Learning to Detect and Prevent Elder Abuse: The Need for a Valid Risk Assessment Instrument

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Abstract

Prevalence data of elder abuse from social and health services only present a tip of the iceberg. A large amount of situations is left undetected. Professionals often lack knowledge and skills on the topic. Consequently, this paper focuses on training professionals to prevent and assess elder abuse by drawing on a literature search and previous quantitative research on learning and supporting the prevention of elder abuse. This paper provides an understanding of the multi-dimensionality of elder abuse, explores the potential and need for an assessment instrument to support prevention by professionals and examines existing instruments, while addressing a number of shortcomings. Education programmes for care professionals often include identifying signs and symptoms of elder abuse, how to manage suspected cases, and the role of the professional in protecting potential victims and ethical issues. However, there lacks a user-friendly, brief, multi-dimensional instrument, which could support professionals in identifying symptoms of elder abuse.

Keywords: Elder abuse; mistreatment; screening; prevention

1. Introduction

In the last few years, the issue of abuse and neglect against older people has gained importance at European and national levels. The World Health Organization (WHO) and the International Network of the Prevention of Elder Abuse (INPEA) have recognised the abuse of older people as a significant global problem (Bennett et al., 2002). Elder abuse has been associated with a number of negative consequences such as reduced quality of life (Lang et al., in press), negative health outcomes (Fisher et al., 2011), suicidality (Olofsson et al., 2012), and a greater risk of...
mortality (Dong et al., 2009). Prevalence rates of elder abuse in the community range from 0.8% to 30.1% (De Donder et al., 2011a; De Donder et al., 2013), and an increase in the older population will result in an increase of older people at risk of elder abuse and maltreatment. Prevention of elder maltreatment is a common challenge across governments and many sectors (Sethi et al., 2011). Public authorities, policy makers, care providers and end users’ organizations are more and more aware that, just like child abuse, elder abuse can no longer be tolerated. Measures must be put in place to ensure that all older persons who become dependent on others for care and assistance are adequately protected and can enjoy a dignified old age (WeDO, 2012). Older people in need of care and assistance, in particular those with complex dependency needs, are considered as extremely vulnerable to elder abuse and violation of their fundamental rights (Acierno et al., 2010; Fisher et al., 2011). They are more often than others at risk of social exclusion and social isolation and are more exposed to abuse and neglect. With the sharp increase in the number of very old and demented people, the risk of elder abuse and the need to ensure quality of long-term care for very dependent people in a context of budget cuts needs to be addressed (WeDO, 2012). Moreover, a recent report of the World Health Organization on elder abuse in Europe concludes that data of policy and health services only present a tip of the iceberg of cases of elder abuse. There is a large amount of situations that is left undetected (Sethi et al., 2011) due to the reluctance of older people to talk about their abusive experiences (Tamutiene et al., in press). On the other hand, several professional organizations are in daily life confronted with situations of elder abuse: home helpers, health organizations, General Practitioners, social workers, etc. These professionals experience difficulties in estimating whether a situation is problematic and whether an older adult is victim of elder abuse. Payne (2013) clearly makes a call for better training of professional services. A detection instrument, that could be used to detect risk on elder abuse in an early phase, could give opportunities to take preventive actions in time. In trying to support these professionals this paper focuses on training care professionals to prevent and assess elder abuse by drawing on an extensive literature search and previous quantitative research. First, this paper provides an understanding of the multi-dimensionality of elder abuse. Second, it explores the potential and need for a valid and reliable assessment instrument to support prevention by professionals. And third, the paper examines existing instruments, while addressing a number of shortcomings.

2. Defining elder abuse

Although definitions on elder abuse vary from author to author (Penhale, 2008) one definition arises in a number of studies: “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (UK’s AEA, 1995, p.5; WHO, 2002, p. 3). Elder abuse is most often conceptualized as a multi-faceted phenomenon. Definitions have paid attention to: the types of abuse (e.g. physical, psychological, neglect, financial, sexual abuse and violation of personal rights), who does the abusing (perpetrator descriptions), who suffers the abuse (victim descriptions), the relationship between the victim and the perpetrator (mutual trust and dependency of the victim), the intention (intentional or unintentional), whether the mistreatment may be an act of commission (abuse) or omission (neglect) and where it happens (e.g., domestic violence or institutional settings) (De Donder et al., 2011a).

