Internal and Emergency Medicine
https://doi.org/10.1007/s11739-019-02038-y

IM - ORIGINAL

Elder abuse: perception and knowledge of the phenomenon by healthcare workers from two Italian hospitals

Graziamaria Corbi[1] · Ignazio Grattagliano[2] · Carlo Sabbà[3] · Giorgio Fiore[3] · Sabrina Spina[4] · Nicola Ferrara[5] · Carlo Pietro Campobasso[6]

Received: 11 December 2018 / Accepted: 17 January 2019

Abstract

With ageing population the number of elderly vulnerable to abuse is expected to grow. Hospital personnel play a crucial role in identifying mistreatment. The aim of this study was to establish the level of awareness and perception of elder abuse by healthcare workers, and to understand if they are able to recognize and properly report elder abuse, as well as to identify the physical signs of abuse and neglect. A 41-question survey was administered to healthcare professionals, working in the Internal Medicine and Geriatric Wards of two different University Hospitals of Southern Italy, representative of the Italian health public system. The data collection resulted in 98 questionnaires. For the majority, neglect represents a type of abuse, whereas 40% of physicians and 37% of nurses considered this concept false. All the professionals recognized the elder abuse as a violation of the human rights, but 46.94% were not sure about the existence of standard procedures for abuse reporting/treatment. The most of the nurses and the care assistants declared they never had suspected or witnessed abuse, while few physicians stated to have suspected/witnessed abuse 1–3 times in their career. In both the suspected and witnessed cases, the healthcare personnel did not made any action, neither reported them to public authorities nor adult protective service agencies. The level of awareness and perception of elder abuse by healthcare professionals are still poor especially regarding the reporting procedures. There is still strong need for education and specific training programs on elder abuse.

Keywords Elder abuse survey · Institutional setting · Education · Reporting · Forensic medicine

Background

In the last decades, life expectancy has dramatically increased with a consequent rise in population number of the over 65 years old. With a rapidly ageing population in the World, the number of elderly vulnerable to abuse, neglect and exploitation is expected to grow [1]. According to the World Health Organization's [2] definition elder abuse is "a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust, that causes harm or stress to an older person", that constitutes a violation of human rights. It is also a significant cause of illness, injury, loss of productivity, isolation and despair [1].

Elder abuse is a widespread, but also underestimated problem. United Nation data showed that elder abuse occurred at least in 4–6% of worldwide elder population in domestic and community settings [3]. National surveys conducted in predominately high-income countries find wide variation in rates of abuse. In private households,

Electronic supplementary material The online version of this article (https://doi.org/10.1007/s11739-019-02038-y) contains supplementary material, which is available to authorized users.

✉ Graziamaria Corbi
graziamaria.corbi@unimol.it

1 Department of Medicine and Health Sciences "V. Tiberio", University of Molise, Via De Sanctis Snc, 86100 Campobasso, Italy

2 Department of Educational Sciences, Psychology, Communication, University of Bari Aldo Moro, Bari, Italy

3 Department of Interdisciplinary Medicine, University of Bari Aldo Moro, Bari, Italy

4 Manchester Royal Infirmary, Manchester University Hospitals NHS Foundation Trust Manchester, Manchester, UK

5 Department of Medical and Translational Sciences, University of Naples "Federico II", Naples, Italy

6 Department of Experimental Medicine, University of Campania "Luigi Vanvitelli", Naples, Italy

Published online: 29 January 2019

this ranges from 0.8% in Spain [4] to upwards of 11.4% in United States [5]. In Egypt, an incidence of 43.7% is reported by family members [6], with increased prevalence from 29% up to 42% in vulnerable older people aged 75 years or more [7].

In a recent meta-analysis, Yon et al. [8] pooled the prevalence estimates of elder abuse reported in 52 publications published between 2002 and 2015. The global prevalence of the phenomenon was 15.7%, or about one out of every six older adults [8].

