1996

The Detection and Reporting of Elder Abuse and Neglect: A Training Video for Prehospital Personnel

Jason P. Seamon
Grand Valley State University

Follow this and additional works at: http://scholarworks.gvsu.edu/theses

Part of the Education Commons, Medical Education Commons, and the Sociology Commons

Recommended Citation
http://scholarworks.gvsu.edu/theses/272

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.
THE DETECTION AND REPORTING OF ELDER ABUSE & NEGLECT: 
A TRAINING VIDEO FOR PREHOSPITAL PERSONNEL 

By 

Jason P. Seamon 

A Thesis 

Submitted to 
Grand Valley State University 
in partial fulfillment of the requirements 
for the degree of 

MASTER OF HEALTH SCIENCE 

Faculty Supervising Project: 
Theresa Bacon-Baguley, Ph.D. 

Supporting Physician: 
Jeffrey S. Jones, M.D.
"ABSTRACT"

THE DETECTION AND REPORTING OF ELDER ABUSE & NEGLECT: A TRAINING VIDEO FOR PREHOSPITAL PERSONNEL
by
Jason P. Seamon

The Emergency Medicine Residency Program at Butterworth Hospital in Grand Rapids, Michigan developed an instructional video for prehospital personnel in hopes of broadening their awareness about elder abuse and neglect. A sample of 60 EMS personnel were asked to complete a pretest in order to assess current knowledge of the subject matter, view the educational video, and then complete the posttest. This session was used to evaluate the video as a potential training device. While the study population reported seeing 256 suspected cases of abuse or neglect in their careers, only 11 (4%) were reported. Furthermore, 60% of the respondents thought that the prevalence of elder abuse and neglect was rather rare. This response dropped to 38% after seeing the video. The 60 EMS respondents had an average pretest score of 5.35, and an average posttest score of 10.03, resulting in an overall score improvement of +4.68 points.
ACKNOWLEDGEMENTS

This research study was made possible by the helpful guidance and support of my consulting physician, Jeffrey S. Jones, M.D. I would also like to thank Doug Smith and Jon Krohmer, M.D. of Kent County EMS for their time and effort in helping to schedule the EMS portion of this study. I am grateful to the entire staff at the Cook Institute for Research & Education at Butterworth Hospital, for their continued encouragement and support. In particular, I thank Jan Nowicki for her creativity and clerical efforts. Finally, I would like to make special acknowledgement of my graduate academic advisor, Theresa Bacon-Baguley, R.N., Ph.D. who has not only guided me through this program, but has also become a true friend.
DEDICATION

I dedicate this work to my parents, David M. and Cheryl L. Seamon. Their unconditional love and never-ending support has inspired me to challenge my abilities and believe in myself. They are more than just parents, they are my best friends. Thank you for always being there.
# Table of Contents

List of Tables ..............................................................................................................iv
List of Appendices ......................................................................................................v

## CHAPTER

1 INTRODUCTION ........................................................................................................1
2 MATERIALS & METHODS ...................................................................................8
3 RESULTS ................................................................................................................12
4 DISCUSSION ...........................................................................................................15
5 CONCLUSION .........................................................................................................18
List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Indications of Possible Abuse</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Indications of Possible Neglect</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Relationships Between Perpetrators &amp; Their Victims</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Organization of the Training Video</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Demographics of the Study Population</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Study Population's Experience With Elder Abuse &amp; Neglect</td>
<td>13</td>
</tr>
<tr>
<td>7</td>
<td>Prevalence of Elder Abuse &amp; Neglect</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>Average Score Results</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>Reasons for Not Reporting Cases of Elder Abuse &amp; Neglect</td>
<td>16</td>
</tr>
<tr>
<td>10</td>
<td>Additional Comments by EMS Respondents</td>
<td>17</td>
</tr>
</tbody>
</table>
## List of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Pretest: Elder Abuse and Neglect</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Pretest: Elder Abuse and Neglect</td>
<td>20</td>
</tr>
<tr>
<td>B</td>
<td>Primary Posttest: Elder Abuse and Neglect</td>
<td>22</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

