National Elder Justice Law Enforcement Summit Bibliography: Abuse in Long-Term Care Facilities

Castle, N. (2013). *An Examination Of Resident Abuse In Assisted Living Facilities*. NIJ-Sponsored. https://www.ojp.gov/pdffiles1/nij/grants/241611.pdf
Based on information obtained from surveys of administrators and direct care workers (DCWs) in a random nationwide sampling of assisted-living (AL) facilities, this study examined their perceptions of the prevalence and nature of resident abuse in their facilities as well as the demographic and other characteristics of abuse victims and perpetrators.

Elder Abuse: Federal Requirements for Oversight in Nursing Homes and Assisted Living Facilities Differ. U.S. GAO. (2018). U. S. Government Accountability Office. https://www.gao.gov/products/gao-19-599
We compared federal requirements for reporting and investigating elder abuse in nursing homes and assisted living facilities. We found that, while the federal government sets specific requirements for nursing homes, it requires states to establish their own requirements for reporting and investigating elder abuse in assisted living facilities.

Nursing Homes: Improved Oversight Needed to Better Protect Residents from Abuse. (2019). U. S. Government Accountability Office. https://www.gao.gov/products/gao-19-433
To protect vulnerable nursing home residents from abuse, the Centers for Medicare & Medicaid Services (CMS) contracts with state agencies—known as...

Articles

Abner, E. L., Teaster, P. B., Mendiondo, M. S., Ramsey-Klawsnik, H., Marcum, J. L., Crawford, T. N., & Wangmo, T. (2019). Victim, Allegation, and Investigation Characteristics Associated With Substantiated Reports of Sexual Abuse of Adults in Residential Care Settings. *Journal of Interpersonal Violence*, *34*(19), 3995–4019. https://journals.sagepub.com/doi/abs/10.1177/0886260516672051
The purpose of this study was to identify characteristics of investigations of sexual abuse concerning vulnerable adults residing in facility settings that were associated with case substantiation. Data on 410 reports of sexual abuse were collected prospectively from Adult Protective Services (APS) and state licensure agency staff in New Hampshire, Oregon, Tennessee, Texas, and Wisconsin over a six-month period. Specifically, we examined differences between reports that were substantiated and those that were not by comparing characteristics of alleged victims, alleged perpetrators, and aspects of investigation using logistic regression. We found that a relatively low proportion of cases (18%) were substantiated overall. Compared to cases that were not substantiated, cases that were substantiated were more likely to feature nursing home residents, older victims, female victims, and allegations of physical contact between the alleged perpetrator and victim. Despite the high proportion of alleged perpetrators who were facility staff (51%) compared to resident perpetrators (25%), cases with resident-to-resident allegations of abuse were much more likely to be substantiated, accounting for 63% of substantiated cases. In light of these findings, we believe it is important that investigators are trained to handle sexual abuse cases appropriately and that they are able to investigate the case thoroughly, promptly, and with as much information as possible. It is also critical that investigators make substantiation decisions using the appropriate standard for

confirmation (e.g., preponderance of the evidence, beyond a reasonable doubt, clear and convincing evidence) as state law dictates.

Alon, S., Lang, B., & Band-Winterstein, T. (2022). Do Training Programs Promote Identification And Treatment In Cases Of Elder Abuse In Long Term Care (LTC) Facilities? *Educational Gerontology*, *48*(8), 355–367. https://doi.org/10.1080/03601277.2022.2041535
To examine the impact of training on detection and reporting cases of elder abuse and neglect perpetrated by staff in LTC facilities and to compare staff with previous training to those with no training. A quantitative study in which questionnaires were collected from 250 multi- professional participants at a training seminar. Trainees with previous training on elder abuse reported higher perceived self-efficacy, higher intention to take action asking residents direct questions on abuse, to refer and report cases of elder abuse. They identified more cases of elder abuse in comparison to trainees without previous training. Findings indicate a positive relationship between perceived self-efficacy and intention to take action, and between perceived self-efficacy and direct questioning and referral for further inquiry. Training professionals is essential in coping effectively with elder abuse and neglect in LTC facilities.

