Abstract

Jump to sectio0 138.Sr

Organization.

View all references).
Little rigorous research has been conducted to determine the consequences of elder abuse (Comijs, Pot, Smit, Bouter, & Jonker, 1998**6.** Comijs, H. C., Pot, A. M., Smit, J. H., Bouter, L. M. and Jonker, C. 1998. Elder abuse in the community: Prevalence and consequences.

METHODS

Jump to section

- METHODS
- RESULTS
- DISCUSSION
- CONCLUSION

Literature Search and Eligibility Criteria

We searched Ageline, CINAHL, EMBASE, MEDLINE, PsycINFO, PubMed, Sociological Abstracts, and Social Science Abstracts from the start date of each database to February 2008 using appropriate database-specific subject headings and keywords such as ñelder abuseò and ñelder neglect.ò
The searches were conducted by an investigator (JF) with an educational background in library science who was skilled in literature searching. Specific volumes of the *Journal of Elder Abuse & Neglect* were hand searched. In our search for primary studies of elder abuse interventions, we also searched specifically for systematic reviews of the elder abuse literature using Canadian Medical Association INFOBASE, Cochrane Library, National Health Services Database of Abstracts of Reviews of Effectiveness, and National Guideline Clearinghouse from the respective database start dates to February 2008. The reference lists of all retrieved articles and systematic reviews were manually searched for additional studies.
We searched for unpublished articles only to supplement the data obtained in published papers. The complete texts of all potentially relevant articles were reviewed using the following inclusion criteria: (a) the article addresses abuse of persons aged 60 and older; (b) the article describes an intervention that addresses one or more of the following types of elder abuse: physical, psychological, financial, or neglect; (c) the article describes an intervention that is designed to be provided to individual clients (abused persons or perpetrators), professionals who care for older persons, or the community; (d) the article includes assessment of client, professional, and/or community outcomes; (e) the article is a primary study; (f) the study uses quantitative methods; (g) the study includes a comparison group (comparison with usual care or another intervention); and (h) the study is published in English. Studies were excluded if they only addressed self-neglect or if they were conducted in a developing country.
Studies were eligible if they (a) included a limited or no intervention comparison group or if they (b) compared two or more interventions. Thus, this review addresses two questions: Are elder abuse interventions effective? (intervention versus limited or no intervention), and Are some elder abuse interventions more effective than others? (intervention A versus intervention B).
Two investigators (JP, JF) independently reviewed the searches and the reference lists of all articles retrieved. Discrepancies were resolved through discussion.

Data Extraction

For each study, two investigators (JP, JF) independently extracted data on the study setting, sample, and characteristics of the intervention. One investigator extracted information on the

study outcomes and a second investigator compared the extracted data to the original data source. Because of the diversity of study designs (randomized controlled trials [RCT], nonequivalent comparison group studies), we assessed the quality of each study with selected criteria appropriate to the study design, and made comments on the data extraction forms related to study limitations. For example, for RCTs, we assessed the randomization procedure, blinding, and loss to follow-up. We did not exclude any studies based on quality because there were only a small number of studies meeting the inclusion criteria. Because of the heterogeneity of samples, interventions, and outcomes across studies, meta-analysis was not conducted.

RESULTS

Jump to section

- METHODS
- RESULTS
- DISCUSSION
- CONCLUSION

Identification of Eligible Studies

We reviewed 1,253 abstracts and excluded 1,070 that did not indicate an elder abuse intervention or an eligible study sample (see Figure 1). We retrieved and reviewed 183 full-text articles and reports. Of these, 173 were excluded because they did not meet the inclusion criteria: 45 intervention studies were excluded because they had no comparison group (list of nonincluded intervention studies available from authors). We included 10 full-text articles and reports that met our inclusion criteria for a total of eight separate studies (Brownell & Heiser, 2006**3.** Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work* , 46: 145ï160. [Taylor & Francis Online], [PubMed]

Open URL View all references; Brownell & Wolden, 2002**4.** Brownell, P. and Wolden, A. 2002. Elder abuse intervention strategies: Social service or criminal justice?. *Journal of Gerontological Social Work* , 40(1/2): 83ï100.
[Taylor & Francis Online]

Open URL View all references; Davis, Medina, & Avitabile, 2001**9.** Davis, R. C., Medina, J., & Avitabile, N. (2001). Reducing repeat incidents of elder abuse: Results of a randomized experiment: Final report. Research report submitted to U.S. Department of Justice http://www.ncjrs.gov/pdffiles1/nij/grants/189086.pdf (Accessed: 23 April 2008).

