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Interventions for preventing abuse in the elderly: Evidence and implication for public health

Review on which this evidence summary is based:
Baker PRA, Francis DP, Hairi NN, Othman S, Choo WY. **Interventions for preventing abuse in the elderly**. *Cochrane Database of Systematic Reviews 2013,Issue 1.* Art. No.: CD010321. DOI: 10.1002/14651858.CD010321.

Review Focus

P	Older adults over the age of 60.
I	Primary, secondary and tertiary intervention programs aimed at reducing or preventing elder abuse within their home, an institution, or community.
C	No intervention.
O	*Primary Outcomes:* Occurrence or recurrence of reported elderly abuse. *Secondary Outcomes:* Changes in effects of interventions due to types of abuse, types of participants, setting, or cognitive status of the elderly.

Review Quality Rating: 10 (strong) *Details on the methodological quality are available here.*

Considerations for Public Health Practice

Conclusions from Health Evidence™	General Implications
This high quality review includes 7 primary studies of low to high methodological quality, of which 5 were described as randomized controlled trials (RCTs). The review identified interventions with carers (in a contractual, duty of care relationship with the elderly), family members providing care, and those abused. Eligible studies included a total of 1924 elderly participants and 740 other people. The evidence is exclusively from high income countries, although an ongoing study in Malaysia was identified. Some studies used education of carers as the primary intervention approach, whilst others used educational and support programs for the victims. There is uncertainty whether programs increasing knowledge result in less abuse. There is significant uncertainty regarding the impact of programs with those abused, as the findings are unclear. Programs with those experiencing abuse may result in further abuse, not less.	There is very little evidence available to guide public health in the provision of services to prevent the occurrence and reoccurrence of abuse. The review highlights a significant absence of research to inform models of practice. Attempts to increase knowledge about abuse and attitudes of care givers does not necessarily result in improved attitudes or less abuse. Education of health providers may increase ability to detect abuse. Education of coping skills is likely to reduce anxiety and depression of carers. Public health should be cautious addressing recurrent abuse as there is potential for abuse to worsen. Research indicates it is possible to robustly evaluate elder abuse interventions, however use of appropriate evaluation methodology is sparse. Further funding for high quality research capable of answering questions related to effectiveness of interventions is required.

Evidence and Implications	
What's the evidence?	**Implications for practice and policy**
1. **Primary Outcome: Educational interventions for health practitioners and carers** (*3 studies; 2 RCTs, 1 controlled study*) • One RCT found a tendency for less abusive behaviour in trained caregivers (adjusted mean difference -3.46, adjusted % change 11.4%; 112 caregivers; **very-low** quality evidence). Given the low quality of the evidence however it is uncertain whether abusive behaviour is reduced. • Another RCT found that detection of resident-to-resident abuse increased in the education program group by 420% at 12 months (adjusted mean difference 0.42; 325 caregiver nurses, 1405 residents; **low quality** evidence). It is possible that the strategy may result in increased detection of abuse, however caution is warranted given the low quality of the evidence. • Evidence from the 3 studies seeking to improve knowledge about abuse behaviour is **very-low** quality and not trustworthy.	1. **Primary Outcome: Educational interventions for health practitioners and carers** Although improving knowledge and attitude of carers is often used to address elder-abuse, it is unclear whether education reduces abusive behaviour of carers. However, speciality training of carers may aid in the detection of abuse perpetrated by other residents, although this may not result in overall reduction of abuse among residents. There is considerable uncertainty whether educational programs increase knowledge and skills of carer givers. Public health should note that there is limited and inconclusive evidence for educational interventions aimed at health practitioners and carers for reducing elder abuse.
2. **Primary Outcome: Programs to reduce factors influencing elder abuse through promoting mental health of caregivers** (*1 RCT*) • One RCT reported no statistical difference in abusive behaviour using the Modified conflicts tactics scale between treatment groups (OR 0.48, 95% CI 0.18 to 1.27; 1 study; 260 caregivers; **low** quality evidence). The study was underpowered to assess the outcome. • Learning coping strategies reduced anxiety and depression of family care givers, as measured by the HADS scale (-1.80 points, 95% CI -3.29 to -0.31; 1 study; 260 caregivers; **moderate** quality evidence).	2. **Programs to reduce factors influencing elder abuse through promoting mental health of caregivers** Although it is unknown whether teaching coping skills reduces risk of abusive behaviour, teaching coping skills is probably helpful to reduce anxiety and depression of family members who provide care. Public health may consider programs to reduce anxiety and depression in caregivers, however evidence is limited.
3. **Primary Outcome: Programs to increase detection rate for prevention of elder abuse** (*1 non-randomized study*) • One intervention aimed to improve assessment and service planning practices of clinicians who undertake assessments of abuse and neglect. Claims of improvement by the study investigator were not supported with statistical analysis (13 agencies, 44 clinicians, 100 elderly persons; **low** quality evidence). It is uncertain whether this approach improves assessment practices as re-analysis by the reviewers showed no difference.	3. **Programs to increase detection rate for prevention of elder abuse** There is uncertainty whether programs improve detection and it is also unknown whether detection necessarily prevents elder abuse. Further research is needed to determine if and to what extent programs to increase detection for elder abuse are effective.
4. **Primary Outcome: Programs targeted to victims of elder abuse** (*2 RCTs*)	4. **Programs targeted to victims of elder abuse**

