Elder Abuse and Neglect: The Experience, Knowledge, and Attitudes of Primary Care Physicians

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Background and Objectives: Two million elderly Americans are abused or neglected each year. Elderly patients visit their physicians approximately five times each year. Yet physicians initiate only about 2% of the reported cases of abuse and neglect. This study’s purpose was to assess the experience, knowledge, and attitudes of primary care physicians toward elder mistreatment. Methods: A self-report questionnaire was mailed to a random sample of 500 primary care physicians. The population included 250 family physicians and 250 general internists in Ohio, divided equally between large urban, suburban, and rural practice settings. Results: The overall response rate was 78%, with 216 family physicians and 176 internists responding. Nearly 72% of those responding reported no exposure or only minimal exposure to the physical, emotional, or sexual abuse of the elderly. More than half of the respondents in both groups reported that they had never identified a case of elder mistreatment. Both family physicians and general internists estimated its prevalence as roughly less than 25% of the prevalence documented in the medical literature, and both were reluctant to accept the problem as universal. More than 60% of clinicians in both groups indicated they had never asked their elderly patients about abuse. Family physicians tended to have a better knowledge of those elements encompassing elder mistreatment and were more aware of management options. Conclusions: Physicians need more education about elder mistreatment.

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and the reluctance of physicians to report an occurrence, responses to elderly mistreatment by the medical community have been inconsistent at best.

This study’s purpose was to assess family physicians’ and general internists’ perceived magnitude of the problem of elder mistreatment, their attitudes toward responsibility for detecting and dealing with elder mistreatment, their practices regarding reporting elder mistreatment, their level of physician education about elder mistreatment, and to determine if there were differences in any of these parameters between family physicians and general internists.

Methods
The methods for this study were reviewed and approved by the Institutional Review Board of the Wright State University School of Medicine.

Subjects
A list of 250 family physicians and 250 general internists was drawn from the membership lists of the Ohio chapters of the American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP). Selection of the list of names was accomplished through the use of a computer-generated random number procedure. Resident, nonpracticing, honorary, and subspecialist members were excluded. Each sample was equally divided among large urban, suburban, and rural practice settings.

Instrument
An eight-page questionnaire was developed that requested demographic, training, board certification, and practice information. Physicians were asked questions regarding (1) the perceived magnitude of elder mistreatment in the physician’s community, (2) the number and type of suspected cases evaluated, (3) the number of cases actually reported to authorities, (4) the reasons for refraining from reporting mistreatment, (5) the willingness to report suspected cases of mistreatment, (6) the availability of protocol dealing with elder mistreatment, (7) the familiarization with local laws and reporting requirements, (8) the types of community resources available for victims, (9) the exposure to educational content during residency training or continuing medical education pertaining to elder mistreatment, and (10) experience reading articles or monographs dealing with elder mistreatment. The American Medical Association’s definition of elder abuse and neglect, “Any act of either omission or commission that results in harm to the health or welfare of an elderly person,” was used in the questionnaire to define elder mistreatment.

Survey Procedures
The questionnaire was mailed in October 2000 to the 500 physicians. A cover letter explaining the purpose of the study was included with each questionnaire, along with a postage-paid return envelope. Follow-up was conducted through remailings, phone calls, and visits to the physicians’ offices.

Data Analysis
Descriptive data are presented using univariate statistics, and trends in responses were examined using chi-square tests and two-tailed t tests. Statistical significance was defined as a P value of less than .05.

Results
Of 500 surveys mailed, 392 were returned, completed, and usable, for a response rate of 78%. Demographic characteristics of respondents are shown in Table 1. Of the responding physicians, 76% were family physicians, and 68% were general internists; 34% were women. The mean age was 41.4 years (range 32–72, standard deviation [SD]=10.9), with approximately half of the respondents being 42 years or older. The number of years in practice ranged from 1 to 42. Analysis of the responding versus the nonresponding physicians showed no significant differences with regard to practice type or location, gender, or age.