3. Need for prevention and education

3.1 Only the tip of the iceberg

The Prevalence study of Abuse and Violence against Older Women (AVOW), which was funded by the EU’s Daphne III programme concerning violence against women and children, is a recent multi-national study conducted in Austria, Belgium, Finland, Lithuania and Portugal (De Donder et al., 2011b; De Donder et al., 2013; Lang et al., in press; Tamutiena et al., in press). The AVOW study aimed to provide knowledge about the prevalence of abuse and violence against older women living in the community. This study demonstrates that 30.1% older women in Europe experienced the previous year at least one situation of elder abuse. Figure 1 presents the prevalence rates for the different levels of severity. The results indicate that 7.4 % of older women had experienced one single form of abuse, but rarely (level 1). 14.6 % reported several forms (indicators) of violence and abuse, but seldom (level 2a). 1.5 % were often or very often exposed to one form of abuse (level 2b). The most vulnerable group of older women
with the highest potential danger of abuse accounts for 6.5% of older women (level 3).

![Four Levels of Severity of Elder Abuse](image)

Notwithstanding this numerous amount of victims of elder abuse, more than half of the victims did not talk about the abuse (Tamutienė et al., in press). The most common reasons for not reporting are “considering the incident as being too trivial” (71.8%), “distrusting the ability of somebody to do anything about it” (56.2%), “not wanting to involve somebody” (50.3%), but also “not wanting that the perpetrators is sent to prison” (22.8%) and “being afraid the perpetrator might take revenge” (20.1%). This reluctance to report is also demonstrated in the official statistics. Data of policy and health services only present a tip of the iceberg of cases of elder abuse and there is a large amount of situations that is left undetected (Sethi et al., 2011). As older people are reluctant to report abuse, only a small proportion of these individuals are presently known to protective/social services. Oosterlee et al. (2009) estimate that only 20% of victims are known to one or more organizations, whilst O’Keeffe et al. (2007) estimate that only 3% of cases are known to the agency for adult protection and social services, in the UK. Against this, the different levels of elder abuse point towards the possibility of taking preventive actions. How can we prevent that the situation of older people in level 1 worsens to level 2? And how can we prevent that victims of level 2 become level 3 victims?

### 3.2 Different types of prevention

Given the negative implications of elder abuse and the demographic evolution, it is particularly important to develop and implement effective prevention programmes. In thinking about prevention and intervention programs, three stages of prevention can be distinguished (Reay & Browne, 2002). Primary prevention is the earliest intervention, and involves all programmes aimed at avoiding the occurrence of elder abuse, targeting risk factors of elder abuse. Secondary prevention aims at identifying and detecting elder abuse early, before it causes significant problems and to prevent it from getting worse. The goal of tertiary prevention is to stop abuse and provide tools to preventing revictimization. Although numerous prevention programs have been put in place to address elder abuse (Sethi et al., 2010), a recent systematic review demonstrates that evidence-based interventions to prevent elder abuse are few and far between (Ploeg et al., 2009). If high-quality evaluations of prevention programs are performed, mainly educational programs of professional caregivers show promising results. Evaluations of education among professional caregivers showed an increased knowledge of elder abuse (e.g. Richardson et al., 2002), and increased care-giving knowledge, but even more so, also a decrease in psychologically abusive behavior from staff to the older people in their care (Hsieh et al., 2009). Professional training and education programmes aim to increase professional awareness and knowledge of elder maltreatment among health professionals (Bond, 2004), doctors (Cooper et al., 2012) or social workers (Richardson et al., 2002). Such educational programmes often include identifying signs and symptoms of elder abuse, how to manage suspected cases, and the role of the professional in protecting potential victims and ethical issues (Hess, 2011). Screening for factors that put older people at risk for abuse has great potential to identify and detect elder abuse at an early stage. The premise of screening and detection interventions is clear: elder abuse remains unknown until the problem is brought to light (Pillemer et al., 2007).
However, professionals often experience difficulties in estimating whether a situation is problematic and whether an older adult is victim of elder abuse. A detection instrument, that could be used to detect risk on elder abuse in an early phase, could support professionals in this assignment, and give opportunities to take preventive actions in time.

