

NCEA Bibliography of Elder Abuse and Neglect

Related Articles & Research Studies

Introduction: This bibliography was created to provide a summary of recent articles and research studies, from a variety of disciplines, relevant to professional practice in the field of elder abuse. Each entry in the bibliography includes a citation, abstract and weblink to gain access to the document. In some cases, due to copyright restrictions, you will not be able to access the entire article, but will be given information on how to purchase the entire article.

The bibliography is organized by author last name. **To navigate the document ctrl + click the desired location or page number in the table of contents. To search this document for a particular keyword or phrase, press *Control* + *F* and enter the word or phrase.**

Articles Cited Were Published From: August 2012 to June 2013

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Contents

Introduction	1
A-C.....	2
D-F.....	13
G-J	22
K-N.....	32
O-R	48
T-V.....	60
W-Z.....	63

A-C

Anetzberger, G. J. (2012). An Update on the Nature and Scope of Elder Abuse. *Generations*, 36(3), 12-20.

Abstract: Today, our understanding of elder abuse is changing because there has been more research, propelled in part by a related National Research Council agenda, increased federal funding for investigations, and a growing number of scholars interested in the problem. This article examines selected important studies since 2000, and suggests how their findings are affecting our understanding of elder abuse.

Keywords: Policy and Advocacy, Education

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Ash, A. (2013). A Cognitive Mask? Camouflaging Dilemmas in Street-Level Policy Implementation to Safeguard Older People from Abuse. *British Journal of Social Work*, 43(1), 99-115.

Abstract: National policy to safeguard older people from abuse in England and Wales gives social services the lead role in co-ordinating local multi-agency adult safeguarding procedures. With the exception of Lipsky's (1980) work on street-level bureaucracy, relatively little research attention has considered the day-to-day reality of social workers charged with implementing public policy. This article reports findings of multi-method research carried out in a social services department in Wales to identify the constraints and realities social workers faced when implementing policy to protect older people from abuse. Data sources were thirty-three social workers and managers and local adult safeguarding documentation and statistics. Methods included semi-structured interviews, focus groups, observed meetings, and documentary and statistical analysis of adult protection activity. The research found the dilemmas social workers grappled with were inherent in the structure of their work, as Lipsky had proposed. Dilemmas included known poor practice and quality in some care services, resource shortfalls and delays in investigating alleged elder abuse. The paper concludes by developing the metaphor of a 'cognitive mask' to describe how social workers manage the dissonance arising from dilemmas inherent in the context of their work to safeguard elders and it suggests how this 'mask' can be removed.

Keywords: street-level bureaucracy, challenge of poor practice, quality of care

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Bagshaw, D., Wendt, S., Zannettino, L., & Adams, V. (2013). Financial Abuse of Older People by Family Members: Views and Experiences of Older Australians and their Family Members. *Australian Social Work*, 66(1), 86-103. doi: 10.1080/0312407X.2012.708762

Abstract: Research indicates that the most commonly reported form of abuse of older people in Australia is financial abuse and the majority of perpetrators are family members. The number of people aged 65 years and over in Australia is growing rapidly and the challenges of aging often require support and assistance from family members, so it is important to develop strategies to prevent this form of abuse. This article analyses data from two national online surveys that examined this issue. The first, conducted in 2009, explored service providers' ($n=214$) knowledge and understandings of financial abuse of older people. The second, conducted in 2010, investigated older people's and their family members' ($n=113$) views and experiences of financial abuse. In our sample, service providers' knowledge of risk factors for financial abuse of older people mirrored the experiences of older people and their family members in Australia and also confirmed factors identified in the literature. However, our findings also showed that many older people were not mindful of the potential risks to their financial wellbeing, particularly when and if they experience diminished capacity. Therefore, service providers may find it difficult to engage them in preventative strategies.

Keywords: Aged, family interventions

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Beidler, J. J. (2012). We Are Family: When Elder Abuse, Neglect, and Financial Exploitation Hit Home. *Generations*, 36(3), 21-25.

Abstract: Research and popular press report alarming instances of familial elder abuse, neglect, and financial exploitation. The House of Representatives Select Committee on Aging found that older adults are at the greatest risk for abuse, and that in more than two-thirds of substantiated cases, the perpetrator is a family member in a caregiving role—usually an adult child (Elder Serve Act of 2009). Often there are other contributing factors that fuel elder abuse, which include substance abuse (on the part of the abuser or the victim) and diminished capacity of the elder due to conditions such as dementia (Spencer and Smith, 2000). The following true story illustrates what can happen when these factors come into play.

Keywords: case study, professional intervention

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Bennett, D. (2012). Elder abuse and death claims. *Clinical Risk*, 18(5), 194-196. doi: 10.1258/cr.2012.012042

Abstract: The number of avoidable deaths of people in care homes is in the thousands per year. The numbers of those abused by carers is in the hundreds of thousands. Despite the extent of the scandal, the issue goes largely unlitigated. However, the issues are relatively straightforward and cases that are brought are generally successful.

Keywords: abuse, death, homecare, long-term care, LTC

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Blancato, R. B. (2012a). Elder Abuse and the Elder Justice Movement. *Generations*, 36(3), 9-11.

Abstract: Much has evolved in the world of elder abuse prevention, and now there is a movement to promote elder justice, an endeavor not without its challenges. This introductory article lays out the three-part structure of this issue of *Generations*: instances and stories of elder abuse in America, action being taken against elder abuse, and the challenges and opportunities of the elder justice movement.

Keywords: justice, legal, law, jurisprudence, legislation

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Blancato, R. B. (2012b). Resources to Learn More About Elder Abuse. *Generations*, 36(3), 111-112.

Abstract: A compendium of websites, organizations, activities and publications provides more information about elder abuse issues.

Keywords: compilation, resources, databases

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Bond, M. C., & Butler, K. H. (2013). Elder abuse and neglect: definitions, epidemiology, and approaches to emergency department screening. *Clin Geriatr Med*, 29(1), 257-273. doi: 10.1016/j.cger.2012.09.004

Abstract: Elder abuse and neglect is estimated to affect approximately 700,000 to 1.2 million elderly people a year with an estimated annual cost of tens of billions of dollars. Despite the large population at risk, its significant morbidity and mortality, and substantial cost to society, elder abuse continues to be underrecognized and underreported. This article aims to increase the awareness of elder abuse by reviewing the demographics, epidemiology, and risk factors of elder abuse, followed by a discussion of screening tools and ways to increase awareness and reporting.

Keywords: Elder abuse, Neglect, Geriatrics, Abuse

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Bourassa, D. (2012). Examining Self-Protection Measures Guarding Adult Protective Services

Social Workers Against Compassion Fatigue. *Journal of Interpersonal Violence*, 27(9), 1699-1715. doi: 10.1177/0886260511430388

Abstract: Little research has focused on the risk factors, effects, and experiences of compassion fatigue among gerontological social workers. This qualitative study explores the experiences and perspectives of nine Adult Protective Services (APS) social workers in relation to compassion fatigue. Results show that the APS social workers combined personal characteristics and professional factors to develop boundary-setting mechanisms that protected them from experiencing the deleterious symptoms and effects of compassion fatigue. Implications center around the elements needed to implement boundaries in order to maintain a separation between the work and home environment. Suggestions for future research are provided.

Keywords: APS, social worker, compassion, qualitative study, fatigue

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Brandl, B., & Raymond, J. A. (2012). Policy Implications of Recognizing that Caregiver Stress Is Not the Primary Cause of Elder Abuse. *Generations*, 36(3), 32-39.

Abstract: Studies show the causes of elder abuse to be wide-ranging—and not necessarily an outcome of caregiver stress. Seeing caregiver stress as a primary cause of abuse has unintended and detrimental consequences that affect the efforts to end this widespread problem.

Keywords: policy, caregiver, stress, causes, consequences

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Brossoie, N., Roberto, K. A., & Barrow, K. M. (2012). Making Sense of Intimate Partner Violence in Late Life: Comments From Online News Readers. *Gerontologist*, 52(6), 792-801. doi: 10.1093/geront/gns046

Abstract: *Purpose:* The purpose of this study was to gain insight into public awareness of intimate partner violence (IPV) in late life by how individuals respond to incidents of IPV reported in the newspaper. *Design and Methods:* Using grounded theory techniques, online news items covering 24 incidents of IPV in late life, and the reader comments posted to them were analyzed. The news items were examined for incident details, story framing, and reporting style. An open coding process (Charmaz, K. [2006]. *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.) was used to generate a comprehensive understanding of themes and patterns in the comments posted by readers. *Results:* Few posters indicated that incidents were episodes of IPV. As many posters struggled to make sense of incidents, they attempted to remove guilt from the perpetrator by assigning blame elsewhere. Comments were influenced by personal assumptions and perspectives about IPV, relationships, and old age;

reporting style of the news items; and comments posted by other posters. *Implications:* Altering public views of IPV in late life requires raising awareness through education, reframing the ways in which information is presented, and placing greater emphasis on the context of the violence. By engaging interactive news media, reporters, participatory journalists, and policymakers can enhance public recognition and understanding of IPV in late life.

Keywords: domestic violence, spousal abuse, news media, participatory journalism

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Cadmus, E. O., & Owoaje, E. T. (2012). Prevalence and Correlates of Elder Abuse Among Older Women in Rural and Urban Communities in South Western Nigeria. *Health Care for Women International*, 33(10), 973-984. doi: 10.1080/07399332.2012.655394

Abstract: Elderly women face the same health, economic, and social issues that all elderly people face, but often encounter more challenges compared with men and are more prone to abuse. Elder abuse has hitherto been uncharacterized among women in South Western Nigeria. A cross-sectional survey was conducted to describe the prevalence, patterns, and factors associated with elder abuse among elderly women in Nigeria. The abuse of elderly women is quite prevalent in the two communities studied, especially physical abuse. Positive predictors of elder abuse were urban dwelling, financial dependency, and a high level of educational attainment. Appropriate interventions should be targeted toward reducing the occurrence.

Keywords: Women, Africa, Nigeria, predictors, intervention

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Caldwell, H. K., Gilden, G., & Mueller, M. (2013). Elder Abuse Screening Instruments in Primary Care: An Integrative Review. *Clinical Geriatrics*, 21(1), 20-25.

Abstract: The authors conducted an integrative review of elder abuse (EA) screening instruments for use in primary care. The objective of the authors' study was to assess the state of EA screening instruments following the US Preventive Services Task Force recommendation statement in 2004 that cited insufficient data to recommend for or against routine EA screening. The authors found 10 studies conducted between 2004 and 2011 that met their inclusion criteria. Of these studies, five used novel instruments. Based on their assessments, the authors identified advances in EA screening instrument development, including the enhanced ability of such instruments to identify current harm or risk of harm. While most studies on EA screening were only descriptive and cross-sectional in nature, the authors noted that they were characterized by good external validity because they were conducted in healthcare environments and included both participants with dementia and their caregivers.

Keywords: Elder abuse, screening, integrative review, primary care, dementia.

[Click here for full article](#)

Campbell, J., & Pinkerton, J. (2012). Editorial. *British Journal of Social Work*, 42(8), 1435-1439.

Abstract: Editorial in Volume 42, Issue 8 of the *British Journal of Social Work* by Jim Campbell and John Pinkerton. The authors take a look at the state of affairs for social workers in Britain.

Keywords: editorial, Britain, social workers

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Cass, E. (2012). Safeguarding: commissioning care homes. *Journal of Adult Protection*, 14(5), 244-247. doi: 10.1108/14668201211280233

Abstract: *Purpose* – The Report on the Consultation on the Review of No Secrets, published by the Department of Health in 2009 highlighted the need for commissioners to take more responsibility, in partnership with regulators, for safeguarding people who use services. This article aims to focus on resources that support the role of commissioners to maintain or improve the quality of services to reduce the likelihood of abuse, neglect or harm. *Design/methodology/approach* – The article is based on the content of two SCIE resources. The first looks at all of the monitoring mechanisms a commissioner can draw upon to monitor good quality without overlap with inspectors or overburdening the provider. The second looks at common areas of practice that lead to safeguarding referrals in care homes. Working with a group of 30 practitioners, comprising largely commissioners and providers, a guide to preventing some of the problems that frequently lead to safeguarding referrals from care homes was developed. *Findings* – The first SCIE product on which the article is based outlines the mechanisms available to care home commissioners that can be utilised to improve safeguarding. The second, based on work with practitioners, highlights some of the issues that frequently lead to safeguarding referrals from care homes. These are often the result of poor quality services and poor practice rather than malicious intent. The work demonstrates that commissioners could improve the quality of residential services through better partnership working and better use of available intelligence to reduce the risk to those in residential care. *Practical implications* – There are numerous steps that both commissioners and providers can take to improve the prevention of abuse, neglect and harm towards people in residential care. *Social implications* – The guides highlighted in this article have the potential to improve practice in commissioning and, as a consequence, to provide better quality and safer residential care services. *Originality/value* – The value of the paper is to support commissioners to better safeguard people in residential care.

Keywords: abuse and neglect, care homes, commissioning, good quality services, residential, social services, safeguarding, social care, united kingdom

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Castle, N., & Beach, S. (2013). Elder Abuse in Assisted Living. *Journal of Applied Gerontology*, 32(2), 248-267. doi: 10.1177/0733464811418094

Abstract: Assisted Living (AL) currently represents one of the most numerous institutional care settings for elders. Very little information exists on abuse in AL. Descriptive information on elder abuse reported by nurse aides working in AL is presented from a survey sent to nurse aides. The questionnaire had items addressing verbal, physical, psychological, caregiving, medication, material, and sexual abuse. The responses to the questions included in the verbal abuse, physical abuse, psychological abuse, caregiving abuse, medication abuse, and material exploitation abuse sections (28 questions) show that suspected abuse is not uncommon. We could not objectively verify the cases of abuse described in the survey, still, they give a first indication that staff abuse may occur in AL. This may be significant given the large number of ALs in the United States and may influence the health, quality of life, and safety of many residents.

Keywords: assisted living, exploitation, gerontology, medical, caregiver

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Castle, N. G. (2012). Resident-to-resident abuse in nursing homes as reported by nurse aides. *Journal of Elder Abuse & Neglect*, 24(4), 340-356. doi: 10.1080/08946566.2012.661685

Abstract: Information on the scale and scope of resident-to-resident abuse, including verbal, physical, material, psychological, and sexual abuse, is presented. Nursing homes (n = 249) from ten states were used, with a total of 4,451 nurse aides in these facilities returning the questionnaire. Most nursing homes experienced verbal, physical, material, and psychological abuse, but sexual abuse was less common. Our findings clearly show that both the scale and scope of resident-to-resident abuse is high in nursing homes. Resident-to-resident abuse is common enough to be considered an issue of concern impacting the quality of life and safety of many residents.

Keywords: abuse, mistreatment, nursing homes, study, survey, quality of life

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Cave, T. (2013). Lessons to be learned from Winterbourne View. *Nursing & Residential Care*, 15(1), 53-55.

Abstract: The serious case review, published by South Gloucestershire Council, details that providers, staff, authorities and regulators must work together to prevent abuse from happening. Tabitha Cave explains

Keywords: case review, nursing home, residential care, prevention

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Chan, K. L., Choi, W. M., Fong, D. Y., Chow, C. B., Leung, M., & Ip, P. (2013). Characteristics of family violence victims presenting to emergency departments in Hong Kong. *J Emerg Med*, 44(1), 249-258. doi: 10.1016/j.jemermed.2012.01.061

Abstract: **BACKGROUND:** The Emergency Department (ED) has been shown to be a valuable location to screen for family violence. **STUDY OBJECTIVE:** To investigate the characteristics of family violence victims presenting to EDs in a Chinese population in Hong Kong. **METHODS:** This study examined a retrospective cohort of patients presenting to the Accident and Emergency Departments of three regional hospitals in the Kwai Tsing district of Hong Kong for evaluation and management of physical injuries related to family violence during the period of January 1, 1997 to December 31, 2008. **RESULTS:** A total of 15,797 patients were assessed. The sample comprised cases of intimate partner violence (IPV; n=10,839), child abuse and neglect (CAN; n=3491), and elder abuse (EA; n=1467). Gender differences were found in patterns of ED utilization among the patients. The rates of readmission were 12.9% for IPV, 12.8% for CAN, and 8.9% for EA. Logistic regression showed that being male, being discharged against medical advice, and arriving at the hospital via ambulance were the common factors associated with readmission to the EDs for patients victimized by IPV and CAN. **CONCLUSION:** This study investigates the victim profile of a large cohort of a Chinese population, providing a unique data set not previously released in this cultural or medical system. The findings give insights to early identification of victims of family violence in the EDs and suggest that screening techniques focused on multiple forms of family violence would improve identification of violence cases. Multidisciplinary collaboration between health, legal, and social service professionals is also warranted to meet the various needs of victims and to reduce hospital readmissions.

Keywords: family violence, emergency response, screening, study, collaboration

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Chang, A. L., Wong, J. W., Endo, J. O., & Norman, R. A. (2013). Geriatric dermatology: Part II. Risk factors and cutaneous signs of elder mistreatment for the dermatologist. *J Am Acad Dermatol*, 68(4), 533.e531-510; quiz 543-534. doi: 10.1016/j.jaad.2013.01.001

Abstract: Cutaneous signs may be the most visible hint of elder mistreatment. Dermatologists are in a unique position to recognize and report physical abuse and neglect in the older patient population. In this review, we describe the scope and impact, risk factors, cutaneous signs, and appropriate responses to suspected elder mistreatment. There is a critical need for additional evidence to inform clinical practice in the field of elder abuse and neglect. Recognition and reporting of suspected elder mistreatment by the dermatologist can be life-saving for the older patient.

Keywords: abuse; elder abuse; elder mistreatment; elder neglect; geriatrics; neglect; nutritional deficiency; pressure ulcer; purpura

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Chen, E. A., Twomey, M. S., & Whittier Eliason, S. (2012). The National Center on Elder Abuse: Helping America's Elders to live with Safety, Dignity, and Independence. *Generations*, 36(3), 103-105.

Abstract: The mission of the National Center on Elder Abuse (NCEA), directed by the U.S. Administration on Aging (AOA), is to help communities and professionals ensure that elders and adults with disabilities can live with dignity and independence—and without abuse, neglect, and exploitation. The NCEA began in 1988 as an information clearinghouse demonstration project on abuse, neglect, and exploitation. Its goals were to identify best practices in prevention and treatment, serve as a repository of research, and conduct demonstration projects to promote effective and coordinated responses to elder abuse, neglect, and exploitation. The NCEA was granted a permanent home in 1992 in Title II of the Older Americans Act (OAA).

Keywords: dignity, NCEA, exploitation, research, AOA

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Chungmee, K., & Chin-Kang, K. (2012). Factors Related to Korean Nurses' Willingness to Report Suspected Elder Abuse. *Asian Nursing Research*, 6(3), 115-119.

