

# A Global Integrative Review on Validated Elderly Abuse Assessment Tool

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## Abstract

Older people are the fastest growing segment of the population worldwide and are considered vulnerable, and at risk of being abused. Professionals must recognize that abuse and neglect need appropriate follow up services. However, abuse to older people is not easily recognized. Several screening tools for elderly abuse have been developed but rarely been validated for wider use. The multiplicity of the tools available revealed the need to build up collaborative research across geographical and cultural settings. The aim of the review is to identify validated assessment tool for abused elderly at a global perspective, and determine the gap of knowledge where innovations are expected. Utilizing published researches from search engines, literatures were identified through Hamilton prisma and synthesis methodology by Nelson. Results show that there were only 13 counts of eligible validated tools to detect elderly abuse globally. One tool developed in the Philippines, but not validated yet. Further, tools have its respective strengths and points for enhancement. It is concluded that a culturally- sensitive elderly abuse assessment tool should be developed to detect earlier the occurrence of mistreatment. Validation and reliability processes should be considered once the tool has been developed.

**Keywords:** *Elderly abuse, Assessment tool, Validated tool, Integrative review*

## Introduction

Elder abuse and mistreatment being a phenomenon is not a new issue. It becomes a social and a health problem both in the Philippines and even in global scale. Varied definitions from different research findings are developed and have been recommended. Abused and neglected elders often have limited access to people and environments outside of their everyday home life.

Abuse of older people is just as real as domestic violence, and only recently has the recognitions it deserves. It is just as great problem as child abuse, yet in society as a whole there is only little interest in helping older people. Older people do not stimulate our

protective instincts in the same way that children do, although like children they are in many cases unable to help themselves and are defenseless in the face of the abuser.

However, abuse to older people is not easily recognized. The abuse person is afraid and ashamed to admit they are abuse. They often rely to the person who is abusing them for support in various acts of daily living, and may fear that without them they will not survive.

Hospitals on the other hand, often offer the only opportunity for elders to establish contact with the professionals outside the circle of abuse. The window to identify possible victims of abuse is quite small. As many elders visit to the hospital are brief and sporadic, healthcare professionals and medical social workers must be able to quickly and effectively assess each older client from a base of knowledge of abuse and risk factors and indicators of abuse. Assessment is difficult due to efforts to conceal the perpetration, both by the perpetrators- often family members. Professionals must know what questions to ask as well as what visible

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signs of abuse to look for in a brief time period. Due to the increased vulnerability of elders, it is possible of a single incident of abuse to initiate a downward trend, culminating in loss of autonomy, serious health issues and even death. In macro lens, a lot of literatures mentioned the need to develop screening tools for the elderly detection. Foreign authors developed elder abuse screening instruments, however there was no tool developed in the Philippines.

These factors contribute to the importance of developing clear, accurate, and user-friendly assessment tool in the context of Filipino culture. The lack of a standardized elderly abuse assessment tool made it difficult to establish the occurrence of abuse.

The aim of this review is to trace and determine the tools developed and its distinctive features in detecting abuse cases among elderly. From those examined tools, the author will be able to develop and validate elder abuse assessment tool in the Philippine context.

### Methods and Problem Statements

To conduct the review, the researcher selected the integrative review method described by David W. Hamilton prisma<sup>(1)</sup> for its flexibility and ease of handling a variety of evidence types. The researcher also used the evidence synthesis methodology used by Nelson and colleagues as a way to provide consistency in addressing Elder abuse. However, unlike these authors, who examined screening and interventions for all forms of family and intimate partner violence, the focus of this review is limited to Elder Abuse (EA) screening instrument and not reviewing Elder Abuse interventions. The very aim of this review is to identify screening tools that was developed and used to detect elder abuse in the health and social care environment.

Literatures were searched in to answer these questions and performed using the following search engine. These include PubMed; Ovid/MEDLINE; PsycINFO; CINAHL; Academic Search Premier, Health Source: Nursing/Academic Edition, and Psychology and Behavioral Sciences Collection, ProQuest, EBSCO host, HERDIN, Aged and community care and Australian department of health and aging. The search was limited to articles published in Australia, Canada, United Kingdom and United States of America. These countries have many cultural similarities and played a leading role placing elder abuse on the agenda. The search terms were 'abuse', 'mistreatment', 'older', 'elder', 'screen',

'screening', 'tool', 'questionnaire', 'valid', 'validation'. The strongest search terms were "abuse" and "tool".