Perceived Magnitude of the Problem
All the respondents agreed that finding and treating elder mistreatment is important. Only 23% of the responding physicians, however, perceived elder mistreatment to be a significant problem in their own patient populations. Only 18% reported that elder mistreatment is as prevalent as spousal or child abuse, and only 2% felt that elder mistreatment is as or more prevalent than spousal or child abuse.

Responsibility for Detecting and Dealing With Elder Mistreatment
More than 75% of responding physicians felt that elder abuse is a problem in which physicians can effectively intervene, and 78% reported that primary care physicians are in a better position than other health care providers (including all other nonphysician medical providers) to identify domestic violence. However, only 65% of physicians agreed that primary care physicians are best able to manage the victims of elder mistreatment.

Sixty-three percent of physicians surveyed reported that they never or almost never ask their elderly patients about mistreatment, and nearly 72% (76% of family physicians and 68% of general internists) reported only minimal exposure to elderly patients who have experienced physical, emotional, or sexual abuse.
Practices Regarding Reporting Elder Mistreatment

Sixty-nine percent of responding physicians stated that they had not encountered a case of elder mistreatment in the preceding 12 months. Of the 31% of physicians who had encountered a case of elder mistreatment in the preceding year, the types of mistreatment encountered were neglect (57%), physical abuse (19%), emotional abuse (7%), financial exploitation (15%), and sexual abuse (2%). With respect to detecting financial exploitation of the elderly, 62% of respondents felt these inquiries were outside the scope of their professional responsibilities.

Almost (94%) of those physicians who reported dealing with a case of suspected elder mistreatment reported they could not prove that mistreatment had occurred, or they had chosen not to report their conclusions to an adult protective services agency. The reasons for not reporting mistreatment were that the abuse involved subtle signs (44%); the victim denied mistreatment (23%); and the physician was unsure of reporting procedures (21%), and unclear about reporting laws, definitions, or how to access community resources (10%); or other reasons (2%) (Table 2).

Physician Education About Elder Mistreatment

Responses to questions about physician education are shown in Table 3. Almost all (98%) of physicians stated that more should be done to educate physicians about elder mistreatment, and 96% agreed that the treatment and long-term management of elder mistreatment should be included in medical training. More than 80% of the respondents felt that they had not been trained to diagnose elder mistreatment, and less than 13% could recall educational content in their residency training pertaining to elder mistreatment. In comparison, 79% reported training in spousal abuse, and 94% reported training in child abuse during residency.

The percentage of physicians who reported attending a continuing medical education (CME) course pertaining to elder mistreatment during their careers was 9%, which was significantly lower than the percentage who reported attended courses pertaining to spousal abuse (44%) or child abuse (72%). Approximately 68% could not recall reading a journal article or monograph on elder mistreatment.

Differences Between Family Physicians and General Internists

More family physicians than internists reported identifying a case of elder abuse (P=0.012). More family physicians than internists perceived elder mistreatment to be a significant medical problem (P=0.014). Thirteen percent of family physicians reported that they had discussed with a colleague or another health care professional an instance of suspected elder mistreatment within the past year, in comparison with 3% of general internists. Finally, 32% of family physicians reported that the problem of elder mistreatment was addressed in the course of their medical school or residency training, and, therefore, they reported feeling better prepared to address the issue, as compared with only 8% of general internists.

Discussion

Despite national data indicating the high prevalence of elder mistreatment, only 23% of respondents to our study believed that elder mistreatment was a significant problem in their own patient populations. Perhaps recognizing the mismatch between national prevalence data and their own experiences, the overwhelming majority of respondents felt elder mistreatment was a significant health problem and that more should be done to educate physicians about the problem. Indeed, 96% stated that the identification and long-term management of elder mistreatment should be included in medical training.