Abstract: *Purpose:* This study aimed to describe Korean nurses' willingness to report suspected elder abuse and examine its related factors. *Methods:* A descriptive correlational design was used. A convenience sample of 365 nurses from a hospital completed our questionnaires. Stepwise logistic regression analysis was performed to examine predictors of willingness to report. *Results:* Sixty-eight nurses (18.6%) were not willing to report suspected elder abuse. In the stepwise logistic regression analysis, fewer years in clinical work, a higher level of knowledge on elder abuse law, and the perception of more severe abuse were found to be significant predictors of willingness to report elder abuse. *Conclusion:* As the Welfare of the Aged Act included a clause on mandated reporters, nurses' role in intervening in elder abuse cases has become more critical. In order to increase nurses' reporting, education on elder abuse should be provided to all nurses, and support programs should be designed for nurses to effectively involve them in reporting elder abuse.

Keywords: aged; elder abuse; mandatory reporting; nurses

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Connolly, M.-T., Breckman, R., Callahan, J., Lachs, M., Ramsey-Klawnsnik, H., & Solomon, J.

(2012). The Sexual Revolution's Last Frontier: How Silence About Sex Undermines Health, Well-Being, and Safety in Old Age. *Generations*, 36(3), 43-52.

Abstract: As the 77 million baby boomers who brought us the sexual revolution inexorably age, they will face a striking paradox. The ignorance, prejudice, and silence about sex and sexuality they fought so hard to upend are still alive and well in old age. We are a people reluctant to contemplate sex and aging together in the same thought, and even more reluctant to speak of it. Yet experience and emerging evidence indicate that such reticence can have significant implications for the health, rights, safety, and well-being of the large and growing older population in ways that are just becoming clear.

Keywords: population growth, sexual revolution, sex, health, rights

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Cooper, C., Dow, B., Hay, S., Livingston, D., & Livingston, G. (2013). Care workers' abusive behavior to residents in care homes: a qualitative study of types of abuse, barriers, and facilitators to good care and development of an instrument for reporting of abuse anonymously. *Int Psychogeriatr*, 25(5), 733-741. doi: 10.1017/s104161021200227x

Abstract: *Background:* Elder abuse in care homes is probably common but inherently difficult to detect. We developed the first questionnaire to ask care home workers to report abuse anonymously. *Method:* We held qualitative focus groups with 36 care workers from four London care homes, asking about abuse they had witnessed or perpetrated. *Results:* The participants reported that situations with potentially abusive consequences were a common occurrence, but deliberate abuse was rare. Residents waited too long for personal care, or were denied care they needed to ensure they had enough to eat, were moved safely, or were not emotionally neglected. Some care workers acted in potentially abusive ways because they did not know of a better strategy or understand the resident's illness; care workers made threats to coerce residents to accept care, or restrained them; a resident at high risk of falls was required to walk as care workers thought otherwise he would forget the skill. Most care workers said that they would be willing to report abuse anonymously. Care workers were sent the newly developed Care Home Conflict Scale to comment on but not to complete and to report whether it was acceptable and relevant to them. Several completed it and reported abusive behavior. *Conclusion:* Lack of resources, especially care worker time and knowledge about managing challenging behavior and dementia were judged to underlie much of the abuse described. We describe the first instrument designed to measure abuse by care home workers anonymously; field-testing is the logical next step.

Keywords: dementia; care home; qualitative; elder abuse; instrument

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Cooper, C., Huzzey, L., & Livingston, G. (2012). The effect of an educational intervention on junior doctors' knowledge and practice in detecting and managing elder abuse. *International Psychogeriatrics*, 24(9), 1447-1453. doi: 10.1017/S1041610212000403

Abstract: *Background:* Elder abuse is often unreported, undetected, and underestimated by professionals. For the first time, we report the effectiveness of an educational elder abuse intervention over three months and its impact on professionals' practice.

Methods: Forty trainee psychiatrists in two London National Health Service trusts completed the KAMA (Knowledge and Management of Elder Abuse) and CSQ (Caregiver Scenario Questionnaire) measuring knowledge about managing and detecting elder abuse, before and immediately after a brief group education session. We asked how often they considered, asked about, detected, and managed elder abuse and their confidence in doing so, at baseline and three months post-intervention.

Results: Compared with baseline, participants scored higher on the KAMA (paired $t = 3.4$, $p = 0.002$), and identified more definitely abusive ($t = 3.0$, $p = 0.003$) and possibly abusive ($t = 2.1$, $p = 0.043$) items immediately post-intervention. At three-month follow up, 24 (60%) participants reported higher confidence in managing abuse (Wilcoxon signed ranks test $z = 3.7$, $p < 0.001$) and considered it more frequently ($z = 2.8$, $p = 0.006$), but did not ask older people and their carers about abuse more frequently ($z = 1.2$, $p = 0.24$). Two (5%, 95% confidence interval 2%–17%) participants detected abuse in the three months before the intervention, compared with 2 (8%, 2%–26%) in the same period afterward.

Conclusions: This brief educational intervention increased trainee psychiatrists' knowledge and vigilance for abuse immediately and after three months. They remained reluctant to ask about abuse for reasons including fear of causing offence or harming the therapeutic relationship and being unsure how to ask people with dementia. We postulate that changing doctors' behavior may require a more complex intervention, focusing on communication skills.

Keywords: training; vulnerable adult; intervention

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Cros, J., Alvarez, J. C., Sbidian, E., Charlier, P., & Lorin de la Grandmaison, G. (2012). Homicidal deaths in the Western suburbs of Paris: a 15-year-study. *Am J Forensic Med Pathol*, 33(4), 404-409. doi: 10.1097/PAF.0b013e318267715c

Abstract: The aim of our study was to analyze the homicide pattern in the Western suburbs of Paris and its evolution between 1994 and 2008. All autopsy reports regarding homicides from the period January 1, 1994, to December 31, 2008, were retrospectively reviewed. Five hundred eleven homicide cases were selected of 4842 autopsy cases. The following data were recorded: assailants and victims characteristics, crime scene location, homicide motive, cause of death, and victim's postmortem toxicological results. Homicide rate steadily declined over the period at the exception of the number of homicide-suicide per year, which remained constant. Homicide victims remained unidentified after medicolegal investigations in 2% of the cases. Child and elder homicide cases represented, respectively,

10.7% and 8.2% of the cases. Offenders were male in 88% of the cases. Male and female assailants showed distinct homicide patterns: females were involved more frequently in familial quarrel and child abuse. They never killed a stranger and committed homicide exclusively in a private place with a predominance of sharp weapons. Males, in contrast, assaulted almost equally a stranger or an acquaintance, often in a public place with a predominance of firearm. Victim knew the assailant(s) in 57% of the cases. Homicides mostly took place at the residence of the assailant or the victim. Homicide motive was clearly determined in 71% of the cases. Argument was the most common motive in 44% of the cases. Sexual assault was rarely found (10 cases). Gunshot wounds were the most common cause of death (37%), followed by stab wounds (27%), blunt trauma (19%), and asphyxia (13%). A decrease of gunshot wounds as a cause of death was found over the studied period. Alcohol was the most common toxic detected in blood of the victim, in 48.5% of the cases when toxicological results were available. Blood alcohol concentration ranged from 1 to 500 mg/dL with a mean value of 150 mg/dL.

Keywords: forensic pathology, autopsy, homicide

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D-F

Dallinger, T. (2013). Service user safety: developing effective organisational processes. *Nursing & Residential Care*, 15(6), 449-450.

Abstract: Tim Dallinger explains how to use the Essential Standards to ensure the health and wellbeing of residents is maintained in the following areas: infection control, medication management, safety and suitability of premises, and safety and suitability of equipment

Keywords: residential care, gerontologic nursing, patient safety

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Darton, R. (2012). Great expectations: feedback from relatives and residents. *Nursing & Residential Care*, 14(10), 534-538.

Abstract: The media has distorted many people's perception of care services provided across the country. This article examines what residents and their families really think and how staff can better accommodate these views. Data were obtained from residents in 46 care homes in England. Overall, residents and relative expressed favourable views of the home, but a number of particular concerns were identified, including general housekeeping issues, the quality of meals provided, problems with staff being too rushed to give sufficient attention to residents or organise activities, and perceptions of abuse or

mistreatment. The author concludes that management should ensure that sufficient staff are available to provide the care and support the residents required.

Keywords: care homes, older people, public opinion, quality of life, user views

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Day, M. R., Leahy-Warren, P., & McCarthy, G. (2013). Perceptions and Views of Self-Neglect: A Client-Centered Perspective. *Journal of Elder Abuse & Neglect*, 25(1), 76-94. doi: 10.1080/08946566.2012.712864

Abstract: Aging populations and chronic illness increase vulnerability of older people for self-neglect, which is a serious public health issue. Many referrals received by Elder Abuse Services (EAS) in Ireland are categorized as self-neglect. The aim of the research was to observe and describe the living circumstances of a purposive sample of eight older people who were deemed self-neglectful by senior case workers. An exploratory descriptive research design was used. The themes that emerged were early life experiences and lifestyle, disconnectivity, vulnerability, frugality, and service refusal. The majority of participants were content so decisions to live in this way must be respected.

Keywords: chronic illness, self-neglect, older people, public health, Elder Abuse Services

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De Donder, L., Lang, G., Penhale, B., Ferreira-Alves, J., Tamutiene, I., Verte, D., & Luoma, M. L. (2012). Item non-response when measuring elder abuse: influence of methodological choices. *Eur J Public Health*. doi: 10.1093/eurpub/cks172

Abstract: Background: Efficient actions to fight elder abuse are highly dependent on reliable dimensions of the phenomenon. Accurate measures are nevertheless difficult to achieve owing to the sensitivity of the topic. Different research endeavours indicate varying prevalence rates, which are explained by different research designs and definitions used, but little is known about measurement errors such as item non-responses and how outcomes are affected by modes of administration. Methods: A multi-national study was developed to measure domestic abuse against home-dwelling older women (aged >60 years) in Europe. The measurement instrument covered six forms of abuse, adapted from the Conflict Tactics Scale. 2880 individuals were interviewed by three different data collection methods (i.e. postal, face-to-face, telephone). Results: Principal component analysis of missing values of 34 indicators of abuse showed various patterns of item non-response. Moreover, principal component analysis indicated several response patterns across different types of data collection. A binary logistic regression explained that item non-response and abuse prevalence is influenced by individual characteristics (social status, vulnerability), method effects such as content (sensitivity), the order of the questions (forms of abuse), by type of data collection and the presence of assistance in survey completion. Conclusion: The discussion revolves around how these findings could help improving measuring elder abuse. Advantages and disadvantages of the questionnaire

and type of data collection methods are discussed in relation to three potential types of response errors: item positioning effect, acquiescence and social desirability.

Keywords: measurement instrument, data collection, methodology

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Dixon, J., Biggs, S., Stevens, M., & Tinker, A. (2013). Defining the "perpetrator": abuse, neglect and dignity in care. *Journal of Adult Protection, 15*(1), 5-14. doi: 10.1108/14668201311299872

Abstract: *Purpose* – The purpose of this paper is to set out and discuss findings from a developmental study, commissioned by the English Department of Health and the charity, Comic Relief, which was commissioned to clarify definitional issues and recommend ways of operationalising key concepts for a prospective survey of abuse, neglect and loss of dignity in the care of older people in residential care in the United Kingdom (UK). *Design/methodology/approach* – As well as drawing upon their experience and expertise, the authors conducted a review of the literature, held consultation events with a range of stakeholders and undertook in-depth interviews with international academics and care home residents. *Findings* – Existing definitions and descriptions vary widely in form and content, are commonly subjective and imprecise and frequently make reference to abstract concepts which themselves need defining. Many of the concepts are also inherently evaluative, unspecific and open to interpretation. The study considered how, in this context, practical research definitions that are clear, unambiguous and widely acceptable to a range of stakeholders could be developed. *Research limitations/implications* – The study took a UK focus and the review of literature was confined to the English language. Further research might usefully extend discussion about definitions cross-culturally. The interview samples were small and should not be considered to be representative. *Originality/value* – The paper identifies key issues in defining the perpetrator. It focuses on the concepts of trust and intentionality, the responsibilities of the care home and multiple perpetrators and makes practical proposals for operationalising the "perpetrator" in research. Recommendations from the study were positively received and have directly informed the Government-funded research programme in England.

Keywords: abuse, care homes, definitions, dignity, elder care, elderly people, neglect, older people, residential care, residential homes, united kingdom

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Dong, X. (2012). Advancing the field of elder abuse: future directions and policy implications. *J Am Geriatr Soc, 60*(11), 2151-2156. doi: 10.1111/j.1532-5415.2012.04211.x

Abstract: Elder abuse, sometimes called elder mistreatment or elder maltreatment, includes psychological, physical, and sexual abuse; neglect (caregiver neglect and self-neglect); and financial exploitation. Evidence suggests that one in 10 older adults experiences some form of elder abuse, but only one in 25 cases is reported to social services agencies. At the same

time, elder abuse is associated with significant morbidity and premature mortality. Despite these findings, there is a great paucity in research, practice, and policy addressing the pervasive issues of elder abuse. Through my experiences as a American Political Sciences Association Congressional Policy Fellow and Health and Aging Policy Fellow working with the Administration on Community Living (ACL) (previously known as the Administration on Aging) for the last 2 years, I will describe the major functions of the ACL and highlight two major pieces of federal legislation: The Older Americans Act and the Elder Justice Act. I will also highlight major research gaps and future policy relevant research directions for the field of elder abuse.

Keywords: elder abuse, health policy, National Health and Aging Policy Fellow

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Dong, X. (2012b). Culture Diversity and Elder Abuse: Implications for Research, Education, and Policy. *Generations*, 36(3), 40-42.

Abstract: Elder abuse is a pervasive public health issue—a challenge that cries out for culturally appropriate training and education to enable practice and policy changes that will best protect our increasingly diverse aging population.

Keywords: Knowledge Management ; Help Seeking Behavior ; Community-Institutional Relations ; Research Priorities ; Health Personnel

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Dong, X., Chen, R., Chang, E. S., & Simon, M. (2013). Elder abuse and psychological well-being: a systematic review and implications for research and policy--a mini review. *Gerontology*, 59(2), 132-142. doi: 10.1159/000341652

Abstract: Elder abuse and psychological distress are both important geriatric syndromes and are independently associated with premature morbidity and mortality. Despite recent advances, there has been little systematic exploration of the association between elder abuse and psychological distress. This systematic review synthesizes the qualitative and quantitative studies on the relationship between elder abuse and psychological distress, namely psychological distress as a risk factor and/or a consequence of elder abuse. Moreover, through this review, future research directions for elder abuse and psychological distress and their implications for practice and policy to improve the health and aging of vulnerable populations are also highlighted.

Keywords: elder abuse, psychological well-being, aging, Chinese population

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Dong, X., Simon, M., & Evans, D. (2012). Decline in physical function and risk of elder abuse reported to social services in a community-dwelling population of older adults. *J Am Geriatr Soc*, 60(10), 1922-1928. doi: 10.1111/j.1532-5415.2012.04147.x

Abstract: **OBJECTIVES:** To examine the longitudinal association between decline in physical function and risk of elder abuse. **DESIGN:** Prospective population-based study. **SETTING:** Geographically defined community in Chicago. **PARTICIPANTS:** One hundred forty-three Chicago Health and Aging Project (CHAP) participants who had elder abuse reported to a social services agency from 1993 to 2010 were identified. **PARTICIPANTS:** The primary independent variable was objectively assessed physical function using decline in physical performance testing (tandem stand, measured walk, and chair stand). Secondary independent variables were assessed using decline in self-reported Katz, Nagi, and Rosow-Breslau scale scores. Dependent variables were reported and confirmed elder abuse and specific subtypes of elder abuse (physical, psychological, caregiver neglect, and financial exploitation). Logistic regression models were used to assess the association between decline in physical function measures and risk of elder abuse. **RESULTS:** After adjusting for potential confounders, decline in physical performance testing (odds ratio (OR) = 1.13, 95% confidence interval (CI) = 1.06-1.19), Katz impairment (OR = 1.29, 95% CI = 1.15-1.45), Nagi impairment (OR = 1.30, 95% CI = 1.13-1.49), and Rosow Breslau impairment (OR = 1.42, 95% CI = 1.15-1.74) was associated with greater risk for elder abuse. The lowest tertile of physical performance testing (OR = 4.92, 95% CI = 1.39-17.46) and the highest tertiles of Katz impairment (OR = 3.99, 95% CI = 2.18-7.31), Nagi impairment (2.37, 95% CI = 1.08-5.23), and Rosow Breslau impairment (OR = 2.85, 95% CI = 1.39-5.84) were associated with greater risk of elder abuse. **CONCLUSION:** Decline in objectively assessed physical function and self-reported physical function are associated with greater risk for elder abuse.

Keywords: aging, decline in physical function, elder abuse, population-based study

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Dong, X., Simon, M., & Evans, D. (2013). Elder Self-Neglect Is Associated With Increased Risk for Elder Abuse in a Community-Dwelling Population: Findings From the Chicago Health and Aging Project. *Journal of Aging & Health*, 25(1), 80-96. doi: 10.1177/0898264312467373

Abstract: **OBJECTIVE:** We examined the relationship between self-neglect and risk for subsequent elder abuse report to social services agency. **METHOD:** Population-based cohort study conducted Chicago. Primary predictor was elder self-neglect at baseline without concurrent elder abuse. Cox proportional hazard models were used to assess independent associations of elder self-neglect with the risk of subsequent elder abuse using time-varying covariate analyses. **RESULTS:** Of 10,333 participants, 1,460 were reported for self-neglect and 180 were reported for elder abuse. The median time from self-neglect to elder abuse was 3.5 years. In multivariable analyses, elder self-neglect was associated with increased risk for subsequent elder abuse (odds ratio, OR, 1.75[1.18-2.59]). Elder self-neglect was also associated with increased risk for subsequent caregiver neglect (OR,

2.09[1.24-3.52]), financial exploitation (OR, 1.73[1.01-2.95]), and multiple forms of elder abuse (HR, 2.06[1.22-3.48]). *CONCLUSION*: Elder self-neglect report is associated with increased risk for subsequent elder abuse report to social services agency.

Keywords: Chicago, study, self-neglect, associations

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Dong, X., & Simon, M. A. (2013a). Association between elder abuse and use of ED: findings from the Chicago Health and Aging Project. *Am J Emerg Med*, 31(4), 693-698. doi: 10.1016/j.ajem.2012.12.028

Abstract: *PURPOSE*: This study aims to quantify the relationship between overall elder abuse and specific subtypes of elder abuse and rate of emergency department (ED) utilization in a community-dwelling population. *METHODS*: A population-based study is conducted in Chicago of community-dwelling older adults who participated in the Chicago Health and Aging Project. Of the 6674 participants in the Chicago Health and Aging Project, 106 participants were reported to a social services agency for suspected elder abuse. The primary predictor was elder abuse reported to a social services agency. The outcome of interest was the annual rate of ED utilization obtained from the Center for Medicare and Medicaid Services. Poisson regression models were used to assess these longitudinal relationships. *RESULTS*: The average annual rate of ED visits for those without elder abuse was 0.7(1.4) and, for those with reported elder abuse, was 2.1(3.2). After adjusting for sociodemographics, socioeconomic variables, medical comorbidities, cognitive and physical function, and psychosocial wellbeing, older adults who have been abused had higher rates of ED utilization (RR, 2.33 [1.60-3.38]). Psychological abuse (RR, 1.98[1.29-3.00]), financial exploitation (RR, 1.59 [1.01-2.52]) and caregiver neglect (RR, 2.04 [1.38-2.99]) were associated with increased rates of ED utilization, after considering the same confounders. Interaction terms suggest the association between elder abuse and ED utilization is not mediated through medical comorbidities, cognitive and functional impairment, or psychosocial distress. *CONCLUSION*: Elder abuse was associated with increased rates of ED utilization in this community population. Specific subtypes of elder abuse had differential association with increased rate of ED utilization.