This variability has been ascribed to several factors, such as different definitions of abuse, sampling of recruiting methodologies, levels of vulnerability of the surveyed older adults and high variability in community characteristics and cultural aspects [9]. It is likely that these figures are underestimated as only 1 in 24 cases of elder abuse is reported [10]. According to the National Elder Abuse Incidence Study, 84% of the cases are not reported to adult protective service agency [11]. The reliance on self-reported information excludes patients with dementia, while dementia places older persons at greater risk for mistreatment [12]. Additionally, nearly 25% of the vulnerable elders reported significant levels of psychological abuse [3]. When the available evidence is taken into consideration, an elder abuse estimated overall prevalence of approximately 10% appears to be a reasonable statistic.

Based on a relevant prevalence study, it seems that one in six professional careers reports committing psychological abuse and one in ten physical abuses [13]. In a study on surveyed physicians, more than 60% said that they had never asked their patients about abuse [14], and more than half had never identified or not detected a case of abuse in the previous 12 months [15].

Kleinschmidt [16] summarized the reasons why physicians and caregivers infrequently report elder abuse due to their unfamiliarity with reporting protocols requested in such cases, or fear to offend patients and their relatives. Further reasons are: (a) lack of knowledge or formal training about the problem, including the identification of warning signs and related diagnostic skills; (b) time restraints; (c) scepticism in the possibility of making a change once elder abuse is identified and reported; (d) difficult differential diagnosis of injuries not specific of abuse [14, 17]. Hospital personnel usually play a crucial role in identifying mistreatment and making appropriate referrals since they are usually the first people with a medical background to see these victims. Physicians and nurses are also mandatory reporters of elder abuse in accordance with state requirements.

The aim of this study was to establish the level of awareness and perception of elder abuse by healthcare workers, and to understand if they were able to properly recognize and report elder abuse, as well to identify the physical signs of abuse and neglect.

Methods

Study population

This is a comparative descriptive study performed with 41 survey questions (Additional file 1). The participation in the study was anonymous and voluntary. Selected questions were chosen from previously validated questionnaires used in similar published studies [15, 18–21]. The participants were represented by physicians, nurses and care assistants working in the Internal Medicine and Geriatric Wards of two different University Hospitals, located in Southern Italy (the "Cardarelli" Hospital of the University of Molise in Campobasso and the "Policlinico" Hospital of the University of Bari in Bari), representative of the Italian health public system from March 1 to April 30, 2018. The survey was designed to assess demographic profile of the participants (training/educational level, work experience in geriatric settings, location where the care is provided, age, and gender). Five main aspects of the elder abuse phenomenon were explored: 1. general knowledge of elder abuse; 2. prevalence of the phenomenon in each own caseload; 3. ability to recognize potential signs of abuse and attitudes toward the victim; 4. knowledge of protocols and law requirements related to elder abuse; and 5. willingness to report suspected cases and to adopt the proper preventing actions. The reliability (Cronbach's α) of the section from which several questions for the current study tool were taken was 0.74.

Two different Italian speakers translated the questionnaire into Italian. Both translations were then compared for inconsistencies. Three native English speakers then retranslated the Italian version of the questionnaire, also independently, into English. Each of the English translation was then compared with the original English questionnaire and checked for inconsistencies. The method of sampling was convenient. The evaluation of most statements was based on a three-point Likert-type scale ranging from "not True" to "unsure" to "true". For other question, multiple-choice optional answers were adopted and for a small number of questions the respondents were asked to choose from a list of not more than six options.

