



## NARRATIVE REVIEW

## Nursing assessment of suspected violence against aged persons: from literature to practice

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### Findings:

*This review focuses the tools in the literature for assessing elder abuse, comparing their characteristics and use.*

### ABSTRACT

**BACKGROUND:** Elder abuse is a widespread, underestimated, and poorly understood problem in both the healthcare environment and society, responsible for 2,500 deaths per year in Europe. Elder abuse represents one of the most critical issues as it affects the mental and physical well-being of older people; no paper so far has discussed the existing scales and assessment methods in the light of background factors (i.e., family characteristics and social context) and clinical presentation of the potentially abused older people.

**AIM:** To provide an overview of the risk and protective factors, signs and symptoms, and assessment criteria that nurses can follow to assess situations potentially related to elder abuse.

**METHODS:** Narrative review on Pubmed, CINAHL, and Cochrane Library.

**RESULTS:** The retrieved literature offered insights on 19 assessment tools available in the literature and allowed focus on those dedicated to nursing. This is paramount because of the multifaceted nature of elder abuse, in which nursing, medical, legal, social, and ethical aspects are involved.

**DISCUSSION:** Many retrieved instruments were conceived for doctors or healthcare professionals other than nurses, and some were time-intensive (i.e., 2-hour interviews) or required usage in conjunction with other tools. The EASI and HS-EAST tools are the only validated instruments nurses can use. However, the EASI is only partially validated, as no internal consistency analysis was reported by the authors, which could limit the reproducibility of the assessment. The HS-EAST has only been tested on women.

**CONCLUSION:** Assessing the older person with signs and symptoms of potential violence remains an important topic in many nursing settings, including home care and emergency. Validation studies are urged to obtain reliable tools aimed at successfully identifying the potential victims of violence.

**KEYWORDS:** *Older people, Abuse, Nursing, Assessment, Nurses*

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REVISIONE NARRATIVA DELLA LETTERATURA

## Valutazione infermieristica del sospetto di violenza nei confronti delle persone anziane: dalla letteratura alla pratica

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### Riscontri:

*Questa revisione focalizza gli strumenti presenti in letteratura per la valutazione degli abusi sull'anziano, confrontandone le caratteristiche e l'utilizzo.*

### ABSTRACT

**INTRODUZIONE:** L'abuso sugli anziani rappresenta una problematica critica; finora nessun articolo ha discusso le scale ed i metodi di valutazione esistenti alla luce dei fattori di base (es: caratteristiche della famiglia, contesto sociale) e della presentazione clinica delle persone anziane potenzialmente abusate.

**OBIETTIVO:** fornire una panoramica dei fattori di rischio e protettivi, dei segni, dei sintomi e dei criteri di valutazione che gli infermieri possono seguire per valutare le situazioni potenzialmente correlate all'abuso sugli anziani.

**MATERIALI E METODI:** Revisione narrativa su Pubmed, CINAHL e Cochrane Library.

**RISULTATI:** La letteratura recuperata ha riscontrato 19 strumenti di valutazione disponibili e ha permesso di concentrarsi su quelli dedicati all'assistenza infermieristica. Ciò è fondamentale a causa della natura multiforme dell'abuso sugli anziani, in cui sono coinvolti aspetti infermieristici, medici, legali, sociali ed etici.

**DISCUSSIONE:** Molti degli strumenti recuperati sono stati concepiti per medici o operatori sanitari diversi dagli infermieri, e alcuni richiedevano molto tempo (ad esempio, interviste di 2 ore) o l'utilizzo in combinazione con altri strumenti. Gli strumenti EASI e HS-EAST sono gli unici strumenti validati che gli infermieri possono utilizzare. Tuttavia, l'EASI è solo parzialmente validato, in quanto gli autori non hanno riportato alcuna analisi di coerenza interna, il che potrebbe limitare la riproducibilità della valutazione. L'HS-EAST è stato testato solo sulle donne.

**CONCLUSIONI:** La valutazione della persona anziana con segni e sintomi di potenziale violenza rimane un argomento importante in molti contesti infermieristici, compresa l'assistenza domiciliare e l'emergenza. È necessario condurre studi di validazione per ottenere strumenti affidabili che permettano di identificare con successo le potenziali vittime di violenza.