Keywords: associations, study, community, Chicago, emergency department

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Dong, X., & Simon, M. A. (2013b). Elder Abuse as a Risk Factor for Hospitalization in Older Persons. *JAMA Intern Med*, 1-7. doi: 10.1001/jamainternmed.2013.238

Abstract: *IMPORTANCE*: Elder abuse is associated with increased mortality risk. However, the relationship between elder abuse and health care services utilization remains unclear. *OBJECTIVE*: To examine the relationship between overall elder abuse and specific subtypes of elder abuse and rate of hospitalization in a community-dwelling population of older adults. *DESIGN*: Prospective population-based study. *SETTING*: Chicago Health and Aging

Project. *PARTICIPANTS*: Of the 6674 community-dwelling older adults who participated in the Chicago Health and Aging Project, 106 were identified by social services agencies for elder abuse. *MAIN OUTCOMES AND MEASURES*: The primary predictor was elder abuse (reported and confirmed) reported to social services agency. The outcome of interest was the annual rate of hospitalization obtained from the Centers for Medicare and Medicaid Services. Poisson regression models were used to assess these longitudinal relationships. *RESULTS*: The unadjusted mean annual rate of hospitalization was 0.62 (95% CI, 0.59-0.66) for those without elder abuse and 1.97 (95% CI, 1.33-2.61) for those with reported elder abuse. After adjusting for sociodemographic and socioeconomic variables, medical comorbidities, cognitive and physical function, and psychosocial well-being, reported elder abuse had higher rates of hospitalization (rate ratio [RR], 2.00 [95% CI, 1.45-2.75]). Psychological abuse (RR, 2.22 [95% CI, 1.44-3.43]), financial exploitation (RR, 1.75 [95% CI, 1.06-2.90]), caregiver neglect (RR, 2.43 [95% CI, 1.60-3.69]), and 2 or more types of elder abuse (RR, 2.59 [95% CI, 1.82-3.66]) were associated with increased rates of hospitalization, after considering the same potential confounders. Results from interaction term analyses suggested that the association between elder abuse and hospitalization did not differ across the levels of medical comorbidities, cognitive and functional impairment, or psychosocial distress. *CONCLUSIONS AND RELEVANCE*: Elder abuse was associated with increased rates of hospitalization in this community population. Future research is needed to explore the causal mechanisms between elder abuse and hospitalization. As we enter the era of health care reform, an improved understanding of factors that increase rates of hospitalization could also have significant implications for social and health policy as well as clinical care of the vulnerable patients.

Keywords: study, hospitalization, clinical care, interaction, associations

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Dong, X., & Simon, M. A. (2013). Urban and Rural Variations in the Characteristics Associated With Elder Mistreatment in a Community-Dwelling Chinese Population. *Journal of Elder Abuse & Neglect*, 25(2), 97-125. doi: 10.1080/08946566.2013.751811

Abstract: This study compares the urban and rural differences in characteristics associated with elder mistreatment (EM) in a Chinese population. A cross-sectional study of 269 urban and 135 rural participants aged 60 years or greater was performed. Among those with EM, rural participants were more likely to be women, have lower levels of education and income, have lower levels of health status and quality of life, have worse change in recent health, and have lower levels of psychosocial well-being. Both higher levels of depressive symptoms and lower levels of social support were associated with increased risk of EM.

Keywords: China, rural, urban, variation, social support, depression

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Donnelly, M., & Campbell, A. (2012). EASY PICKINGS. *Nursing Standard*, 27(11), 18-19.

Abstract: Older people can be at risk of financial exploitation by relatives and carers. As the population ages, healthcare professionals will increasingly be called on to support older people in cases of possible financial abuse. This article explains the signs to look out for and gives sources of information and support.

Keywords: Nursing, exploitation, healthcare, financial abuse, risk factors

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Dow, B., Hempton, C., Cortes-Simonet, E. N., Ellis, K. A., Koch, S. H., LoGiudice, D., . . . Ames, D. (2013). Health professionals' and students' perceptions of elder abuse. *Australasian Journal on Ageing*, 32(1), 48-51. doi: 10.1111/j.1741-6612.2012.00643.x

Abstract: *AIM:* This study aimed to compare perceptions about elder abuse among health professionals and students in the same health disciplines. *METHODS:* The Caregiving Scenario Questionnaire (CSQ) was disseminated to Australian health professionals from two metropolitan healthservices and to university health care students. *RESULTS:* One hundred and twenty health professionals and 127 students returned surveys. Significantly more students than healthprofessionals identified locking someone in the house alone all day and restraining someone in a chair as abusive. *CONCLUSION:* There is a need for further definition clarification and education about detection and management of elder abuse for healthstudents and professionals in Australia. Student education should include consideration of the real-life situations likely to be encountered in practice. Education for both students and health professionals should include strategies for carers to manage difficult situations such as the one described in the CSQ.

Keywords: questionnaire, health, medical, student, perception

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Duque, A. M., Leal, M. C., Marques, A. P., & Eskinazi, F. M. (2012). [Violence against the elderly in the home environment: prevalence and associated factors (Recife, State of Pernambuco)]. *Cien Saude Colet*, 17(8), 2199-2208.

Abstract: The scope of this paper was to determine the prevalence and factors associated with domestic violence against the elderly. It is a cross-sectional study with 274 subjects, aged 60 years or more, of both sexes. Data were collected through interviews at home or in the USF based on a script structured in three parts: questionnaire with socio-demographic and bio-demographic information, two rating scales and a tool for identifying abuse. Among the respondents, 20.8% reported having experienced at least one type of violence in their home environment. An association was revealed between those living with a greater number of individuals, among women and elderly people who are dependent for day-to-day activities. After applying the logistic regression model, only the variables of sex and family configuration were significantly associated, with evidence of greater

frequency among those who lived with six or more residents and women. These findings highlight the magnitude and seriousness of the problem and point to the need for action to combat violence against the elderly.

Keywords: Cross-sectional studies, risk factors, prevalence, violence, Brazil

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Eisikovits, Z., Koren, C., & Band-Winterstein, T. (2013). The social construction of social problems: the case of elder abuse and neglect. *Int Psychogeriatr*, 1-8. doi: 10.1017/s1041610213000495

Abstract: The interaction and inter-penetrability overlap of abuse and neglect has been previously described. Therefore, the question is not whether a distinction can be made between the two, but how specific events are constructed into abuse and/or neglect based on how each of the protagonists involved (researchers, professional workers, family members, and the older persons themselves) make sense of abuse and neglect. The purpose of this paper is to explore the social and psychological construction of elder abuse and neglect and illustrate the theoretical constructs using case material and its application to the field.

Keywords: elder abuse and neglect, social construction, social work

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Falk, N. L., Baigis, J., & Kopac, C. (2012). Elder mistreatment and the elder justice act. *Online J Issues Nurs*, 17(3), 7. doi: 10.3912/OJIN.Vol17No03PPT01

Abstract: Elder mistreatment is unrecognized, hidden, and underreported. Studies show that health professionals, nurses among them, are largely unaware of the various forms of elder mistreatment that take place and of the proper course of action to pursue when mistreatment is suspected. In this article, we describe elder mistreatment policies, examining them in the light of the United States national elder abuse policies with a focus on important provisions of the Elder Justice Act. Next, we review the various types of abuse, the identification of abuse, and the nurses role in addressing elder mistreatment. We present an example of a case of physical abuse and conclude by discussing nurses' advocacy role and issuing a call to action, challenging nurses to "act now" to protect the wellbeing of elders.

Keywords: elder abuse, epidemiology, Elder Justice Act, legislation, policy

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Fraga, S., Lucas, R., Costa, D., & Barros, H. (2013). Interviewer effects when investigating abuse were not compatible with effect modification but instead with confounding. *J Clin Epidemiol*. doi: 10.1016/j.jclinepi.2012.07.020

Abstract: *Objectives:* To describe interviewer-related variability in abuse estimates and assess the nature of the interviewer effects on the associations between elder abuse and covariates. *Study Design and Setting:* After intensive training, six interviewers administered structured questionnaires through face-to-face interviews to assess abuse in a population-based sample of 641 Portuguese individuals aged 60–84 years. *Results:* The overall prevalence of abuse victimization during the previous year was 28.1%, but it differed significantly according to the interviewer, ranging from 16.9% to 36.8%. There was no statistical effect modification introduced by the interviewer on the association of abuse and its determinants. Additionally, interviewer-level variables (empathy and violence beliefs) showed no significant contribution to explain the variance attributable to potential interviewer effects. Adjusting for the interviewer had little or no effect on the odds ratio of abuse for gender, age, education, and quality of life. However, the interviewer introduced relevant confounding of the associations between abuse and other sensitive topics, such as somatic complaints. *Conclusion:* Although no relevant effect modification was observed, this study emphasizes the importance of the interviewer as a relevant confounder when estimating associations between sensitive variables, as it is the case of elder abuse.

Keywords: Bias; Epidemiologic; Interviewer effects; Effect modifier; Confounding; Elder abuse

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Galpin, D. (2012). The role of social defences and organisational structures in facilitating the abuse and maltreatment of older people. *Journal of Adult Protection*, 14(5), 229-236. doi: 10.1108/14668201211280215

Abstract: Purpose – This paper aims to develop understanding of the context in which the abuse and maltreatment of older people might proliferate within the health and social care system in the United Kingdom. Drawing on the notion of "social defences" this paper seeks to explore the dual role of consumerism and social defences in facilitating poor practice. Design/methodology/approach – Research and inquiry findings are used to establish the inter-relationship between social defences, consumerism and poor organisational structures to create a culture in which the abuse and maltreatment of older people might flourish. Findings – The paper suggests the expansion of a consumerist approach to care, along with social defences and organisational structures, reinforces an attitude of indifference to older people across society, and provides the conditions in which the maltreatment of older people by professional carers can go unchallenged. Research limitations/implications – This is a conceptual paper from which future research could develop to understand, from a societal perspective, the relationship between societal attitudes and responses to older people, their maltreatment and care provision in the UK. Practical implications – Reform is required at a structural and individual level founded on

the conceptual nets of equality and human rights. A consumerist approach alone, for those most vulnerable, may increase their risk of harm. Social implications – If safeguarding older people is "everyone's" business, wider society will need to transform an attitude of indifference toward older people into one of dignity and respect. Originality/value – The current system of health and social care provision leaves many older people maltreated and without support. Whilst much research rightly focuses on practical matters this paper seeks to relocate the debate in a much wider frame of reference to try and establish the philosophical, ethical and moral framework's required to transform societal indifference toward

Keywords: Elder Abuse, Ethical Issues, Organizational Structure, Social Attitudes, Ethical Issues

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Gaspard, G., & Cox, L. (2012). Bathing People with Dementia: When Education Is Not Enough. *Journal of Gerontological Nursing*, 38(9), 43-51. doi: 10.3928/00989134-20120807-05

Abstract: This qualitative study describes health care assistants' (HCA) perceptions and experiences related to bathing people with dementia in residential care settings. Data were collected from three focus groups with 18 HCA participants from 12 different residential care facilities. HCAs constructed two definitions of a successful bath, which informed their choice of bathing strategies. Three themes emerged from the data analysis in regard to their bathing strategies: I Know You, I Am All Alone, and I Am Not Prepared. These data informed the development of a framework to guide gerontological nurses in creating and supporting the opportunity for successful bathing.

Keywords: Bathing and Baths; Dementia; Nursing Assistants; Staff Development; Residential Care

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Gibson, S. C., & Greene, E. (2013). Assessing Knowledge of Elder Financial Abuse: A First Step in Enhancing Prosecutions. *Journal of Elder Abuse & Neglect*, 25(2), 162-182. doi: 10.1080/08946566.2013.751820

Abstract: Financial exploitation by a family member is the most common form of elder mistreatment; yet, it is a difficult crime to detect and prosecute. Psychologists have traditionally assisted prosecutors by assessing decisional capacity and opining in court whether an alleged victim was able to consent to the contested transactions. This article proposes and evaluates a novel form of psychological expertise in financial abuse trials—social framework testimony to reeducate jurors who are misinformed about aspects of this largely hidden crime. Findings suggest that, as in cases of child and spousal abuse, social framework testimony on the general dispositional and situational factors inherent in elder financial abuse may enhance prosecutions.

Keywords: Knowledge; Elder Abuse; Fraud; Legal Procedure

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Gibson, S. C., & Qualls, S. H. (2012). A Family Systems Perspective of Elder Financial Abuse. *Generations, 36*(3), 26-29.

Abstract: Financial exploitation by a family member is the most common form of reported elder abuse. Professionals are in a unique position to recognize potential red flags and intervene in suspected cases of financial exploitation and mistreatment. This article examines relationship dynamics and risk factors within the family system to help guide professionals in their decision-making processes. The authors suggest interventions derived from an understanding of family systems, with an appreciation for protecting elders while attempting to maintain the integrity of the family unit.

Keywords: Family Systems Theory; Elder Abuse; Fraud, Financial exploitation

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Gilhooly, M. L. M., Cairns, D., Davies, M., Harries, P., Gilhooly, K. J., & Notley, E. (2013). Framing the detection of financial elder abuse as bystander intervention: decision cues, pathways to detection and barriers to action. *Journal of Adult Protection, 15*(2), 54-68. doi: 10.1108/14668201311313578

Abstract: Purpose – The purpose of this paper is to explore the detection and prevention of elder financial abuse through the lens of a "professional bystander intervention model". The authors were interested in the decision cues that raise suspicions of financial abuse, how such abuse comes to the attention of professionals who do not have a statutory responsibility for safeguarding older adults, and the barriers to intervention. Design/methodology/approach – In-depth interviews were conducted using the critical incident technique. Thematic analysis was carried out on transcribed interviews. In total, 20 banking and 20 health professionals were recruited. Participants were asked to discuss real cases which they had dealt with personally. Findings – The cases described indicated that a variety of cues were used in coming to a decision that financial abuse was very likely taking place. Common to these cases was a discrepancy between what is normal and expected and what is abnormal or unexpected. There was a marked difference in the type of abuse noticed by banking and health professionals, drawing attention to the ways in which context influences the likelihood that financial abuse will be detected. The study revealed that even if professionals suspect abuse, there are barriers which prevent them acting. Originality/value – The originality of this study lies in its use of the bystander intervention model to study the decision-making processes of professionals who are not explicitly charged with adult safeguarding. The study was also unique because real cases were under consideration. Hence, what the professionals actually do, rather than what they might do, was under investigation.

Keywords: Elder Abuse; Elder Abuse; Patient Safety; Fraud; Financial Management

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Giraldo-Rodríguez, L., & Rosas-Carrasco, O. (2013). Development and psychometric properties of the Geriatric Mistreatment Scale. *Geriatrics & Gerontology International*, 13(2), 466-474. doi: 10.1111/j.1447-0594.2012.00894.x

Abstract: *AIM:* Elder mistreatment is a phenomenon that has increased proportionally to the increase in the number of older adults in different populations of the world. So far, in Mexico there is no instrument measuring and assessing this phenomenon. The objective of the present study was to develop and to know some psychometric properties of the Geriatric Mistreatment Scale (GMS). *METHODS:* A documentary and qualitative investigation was undertaken to contextualize the mistreatment phenomenon in Mexico. Each item was included in the preliminary version if it obtained 80% or greater agreement by experts (content validity). The preliminary scale (49-item) was applied to 626 older adults using a probabilistic sample representative of the older adults living in Mexico City. Then a statistical process was carried out to reduce the number of items, prove their internal consistency and associations with other measurements. The 22-item final version of the GMS that assesses physical, psychological, neglect, economic mistreatment and sexual abuse is reported herein. *RESULTS:* The mean age of participants was 71.94 ± 8 years. The internal consistency (Cronbach's alpha = 0.83) was appropriate. Subject memory complaint, depression, functional dependence and other measurements were associated with overall mistreatment. Regarding prevalence, 10.28% reported having experienced at least one type of mistreatment. *CONCLUSION:* The 22-item GMS had an acceptable internal consistency; the relationship with other measurements was significant according to the hypotheses. Therefore, the GMS is recommended for the screening of the five different types of elder mistreatment.

Keywords: Geriatric Mistreatment Scale, psychometric properties, test development, sexual abuse, test validity, test reliability

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Goergen, T., & Beaulieu, M. (2013). Critical concepts in elder abuse research. *Int Psychogeriatr*, 1-12. doi: 10.1017/s1041610213000501

Abstract: *Background:* This paper identifies core elements in principal definitions of elder abuse or mistreatment of older adults (EA/MOA) and discusses the relevance of four crucial concepts: age, vulnerability, trust, and power balance in relationships. *Method:* A critical analysis of selected literature in EA/MOA with a focus on works from the last 10 years. *Results:* Current definitions of EA/MOA share commonalities regarding an understanding of elder abuse as a status offence, the inclusion of both acts and omissions, and the consideration of multiple levels of behavior and its effects. Definitions differ with regard to aspects as crucial as the intentionality of an abusive action and its actual or potential harmful effects. EA/MOA can be considered as a complex subtype of victimization in later life limited to victim-perpetrator relationships, where the perpetrator

has assumed responsibility for the victim, the victim puts trust in the offender, or the role assigned to the offending person creates the perception and expectation that the victim may trust the perpetrator. Vulnerability is identified as a key variable in EA/MOA theory and research. With regard to neglect, the mere possibility of being neglected presupposes a heightened level of vulnerability. Power imbalance often characterizes victim - perpetrator relationships but is not a necessary characteristic of abuse. *Conclusion:* Research on EA/MOA needs conceptual development. Confining phenomena of EA/MOA to specific relationships and tying them to notions of vulnerability has implications for research design and sampling and points to the limits of population-based victimization surveys.

Keywords: elder abuse, definitions, mistreatment vulnerability, neglect, survey

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Golding, J. M., Hodell, E. C., Dunlap, E. E., Wasarhaley, N. E., & Keller, P. S. (2013). When a Son Steals Money From His Mother: Courtroom Perceptions of Elder Financial Exploitation. *Journal of Elder Abuse & Neglect*, 25(2), 126-148. doi: 10.1080/08946566.2013.751816

Abstract: The perception of elder financial exploitation was investigated using community members (N = 104) and undergraduates (N = 143). Participants read an exploitation trial summary; an 85-year-old victim accused her son of stealing her money. Primary results indicated that alleged victims described as healthy rendered more guilty verdicts than those described as having a cognitive deficit; pro-victim judgments were higher for women than men; and younger and older community members' rendered more guilty verdicts than middle-aged mock jurors. The results are discussed in terms of the factors that impact the perception of exploitation in court.

Keywords: juror decision making, courtroom perceptions, elder financial exploitation, elder financial abuse

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Greenlee, K. (2012). Take a Stand Against Elder Abuse. *Generations*, 36(3), 6-8.

