Subscale	N	Range	Min.	Max	Mean	sd
Knowledge	123	39	15	54	39,52	5.25
Perspectives	125	125	14	124	109.14	14.17
Feelings	125	157	0	157	60.1	13.53

Participants were very passionate about the issue of elder abuse, as evidenced by the tendency for higher scores on perspectives and feelings; however, their knowledge was not skewed in a similar manner

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# THANK YOU

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