**KEYWORDS:** *Anziani, Abusi, Infermieristica, Valutazione, Infermieri*

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## BACKGROUND

The World Health Organization defines elder abuse as "a single or repeated action, or lack of appropriate action, that occurs within any relationship in which an expectation of trust develops and causes harm or pain to the older person."<sup>(1)</sup> Elder abuse is a widespread, underestimated, and poorly understood problem in both the healthcare environment and society, responsible for 2,500 deaths per year in Europe<sup>(2)</sup>. Four to six per cent of older people report experiencing severe mistreatment during the previous month. In addition, an estimated 29 million European individuals analyzed (194% of the total) are victims of psychological abuse, 6 million of financial abuse, 4 million of physical abuse, and 1 million of sexual abuse<sup>(3)</sup>. In 2050, one-third of the European population is expected to be 60 and older<sup>(4)</sup>; as life expectancy increases, the risk of abuse increases the probability of events that could lead aged persons to disabilities or dependency on a caregiver. Abuse has come to attention only in recent years but represents one of the most critical issues as it affects the mental and physical well-being of older people; however, its dimensions are not fully known both because of the lack of reports and because of the difficulties that health professionals sometimes encounter in detecting its signs and symptoms<sup>(1,4)</sup>.

Elder abuse is of great interest to nursing, considering the number of different contexts in which nurses may come into contact with potentially abused older people. Nurses work on the front lines

of home care, as they carry out more than three times as many interventions as other professions, and their activities account for about 40 per cent of emergency interventions. Consequently, if adequately trained, nurses play a significant role in recognizing the development of physical assessment criteria to help distinguish signs of age from those of illness or abuse. In addition, preventing elder mistreatment is a matter of human rights and social solidarity<sup>(4)</sup>.

Many screening protocols and tests can assist nurses in assessing and recognizing signs and symptoms. However, finding a short, comprehensive, easy-to-use, validated, and standardized instrument is challenging. Only some tools can be used by nurses, and some require specific training; some have yet to be validated regarding sensitivity, specificity, or internal consistency. A few years ago, a systematic review <sup>(3)</sup> analyzed the characteristics of the existing tools; however, no paper so far has discussed the existing scales and assessment methods in the light of background factors (i.e., family characteristics and social context) and clinical presentation of the potentially abused older people.

## AIM

To provide an overview of the risk and protective factors, signs and symptoms, and assessment criteria nurses can follow to assess situations potentially related to elder abuse.

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## METHODS

A narrative review was conducted according to the methodological criteria suggested by the literature(5).

The research questions were as follows:

1. What are the protective and risk factors for elder abuse?
1. What are the potential clinical characteristics of aged people who are potentially victims of abuse?
2. What instruments exist (i.e., scales, questionnaires, and interview guides) that nurses can use to assess situations potentially related to elder abuse?

Pubmed, CINAHL, and Cochrane Library were searched for relevant literature; the search string ("*elder abuse*" OR "*elderly abuse*") *nurs\** AND (*assessment* OR *criteria* OR *tools*) was used as the primary source of information. The retrieved papers were screened by title and abstract, then by full text, and only included if they reported criteria, actions, or tools usable by nurses to assess situations of potential abuse against aged persons. Therefore, those discussing assessment instruments or criteria nurses could not adopt (i.e., scales developed for physicians) were excluded. Studies of any type, published in Italian or English, were considered; no time limit was set regarding the assessment tools, as validation studies might exist that, although published many years ago, could present instruments still usable today. The same criterion was adopted for the papers

regarding the clinical presentation of patients and the protective or risk factors for abuse.

## RESULTS

### ***Research question #1: What are the protective and risk factors for elder abuse?***

The significant areas of elder abuse include physical abuse, financial/material abuse, psychological or emotional abuse, sexual abuse, and neglect(5). Regardless of the type of abuse, the literature recognizes risk factors and protective characteristics; Table 1 summarizes the elements of potential interest for nursing history and situation framing when abuse is suspected and presents risk factors(6) and protective characteristics(4). All these risk factors, which can increase the likelihood of mistreatment of an older person, can be found at the individual, relationship, community, and socio-cultural levels(6). Therefore, various interventions related to abuse prevention and actions aimed at recognizing the main signs and symptoms of mistreatment need to be identified. Protective factors, once identified, could make it possible to analyze the phenomenon better, reduce it, or even prevent the risk of elder abuse(4).