Abstract: The aging population is rapidly increasing, and with it so is the incidence of elder abuse. In this call to arms, the Assistant Secretary for Aging at the U.S. Department of Health and Human Services' Administration on Aging emphasizes the imperative for everyone to help address and end elder abuse—a message she directs to all professionals who serve older adults, but especially mental health, criminal justice, and family violence professionals. Greenlee calls for more visibility for the cause, as well as stronger federal leadership and a national response to the issue.

Keywords: Elder Abuse; Aging; Elder Abuse; Elder Abuse

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Grimshaw, K. (2012). Safeguarding older patients. *Nursing Older People*, 24(7), 27-30.

Abstract: Active involvement of patients, relatives and staff in the clinical processes of assessment, care planning, evaluation of care and audit of clinical practices can improve standards of care to patients and encourage an open culture in which concerns are raised and resolved promptly. Through good safeguarding practice, hospital teams can ensure that processes and systems of care are appropriate for individuals and do not subject patients to harm. For staff to feel confident in reporting safeguarding incidents and raising patients' or relatives' concerns, they need to have confidence in the leadership and processes of safeguarding in their organisation. Safeguarding should focus on developing and improving standards of care, become embedded into the culture of the organisation, be seen as integral to the management and organisation of care and supported and promoted through clinical leadership.

Keywords: Nursing, safety, older and elder patients, healthcare, hospitals

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Healy, S., & Tyrrell, M. (2013). Importance of debriefing following critical incidents. *Emergency Nurse*, 20(10), 32-37.

Abstract: Working in emergency departments (EDs) is inherently stressful, and stress caused by events such as witnessed death, elder or child abuse, and aggression and violence can have profound effects on staff. One strategy that can be effective in helping staff deal with such events is critical incident stress debriefing but, as the literature suggests, this is poorly established in ED settings. This article reports the results of a study in three EDs in Ireland of nurses' and doctors' perceived needs for debriefing and makes recommendations to improve this area of practice.

Keywords: Crisis Intervention; Critical Incident Stress; Emergency Service; Stress, Occupational; Emergency Service

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Heck, L., & Gillespie, G. L. (2013). Interprofessional program to provide emergency sheltering to abused elders. *Adv Emerg Nurs J*, 35(2), 170-181. doi: 10.1097/TME.0b013e31828ecc06

Abstract: Abuse of senior citizens should be paradoxical in a civilized society; however, the U.S. Government Accountability Office reports that 14.1% of noninstitutionalized older adults experienced some type of abuse within the previous year. This is suspected to be an underestimation of the number of abuses reported. In a society where the older population is predicted to increase significantly, it is likely that the number of cases for abused elders will increase proportionately. Through the success of advocacy groups to raise awareness of child and domestic partner abuse, funding has been channeled to shelter

these abuse victims. The same cannot be said for elders who are abused. Providing shelter in a safe, secure, medically appropriate environment, free from violence, for an older adult is essential. This article describes a community's collaborative health planning process to respond to elder abuse and develop a program to shelter elders experiencing abuse or suspected abuse.

Keywords: Elder Abuse; Community Programs; Program Development; Interprofessional Relations; Collaboration; Transfer, Discharge; Emergency Service; Emergency Care

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Heidenblut, S., Schacke, C., & Zank, S. (2013). [Early detection and prevention of elder abuse and neglect in family care giving : Development of the PURFAM assessment.]. *Z Gerontol Geriatr.* doi: 10.1007/s00391-012-0402-7

Abstract: The purpose of the PURFAM ("potentials and risk factors of family caregiving for older people") project is to support staff members of home careservices in preventing elder abuse by facilitating an assessment instrument for early recognition and a standard for action. During a pilot phase of the project nursing staff of home services were presented with training sessions in which the use of the PURFAM assessment was introduced using concrete examples from routine daily work. The article describes the development of the PURFAM assessment and its first evaluation by staff members of nursing home services. The preliminary results indicate a high practicability und acceptance of the instrument by staff members. The sustainability of PURFAM is yet to be tested using the data of the still ongoing main part of the evaluation.

Keywords: PURFAM assessment, detection, prevention, nursing home, early recognition

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Heisler, C. J. (2012). Elder Abuse and the Criminal Justice System: An Uncertain Future. *Generations*, 36(3), 83-88.

Abstract: *Generations* previously published an article describing the recent phenomenon of criminalizing elder abuse and neglect. Obstacles and knowledge gaps which made effective intervention by professionals and agencies problematic were highlighted, and several promising approaches and practices were described. This article discusses what has occurred in the intervening years and identifies challenges to future efforts to protect victims of elder abuse and hold their perpetrators criminally accountable. While there are promising and successful developments, the future presents significant challenges to professionals, funders, and the community at large.

Keywords: Jurisprudence, social justice, prosecution, future issues, legal community

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Hobbs, A., & Alonzi, A. (2013). Mediation and family group conferences in adult safeguarding. *Journal of Adult Protection, 15*(2), 69-84. doi: 10.1108/14668201311313587

Abstract: *Purpose* – This paper presents an overview of research and practice literature on the use of Mediation (M) and Family Group Conferences (FGC) in the context of adult safeguarding in the UK. *Design/methodology/approach* – This paper describes the main features of M and FGC and explores how such "family led" approaches to adult safeguarding fit within the wider agenda of personalisation and empowerment, including the Mental Capacity Act 2005 and its associated Code of Practice. It also considers the main implications for best practice and future research and service priorities. *Findings* – M and FGC in an adult context are inclusive processes that enable people to explore choices and options in a supportive environment, assuring maximum possible independence and autonomous control over basic life decisions, while still addressing the person's need for assistance. When used appropriately, both approaches can be a valuable response to safeguarding concerns, promoting choice and control at the same time as protecting people from risk of abuse and harm. However, there are few robust evaluation studies currently available and no systematic research studies were found on cost-effectiveness. *Originality/value* – The paper shows that there is a clear need for further pilots of M and FGC in adult safeguarding. If such research and pilot evaluations find M and/or FGC to be effective, then more consideration will need to be given as to how to integrate such approaches into mainstream social work practice. There is also currently wide variation in the training and experience of mediators and FGC co-ordinators, and further work is required to ensure that there are appropriate training and accreditation models in the UK for mediators and FGC co-ordinators working with at-risk adults.

Keywords: Gerontologic care, patient safety, family centered care, mediation, training

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Jackson, S. L., & Hafemeister, T. L. (2013a). Enhancing the Safety of Elderly Victims After the Close of an APS Investigation. *Journal of Interpersonal Violence, 28*(6), 1223-1239. doi: 10.1177/0886260512468241

Abstract: *PURPOSE:* The purpose of this study was to test whether particular actions on the part of adult protective services (APS), the elderly victim, and/or society's response to abusive individuals, are associated with the continuation of abuse after the close of an APS investigation and thereby compromise victim safety. *METHOD:* Interviews were conducted with 71 APS caseworkers, 55 of the elderly victims of substantiated abuse, and 35 third-party persons. *RESULTS:* A small proportion of elderly victims continue to experience abuse after the close of an APS investigation. Elderly victims were more likely to experience continued abuse when they chose to have ongoing contact with their abusers, vis-à-vis cohabitation or otherwise, and when their abusers experienced no consequences. Although continuation of abuse did not differ by the type of maltreatment involved, reasons for the cessation of abuse, and other safety indicators, did. *IMPLICATIONS:* To enhance victim safety, greater monitoring may be warranted in cases wherein elderly victims continue to have contact with their abuser and when abusive individuals

experience no consequences. To further enhance victim safety, abusive individuals must be incorporated into an overall strategic response to elder abuse. A potential avenue for facilitating victim safety while maintaining victim autonomy is to understand their motivations for desiring continued contact with their abuser and developing interventions based upon such knowledge.

Keywords: Safety; Elder Abuse; Social Work Service, APS, Investigation

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Jackson, S. L., & Hafemeister, T. L. (2013b). How Do Abused Elderly Persons and Their Adult Protective Services Caseworkers View Law Enforcement Involvement and Criminal Prosecution, and What Impact Do These Views Have on Case Processing? *Journal of Elder Abuse & Neglect*, 25(3), 254-280. doi: 10.1080/08946566.2012.751843

Abstract: This study examined law enforcement and prosecution involvement in 71 cases of elder abuse where pure financial exploitation (PFE), physical abuse (PA), neglect (Neglect), or hybrid financial exploitation (HFE) (financial exploitation co-occurring with physical abuse and/or neglect) occurred in a domestic setting. Victims of elder abuse and assigned Adult Protective Services (APS) caseworkers were systematically interviewed. Law enforcement officials were involved in 54% of the cases, and 18% of the cases were prosecuted. PA was significantly more likely to trigger a law enforcement response and to be prosecuted than Neglect or PFE. HFE involved prosecution for assault rather than financial exploitation. Generally, the victims of elder abuse were not receptive to criminal justice involvement, which appears to have a significant impact upon the level of this involvement. The reasons for this reluctance are discussed, as well as the challenges and limitations of criminal justice system involvement and related implications for policy and practice.

Keywords: Elder Abuse; Patient Attitudes; Social Worker Attitudes; Legal Procedure

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Jang, M. H., & Park, C. G. (2012). [Risk factors influencing probability and severity of elder abuse in community-dwelling older adults: applying zero-inflated negative binomial modeling of abuse count data]. *J Korean Acad Nurs*, 42(6), 819-832. doi: 10.4040/jkan.2012.42.6.819

Abstract: **PURPOSE:** This study was conducted to identify risk factors that influence the probability and severity of elder abuse in community-dwelling older adults. **METHODS:** This study was a cross-sectional descriptive study. Self-report questionnaires were used to collect data from community-dwelling Koreans, 65 and older (N=416). Logistic regression, negative binomial regression and zero-inflated negative binomial regression model for abuse count data were utilized to determine risk factors for elder abuse. **RESULTS:** The rate of older adults who experienced any one category of abuse was 32.5%. By zero-inflated negative binomial regression analysis, the experience of verbal-psychological abuse was associated with marital status and family support, while

the experience of physical abuse was associated with self-esteem, perceived economic stress and family support. Family support was found to be a salient risk factor of probability of abuse in both verbal-psychological and physical abuse. Self-esteem was found to be a salient risk factor of probability and severity of abuse in physical abuse alone. *CONCLUSION*: The findings suggest that tailored prevention and intervention considering both types of elder abuse and target populations might be beneficial for preventative efficiency of elder abuse.

Keywords: Elder abuse, Family, Risk factors, Self-esteem

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Jeanne Teresi, A., Ramirez, M., Ellis, J., Silver, S., Boratgis, G., Kong, J., . . . S. Lachs, M. (2013). A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting: Results from a cluster randomized trial. *International Journal of Nursing Studies*, 50(5), 644-656. doi: 10.1016/j.ijnurstu.2012.10.010

Abstract: *PURPOSE*: This study was conducted to identify risk factors that influence the probability and severity of elder abuse in community-dwelling older adults. *METHODS*: This study was a cross-sectional descriptive study. Self-report questionnaires were used to collect data from community-dwelling Koreans, 65 and older (N=416). Logistic regression, negative binomial regression and zero-inflated negative binomial regression model for abuse count data were utilized to determine risk factors for elder abuse. *RESULTS*: The rate of older adults who experienced any one category of abuse was 32.5%. By zero-inflated negative binomial regression analysis, the experience of verbal-psychological abuse was associated with marital status and family support, while the experience of physical abuse was associated with self-esteem, perceived economic stress and family support. Family support was found to be a salient risk factor of probability of abuse in both verbal-psychological and physical abuse. Self-esteem was found to be a salient risk factor of probability and severity of abuse in physical abuse alone. *CONCLUSION*: The findings suggest that tailored prevention and intervention considering both types of elder abuse and target populations might be beneficial for preventative efficiency of elder abuse.

Keywords: Elder abuse, Family, Risk factors, Self-esteem, study

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Johannesen, M., & LoGiudice, D. (2013). Elder abuse: a systematic review of risk factors in community-dwelling elders. *Age & Ageing*, 42(3), 292-298. doi: 10.1093/ageing/afs195

Abstract: *OBJECTIVE*: to undertake a systematic literature review of risk factors for abuse in community-dwelling elders, as a first step towards exploring the clinical utility of a risk factor framework. Search strategy and selection criteria: a search was undertaken using the MEDLINE, CINAHL, EMBASE and PsycINFO databases for articles published in

English up to March 2011, to identify original studies with statistically significant risk factors for abuse in community-dwelling elders. Studies concerning self-neglect and persons aged under 55 were excluded. *RESULTS*: forty-nine studies met the inclusion criteria, with 13 risk factors being reproducible across a range of settings in high-quality studies. These concerned the elder person (cognitive impairment, behavioural problems, psychiatric illness or psychological problems, functional dependency, poor physical health or frailty, low income or wealth, trauma or past abuse and ethnicity), perpetrator (caregiver burden or stress, and psychiatric illness or psychological problems), relationship (family disharmony, poor or conflictual relationships) and environment (low social support and living with others except for financial abuse). *CONCLUSIONS*: current evidence supports the multifactorial aetiology of elder abuse involving risk factors within the elder person, perpetrator, relationship and environment.

Keywords: literature review, study, review, risk factors, environment, relationship, perpetrator

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K-N

Kalavar, J. M., Jamuna, D., & Ejaz, F. K. (2013). Elder Abuse in India: Extrapolating From the Experiences of Seniors in India's "Pay And Stay" Homes. *Journal of Elder Abuse & Neglect*, 25(1), 3-18. doi: 10.1080/08946566.2012.661686

Abstract: Primary research on the issue of elder abuse and neglect in India is limited due to tremendous reluctance to discuss intergenerational conflicts. Nevertheless, researchers are beginning to identify collective voices of perceptions of abuse and neglect that are more rampant than individuals may directly admit. In this study of senior residents living in India's "pay and stay" homes, 150 individuals were interviewed in order to understand their relocation experience. Results suggest that challenges in interpersonal family relationships, conflicts in values and perceptions, particularly with regard to neglect and abandonment, are evident in descriptions of the relocation experience.

Keywords: Elder Abuse; Residential Care; Life Experiences; Cultural Values

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Kim, O., Jeon, H. O., & Kim, B. H. (2012). The relating factors of elder abuse among community-dwelling elderly with stroke. *Korean Journal of Adult Nursing*, 24(5), 465-476.

Abstract: *PURPOSE*: The purpose of this secondary analysis study was to examine the incidence of abuse and the contributing factors for that abuse among the Korean elderly with stroke. *METHODS*: Data were derived from the 2008 Korean National Survey on Older Adults. The participants were 934 community-dwelling elderly with stroke. Data

were analyzed using the Rao-Scott chi²-test, simple logistic regression and multiple logistic regression with the PASW 18.0 complex samples analysis module. *RESULTS*: The prevalence of elder abuse was 13.5%. Emotional abuse (10.0%) was the most frequently reported abuse, followed by financial neglect (3.8%), caring neglect (3.3%), financial abuse (2.1%), and physical abuse (1.9%). 44.6% of the perpetrators of emotional abuse were coresidential family members. Participants without spouses (odds ratio=2.05, 95% CI=1.14~3.68), those without diabetes (odds ratio=2.24, 95% CI=1.15~4.39), and depressed participants (odds ratio=2.72, 95% CI=1.34~5.52) were more likely to be abused. *CONCLUSION*: Emotional abuse was the most frequently reported type of abuse while physical abuse was least frequent among the elderly with stroke. Nurses caring for the elderly with stroke should be aware of the types of abuse and risk factors such as lack of spouse and incidents of depression.

Keywords: Community Living; Elder Abuse; Elder Abuse; Stroke Patients, Study

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Knowles, M., & Campbell, A. (2013). Financial abuse in care homes: do you know what to look out for? *Nursing & Residential Care*, 15(5), 294-296.

Abstract: Michael Knowles and Annette Campbell consider some of the signs of financial abuse and how to minimize the risk in care homes. They also discuss the potential impact of the draft Care and Support Bill on staff and service providers.

Keywords: Elder Abuse; Financial Management, care homes, risks, legislation

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Koenig, T. L., Leiste, M. R., Spano, R., & Chapin, R. K. (2013). Multidisciplinary team perspectives on older adult hoarding and mental illness. *Journal of Elder Abuse & Neglect*, 25(1), 56-75. doi: 10.1080/08946566.2012.712856

Abstract: This qualitative study examined multidisciplinary team members' perspectives of their involvement in older adult hoarding cases. Fifteen informants, as representatives of four hoarding teams, described cases in which teams did or did not work well together. Specifically, informants described their (a) team characteristics, (b) awareness of hoarding as a mental health illness, (c) barriers to providing mental health services for older adults who hoard, and (d) components of successful teamwork within the team and with the older adult as hoarder. Implications include research to better guide interventions, team training to develop common perspectives, and policy development that supports mental health representation on teams and in-home mental health treatment.

Keywords: multidisciplinary team members' perspectives, older adults, hoarding, mental health services, awareness, barriers, interventions, training, policy development, treatment

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Kohl, H., Sanders, B., & Blumenthal, R. (2012). Elder Abuse: What is the Federal Role? *Generations*, 36(3), 106-110.

Abstract: Senators Kohl, Sanders, and Blumenthal frame the problem of elder abuse, cite case examples of abuse, and make an impassioned plea for the reauthorization of the Older Americans Act and the need to fund actions and strategies included in the Elder Justice Act.

Keywords: federal legislation, policy, Older Americans Act, Elder Justice Act, OAA, EJA

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Lee, H. Y., Lee, S. E., & Eaton, C. K. (2012). Exploring definitions of financial abuse in elderly Korean immigrants: the contribution of traditional cultural values. *J Elder Abuse Negl*, 24(4), 293-311. doi: 10.1080/08946566.2012.661672

Abstract: The purpose of this study is to explore the cultural definitions of financial abuse from the perspective of 124 elderly Korean immigrants and to examine the role of traditional cultural values in their definitions by using a mixed methods approach. The qualitative analysis generated four themes relevant to definition of financial abuse. A binary logistic regression indicated that those with stronger cultural adherence to traditional values had higher odds of providing culture-based definitions of financial abuse. Education is needed for health professionals, social service providers, and adult protective workers to increase their understanding of culture-specific experiences of financial abuse among ethnic minority elders.

Keywords: Elder Abuse; Immigrants; Cultural Values; Korea

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Lin, M. C., & Giles, H. (2013). The dark side of family communication: a communication model of elder abuse and neglect. *Int Psychogeriatr*, 1-16. doi: 10.1017/s1041610212002347

Abstract: To further address the potential factors that lead up to elder abuse in domestic settings, this paper proposes a model from a communication approach to explain dyadic influences between the family caregiver and the elderly care receiver that give rise to the abuse. That is, dysfunctional communication between the caregivers and care receivers may, therefore, increase the likelihood of elder abuse. Grounded in Bugental and her colleagues' work (1993, 1999, 2002) on child abuse, we propose a power-oriented communication model based, in part, on research in the fields of family violence and intergenerational communication to explain the likelihood of occurrence of elder abuse in family caregiving situations. We argue that certain risk factors pertaining to caregivers' characteristics - those who perceive high stress in caregiving, have mental health issues, have a history of substance abuse, and/or display verbal aggressiveness - may be more

likely to attribute considerable power to those elderly under their custodianship. At the same time, such caregivers tend to feel powerless and experience loss of control when interacting with their elderly counterparts. When an elderly care receiver displays noncompliant behaviors, caregivers may be prone to employ abusive behaviors (in our model, it refers to physical abuse, verbal abuse, or communication neglect) to seek such compliance. Consequences of such abuse may result in lower self-esteem or lower confidence in one's ability to manage his/her life. It is suggested that researchers and practitioners investigate both parties' interactions closely and the role of elderly care receivers in order to detect, intervene, and prevent elder abuse.