Statistical analysis

Descriptive statistics (mean ± standard deviation, frequency, and average) were used to characterize the survey results. The Pearson χ^2-test was used to measure the difference of the answers of the questionnaire. The one-way ANOVA and *t* test were used to compare the groups for continuous variables, and the Pearson correlation

Table 1 Distribution of questionnaires by operative unit and qualification of compilers

Qualification	Internal medicine		Geriatric	
	Administered	Completed	Administered	Completed
Physician	31	19	26	18
Nurses	32	27	27	19
Care assistant	13	8	13	7
Total	76	54	66	44

Table 2 Demographic characteristics of the healthcare professionals participating in the survey

	Internal medicine	Geriatric	*p*
Gender (M/F)	15/39	9/35	0.476
Age			0.133
21–30	14	10	
31–40	14	7	
41–50	11	16	
> 50	15	8	
No response	0	3	
Years of work experience			0.355
< 1	3	8	
1–5	11	14	
6–10	4	6	
11–15	10	5	
> 16	16	21	

examined the relationship between the level of knowledge of the elder abuse and attitudes toward it. A p value < 0.05 was considered significant. Data were collected and analyzed using the SPSS 23.0 statistics package.

Results

The data collection resulted in a total of 98 (69.0%) completed questionnaires out of 142 administered. The distribution of questionnaires, qualifications and demographic characteristics of the healthcare professionals participating in the survey is reported in Tables 1 and 2. The majority of the questionnaires were compiled by females (75.5%), nurses (46.9%) with over 16 years of work experience (37.76%), aged between 41 and 50 (27.6%) years (Table 2).

Regarding the potential signs of abuse, the physicians recognized, more than nurses and care assistants, burns (48.7%, $p = 0.002$), abrasions on neck and face (69.7%, $p = 0.003$), and various stages of multiple bruises and healing of fractures (80.3%, $p < 0.0001$) as potential indicators of abuse (Fig. 1). For the majority, all the personnel neglect represents a type of abuse ($p = 0.073$), whereas about 40% of physicians and 37% of nurses considered this concept false and about 20% of nurses were uncertain on the answer (Fig. 1). All the survey population was aware that many seniors are victims of abuse (Fig. 2) and 93.88% of the health personnel state that elder abuse is a form of the human rights violation, but 46.94% were not sure about the existence of standard procedures for the abuse reporting and/or treatment. In particular, 50% of the nurses and 62.5% of the care assistants did not know about standard reporting procedure. However, 44.7% of physicians were aware of the existence of standard procedures, while 44.3% were not sure, suggesting scarce attention to the problem and little information from the institutions on the reporting procedures (Fig. 2). For suspected abuse, the most of nurses (45.7%) and the care assistants (68.8%) declared that they never had suspicions of abuse, while 48.7% of physicians stated to have suspected abuse on rare occasion (less than three) in their entire career ($p = 0.027$) (Fig. 3). Similarly, the majority of the personnel stated that they have not witnessed elderly abuse at all. Only 23.9% of the nurses, 22.4% of the physicians and 18.8% of the care assistants had witnessed abuse from one to three times in their career but never reported to authorities (Fig. 3). The majority of the personnel (63% nurses, 88.2% physicians and 62.5% care assistants) declared that it is a duty to report elderly abuse, with significant differences in the physicians answers on certainty of the issue with respect to the other staff ($p = 0.012$), but no single authority was correctly identified as recipient of the report with significant differences among the three groups ($p < 0.0001$, Fig. 3). Surprisingly, in both suspected and witnessed cases, the healthcare personnel did not take any action neither reported the incident to public authorities nor adult protective service agencies.

Discussion

The results of the present survey demonstrate that in Italian Internal Medicine and Geriatric settings, the level of awareness and perception of elder abuse by healthcare professionals are still very poor especially regarding the manner of reporting, suggesting a strong need of education and specific training programs on elder abuse. According to previous studies [22] on hospital personnel working in geriatric [18] and emergency departments [15], one of the main finding of the present survey is represented by the lack of knowledge of nurses and physicians about elder abuse issues and the related laws. No relevant differences between the professions, general and geriatric hospital employees or years of experience have been found. Similarly to our results, Almogue et al. [18] found no significant differences relating to the