### ***Research question #2: What are the potential clinical characteristics of aged people who are potentially victims of abuse?***

In cases of suspected elder abuse, a clinical forensic examination must be performed, which is performed on any victim and is essential to detect signs and




**Table 1.** Risk and protective factors for elder abuse.

| Risk factors   | Protective factors   |
|--|--|
| <ul style="list-style-type: none"> <li>• Victim's age and presence of chronicity and multiple diseases, such as dementia or mental disorders</li> <li>• Social isolation of the victim: The elderly widower living alone or with a caregiver, isolated due to physical or mental infirmity.</li> <li>• Gender of victim: in many cultures, women have a lower social status and may be more at risk of neglect and abandonment.</li> <li>• Cohabitation with the abuser: complex family relationships may somehow worsen as a result of stress, frustration, economic dependence, or alcohol or substance abuse by the abuser</li> <li>• Low health care standards: the elderly are seen as frail, weak, and dependent, and there is often a lack of resources to pay for care.</li> <li>• Lack of ties between generations of a family and the migration of young couples leaving elderly parents alone.</li> </ul> | <ul style="list-style-type: none"> <li>• Individual factors: age, good mental and physical condition, and good socio-economic status</li> <li>• Relational factors: positive life experiences in the community, having many relatives and visitors who can help the elderly not to be alone.</li> <li>• Previous exposure to violence would lead the victim to early recognition and better prevention.</li> <li>• Environmental factors: coordination of resources and services within the community, good active organization, and careful monitoring at the site</li> </ul> |

symptoms of physical violence on the victim. Five areas are considered for major physical injuries: skin injuries, bleeding, fractures, malnutrition, and anogenital findings. At the same time, caution is suggested because errors are possible with injuries related to different pathologies or accidental(7).

On objective examination, physical abuse is often identified by the presence of bruises, abrasions, burns, or fractures; pressure injuries, poor hygienic conditions, and marked weight loss not warranted by the clinical condition may be significant signs of

neglect to consider along with those suggesting a history of violence. The onset of depression and an abrupt change in alertness can sometimes be indicative of emotional abuse. Elderly victims of violence are often afraid to report cases of abuse to family, friends or authorities due to a lack of courage related to awareness of their frail condition or fear of being left alone.

Nurses work in settings where they can detect signs of suspected abuse (home, triage) and have professional training that enables them to suspect

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violence, recognize it, and be able to intervene. In this regard, community nurses are often the first professional figure to contact the victim and play a key role in disease and injury prevention, disability management, health promotion, preventive health education, and therapeutic health education. During such activities, they often contact the patient and caregivers, who provide training and education in managing the clinical situation. These activities provide a vantage point for advocacy for the frail patient: the community nurse's role is to assess the safety of the person being cared for and recognize particular signs and symptoms of violence, encouraging the person to confide in and report it.

In order to assess the possibility of violence, it is possible to use screening protocols and tests that can assist the nurse in assessing and recognizing these signs and symptoms; however, these are numerous tools that are little known and consequently underutilized.

***Research question #3: What instruments exist (i.e., scales, questionnaires, and interview guides) that nurses can use to assess situations potentially related to elder abuse?***

Nineteen instruments were retrieved. Validity reliability, usability by nurses, administration time, limitations, population, and sample size were evaluated. The table in Appendix 1 shows their characteristics.

The instruments can be divided into three groups: The first represents direct questioning of the older person, aimed at eliciting disclosure of abusive behaviour by caregivers or others. The second group checks for apparent signs of different types of abuse, such as suspicious bruises and burns (physical abuse), transfer of property (financial exploitation), poor hygiene, and dehydration (neglect). The third group aims to identify risk factors(8).

The first group includes:

- H-S/EAST: This instrument consists of 15 items, lasting 5-10 minutes, and represents a set of questions directed at the older person to detect possible reactions or potentially dangerous situations. On the other hand, the VASS scale represents an adaptation of the previous instrument formed by a questionnaire of 12 yes/no answers investigating four areas: vulnerability, dependence, denial, and coercion.
- EASI(9), a synthesis of SWE, a synthetic instrument, translated into 17 languages, encapsulated in six items: 5 questions for the victim and the last question regarding behaviour and objective examination, to be answered by the physician or health care provider performing the assessment.
- Abuse Assessment Screen-Disability (AAS-D)(10): was explicitly developed for women with disabilities. It consists of a questionnaire to be answered by the woman herself to encourage her to report any abuse she has experienced. In addition to





the yes/no answer, the woman can indicate who the abusive person is.

- iBASE is a 5-minute questionnaire to be done primarily in challenging clinical situations and by appropriately trained staff. An innovative instrument whose last year of administration is 2020 is DETECT(11), which was created in emergencies for telephone use for elderly victims of abuse cared for at home but includes a one-hour follow-up interview pathway.