Keywords: elderly; elder abuse; intergenerational communication; intergroup communication; family violence; perceived power; family caregiving; elder maltreatment

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Lindert, J., Luna, J., Torres-Gonzalez, F., Barros, H., Ioannidi-Kapolou, E., Quattrini, S., . . . Soares, J. J. (2012). Study design, sampling and assessment methods of the European study 'abuse of the elderly in the European region'. *Eur J Public Health*, 22(5), 662-666. doi: 10.1093/eurpub/ckr079

Abstract: **BACKGROUND:** Violence against and abuse of older persons (VAO) aged >60 years has become a prominent public health issue. From January 2009-July 2009, we conducted the cross-sectional European study 'Abuse of the elderly in the European region' (ABUEL) among community-dwelling elderly populations aged 60-84 years in Germany, Greece, Italy, Lithuania, Portugal, Spain and Sweden. We describe the cooperation, completion and response rates; the modes of recruitment and administration; and analyse differences in response rates between countries. **METHODS:** We calculated the population fraction (respondents in each age/sex group divided by the population in the same age/sex group) and the population fraction ratio (PFR) to describe and analyse heterogeneity between countries. To analyse associations between methods and response rates we conducted cross tabulations and logistic regression analyses. **RESULTS:** The response rates ranged from 18.9% in Germany to 87.4% in Portugal. Men were underrepresented in all countries (PFR < 1). Cluster- and cohort-based sampling produced the highest overall response rates. **CONCLUSION:** More European and international studies investigating response behaviour in VAO research systematically are needed to gain further knowledge about the internal and external validity of research on VAO.

Keywords: European, sampling, study, assessment, Europe

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Luzny, J., & Jurickova, L. (2012). Prevalence of Elder Abuse and Neglect in Seniors with Psychiatric Morbidity - Example from Central Moravia, Czech Republic. *Iranian Journal of Public Health*, 41(8), 27-32.

Abstract: **BACKGROUND:** Elder abuse and neglect (EAN) comprises emotional,

financial, physical, and sexual abuse, neglect by other individuals, and self-neglect. Elder abuse and neglect in seniors with psychiatric morbidity was not monitored in the Czech Republic at all, despite the literature shows mental morbidity as one of the important risk factor for developing elder abuse and neglect. *METHODS*: We designed comparative cross sectional study comprising 305 seniors hospitalized in Mental Hospital Kromeriz in June 2011 - group of 202 seniors hospitalized due to mental disorder in psychogeriatric ward and group of 103 seniors hospitalized due to somatic disorder in internal ward. Content analysis of medical records was done in both groups of seniors, with regards to symptoms of elder abuse. Then, we discussed the topic of elder abuse with 30 nurses of psychogeriatric ward in focus group interview. *RESULTS*: Between two compared groups of seniors we detected statistically higher prevalence of elder abuse in seniors with psychiatric morbidity (48 cases, 23.8% prevalence of EAN), compared to somatically ill seniors (3 cases, 2.9%). As for nursing staff, 5 from 30 nurses (16.7%) have never heard about symptoms of elder abuse and neglect, 10 from 30 nurses (33.3%) had just a partial knowledge about elder abuse and neglect and its symptoms, the rest of nurses (15 from 30 nurses, 50.0%) had good knowledge about elder abuse and neglect and its symptoms. *CONCLUSION*: Elder abuse and neglect seems to be a relevant problem in senior population with mental disorders. Development of educational programs for nursing and medical staff about Elder abuse and neglect (symptoms of EAN, early detection of EAN, knowledge how to report cases of EAN) could improve the situation and help mentally ill seniors to better quality of life.

Keywords: Ageism, Demography of ageing, Elder abuse and neglect, Psychiatric morbidity, Somatic morbidity

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Macassa, G., Viitasara, E., Sundin, Ö., Barros, H., Torres Gonzales, F., Ioannidi-Kapolou, E., . . . Soares, J. J. F. (2013). Psychological abuse among older persons in Europe: A cross-sectional study. *Journal of Aggression, Conflict and Peace Research*, 5(1), 16-34. doi: 10.1108/17596591311290722

Abstract: *Purpose*--Elder abuse is an issue of great concern world-wide, not least in Europe. Older people are increasingly vulnerable to physical, psychological, financial maltreatment and sexual coercion. However, due to complexities of measurement, psychological abuse may be underestimated. The purpose of this study is to investigate the prevalence of psychological abuse toward older persons within a 12 month period. *Design/methodology/approach*--The study design was cross-sectional and data were collected during January-July 2009 in the survey "Elder abuse: a multinational prevalence survey, ABUEL". The participants were 4,467 randomly selected persons aged 60-84 years (2,559 women, 57.3 per cent) from seven EU countries (Germany, Greece, Italy, Lithuania, Portugal, Spain, Sweden). The sample size was adapted to each city according to their population of women and men aged 60-84 years (albeit representative and proportional to sex-age). The participants answered a structured questionnaire either through a face-to-face interview or a mix of interview/self-response. The data were analysed using descriptive statistics and regression methods. *Findings*--The prevalence of overall

psychological abuse was 29.7 per cent in Sweden, followed by 27.1 per cent in Germany; 24.6 per cent in Lithuania and 21.9 per cent in Portugal. The lowest prevalence was reported in Greece, Spain and Italy with 13.2 per cent, 11.5 per cent and 10.4 per cent, respectively. Similar tendencies were observed concerning minor/severe abuse. The Northern countries (Germany, Lithuania, Sweden) compared to Southern countries (Greece, Italy, Portugal, Spain) reported a higher mean prevalence (across countries) of minor/severe abuse (26.3 per cent/11.5 per cent and 12.9 per cent/5.9 per cent, respectively). Most perpetrators (71.2 per cent) were spouses/partners and other relatives (e.g. children). The regression analysis indicated that being from Greece, Italy, Portugal and Spain was associated with less risk of psychological abuse. Low social support, living in rented housing, alcohol use, frequent health care use, and high scores in anxiety and somatic complaints were associated with increased risk of psychological abuse. *Social implications* - Psychological abuse was more prevalent in Northern than Southern countries and factors such as low social support and high anxiety levels played an important role. Further studies are warranted to investigate the prevalence of psychological abuse and risk factors among older persons in other EU countries. Particular attention should be paid to severe abuse. Such research may help policy makers and health planners/providers in tailoring interventions to tackle the ever growing problem of elder abuse. *Originality/value* - The paper reports data from the ABUEL Survey, which collected population based data on elderly abuse.

Keywords: psychological abuse, elder abuse, older persons, multinational, cross cultural differences

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Manthorpe, J., Samsi, K., & Rapaport, J. (2012). Responding to the financial abuse of people with dementia: A qualitative study of safeguarding experiences in England. *International Psychogeriatrics*, 24(9), 1454-1464. doi: 10.1017/S1041610212000348

Abstract: *BACKGROUND:* The risks of financial exploitation and abuse of people with dementia remain under-researched. Little is known of the views of those responsible for local adult safeguarding systems about prevention and redress. We explore current repertoires of responses of such persons and consider barriers and facilitators to minimizing risks of financial abuse for people with dementia. *METHODS:* Fifteen qualitative interviews were undertaken with a purposively sampled group of Adult Safeguarding Co-ordinators in England in 2011. Framework analysis delineated themes in the transcripts; these were included in an iteratively developed coding framework. *RESULTS:* Five themes were explored: (1) incidence of financial abuse; (2) impact of dementia on safeguarding responses; (3) warning signs of financial abuse, including neglect, unpaid bills, limited money for provisions; (4) encouraging preventive measures like direct debit to pay for bills, advance care plans, appointing Lasting Power of Attorney; and (5) barriers and facilitators in safeguarding, including the practice of financial agencies, cultural barriers, other systemic failures and facilitators. Not all systems of financial proxies are viewed as optimally effective but provisions of the Mental Capacity Act 2005 were welcomed and seen as workable. *CONCLUSIONS:* Healthcare

professionals may need to be more alert to the signs and risks of financial abuse in patients with dementia both at early and later stages. Engaging with safeguarding practitioners may facilitate prevention of abuse and effective response to those with substantial assets, but the monitoring of people with dementia needs to be sustained. In addition, professionals need to be alert to new risks from electronic crime. Researchers should consider including financial abuse in studies of elder abuse and neglect.

Keywords: Dementia; Elder Abuse; Economics; Economics, Qualitative Study, Financial Abuse

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Mascarenhas, M. D., Andrade, S. S., das Neves, A. C., Pedrosa, A. A., da Silva, M. M., & Malta Dde, C. (2012). [Violence against the elderly: analysis of the reports made in the health sector--Brazil, 2010]. *Cien Saude Colet*, 17(9), 2331-2341.

Abstract: The scope of this study was to describe reports of violence against the elderly (e" 60 years) reported in the Information System for Notifiable Diseases - net version (Sinan Net) in 2010. We conducted a descriptive, retrospective study with data analyzed by Stata version 11. We estimated proportion ratios (PR) of violence according to selected variables. Of the 3,593 reports of violence against the elderly, 52.3% were against females. Physical violence was significantly more frequent against males (PR=0.82) in the group aged 60 to 69 years, out of the home, committed by offenders who were not sons and were suspected of drinking alcohol. Psychological violence was more common among elderly people (PR=2.17), in the home, inflicted by sons, with suspected chronic alcohol abuse. Negligence was predominant among females (P R=1.24), in the group above 70 years of age, in the home, recurrently perpetrated by sons. Sexual violence was more common against females (PR=5.21), by offenders who were not children, but who consumed alcohol. The knowledge of the different manifestations of violence against the elderly supports actions to combat them, identifying characteristics of vulnerability in which support networks may intervene.

Keywords: Violence, Abuse, Elderly, Epidemiological surveillance

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May-Chahal, C., & Antrobus, R. (2012). Engaging Community Support in Safeguarding Adults from Self-Neglect. *British Journal of Social Work*, 42(8), 1478-1494.

Abstract: Recent studies on self-neglect highlight the crucial role that community members play, not just as referrers to services, but as definers of what is and is not to be tolerated in their neighbourhood. In the context of social care policy development that promotes the role of local communities in social care and positions self-neglect as a safeguarding concern, this qualitative study addresses a gap in the evidence base—that of improving understanding of public perceptions of self-neglect. Members of the public were recruited from a local further education college and a voluntary agency that involved older people as

volunteers. Thirty-four people (thirty-two females and two males) took part in eight focus groups drawing on a visual and textual vignette. Overlapping themes emerging from the analysis of discussion included emotional reactions to the situation, concerns about dirt and hygiene, actions in relation to choice, impact on the neighbourhood and expectations of formal intervention. There was also evidence of highly negative and abusive standpoints, particularly amongst younger participants. A model for community intervention is proposed based on four principles: achieving agreement on the lowest living standards community members feel able to accept, co-ordinating community resources, facilitating contact and monitoring to fill resource gaps.

Keywords: Self-neglect, older people, community, engagement, public perceptions

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McDonald, L., & Thomas, C. (2013). Elder abuse through a life course lens. *Int Psychogeriatr*, 1-9. doi: 10.1017/s104161021300015x

Abstract: *Background:* This paper provides the findings from a large pilot study, Defining and Measuring Elder Abuse and Neglect, a precursor to a national prevalence study to be conducted in Canada beginning in September 2013. One purpose of this study and the focus of this paper was to determine whether a life course perspective would provide a useful framework for examining elder abuse. The two-year pilot study, 2009-2011, examined the prevalence of perceptions of abuse at each life stage by type of abuse, the importance of early life stage abuse in predicting types of elder abuse, and early life stage abuse as a risk factor for elder abuse. *Methods:* Older adults who were aged ≥ 55 years ($N = 267$) completed a cross-sectional telephone survey, comprising measures of five types of elder abuse (neglect, physical, sexual, psychological, and financial) and their occurrence across the life course: childhood (≤ 17 years), young adulthood (18 to 24 years), and older adulthood (5 to 12 months prior to the interview date). Data analyses included descriptive statistics, bivariate correlations for abuse at the various life stages, and the estimation of logistic regression models that examined predictors of late life abuse, and multinomial logistic regression models predicting the frequency of abuse. *Results:* Fifty-five percent of the sample reported abuse during childhood, and 34.1% reported abuse during young adulthood. Forty-three percent said they were abused during mature adulthood, and 24.4% said they were abused since age 55 but prior to the interview date of the study. Psychological (42.3%), physical (26.6%), and sexual abuses (32.2%) were the most common abuses in childhood while psychological abuse was the most common type of abuse at each life stage. When the risk factors for abuse were considered simultaneously including abuse during all three life stages, only a history of abuse during childhood retained its importance ($OR = 1.81$, $p = 0.046$, $CI = 1.01-3.26$). Abuse in childhood increased the risk of experiencing one type of abuse relative to no abuse, but was also unrelated to experiencing two or more types of abuse compared to no abuse. *Conclusions:* Results suggest that a life course perspective provides a useful framework for understanding elder abuse and neglect. The findings indicate that a childhood history of abuse in this sample had a deciding influence on later mistreatment, over and above what happens later in life.

Keywords: Community role, elder abuse and neglect; life course theory; childhood abuse; young adult abuse; older adulthood; predictors of abuse

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McGarry, J., & Simpson, C. (2012). Improved safeguarding of older people through inter-agency learning. *Nursing Older People*, 24(10), 14-18.

Abstract: Elder abuse remains a significant problem nationally and globally. Early definitions of abuse, however, oversimplified the phenomena and while the complexity of elder abuse, in nature and scale, has also been growing recently there remains some confusion conceptually and in practice in terms of what is meant by and can be identified as abusive practice. The lack of conceptual clarity is evident across professional and agency boundaries. The authors suggest that a potential way forward is through the development of interprofessional learning as an integral part of education and training in respect of safeguarding older adults. This article highlights a number of complexities in the context of safeguarding and raises areas for further reflection and possible debate.

Keywords: Patient Safety; Elder Abuse; Interinstitutional Relations; Learning

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Meeks-Sjostrom, D. J. (2013). Clinical Decision Making of Nurses Regarding Elder Abuse. *Journal of Elder Abuse & Neglect*, 25(2), 149-161. doi: 10.1080/08946566.2013.751818

Abstract: A descriptive correlational design was used to examine the clinical decision making of nurses regarding elder abuse. The relationship of the nurses' applied knowledge of elder abuse, years of experience as a Registered Nurse (RN), clinical level of practice status, the use of intuition, and clinical decision outcomes for patients in cases of suspected elder abuse were examined. The convenience sample of 84 RNs consisted of 68 females and 16 males. Results indicated an overall model of two predictors that significantly predicted outcomes. The t-test revealed no difference between RNs who received elder abuse education and those who did not.

Keywords: Decision Making, Clinical; Registered Nurses; Elder Abuse; Outcome Assessment

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Melchiorre, M. G., Chiatti, C., & Lamura, G. (2012). Tackling the Phenomenon of Elder Abuse in Italy: A Review of Existing Legislation and Policies as a Learning Resource. *Educational Gerontology*, 38(10), 699-712. doi: 10.1080/03601277.2011.608610

Abstract: In Italy, data and information on prevalence and characteristics of elder abuse are very limited, and a specific legal and policy framework is lacking. Some articles of the

Penal Code refer to the larger context of violence against disadvantaged groups, and some general support services not specifically dedicated to this issue are managed by local municipalities. In this context, empirical research is useful for disseminating information and implementation of good practices. Such research indicates future directions for the education of the public and training of professionals on the prevention, detection, and treatment of abusive practices.

Keywords: Elder Abuse; Public Policy; Crime, elder abuse, legislation, policies, learning resource

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Melchiorre, M. G., Chiatti, C., Lamura, G., Torres-Gonzales, F., Stankunas, M., Lindert, J., . . . Soares, J. F. (2013). Social support, socio-economic status, health and abuse among older people in seven European countries. *PLoS One*, 8(1), e54856. doi: 10.1371/journal.pone.0054856

Abstract: **BACKGROUND:** Social support has a strong impact on individuals, not least on older individuals with health problems. A lack of support network and poor family or social relations may be crucial in later life, and represent risk factors for elder abuse. This study focused on the associations between social support, demographics/socio-economics, health variables and elder mistreatment. **METHODS:** The cross-sectional data was collected by means of interviews or interviews/self-response during January-July 2009, among a sample of 4,467 not demented individuals aged 60-84 years living in seven European countries (Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden). **RESULTS:** Multivariate analyses showed that women and persons living in large households and with a spouse/partner or other persons were more likely to experience high levels of social support. Moreover, frequent use of health care services and low scores on depression or discomfort due to physical complaints were indicators of high social support. Low levels of social support were related to older age and abuse, particularly psychological abuse. **CONCLUSIONS:** High levels of social support may represent a protective factor in reducing both the vulnerability of older people and risk of elder mistreatment. On the basis of these results, policy makers, clinicians and researchers could act by developing intervention programmes that facilitate friendships and social activities in old age.

Keywords: European study, social support, family and social relations, protective factors

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Mihaljcic, T., & Lowndes, G. (2013). Individual and Community Attitudes Toward Financial Elder Abuse. *Journal of Elder Abuse & Neglect*, 25(2), 183-203. doi: 10.1080/08946566.2012.712867

Abstract: This study investigated attitudes toward financial elder abuse by sections of the Australian community using three focus groups, including Aged Care Workers, Older Adults, and Younger Adults. Participants were provided discussion cues prior to their

focus group (i.e., What is financially abusive behavior? Why does it occur? How can it be prevented?). Two researchers authenticated the transcripts and identified micro- and macro-level themes within and across the groups. The study revealed a range of similar, different, and individual attitudes expressed across the groups, which could be used to develop a survey for a broader investigation of the role of individual attitudes and social/cultural norms in financial elder abuse.

Keywords: attitudes toward elder financial abuse, community attitudes, social norms, cultural norms

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Miller, M. (2012). Ombudsmen on the Front Line: Improving Quality of Care and Preventing Abuse in Nursing Homes. *Generations*, 36(3), 60-63.

Abstract: Abuse, neglect, and financial exploitation are real fears faced by nursing home residents and their families. Those with dementia are at greater risk, and facility staff need training to spot it. Ombudsmen are often the first to notice, report, and protect elders at risk for abuse. No matter where it happens, elder abuse is a community concern and action must be taken at the local, state, and federal levels to address it.

