

# A Two Prong Approach to Address the Psychological Impact of Elder Abuse in South Carolina

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## INTRODUCTION

- The prevalence of community-based elder abuse in the US is ~10%; 13% in South Carolina
- Only 4% of cases of elder mistreatment get reported to the authorities
- Older adults (65+) make up 18.2% of SC population, with 9.5% of this population below the poverty level
- Psychological abuse is the most common type of abuse in both community and residential settings
- Expansion of training to community-based agencies, primary care, organizations serving older adults, and legal services maximizes opportunity to identify and connect with victims of elder abuse
- Purpose of this program is to increase screening and intervention for potential victims of elder abuse and mistreatment

## IDENTIFICATION OF ELDER MISTREATMENT

“Identifying and Referring Elder Mistreatment”: This training covers signs and symptoms, risk factors, warning signs, identification techniques, and referral options available within South Carolina.

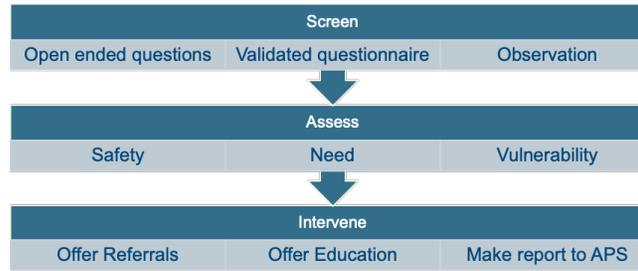


Figure 2. “Screen, Assess, Intervene” Model of Identification for Elder Mistreatment.

## PROGRAM REACH



## TRAINING AND SERVICE MODEL

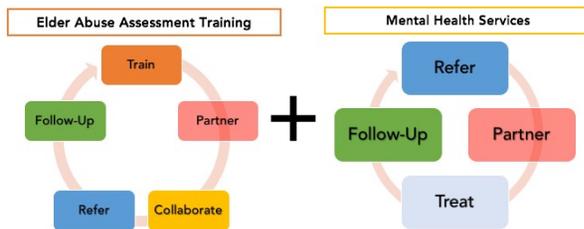


Figure 1. The two-prong approach of training and treatment work together to increase awareness and referral options available.

## PROGRAM IMPACT

- Our program has increased awareness about the prevalence of elder abuse, and gaps in resources for victims
- We trained over 5,000 providers, community-based agencies, organizations serving older adults, and legal services
- Almost 500% increase in referrals for victim's services
- Served hundreds of victims either through community outreach or direct patient care
- We established several regional, statewide, and national partnerships, expanded our service area to include all of SC

## CONCLUSIONS

- Our partnership with the SC Department on Aging was pivotal to increasing the reach of our program to providers across South Carolina
- Continue partnering with community resources and continued network building to strengthen existing foundation and promote use of trauma-informed care
- Advocate for standard implementation of screening for elder mistreatment in all healthcare settings
- Screening adaptations may be needed to fit seamlessly existing infrastructure and workflow