

**Asiyana Shah  
Nhu Vo**

**ELDERLY ABUSE IN SERVICE HOMES: A LITERATURE REVIEW**

**Thesis  
CENTRIA UNIVERSITY OF APPLIED SCIENCES  
Bachelor of Healthcare, Nursing  
May 2019**

## ABSTRACT

<b>Centria University of Applied Sciences</b>	<b>Date</b> May 2019	<b>Author</b> Asiyana Shah & Nhu Vo
<b>Degree program</b> Bachelor of Health care, Nursing		
<b>Name of thesis</b> ELDERLY ABUSE IN SERVICE HOMES: A LITERATURE REVIEW		
<b>Instructor</b> Maria Björkmark & Pirjo Forss-Pennanen	<b>Pages</b> 41 + 4 appendices	
<b>Supervisor</b> Anita Hollanti		
<p>The purpose of this thesis is to describe how to identify elderly abuse in service homes and to explore effective nursing interventions to prevent elderly abuse. The aim of this study is to provide better understanding and bring awareness about elderly abuse in service homes.</p> <p>There are nineteen articles chosen to answer for two research questions. The methodology of the study was the literature review. There are many resources taken from Centria databases like SAGE Premier, Science Direct, Academic Search Elite (EBSCO), ProQuest.</p> <p>Elderly abuse is now recognizable as a serious social problem all over the world. Elderly people are abused in different forms and the abuser can be family members, caregivers, strangers. Elderly abuse can happen in any setting either own home, service homes, health centers or hospitals. The prevalence of elderly abuse is still difficult to research because many cases of abuse are under-reported.</p> <p>Findings from this study indicate that elderly abuse can be identified from clinical signs and indicators suggesting to different forms of abuse. Use of screening tools also guides to identify elderly abuse. Screening tools cannot be applied to diagnose elderly abuse, but it helps to assess the possibility of abuse in elderly people. Nurses plays a vital role in safeguarding vulnerable elderly people in service homes. Nurses need to be aware about policies for elderly people and legislation about elderly abuse. On the other hand, there are many effective strategies for preventing elderly abuse for both informal caregivers and nurses. Education to prevent elderly abuse is important for both elderly people and health caregivers. In order to intervene effectively to elderly abuse, reporting of elderly abuse should be taken into education for elderly people, informal caregivers and nurses.</p>		
<b>Key words</b> Elderly abuse; Nursing intervention; Quality of care; Service homes		

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## 1. INTRODUCTION

Elderly persons are referred to those people who are over 60 years as acknowledged by United Nation however, 65 years is considered as an old age in many developed countries. Definition of old age is also questionable because the life span of people is changing gradually. In Finland, the age for retirement raised to 61.3 years in 2018. (Finnish Centre for Pension). The number of the aged populations is growing rapidly around the world. According to a report of WHO (2015), people aged over 60 years old will be doubled by the year 2050. Today people are living longer than the past which is beneficial for the development of the health system however, there are certain challenges not only for the elderly people but also for the family, society, and whole nation as well. 'Elderly,' 'Senior citizens,' 'Old people' are various terms used to refer older people and the term 'elderly' is used in this study.

Some elderly people have long-term illnesses like cancer, musculoskeletal disorders, cardiovascular diseases, and neurological disorder and with gradual ageing process, elderly people experience several disabilities and seek more help and support from family/caregivers and society. Because of long-term illnesses, the family, as well as the society, may have the feeling of a burden to deal with such issues. In addition, the health system of a country might get affected. For instance, the elderly people might need more acute health care and to provide adequate health care more trained manpower is needed. (WHO, 2015.)

For the first time, the concept of elderly abuse was introduced in 1975 with the name 'Granny Battering' in the scientific journals of United Kingdom (WHO, 2014). Elderly people become more dependent on their care providers because of the deteriorating physical activity level and cognitive functions which may results in vulnerability to elderly abuse. Elderly abuse not only affects physical well-being of elderly people but also brings psychological disturbances. If such consequences are not investigated, elderly people's quality of life get affected and cause premature death in elderly people. (WHO, 2018).

According to the study of WHO (2017), 1 out of 6 elderly people became the victim of abuse. Elderly abuse is not a new phenomenon but there is still lack of adequate investigation about abuse because of fear, the victims remain silent as somehow the abusers might be their own care providers. This problem is ignored by the society and the nation and there is also a question mark that who are the abusers. They could also be care providers, families, and professionals.

There are different varieties of terms used to explain abuse like mistreatment, exploitation, maltreatment and molestation however, the authors used the word 'abuse' in this study considering as a general term. 'Hoitokoti' (care home), 'Hoivakoti' (nursing home), 'Vanhainkoti' (elderly home), 'Palvelutalo' (Sheltered house), 'Senioritalo' (Senior house) are various terms in Finnish defining the services for elderly. Elderly homes or Nursing homes are nowadays considered as old term and it is replaced with service homes or service houses therefore, the authors used 'service homes' in this thesis.

Every continent and each developed and developing countries have their own system of elderly care. Regardless of health framework for older people like service homes, home care, health centers, a morally unacceptable phenomenon like elderly abuse is widespread. Elderly abuse is not a hidden issue for public and viewed as a crucial topic however, very few cases had hit the media as an act of misconduct.

Coming from two different Asian countries but with same culture of elderly care, we chose this topic for our thesis because in Asian countries, the family members still practices the tradition of taking care of the elderly people. Asian countries have not implemented the long-term care policies for elderly people appropriately in comparison to Nordic and EU countries. We would like to clarify that this thesis is not a comparative study between Asian, Nordic and European countries.

In European and Nordic Region, some countries strongly promote human rights and have long term care policy for elderly people. Despite this fact, elderly's rights are being violated even in developed countries and elderly abuse is prevalent. Moreover, the other reason for choosing this topic as our study is because elderly abuse has happened a lot in our home countries, there are reported and unreported cases, however it has not been considered critically, we wanted to study and develop more skills in order to apply those practical knowledges in our country. On the other hand, we wanted to study more about this phenomenon, such as how to indicate signs of elderly abuse and how to intervene the problem.

The purpose of this thesis is to describe how to identify elderly abuse in service homes and to explore effective nursing interventions to prevent elderly abuse. The aim of this study is to provide better understanding and bring awareness about elderly abuse in service homes.

## 2 BACKGROUND

In this chapter, there are three main parts that can lead from general to specific information. First, quality of care can be pointed out in order to emphasize the organized health care system. The chapter also describes health care policies and aging process in Finland as well as quality of elderly care in other Nordic countries.

### 2.1 Quality of life for the elderly

There are various ways to define quality of life, it can be the need or satisfaction of physical, psychological, social and activity; or the general of enjoying life; or the fulfillment of life achievement. There is an idea about personal satisfaction is independent, that a person can get things done and deal with themselves. For example, with a patient with a hopeless sickness, the estimation can be utilized to assess changes in his or her life and make the patient know how his or her ailment influences an incredible nature (Post, 2014.)

In accordance with the Global Burden of Disease Study (2018), Finland has been reported to bear the finest health system among 188 countries. Finland has a distinctive health care system which is carried out by municipalities, private health sector and occupational health services. Primary health care is delivered by municipalities with collected taxes and the Finnish Social Insurance Institution (KELA) is accountable for funding private and occupational health sectors. Entirely, Ministry of Social Affairs and Health (MSAH) is liable to control the social and health services. (Vuorenkoski, 2008.)

Long-term care is regarded to be an interchange between health protection and the community. The definition of caring quality is stated as the reporting from individual health providers about their performance with their clients or patients. The performance, which is considered to improve the well-being and life quality of clients or patients. According to Winsløw & Borg (2011), in Denmark, there are seven questions used to measure the quality of long-term care, which are stated by “how often” questions. For example, “how often do you spend time to talk with your clients or patients?”, or “how often clients or patients can give a decision about what they want to do?”. Moreover, every question in seven questions has five achievable answers, which are always, often, sometimes, hardly and never. Through those answers, the percentage of workers who were being inexperienced and who were qualified is calculated.

### 2.1.2 Provision of elderly services in Finland

According to the National Institute for Health and Welfare (2017), population aging has increased gradually, which means the number of older people is higher compared to the middle aged. Among 51 European countries, Finland is one of them which has the most aged inhabitants. The Statistics Finland on population structure by age (2018), reported that people aged 0 to 14 was 35,1% in 1990 while it fell gradually to 16,2% in 2017. Similarly, the percentage of people aged 15-64 years in the year 1990 was 59,6% and increased to 69,5% in 2017. During the same period, the inhabitants aged 65 to 84 years rapidly grown from 5,2% to 18,7%. The statistics have proved the speedy ageing process in Finnish people, and it has been predicted that there will be scarcity of service providers for elderly people in coming days.