4. Search for a risk assessment instrument

Several screening instruments for detecting elder abuse have been developed, but almost exclusively in the U.S (Perel-Levin, 2008). Already in 2001 Anetzberger concluded that risk assessment instruments lack important qualities (such as accurateness, sensitivity and reliability) to be widely adopted. Imbody and Vandsburger (2011) ascertained very little progress more than ten years later. In their literature review Imbody and Vandsburger (2011) described most current elder abuse assessment tools: Conflict Tactics Scale, Brief Abuse Screen for the Elderly, Elder Assessment Instrument, Elder Abuse Diagnosis and Intervention Model, Indicators Of Abuse screen, E-IOA: Extended Indicators Of Abuse screen, and EASI: Elder AbuseSuspicion Index, and conclude that we still lack an instrument that fulfils the need for thoroughness, user-friendliness and multidisciplinarity. In reviewing the literature, we can deduce a number of criteria on which a good elder abuse risk assessment instrument should comply. First, as identification of elder abuse is complex, an effective screening instrument should try to comprehensively assess both signs of abuse (e.g. suspicious bruises, transfer of property) as well as risk factors of abuse (e.g. history of violence, relationship problems between older person and possible perpetrator) (Cohen et al., 2013; Min et al., 2011). Second, some questionnaires are quite long: e.g. the Indicators Of Abuse Screen takes 2 à 3 hours. Health and social care are often in need of short, user-friendly instruments that can be completed in busy practice settings. Moreover, a number of screening instruments should be completed by professionals from high-skilled levels. E.g. a physician is needed to administer the EASI. An instrument that can be applied by a wide variety of professionals (and volunteers?) in multiple and distinct settings such as medical offices, hospitals, social services agencies, police departments, and other venues would be useful. While assessments are available that are either brief or comprehensive and in depth, there seems to lack a tool that is both (Imbody & Vandsburger, 2011). Third, an instrument often incorporates only one dominant theoretical paradigm (Perel-Levin, 2008). E.g. The widely used Caregiver Abuse Screen (Reis & Nahmiash, 1995) only takes the caregiver model into account, thereby ignoring the autonomy of the older person or the possibility of non-dependent older people to experience abuse. Different types of perpetrators are possible. The literature reports that in most cases of elder abuse in the community the perpetrator is the spouse or current partner. In their UK Study of Abuse and Neglect of Older People, O’Keeffe et al. (2007) have found that 51% victims of abuse reported their partner as perpetrator of the mistreatment. In addition, the older victim’s daughter, son or other relatives are also possible perpetrators (De Donder et al., 2011b; Naughton et al., 2010; O’Keeffe et al., 2007). Furthermore, professional caregivers in the home setting, such as domiciliary and health care workers, can be found as perpetrators (e.g. De Donder et al., 2011b; Naughton et al., 2010). Fourth, include the social environment. Since perpetrators are people who are known to the older person and come into their homes, and since many of the victims of severe elder abuse return to the environment in which the abuse occurred (Lee et al., 2011), there is a clear need to also include the social context of the victim in the considerations on elder abuse. Finally, the psychometric qualities of the instrument should be tested. In a recent overview of European prevalence studies, De Donder and colleagues (2011a) conclude that studies hardly ever use a substantiated operationalization. Hardly any of the publications discussed objectivity, reliability, and validity of the measurement instrument(s), and statistical information is scarce. A poor measurement tool may lead to an inaccurate estimation of the extent of elder abuse, which in case of effectiveness studies is crucial. Consequently, measures should always provide information on the psychometric properties of the instruments used (Ploeg et al., 2009).

5. Conclusion

This paper demonstrates the need for an evidence-based, valid, user-friendly risk assessment instrument of elder abuse to support the learning process of health and social care professionals. Although elder abuse has important and profound consequences, only a small proportion of victims presently call for help. One of the main reasons is the reluctance of older people to report abuse due to feelings of powerlessness, shame, or guilt (Tamutiene et al., in press). Consequently, secondary prevention programme concerning awareness and education programmes for professionals to screen and detect elder abuse are needed. A well-designed and tested detection instrument, that
could be used to recognize elder abuse in their home environment, in an early phase, is needed to give opportunities to educate and support professionals in screening and detecting elder abuse, and consequently to take preventive actions for at-risk groups (EuROPEAN, 2011). Although a number of instruments have been detected, more research is needed to learn how to better fine-tune assessments and screening tools, to improve initial diagnosing and accuracy in finding (Imbody & Vandsburger, 2011). Ideally, a tool would include risk factors of abuse and early signs of abuse (1), provide both shortness and thoroughness, enabling accurate assessments to be completed in time-demanding work environments (2), be used by informal carers, by formal carers (medical and non-medical), or health and social services (3), pay attention to different types of perpetrators (4), refer to the physical, psychological and the social environment of older people (5), and be tested for reliability and validity (6). Such an instrument developed will provide the possibility of an early detection of elder abuse which is needed in order to provide support and care, and to prevent more serious levels or an aggravation of elder abuse. Nonetheless, we would like to finalise with some critical remarks. An elder abuse risk assessment instrument can point to a wider number of older people than those who were actually abused. Identifying individuals at high risk of elder abuse necessitates further thorough examination. On the other hand, it is clear that screening will not identify all cases of abuse, but every identified case that otherwise would have gone unidentified is important (Cohen et al., 2013). The use of such instruments can contribute to a better understanding and recognition of elder abuse among formal caregivers, a monitoring of elder abuse (prevalence and seriousness of abuse), the debate on developing and improving elder abuse legislations, development of preventive actions and interventions.

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