Elder abuse is defined as the mistreatment of an older adult (65 years of age or older), usually by a relative or other caregiver. Its various forms include battery, neglect, abandonment, and exploitation. It may be intentional, which involves a conscious and deliberate attempt to inflict harm or injury, or it may be unintentional where an action inadvertently results in harm to the elderly. It has been estimated that over 2 million persons in the United States experience elder abuse each year, most of them repeatedly and in multiple forms.\textsuperscript{1,2}

In the past, research on domestic violence has focused primarily on child and spouse abuse. Despite the numerous surveys that document the increasing exposure of medical professionals to elderly victims, the abuse and neglect of older persons has received little attention in the medical literature. A possible explanation for this trend is that elder abuse may be more difficult to identify than child or spousal abuse because of professional and public unawareness, lack of detection guidelines or protocols, relative isolation of the victims, and reluctance to report an occurrence. In addition, many cases involve only subtle signs such as poor hygiene or dehydration, and are likely to pass undetected. Because of these factors, it is estimated that only one in 14 cases of elder abuse comes to the attention of authorities.\textsuperscript{2,3}

The American Medical Association has described elder abuse and neglect as "actions or the omission of actions that result in harm or threatened harm to the health or welfare of the elderly."\textsuperscript{4} More than 30 different forms of elder abuse have been described in various studies, all of which can be condensed into five primary categories: physical abuse, neglect, psychological abuse, violation of personal rights, and financial abuse.\textsuperscript{5}
Physical abuse can be defined as the infliction of physical pain, injury or coercion on an individual. The identified physical acts of elder abuse include beating, withholding care (personal or medical), lack of supervision, sexual abuse, physical battering, intentional over/under medication, forced confinement, bruising, cutting, burning, or physically restraining an older individual. Indications of possible physical abuse, as described by Jones et al, are seen in Table 1.

Table 1

**Indications of Possible Abuse**

- Delay in seeking medical care for illness or injury
- Conflicting or implausible accounts regarding how injuries occurred
- History of similar episodes or of other suspicious injuries in the past
- Multiple injuries in various stages of healing
- Unusual soft tissue injuries (bite marks or scalp hemorrhage)
- Eye injuries or broken teeth
- Burns (cigarette, immersion, or friction burns from restraints)

*As described by Jones et al*

Neglect of an older person can be defined as the failure of the caregivers to provide goods or services that are necessary for maintaining the activities of daily living. The three forms of neglect most prevalent in elder abuse are active, passive, and self-inflicted neglect (also known simply as self-neglect). Active neglect, as defined by Wolf et al, is the refusal or failure to fulfill a caretaking obligation including a conscious and intentional attempt to inflict physical and emotional distress on the elder. Such acts include abandonment, the denial of food or medical care, or withholding needed appliances such as glasses, hearing aids, or walkers. Passive neglect, on the other hand, is the refusal or failure to fulfill caretaking obligations excluding a conscious and intentional
attempt to inflict physical or emotional distress on the elder. This includes passive abandonment, nonprovision of food or medical services because of inadequate knowledge, laziness, infirmity, or disputing the value of prescribed services. Self-inflicted neglect (self-neglect) is the failure of persons to provide the essentials for themselves. Given that older adults are ethically entitled to refuse medical treatment despite the fact that such refusal may end in death, they are equally entitled to make less life-threatening choices regarding personal eating habits, dress, cleanliness, and other elements of lifestyle. Indications of possible neglect as described by Jones et al are presented in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Indications of Possible Neglect *</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Filthy living conditions</td>
</tr>
<tr>
<td>- Soiled linens or clothing</td>
</tr>
<tr>
<td>- Lack of necessities (heat, food, or water)</td>
</tr>
<tr>
<td>- Lack of necessary equipment (walkers, canes, dentures, glasses, or hearing aids)</td>
</tr>
<tr>
<td>- Placed in restraints while no one is in the house</td>
</tr>
<tr>
<td>- Inappropriate clothing for the season</td>
</tr>
<tr>
<td>- Bed sores</td>
</tr>
<tr>
<td>- Malnutrition or dehydration</td>
</tr>
<tr>
<td>- Evidence of improper administration of medications</td>
</tr>
</tbody>
</table>