Finland's mission is to sustain good health, to promote social welfare, functional capability and to lower health differences. In the matter of the social and health care of senior citizens in Finland, municipalities are accountable for providing required services to elderly people. Most of the elderly citizens resides in their own home and some of them need long term care. The elderly people can receive such services in health centers, elderly homes, home care service and also private service homes which are directed by the municipalities. There is also specialized service home for elderly with physical and intellectual disabilities. (Vuorenkoski, 2008.) Similarly, informal caregivers like family member, relatives or someone who takes the responsibility of caring elderly people at home are provided home care allowance from municipalities in Finland (Johansson, 2010).

The Finnish Ministry of Social Affairs and Health is accountable to regulate all the policy related to ageing for older people. Long term care is required for elderly people to provide them worthy continuation of life and for that municipality plays a significant role by organizing social and health care services. Each year, municipalities are determined to assess the need and the sufficiency of quality services required for the older people residing in their area (Act on Supporting the Functioning of Elderly Population and on Social and Health Services for elderly 5.122012/980). In Finland, Valvira is responsible for the supervision of health and social services such as health centers, service homes, hospitals and also health professionals both in public and private settings (National Supervisory Authority for Welfare and Health, 2015).

When an elderly citizen who is unable to take care of their need regarding health and security, social worker from local municipality, health workers, rescue service providers, police department and emergency service personnel need to reach to municipal social welfare directly (Health Care Professional Act 2.122012/980). Unmarried couples and elderly partners should be permitted the liberty to stay together. The elderly inhabitants are privileged to get all the information concerning them. Municipality should notify the information and data about social and health service that elderly people demand somewhat in six-month. (Act on Supporting the Functioning of Elderly Population and on Social and Health Services for elderly 30.122014/1351; 28.122012/980.)

### **2.1.3 Service homes for elderly**

In the 1990s, some organizations were initiated with the purpose of caring the elderly people who were unable to do self-care however, those organizations were not a nursing home, nor any kind of treatment were provided in it (Malmedel, 2014). The reform of elderly care took place in 1922 in Finland replacing charity homes into service homes. Service homes were started to build in the 60s and 70s (Fagerström, Launonen, Lehtinen & Nikula, 2016). In Finland, there are different housing services provided to people along with health services and rehabilitative facilities in accordance with Social Welfare Act, (1304/2014).

Service homes funded by municipalities collaborate with health center (Vuorenkoski, 2008). The municipality also helps to facilitate the living of elderly people who wants to live independently at their own home. For instance, renovating the apartment to ease the accessibility of elderly person using wheelchair and other walking aids, placing sidebars for support, making safer toilets, bathroom and widening the entrance etc. (Sosiaali ja Terveysministerio, 2015.)

Service homes are the long-term institutional care given to the elderly people who are not able to take care of themselves at their own home and who requires 24-hour care however, there is no any official description of service homes. Service homes are classified as regular service house and enhanced service house. In regular service homes, the care providers are available only in day time whereas in enhanced service homes, the service is provided for 24 hours. Service homes provides entire service depending on the need and priorities of the elderly people. (Sosiaali ja Terveysministerio 2015; Sosiaalihuollon laitosten ja asumispalvelut 2014.)

In service homes, the older people live together in the same building having their own room and receive different services like basic nursing care, fooding, emergency services, wound care, medication and medical examinations etc. The elderly residents in service homes can take their belongings to their own room and they pay for the housing as well as care they get from service house. The payment of service is determined with the income of the residents, so income certificates are submitted to the municipality. (Sosiaali ja Terveysministerio 2015; Sosiaalihuollon laitos- ja asumispalvelut 2014.)

According to the health report from Organization for economic co-operation and development (OECD)2008, the Finnish people who were above 65 years receiving long term care at home was 7.6% and 4.6% received institutional care. In 2008, 3,8% of elderly people aged 75 years have received long term care in service homes whereas in 2017, only 1,0% were living in service homes (Sosiaalihuollon laitos- ja asumispalvelut 2017). As reported by Norwegian statistics, more than 45 % of the elderly die in service homes thus, progressively service homes are responsible for the end of life care (Malmedal 2014; Narkrem 2015).

## **2.2 Elderly abuse**

Elderly abuse is a sensitive issue and there are very little studies about elderly abuse in Finland. Nowadays, this phenomenon is quite common in the society however, this study focuses on abuse in the service homes. More than 40% of the elderly people live in service homes at a certain point in their life to get long-term health care. In service homes, those elderly people are taken care with their ADL (Activities of daily living) and other needs however, some of them became the victim of abuse. Abuse in service homes is a major problem but it is neglected, which is carried out by caregivers and other factors. The problem has happened due to the ignorance, fear and lack of concern. (Donder, Witte, Brosens, Dierckx &Verté, 2015.)

### **2.2.1 Forms of elderly abuse**

Elderly abuse is termed as an act of frequent or single and improper action happening within any trustful relation, which causes harm and suffering to an elderly person. Elderly abuse is regarded to be a mistreated action that happens in service homes in many countries. The elderly abuse has been unrecognized and unreported, that is why the issue is widely prevalent. Causes of elderly abuse might be ranged from psychological, sociological, and cultural factors. The reason for elderly abuse has been reported because

of lack of knowledge and awareness, poor health services and discriminations related to gender, race and ages. No matter in developing or developed countries, abusing issues still happen every day and the number of elderly people, who are being abused, has increased gradually. On the other hand, abusing has strongly affected not only elderly's physical but also mental health. The forms of elderly care in health care can be divided into psychological, social and physical abuse, neglect of treatment, sexual and financial exploitation, and wound contraction. They can be identified by age-related factors and factors related to the care of a nurse. (WHO, 2017.)

AVOW (Prevalence study of violence and abuse against older women) was a project conducted in the period of 2009 to 2011 involving four EU countries under the co-ordination of the National Institute of Health and Welfare, Finland. The survey reported in Finland, 3,5% of people aged 79 and above were at higher risk of neglect whereas 32,7% of people aged 60 to 69 had experienced violation of right and emotional abuse. (Luoma & Koivusilta, 2009.)

#### *Physical abuse*

Physical violence is the most common types of abuse, which is an action that causes harm to the patient or the elderly. The action can be beating, hitting, pushing, or slapping a person and hurting them. Physical abuse is a non-humanized behavior that a human being has received, this should be stopped before any worst situation happens. This kind of abusing might lead the patient to a mental problem, for example, being scared, depression or even worse. Symptoms of physical abuse are unexplainable injuries, burns, black eyes, cuts. Moreover, physical abusing issues have been occurring with increasing amounts. Many researchers show that these issues were not announced and reported (Downes, Fealy, Phelan, Donnelly, and Lafferty, 2013.)

#### *Verbal and psychological abuse*

Verbal abuse is an action of using words to bully the elderly people, it can be negative statements so that seriously cause risks to a vulnerable elder person by a nurse or a caregiver. This can be yelling, scolding, stalking, or threatening with punishments. To be more specific, the result of psychological and verbal abuse is very serious, which leading victims to depression, loss of sleep, mental health, and negative social functioning, because the elderly are the most vulnerable people in the society. Verbal bullying can be measured by Conflict Tactics Scale (CTS) and the result of the scale will show the necessity of help of the patient with their care needs. (Fulmer, Rodgers & Pelger, 2014.)

### *Neglect*

Elderly abuse and neglect (EAN) are said to be global threat nowadays and its number has been growing. Neglect is defined as an inappropriate action of a caregiver or family member to an older adult with their daily needs, for example, changing diapers, giving medication, unmanaging pain, or providing food. Various health impacts of elderly abuse have been documented to studies and elderly abuse is reported to be at high risk of leading to other diseases, disabilities, depressive symptoms or stressed. (Leander, Berlin, Eriksson, Gillander, Hensing, Krantz, Swahnberg & Danielsson, 2012.)

Neglect is said to be the most common issues in health care system, even healthcare professionals and family members do not have any concerns it to be a way of abuse (Yunus, Hairi and Choo, 2017). It becomes more common when caregivers is depressed or stressed, because it affects observation's ability and identify to need or provide care for the elders. The study shows that when caregivers is in high level of burden, the care becomes insufficient. There are two types of neglect, which are physical and emotional. Additionally, physical neglect is a failure action of providing physical needs for an elder. Emotional neglect is an action of failing of giving medical treatment and follow-ups. There are outcomes of neglect, either physical or emotional, it can worsen elderly people's well-being. Eventually, some elderly people are unable to notice and report. (Winterstein, 2013.)

### *Financial abuse*

According to the Australian Human Rights Commission (AHRC), financial abuse is defined as when the person that is trusted uses the relationship of trust to take advantage of the money, for instance, forcing the victim to give the money away, transferring money or lying about loans that they have. This kind of abuse usually causes vulnerability for the dementia people because they are unable to manage their finances themselves. However, this problem has happened with family member, relatives, or neighbors, the symptoms of people who have financial abuse are depression, lack of concerning about welfare financial, and other abnormal signs such as new signatures are made unusually. (Alzheimer's Australia, 2015.)

### *Sexual Violence*

The World Health Organization (2013) describes that any kind of sexual action, seeking of sexual act, undesirable sexual statement against any persons' will by threat or by force from second person irrespective of their relation in any situation or place is sexual abuse. According to Bows (2017), sexual abuse is regarded as a heinous action against human rights. Some researchers claimed that the more the age, the lesser chance of sexual abuse. People have a myth that elderly people cannot be the victim of sexual abuse.