Keywords: Nursing Home Patients; Consumer Advocacy; Quality of Health Care; Elder Abuse

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Mills, W. L., Roush, R. E., Moye, J., Kunik, M. E., Wilson, N. L., Taffet, G. E., & Naik, A. D. (2012). An Educational Program to Assist Clinicians in Identifying Elder Investment Fraud and Financial Exploitation. *Gerontology & Geriatrics Education*, 33(4), 351-363. doi: 10.1080/02701960.2012.702164

Abstract: Due to age-related factors and illnesses, older adults may become vulnerable to elder investment fraud and financial exploitation (EIFFE). The authors describe the development and preliminary evaluation of an educational program to raise awareness and assist clinicians in identifying older adults at risk. Participants (n = 127) gave high ratings for the program, which includes a presentation, clinician pocket guide, and patient education brochure. Thirty-five respondents returned a completed questionnaire at the 6-month follow-up, with 69% (n = 24) of those indicating use of the program materials in practice and also reporting having identified 25 patients they felt were vulnerable to EIFFE. These findings demonstrate the value of providing education and practical tools to enhance clinic-based screening of this underappreciated but prevalent problem.

Keywords: abuse, continuing education, exploitation, financial capacity

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Mixson, P., Dayton, C., & Ramsey-Klawnsnik, H. (2012). Banding Together: The Work of a Joint Volunteer Committee Yields Much-Needed Resources on Elder Abuse Intervention. *Generations*, 36(3), 97-99.

Abstract: Program notes from the Research Committee of the National Adult Protective Services Association and the National Committee for the Prevention of Elder Abuse Research.

Keywords: Volunteer Workers; Committees; Elder Abuse; Resource Allocation

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Monod, S. (2013). Promoting Good Clinical Care to Prevent Elder Abuse : Comment on "Elder Abuse as a Risk Factor for Hospitalization in Older Persons". *JAMA Intern Med*, 173(10), 917-918. doi: 10.1001/jamainternmed.2013.289

Abstract: Elder abuse has received increasing attention over the last 2 decades, and its prevalence will likely increase as the aged population increases. Elder abuse is commonly defined as “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.” Different types of elder abuse have been defined: (1) physical abuse (infliction of pain or injury); (2) psychological abuse (infliction of mental anguish); (3) sexual assault (nonconsensual contact of any kind); (4) financial exploitation (illegal or improper use of funds or resources), and (5) neglect (failure of a caregiver to meet the needs of a dependant person). Elder abuse may occur in the community, as well as in institutions like nursing homes or hospitals.

Keywords: population, abuse types, caregiver, hospital, clinical care

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Moore, R., & Newton, J. T. (2012). The role of the general dental practitioner (GDP) in the management of abuse of vulnerable adults. *Dent Update*, 39(8), 555-556, 558-559, 562-554.

Abstract: Abuse of vulnerable adults is largely under reported. The most common forms of abuse amongst this group are neglect and financial abuse, although an individual may be at risk of any or all forms of abuse. Certain individuals are at an increased risk of abuse due to their domestic environment and any physical or mental disability they may have. *CLINICAL RELEVANCE:* Vulnerable adults constitute a significant proportion of the population. GDPs should be aware of the signs of abuse, to be able to identify those individuals at risk, and how and when to raise concerns of abuse to social services.

Keywords: dentist, dental, abuse signs, domestic violence, social services

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Moyer, V. A. (2013). Screening for intimate partner violence and abuse of elderly and vulnerable adults: u.s. Preventive services task force recommendation statement. *Annals of Internal Medicine*, 158(6), 478-486. doi: 10.7326/0003-4819-158-6-201303190-00588

Abstract: *DESCRIPTION:* Update of the 2004 U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for family and intimate partner violence (IPV). *METHODS:* The USPSTF commissioned a systematic evidence review on screening women for IPV and elderly and vulnerable adults for abuse and neglect. This review examined the accuracy of screening tools for identifying IPV and the benefits and harms of screening women of childbearing age and elderly and vulnerable adults. *POPULATION:* These recommendations apply to asymptomatic women (women who do not have signs or symptoms of abuse) of reproductive age and elderly and vulnerable adults. *RECOMMENDATION:* The USPSTF recommends that clinicians screen women of childbearing age for IPV, such as domestic violence, and provide or refer women who screen positive to intervention services (B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect (I statement).

Keywords: screening, prevention, violence, family, intimacy

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Murphy, K., Waa, S., Jaffer, H., Sauter, A., & Chan, A. (2013). A Literature Review of Findings in Physical Elder Abuse. *Canadian Association of Radiologists Journal*, 64(1), 10-14. doi: 10.1016/j.carj.2012.12.001

Abstract: *PURPOSE:* To review the medical literature for reports on the types of physical injuries in elder abuse with the aim of eliciting patterns that will aid its detection. *MATERIALS AND METHODS:* The databases of PubMed, CINAHL, EMBASE, and TRIP were searched from 1975 to March 2012 for articles that contained the following phrases: "physical elder abuse," "older adult abuse," "elder mistreatment," "geriatric abuse," "geriatric trauma," and "nonaccidental geriatric injury." Distribution and description of injuries in physical elder abuse from case-control studies, cross-sectional studies, case series, and case reports as seen at autopsy, in hospital emergency departments, or in medicolegal reports were tabulated and summarized. *RESULTS:* A review of 9 articles from a total of 574 articles screened yielded 839 injuries. The anatomic distribution in these was as follows: upper extremity, 43.98%; maxillofacial, dental, and neck, 22.88%; skull and brain, 12.28%; lower extremity, 10.61%; and torso, 10.25%. *CONCLUSION:* Two-thirds of injuries that occur in elder abuse are to the upper extremity and maxillofacial region. The social context in which the injuries takes place remains crucial to accurate identification of abuse. This includes a culture of violence in the family; a demented, debilitated, or depressed and socially isolated victim; and a perpetrator profile of mental illness, alcohol or drug abuse, or emotional and/or financial dependence on the victim.

Keywords: literature review, medical reports, physical injuries, wounds

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Mysyuk, Y., Westendorp, R. G., & Lindenberg, J. (2013). Framing abuse: explaining the incidence, perpetuation, and intervention in elder abuse. *Int Psychogeriatr*, 1-8. doi: 10.1017/s1041610212002281

Abstract: *Background:* The role of individual characteristics in incidences of elder abuse has long been highest on research and policy agendas. Now, it is timely to discuss factors that go beyond victim and perpetrator. Environmental factors also play an important role in elder abuse. In this paper, we address the framing of elder abuse as a social and health problem. Attention is paid to the factors that influence societal context and the healthcare system, its organization, structure, and principles. *Methods:* Focus groups and in-depth semi-structured interviews were held with different professionals and older people themselves. Qualitative analysis of focus groups and interviews transcripts was performed to analyze how different professional groups and older persons themselves view elder abuse, to determine opinions and attitudes toward elder abuse and the necessary actions that should be taken to prevent or intervene in the problem. *Results:* Two main explanatory frameworks emerged in the discourse of older persons and care professionals: social arrangements and healthcare system. The themes within the social arrangements included social taboo, social control and responsibility, and institutional cultures. The fragmentation of care and changes in the financing of healthcare were two aspects distinguished within the framework of the healthcare system. *Conclusion:* Two explanatory frameworks showed elder abuse as both a social and health problem. The environmental factors through social arrangements and healthcare system have an influence on framing of abuse. The different ways of framing abuse impact the understanding of abuse, ways of intervention, and prevention measures.

Keywords: incidence, prevalence, contributing factors, environment,

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Naughton, C., Drennan, J., Lyons, I., & Lafferty, A. (2013). The relationship between older people's awareness of the term elder abuse and actual experiences of elder abuse. *Int Psychogeriatr*, 1-10. doi: 10.1017/s1041610213000513

Abstract: *Background:* Awareness and experiences of elder abuse have been researched as separate entities; this study examined the relationship between awareness of elder abuse, disclosure of abuse, and reporting of abuse among people aged 65 years or older. *Methods:* A national cross-sectional survey of a random sample of 2,012 community-dwelling older people was carried out in Ireland. People described their understanding of the term elder abuse followed by their experiences of mistreatment. Descriptive statistics and logistic regression were used with frequency, percentage, odds ratios (OR), and 95% confidence intervals (CI) presented. *Results:* The prevalence of elder abuse, including stranger abuse, since 65 years of age was 5.9% (95% CI 4.6-7.3).

Overall, 80% of the population demonstrated some understanding of the term elder abuse. Older people who experienced physical abuse (OR 5.39; 95% CI 2.31-12.5) and psychological abuse (OR 2.51; 95% CI 1.58-3.97) were significantly more likely than older people who had not experienced mistreatment to relate the term elder abuse to their personal experiences. There was no association between experiences of financial abuse or neglect and awareness of the term elder abuse. *Conclusions:* There was a relatively high level of awareness of the term elder abuse; however, a substantial proportion of people could not readily associate abusive behaviors within their personal lives with elder abuse. Public information campaigns need to move beyond simple awareness rising to enable people to bridge the gap between a theoretical understanding of elder abuse and recognizing inappropriate behavior in their own circumstances.

Keywords: awareness, Ireland, statistics, public campaigns, understanding

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Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding Abusers Accountable: An Elder Abuse Forensic Center Increases Criminal Prosecution of Financial Exploitation. *Gerontologist, 53*(2), 303-312. doi: 10.1093/geront/gns075

Abstract: *PURPOSE:* Despite growing awareness of elder abuse, cases are rarely prosecuted. The aim of this study was to examine the effectiveness of an elder abuse forensic center compared with usual care to increase prosecution of elder financial abuse. *DESIGN AND METHODS:* Using one-to-one propensity score matching, cases referred to the Los Angeles County Elder Abuse Forensic Center (the Forensic Center) between April 2007 and December 2009 for financial exploitation of adults aged 65 and older ($n = 237$) were matched to a population of 33,650 cases that received usual care from Adult Protective Services (APS). *RESULTS:* Significantly, more Forensic Center cases were submitted to the District Attorney's office (DA) for review (22%, $n = 51$ vs. 3%, $n = 7$ usual care, $p < .001$). Among the cases submitted, charges were filed by the DA at similar rates, as was the proportion of resultant pleas and convictions. Using logistic regression, the strongest predictor of case review and ultimate filing and conviction was whether the case was presented at the Forensic Center, with 10 times greater odds of submission to the DA (Odds ratio = 11.00, confidence interval = 4.66-25.98). *IMPLICATIONS:* Previous studies have not demonstrated that elder abuse interventions impact outcomes; this study breaks new ground by showing that an elder abuse multidisciplinary team increases rates of prosecution for financial exploitation. The elder abuse forensic center model facilitates cooperation and group problem solving among key professionals, including APS, law enforcement, and the DA and provides additional resources such as neuropsychological testing, medical record review, and direct access to the Office of the Public Guardian.

Keywords: forensic center, prosecution, accountability, efficiency

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Nerenberg, L., Davies, M., & Navarro, A. A. (2012). In Pursuit of a Useful Framework to Champion Elder Justice. *Generations*, 36(3), 89-96.

Abstract: Lessons in coordination, collaboration, and advocacy from California's Elder Justice Coalition.

Keywords: social justice, advocacy, prevention and control, coalition

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Newman, F. L., Seff, L. R., Beaulaurier, R. L., & Palmer, R. C. (2013). Domestic Abuse Against Elder Women and Perceived Barriers to Help-Seeking. *Journal of Elder Abuse & Neglect*, 25(3), 205-229. doi: 10.1080/08946566.2012.751836

Abstract: The study's (n = 447) purposes were to (1) describe relationships of abuser behavior to elder women's perception of barriers to help-seeking; (2) compare fit of model to participants' levels of abuse, race-ethnicity, age, and gender and relationship of identified close other; and (3) determine extent to which the model differentiated relationship of abuser to participant and level of abuse. Analyses identified six factors contributing to the overall barrier score, accounting for 84% of total variance ($\chi^2/df = 1.527$, CFI = .989, RMSEA = .034), including three internal and two external factors and a single abuser behavior factor that were invariant across participant characteristic; however, covariances did differ.

Keywords: Domestic Violence; Women; Help Seeking Behavior; Interpersonal Relations; Theory Validation

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Nisbet, R. J. (2013). A practical guide to safeguarding. *Nursing & Residential Care*, 15(1), 45-48.

Abstract: *Purpose* – The Report on the Consultation on the Review of No Secrets, published by the Department of Health in 2009 highlighted the need for commissioners to take more responsibility, in partnership with regulators, for safeguarding people who use services. This article aims to focus on resources that support the role of commissioners to maintain or improve the quality of services to reduce the likelihood of abuse, neglect or harm. *Design/methodology/approach* – The article is based on the content of two SCIE resources. The first looks at all of the monitoring mechanisms a commissioner can draw upon to monitor good quality without overlap with inspectors or overburdening the provider. The second looks at common areas of practice that lead to safeguarding referrals in care homes. Working with a group of 30 practitioners, comprising largely commissioners and providers, a guide to preventing some of the problems that frequently lead to safeguarding referrals from care homes was developed. *Findings* – The first SCIE product on which the article is based outlines the mechanisms available to care home commissioners that can be utilised to improve safeguarding. The second, based on work

with practitioners, highlights some of the issues that frequently lead to safeguarding referrals from care homes. These are often the result of poor quality services and poor practice rather than malicious intent. The work demonstrates that commissioners could improve the quality of residential services through better partnership working and better use of available intelligence to reduce the risk to those in residential care. *Practical implications* – There are numerous steps that both commissioners and providers can take to improve the prevention of abuse, neglect and harm towards people in residential care. *Social implications* – The guides highlighted in this article have the potential to improve practice in commissioning and, as a consequence, to provide better quality and safer residential care services. *Originality/value* – The value of the paper is to support commissioners to better safeguard people in residential care.

Keywords: Elder Abuse; Quality Improvement; Residential Facilities; Health and Welfare Planning

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Norris, D., Fancey, P., Power, E., & Ross, P. (2013). The Critical-Ecological Framework: Advancing Knowledge, Practice, and Policy on Older Adult Abuse. *Journal of Elder Abuse & Neglect*, 25(1), 40-55. doi: 10.1080/08946566.2012.712852

Abstract: The abuse of older adults in our society is a recognized yet understudied issue compared to other forms of family violence. Within this article, research, theory, and practice in family violence and older adult abuse are compared; elements that can be transferred to the field are analyzed; and gaps are identified. An extensive literature review, two focus groups with local stakeholders, and interviews with six key informants recognized as national subject experts formed the basis of this analysis. The results informed the development of a critical-ecological model designed to address the gaps and advance the field.

Keywords: Conceptual Framework; Knowledge Management; Elder Abuse; Professional Practice; Policy Making

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O-R

O'Neill, D. (2013). 2012 – That was the year that was. *Age & Ageing*, 42(2), 140-144.

Abstract: Geriatric medicine has an encyclopaedic sweep, reflecting the complexity of both the ageing process and of our patient group. Keeping up with, and making sense of, the relevant scientific literature is challenging, especially as ageing has increased in prominence as a focus of research across many branches of the sciences and the humanities. This review of research published in 2012 in generalist, geriatric medicine and gerontology journals has been compiled with a view to extracting those aspects of research into ageing which could be considered relevant not only to the practice of geriatric

medicine, but also to our understanding of the ageing process and the relationship of geriatric medicine to other medical specialties and public health. The research discussed includes new insights into global ageing and the compression of morbidity; nosological, clinical and therapeutic aspects of dementia; an innovative study on the microbiome and ageing; epidemiological perspectives into multi-morbidity; an overview of the impact of the first waves of Baby Boomers; fresh thinking on geriatric syndromes such as orthostatic hypotension, kyphosis, urinary incontinence after stroke, frailty and elder abuse; an update of the Beers criteria and the first stirrings of recognition of the longevity dividend in the biomedical literature.

Keywords: ageing, geriatric medicine, gerontology research, global health, 2012

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Palmer, M., Brodell, R. T., & Mostow, E. N. (2013). Elder abuse: dermatologic clues and critical solutions. *J Am Acad Dermatol*, 68(2), e37-42. doi: 10.1016/j.jaad.2011.03.016

Abstract: Elder abuse affects approximately 2% to 10% of older Americans. Unfortunately, it is often unrecognized and certainly underreported. Dermatologists have a unique role in the detection and reporting of elder abuse. An analysis of risk factors, clinical signs, reporting requirements, and prevention of elder abuse brings this issue into focus.

Keywords: abrasions; bruising; burns; decubitus ulcers; elder abuse; geriatrics; lacerations

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Papa, L., Mendes, M. E., & Braga, C. F. (2012). Mild Traumatic Brain Injury among the Geriatric Population. *Curr Transl Geriatr Exp Gerontol Rep*, 1(3), 135-142. doi: 10.1007/s13670-012-0019-0

Abstract: Mild traumatic brain injury (TBI) is an unfortunately common occurrence in the elderly. With the growing population of older adults in the United States and globally, strategies that reduce the risk of becoming injured need to be developed, and diagnostic tools and treatments that may benefit this group need to be explored. Particular attention needs to be given to polypharmacy, drug interactions, the use of anticoagulants, safety issues in the living environment, elder abuse, and alcohol consumption. Low-mechanism falls should prompt health care providers to consider the possibility of head injury in elderly patients. Early and tailored management of our seniors following a mild TBI can provide them with the best possible quality of life. This review will discuss the current literature on mild TBI in the older adult, address gaps in research, and discuss the implications for future care of the older TBI patient.

Keywords: Cognition, Concussion, Depression, Diagnosis, Elderly, Falls, Function, Geriatrics, Head injury

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Parry, I. (2013). Adult safeguarding and the role of housing. *Journal of Adult Protection*, 15(1), 15-25. doi: 10.1108/14668201311299881

Abstract: *Purpose* – The purpose of this paper is to identify and encourage good practice in adult safeguarding by housing providers, despite their unclear and largely unregulated role in this area. *Design/methodology/approach* – Literature search on policy and research on the role of housing in adult safeguarding. Good practice search, drawn from No Secrets consultation responses and more recently, from other housing providers. *Findings* – *Despite* the current weak incentives for housing providers to engage in adult safeguarding, some have done so effectively, overcoming barriers to joint working. *Research limitations/implications* – This is not a comprehensive study of all good practice in this area; much will exist "unsung" and unrecognised. *Practical implications* – Increase housing providers' involvement in adult safeguarding. *Originality/value* – The paper is of value, as there is a dearth of literature on the role and potential of housing and adult safeguarding.

Keywords: Social Welfare; Housing; Interinstitutional Relations; Professional-Client Relations

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Peck, M. D. (2012). Epidemiology of burns throughout the World. Part II: intentional burns in adults. *Burns*, 38(5), 630-637. doi: 10.1016/j.burns.2011.12.028

Abstract: A significant number of burns and deaths from fire are intentionally wrought. Rates of intentional burns are unevenly distributed throughout the world; India has a particularly high rate in young women whereas in Europe rates are higher in men in mid-life. Data from hospitalized burn patients worldwide reveal incidence rates for assault by fire and scalds ranging from 3% to 10%. The average proportion of the body surface area burned in an assault by fire or scalds is approximately 20%. In different parts of the world, attempted burning of others or oneself can be attributed to different motives. Circumstances under which assaults occur fall largely into the categories of interpersonal conflict, including spousal abuse, elder abuse, or interactions over contentious business transactions. Contributing social factors to assaults by burning include drug and alcohol abuse, non-constructive use of leisure time, non-participation in religious and community activities, unstable relationships, and extramarital affairs. Although the incidence of self-mutilation and suicide attempts by burning are relatively low, deliberate self-harm carries a significant risk of death, with an overall mortality rate of 65% worldwide. In those who resort to self-immolation, circumstantial themes reflect domestic discord, family dysfunction, and the social ramifications of unemployment. Preventing injurious burn-related violence requires a multifaceted approach, including legislation and enforcement, education, and advocacy. Better standardized assessment tools are needed to screen for risks of abuse and for psychiatric disorders in perpetrators.