*As described by Jones et al

Psychological abuse is defined as the infliction of mental anguish upon an older person. It comes in the form of verbal assaults and threats provoking fear and isolation. It also includes being called names, treating the elder as a child, frightening, or isolating the elder.

Violation of personal rights occurs when caregivers or providers ignore the older person's inalienable or legal rights and capabilities to make decisions for themselves. Such acts can include denying an
individual privacy, opening their mail, not allowing them to make or receive phone calls, forcing them out of their own home and into another dwelling, or prohibiting simple contact with the outside world through newspapers or telecasts.

Financial abuse is defined as the illegal or improper exploitation or use of funds or other resources. Such abuse may be suspected if an older person has been coerced into giving power of attorney to a relative, if he or she is unaware of their financial status (including net worth and bills that are being paid), or if the elder is receiving care below their financial means.

As described by Jones et al, the majority of victims suffer more than one type of mistreatment since the occurrence of one form of abuse or neglect seems to provoke other forms. In 1990, there were 211,000 cases of elder abuse and neglect reported nationwide to the Adult Protective Services (APS). Of these, 5000 (2.4%) were from Michigan with the majority of cases representing neglect or self-inflicted neglect, followed by physical and financial abuse. On the surface, it may seem as though Michigan represents only a small portion of the elder abuse in our country, but recall that only one in 14 cases are even reported.

An important consideration of any form of abuse or neglect is the etiology behind the act itself. Just as with child and spouse abuse, a number of theories have come to the surface in the hopes of explaining why elder abuse and neglect exist in our society. Five of the most prominent theories for elder abuse have been described by Lachs et al. The social learning theory contends that violence is learned, which implies that children learn to be violent by experiencing violence themselves. This theory suggests that abused children grow up to not only abuse their own children, but to abuse their parents as well. The stressed caregiver theory contends that elder abuse occurs when the stress threshold of the caregiver has been exceeded. This can be a result of external sources or stem from the actual caregiving itself. The isolation theory suggests that the shrinking social network of the elder becomes a major risk factor for the abuse and neglect. It is important to understand that this theory does not blame the older persons themselves for the abusive acts. Rather, it focuses on the fact that as people age, their chances of dying increase. Therefore, older individuals may have a
smaller social network which in turn becomes a risk factor for the abuse. The dependency theory concentrates on the functional fraility and the medical illness that the older person exerts on the caregiver. In this instance, the constant pressure of being depended upon can lead to the caregiver's abusive actions. Finally, there is the psychopathology of the abuser theory which emphasizes the non-normal characteristics of the abuser's personality. A caregiver who is a substance abuser or is mentally handicapped, may not have the capacity to make appropriate decisions about the older person and their well being. Other potential causes for elder abuse and neglect may include a lack of knowledge by caregivers, ageism, greed, social isolation of the elderly victim, and lack of community support.\textsuperscript{11}

It is evident that theories regarding the etiology of elder abuse and neglect are vast and continually developing. While old theories fall to the wayside and new ones take their place, there is a common theme tying them together. The theories focus on the caregiver, and not the older person, as the source of the problem. In all cases, the theories portray the elderly person as the victim. It is important to realize that any person can potentially become an abuser or a victim. During February 22-25, 1990, the National Aging Resource Center on Elder Abuse (NARCEA) met to examine the current state of knowledge in the field of elder abuse. One portion of their study was to identify the perpetrators of elder abuse in regard to some of the aforementioned theories. The NARCEA found various relationships existing between the perpetrators and elderly victims, all of which are described in Table 3.\textsuperscript{12}

