

## **What we know about screening older adults for mistreatment: results from the SAVE Project literature review**

### **Background**

Elder abuse is a widespread phenomenon worldwide. Although exact prevalence rates are not available, it is estimated that over 20% of older adults might be victims of violence (emotional, physical, sexual or financial) or have their needs neglected and personal rights denied. Using screening tools for identification is helpful to support professionals to recognize and assess violence and neglect of older persons; however, the methodical and careful use of screening for mistreatment in older adults is still rare across Europe.

### **Objectives**

The aims of this literature review are: 1) to summarize points in favour and against screening for older adults' mistreatment; 2) to describe what are the internationally adopted procedures for screening; 3) to understand what professionals screen for older adults' mistreatment, what is their opinion about screening and how is screening received by the older adults; and 4) to list the existing screening tools and their characteristics.

### **Method**

A systematic review of the literature was conducted. Eight databases (Web of Science, Scopus, Science-Direct (Elsevier), Pubmed (Medline), Sage, EBSCO, Scielo and Ageinfo) were searched, using multiple combinations of the keywords "elder abuse", "mistreatment", "older adults", "violence", "screening", "assessment" and "measurement". The search resulted in 4354 articles to be scanned for information.

### **Results**

As points in favour of screening, provisional results indicate that Elder abuse cannot be addressed unless it is detected and interventions by authorities mandated under public policy to prevent or treat the problem cannot occur without an appropriate referral. Screening for elder abuse is justified by the prevalence of the problem and the potentially severe or lethal consequences for the victims. Screening promotes the safety and well-being of older people and, when applicable, helps with legal reporting responsibilities. It also provides a base for assessment, heightens the professional awareness of the problem and guides users through a systematic process of observation and documentation to ensure that manifestations of elder mistreatment will not be overlooked. Elder abuse identification using structured tools elicited rates of abuse higher than those found in other prevalence studies. As points against screening, some studies indicate the time-consuming application process and the complexity of the questions, the false negative/positive results and its consequences for the older persons, their families and professionals. As there is no gold standard, the more modes of screening we apply, the less ambiguous the decision, but professionals generally do not have time, conditions, or skills to perform a 3-level screening - direct questioning tools; signs of abuse tools and risk of abuse indicators. The absence of knowledge about adverse effects of elder abuse screening and their impact on clinical processes, costs, time requirement, or impact on self-report are also indicated as points against screening.

About the internationally adopted procedures for screening was found that screening tools should remain broad and be developed and tested on their ability to detect multiple types of elder mistreatment because screening is a preliminary activity in evaluating elder abuse.

The screening protocols should include information about elder abuse definitions, family violence, self-determination, risk factors, screening tools, working with diverse groups, and local referral agencies and should be embedded in elder abuse training to facilitate awareness and proactive responses. A multidisciplinary view should be adopted, and professionals should be trained: to administer and interpret the screening tools; to establish a sense of competence in handling cases of identified or suspected abuse or risk of abuse; to be trustworthy, empathetic, sensitive to elderly difficulties, not judgmental, problem-solving and devising the most appropriate solution. Monitoring and evaluation of elder abuse protocols are needed to understand their efficacy and any issues related to content and use, the latter of which is critical if protocols are to remain current and relevant. If there is suspected or confirmed elder abuse, standard referral procedures to appropriate services are critical and reporting elder abuse in some countries is mandatory. The referral protocol should be a one-page flow chart that provides an overall framework for problem identification and reporting. It incorporates only the key, fundamental elements for determining whether an older person may be a victim and where older persons should be referred for a more in-depth assessment.

Screening is mainly conducted by healthcare and social professionals. Nurses, physicians and social workers were frequently reported as the primary professionals who screen for mistreatment. Unfortunately, very little information was found regarding the opinion of older adults about the screening process. Regarding screening tools, thirty-seven instruments were cited in the literature. Of these, eight tools were only used in research and are not yet field-tested. The twenty-nine remaining tools can be organized into four categories. The first is direct questioning tools that are short and versatile yes/no questionnaires used in multiple contexts by different professionals. Some of these tools can even be self-administered. Consequentially, these instruments can only be used with cognitively intact older adults. Tools from this category are the more frequently used, though their accuracy can be questioned. The more frequently used instruments of this category are H-S/EAST, VASS and EASI. In the second category were instruments that require observation or in-depth assessment. These tools are time-consuming, require extensive training and professional skills, but are also more accurate. Since they rely on professional skills and judgements, these procedures can be applied to older adults with cognitive deficits. In the third category were tools that are focused on abuse committed by a specific person. These tools frequently require the assessment of the alleged abuser. Focused on abuse that occurs in specific relationships, these tools are best used when a potential abuser shows suspicious behaviour. In the fourth category are tools that screen for only one form of abuse. There are screening tools that cover psychological abuse, financial exploitation, neglect or self-neglect. No single-form-of-abuse tools were found for physical or sexual abuse. Of these four types of screening tools, direct questioning tools are the more flexible, adaptable and easier to use. Therefore, they can be the more useful tools for a quick assessment of mistreatment. In this order, H-S/EAST, VASS and EASI were the more reliable tools in this category.

## Conclusion

A few well-established assessment tools were identified and are available for use in the practice setting. The challenge may be to train professionals of multiple fields to administer and interpret such tools. There is a need for more research on assessing abuse and neglect in order to develop screening tools effective in multiple professional settings and in order to know in loco the consequences and even possible dangers that screening can uncover. While one assessment tool may never meet universal professional standards, developing and testing tools reinforces the quest to delineate critical elements of professional knowledge and skills. If the question “Do you feel safe at home?” is not asked, there will not be an answer, and possible elder abuse will



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continue. Based on the evidence collected in this review, we can conclude that screening older adults for mistreatment can be more useful if used when the older adult presents signs that raise suspicion. Screening tools are particularly valuable for training professionals in internalizing organized forms of inquiry but more important than the tools are the competencies that underlie the screening process, namely listening skills and problem-solving, among others, that are transversal to the application of any tool and enable professionals to cope with the problem of elder abuse.

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