Keywords: Burns; Self-Injurious Behavior; Violence; World Health

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Perez-Rojo, G., Izal, M., Montorio, I., Regato, P., & Espinosa, J. M. (2013). [Prevalence of elder abuse in Spanish dwelling in community.]. *Med Clin (Barc)*. doi: 10.1016/j.medcli.2012.09.048

Abstract: *BACKGROUND AND OBJECTIVE:* Although elder abuse is not a new phenomenon, it remains hidden. There have been carried out various preliminary studies about the prevalence of elder abuse in different countries. The aim of this study is to estimate the prevalence of suspicion of elder abuse in old persons without cognitive impairment, dwelling in community, who were attended in Primary Health Care or Social Services Centres. *PATIENTS AND METHOD:* We carried out a transverse study in which 340 elders participated. *RESULTS:* We found a 12.1% prevalence of suspicion of elder abuse. Psychological abuse suspicion was the most frequent type and it was very common the simultaneous presence of different types of abuse (psychological and physical and sexual). The suspicion of elder abuse was more frequent in women and spouses were responsible in a high great frequency. *CONCLUSIONS:* The information obtained allows advancing in the knowledge of elder abuse in Spain, where the research about this issue is poor. However, the prevalence found neither has to be considered as a social alarm nor as a social slackness.

Keywords: Spain, Spanish, social indifference, prevalence, attitudes and beliefs

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Phair, L., & Heath, H. (2012). Safeguarding vulnerable older people in hospital. *Nursing Standard*, 27(4), 50-55.

Abstract: Safeguarding vulnerable older people is the responsibility of all healthcare professionals, but what this means in reality and how it can be achieved in practice is not always well understood. This article provides guidance on how government initiatives can be used by nurses to improve the care of older people. The article identifies criteria for determining when a concern should be raised as a safeguarding alert and when neglect may be occurring. A positive culture encompassing zero tolerance of poor care in the hospital setting is advocated.

Keywords: safeguarding, clinical care, hospitals, environment

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Phelan, A. (2012). Elder abuse in the emergency department. *Int Emerg Nurs*, 20(4), 214-220. doi: 10.1016/j.ienj.2012.03.009

Abstract: Elder abuse is an important challenge in global societies. Detection of and

intervention in elder abuse is crucial to the well-being of older people. Older people are high consumers of health care services and the consequences of elder abuse may provide a catalyst to attendance in the emergency department. This paper considers the topic of elder abuse and examines issues pertaining to understandings, recognition, screening and care in the emergency department environment.

Keywords: Elder Abuse; Elder Abuse; Elder Abuse; Emergency Care; Emergency Patients; Emergency Service

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Phillips, L. R., Guo, G., & Kim, H. (2013). Elder Mistreatment in U.S. Residential Care Facilities: The Scope of the Problem. *Journal of Elder Abuse & Neglect*, 25(1), 19-39. doi: 10.1080/08946566.2012.712851

Abstract: Many in the United States believe elder mistreatment in long-term care is serious and widespread, but until recently few studies focused on the problem. This study was designed to describe the scope of mistreatment in assisted living facilities (ALFs) in Arizona during a 3-year period. Findings showed that receiving citations for elder mistreatment was relatively rare. However, analysis of narrative reports from only 7% of facilities showed 598 allegations of mistreatment in complaint investigations, of which 372 (62.2%) were substantiated and given citations for something other than mistreatment. Results show that elder mistreatment in ALFs is seriously underidentified, even by state inspectors.

Keywords: Assisted Living; Elder Abuse; Problem Identification; Prevalence

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Phillips, L. R., & Ziminski, C. (2012). The public health nursing role in elder neglect in assisted living facilities. *Public Health Nursing*, 29(6), 499-509. doi: 10.1111/j.1525-1446.2012.01029.x

Abstract: *Objective* Assisted living facilities (ALFs) are a highly unregulated segment of health care serving a large group of vulnerable elders. The purpose of this study was to examine the scope of neglect and neglect-related outcomes in ALFs and to determine whether citations given by state inspectors for certain institutional practices and staff inadequacies were associated with neglect. *Design and Sample* Exploratory descriptive. Citations given during routine inspections and narrative reports of complaint investigations written by Arizona state surveyors in 165 ALFs. *Measures* Database that included citations and allegations for the selected facilities. *Results* Neglect was related to numerous poor outcomes, including injury, emergency department visits, and relocation. Citations related to staff attitudes and inappropriate staffing were associated with more neglect. Data suggest that facilities with citations with enforcement actions had less neglect. *Conclusions* Public health nurses working with older adults residing in ALFs and working in

communities that have ALFS need to be aware of the problem of neglect and its related outcomes and their role in public policy and education. Public health nurses working as facility inspectors need to be sensitive to the relationship of institutional practices and staff inadequacies and neglect.

Keywords: Community Health Nursing; Elder Abuse; Nursing Role; Assisted Living

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Quinn, K. M., & Benson, W. F. (2012). The States' Elder Abuse Victim Services: A System in Search of Support. *Generations*, 36(3), 66-72.

Abstract: Gains have been made since the Elder Justice Act's enactment, but real progress lags.

Keywords: Elder Abuse; Crime Victims; Support, Psychosocial; Financing, Government

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Ramsey-Klawnsnik, H., & Teaster, P. B. (2012). Sexual Abuse Happens in Healthcare Facilities-What Can Be Done To Prevent It? *Generations*, 36(3), 53-59.

Abstract: Recommendations and practice guidelines from a recent comprehensive study on sexual abuse in institutions.

Keywords: Elder Abuse; Sexual Abuse; Health Facilities; Practice Guidelines; Government Agencies

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Rath, L. (2012). Advancing the Field: The Archstone Foundation Elder Abuse and Neglect Initiative. *Generations*, 36(3), 100-102.

Abstract: A strategic initiative in the Golden State yields powerful outcomes against elder abuse.

Keywords: Foundations; Elder Abuse; Research Support

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Russell, S. L., Fulmer, T., Singh, G., Valenti, M., Vermula, R., & Strauss, S. M. (2012). Screening for elder mistreatment in a dental clinic population. *J Elder Abuse Negl*, 24(4), 326-339. doi: 10.1080/08946566.2012.661683

Abstract: The purpose of this study was to establish the feasibility and utility of screening for elder mistreatment in a dental clinic population. We approached older adults in a busy

dental clinic and enrolled 139 persons over the age of 65 who completed an Audio Computer Assisted Self Interview (ACASI), which included the Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST). Overall, 48.4% of the participants scored 3 or greater on the HS-EAST, and 28.3% scored 4 or greater. Our study suggests that there is an opportunity to screen in busy dental clinics and to facilitate early detection for those patients who screen positive for elder mistreatment.

Keywords: Health Screening; Elder Abuse; Dental Clinics

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Sacks, D., Das, D., Romanick, R., Caron, M., Morano, C., & Fahs, M. C. (2012). The Value of Daily Money Management: An Analysis of Outcomes and Costs. *Journal of Evidence-Based Social Work, 9*(5), 498-511. doi: 10.1080/15433714.2011.581530

Abstract: For vulnerable and frail older adults, management of daily financial obligations can become an overwhelming burden spiraling into at-risk situations. Social service agencies have developed community-based Daily Money Management programs to assist these adults in protecting their financial security. Through this study the authors present the first economic estimates of the costs of Daily Money Management programs which, along with case management programs, save \$60,000 per individual when compared with the cost of nursing home placement, making them highly cost effective. Most importantly, individuals are able to remain in their homes. The authors address the current gap between cost-effective community-based practice and public policy support.

Keywords: Financial Management; Outcomes of Education; Frail Elderly; Economic and Social Security

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Sandmoe, A., & Kirkevold, M. (2013). Identifying and handling abused older clients in community care: the perspectives of nurse managers. *International Journal of Older People Nursing, 8*(2), 83-92. doi: 10.1111/j.1748-3743.2011.00279.x

Abstract: **BACKGROUND:** Abuse of older people can lead to an increased need for health care services, and early identification of and intervention with abused, older clients should be a priority. **OBJECTIVES:** To gain knowledge about how nurse managers and their staff identify and handle abused older clients. **DESIGN:** Qualitative study. **METHODS:** Fifty-two participants were interviewed, the text transcribed and analysed using manifest qualitative content analysis. **FINDINGS AND DISCUSSION:** The identification and handling of older victims depended on individual nurses and the involvement of the participants and are based on clinical experience and less on knowledge through professional training and education. The participants emphasised the need for an individualised approach to older victims suspected of abuse. The important role of the nurse managers in the handling of abuse is discussed as well as the need for support of the nurse managers and the staff in community care by increased interdisciplinary

collaboration to handle complex cases. *CONCLUSION*: The identification and handling of abused older clients are a challenging issue for community care, and more knowledge and support are needed. *IMPLICATIONS FOR PRACTICE*: The concept of elder abuse must be clarified, and strategies for its identification and intervention must be developed.

Keywords: Gerontologic Nursing; Nurse Managers; Elder Abuse; Nurse Attitudes

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Santos, C. M., Marchi, R. J., Martins, A. B., Hugo, F. N., Padilha, D. M., & Hilgert, J. B. (2013). The prevalence of elder abuse in the Porto Alegre metropolitan area. *Braz Oral Res*, 0.

Abstract: Abuse of the elderly is a form of violence to come to the public's attention. Dental professionals are in an ideal position to identify physical abuse. The aim of this study was to assess the prevalence of elderly abuse and analyze the database of injury reports that can be identified by dental teams. A documentary analysis study developed by the Elderly Protection Police Station of Porto Alegre, Rio Grande do Sul, was carried out. The information used came from 2,304 complaints filed at the aforementioned institution between the years of 2004 and 2006. The records of abuse are categorized as injury, neglect, mistreatment, theft, financial abuse, threat, disturbing the peace, atypical fact, and others. The injuries that could be identified by the dental team were classified according to the injury's location in the area of the head, face, mouth and neck. Descriptive analysis was performed, and chi-square tests were used to evaluate the distributions of the types of elder abuse in relation to sex and age. The most frequent of the different types of abuse was theft, with a prevalence of 17.8%, followed by disturbing the peace at 11.8%. Disturbing the peace, threat, and bodily injury were significantly associated with women. Elder abuse among women and men declines with age. The prevalence of head injury was 25% of the total injuries, most often in females, and in those aged < 70 years. Based on these results, it is necessary that the dental team observe the elderly person's appearance for suspicious physical signs.

Keywords: Elder Abuse; Prevalence; Dentistry

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Satoh, F., Seto, Y., Hasegawa, I., & Osawa, M. (2012). Fatal Staphylococcus aureus bacteremia in the Felty syndrome: a maltreatment-suspected case. *Leg Med (Tokyo)*, 14(5), 246-248. doi: 10.1016/j.legalmed.2012.03.006

Abstract: Familial neglect was suspected when an older deceased female was found to have large decubitus ulcers and weight loss. Postmortem examinations including histopathology and bacterial culture revealed systemic Staphylococcus aureus infection as the cause of death. The victim might have exhibited Felty syndrome, which is characterized by complications of splenomegaly and neutropenia in the underlying rheumatoid arthritis. As a result of neutropenia, the affected individual was susceptible to skin ulcer formation and sepsis. The manifestation of pressure ulcers as abuse biomarkers should also be explored

from interaction with intrinsic disease factors.

Keywords: Pressure Ulcer; Bacteremia; Staphylococcal Infections

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Sauvageau, A., & Hunter, B. C. (2012). Self-neglect: adaptation of a clinical tool to the practice of the medical examiner. *Am J Forensic Med Pathol*, 33(3), 289-292. doi: 10.1097/PAF.0b013e3181f70d7c

Abstract: Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. It is the most common allegation reported to Adult Protective Services agencies throughout the United States. Unfortunately, it seems that most medical examiners and their teams are not trained appropriately on self-neglect and forget to ask pertinent questions and document relevant observations. The most important aspect of self-neglect for the medical examiner is to recognize the diagnosis to avoid confusion with other forms of elder abuse, particularly neglect from a third party. In this context, a self-neglect scale could be a useful tool to assist the death investigation team. In the clinical field, a self-neglect severity scale was developed by the Consortium for Research in Elder Self-Neglect of Texas. It is here proposed that a self-neglect severity scale for medical examiners should be developed, to assist the investigative team in assessing these common cases. This scale is developed by modifying the clinical scale to adapt it to the particular needs of death investigation. This scale can help the medical examiner and his team in approaching these deaths in a systematic and comprehensive way.

Keywords: Hygiene; Self Care

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Schofield, M. J., Powers, J. R., & Loxton, D. (2013). Mortality and Disability Outcomes of Self-Reported Elder Abuse: A 12-Year Prospective Investigation. *Journal of the American Geriatrics Society*, 61(5), 679-685. doi: 10.1111/jgs.12212

Abstract: Objectives: To determine whether elder abuse can predict mortality and disability over the ensuing 12 years. Design: Population-based prospective cohort study of women aged 70 to 75 in 1996; survival analysis. Setting: Australia. Participants: Twelve thousand sixty-six women with complete data on elder abuse. Measurements: Elder abuse was assessed using the 12-item Vulnerability to Abuse Screening Scale (VASS) subscales: vulnerability, coercion, dependence, and dejection. Outcomes were death and disability (defined as an affirmative response to "Do you regularly need help with daily tasks because of long-term illness, disability or frailty?"). Results: In 1996, 8% reported vulnerability, 6% coercion, 18% dependence, and 22% dejection. By October 2008, 3,488 (29%) had died. Mortality was associated with coercion (hazard ratio (HR) = 1.21, 95% confidence interval (CI) = 1.06–1.40) and dejection (HR = 1.12, 95% CI = 1.03–1.23), after controlling for demographic characteristics, social support, and health behavior but not after adding chronic conditions to the coercion model. Over the

12 years, 2,158 of 11,027 women who had reported no disability in 1996 reported disability. Women who reported vulnerability (HR = 1.25, 95% CI = 1.06–1.49) or dejection (HR = 1.55, 95% CI = 1.38–1.73) were at greater risk of disability, after controlling for demographic characteristics, social support, and health behavior. The relationship remained significant for dejection when chronic conditions and mental health were included in the model (HR = 1.40, 95% CI = 1.24–1.58). Conclusion: Specific components of vulnerability to elder abuse were differently associated with rates of disability and mortality over the ensuing 12 years

Keywords: elder abuse, screening, health outcomes, mortality, disability

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Sibbald, B., & Holroyd-Leduc, J. M. (2012). Protecting our most vulnerable elders from abuse. *CMAJ: Canadian Medical Association Journal*, 184(16), 1763-1763. doi: 10.1503/cmaj.121472

Abstract: Editorial regarding recent legislation in Canada meant to protect seniors

Keywords: Elder Abuse; Preventive Health Care; Special Populations

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Solomon, J., & Reingold, D. A. (2012). Creating an Elder Abuse Shelter: A Best-Practice model for Nonprofit Nursing Homes. *Generations*, 36(3), 64-65.

Abstract: Nursing homes can be a safe haven for victims of elder abuse, and embracing this idea can be an effective response to the current elder abuse crisis.

Keywords: Nursing Homes; Organizations, Nonprofit; Elder Abuse; Crisis Intervention

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Stark, S. (2012). Elder abuse: Screening, intervention and prevention. *Nursing*, 42(10), 24-25. doi: 10.1097/01.NURSE.0000419426.05524.45

Abstract: Up to 2 million older adults are victims of abuse in the United States annually. By one estimate, for every case of elder abuse or neglect that's reported, five aren't. In fact, 84% of elder abuse cases are never reported to any adult protective service agency. As baby boomers age, the incidence of elder abuse is likely to increase. This article will offer valuable information on how to screen patients for elder abuse, help them get the help they need, and provide them with resources to prevent elder abuse from happening.

Keywords: Elder Abuse; Elder Abuse; Gerontologic Nursing; Nursing Practice

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Stefanacci, R. G., & Haimowitz, D. (2013). Assisted Living Column. What we need to report and to whom. *Geriatric Nursing*, 34(1), 68-71. doi: 10.1016/j.gerinurse.2012.12.006

Abstract: It's become a routine part of every health care provider's day reporting. Filling out reports concerning how our residents are doing or what we are doing to our residents seems to occupy the bulk of our days. Much of our reporting is spelled out in our scope of services but increasingly more and more documentation is being required by regulation. These regulations come from a host of government agencies including the department of motor vehicles, state health departments, and state attorney general's office amongst others. While we are attempting here to provide some guidance to reporting requirements unfortunately a list is not that simple any list of your reporting requirements is dependent on the state that you practice and your specific discipline. And while some may only place the requirement on a licensed physician, for legal and ethical reasons nurses should be knowledgeable so they can play an appropriate role. In addition any list is very time sensitive as regulatory agencies are constantly making changes, more often than not adding additional reporting requirements. Reporting requirements typically come in two forms: concern over the safety and well-being of our patient and those involving the public's wellbeing. Some, like the reporting of dangerous drivers, involve both. While there is a great deal of reporting requirements this article will focus on elder abuse, adverse events, infectious diseases, potential harm to self and/or others, driving, and fraud. These will cover the majority of reporting requirements and provide you and your staff a solid foundation.

Keywords: Voluntary Reporting; Assisted Living

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Strasser, S., King, P., Payne, B., & O'Quin, K. (2013). Elder Abuse: What Coroners Know and Need to Know. *Journal of Elder Abuse & Neglect*, 25(3), 242-253. doi: 10.1080/08946566.2012.751826

Abstract: This article presents findings from a survey examining knowledge of elder abuse among Georgia's coroners. More than half of the 116 respondents indicated that they know "almost nothing" or "a little" about distinguishing signs of physical abuse from signs of aging (54%) and mandatory reporting laws and related elder abuse statutes (63%). When asked the frequency with which older adult cases were referred to the medical examiner, 49% indicated "rarely if ever." Study findings reveal specific opportunities for enhancing training efforts aimed at coroners, who play a critical role in the identification of elder abuse.

Keywords: Coroners and Medical Examiners; Professional Knowledge; Elder Abuse; Information Needs

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Summaries for patients. Screening for intimate partner violence and abuse of vulnerable adults:

U.S. Preventive Services Task Force recommendation. (2013a) *Ann Intern Med* (Vol. 158, pp. I-28). United States.

Abstract: Update of the 2004 U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for family and intimate partner violence (IPV). METHODS: The USPSTF commissioned a systematic evidence review on screening women for IPV and elderly and vulnerable adults for abuse and neglect. This review examined the accuracy of screening tools for identifying IPV and the benefits and harms of screening women of childbearing age and elderly and vulnerable adults. POPULATION: These recommendations apply to asymptomatic women (women who do not have signs or symptoms of abuse) of reproductive age and elderly and vulnerable adults. RECOMMENDATION: The USPSTF recommends that clinicians screen women of childbearing age for IPV, such as domestic violence, and provide or refer women who screen positive to intervention services (B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect (I statement).