In few crime studies done in England, the participants above 60 years were not included, and the study had focused more on younger women. A study done in Sweden on prevalence of sexual abuse in people over 65 years showed that 2,2% of them were female and 1,2% were men. Genital, anal or oral penetration, verbal sexual abuse, rape are some forms of sexual abuse. Erotically kissing, touching and unusual sexual interest were the common forms of sexual abuse reported by victims. Sexual abuse has been recognized in service homes, but lack of sufficient evidence and poor health condition of victim have made the investigation difficult. (Malmedal, Iversen & Kilvik 2014.)

Sexual violence is marked as a criminal activity, so it is also a challenging issue to explore thoroughly and not many studies have been done for sexual abuse in elderly. It is reported that sexual violence can happen either at home or institutional settings and the abuser is person who is close to the victim like spouse, family members. Reportedly, alcoholism, substance abuse problem and person who have been previously accused of crime could be some components that makes abusers commit the violence and abuse. (Bows, 2017.)

#### *Resident to Resident Aggression (RRA)*

According to Rosen, Pillemer & Lachs (2008), there are studies about elderly abuse done by strangers, family members, caregivers but only limited studies have brought attention towards resident to resident aggression that happens in long term care facilities. Resident to resident aggression can be explained as a negative and aggressive form of interaction within elderly people residing in long term care facilities which can be unpleasant and likely to bring physical and mental distress to sufferer. The elderly men with poor cognitive functions were more prone to resident to resident aggression. The incidents of resident to resident aggression had happened in elderly people's room, dining halls and day rooms.

Elderly people with impaired cognitive function were more victimized from RRA. Demented elderly shows behavior like wandering and they may not be able to resist the trouble from the abuser. Resident

to resident aggression and abuse is prevailing because the family members and elderly victim themselves hesitate to report abuse thinking that the elderly person might be terminated from service homes. The service home administration hesitates to report abuse fearing that it will bring out negative publicity and inflict penalties from state authorities. Nurses and the staffs employed in long term care facilities hesitate to report fearing that they might lose their jobs. (Rosen et al. 2008.)

The possible manifestations of RRA are similar to other forms of abuse which are falls, fractures, bruises, laceration, anxiety, behavioral changes and aggression. Some elderly people have diagnosed mental disorder like psychoses, schizophrenia, bi-polar disorder and they need long term care. Such elderly exhibits more aggressive and disruptive behaviors than those without mental disorder. Middle aged people who have more physical strength than older residents are more aggressive, and they often harm frail residents either verbally or physically. (Rosen et al. 2008.)

### **2.2.2 Risk factors**

According to WHO (2017), dementia is regarded as a common problem in elderly people which is bringing various disabilities in them. It has been estimated that 47.5 million people are diagnosed with dementia globally and each year 7.7 million suffers from dementia. According to Finnish Ministry of Social Affairs and Health (2013), every day 36 people suffers from memory disorder and more than 13,000 people are diagnosed with dementia annually in Finland. Dementia adversely effects physically, psychologically, socially, and economically not only to the old people but also to their care providers, family and community.

According to the study of Downes, Fealy, Phelan, Donnelly & Lafferty (2013), in service homes, there are elderly people, most of whom are not been able to manage by themselves need help and support from caregivers and nurses. Some of the elderly people in service homes are being unwell treated, such as scolding, yelling and physical bullying. Additionally, the most common risk factor of abuse is dementia. Elderly people with dementia has the high risk of being abused because of their behaviors, such as aggression. The aggression of dementia patient may be very challenging for caregivers, because dementia elders are not able to communicate well, and caregivers are unable to understand how to deal with their nutrition and pain management.

Elderly abuse is a complex interaction related to other factors. Factors from different levels can lead to risk of elderly abuse, for example, people with dementia, disabilities, and critical health problems. On the other hand, low support from society, substances abuse, physical dependence carries out the risk of elderly mistreatment. (Baker, Francis, Hairi, Othman & Choo, 2016.)

According to Bows (2017), gender is also identified as a risk factors for elderly abuse. Compared to old men, old women are more often victims of sexual abuse. 36,5 % of women in their life period confronts sexual abuse. Those elder women who have poor economic status and who are less literate are more in risk of sexual abuse. Similarly, the elderly people who are residing in countryside are more vulnerable to abuse.

Neglect and financial abuse were prevalent in people who have poor health. Social isolation is also found to be a risk factor for elderly abuse. In Finland, 20% of people have experienced neglect who were not socially active whereas only 3,8% of people who were involved socially reported the incidence of neglect. (O'Brien, O'Brien-Olinger, Boccaletti, Milianta, Caciula, Laurola, Perttu, Kadzig-Bartoszewska, Canning & Quinn 2015.)

In terms of societal level, elderly people are more at risk due to the poor and unclear policies about elderly abuse. Burnout in nursing staffs working in service homes has been reported to be the strongest risk factor for elderly abuse. Similarly, lack of knowledge and limited trainings, minimum wages, independent working culture, lack of awareness about elderly abuse were determinants associated with elderly abuse in Finland. (O'Brien et al. 2015.)

One of the reasons that nurses noted was highly demanding work in elderly care and stressful environment. As elderly people have deteriorating physical, psychological and physiological functions so it becomes necessity for care providers to spend additional time for elderly care. Poor team support and insufficient nursing staffs are also reported as factors for abuse and negligence in elderly people. (O'Brien et al. 2015.)

According to Pillemer, Burnes, Riffin & Lachs (2016), there are risk factors for elderly abuse among caregivers. There are informal caregivers, such as spouse, children, relatives and friends, who are taking care of elderly people. However, the responsibilities and demands of taking care of elderly people has been changed along with elderly people's health situation. For those reasons, the pressure of elderly care will lead to caregivers' impatience, stress and burnout. When caregivers are not be able to cope up with

stress, get support of experience caregivers, maintain their personal life balance, it leads easily to elderly abuse.

### **3 RESEARCH QUESTIONS**

The purpose of this thesis is to describe how to identify elderly abuse in service homes and to explore effective nursing interventions to prevent elderly abuse. The aim of this study is to provide better understanding and bring awareness about elderly abuse in service homes.

The study seeks to answer the following research questions:

1. Identification of elderly abuse in service homes.
2. Effective nursing interventions to prevent elderly abuse in service homes.

## 4 METHODOLOGY

This chapter describes about the methodology used in the study. A literature review was mainly evidence-based and review studies about elderly abuse. Previous scientific studies are used to answer to research question as well as the research issue. This chapter also outlines the research process using in this study. First, the research methodology are presented. Here the reasons for adoption of the research method for the study are explained. The second section focuses on data collection.

### 4.1 Literature review

Literature review is defined as a wide-range and interpretive study that related to a certain topic, provides a general view of a specific area of the research. It can be described, summarized or clarified an issue, which gives a theoretical based research to help the writer emphasize or determine the study. When beginning a literature review, a research question has to be identified then response of question can be found by searching and analyzing appropriate literature from approaching system. (Aveyard, 2010.)

Literature review is composed of an objective summary that investigates previous studies of a specific topic in detail. Its primary aim is to provide elaborate implications of related scientific works. Systematic approach is highly advisable in the literature. Furthermore, scholars should exploit materials from a wide range of references and navigate the search scientifically prior to initiation of project. Thereby, authors can protect the reliability of the literature review. (Cronin, Ryan & Coughlan 2008.)

### 4.2 Data collection and data analysis

#### *Data collection*

Collection of data is done by going through scientific researchers from reliable web-based sources, all used data in the study is taken out from school database, from which various information and data is stored and taken into searching. The process of collecting data includes searching from books, evidence-based journals, scientific researchers and web-based sources.

There are various sources are used in this study, which are from Centria University of Applied Sciences databases: SAGE Premier, Science Direct, Academic Search Elite (EBSCO), ProQuest. Additionally,

reliable online scientific databases are used, such as: World Health Organization (WHO), National Institute for Health and Welfare (PubMed), Researchgate.net, Australian Human Rights Commission (AHRC), National Center for Biotechnology Information (NCBI).

Keywords obtained from the research topic can be specific by applying Boolean operators. Boolean operators are recommended to use to obtain more specific information and data from databases. For instance, using “AND” to combine terms to search for all results containing all of terms, for example “Elderly abuse” AND “Service homes” AND “risk factors”. Or using “OR” to search for a result that contains at least one of terms, for instance “elderly abuse” OR “nursing intervention” , and “NOT” to eliminate terms that not contain any terms that related to it, such as “Elderly abuse” NOT “Domestic abuse” (EBSCO).

### *Data analysis*

A summary is an analyzing method, which is done based on existing resources, for instance government documentation and scientific researches. This method involves using and reviewing previous researches and reliable databases. The purpose of summarized method is to provide better understanding about a specific field that has been researched. Summarized method allows authors to approach to various reliable databases. A summary is done by reading, skimming and scanning for keywords and information. (Green & Thorogood, 2010.)