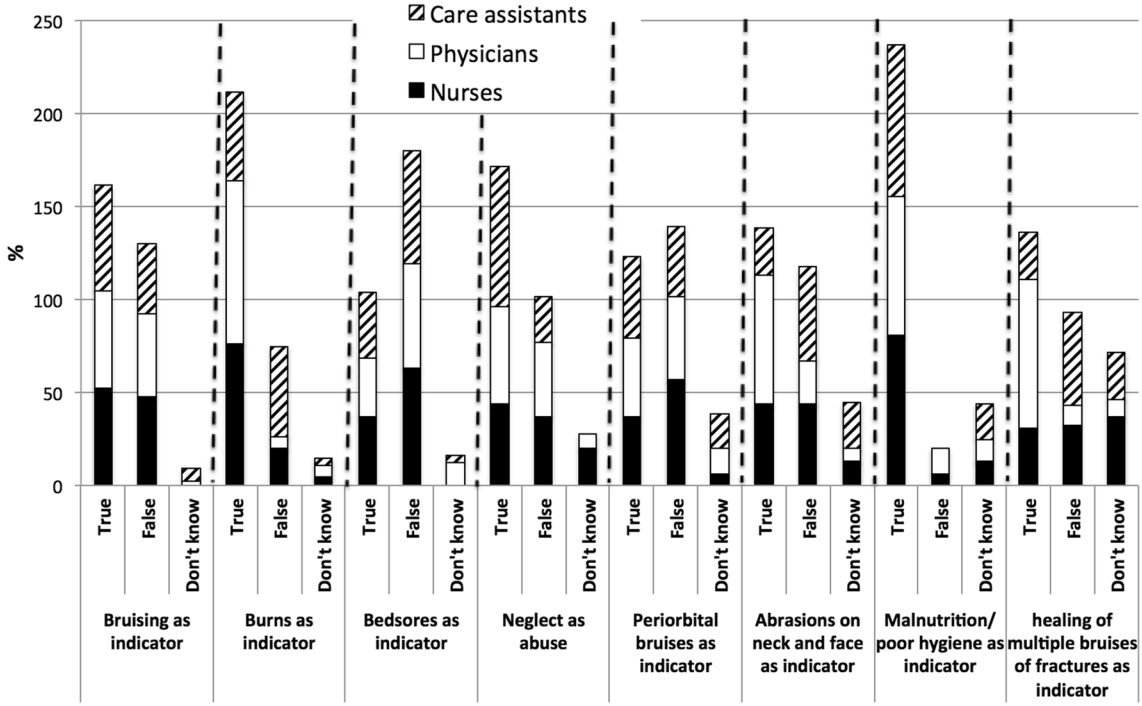

Fig. 1 Knowledge of signs and symptoms of elder abuse by the surveyed healthcare staff