These results are both shocking and frightening. Considering these findings, and the fact that nearly 70% of the population over 60 years of age reside with family members (while 25% live on their own and only 5% reside in an institution), it is not difficult to see that elder abuse and neglect are family affairs.\textsuperscript{13}

It is evident that elder abuse and neglect is a significant problem and is advancing through society and the medical profession at a frightening pace. Among the various health care professionals, paramedics and emergency medical technicians (EMTs) have the greatest opportunity to identify and report elder abuse. They are the only health care providers who routinely enter the patient's home, and they are often
the first medically trained personnel to evaluate an ill and injured elderly person. Unfortunately there remains to be a limited amount of information in the medical literature devoted to the detection and reporting of elder abuse and neglect by emergency prehospital personnel.14

Table 3

**Relationships Between Perpetrators & Their Elderly Victims * **

<table>
<thead>
<tr>
<th>Identified Perpetrators</th>
<th>Percentage of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Children</td>
<td>30.0%</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>17.8%</td>
</tr>
<tr>
<td>Spouse</td>
<td>14.8%</td>
</tr>
<tr>
<td>Service Provider</td>
<td>12.8%</td>
</tr>
<tr>
<td>Friends/Neighbors</td>
<td>10.0%</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>1.9%</td>
</tr>
<tr>
<td>Sibling</td>
<td>1.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1.5%</td>
</tr>
<tr>
<td>All Others</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

*As described by the NARCEA

Jones et al14 recently conducted a survey of emergency prehospital personnel (EMTs, Specialists/Intermediates, and Paramedics) in the state of Michigan to determine the scope of this problem, the various levels of awareness, and the willingness to report cases of elder abuse. The respondents had an average of 8.7 years of prehospital emergency-care experience and evaluated 11 patients >65 years of age each week. Seventy-eight percent had seen a suspected case of elder abuse or neglect during the past 12 months (mean of 2.3 cases/year). Despite these numbers, surveyed personnel reported only 27% of suspected cases to the appropriate authorities last year (mean of 0.62 cases/year). Some of the reasons given for not reporting included: uncertain as to which authorities take reports, unclear about the definition of abuse and neglect, unaware of the mandatory reporting laws, and lack of anonymity. Ninety-five percent of the respondents stated that training related to elder abuse was not available through their Emergency Medical
Services (EMS) agency. In this same survey, one paramedic suggested the following:

"Have a slide or any visual presentation showing signs and symptoms of abuse. Share actual case scenarios, including family backgrounds and typical events that lead to the abuse of the elderly. Help us to recognize the problems. Tell us what to document in our reports, what documents for reporting should be used, and where to submit information. Provide assurance of how our reporting will benefit our patients and not harm them."\(^{14}\)

Based on this information, the specific aim of this research project is to test the training program developed by Jones et al\(^5\) which focuses on the identification and reporting of elder abuse and neglect. The intended audience will be the prehospital personnel (EMTs, Specialists or Intermediates, and Paramedics) working in the state of Michigan.
CHAPTER TWO
MATERIALS & METHODS

The training video entitled, "Elder Abuse", was created by the Emergency Medicine Residency Program at Butterworth Hospital, Grand Rapids, Michigan. Butterworth Hospital is a 530 bed acute care tertiary facility which serves as the primary training site for a number of residencies including Emergency Medicine, Internal Medicine, and Surgery. It is a major teaching affiliate of Michigan State University College of Human Medicine. In addition to providing primary care, Butterworth serves as a tertiary referral center for an eleven county area of West Michigan in Cardiology, Oncology, and Trauma. The Emergency Department has 34 beds and averages 72,000 patient visits annually.\(^5\)

References for this training program were obtained from a variety of sources, including the review of the medical literature,\(^{15-47}\) Adult Protective Services (APS), the National Center on Elder Abuse (NCEA), Citizens for Better Care Elder Abuse Prevention Project, Michigan Area Agency on Aging, Michigan State Medical Society, Ohio State Medical Association, AMA's Diagnostic and Treatment Guidelines on Elder Abuse and Neglect, American Association of Retired Persons (AARP), and the Michigan Department of Social Services.\(^5\) The organization of this video, as described by Jones et al,\(^5\) can be seen in Table 4.