Data analysis method in this study is a summary. Summary is to give a brief statement of main points of an amount of a text. The purpose is to give a general idea of articles. To analyze necessary data, authors need to carefully read through all used references and use their own words to present ideas of the necessary information.

By skimming and scanning, 19 scientific articles were chosen and summarized to answer for two research questions. Scientific articles were read and studied a several times, main and necessary details were recognized and written down.

### **4.3 Inclusion and exclusion criteria**

In researching field, exclusion criteria is widely national value of study, and inclusion criteria is limitation of databases that are searched for. Inclusion and exclusion criteria can be defined as what to include or exclude from the study, there are some common inclusion and exclusion criteria, which are date, exposure of interested, study's location, language, participants, peer review, reported outcomes, setting, design of study and types of publication. (Aveyard, 2010.)

In this study, 19 articles have been collected and gone through. Both inclusion and exclusion criteria are used to narrow results of data in web-based sources, which are based on contents of researches, year limits, languages, access ability, searches kinds. Furthermore, two kinds of criteria (inclusion and exclusion) that are used in the study can specify researching issues, for instance, for language barrier, authors cannot access into many researches in other languages, that is why all the research articles that used in the study are in English in order to not make any misunderstanding mistakes. At this point, the study authors are going to focus mainly on literature review articles published from year 2008 to 2018 in order to obtain updated researches. On the other hand, the limitation of searching is full-text articles only, and the researched age group is limited in elderly people.

TABLE 1. Inclusion and exclusion criteria for this literature review.

<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
Articles related to physical and psychological signs of elderly abuse in service homes	Articles that not related to research topics.
Includes articles from European countries, Canada, the United Kingdom and the America. Year publishing from 2008 to 2019	Articles publishing year before 2008.
Articles written in English.	Articles written in other languages because of language barriers.
Full accesses, full texts, free-access articles. Articles that can be used to find results for researching question.	Studies that are not in full-texts, purchasing articles, and those cannot use to find results for researching question.
Articles related to Nursing field.	Articles unrelated to Nursing field.
Scientific and evidence-based materials	Non-evidenced based materials

#### **4.4 Ethical considerations**

During the thesis's process, Centria UAS's academic writing guidelines have been introduced and used continuously. Plagiarism and other authors' work is suggested to avoid according to these guidelines by references. There are reliable databases accessed through Centria University of Applied Sciences library, which are SAGE Premier, Science Direct, Academic Search Elite (EBSCO) and ProQuest.

This study is based on Responsible Conduct of Research (RCR) guideline, which is cited by Finnish Advisory Board on Research Integrity (TENK), to be ethically acceptable. In this research, values like accountability, trust, respect will be maintained. Data would be collected with confidentiality. The sentences taken from the articles, journals and other resources would be referenced correctly. Plagiarism would be evaded. Any type of false information would not be stated. The participants for this study would not be harmed in any way. Only relevant information would be used in the study. (Finnish Advisory Board on Research Integrity, 2012.)

## **5 FINDINGS OF THE STUDY**

This chapter explains the findings of this study which aimed to answer two research questions. A summary was done with analysis of 19 articles.

### **5.1 Identification of elderly abuse in service homes**

This chapter describes the findings of the first research question. The result of the summary is categorized into three themes which are clinical signs and indicators of elderly abuse, implementation of screening tools and role of nurses to detect elderly abuse.

#### **5.1.1 Clinical signs and indicators of elder abuse**

Assessment and identification of abuse in elderly is found to be challenging. Factors like poor cognitive functions and chronic illnesses in elderly might give false result in identification of abuse. For example, fractures resulting from osteoporosis and bruises that happens spontaneously in elder people may mislead to physical abuse. In elderly, it becomes difficult to get the correct history and details because of dementia. (Lachs & Pillemer, 2015.)

While assessing elderly abuse, the suspected abuser and the abused elderly should be interviewed separately so that the victim may not have any hesitation to disclose the abusive acts. Likewise, the abused elderly and the abuser may give different explanation related to the clinical symptoms. The methods for assessing abuse depends on the type of abuse because different forms of abuse reflect different manifestations. The person involved in the assessment of abuse should be an expert in that sector. As abuse is considered to be critical topic, the health personnel should act sympathetically and should not be judgmental. (Lachs & Pillemer, 2015.)

#### *Physical Abuse*

Researchers reported that it is difficult to identify the clinical indicators of physical abuse in elderly people. In comparison with other forms of elderly abuse, clinical signs for physical abuse can be noticed directly. Physical abuse is also a common form of abuse prevalent in service homes. Elderly people have fragile skin and tissue that takes longer time to heal if injured. It will be suspicious, if an elderly has the

same pattern of injuries repeatedly. Sometimes, injuries in soft tissues like muscles, tendons, ligaments, blood vessels can happen accidentally in elderly people. (Fox, 2012.)

Bruises can occur spontaneously in elderly people and it is important to identify the characteristics of bruises. If the size exceeds more than 5 cm and when bruises are noticed around neck, ears, private parts, buttocks and foot sole, it can be suggestive to physical abuse. Elderly taking aspirin and anticoagulant drugs can have identifiable bruising. If fingertip patterned bruising is identified in elderly, it can be suspected that the abuser has attempted to restrain the abused elderly. (Palmer, Brodell & Mostow 2013.)

Falls in elderly is common incident that can happen involuntarily, but it can be a strong indicator of neglect rather than physical abuse. In elderly people, fractures in vertebral site and hip are quite often because of osteoporosis and other musculoskeletal disorders however, multiple fractures can be a sign of abuse. Burns in elderly can happen intentionally or by negligence. (Fox, 2012.)

TABLE 2. Type of elderly abuse and associated indicators

<b>Type of Elderly abuse</b>	<b>Clinical Signs and Indicators</b>
<b>Physical Abuse</b>	<ul style="list-style-type: none"> <li>➤ Skin lesion, bruises, laceration</li> <li>➤ Burns (Cigarette burn)</li> <li>➤ Fractures (vertebrae, hip)</li> <li>➤ Pain</li> <li>➤ Loss of hair</li> <li>➤ Use of restraints</li> </ul>
<b>Verbal and psychological Abuse</b>	<ul style="list-style-type: none"> <li>➤ Lacking self esteem</li> <li>➤ Depression</li> <li>➤ Sudden changes in behavior and personality</li> <li>➤ Social withdrawal</li> <li>➤ Anxiety, fear and poor sleeping pattern</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>➤ Pressure Sore or Decubitus Ulcer</li> <li>➤ Dehydration</li> <li>➤ Malnourishment</li> <li>➤ Poor personal hygiene</li> <li>➤ Failure to administer accurate drugs</li> <li>➤ Sudden changes in behaviors</li> </ul>

<b>Financial Abuse</b>	<ul style="list-style-type: none"> <li>➤ Interference of some unknown person in elderly's bank account</li> <li>➤ Lack of belongings and elderly person not getting the affordable services</li> <li>➤ Unusual queries of caregivers regarding financial matters</li> <li>➤ Overdraft in bank</li> <li>➤ Care fees and invoices that are unpaid</li> <li>➤ Elderly person is not able to get new drug prescriptions</li> <li>➤ Sudden and frequent changes in their will</li> </ul>
<b>Sexual Violence</b>	<ul style="list-style-type: none"> <li>➤ Bruises, laceration in valval area</li> <li>➤ Sitting or walking in unusual way</li> <li>➤ Suspected infection in urinary tract</li> <li>➤ Bleeding and pain in genital area</li> <li>➤ Sexually transmitted disease</li> <li>➤ Incontinence of urine or faeces</li> <li>➤ Anal trauma</li> <li>➤ Oral injury</li> </ul>

\*Table 2 represents a quick review of clinical signs and indicators of elderly abuse associated with different forms of elderly abuse. The author had also explained clinical signs and indicators in paragraphs written in own words. The written words were adapted from Lachs et al. 2015; McGarry & Simpson 2008; Palmer et al. 2013; Straughair 2011 & Fox, 2012.

#### *Verbal and psychological abuse*

According to (Fox, 2012) psychological abuse is also hard to identify because the response from both victims and abuser need to be analyzed with clarity. Depression, sadness, anxiety and delusional behaviors are often noticed in elderly people. The elderly people in services homes confronts aggressive behaviors and bullying from care givers. Some elderly people who have been facing verbal and psychological abuse from perpetrators display low esteem and sudden changes in behaviors. Social withdrawal can be noticeable in abused ones. The victim might be shouting and frightened. (Straughair, 2011.)

#### *Neglect*

Pressure ulcer or decubitus ulcer is a usual problem in elderly who are bed ridden, using wheelchair and are not mobilized for longer period. In such case, extreme negligence from caregivers can be suspected when necrosis has formed with foul smell and have not been intervened (Fox, 2012). Malnourishment,

signs of dehydration like sunken eyes, dry mucosa, poor skin turgor, poor oral hygiene, foul smell from body, dirty linen and clothing, weight loss are signs of neglect. In some elderly people, loss of appetite is quite common because of ageing (Clarysse, Kivlahan, Beyer & Gutermuth 2017).