• A nested RCT program for community residents who experienced elder abuse by family members included community awareness, police and social worker visits, and active monitoring of the premise. Higher levels of abuse were reported for those in the program groups (403 victims; **low** quality evidence). It is possible that elders who received the intervention experienced negative, harmful effects. • One very small RCT assigned 9 of 16 victims to a psycho-social support group with structured curriculum for 2-hour weekly sessions for 8 weeks. The sample was too small to detect a difference and firm conclusions could not be drawn (16 victims; **very-low** quality evidence).	Stopping further abuse is an important outcome, however current research does not identify whether education and support programs result in positive change. Further research is needed to determine effective programs targeting victims of elder abuse.
5. Secondary Outcome: Intervention intensity • Four studies were described as medium to high intensity and only one showed some effect. The quality of the evidence from the study was low, and thus it was not possible to draw firm conclusions whether increased intensity results in better outcomes.	**5. Intervention intensity** Simply doing more of a program, or more combination of strategies is not an approach supported by the present body of evidence. Public health should be cautious considering programs based on intensity of the intervention.
Legend: P – Population; I – Intervention; C – Comparison group; O – Outcomes; RR – Relative Risk; BMI – Body Mass Index; MET-m/week – metabolic equivalent of task in minutes per week; **For definitions please see the healthevidence.org glossary* www.healthevidence.org/glossary.aspx	

Why this issue is of interest to public health in Canada

Elder abuse effects 4 - 10% of older adults in Canada and 1 in 5 people believe they know a senior who may be experiencing abuse.[1,2] Elder abuse has many different forms, including physical, psychological, sexual, financial, and neglect, and may occur in a single incident or be a repeated pattern of behaviour.[2] Because elder abuse is typically inflicted by someone known and trusted, those affected may be reluctant to report abuse. [3] Moreover, elder abuse often occurs from someone the older adult is dependent on for food, housing, or money. [2] A 2008 survey found Canadians believe the most important aspect of stopping elder abuse is raising awareness of the issue.[2] The Public Health Agency of Canada is responsible for the Federal Elder Abuse Initiative, which aims to compile public health interventions, develop and provide tools for health care providers, and disseminate prevention information.[1] Currently, it is recommended that the general population stay informed, learn the signs of abuse, and reach out for help as needed.[3] Evidence regarding effective strategies is needed to inform policy decisions and ensure safety and wellbeing of older adults, as the senior population grows rapidly.[3]

1. Public Health Agency of Canada. (2012). *Elder abuse.* Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/ea-mta-eng.php
2. Government of Canada. (2015). *Elder abuse: It's time to face the reality.* Retrieved from http://www.seniors.gc.ca/eng/pie/eaa/elderabuse.shtml
3. Government of Canada. (2015). *Elder abuse awareness.* Retrieved from http://www.seniors.gc.ca/eng/pie/eaa/index.shtml

Other quality reviews on this topic are available on healthevidence.org

Suggested citation

Baker, P.R., Francis, DP., Nairi, NN., Othman, S., Choo WY., Marquez, O., Kamler, L., Dobbins, M. (2016). Interventions for preventing abuse in the elderly: Evidence and implication for public health. Retrieved from http://www.healthevidence.org/view-article.aspx?a=interventions-preventing-abuse-elderly-29428

This evidence summary was written to condense the work of the authors of the review referenced on page one. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

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