The design of this study was to administer two tests to emergency prehospital personnel both prior to and following the viewing of the "Elder Abuse" video in order to assess their present knowledge regarding
the subject matter and to evaluate the information content of the training video. A sample of 60 EMS personnel in Kent County were asked to complete a 22-question pretest on elder abuse and neglect, view the 20 minute training video, followed by the posttest. All respondents were asked to include their name, the date, their EMS unit, and the last four digits of their social security numbers on each of the exams in order to accurately match the pre and posttests and for follow-up purposes. The pretest questions were derived from a prior survey of EMS personnel in Michigan. The first page of the pretest (questions 1-11) focused on demographic items and characteristics of practice, such as professional status, years in practice, and patient load. The second page, and the remaining 11 statements, concentrated on identifying the abuse, the understanding of mandatory reporting requirements, and the willingness to report. The respondents were asked to evaluate these statements on a three-point Likert scale ranging from "not true", "unsure", and "true". The pretest used in this study may be found in Appendix A.

In order to remain consistent and establish study reliability, the posttest was very similar to the initial pretest. On the first page of the posttest (10 items), the demographic questions on the pretest regarding professional status, years in practice, and patient load were replaced with five statements asking the EMS personnel to evaluate the subject matter and presentation of the video itself. The remaining 11 statements on the second page of the posttest were identical to the 11 statements answered on the second page of the pretest which concentrated on identifying the abuse, understanding the mandatory reporting requirements, and the willingness to report. The posttest may be found in Appendix B. Upon completion of the testing session, the EMS
personnel were given a pamphlet which was supplied by the Kent County Department of Social Services/Adult Protective Services, describing the appropriate steps for reporting elder abuse and neglect. This information can be seen in Appendix C.

Table 4

Organization of the Training Video*

- Introduction
- Goals and objectives of the training video
- Background information
  - Definitions
  - Prevalence
  - Causes of abuse
  - Mandatory reporting requirements
- Results of prehospital survey by Jones et al
- Risk factors, environmental clues to abuse, physical findings
- Documentation
- Legal considerations
- Reporting agencies, assistance programs in the community
- What happens after a report has been made?
- Abuse and neglect in institutions
- Summary

*As described by Jones et al

The study period ran from September 5, 1995 to October 27, 1995 and covered numerous EMS units throughout Kent County.

The data obtained by the pre and posttesting was analyzed by assigning a score to each exam and then calculating various means. On both the pretest and posttest, there were 13 questions directly pertaining to the information presented in the video (these questions were identical). For each question, there was a definite right/wrong answer. If the respondents answered the question correctly, they received 1 point. If they answered incorrectly, or marked "unsure", they did not receive a
point. Therefore, the maximum score for both the pretest and posttest was 13 points.
CHAPTER THREE
RESULTS

The total study population of 60 EMS personnel included 26 First Responders, 25 Paramedics, 8 EMTs, and 1 Specialist/Intermediate. Of these 60 individuals, only 4 (7%) had some previous elder abuse and neglect training. Some of the demographics from this group can be seen in Tables 5 and 6. Of special interest to this study was that a total of 256 cases of elder abuse and neglect had been seen or suspected during the careers of these EMS providers, but of these, only 11 cases (4%) were actually reported.