### *Financial Abuse*

Financial abuse does not exhibit any kind of symptoms while performing physical assessment. In case, physical signs are identified then specialized authorities do the investigation to rule out the indicators of financial abuse (Palmer et al. 2013). A study conducted by the department of Health of the United Kingdom among the elderly people living in a certain community showed that financial abuse is the second common type of abuse after neglect. Likewise, one survey done among 5777 elderly people through phone interviews about prevalence of financial abuse in the America revealed that 5,2% of the financial abusers were family members. (Davies, Harries, Cairns, Stanley, Gilhooly & Gilhooly 2011.)

Even though, there are few literatures about financial abuse, but those studies have focused financial abuse only as a small part of the overall study of abuse. In the United Kingdom, social workers and the persons involved in social services acts crucially in identification of financial abuse in elderly people whereas in the United States, adult protective services are more responsible for investigation and handling the cases of financial abuse. (Davies et al. 2011.)

Some examples of financial deviation reported are misplacement of money from bank account, pending bills for health care, overdraft in bank accounts. Financial abuse can also be suspected in elderly people, if the quality of living has been changed suddenly despite of having good financial status. If there is shortage of food, lack of clothing and other day to day needs, such differences in living conditions indicates the incident of financial abuse. The elderly person often claims missing money or personal belongings either directly in their presence or from their room. Prior to investigations of such allegation, it is important to verify if a theft has really happened or things have misplaced. (Davies et al. 2011.)

According to (Davies et al. 2011) elderly people can be the victim of financial scam from fake companies and organizations who claims to provide support and care. For instance, such fake companies may seek advance payment before providing services. The power of attorney can be misused by own family members like selling the elderly persons' house or property without their authority. In some cases, the elderly people might have genuine nature of offering gifts or money to the service providers. In order to prevent

from allegations of financial abuse, some care providing companies have adapted policies to avoid any kind of gifts or offerings from the customer.

### *Sexual Violence*

In long term care settings like service homes, sexual violence is mostly committed by one resident to another residents and the characteristics of sexual abuse is similar to another age groups. The identification of sexual abuse is carried out by forensic doctor involving the victim, witness and the abuser. In elderly people, signs of sexual violence can be noticed precisely. If sudden incontinence of urine or stool is detected and when an elderly is trying to sit in an unusual position, one can relate such manifestation to sexual violence. (Fox, 2012.)

Bruises in valval parts like labia majora, labia minora and posterior part of the fourchette indicates sexual abuse in elderly women. Pain in genital area, redness or inflammation of genital organ, tenderness, lacerations are indicators of genital trauma. Sudden onset of urinary infection and sexually transmitted diseases can be associated with sexual abuse. (Palmer et al. 2013.)

When an injury is observed in anal region, it might lead to confusion because anal fissures (tear in the skin of anus) and excoriations (skin erosion) also can be result of constipation and inflammation of gastrointestinal tract. Genital bleeding and bruises can be noticed when catheterization is done with difficulty and irritation in genital part caused by urinary incontinence. Injury in oral cavity manifests bruises in inner lips and laceration in oral mucosa. Such markers can be suggestive to sexual abuse however, forceful feeding also discloses the same signs. (Palmer et al. 2013.)

#### **5.1.2 Implementation of screening tools**

Despite the fact that health practitioners involved in elderly care in health settings have more opportunity to identify the signs and risk factors of abuse, the figure of identification is still low. Some of the barriers of identification of elderly abuse are inadequate knowledge about subject, lacking screening skills and unawareness about the reporting process. The health professional might have limited time because of workload that too hinders screening of abuse. Another obstacle is distrust in oneself to bring changes if abuse is detected. Screening of elderly abuse is not always crystal clear, and diagnosis can be variable which brings hesitation in health professionals to do any further interference. (Cohen, 2011.)

The elderly people often remain in isolation and loneliness, meeting with health professionals is the only possibility to inhibit abusive incidents and prevent the continuity of elderly abuse. Therefore, systematic screening tools have been initiated for screening and identification of abuse in elderly people. There are adequate screening tools designed to detect potential elderly abuse each having own benefits and drawbacks. Screening tools are categorized into three-dimensional framework which are direct questionnaire, assessment of indicators of abuse and analyzation of risk factors. (Cohen, 2011.) Some existing screening tools are explained below.

### *EASI*

Elder Abuse Suspicion Index (EASI) is used to guide health care professionals for identification of elderly victims confronting abuse. The assessment includes six items and the doctors found it suitable as it can be done within 2 minutes approximately. This tool was approved in primary health care and outpatient areas. The five questions are asked to the elderly person which are in yes/ no form. These five questions comprise the dependency level of elderly in his/her daily activities and all forms of elder abuse. The final question assists the doctors to identify unusual behaviors and sudden changes in elderly's characteristics. Detection of indicators like poor personal hygiene, undernourishment, social withdrawal, bruises, nonadherence to medicine, trauma may suggest possible elderly abuse. (McCarthy, Campbell, & Penhale, 2017; Burnett, Achenbaum & Murphy 2014.)

### *HS-EAST*

Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) is one of the recommendable tools comprising 15 components originally but has been reduced to only nine components. This screening tool instructs to identify domestic violence in elderly people and provides brief assessment of elderly abuse to medical practitioners (Burnett et al. 2014). It covers features of abusive condition, vulnerability to abuse and if elderly' personal rights are violated. Questions like do you often feel sad and lonely; Has any person attempted to harm you; Has anyone told you if you are bringing problems to them etc. are items included in this direct questioning tool. (Cohen, 2011.)

### *VASS*

Vulnerability to Abuse Screening Scale (VASS) is also direct questioning tool including 12 components followed by 4 sections which contains vulnerability to abuse, dependency, depression and maltreatment. Out of 12 items, 10 items were similar to HS-EAST screening tool and 2 additional questions were included which are if an elderly person feels afraid in the family and if the elderly is threatened by stranger or family member. VASS provides brief assessment of elderly abuse, but it is found to be unreliable to assess if the victim has been oppressed. (Burnett et al. 2014.)

### *CASE*

Caregiver Abuse Screen (CASE) is a different measure to identify abuse. It consists of 8 components of questions proposed for caregivers. The words are designed in a friendly way that participants will not feel offensive while answering. This screening tool have been applied on 139 caregivers and showed good validity and reliability in clinical area. (Cohen, 2011.)

### *IOA*

Indicators of Abuse Screen (IOA) is the first recognized screening tools developed to identify risk factors of elderly abuse. In the beginning, 48 indicators of abuse were formulated whereas 27 items were used to detect the characteristics of care provider and care receiver. This tool was applied among 341 elderly people via interview from social workers. The final assessment is carried out by professionals through a clinical interview so, there might be differences in the result from previous assessment and diagnosis. One weakness of this tool is the lengthy screening items which may limit its utilization. (McCarthy et al. 2017; Cohen, 2011.)

### *BASE*

Brief Abuse Screen for the elderly (BASE) contains only five items. The screening test can be completed within one minute however, special training is required to use this tool. This tool can differentiate the abusive caregivers and non-abusive care providers. It is more effective if applied with (Indicators of Abuse Screen) IOA (Burnett et al. 2014; McCarthy et al. 2017).

### *EAI*

Elder Assessment Instrument (EAI) is initiated recently comprising 41 components followed by 7 segments. In the first five segments, clinical markers and the response of suspected victim is assessed in general. This tool assists to rule of the possible signs and risk factors of elderly abuse. The sixth segment of this tool presents the overall conclusion of the possibility of elderly abuse which is done by the medical practitioners. The final segment of this tool exhibits statements and follow-up plans. Despite of having higher accuracy and validity, its effectiveness reduces due to its lengthy items. EAI exclude assessment for psychological abuse but any evidence of abuse can be identified through physical examinations. (Burnett et al. 2014; McCarthy et al. 2017.)

### **5.1.3 Nurses' roles in identifying elderly abuse**

Elderly abuse has been identified in service homes and it cannot be always ascertained that elderly abuse has been occurred by individual's action. It is hard to say whether elderly abuse has happened from a person or the regime of service homes is abusive. The rigid system and culture of an organization, inflexible management and when an organization fails to assure elderly people's dignity, privacy and autonomy, elderly abuse will be ongoing. It has been mentioned in many studies that the episodes of elderly abuse in service homes are not reported and lack of official evidence made it more difficult to identify abuse in vulnerable elderly people. (Straughair, 2011.)

Nurses are highly responsible for protecting vulnerable elderly people in service homes. They have a significant role in identification of elderly abuse and take further action whenever elderly abuse is suspected. Nurses should be concerned that elderly care is an integral part of their work in nursing practice. Not all nurses are skillful and competent in safeguarding the vulnerable elderly clients and they even think themselves incapable of dealing with abuse cases. In the United Kingdom, some multi-agencies have launched guidelines to safeguard the vulnerable elderly people. Despite this, those policies were only limited to guidance but not related to legislation point of view. Nurses need to be aware of legislation regarding abuse and should be able to report clearly and logically. (Straughair, 2011.)