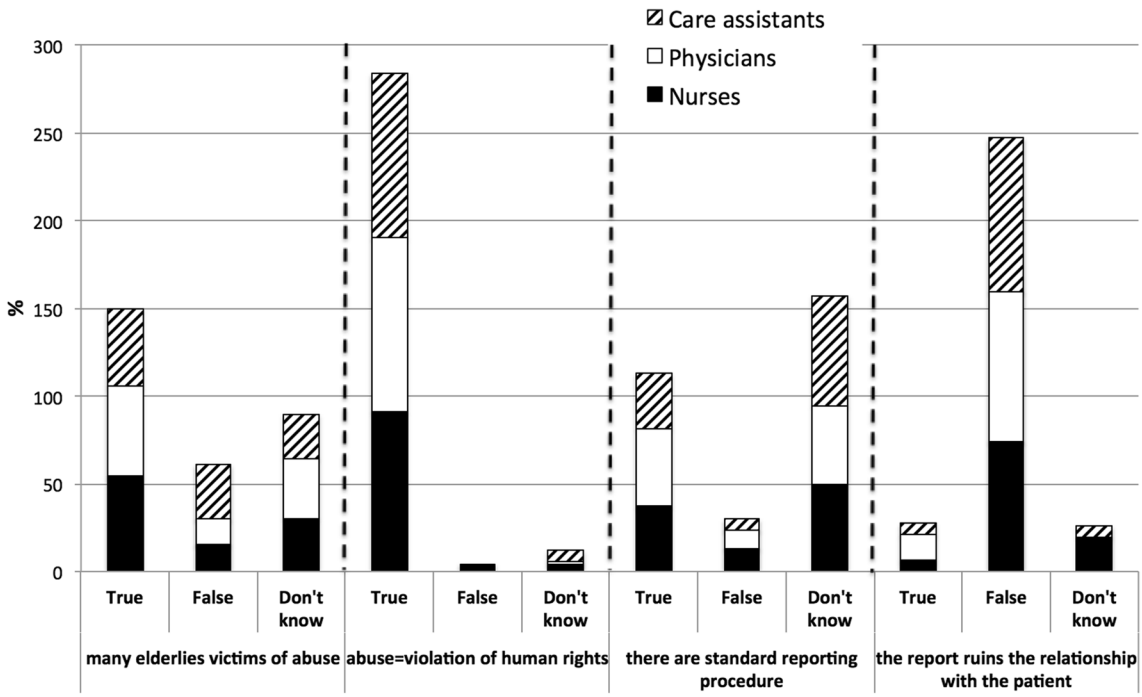

Fig. 2 Knowledge of elder abuse as human right and existence of standard procedures for the abuse reporting and/or treatment by the surveyed healthcare staff

knowledge of elder abuse between nurses and physicians of general and geriatric hospital employees. Both physicians and nurses tended to have neutral attitudes regarding this issue. However, in the Almogue' study, employees of Geriatric hospitals had better attitudes than General hospital workers [18]. In our survey, we think that a reason for the

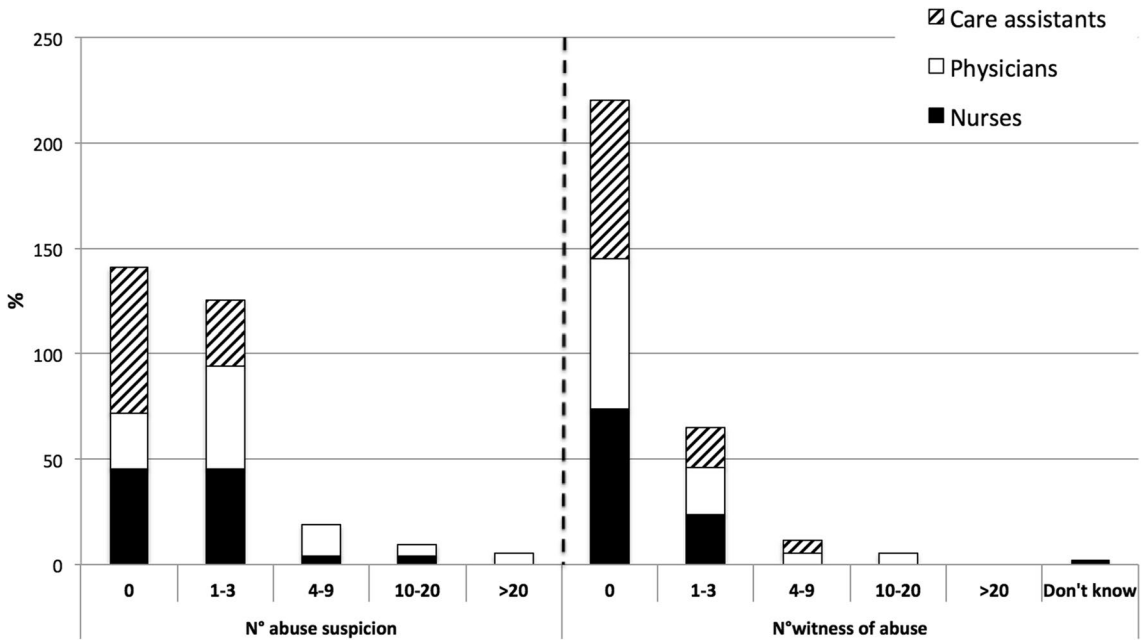

Fig. 3 Suspicion and witnessing of abuse by the surveyed healthcare staff

absence of relevant differences between the Internal Medicine and Geriatric settings could be explained by the fact that in Italy, most of the Internal Medicine Wards actually host elderly patients.

