



General Assessment Series

Best Practices in Nursing Care to Older Adults

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 awareness and appropriate screening instruments. Abuse, neglect, exploitation and abandonment are actions that can result in elder mistreatment (EM).

BEST TOOL: 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 review signs, symptoms and subjective complaints of elder abuse, neglect, exploitation, and abandonment (Rosen et al., 2019). There is no scoring; instead, a person should be referred to social services if the following is screened positive:

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 who 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 as 0.84 in a sample of 501 older adults who presented to an emergency department. Test/retest reliability is reported at 0.83 ($P < .0001$). The instrument is reported to be highly sensitive and specificity ranges among samples from 71%-93%.

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 it requires a physical assessment with disrobing..

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