Table 5

Demographics of the Study Population

<table>
<thead>
<tr>
<th>General Information</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of experience:</td>
<td>12.35</td>
<td>1-30</td>
</tr>
<tr>
<td>Number of patients seen/week:</td>
<td>9.70</td>
<td>0-40</td>
</tr>
<tr>
<td>Number of patients &gt;65 seen/week:</td>
<td>5.99</td>
<td>0-40</td>
</tr>
</tbody>
</table>

A question that received an interesting array of responses, was that regarding prevalence of elder abuse and neglect in the respondent's
community. These answers are displayed in Table 7. Prior to watching the video, 60% of the EMS personnel thought that this form of abuse and neglect was rarely seen in the community. This number dropped to 38% after watching the video. It should also be noted that due to uncertainty, 3 study subjects refrained from answering this question.

Table 6

<table>
<thead>
<tr>
<th>Experience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases of abuse/neglect seen in the past 6 months:</td>
<td>37</td>
</tr>
<tr>
<td>Cases of abuse/neglect seen in career:</td>
<td>256</td>
</tr>
<tr>
<td>Cases reported:</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 7

<table>
<thead>
<tr>
<th>Prevalence of Elder Abuse &amp; Neglect</th>
<th>Pretest %</th>
<th>Posttest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rather Rare:</td>
<td>36 (60%)</td>
<td>23 (38%)</td>
</tr>
<tr>
<td>Less prevalent than child/spouse abuse</td>
<td>12 (20%)</td>
<td>20 (33%)</td>
</tr>
<tr>
<td>As prevalent as child/spouse abuse</td>
<td>9 (15%)</td>
<td>10 (17%)</td>
</tr>
<tr>
<td>More prevalent than child/spouse abuse</td>
<td>0 (0%)</td>
<td>4 (6%)</td>
</tr>
</tbody>
</table>
The average scores for the testing sessions can be seen in Table 8. Note that 95% of the study population showed a positive test improvement after watching the video, while 3% showed a negative change after having seen the video. One study subject (2%) showed no change from the pretest to posttest scores. Additional points of interest are that before watching the video, there were study subjects who scored zero out of a possible 13 on the pretest, with the highest score being 10. After viewing the video, the lowest test score was 4, but ranged all the way to perfect scores of 13. Furthermore, one of the respondents who scored a perfect 13 on the posttest, was the same individual who scored zero on the pretest.

Table 8

<table>
<thead>
<tr>
<th>Test</th>
<th>Score</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>5.35</td>
<td>0-10</td>
</tr>
<tr>
<td>Posttest</td>
<td>10.03</td>
<td>4-13</td>
</tr>
<tr>
<td>Difference</td>
<td>+4.68</td>
<td>-1 to +13</td>
</tr>
</tbody>
</table>
CHAPTER FOUR
DISCUSSION

Although the majority of the results obtained in this research are encouraging, some disturbing aspects were uncovered after analyzing these tests, question by question. After watching the video, 58% of the respondents still believe that elderly people can get help if they really need it. 73% remain uncertain about Michigan legislature and fining policies, while 30% do not believe that Michigan has sufficient services to meet the needs of the elderly. Furthermore, 28% do not realize that they are protected from litigation, if reporting an unfounded case of abuse. But most importantly, 43% of the EMS respondents still do not believe that they could accurately detect a case of elder abuse and neglect. These aspects need to be improved before the video can be considered a truly effective training device for EMS personnel. On the other hand, there were some areas that the video did a good job presenting. Some of these topics dealt with guaranteed anonymity, personal rights, patient consent, legal/personal reporting responsibilities, and to whom to report these cases.