According to (Daley & Coffey, 2010) research on perceptions of nurses on elderly abuse with participation of 163 nurses working in 3 service homes showed that 59% of nurses were confident to identify abuse in elderly however, practical nurses who had graduated formally were less confident in identifying elderly abuse. The nurses were highly interested in getting trainings regarding elder abuse hence, specific

education and sufficient trainings need to be provided to all nursing staffs to make them confident in identifying elderly abuse.

Nurses are offered understanding about regulation and codes of conduct in nursing profession. Not only from personal level but also from organization level, nurses are obliged to bring out the unethical issues related to health care. Nurses should not be limited only up to their own work, but they are also responsible for reporting and bring alertness to the authorities when abusive incidents are suspected. Therapeutic relationship and good communication are essential elements to earn trust from elderly people. For instance, some elderly people have courage to report abuse believing that they can bring changes in abusers' action, but some elderly people do not report, and they accept abusive behaviors perceiving of being a burden to nurses. Nurses have to understand the challenges in disclosure of abuse and support the vulnerable elderly to overcome abuse. (Phelan, 2018.)

## **5.2 Effective interventions to prevent elderly abuse in service homes**

This chapter explains the finding results related to the second research question. There are two main categories are main points for effective interventions to prevent elderly abuse, which are interventions for informal caregivers and interventions for nurses. However, for this thesis is nursing thesis, it should concentrate more on nurses' roles and perspectives.

### **5.2.1 Interventions for informal caregivers**

An informal caregiver is a person who take care of other people, who cannot take care of themselves. Informal caregivers can be family members or relatives. However, not all caregivers have experience in taking care of elderly people, that is why some of them might feel stressed, burdened and insufficiency. Informal caregivers play a vital role in preventing elderly abuse, because being stressed from caregivers is a risk factors for elderly abuse. (Reinhard, Given, Petlick & Bemis, 2008.)

There should be an educational program for informal caregivers. The goal of intervention is to prevent elderly abuse and neglect. First, to help to reduce the relatives and family members stress, individual interventions are more effective than group intervention. Inclusive counselling for caregivers who have been taking care of elderly people can help lessen depression and burden. In this case, the collaboration

between informal caregivers and professional nurses is essential. (Reinhard, Given, Petlick & Bemis, 2008.)

Second, raising awareness and confidence for caregivers is important. Informal caregivers can obtain support by healthcare professionals through telephones, or face-to-face communication. Professional nurses provide basic useful information about elderly abuse, such as signs and symptoms, risk factors and how to intervene. The intervention can be held continuously to ensure caregivers obtain and apply correctly. (Reinhard, Given, Petlick & Bemis, 2008.)

Abuse prevention is still a complicated issue nowadays because most of the abused cases are non-reported and that is why the issue becomes increasingly serious. About 90% of cases of elderly abuse are caused by family members. Meanwhile, more than 80% of cases have been left unreported due to self-shame, fear of revenge, lack of knowledge about human rights, or not knowing where to obtain support. On the other hand, higher risk groups of being abuse are financially dependent, experiencing from substances abuse or untreated mental illness. Additionally, elderly abuse is difficult to indicate because many elderly people are isolated from the society. (Stark, 2012.)

If a caregiver has a suspicion that an elderly person is being abuse, he or she should prove that the elderly person is threatening. He or she should talk about that with the elderly people without fear, then decide about their care to ensure abuse will not happen again. Moreover, caregivers need to inform elderly protecting service to intervene as soon as possible. (Stark, 2012.)

For further preventive intervention, programs that have interaction between people from different generations should be organized, in order to raise the positive attitude of younger generations in elderly people. Last but not least, victim protection programs of elderly abuse, or rehabilitation for elderly people should be held, to help elderly people who are being abused. (Baker, Francis, Hairi, Othman & Choo, 2016.)

### **5.2.2 Interventions for nurses**

Nurses are responsible to provide elderly care to the clients in health centers, home environment, service homes and it is also challenging for nursing staffs to discover abuse in elderly and interpret it. Due to lack of competency and insufficient recognition of policy, nursing care providers are slightly behind in

preventing occurrence of elderly abuse. However, as nurse, it is important to understand the elderly people's perspectives about elderly abuse. (Schwab & Wangmo, 2017.)

### *Education of the elderly people*

Elderly abuse prevention intervention (EAPI) is a strategy to avoid or reduce elderly abuse in the society and service homes. First of all, for education strategies, professional training for health care providers about elderly abuse is essential. Furthermore, from education, health providers can be able to educate elderly people to inform about abuse and help them develop more skills in prevention. Secondly, there should be programs to lessen risk factors of elderly abuse for elderly people, for instance, an intervention for caregiver about stress and burnout management; psychological therapy, which offers supportive groups for caregivers. (Baker, Francis, Hairi, Othman & Choo, 2016.)

For intervention strategies, if the nurse doubt that an elderly is being abused, he/she can have a talk with the victim. The nurse can ask and guide the elderly people to talk about that. Then the elderly people can together with the nurse, decide about their cares to prevent elderly abuse in longer term. On the other hand, interviewing an elderly and caregivers about their history. From that nurse can stick to the evidence, assess more about types of abuse, quality of care, and the patient-caregiver relationship (Stark, 2012).

### *Education of healthcare professionals*

It is important to provide educational program about elderly abuse for nurses, because they are working close to the elderly people and have a good relationship with them. Nurses are in good position to observe and recognize elderly abuse from family members or relatives. It is essential that nurses are required to report elderly abuse and neglect, and they should be trained to do it professionally and responsibly. On the other hand, some workshops about elderly abuse should be held to raise nurses' awareness and reaction when it comes to real situations. (Garma, 2017.)

Educational programs are valuable to educate nurses about elderly care and process of aging. For instance, workshops can be organized for nurses to understand more and feel empathy with the elderly people. (Wangmo et. al, 2017). The training can provide nurses more confidence and decision-making skills to help them cope up with elderly people's well-being. (Garma, 2017.)

The primary prevention of elderly abuse consists of health care providers education, mandatorily legislation for elderly abuse reporting, mandatory elderly abuse report implementation, and elderly abuse intervention. Service home health providers play a vital role in preventing elderly abuse, because they are contacting and interacting with the elderly more and be able to access to those who have been abused. Moreover, the elderly have trusted and respected to health providers, thus there is opportunity to recognize who are being abused for the clients will reveal the truth to nurses. Nevertheless, some nurses are afraid to implicate or lack of experience to mediate the problem. (Thobaben, 2008.)

Several factors to promote prevention of physical abuse of residents in service homes. There is a need for increased competence among staff about what abuse is all about and its known risk factors. On the other hand, good communication skills and trusting relationships are important factors, as well as a culture that strengthens openness where ethical dilemmas can be discussed. The intervention with a being-abuse-elderly people should be held individually, so the elderly people can openly speak up about their situation. To make the investigate succeed, nurses should build trust and understanding with the elderly people. (Braaten & Malmedal, 2017.)

In European countries, the development in health care has led to the growth of aging population. The results have showed that a number of people over 85 years old, who are sensitive to chronic diseases and other illnesses, has been increased more and more. They are more relying and needing in long-term care and service cares, such as service homes and home cares. Elderly people in the last stage of human's life are more sensitive and vulnerable, they are regarded as a main attention part in the society at high risk of being abused. (Andela, Truchot & Huguenotte, 2018.)

Even though elderly abuse is a result of complicated factors. For example, diversity of medication can affect to elderly people's thoughts and behaviors, and relationship between people. However, burnout of nurses have been identified as reasons for elderly abuse. Workload and demands of emotion effect nurses' performance in their work life. The factor related to nurses' stress or care burnout are uncertain. However, they are continuing psychological responses to workload and exhausted sensation and loss of personal identity. The mutual connection between high demands from work, and lack of relationship with workmate and manager is linked to risk factors of elderly abuse. To solve this, nurses' work should be divided equally. For some European countries have cut budgets for financial reasons, they are forced to reduce staff and raise working hours. Consequently, elderly abuse have been increased over years. (Andela et al. 2018.)

In an organization, appointing more nursing staffs may ease the workload of other recruited nurses and they have positive attitude in work even though it is exasperating. If any abusive cases have been noticed, organization's focal person are responsible to be attentive and manage it urgently. A mutual understanding and effective communication between co-workers helps to recognize ones' problem and resolve it. For instance, rotation of staffs, changing work shift and pair work reduce the overburden of work (Wangmo et. al, 2017).

### **5.2.3 Reporting elderly abuse**

Reporting elderly abuse is one of the most important responsibilities for nurses in preventing elderly abuse. First, to recognize elderly abuse, nurses should have enough professional knowledge to deal with the situation. Some inexperience nurses find it is unconfident to identify and recognize signs and symptoms. Second, when facing with abuse cases, nurses can consider strategies to approach the elderly who are being abused, by using professional knowledge. A nurse can work individually or in teamwork to investigate the process and prevent it from happening again. A training for a nurse should include how to act, how to report an elderly abuse case, and how to collect evidence. Because when the evidence for elderly abuse are not clear, it can lead the case to unreported. (Garma, 2017.)