Further emphasizing the need for education, our results indicate that when respondents suspected or recognized elder treatment, they did not always act...
appropriately. The majority of physicians in this study did not ask their elderly patients about instances of mistreatment. When confronted by a case of suspected mistreatment, 94% reported that they could not prove the suspicion and, therefore, had not reported their suspicion to authorities. Clearly, physicians are unfamiliar with elder mistreatment identification, management, protocols, legislation, and available referral agencies.

Our results should, however, be considered in light of our study’s limitations. First, our response rate of 78%, while reasonable for survey research, leaves open the possibility of response bias. It is possible that nonrespondents had more or less interest or less knowledge regarding elder mistreatment than respondents and that the results of the study might have been different had their responses been included in the results.

We also had an unequal response rate from family physicians and general internists. Specifically, 76% of family physicians responded, compared with only 68% of general internists. Further, while we surveyed family physicians and internists in equal numbers, at the time of the study there were approximately 69,000 family physicians in practice nationally as compared with 129,000 general internists. Therefore, although family physicians made up 50% of the survey group and a majority of the respondents, they comprised only 35% of primary care physicians nationally. Because they were overrepresented in our survey, and because they showed a better knowledge of elder mistreatment and management than did the internists, it is possible that our results present a more favorable picture of family physicians’ knowledge about elder mistreatment than really exists.

Finally, our study was conducted in one state—Ohio. The results may not be indicative of results from other states, since Ohio physicians may have more or less favorable knowledge and behaviors about elder mistreatment than physicians in other states.

Conclusions

Although family physicians responding to our survey were more aware of the problem of elder mistreatment and were more accepting of the responsibility to report and manage the problem than were general internists, knowledge and understanding of elder mistreatment was still suboptimal for physicians in both specialties. Our results emphasize the need for training and CME to address elder mistreatment. This education should focus on increasing awareness of and comfort in addressing elder mistreatment on the part of primary care physicians.

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References


Table 2

Reasons for Not Reporting Abuse

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>1. Abuse involved subtle signs</td>
<td>44%</td>
</tr>
<tr>
<td>2. Victim denial</td>
<td>23%</td>
</tr>
<tr>
<td>3. Unsure of reporting procedures</td>
<td>21%</td>
</tr>
<tr>
<td>4. Unclear about reporting laws, definitions, accessing community resources</td>
<td>10%</td>
</tr>
<tr>
<td>5. Other or not specified</td>
<td>2%</td>
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</table>

Table 3

Primary Care Physicians’ Responses to Questions About Medical Education Pertaining to Elder Abuse

<table>
<thead>
<tr>
<th>Question</th>
<th>% Agree</th>
</tr>
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<tbody>
<tr>
<td>1. I feel more should be done to educate physicians about elder mistreatment</td>
<td>98%</td>
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<tr>
<td>2. I feel treatment and long-term management of elder mistreatment should be included in medical training</td>
<td>96%</td>
</tr>
<tr>
<td>3. I feel that I have not been trained to diagnose elder mistreatment</td>
<td>80%</td>
</tr>
<tr>
<td>4. I can recall educational content in my residency training pertaining to elder mistreatment</td>
<td>13%</td>
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<tr>
<td>5. I received training regarding child abuse during residency</td>
<td>94%</td>
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<tr>
<td>6. I attended a continuing medical education (CME) course pertaining to elder mistreatment</td>
<td>9%</td>
</tr>
<tr>
<td>7. I attended a continuing medical education (CME) course pertaining to spousal abuse</td>
<td>44%</td>
</tr>
<tr>
<td>8. I attended a continuing medical education (CME) course pertaining to child abuse</td>
<td>72%</td>
</tr>
<tr>
<td>9. I can recall reading a journal article or monograph on elder mistreatment</td>
<td>32%</td>
</tr>
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</table>


Editor’s Note: This paper was awarded first place in the category of research by a family medicine resident at the American Academy of Family Physicians 2004 Annual Scientific Assembly in Orlando, Fla.