The tools in the second group are:

- The Screening Tools and Referral Protocols (STRP), a protocol that attempts to bring together in a more simplified manner three other protocols consisting of the Actual Abuse Tool (which describes details and circumstances of overt abuse), the Suspected Abuse Tool (which recognizes signs and symptoms of suspected abuse that has occurred), the Risk of Abuse Tool (which identifies risk factors for possible abuse);
- The case detection guidelines(12) consist of two steps: the first part, in which there are physical indicators to describe signs of abuse, and the second part, which consists of observing victim behaviour.
- The American Medical Association (AMA) guidelines invite clinicians to combine closed-ended (yes/no) questions regarding abuse, medical history,

and physical examination of the patient to arrive at a diagnosis.

The third group comprises the following tools:

- The HALF model uses a Likert scale to assess various aspects of the elder's life and his or her potential risk factors for abuse, such as his or her health status, the family's attitude toward him or her, living arrangements, and financial situation. Added to this is a period of observation of both the elder and the caregiver.
- E-IOA, on the other hand, represents an assessment tool for abuse risk factors: it consists of 27 items for a total of 2 hours of interview time
- EAI: this includes a general assessment of the elderly, including physical examination, assessment of the level of independence in daily living, assessment of social status, medical assessment, and a summary section. EA Likert-type scale and a section for additional comments flank each section.

In addition to the tools described above, there are also tools in the literature to be used by healthcare professionals other than nurses or informal caregivers arriving in the home environment of older people(13).

- Assessment for Elder Abuse in the Home (ATDEA): consists of a 34-item checklist that can

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cover all types of abuse and can be used mainly by nurses to detect and prevent elder abuse in the community.

- The Risk on Elder Abuse and Mistreatment Instrument (REAMI) is a questionnaire of 22 Items administered to victims and caregivers.
- The QUALCARE SCALE(14) is an observational scale comprising six sections. It was initially developed to measure caregiver quality for older adults and later used to assess elder abuse among persons receiving home care. It investigates the areas of physical care, psychological care, medical care maintenance, environmental care, human rights violations, and financial assistance.
- EARAE: The tool identifies risk factors and stratifies them into primary, secondary, and abuse outcomes. It is a comprehensive tool encompassing all types of abuse. However, it still needs to be validated.
- Virtual coaching on making Informed Choices on Mistreatment Self-Disclosure (VOICES)(15) is an innovative tool that includes various multimedia components such as video, audio, and animation designed to educate and improve screening. Screening-positive patients will then be guided through a brief interview to help them with self-identification and lead them to self-disclosure.

None of these instruments has been validated in Italian. However, the instrument that deviates least from the gold standard described above is the EASI,

consisting of 6 questions, the first five of which are answered by patients in a YES/NO format, the sixth question is answered by the physician based on his clinical observations of the patient. The estimated administration time is 2 minutes. The instrument has a high sensitivity rate (up to 44%) and a high specificity rate (up to 99%)(9). In the absence of a scientifically verified assessment instrument, analyzing the situation of a person who is a victim of potential abuse is very difficult because of the many risks and protective factors discussed above.

## DISCUSSION

The retrieved literature offered insights into the many assessment tools available in the literature and allowed focus on those dedicated to nursing. This is paramount because of the multifaceted nature of elder abuse, in which nursing, medical, legal, social, and ethical aspects are involved. Many retrieved instruments were conceived for doctors or healthcare professionals other than nurses, and some were time-intensive (i.e., 2-hour interviews) or required usage in conjunction with other tools (Table 2). The EASI and HS-EAST tools are the only validated instruments nurses can use. However, the EASI is only partially validated, as no internal consistency analysis was reported by the authors, which could limit the reproducibility of the assessment. The HS-EAST has only been tested on women. Considering how delicate the topic of elder violence is, the need emerges to assess the reliability of the existing tools regarding



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internal consistency and inter-rater reliability before drawing any conclusions from the data obtained through such instruments. The publication of even Italian nursing studies related to this area (16) gives hope that researchers will address this critical comprehensively and quickly.

## CONCLUSIONS

Assessing the elder person with signs and symptoms of potential violence remains an important topic in many nursing settings, including home care and emergency. This review dealt with the risk and protective factors, clinical characteristics, and assessment tools relevant to nursing practice in identifying elder abuse. Validation studies are urged to obtain reliable tools aimed at successfully identifying the potential victims of violence.