Open URL View all references; Davis & Medina-Ariza, 2001**10.** Davis, R. C., & Medina-Ariza, J. (2001). Results from an elder abuse prevention experiment in New York City. In *National Institute of Justice research in brief* (pp. 1ï7)
http://www.ncjrs.gov/pdffiles1/nij/188675.pdf (Accessed: 23 April 2008).

Open URL View all references; Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1):

77ï93.
[Taylor & Francis Online], [CSA]

View all references; Jogerst & Ely, 1997**14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine* , 29: 634ï639. [PubMed]

View all references; Richardson, Kitchen, & Livingston, 2002**24.** Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing* , 31: 335ï341. [CrossRef], [PubMed], [Web of Science ®], [CSA]

View all references, 2004**25.** Richardson, B., Kitchen, G. and Livingston, G. 2004. What staff know about elder abuse in dementia and the effect of training. *Dementia* , 3(3): 377ï384.

View all references; Scogin et al., 1989**26.** Scogin, F., Beall, C., Bynum, J., Stephens, G., Grote, N. P.,

2002. Elder abuse intervention strategies: Social service or criminal justice?. *Journal of Gerontological Social Work* , 40(1/2): 83ï100.
[Taylor & Francis Online]

View all references; Davis et al., 2001; Davis & Medina-Ariza, 2001; Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93.
[Taylor & Francis Online], [CSA]

View all references), one study included programs targeted primarily at abused persons and to a lesser degree at perpetrators (Sengstock et al., 1991**27.** Sengstock, M. C., Hwalek, M. and Stahl, C. 1991. Developing new models of service delivery to aged abuse victims: Does it matter?. *Clinical Sociology Review* , 9: 142ï161.

View all references), one study included a program aimed at caregivers at risk of abusing older family members (Scogin et al., 1989**26.** Scogin, F., Beall, C., Bynum, J., Stephens, G., Grote, N. P., Baumhover, L.A. and Bolland, J.M. 1989. Training for abusive caregivers: An unconventional approach to an intervention dilemma. *Journal of Elder Abuse & Neglect* , 1(4): 73ï86.
[Taylor & Francis Online]

View all references), and two studies were focused on health professionals who provide care to older adults who have been abused (Jogerst & Ely, 1997**14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine* , 29: 634ï639.
[PubMed]

View all references; Richardson et al., 2002**24.** Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing* , 31: 335ï341.
[CrossRef], [PubMed], [Web of Science ®], [CSA]

View all references, 2004).

TABLE 1 Summary of Intervention StuJETd (

caregivers: An unconventional approach to

service or criminal justice?. *Journal of Gerontological Social Work* , 40(1/2): 83ï100. [Taylor & Francis Online]

View all references); education related to elder abuse and home visits by a domestic violence counselor and police (Davis et al., 2001; Davis & Medina-Ariza, 2001); volunteer visitors who provided assistance, support, and advocacy in the use of the criminal justice system (Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93. [Taylor & Francis Online], [CSA]

View all references); and case management and other services including a law-oriented program and an advocacy-based program (Sengstock et al., 1991**27.**

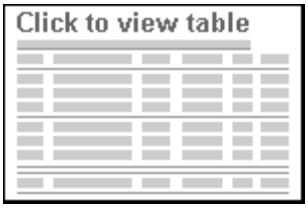

TABLE 2 Summary of Client Outcomes of Interventions Studies of Abuse of Older Persons

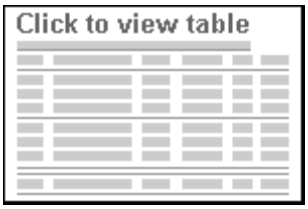

TABLE 3 Summary of At-Risk Caregiver Outcomes of an Intervention Study Related to Abuse of Older Persons

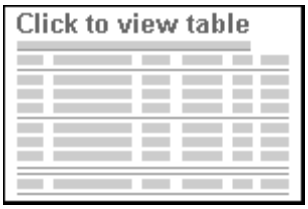

TABLE 4 Summary of Professional Outcomes of Interventions Studies Related to Abuse of Older Persons

Client Outcomes

Many different client outcomes were assessed in the six studies that examined interventions targeted at abused older persons (see Table 2). Three outcomes were addressed by more than one study and will be described first: recurrence of abuse, case resolution, and relocation.