There was a question on the pretest that asked the EMS personnel why they did not report suspected cases of abuse and neglect if they had seen one. A variety of reasons were given, and can be seen in Table 9. An interesting note is that of all the reasons given for not reporting, an overwhelming majority were unsure of the reporting mechanisms.
Table 9

**Reasons for Not Reporting Cases of Elder Abuse & Neglect**

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure of reporting mechanisms (who to report to, how to report...).</td>
<td></td>
</tr>
<tr>
<td>The case did not seem serious.</td>
<td></td>
</tr>
<tr>
<td>Did not know what to look for.</td>
<td></td>
</tr>
<tr>
<td>Assumed that the next of kin was aware of the situation.</td>
<td></td>
</tr>
<tr>
<td>Assumed that the hospital personnel would report the case.</td>
<td></td>
</tr>
<tr>
<td>Suspicion was not strong enough.</td>
<td></td>
</tr>
<tr>
<td>Afraid of wrongly accusing people.</td>
<td></td>
</tr>
</tbody>
</table>

There was also a section on the posttest entitled "additional comments" that allowed the respondents to voice their opinions about the subject matter, presentation of material, or anything else of significance. These can be seen in Table 10. It was interesting to note that nearly all of the comments provided were directed toward the presentation of the material. The most common response centered around the video needing more visuals of actual abuse and neglect. According to the respondents, this would not only help them to better understand the material, but it would also bring some needed "life and expression" to the video.

Based on the breakdown analysis and the general comments of the respondents, it is obvious that certain changes will need to be made in this video in order to make it a more effective training device. From the test scores, it is apparent that the information provided in this video was helpful and enlightening. Therefore, the video simply needs to be
updated in order to improve the delivery of this information. The addition of actual cases or photographs of abuse are possible ways to enhance the training session.

Table 10

**Additional Comments By EMS Respondents**

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>More visuals of abuse/neglect.</td>
</tr>
<tr>
<td>More life and expression needed.</td>
</tr>
<tr>
<td>Need to provide the local APS phone number.</td>
</tr>
<tr>
<td>Some of the criterion was vague (worried about falsely accusing).</td>
</tr>
<tr>
<td>Less narration/more action.</td>
</tr>
<tr>
<td>How to get additional care for the elderly.</td>
</tr>
</tbody>
</table>


CHAPTER FIVE
CONCLUSION

The results of this study, along with those presented in the supporting literature, suggest that elder abuse and neglect are prevalent activities. Furthermore, it is apparent that the awareness of this situation needs to be broadened if we hope to eradicate it from our society. The first step in this process must be education. The instructional video used in this study shows great potential as a future training device for EMS personnel. Whether this video was actually viewed as entertaining and exciting is irrelevant. What is important, is that it educated and broadened the awareness of 60 health care professionals. This will hopefully result in an increased awareness of elder abuse and neglect throughout our communities.
APPENDICES
APPENDIX A

Name: __________________________
Date: __________________________
EMS unit: ______________________
Last four digits of your SSN: ______

Pretest: Elder Abuse and Neglect

1. Professional Status:
   [ ] EMT   [ ] Specialist/Intermediate   [ ] Paramedic

2. Number of years in profession: __________

3. Average number of patients seen per week: ______

4. Patients more than 65 years old seen per week: ______

5. Check how prevalent elder abuse is in your community:
   [ ] Rather rare
   [ ] Prevalent but less so than spouse or child abuse
   [ ] As prevalent as spouse and child abuse
   [ ] More prevalent than either spouse or child abuse

6. Number of cases of elder abuse you have seen or suspected during the past 6 months: ______; during your career: ______

7. How many of these cases have you reported during the past 6 months: ______

8. If you did not report a suspected case of elder abuse, why not: ____________________________________________
   ____________________________________________
   ____________________________________________

9. Do you know who you should report cases of suspected elder abuse to:
   [ ] Yes   [ ] No   [ ] Unsure

10. Are there standard EMS procedures for dealing with elder abuse in your community:
    [ ] Yes   [ ] No   [ ] Unsure

11. Have you had any prior training relating to elder abuse or neglect, other than general training on family violence:
    [ ] Yes   [ ] No   [ ] Unsure

20
Please answer the following statements:

Experienced people in my profession can accurately identify cases of elder abuse.
[ ] Not true [ ] Unsure [ ] True

