

Creation and Implementation of an Elder Abuse

Screening Tool

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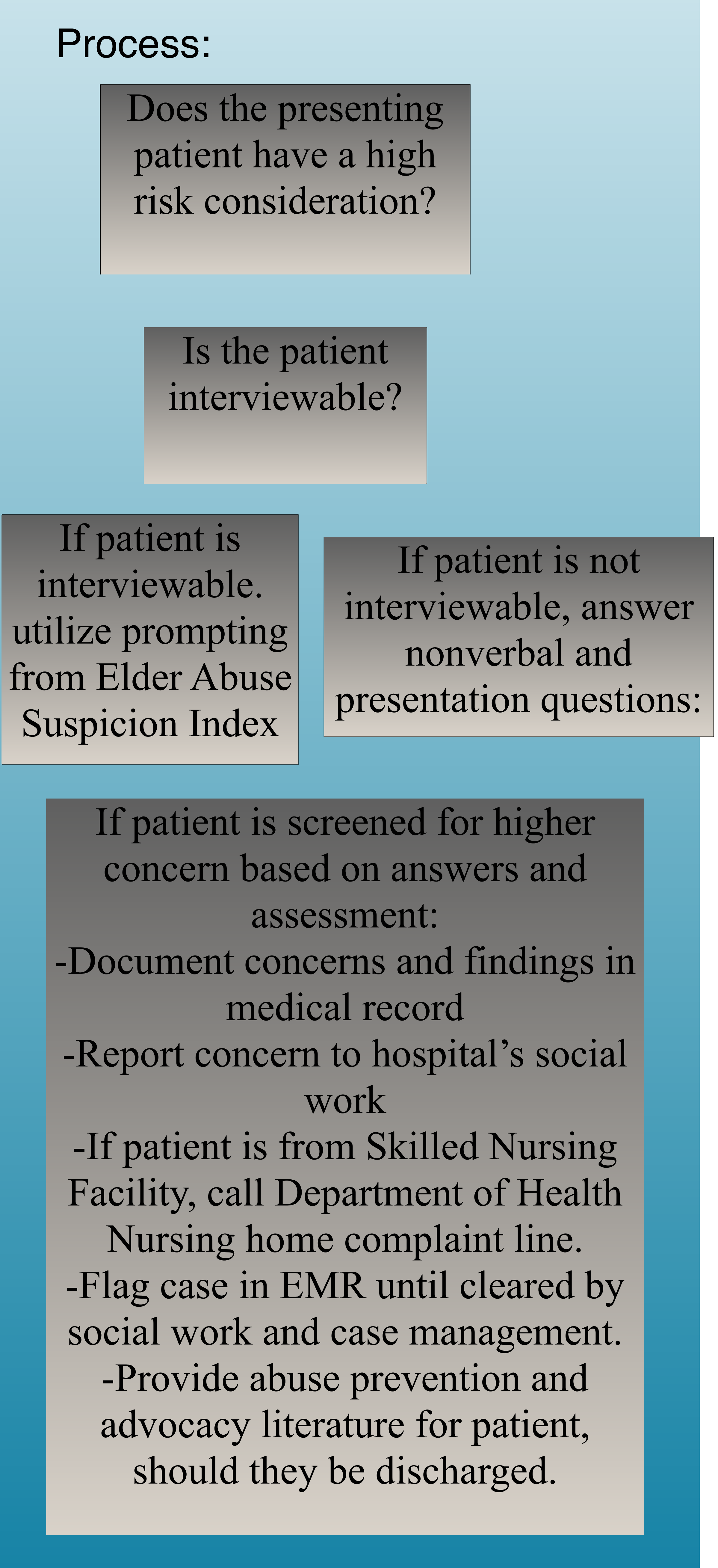


Purpose
The creation of the Forensic Screening Tool is to improve reporting rates of elder abuse in the United States. Coupling this is pre implementation education would better guide the thinking of clinicians to identify potential victims and equip them with tools for rescue. It also would decrease anxiety and reluctant to discuss abuse.

- Literature Review/Problem**
- 10% of elders above 60 have been abused, this has the potential to rise to 50% for those elders with physical and mental disabilities
 - Without reporting, elder abuse victims face a 300% increased risk of untimely death
 - Every state mandates the reporting of elder abuse, however definitions and training varies from a comprehensive formal online learning module, to no training outside of nursing school.
 - Screening tools are utilized in healthcare facilities in order to bring up certain pressing topics

Method
The screening tool would assist nurses to better detect signs of physical, psychological, and sexual abuse or maltreatment. Standardized prompts would permit more information gathering without accusations or anxiety. At the end, the screen would highlight what the next steps should be and how to better advocate for the patient.

- Forensic Nursing Implications**
- ANA Provision 5.2 Calls nurses to intervene, protect, and uphold the wellbeing and safety of their patients.
 - Forensic nurses must take the lead on educating the use of the screening tool and be placed in positions that permit the rearranging of resources to better meet the needs of the population.
 - The Joint Commission mandates the creation of internal and external reporting systems for suspected abuse.
 - Penalties for mandated reporters that do not report
 - Healthcare professional under report adult abuse and cite not knowing signs of abuse and steps for intervention as the primary reason



Problems indicated from Literature Review	Possible solution from FST
Poor identification of Signs and Symptoms of elder abuse	The FST's guided approach highlights examples of abuse and signs that are of high concern
Difficulty for healthcare professionals to engage in a dialogue regarding elder abuse	Prompts from the FST include assessing if the victim is interviewable. If not, nonverbal assessment is reinforced. If the patient is interviewable, prompts from the Elder Abuse Suspicion Index is used. This standardization can decrease anxiety and serve as a starting point for further open ended questions.
Healthcare workers report not knowing available resources and policies regarding elder abuse.	The final steps of the FST includes recommendations such as calling the state's department of health, social work, nursing home ombudsmen, and law enforcement.
State attitudes regarding educational preparedness on elder abuse is very lax compared to child	The FST requires an educational training session prior to implementation. This is to educate staff on signs of

Abstract

Screening, assessment and reporting of elder abuse is very low, especially compared to child abuse. Much of this stems from poor understanding of signs of abuse and maltreatment in older populations, legal mandates to report, and resources available to victims. The creation of a Forensic Screening Tool would help guide clinicians to make a decision on abuse and give relevant strategies on how to respond. This coupled with formal education would better improve elder abuse screening and protect such a vulnerable population.

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