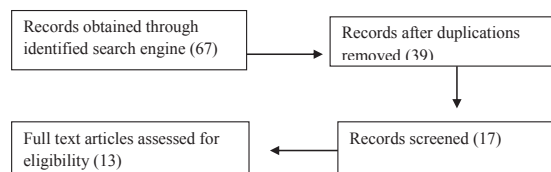


Figure 1. Prisma Flowchart

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### Findings

The summary of findings are:

1. Elder abuse suspicion index (6 items); completed by health care professionals to assess risk, neglect, verbal, psychological, emotional, financial, physical and sexual abuse; validated in family practices and ambulatory care settings
2. Hwalek-Sengstock elder abuse screening test (H-S/EAST) (6 items); self-report on an interview by a professional; suitable in emergency or outpatient setting
3. Vulnerability to abuse screening scale (12 items); self-report of dependency, dejection, coercion and vulnerability
4. Conflict tactic scale (19 items); to assess individuals for threat and assault particularly in the framework of family violence; community and family context
5. Brief abuse screen for the elderly (5 items); it can be used effectively with a more in-depth assessment tool.
6. Elder assessment tool (414 items); The categories assessed include physical, health and appearance of the elder, possible abuse indicators, possible exploitation and abandonment indicators.
7. Elder abuse diagnosis and intervention model; it offers a crisis intervention model for professionals who work with older victims of abuse which involves assessment and intervention
8. Principles of assessment and management of elder abuse tool (1 page); to provide principles of assessment and management for clinical reference including on how to assess immediate danger, current

risk and definitions on the specific types of abuse

9. Expanded indicators of abuse tool (21 items); to identify older adult victims or elders at high risk for abuse and neglect

10. Elder abuse assessment tool (50 items); to identify types of abuse among elderly

11. Indicators of abuse Screen (27 items); address risk factors, not actual signs and symptoms

12. Older adult psychological abuse measure (18 items); addresses psychological abuse and is considered useful in determining severity of such abuse

13. Older adult financial exploitation measure (25 items), detects financial abuse that occurs outside the “trusting” relationship

### Narrative Synthesis and Discussion

There are five distinct characteristics of the screening instruments identified. Based from its distinct features, the author grouped them together according to its commonalities and aim. Based from the review of the screening instruments, the review can be summed up and discussions became necessary.

First, The Hwalek- Sengstock elder abuse screen showed good pre and post testing reliability, however internal reliability is (0.46)<sup>(2)</sup> which means poor consistency of the items within the screen. The Vulnerability to Abuse Screening Scales (VASS) did show promise with acceptable internal reliability of (Cronbach’s alpha 0.74). The Brief Abuse Screen for the Elderly (BASE) has high predictive validity is a useful screen when used with other tool. The tool has better utilization in research findings<sup>(3),(4),(5)</sup> rather than health and social sensitivity. It should also be noted that tool aids health care practitioners to express their undending care<sup>(6)</sup> towards varied clienteles in either short or longterm care facilities<sup>(7)</sup>. Furthermore, older adult financial exploitation measure with the growing concerns and its extent of financial abuse. Lastly, the older adult psychological abuse measure assesses both the carer and the recipient of care<sup>(8),(9)</sup> that are equally valuable and significant to detect elder abuse case.

### Conclusion

It is innate in tool development and research in elder abuse that amidst strict observance to sensitive

issues lies the complexity that the instruments or tool considered by authorities to be experts and to be most efficient and effective at the moment it was developed, there remains to be lacking in terms of distinction between screening tools and the occurrence of actual elderly abuse experienced. Therefore, it is empirical to mock out such nuances, concepts as bases of developing a screening tool that can be used in both the community and clinical settings, and are easily administered by either experts, trained personnel or even the elder people themselves.

### Additional Informations

**Conflict of Interest:** No

**Source of Funding:** Author

**Ethical Clearance:** No (because this paper is pure literature review)

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