The state of Michigan has sufficient services to meet the needs of abused elderly people.
[ ] Not true [ ] Unsure [ ] True

Most elderly people are able to get help if they need it.
[ ] Not true [ ] Unsure [ ] True

All EMS providers in Michigan have a legal responsibility to report elder abuse.
[ ] Not true [ ] Unsure [ ] True

Anonymity will be guaranteed to any EMS provider who reports cases of elder abuse.
[ ] Not true [ ] Unsure [ ] True

I am protected by litigation if I report unfounded cases of elder abuse.
[ ] Not true [ ] Unsure [ ] True

In Michigan, there is a potential fine if elder abuse is not reported to authorities.
[ ] Not true [ ] Unsure [ ] True

The abuse victim must consent before a report of abuse is made.
[ ] Not true [ ] Unsure [ ] True

Reporting cases of elder abuse is not my responsibility as a health-care provider.
[ ] Not true [ ] Unsure [ ] True

I must be absolutely certain that abuse has occurred before reporting elder abuse.
[ ] Not true [ ] Unsure [ ] True

Reporting of elder abuse is a violation of the elderly person's rights.
[ ] Not true [ ] Unsure [ ] True
APPENDIX B

Name: __________________________
Date: __________________________
EMS unit: _______________________
Last four digits of your SSN: ______

Primary Posttest: Elder Abuse and Neglect

1. Check how prevalent elder abuse is in your community:
   [ ] Rather rare
   [ ] Prevalent but less so than spouse or child abuse
   [ ] As prevalent as spouse and child abuse
   [ ] More prevalent than either spouse or child abuse

2. Number of cases of elder abuse you have seen or suspected during the past 6 months: ______; during your career: ______

3. How many of these cases have you reported during the past 6 months: __________

4. Do you know who you should report cases of suspected elder abuse to:
   [ ] Yes  [ ] No  [ ] Unsure

5. Are there standard EMS procedures for dealing with elder abuse in your community:  [ ] Yes  [ ] No  [ ] Unsure

6. How important is this subject matter to EMS personnel:
   [ ] Very  [ ] Somewhat  [ ] Not at all

7. Has seeing this video changed the way you will evaluate your elderly patients:
   [ ] Yes  [ ] No  [ ] Unsure

8. Should this video be included somewhere in your EMS training:
   [ ] Yes  [ ] No  [ ] Unsure

9. What changes (additions or deletions) would you make in this training video:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

10. Additional comments:
    ___________________________________________________________
    ___________________________________________________________
Please answer the following statements:

Experienced people in my profession can accurately identify cases of elder abuse.
[ ] Not true  [ ] Unsure  [ ] True

The state of Michigan has sufficient services to meet the needs of abused elderly people.
[ ] Not true  [ ] Unsure  [ ] True

Most elderly people are able to get help if they need it.
[ ] Not true  [ ] Unsure  [ ] True

All EMS providers in Michigan have a legal responsibility to report elder abuse.
[ ] Not true  [ ] Unsure  [ ] True

Anonymity will be guaranteed to any EMS provider who reports cases of elder abuse.
[ ] Not true  [ ] Unsure  [ ] True

I am protected from litigation if I report unfounded cases of elder abuse.
[ ] Not true  [ ] Unsure  [ ] True

In Michigan, there is a potential fine if elder abuse is not reported to the authorities.
[ ] Not true  [ ] Unsure  [ ] True

The abuse victim must consent before a report of abuse is made.
[ ] Not true  [ ] Unsure  [ ] True

Reporting cases of elder abuse is not my responsibility as a health-care provider.
[ ] Not true  [ ] Unsure  [ ] True

I must be absolutely certain that abuse has occurred before reporting elder abuse.
[ ] Not true  [ ] Unsure  [ ] True

Reporting of elder abuse is a violation of the elderly person's rights.
[ ] Not true  [ ] Unsure  [ ] True
REFERENCES
References