Keywords: Domestic Violence; Elder Abuse; Health Screening; Sexual Partners

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Switzer, J. A., & Michienzi, A. E. (2012). Elder abuse: an update on prevalence, identification, and reporting for the orthopaedic surgeon. *J Am Acad Orthop Surg*, 20(12), 788-794. doi: 10.5435/jaaos-20-12-788

Abstract: Elder abuse is an underestimated mechanism of musculoskeletal injury and is of significant concern in geriatric and rapidly aging populations of the United States. Abuse can occur in a home or institutional setting and may include physical, sexual, emotional, or financial abuse as well as neglect or abandonment. Elderly persons with shared living arrangements, those with a history of domestic violence, and those with cognitive impairment are at high risk of abuse. Prevalence studies in the United States estimate that more than 1 million elderly persons are victims of abuse annually, and up to 25% have been physically abused. Multiple fractures, inconsistent histories, bruising, dehydration, and malnutrition are indications of abuse that can be identified by the orthopaedic surgeon. Elder abuse is often overlooked and is severely underreported. Because physicians are required to report abuse to agencies such as Adult Protective Services, awareness of its prevalence is essential, and the orthopaedic surgeon must know how best to identify, treat, and report elder abuse.

Keywords: prevalence, orthopedic, surgery, risks, reporting

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T-V

Teresi, J. A., Ramirez, M., Ellis, J., Silver, S., Boratgis, G., Kong, J., . . . Lachs, M. S. (2013). A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting: results from a cluster randomized trial. *Int J Nurs Stud*, 50(5), 644-656. doi: 10.1016/j.ijnurstu.2012.10.010

Abstract: **BACKGROUND:** Elder abuse in long-term care has received considerable attention; however, resident-to-resident elder mistreatment (R-REM) has not been well researched. Preliminary findings from studies of R-REM suggest that it is sufficiently widespread to merit concern, and is likely to have serious detrimental outcomes for residents. However, no evidence-based training, intervention and implementation strategies exist that address this issue. **OBJECTIVES:** The objective was to evaluate the impact of a newly developed R-REM training intervention for nursing staff on knowledge, recognition and reporting of R-REM. **DESIGN:** The design was a prospective cluster randomized trial with randomization at the unit level. **METHODS:** A sample of 1405 residents (685 in the control and 720 in the intervention group) from 47 New York City nursing home units (23 experimental and 24 control) in 5 nursing homes was assessed. Data were collected at three waves: baseline, 6 and 12 months. Staff on the experimental units received the training and implementation protocols, while those on the comparison units did not. Evaluation of outcomes was conducted on an intent-to-treat basis using mixed (random and fixed effects) models for continuous knowledge variables and Poisson regressions for longitudinal count data measuring recognition and reporting. **RESULTS:** There was a significant increase in knowledge post-training, controlling for pre-training levels for the intervention group ($p < 0.001$), significantly increased recognition of R-REM ($p < 0.001$), and longitudinal reporting in the intervention as contrasted with the control group ($p = 0.0058$). **CONCLUSIONS:** A longitudinal evaluation demonstrated that the training intervention was effective in enhancing knowledge, recognition and reporting of R-REM. It is recommended that this training program be implemented in long-term care facilities.

Keywords: Elder Abuse; Nursing Home Personnel; Staff Development

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Touza, C., Prado, C., & Segura, M. P. (2012). Detection Scales for the Risk of Domestic Abuse and Self-Negligent Behavior in Elderly Persons (EDMA). *Journal of Elder Abuse & Neglect*, 24(4), 312-325. doi: 10.1080/08946566.2012.661682

Abstract: This article presents the results of a study carried out to determine the psychometric properties of an instrument designed for use by social services professionals to detect domestic abuse and self-negligent behavior in elderly persons. After giving a description of the features of the instrument and the design of the study, the results obtained, in terms of the reliability and validity of the instrument, are shown. Finally, the authors compare their instrument and its test results with other established instruments and indicate the limits of their study.

Keywords: Instrument Validation; Psychometrics; Domestic Violence; Elder Abuse; Self Neglect

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Tredal, I., F., Sundin, Ö., Viitasara, E., Melchiorre, M. G., Torres-Gonzales, F., . . . Barros, H. (2013). Alcohol use among abused and non-abused older persons aged 60-84 years: An European study. *Drugs: Education, Prevention & Policy*, 20(2), 96-109. doi: 10.3109/09687637.2012.751087

Abstract: *Aims:* Describing alcohol use by abuse type (e.g. psychological) and considering other factors (e.g. depression). *Methods:* The respondents were 4467 (2559 women, 57.3%) randomly selected elders (60-84 years) from seven European cities. The cross-sectional data were collected with scales covering various areas and examined with bivariate/multivariate methods. *Findings:* Psychologically abused elders were more often alcohol users than non-users (21.7% vs. 16.3%) and the opposite regarding financially abused elders (4.8% vs. 3.5%). Psychologically abused elders also had more often three or more drinks containing alcohol in a drinking day (21.1% vs. 16.1%) and six or more drinks on one occasion (24.5% vs. 18.3%). Psychological abuse, demographics/socio-economics (e.g. education), smoking and leisure activities were positively associated alcohol use, and being from certain countries (e.g. Italy), age (e.g. 80-84 years), depression and financial abuse negatively. *Conclusions:* Across countries, 64.2% of the elders were drinkers. Some variables (e.g. psychological abuse) were positively related to alcohol use and others (e.g. depression) negatively. Many of the elders were exposed to abuse. Our findings may be useful to prevent/manage drinking and abuse among elders. However, alcohol use was influenced by various factors that need to be further elucidated, particularly the relation between abuse and drinking.

Keywords: Sexuality; Drinking; Depression (Psychology); Foreign Countries; Psychology; Multivariate Analysis

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Turner, A., Hochschild, A., Burnett, J., Zulfiqar, A., & Dyer, C. B. (2012). High Prevalence of Medication Non-Adherence in a Sample of Community-Dwelling Older Adults with Adult Protective Services-Validated Self-Neglect. *Drugs & Aging*, 29(9), 741-749. doi: 10.1007/s40266-012-0007-2

Abstract: *BACKGROUND:* Medication non-adherence can exacerbate disease severity, leading to impairments that interfere with self-care activities in older adults, and, ultimately, death. Elder self-neglect is the most common report to Adult Protective Services (APS) across the USA and is a significant risk factor for early mortality. These individuals often suffer from multiple comorbid diseases that require careful management, but for various reasons they are unwilling or unable to provide themselves with the self-care resources necessary for maintaining health and safety. No studies have assessed

whether medication adherence is associated with elder self-neglect. *OBJECTIVE:* The purpose of this study was to assess and describe medication adherence in this population, as well as evaluate associations between medication adherence and cognitive impairment, depression, physical function, and abilities to perform basic and instrumental activities of daily living (BADLs and IADLs). *METHODS:* A cross-sectional study of 100 community-dwelling adults 65 years of age and older with APS-substantiated elder self-neglect were assessed. In-home comprehensive geriatric assessments (CGAs) were completed and included medication reviews. Information on each medication, including the amount taken from the date dispensed, was collected and used to determine adherence. The criteria for non-adherence were taking <80 or >110 % of at least one medication. The sample was also split into groups of low adherence (≤ 29 %), moderate adherence (29-86 %) and high adherence (≥ 86 %). Scores on the CGA measures Mini-Mental State Examination, Geriatric Depression Scale, Physical Performance Test (PPT) and Kohlman Evaluation of Living Skills were assessed to determine whether cognitive impairment, depression, physical function, and/or ability to perform BADLs and IADLs were associated with non-adherence or low, moderate or high levels of adherence. *RESULTS:* Twenty-five per cent of the sample was taking more than seven medications daily. The average rate of adherence was 59 %. Only eight participants (10 %) were adherent to their entire medication regimen, and thus, 90 % were considered non-adherent to at least one medication. The mean number of medications to which individuals were non-adherent was 3.4. The cognitive impairment, depression, physical function and BADL/IADL measures were not statistically associated with medication non-adherence using the cut-points of <80 or >110 %. However, when split into tertiles, the lowest medication adherence level (≤ 29 %) was significantly associated with a greater number of medications being consumed and lower objective physical function levels as measured by the PPT. *CONCLUSIONS:* Medication non-adherence is a very prevalent problem among older adults who are self-neglecting, and higher non-adherence levels were associated with the number of medications being consumed as well as lower physical function. Physicians who find high rates of medication non-adherence in their patients should consider barriers to adherence, including a large number of medications, lower physical function and the possibility of elder self-neglect. Future efforts should focus on studying the underlying reasons for medication non-adherence in larger samples of older adults who are self-neglecting. This would facilitate the development of interventions to reduce medication non-adherence in this population.

Keywords: Medication Compliance; Self Neglect; Elder Abuse

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Ulrey, P., & Brandl, B. (2012). Collaboration is Essential: King County's Response to a Case of Elder Abuse and Exploitation. *Generations*, 36(3), 73-78.

Abstract: After multiple missed opportunities for intervention, a community finally responds—and an offender is held accountable.

Keywords: Collaboration; Elder Abuse; Community Role; Accountability

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W-Z

Wagner, L. M., Castle, N. G., Reid, K. C., & Stone, R. (2013). U. S. Department of Health Adverse Event Reporting Policies for Nursing Homes. *Journal for Healthcare Quality: Promoting Excellence in Healthcare*, 35(3), 9-14. doi: 10.1111/j.1945-1474.2011.00177.x

Abstract: The objectives of this study were to describe state policies for the frequency of adverse event reporting and follow-up that occurs in U. S. nursing homes, and to identify the health information technology used to facilitate these processes. The study was conducted using a mailed survey to the Departments of Health (DOH) in all 50 states, specifically the department that is responsible for the oversight and regulation of nursing home care. Thirty-two state DOH representatives participated. The primary variables examined were (1) which incidents were most commonly reported to state DOH and (2) whether or not they were followed up with a surveyor visit to the nursing home. There was wide variation in incident reporting processes across all states and lack of a standardized process. Abuse is the only adverse event that almost always is required to be reported to the state DOH and has the highest incidence of follow-up with a surveyor visit. Improving and standardizing adverse event reporting systems is a necessary strategy to enhance patient safety in nursing homes. This study provides an important step by increasing our knowledge base of the current state of adverse event reporting policies and processes at the state level.

Keywords: Adverse Health Care Event; Nursing Homes; Mandatory Reporting; Data Collection Methods

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Walsh, C. A., & Yon, Y. (2012). 'Developing an empirical profile for elder abuse research in Canada': Corrigendum. *Journal of Elder Abuse & Neglect*, 24(4). doi: 10.1080/08946566.2012.723568

Abstract: The aging population of Canada and the associated caregiving demands highlight the need for elder abuse research. The objectives of this article are to provide a review of literature while identifying recommendations and directions for future research. Significant gaps in the knowledge base are identified that preclude the development of effective programming and policies. Future research directions include prevalence studies in community and institutional settings; studies on correlates, risk, and protective factors; research to clarify definitional issues and to develop psychometrically sound measurements; qualitative studies; and the need to support elder abuse research through capacity building and appropriate resource strategies.

Keywords: Elder Abuse; Research Priorities; Knowledge Management; Policy Making

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Wanderbroocke, A. C., & More, C. L. (2012). [Meanings of family violence against the elderly from the standpoint of professionals in Primary Healthcare]. *Cien Saude Colet*, 17(8), 2095-2103.

Abstract: This qualitative study sought to analyze the meanings attributed to domestic violence against the elderly by professionals in Primary Healthcare. A total of 10 health professionals from different backgrounds from a renowned health unit for care of the elderly took part, and the data was collected through semi-structured interviews. Taking the Grounded Theory as a benchmark, the data were integrated and organized into categories, subcategories and elements of analysis. The results revealed the participants' expectation that the family acts as support and protection for the elderly and that domestic violence violates this principle. The significance of abuse of the elder was found to be grounded in the idea "of the frail and dependent elderly person," limiting the viewing of cases that do not fit this profile

Keywords: The elderly, Health team, Domestic violence, Primary Healthcare

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Waters, A. (2012). Prioritise prevention. *Nurs Stand*, 27(12), 40-41.

Abstract: Safeguarding procedures provide a framework that enables nurses to identify failings in care, and to ensure appropriate action is taken. Lynne Phair and Hazel Heath explain why it is essential for nurses to understand neglect and how it should be tackled. They argue that compassion for, and engagement with, vulnerable patients is the bedrock of good nursing.

Keywords: prevention, neglect, intervention, nursing, standards

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Wood, E. F. (2012). The Paradox of Adult Guardianship: A Solution to-and a Source for-Elder Abuse. *Generations*, 36(3), 79-82.

Abstract: The real-world picture of guardianship is less than ideal: guardianship can be a godsend or a gulag, a help or a hindrance.

Keywords: Guardianship, Legal; Elder Abuse; Courts; Accountability

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Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Can Fam Physician*, 58(12), 1336-1340, e1695-1338.

Abstract: *OBJECTIVE*: To discuss what constitutes elder abuse, why family physicians should be aware of it, what signs and symptoms might suggest mistreatment of older adults, how the Elder Abuse Suspicion Index might help in identification of abuse, and what options exist for responding to suspicions of abuse. *SOURCES OF INFORMATION*: MEDLINE, PsycINFO, and Social Work Abstracts were searched for publications in English or French, from 1970 to 2011, using the terms elder abuse, elder neglect, elder mistreatment, seniors, older adults, violence, identification, detection tools, and signs and symptoms. Relevant publications were reviewed. *MAIN MESSAGE*: Elder abuse is an important cause of morbidity and mortality in older adults. While family physicians are well placed to identify mistreatment of seniors, their actual rates of reporting abuse are lower than those in other professions. This might be improved by an understanding of the range of acts that constitute elder abuse and what signs and symptoms seen in the office might suggest abuse. Detection might be enhanced by use of a short validated tool, such as the Elder Abuse Suspicion Index. *CONCLUSION*: Family physicians can play a larger role in identifying possible elder abuse. Once suspicion of abuse is raised, most communities have social service or law enforcement providers available to do additional assessments and interventions.

Keywords: Elder Abuse; Family Practice; Physician's Role

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Yaffe, M. J., Weiss, D., & Lithwick, M. (2012). Seniors' Self-Administration of the Elder Abuse Suspicion Index (EASI): A Feasibility Study. *Journal of Elder Abuse & Neglect*, 24(4), 277-292. doi: 10.1080/08946566.2011.652930

Abstract: This study explored the feasibility of seniors aged 65 and over with MMSE \geq 24 completing the EASI-sa, a self-administrable version of the Elder Abuse Suspicion Index (EASI). A convenience sample of 210 was stratified by age, sex, and language (English and French). All completed the EASI-sa within an estimated 5 minutes, 82.9% within 2 minutes. Completion time decreased with higher education, but was not affected by age, sex, language, or measured physical or mental health. No questions went unanswered; no words were poorly understood or discomfoting. The EASI-sa completion was associated with a significantly increased understanding about elder abuse ($p < 0.0001$).

Keywords: Self Assessment; Elder Abuse; Health Knowledge; Patient Attitudes

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Yan, E., & Chan, K. L. (2012). Prevalence and correlates of intimate partner violence among older Chinese couples in Hong Kong. *International Psychogeriatrics*, 24(9), 1437-1446. doi: 10.1017/S1041610212000294

Abstract: *BACKGROUND*: This study examined the prevalence and risk factors for intimate partner violence (IPV) among Chinese older couples in Hong Kong. *METHODS*: A population representative sample was surveyed. *RESULTS*: The prevalence of IPV in

older adults was found to be quite high in the present study, with a lifetime prevalence ranging from 1.4% to 53.6%, and a past year prevalence ranging from 0.4% to 36.1% for various forms of aggression. Results of logistic regression analyses showed that older persons who were younger among this "older" group, who were not employed, who had a substance abuse problem, who had witnessed parental violence during their childhood, who had a criminal history, who had a low level of assertiveness, who had an anger management problem, who experienced a low level of social support and/or experienced stressful conditions, were all more likely to fall victims of IPV. *CONCLUSION*: It is suggested that IPV in older couples is a complex phenomenon that is closely intertwined with other forms of domestic violence, including spousal violence, child abuse, in-law conflicts, and elderly adult abuse. Thus, before we have more definitive and concrete evidence that IPV in older couples should definitively come under the category of elder abuse or IPV, it is advisable to treat it under its own separate category of family violence.

Keywords: Elder Abuse; Intimate Partner Violence; Aged: 65+ years; Aged, 80 and over

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Zhang, Z., Page, C., Conner, T., & Post, L. A. (2012). Family members' reports of non-staff abuse in Michigan nursing homes. *Journal of Elder Abuse & Neglect*, 24(4), 357-369. doi: 10.1080/08946566.2012.661687

Abstract: Recent research showed that mistreatment of nursing home residents by other residents may be highly prevalent. The present study examined the issue from family members' perspectives. The data came from the 2005 and 2007 random-digit dial telephone surveys of Michigan households with a family member in long-term care. Based on family members' reports, about 10% of nursing home residents aged 60 and over were abused by non-staff in nursing homes (e.g., other residents and visitors) during the past 12 months. Family members were more likely to report non-staff abuse when the nursing home residents were younger, were female, had behavior problems, and had greater level of physical functioning. Family members who reported staff abuse were four times more likely to also report non-staff abuse.

Keywords: Patient Assault; Nursing Home Patients; Family Attitudes

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Zhong, X. B., & Lou, V. W. (2013). Person-centered care in Chinese residential care facilities: a preliminary measure. *Aging Ment Health*. doi: 10.1080/13607863.2013.790925

Abstract: *Objectives*: Person-centered care (PCC) is one of the most desirable approaches for elderly with dementia. However, it has not been initiated and systematically studied in China, on which lacking of reliable and valid measurement tools is one of the key barriers. This paper aims to validate person-centered care assessment tools (P-CAT) in a Chinese context. *Method*: The original 13-item was translated and back translated. And 11 items

were added based on literature review and expert consultation. The resulting 24-item P-CAT-C was validated among a sample of formal caregivers (n = 330) in all 34 residential care facilities in urban Xi'an, a representative city in north-western China. Chinese versions of staff-based measures of individualized care for institutionalized persons with dementia (IC) and caregiver psychological elder abuse behavior (CPEAB) scale were used to test the criterion validity. *Results:* Confirmatory factor analysis (CFA) showed that a three-factor 15-item solution provided adequate fit indices to the data ($\chi^2 = 145.691$, $df = 81$, $p < 0.001$, comparative fit index (CFI) = 0.926, Tucker-Lewis index (TLI) = 0.905, root mean square error of approximation (RMSEA) = 0.050). Four new items were identified and two original items were excluded. The three factors are named as (1) individualized care (6-item); (2) organizational support (6-item); and (3) environmental accessibility (3-item). The internal consistency coefficient (Cronbach's $\alpha = 0.684$) is satisfactory. The interscale correlation among P-CAT-C, IC, and CPEAB showed good criterion validity. *Conclusion:* P-CAT-C is a culturally adapted version of the original P-CAT, which showed satisfactory reliability and validity for evaluating PCC in Chinese residential care facilities. It also provides insight to other developing countries.

Keywords: China, Residential care, study, assessment, reliability

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