Recurrence of abuse

Two studies examined recurrence of abuse after the intervention (Davis et al., 2001; Davis & Medina-Ariza, 2001; Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93. [Taylor & Francis Online], [CSA]
Open URL View all references). Surprisingly, both studies found that the intervention groups (IG) had higher rates of recurrence of abuse than the control groups (CG). In the first study, volunteer visitors provided assistance, support, and advocacy in the use of the criminal justice system (Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93. [Taylor & Francis Online], [CSA]
Open URL View all references). This study found a recurrence rate of 24% in the IG compared to 17% in the CG ($p = 0.006$). However, there were important study limitations related to outcome assessment. Caseworkers completed the data collection forms for the control cases they investigated, and the incidence of recurrence of abuse was unknown by the caseworkers in 43% of the controls compared to 12% of the intervention cases. Further, the project director completed the data collection tool for the intervention cases, and while some data were coded by both the project director and the investigator, no reliability check of the data was completed. The second study found that participants in the experimental group who received the home visit plus public education had higher rates of repeat abuse than the CG; these effects were

statistically significant at 6 months but not

Using a retrospective chart audit, Brownell and Wolden (2002**4.** Brownell, P. and Wolden, A. 2002. Elder abuse intervention strategies: Social service or criminal justice?. *Journal of Gerontological Social Work* , 40(1/2): 83ï100.
[Taylor & Francis Online]

View all references) compared the outcomes of a legal services program to a social services program. They found no statistically significant differences between groups in percentage of cases successfully resolved, that is, where safety was achieved through successful implementation of the service plan (63% and 62%, respectively). For financial abuse, the legal services program resulted in more cases successfully resolved than the social services program (67% and 17%, respectively; $p = 0.043$). Only 56 cases were assessed in this study, all from the same agency.

In a study of the effectiveness of volunteer visitors, Filinson (1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93.
[Taylor & Francis Online], [CSA]

View all references) found that the percentage of cases considered closed was higher in the CG (60%) compared to the IG (36%), but this was not statistically significant. Limitations of this study have been previously described.

In the study by Sengstock et al. (1991)**27.** Sengstock, M. C., Hwalek, M. and Stahl, C. 1991. Developing new models of service delivery to aged abuse victims: Does it matter?. *Clinical Sociology Review* , 9: 142ï161.

View all references outcomes of three programs were assessed: Group 1, mandated reporting; Group 2, legal intervention; Groups 3 and 4, advocacy services. Caseworkers determined if the case was considered safe and stable at closure. Study findings indicated that there was no statistically significant difference between groups 2295c.

View all references found that there was no statistically significant difference between rates of relocation to long-term care among the mandated reporting (14%), legal intervention (14%), and advocacy intervention groups (15%) (p = 0.99). Because there was no control group that did not receive the intervention, we do not know if the relocation rates are higher with or without the interventions.

Social-Psychological outcomes

Studies assessed the impact of the programs on a number of social and psychological client outcomes. Most studies found no statistically significant differences between groups on these outcomes. Brownell and Heiser (2006**3.** Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work* , 46: 145ï160.
[Taylor & Francis Online],

statistically significant difference. Sociodemographic data are presented for the starting sample not, as one would expect, only for those who completed the study and for whom outcome measures were calculated. It is possible that the three groups (IG, CG, and wait-list CG) who completed the study were different at baseline. Finally, this study included caregivers at risk for abusing older family members, not those actually confirmed to have abused them.

Professional outcomes

Two studies examined the impact of elder abuse interventions for health care professionals and demonstrated mixed findings (Jogerst & Ely, 1997**14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine* , 29: 634ï639.
[PubMed]
Open URL View all references; Richardson et al., 2002**24.** Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing* , 31: 335ï341.
[CrossRef], [PubMed], [Web of Science ®], [CSA]
Open URL View all references, 2004) (see Table 4). In one study, the IG of family practice residents received an educational course targeting identification and management of abuse, while the CG, an earlier cohort of residents, had not received this education (Jogerst & Ely, 1997**14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine* , 29: 634ï639.
[PubMed]
Open URL View all references). The IG of residents made an average of 3.7 home visits during the 3 years of residency to potentially abused older adults who had been reported to Adult Protective Services (APS). The residents obtained written evaluations after the home visits from a faculty member. The IG reported more confidence with evaluation of the home environment ($p < 0.04$) compared to the CG. A higher proportion of the CG than the IG reported having made home visits ($p = 0.031$) and having provided statements for guardianship ($p = 0.012$). There were no statistically significant differences between groups on their self-reported comfort level in diagnosing elder abuse ($p = 0.10$) and the proportion who had diagnosed elder abuse. Study limitations included the lack of information related to psychometric properties of the measurement tools and a 74% follow-up rate.
The second study of elder abuse interventions for health professionals involved an RCT of an educational course for nursing staff, care assistants, care managers, and social workers of a community health trust or social services agencies in London, United Kingdom (Richardson et al., 2002**24.** Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing* , 31: 335ï341.
[CrossRef], [PubMed], [Web of Science ®], [CSA]
Open URL View all references, 2004). The CG received reading materials with the same content as the course. Those in the educational course showed significant improvement in scores on the instrument Knowledge and Management of Abuse (KAMA) while those in the CG deteriorated in scores ($p = 0.000$); however, the CG had statistically significant higher baseline KAMA scores. As noted by the authors, there was a ceiling effect with respect to the knowledge score, with those who knew more at baseline having little room for improvement of their scores.