This survey demonstrates how healthcare workers are not fully aware of elder abuse as a social issue. There is also poor familiarity with protocols and the legal requirements for reporting since no single authority has been correctly identified as recipient of abuse reports. Physicians are mostly aware of the responsibility that they have to report such cases to judicial authorities in accordance with Italian state requirements. Most of the nurses and care assistants erroneously believe it is sufficient to inform the Chief of Department and are unaware of any state reporting laws. In addition, Ahmed et al. [23] found similar results. In particular, the authors revealed that the majority of health care workers did not think that reporting was futile. However, only 4 of 41 participants who suspected abuse during the past year reported the cases. The absence of knowledge as well as the fear of being legally involved can easily explain why elder abuse is often unrecognized and underreported. The lack of detection and/or reporting is mainly related to the incapability of healthcare workers to suspect and to disclose abusive behaviours [23–25].

The answers to the survey section related to potential signs of abuse demonstrate that the majority of healthcare personnel are aware of the possible indicators of physical abuse (as represented by bruising, abrasions, burns and, in particular, by various stages of multiple bruises or healing fractures). It is worth of noting that 40% of physicians and 37% of nurses do not believe that neglect is a type of abuse. Recently, Simone et al. [26] found that compared to suffering neglect, elders with abuse were less likely to be a nursing home resident than living at home emphasizing the importance of establishing a multifaceted strategy on different levels (not only clinician, healthcare professionals, and institutions, but also community resources and policymakers to reach nonprofessional caregivers) to identify and prevent the phenomenon [26]. Underestimated neglect could be explained by the common assumption that the identification of abuse is mostly an uncertain diagnosis, based only on physical signs. Several marks of abuse may overlap with symptoms and outcomes of various diseases or side effects of medications (bruises by high doses of anti-coagulants, malnutrition caused by several physical and psychological and/or age-related changes). In our survey, the majority of the personnel considered burns and bruising as signs of abuse (Fig. 1). In addition, Rinker found the most of respondents indicated that burn and skin bruising are not common in the elderly and could be another sign of elder abuse [21]. Difficulties and obstacles in recognizing elder abuse can explain the uncertainty on the origin and cause of physical findings found in this survey. Then it is mandatory to be cautious when examining suspicious physical signs. According to Frazao et al. [27], forensic medical findings are suggestive of physical abuse only in very few cases [27]. Physical findings are useful primarily to alert the physicians to potential abuse and should not be viewed as diagnostic without other corroborating circumstantial information [28].

Elder abuse is a complex, difficult and sensitive area involving interpersonal relationships. Some authors suggested that people suspected to be the victims should be interviewed alone because a relative or caregiver may be the perpetrator and because the victims may be hesitant to reveal the abuse [28].

Limitation and strength

This study has limitations mainly related to the small survey sample and the generalized results. The strength of the study is the presentation of evidence for the first time in Italy, of the level of knowledge, ability to recognize and report the elder abuse by the healthcare staff of two major hospital representatives of the national situation. In the literature, very few articles on elder abuse are available and most of them used only one questionnaire or only explored one specific aspect of the elder abuse.

Conclusions

Elder abuse is an alarming social phenomenon rapidly growing around the world. In the European Union context, this problem is expected to rise, in particular, in countries like Italy that represents one of the oldest European Countries [29].