Abuse identifying is not an easy work, some elderly people do not elderly abuse. Signs and symptoms of abuse can be sometimes misunderstood with changes or old-age's illness. Finnish regulations require caregivers and healthcare professionals to act when they are worried about the need of an elderly person about social services or support. Healthcare professionals are required to inform to the social welfare authority about elderly abuse without postponement and prejudgment. Local governments have to take responsible with supporting elderly people who have been abused. Local social service workers support during office hours, and crisis services are on duty in the evening and weekends. (Luoma, Tiilikallio & Helakallio, 2018.)

In Finland, the Crisis Emergency Service provides short-term acute critical help in the sudden of abuse. Even though there is no special protection for elderly people, all cases of violence and domestic violence related to age and gender will be taken into consideration. Elderly people who have suffered from abuse and violence are suggested to seek for help from reliable lines, for example, 24-hour Noll Line (08 005 005), from which all types of abuse can be called to report. On the other hand, the Suvanto Line (0800 07776), which is a national service, specializes in supporting elderly people who are being abuse, and

their relatives. Calls to the Suvanto Line can be unidentified and confidential. The goal is to help elderly people to be able to get helps from other services that do their best to help. (Luoma et al, 2018.)

## 6 DISCUSSION & CONCLUSION

The purpose of this thesis was to describe how to identify elderly abuse in service homes and to explore effective nursing interventions to prevent elderly abuse. The aim of this study was to provide better understanding and bring awareness about elderly abuse in service homes.

The research methodology used in this thesis was a literature review. We chose summary as a data analysis method in this thesis. In order to avoid complexity and advised from supervisor, we chose this method. Summary is an analyzing method which gives brief understanding of the previous scientific researches. 19 scientific articles were chosen and read thoroughly to get the reliable information and paraphrased them.

The topic 'Elderly Abuse' was chosen because authors wanted to find out how elderly abuse can be identified and what can be done to prevent this problem. Authors both come from Asian countries, where elderly abuse is not taken seriously. Even though legislations for elderly abuse is strict, elderly people are not treated well and elderly abuse has been continuing, since there are no reports about that. The possible reason for unreported elderly abuse is they are afraid of speaking for themselves and they hesitate to report abusive acts. Likewise, some developed countries strongly care about fundamental human rights and implement long term care policy for elderly people. Despite this, elderly abuse is happening even in developed countries and this aspect also brought motivation to study about this topic. The authors aimed to study and to be capable in identifying and intervening to prevent elderly abuse.

According to World Health Organization (2017), people's life expectancy is changing, and ageing is in rapid process. WHO has already reported that between the period of 2015 to 2050 people aged 60 years and above will be increased from 0.9 million to 2 million around world. Despite this fact that people are surviving longer than before, fast ageing in population has been a great challenge not only for an individual but also to family, society and the country. In some countries, elderly people are assigned in less priority and their rights are not considered as rest of other people in society. The weakening physical and cognitive functions, chronic medical illnesses, dementia and other disabilities affects elderly people's quality of life as they become more dependent on their caregivers and family members.

Elderly abuse is not a hidden issue and this phenomenon is widespread in both developed and developing countries. The concept of elderly abuse had been highlighted already in the 90s under the name of 'granny battering'. Every person has their equal rights to get quality of life and live with dignity. Elderly

people are one of the vulnerable groups in the society and with gradual ageing process, they become incapable to carry out the normal living and family roles. Long term care policy for elderly people need to be implemented in a comprehensive way for better continuity of the rest of their life.

The result of this study shows that identification and assessment of elderly abuse is not easy for health care professionals even they are trained on identification because it demonstrates different challenges. Poor cognitive functions, diagnosed chronic medical illnesses, culture, language differences are challenging factors relating to victims. Limited time, lack of education and awareness, disbelief, are obstacles for health care professionals to identify elderly abuse and such barriers can mislead in identification of elderly abuse. Elderly abuse can be identified if a victim manifests different clinical signs however, different forms of elderly abuse displays different indicators.

The signs of abuse in elderly people can be doubtful because of ageing process. The elderly victim is interviewed and examined separately from the suspected person. It is important to keep into consideration that the interview with suspected person is conducted with no any prior speculation. Bruises, skin lesions, fractures, lacerations, falls, dehydration, poor personal hygiene, anxiety, depression, social withdrawal, bed sores, signs of sexual abuse, misuse of money, pending bills are clinical signs of elderly abuse. In some cases, clinical signs may give false results in identification of elderly abuse. For instance, spontaneous bruises might also occur in elderly people who are using anticoagulants.

Screening tools are also in practice to guide health care professionals in assessing elderly abuse. Some existing screening tools are CASE, VASS, EASI, IOA, BASE etc. Screening tools are used to detect the possibility of abuse but with the use of screening tools diagnosis cannot be made on elderly abuse. Screening tools have its own advantages and disadvantages, so it has to be used sensitively by the health professionals. Screening tools are not effective for elderly people with dementia. (Cohen, 2011; Burnette, 2014). Different screening tools has been implemented but Caregiver Abuse Screen (CASE) is the only screening tool that is designed for nurses. Further studies need to be done on screening tools that guide nurses to identify elderly people who are experiencing abuse.

Elderly abuse is quite a wide topic to study about and here is a number of researches about that. Even though there are studies about preventive ways of elderly abuse, the number of elderly people who are being abuse have increased every year, and many cases are unreported. There are many types of elderly abuse, all of which can bring negative consequences to elderly people. Some elderly people do not have

the possibility to recognize they are victim of the abuse. That is why nurses are the one to support and counsel them about elderly abuse and how they can seek for help.

Similar to other studies, nurses play an important role in intervening and preventing elderly abuse. Educational programs should be organized to educate nurses about geriatrics care and reporting elderly abuse. Professional skills need to be improved in every nurse to react when it comes to the situation. There are some studies show that risk factors for elderly abuse in service homes are nurses' attitudes. Burnout and stressed in nurses can cause negative behavior in nurses, even though there are very few studies about that. On the other hand, education for caregivers, such as family members or relatives, is essential to prepare them to face and deal with the problem.

Even though elderly abuse is sometimes unreported, there are risk factors of elderly people living in service homes or services houses. Andela, Truchot & Huguenotte (2018) have mentioned that nurses's burnout and stress is one of risk factors that elderly abuse occurs in service homes. Because of workload and burnout, nurses' attitudes have changed toward working time. To solve the problem, healthcare professionals should know how to balance between work and private life. If there is any sign of workload or stressed, they need to seek for help with psychologist in their workplace for instance.

We find our findings familiar to Braaten & Malmedal (2017), to intervene and prevent elderly abuse, there are some factors that health professionals should take into consideration, such as interpersonal skills, knowledge, long-term and short-term staff. Interpersonal skills include communication, trust building and teamwork.

Communication is the most important element in taking care of elderly people, which can build a trustful relationship between nurses and elderly people. When there comes an abuse situation, an elderly should be able to seek for help and speak up for themselves. On the other hand, it is possible that nurses can work together as a team to find out how to help a person from being abused, or how to prevent it.

In our opinion, the age gap between elderly people and healthcare professionals increases the risk of elderly abuse, that is why support from social services and society play a vital role. Besides, the quality of healthcare system can help to reduce risk of elderly abuse, especially when elderly people are protected by legislation. On the other hand, the generation gap can lead to violence, because they cannot understand each other's perspective. For informal caregivers, they do not have any professional educa-

tion about gerontology as well as elderly people' behaviour. That is the reason why education is important, young generation is be able to have empathy to elderly people and understands elderly people. Moreover, healthcare professionals needed to understand more about geriatric care and have more compassion in taking care of the elderly people.

For nurses' perspectives, knowledge should be improved by time, and education about elderly abuse is very useful for both nurses and the elderly people. Reporting elderly abuse is one of the most important things to do to prevent in the future. Some elderly people do not know the definition of abuse, and do not know that they are victims of elderly abuse. In Finland, there are reliable lines to contact and report the problem, such as Noll Line and Suvanto Line.

On the other hand, a nurse's private life can impact his or her work life, that is why they must know how to balance between their own life and work. As a nurse, he or she should be able to handle his or her well-being to ensure quality of care of elderly people. Moreover, health care professionals should be educated carefully about elderly abuse and its effects to elderly people's health states. Critical thinking and decision-making skills are essential to develop to deal with different situations. Coping skill is also important to prevent nurses from being stressed, especially new graduated nurses and inexperienced nurses.

During thesis process, we perceived that the more we have studied our research questions, the more we learnt new knowledge and it will be a key point for our future projects. For us, this thesis was quite challenging because of various circumstances and we were unclear with methodology in the beginning. That's why, as per guidance from supervisors, we chose to do summary as methodology for our thesis. Despite of language barrier, we have tried to acquire information based on Finnish scientific resources and most of the theory context focuses on Finland. We found few Finnish studies about elderly abuse, but we could not use it as a reference as it was in Finnish language. One scientific resource from Finland has been used for our research questions.

