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## TRAINING FOR PROFESSIONALS

# Screening of elder abuse

Training curriculum Module 2

# What is screening?

- “Screening” is a public health term
- Is a method used to find diseases and conditions which often have a high mortality rate (e.g. cancers)
- The focus of screening is the early identification of risk of a disease or disorder so that early treatment may be initiated, resulting in a decrease in the disease related mortality and morbidity rates (Phelan 2012)
- Screening is for people who do not have symptoms
- Screening is not diagnostic; tools are used to highlight the need for further referral or assessment (to raise suspicion)

# Public health definitions of screening (1)

Wilson and Jungner laid 1968 the foundation for modern screening and started scientific debate about the benefits, harm, costs and ethics of screening (WHO 1968)

- “the presumptive identification of unrecognized disease or defect by the application of tests, examinations, or other procedures which can be applied rapidly.
- Screening tests sort out apparently well persons who probably have a disease from those who probably do not.
- A screening test is not intended to be diagnostic.
- Persons with positive or suspicious findings must be referred to their physicians for diagnosis and necessary treatment.”

- **Public health definitions of screening (2)**
- “a public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications” (UK National Screening Committee )

# Scientific criteria established for screening in public health used by most countries

- 1) The condition should be an important health problem, well understood and with a known risk factor, or indicator;
- 2) The test should be simple, safe and validated;
- 3) The screening test should be acceptable to the population;
- 4) There should be available effective interventions to follow up;
- 5) There must be evidence from reliable randomized controlled trials that the screening programme reduces mortality or morbidity and is cost effective;
- 6) There are adequate staff available;
- 7) There should be evidence that the complete screening programme is clinically, socially and ethically acceptable to health professionals and the public. (Perel-Levin S 2008)

# Screening in the field of violence

## DEFINITION

“The action by which professionals detect abused individuals while excluding (screening out) the non-abused individuals”

“Assessment of current harm or risk of harm from family and intimate partner violence in persons who do not show symptoms in a health care setting”

(Perel-Levin S 2008)

## FEATURES

Individuals presenting injuries from family violence need diagnosis and intervention (is not screening)

Screening should be systematic - incidental asking about violence = asking based on suspicion can increase the risk of stigmatization of people who belong to minority groups or are of lower socioeconomic status. A person can feel it as insulting or discriminatory(Perel-Levin S 2008).

Screening itself is an intervention (Spangaro J et al 2009)

## Routine enquiry

The term “**routine enquiry**” refers to investigating domestic violence without using the public health criteria of a complete screening programme (WHO 2013); screening for domestic violence and elder abuse do not meet all the public health definitions/criteria (Perel-Levin S 2008). This is because:

- Screening in public health is an evidence-based issue
- Problem in the field of violence:
  - no follow-up
  - no supportive evidence that screening and early detection of elder abuse and neglect reduce exposure to abuse, or physical or mental harm from abuse

**However – screening/routine enquiry is especially important for problems with serious health implications, and where overall rates of identification are considered to be low = the case for elder abuse and neglect**

(Schofield Margot J. 2017)

## WHY TO SCREEN ELDER ABUSE?

- Evidence by the scientific literature shows that abuse in later life is linked to adverse health impacts
- Abused older persons are at higher risks
  - of premature death
  - for disability and injuries (for example dental, neck and skull and brain injuries)
  - of hospitalization and nursing home placement
  - to have chronic pain, lung, bone or joint problems, metabolic syndrome, gastrointestinal symptoms and stress, depression or anxiety
  - to have suicidal thoughts and attempts





# SCREENING TOOLS AND THEIR USE /1

- Tools are for guiding professionals through a standardized screening process and to ensure that signs of abuse are not missed
- The tools should be used systematic - incidental asking - asking based on suspicion might increase the risk of stigmatization of people who belong to minority groups or are of lower socioeconomic status and may be felt by a person as insulting or discriminatory
- Effective screening tool is based on its ability to distinguish the people who do experience abuse (true positives) from those that are not abused (true negatives)
- All tools have both strengths and limitations as screening measures

## Screening tools and their use / 2

Screening instruments are categorized in different ways:

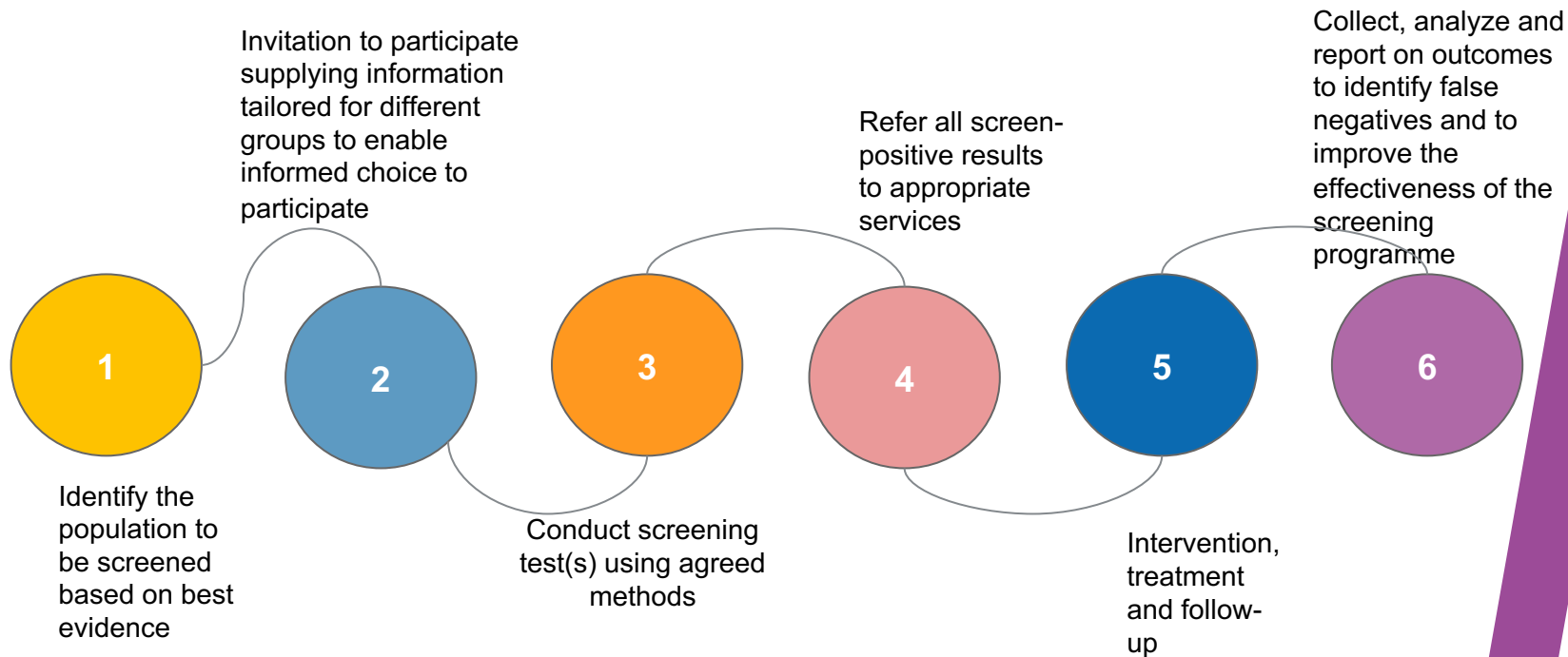
Direct questioning tools that ask about the elders' experience or self-reports of the older person

Tools that assess signs of actual abuse

Tools based on risk indicators of abuse

Most screening tools incorporate the direct questioning method, and assessment of risk of abuse

## Screening as a complete process (WHO 2020)



## Screening/enquiring about violence as a part of conversation process

- Asking about violence should happen in the normal process of conversation and take place as part of the developing relationship between client and worker
  - National Sexual Assault, Domestic Family Violence Counselling Service (UK):
    - “Screening is an informal process that aims to open up a conversation about domestic violence and family violence.
    - It is a systematic way of providing the space for a person to talk about domestic and family violence.
    - It usually involves asking clients about their experiences.
    - This might include asking whether there is domestic or family violence in their life or if they have felt unsafe in their relationship”.
- (1800RESPECT)

## Minimum requirements for asking about abuse

Professionals are trained to ask questions in the right way

Professionals are trained to use the instrument and understand abuse of older women/elder abuse, dynamics, supporting, risk assessment, safety planning

Professionals know the practical procedures, there are

- written guidelines how to use the screening tool
- there are written guidelines what to do after possible disclosure (screening process)
- agreed practice in own workplace
- multi-professional and multi-agency working model
- There are support and consultation possibilities for the professionals
- effective staff guidance and supervision

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## Complexities of screening for elder abuse/neglect (1)

- No gold standard test for abuse or neglect exists - screening is not 100% accurate
- False-positive results and reporting can lead to undesirable results
  - Psychological distress, family tension, a possible change in living situation - even a loss of personal autonomy (Cimino-Fiallos and Rosen 2021)
  - Potential for harm is small, but may include shame, guilt, self-blame, fear of retaliation or abandonment by perpetrators, and distress (Nelson et al 2004, 2012)
- False-negative means the persons are identified not being abused but they actually are (McCarthy et al 2017)
  - Means missing cases of abuse where an intervention may save lives

## Complexities of screening for elder abuse/neglect (2)

- ▶ Definitions of abuse and neglect affect the activities of professionals
  - ▶ what is seen as abuse and neglect
  - ▶ what degree of abuse and neglect should be taken into account and report
- ▶ Legal definitions of abuse and neglect – what is abuse and neglect
- ▶ Environment affects the assessment of abuse: independently living home, assisted living home, residential/institutional care
- ▶ Many forms of hidden violence – difficult (sometimes impossible) to verify, or even for the elder to understand
- ▶ Overlap among age-related changes and neglect/abuse
- ▶ Overlap among depression, psychosis, and substance abuse symptoms



## Complexities of screening for elder abuse/neglect (3)

- ▶ Overlap among the markers of disease, multimorbidity and neglect/abuse
- ▶ Overlap among polypharmacy, misuse of medication (too much/too little indicated drug), unnecessary or inappropriate medication, medication side effects, and neglect/abuse
- ▶ Overlap among cognitive disorders' symptoms, and neglect/abuse
  - ▶ early in the disease – sometimes anxiety and depression
  - ▶ in the later stages – sometimes delusions and hallucinations
- ▶ Whether it is malnutrition or dehydration? (Dehydration is a common reason for emergency visits by older persons)
- ▶ How professionals interpret answers to questions on the screening form
- ▶ Finally, the screening tool itself
  - ▶ What forms of abuse
  - ▶ What forms of neglect
  - ▶ For what environment the tool is developed for

## Limitations and benefits of screening

LIMITATIONS	BENEFITS
Concerns about possible adverse effects of screening, including revenge for disclosing abuse, psychological distress, family disruption and in older families' risk of a person being removed from home to care facilities	The use of structured tools for identification has revealed higher rates of abuse than those found in prevalence studies – however it is important to be aware that the data may also include false positives
General elder abuse screening tools are not appropriate for use with persons with dementia as they are based on the older person's ability to comprehensively answer the questions	screening itself has a therapeutic effect (as other interventions as well)
	There is very little evidence available of actual harm caused by screening for elder abuse or neglect