The WHO report 2015 on ageing and health has calculated that at least one in ten older people is a victim of some form of elder abuse [30]. Healthcare professionals should be aware that victims of elder abuse are more likely to have a physical disability, have poor physical or mental health, or both and, be care-dependent. Often abusers are themselves often dependent on the abused person [30]. It is clear that maltreatment may arise not only through active behaviour, but also through omissive attitude such as silence, underestimation, and failure to report. With the aim of drawing attention to a growing global elder abuse pandemic, the first annual world elder abuse awareness day was organized on 15 June 2006. Unfortunately, in Italy there is still no national plan for the elder abuse, neither surveys were performed to evaluate the entity of the phenomenon. Then, more efficient actions need to be established to increase the level of awareness by healthcare workers and their ability to recognize early signs of abuse encouraging them to be active part of the process reporting suspicious cases to judicial authorities. The most demanding need in the field of elder abuse is for interventions able to prevent and detect mistreatment [31], whereas there is inadequate trustworthy evidence to assess the effects of elder abuse interventions on occurrence or recurrence of abuse [32]. Education and training seem still the best tools for preventing elder abuse and promoting the right to a dignified and meaningful life.

Acknowledgements The authors acknowledge Dr. Scarabaggio Lidia for her help in questionnaire recovery.

Author contributions GC conceived the study, analyzed and interpreted the data and was a major contributor in writing the manuscript. IG conceived the study and was a major contributor in writing the manuscript. CS assisted with the study and analyses. GF assisted with the study and analyses. SS analyzed the data and was a major contributor in writing the manuscript. NF supervised the study and was a major contributor in writing the manuscript. CPC conceived the study, was a major contributor in writing the manuscript and supervised the study.

Compliance with ethical standards

Conflict of interest The authors declare they have no competing interests and no source of funding for this study.

Statement of human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent None.

References

1. Mikton CR, Butchart A, Dahlberg LL, Krug EG (2016) Global status report on violence prevention 2014. Am J Prev Med 50:652–659. https://doi.org/10.1016/j.amepre.2015.10.007
2. World Health Organization (2002) The Toronto declaration on the global prevention of elder abuse. WHO, Geneva. http://www.who.int/ageing/publications/toronto_declaration/en/. Accessed 16 May 2017
3. Sethi D, Europe (2011) WHORO for European report on preventing elder maltreatment. World Health Organization. Regional Office for Europe, Denmark http://www.who.int/iris/handle/10665/107293. Accessed 01 Jan 2018
4. Biggs S, Manthorpe J, Tinker A et al (2009) Mistreatment of older people in the United Kingdom: findings from the first National Prevalence Study. J Elder Abuse Negl 21:1–14. https://doi.org/10.1080/08946560802571870
5. Acierno R, Hernandez MA, Amstadter AB et al (2010) Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study. Am J Public Health 100:292–297. https://doi.org/10.2105/AJPH.2009.163089
6. Abdel Rahman TT, El Gaafary MM (2012) Elder mistreatment in a rural area in Egypt. Geriatr Gerontol Int 12:532–537. https://doi.org/10.1111/j.1447-0594.2011.00780.x
7. Garre-Olmo J, Planas-Pujol X, López-Pousa S et al (2009) Prevalence and risk factors of suspected elder abuse subtypes in people aged 75 and older. J Am Geriatr Soc 57:815–822
8. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH (2017) Elder abuse prevalence in community settings: a systematic review and meta-analysis. Lancet Glob Health 5:e147–e156. https://doi.org/10.1016/S2214-109X(17)30006-2
9. Cohen M, Levin SH, Gagin R, Friedman G (2007) Elder abuse: disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse. J Am Geriatr Soc 55:1224–1230. https://doi.org/10.1111/j.1532-5415.2007.01269.x
10. Under the Radar (2011) New York State elder abuse prevalence study. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department

