

## Elder Mistreatment Assessment

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**WHY:** Elder Mistreatment 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), a 41-item assessment instrument, has been in the literature since 1984 (Fulmer, Street, & Carr, 1984; Fulmer, & Wetle, 1986; Fulmer, Paveza, Abraham, & Fairchild, 2000). This instrument is comprised of seven sections that reviews signs, symptoms and subjective complaints of elder abuse, neglect, exploitation, and abandonment. There is no actual score. A person should be referred to social services if the following exists:

- 1) if there is any evidence of mistreatment (abuse, neglect, exploitation, abandonment)
- 2) whenever there is a subjective complaint by the older adult of EM
- 3) whenever the clinician believes there is high risk for 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 AND 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:

Best practice information on care of older adults: <https://consultgeri.org>.

Aravanis, S.C., Adelman, R.D., Breckman, R., Fulmer, T., Holder, E., Lachs, M. S., O'Brien, J.G., & Sanders, A.B. (1993).

Diagnostic and treatment guidelines on elder abuse and neglect. *Archives of Family Medicine*, 2(4), 371-88.

Evans, C., Hunold, K., Rosen, T., & Platts-Mills, T. (2017). Diagnosis of elder abuse in U.S. emergency departments.

*Journal of The American Geriatrics Society*, 65(1), 91-97. doi:10.1111/jgs.14480

Fulmer, T., Paveza, G., Abraham, I., & Fairchild, S. (2000). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing*, 26(5), 436-443.

Hoover, R., & Michol, P. (2014). Detecting elder abuse and neglect: Assessment and intervention. *American Family Physician*, 89(6), 453-460.

Lofaso, V. M., & Rosen, T. (2014). Medical and laboratory indicators of elder abuse and neglect. *Clinics in Geriatric Medicine*, 30(4), 713-728. doi:10.1016/j.cger.2014.08.003

Wang, X. M., Brisbin, S., Loo, T., & Straus, S. (2015). Elder abuse: An approach to identification, assessment and intervention. *Canadian Medical Association Journal*, 187(8), 575-581. doi:10.1503/cmaj.141329

# Elder Assessment Instrument (EAI)

<b>I General Assessment</b>	Very Good	Good	Poor	Very Poor	Unable to Assess
1. Clothing					
2. Hygiene					
3. Nutrition					
4. Skin integrity					
5. Additional Comments:					
<b>II Possible Abuse Indicators</b>	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:					
<b>III Possible Neglect Indicators</b>	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:					
<b>IV Possible Exploitation Indicators</b>	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:					

<b>V Possible Abandonment Indicators</b>	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:					
<b>VI Summary</b>	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

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Adapted from: Fulmer, T., & Cahill, V.M. (1984). Assessing elder abuse: A study. *Journal of Gerontological Nursing*, 10(12), 16-20; Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing*, 29(6), 4-5; Reprinted from *Journal of Emergency Nursing*, 10(3). Fulmer, T., Street, S., & Carr, K. Abuse of the elderly: Screening and detection, pp. 131-140. Copyright 1984, with permission from The Emergency Nurses Association.