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## APPENDIX 1. Characteristics of the retrieved instruments.

| Scale    | No of items | Characteristics and time required                                     | Sensitivity                | Specificity | Cronbach's alpha | Who can use it                                    | Limits                                  | Target population                        | Sample size of the study    | Year |
|----------|-------------|---|----------------------------|-------------|------------------|---|---|--|-----------------------------|------|
| H-S/EAST | 15          | Questionnaire (yes/no) 5-10min  | Non testata                | Non testata | 0.29             | Healthcare professionals                          | No cut off                              | Aged women                               | 170                         | 1987 |
| VASS     | 12          | "Short"   | Non testata                | Non testata | 0.31-0.74        |   | Tested on women only                    | Age range: 18-23; 45-50; 70-75           | 10421                       | 2003 |
| SWE      |             | 66 Mins   | 0.44                       |             |                  | Physicians  |   |  |                             |      |
| EASI     | 6           | Questionnaire (5 questions to the patient, 1 to the doctor). Two mins | 0.03-0.28/<br>0.44 con SWE | 0.72-0.99   |                  | Healthcare and social professionals               | >65 years;<br>MMSE: >23<br>17 languages | Both genders                             | 2832 and 663 (both genders) | 2008 |
| CASE     | 8           | Questionnaire, 2 mins   | Non testata                | Non testata | 0.71<br>06-ago   |   | To be used in conjunction with IOA/BASE | Caregivers                               | 139                         | 1995 |
| E-IOA    | 7           | Interview, 2 hours  | 92.9%                      | 97.9%       | 0.78-0.91        | Healthcare professionals after geriatric training | >65 years, Hebrew language              | Elder people with caregivers             | 1317                        | 2006 |
| EAI      | 41          | Interview (15 mins) plus physical exam                                | 0.71                       | 0.93        | 0.84             | Emergency nurses; No cutoff                       | >70 years. Languages: English, Spanish  | Elder people in the emergency department | 501 and 484 (both genders)  | 1984 |
| DETECT   | 7           | 1-hour interview  | 0.7-0.9                    |             |                  | Telephone administration                          | >65 years                               | Home-based elder people                  | 218                         | 2020 |

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|                           |              |  |            |   |  |  |                         |            |
|---------------------------|--------------|--|------------|---|--|--|-------------------------|------------|
| BASE                      | 5            | 1-minute questionnaire                       |            | Trained healthcare professionals; no cutoff   | >60 years<br>To be used in conjunction with IOA/CASE | Home based elder people                | 492                     | 1995       |
| MCTS                      | 19           | Likert scale + 15-min interview              | 0.69       | As the CTS                                    | Sto be used in conjunction with MDS+COPE             | Informal caregivers (min 4 times/week) | 224 informal caregivers | 2005/2007  |
| Case detection guidelines | 2 steps      | Physical indicators, behavioural observation |            | Healthcare professionals, trainees            |  |  |                         | 1982       |
| HALF                      | 37           | Likerta scale plus observation period        |            | Unspecified                                   | Any setting  | Elder people, caregivers               |                         | 1983       |
| STRP                      | 4 components | Protocol composed of 3 tools (AAT, SAT, RAT) |            | As the AAT, SAT, and RAT                      | >60 years  | Elder people, potential abusers        |                         | 2001       |
| AAS-D                     | 4            | Interview (4 questions)                      |            | "Clinicians"                                  | English and Spanish language                         | Women with disability, aged 18-64      | 511                     | 2001       |
| Linee guida AMA           | 9            | Checklist (unpspecified timing)              |            | Physicians                                    |  |  |                         | 1992- 2006 |
| ATDEA                     | 34           | Self-administered checklist                  | 0.90       | Nurses  | Any type of abuse; Japanese language                 | Home-based elder people                | 240 community nurses    | 2019       |
| REAMI                     | 22 item      | Questionnaire on Likert scales               | 0.74- 0.89 | Healthcare professionals, informal caregivers |  | Home-based elder people                | 1920                    | 2018       |

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|                |            |  |       |            |   |                              |                         |    |      |
|----------------|------------|--|-------|------------|---|------------------------------|-------------------------|----|------|
| QUALCARE SCALE | 6 sections | Observational scale                        | >0.81 | 0.167-1000 | Nurses and other healthcare professionals | Abuse by caregivers          | Home-based elder people | 80 | 2017 |
| EARAE          | 6 sections | Checklist with indicators of abuse         |       |            | Social workers (not validated)            | Community                    |                         |    |      |
| VOICES         |            | Interview plus video, audio and animations |       |            | Self-administered                         | Age >60; computer-based tool | Home-based elder people | 38 | 2021 |

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