After doing a review on different scientific articles, there are some effective strategies that can be used to intervene and prevent elderly abuse. First, education program for healthcare providers and elderly people's relatives is necessary, from that, it can raise the awareness of abuse for nurses and relatives. For further research in the future, reporting of elderly abuse in Finland should be studied more specific, because there are very few researches about reporting in English.

Most of the studies were conducted on elderly abuse in general, some studies focused on causing factors and some studies highlighted the intervention on preventing elderly abuse. Not many studies have emphasized about resident to resident aggression (RRA). We did not even intend to bring this form of abuse in our study but one of the authors personally witnessed the incident of resident to resident aggression in working place. We discovered that elderly people residing in service homes can also be abuser other than caregivers, family members and strangers.

With reference to identification of elderly abuse, various screening tools were already in practice for primary prevention of elderly abuse in hospitals, health centres, service homes and community. There were adequate studies about identification of elderly abuse. Most of those researches focused identification by physicians, dermatologists, gynaecologist and dentists however very little studies have focused on identification by nurses. We recommend further research about identification of elderly abuse focusing on nurses and nursing students as well.

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## APPENDICES

Author	Article name	Journal & Year	Results of the finding
Lachs, M.S. & Pillemer, K.A.	Elder Abuse: A Review Article	The New England Journal of Medicine. 2015	The use of multi-professional team approach has been important way to assess and intervene the victims of elder abuse. For physicians, it is also challenging to identify and treat elder abuse. The method of assessment of abuse can be done according to the type of abuse.
Fox, A.W.	Elder Abuse: A Review Article.	Medicine, Science and the Law.2012	The forensic clinicians have the responsibility to take the history and recognize elder abuse using different strategies. Abuse can be recognized with different physical signs and it can be noticed directly however other form of abuse are difficult to identify.
Palmer, M., Brodell, R.T. & Mostow. E.N	Elder Abuse: Dermatologic clues and critical solutions.	A quantitative descriptive co-relational American Academy of Dermatology. 2013	Dermatologist have a significant role in identifying and detecting elder abuse. Early diagnosis can help to reduce the high prevalence of elder abuse.
McGarry, J. & Simpson, C	Identifying, reporting and preventing elder abuse in practice settings.	Nursing Standard. 2008	Nurses have a significant role in identification and management of elder abuse in their working life. Several guidelines and protocols have been initiated for nurses to recognize and intervene according to that.
Cohen, M.	Screening tools for the identification of Elder Abuse.	Journal of Clinical Management Outcome.2011	Different kind of screening tools has been implemented in long term care facilities for the identification of elder abuse. The IOA (Indicator of abuse), EAI (Elder assessment instrument), EASI (Elderly abuse suspicion index), CASE (Caregiver abuse screen) etc. are various screening tools for detection of signs of elder

			abuse. Screening tools also have some weak aspects.
McCarthy, L., Campbell, S. & Penhale, B	Elder Abuse screening tools: a systematic review.	The Journal of Adult Protection. 2017	Screening tools can be an advantageous way to detect elder abuse in clinical setting. 12 tools have been identified however, the feature and elements of those tools may affect the efficiency of their use. Ethical issues are also a barrier in using screening tools.
Davies, M., Harries, P., Cairns, D., Stanley, D., Gilhooly, M. & Gilhooly, K.	Factors used in detection of elder financial abuse: A judgement and decision-making study of social workers and their managers.	International Social Work. 2011.	After neglect, financial abuse is the most common form of abuse in elderly people. In researches, the focus is more on overall study of elderly abuse and financial abuse is mentioned only as a minor topic. Elderly who have weak mental capability and dementia may increase the incident of financial abuse because it is difficult for elderly to do the decision about their finances. Financial deviation like missing money, unpaid bills, poor living condition, payments transferred to fake companies, strangers or family members misusing the power of attorney and frequent changes in the will are some clues to detect financial abuse.
Straughair, C.	Safeguarding vulnerable adults: the role of the registered nurse	Nursing Standard. 2011.	Nurses play an important role to protect the vulnerable elderly in long term care facilities where elderly receives long term care. Awareness in nurses is very important while caring elderly people. The nurses have to be knowledgeable to identify different type of abuse, their indicators and have to be capable of reporting appropriately.
Phelan, A.	The role of the nurse in detecting elder abuse and neglect: current perspectives.	Nursing: Research and Reviews. 2018	Elderly abuse is prevalent in all health settings and nurses play a key role in identification of abuse and begin the appropriate action.

			<p>There are certain challenges in identifying abuse like communication, elderly not capable of realizing abusive behaviors and elderly who do not get support from appropriate authorities. Nurses are obliged to provide nursing care to elderly people and also required to address abuse if suspected. Nurses have to have clear vision about elderly abuse, signs and where to report.</p>
Daley, J. & Coffey, A.	Staffs perceptions of elder abuse.	Nursing Older People. 2010	<p>This study explained the perception of nurses working in long term care facilities about elderly abuse in Ireland. Most of the nurses have not get any trainings about elderly abuse. Even though, nurses who were more educated were less confident in identifying elderly abuse. Specific education, trainings and awareness were essential for nurses to identify elderly abuse.</p>
Baker, PRA., Francis, DP., Hairi, NN., Othman, S., Choo, WY.	Intervention for prevention elderly abuse in the elderly.	Cochrane Database of Systematic Reviews, 2016.	<p>Education of intervention to prevent elderly abuse is essential, and it can help to reduce the rate of elderly abuse. Moreover, the purpose is to improve the knowledge of health care providers.</p> <p>The education program includes reducing factors that effects elderly abuse, raising awareness of preventing abuse.</p> <p>There are educational program for elderly people who are being abused and rehabilitation.</p>
Braaten, K.L and Malmedal, W.	Preventing physical abuse of nursing home residents- as seen from the nursing staff's perspective	Nursing Open, 2017	<p>Several factors to promote prevention of physical abuse of residents in service homes. There is a need for increased competence among staff about what abuse is all about and its known risk factors. Good communication skills</p>

			and trusting relationships are important factors, as well as a culture that strengthens openness where ethical dilemmas can be discussed.
Reinhard, S., Given, B., Petlick, N. & Bemis, A.	Supporting family caregivers in providing care.	Patient safety and quality: An evidence-based handbook for nurses, 2008.	The result is to provide more knowledge for informal caregivers about taking care of elderly people and prevent elderly from being harmed. Moreover, to provide elderly people a safe living environment.
Stark, S.	Elderly abuse: Screening, intervention, and prevention.	Nursing 2017: The Peer Reviewed Journal of Clinical Excellence, 2012.	Nurses play a big role in evaluating and intervening elderly abuse cases. Preventing elderly abuse may be complicated. Because some elderly people are not be able to rapidly report and confess that they are mistreated.  That is the reason why educational programs about elderly abuse should be provided. Then, it can raise the awareness of elderly people about the problem.
Wangmo, T., Norström, K. & Kressig, R.W.	Preventing elder abuse and neglect in geriatrics institutions: Solutions from nursing care providers.	Geriatric Nursing, 2017.	Results for elderly prevention is the main purpose of the article. Solutions for elderly abuse contain education for both staff and elderly people. Address nurses' responsibility and abuse intervention.
Schwab, D. & Wangmo, T.	Perceptions of Elder Abuse From Community-Dwelling Older Persons and Professionals Working in Western Switzerland.	Journal of Interpersonal Violence, 2017.	The articles is to bring out the effective strategies to prevent elderly abuse. Elderly people have different perspectives about elderly abuse-The articles also emphasize the importance of collaborating the elderly people's point of view, find out how elderly people define about elderly abuse, so they can have ideas about that.

Andela, M., Truchot, D. & Huguenotte, V. 2018.	Work Environment and Elderly Abuse in Service homes: The Mediating Role of Burnout.	Journal on the Personal Violence, 2018.	The outcomes of emotion causes by burnout of nurses lead to elderly abuse. On the other hand, also give out the suggestion in preventing elderly abuse.
Garma, C	Influence of health personnel's attitudes and knowledge in the detection and reporting of elder abuse: An exploratory systematic review.	Psychosocial Intervention, 2017.	<p>The influence of professional detection by using professional knowledge. The article also present ways to report elderly abuse cases.</p> <p>On the other hand, the educational programs to prevent elderly abuse were mentioned in the article. The result shows that the intervention for preventing elderly abuse can raise the opportunity to notice and investigate elderly abuse in the future.</p>
Luoma, M.S, Tiilikallio, P., & Helakallio, P. 2018.	Abuse and violence against the elderly at home.	Medical Duodecim, 2018	Elderly abuse and violence have a negative effect to quality of life. There are tools to identify elderly abuse; however, in Finland, no national approach has been used. The Social Welfare and Elderly Services Act is requested to act to support elderly people. Even though there is no special service that protect elderly people, all events related to violence have been taken seriously.