for the Aging, New York. https://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf. Accessed 03 Mar 2018
11. Tatara T (1997) The national elder abuse incidence study: executive summary. Human Services Press, New York. https://www.acl.gov/sites/default/files/programs/2016-09/ABuseReport_Full.pdf. Accessed 11 Apr 2018
12. Dong X, Chen R, Simon MA (2014) Elder abuse and dementia: a review of the research and health policy. Health Aff (Millwood) 33:642–649. https://doi.org/10.1377/hlthaff.2013.1261
13. Cooper C, Selwood A, Livingston G (2008) The prevalence of elder abuse and neglect: a systematic review. Age Ageing 37:151–160. https://doi.org/10.1093/ageing/afm194
14. McCreadie C, Bennett G, Gilthorpe MS et al (2000) Elder abuse: do general practitioners know or care? J R Soc Med 93:67–71. https://doi.org/10.1177/014107680009300205
15. Jones JS, Veenstra TR, Seamon JP, Krohmer J (1997) Elder mistreatment: national survey of emergency physicians. Ann Emerg Med 30:473–479
16. Kleinschmidt KC (1997) Elder abuse: a review. Ann Emerg Med 30:463–472
17. Jones JS, Holstege C, Holstege H (1997) Elder abuse and neglect: understanding the causes and potential risk factors. Am J Emerg Med 15:579–583
18. Almogue A, Weiss A, Marcus EL, Beloosesky Y (2010) Attitudes and knowledge of medical and nursing staff toward elder abuse. Arch Gerontol Geriatr 51:86–91. https://doi.org/10.1016/j.archger.2009.08.005
19. Alon S, Berg-Warman A (2014) Treatment and prevention of elder abuse and neglect: where knowledge and practice meet-a model for intervention to prevent and treat elder abuse in Israel. J Elder Abuse Negl 26:150–171. https://doi.org/10.1080/08946566.2013.784087
20. Clark-Daniels CL, Daniels RS, Baumhover LA (1990) Abuse and neglect of the elderly: are emergency department personnel aware of mandatory reporting laws? Ann Emerg Med 19:970–977
21. Rinker AG (2009) Recognition and perception of elder abuse by prehospital and hospital-based care providers. Arch Gerontol Geriatr 48:110–115. https://doi.org/10.1016/j.archger.2007.11.002
22. McCreadie C, Bennett G, Tinker A (1998) General practitioners' knowledge and experience of the abuse of older people in the community: report of an exploratory research study in the inner-London borough of Tower Hamlets. Br J Gen Pract 48:1687–1688
23. Ahmed A, Choo WY, Othman S, Hairi NN, Hairi FM, Mohd Mydin FH, Illiani Jaafar SN (2016) Understanding of elder abuse and neglect among health care professionals in Malaysia: an exploratory survey. J Elder Abuse Negl. 28(3):163–177. https://doi.org/10.1080/08946566.2016.1185985
24. Corbi G, Grattagliano I, Catanesi R et al (2012) Elderly residents at risk for being victims or offenders. J Am Med Dir Assoc. https://doi.org/10.1016/j.jamda.2012.05.012
25. Corbi G, Grattagliano I, Ivshina E et al (2015) Elderly abuse: risk factors and nursing role. Int Emerg Med. https://doi.org/10.1007/s11739-014-1126-z
26. Simone L, Wettstein A, Senn O et al (2016) Types of abuse and risk factors associated with elder abuse. Swiss Med Wkly 146:w14273. https://doi.org/10.4414/smw.2016.14273
27. Frazao SL, Correia AM, Norton P, Magalhaes T (2015) Physical abuse against elderly persons in institutional settings. J Forensic Leg Med 36:54–60. https://doi.org/10.1016/j.jflm.2015.09.002
28. Lachs MS, Pillemer KA (2015) Elder abuse. N Engl J Med 373:1947–1956. https://doi.org/10.1056/NEJMra1404688
29. Eurostat (2017) Population. In: Eurostat Statistics Explained. http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing. Accessed 28 Dec 2017
30. WHO (2015) World report on ageing and health. World Health Organization: Geneva, Switzerland. http://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=BD9AFE72652D4AA6F1CBA975A2282D80?sequence=1 Accessed 03 Feb 2018
31. Pillemer K, Burnes D, Riffin C, Lachs MS (2016) Elder abuse: global situation, risk factors, and prevention strategies. Gerontologist 56(Suppl 2):S194–S205. https://doi.org/10.1093/geront/gnw004
32. Baker PR, Francis DP, Hairi NN et al (2016) Interventions for preventing abuse in the elderly. Cochrane Database Syst Rev. https://doi.org/10.1002/14651858.cd010321.pub2