There were no statistically significant differences between groups on measures of burnout and attitude toward demented persons. There was no assessment of behavior directly related to identification or management of elder abuse in this study.

DISCUSSION

Jump to section

- METHODS
- RESULTS
- DISCUSSION
- CONCLUSION

Findings of this systematic review of elder abuse interventions suggest that there is currently insufficient evidence to support any particular intervention related to elder abuse targeting clients, perpetrators, or health care professionals. More than 10 years ago, Wolf (1997)**30.** Wolf, R. S. 1997. Elder abuse and neglect: An update. *Reviews in Clinical Gerontology* , 7: 177ï182. [CrossRef]

View all references

[Taylor & Francis Online], [CSA]

Open URL View all references). It is possible, however, that these findings were the result of the methodological limitations of the studies and not the harmful effects of the programs themselves.

In terms of case resolution, the one study with a usual care comparison group found no statistically significant difference between intervention and control group (Filinson, 1993**12.** Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect* , 5(1): 77ï93.

[Taylor & Francis Online], [CSA]

Open URL View all references). The three studies comparing different interventions found no statistically significant differences between groups on case resolution (Brownell & Heiser, 2006**3.** Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work* , 46: 145ï160.

[Taylor & Francis Online], [PubMed]

Open URL View all references; Brownell & Wolden, 2002**4.** Brownell, P. and Wolden, A. 2002. Elder abuse intervention strategies: Social service or criminal justice?. *Journal of Gerontological Social Work* , 40(1/2): 83ï100.

[Taylor & Francis Online]

Open URL View all references; Sengstock et al., 1991**27.** Sengstock, M. C., Hwalek, M. and Stahl, C. 1991. Developing new models of service delivery to aged abuse victims: Does it matter?. *Clinical Sociology Review* , 9: 142ï161.

Open URL View all references). Again, these results may have been, at least in part, the result of the methodological limitations of the studies.

The relatively high rates of relocation of abused older adults associated with intervention programs is also troubling. Although relocation may remove the abused person from harm's way, it does so at the cost of placement in unfamiliar surroundings and probable reduction in autonomy and disruption of social relationships.

Only one study examined the impact of a training program for at-risk caregivers and found no difference between intervention and control groups (Scogin et al., 1989**26.** Scogin, F., Beall, C., Bynum, J., Stephens, G., Grote, N. P., Baumhover, L.A. and Bolland, J.M. 1989. Training for abusive caregivers: An unconventional approach to an intervention dilemma. *Journal of Elder Abuse & Neglect* , 1(4): 73ï86.

[Taylor & Francis Online]

Open URL View all references). Finally, the two studies that examined the impact of elder abuse education and training programs for health care professionals demonstrated mixed results (Jogerst & Ely, 1997**14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine* , 29: 634ï639.

[PubMed]

Open URL View all references; Richardson et al., 2002**24.** Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing* , 31: 335ï341.

they relate to the use of experimental designs, it is only as we conduct rigorously designed studies that we will have strong evidence on which to base decisions on the best use of scarce and costly health and social services. MacMillan and Wathen (2005**19.** MacMillan, H. L. and Wathen, C. N. 2005. Family violence research: Lessons learned and where from here?. *Journal of the American Medical Association* , 294: 618ï620.
[CrossRef], [Web of Science ®]

View all references) suggest that family violence research could benefit from closer collaboration of those working in the areas of child maltreatment, intimate partner violence, and

- **13.** Gorbien, M. J. and Eisenstein, A. R. 2005. Elder abuse and neglect: An overview. *Clinics in Geriatric Medicine*, 21: 279ï292. [CrossRef], [PubMed], [Web of Science ®]
- **14.** Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine*, 29: 634ï639. [PubMed]
- **15.** Kleinschmidt, K. C. 1997. Elder abuse: A review. *Annals of Emergency Medicine*, 30: 463ï472. [CrossRef], [PubMed], [Web of Science ®], [CSA]
- **16.** Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. and Lozano, R. 2002. *World report on violence and health*

- **28.** Streiner, D. L. and Norman, G. R. 1998. *PDQ epidemiology*, 2nd, Hamilton, Ontario, Canada: BC Decker. Open URL
- **29.** Wieland, D. 2000. Abuse of older persons: An overview. *Holistic Nursing Practice*, 14(4): 40ï50. [PubMed] Open URL
- **30.** Wolf, R. S. 1997. Elder abuse and neglect: An update. *Reviews in Clinical Gerontology*, 7: 177ï182. [CrossRef] Open URL