Alraddadi, K. (2022). Prevalence and Risk Factors of Elder Mistreatment in Sheltered Homes. *Journal of Interpersonal Violence*, *37*(3–4), 1588–1603.
https://doi.org/10.1177/0886260520922354
Abstract Elder mistreatment is common in both community and institutional settings. However, the prevalence of elder mistreatment and its association with risk factors in sheltered homes are unknown. The primary objective of this study was to determine the prevalence and types of mistreatment among elderly living in sheltered homes. A second objective was to compare socio-demographics and other characteristics between elderly groups with or without a history of mistreatment. This cross-sectional study was conducted in 43 sheltered homes and utilized a face-to face, self-reporting interview with residents to complete structured question regarding each participant's previous 12 months. The questionnaires included seven sections, including one section for demographics, five sections for subtypes of mistreatments (physical, psychological, financial, sexual, and neglect), and one section about health status and functional capacity. Among the 446 elderly participants, 81% of all participants experienced at least one type of mistreatment. Psychological was the most common type of elder mistreatment (71%), followed by neglect (67%), financial mistreatment (54%), and physical mistreatment (13%). Sexual mistreatment was rarely reported by the participants (0.01%). The most common risk factors associated with elder mistreatment were female gender and chronic illnesses. Elder mistreatment is common among the elderly living in sheltered homes, particularly in woman and those with chronic illness. Further studies are needed to better understand the risk factors that lead to the high prevalence of mistreatment in these settings.

Ballard, S. A., Yaffe, M. J., August, L., Cetin-Sahin, D., & Wilchesky, M. (2019). Adapting the Elder Abuse Suspicion Index© for Use in Long-Term Care: A Mixed-Methods Approach. *Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society*, *38*(10), 1472–1491. https://journals.sagepub.com/doi/abs/10.1177/0733464817732443
Currently available elder abuse screening and identification tools have limitations for use in long-term care (LTC). This mixed-methods study sought to explore the appropriateness of using the Elder Abuse Suspicion Index© (a suspicion tool originally created for use with older adults in the ambulatory setting with Mini-Mental State Examination scores ≥ 24) with similarly cognitively functioning persons residing in LTC. Results were informed by a literature review, Internet-based consultations with elder abuse experts across Canada (n = 19), and data obtained from two purposively selected focus groups (n = 7 local elder abuse experts; n = 7 experienced front-line LTC clinicians). Analyses resulted in the development of a nine-question tool, the

EASI-ltc, designed to raise suspicion of EA in cognitively intact older adults residing in LTC (with little or no cognitive impairment). Notable modifications to the original Elder Abuse Suspicion Index© (EASI) included three new questions to further address neglect and psychological abuse, and a context-specific preamble to orient responders.

Beach, S. R., Carpenter, C. R., Rosen, T., Sharps, P., & Gelles, R. (2016). Screening And Detection Of Elder Abuse: Research Opportunities And Lessons Learned From Emergency Geriatric Care, Intimate Partner Violence, And Child Abuse. *Journal of Elder Abuse & Neglect*, *28*(4–5), 185–216. https://www.tandfonline.com/doi/abs/10.1080/08946566.2016.1229241
This article provides an overview of elder abuse screening and detection methods for community-dwelling and institutionalized older adults, including general issues and challenges for the field. Then, discussions of applications in emergency geriatric care, intimate partner violence (IPV), and child abuse are presented to inform research opportunities in elder abuse screening. The article provides descriptions of emerging screening and detection methods and technologies from the emergency geriatric care and IPV fields. We also discuss the variety of potential barriers to effective screening and detection from the viewpoint of the older adult, caregivers, providers, and the health care system, and we highlight the potential harms and unintended negative consequences of increased screening and mandatory reporting. We argue that research should continue on the development of valid screening methods and tools, but that studies of perceived barriers and potential harms of elder abuse screening among key stakeholders should also be conducted.

Blumenfeld Arens, O., Fierz, K., & Zúñiga, F. (2016). Elder Abuse in Nursing Homes: Do Special Care Units Make a Difference? A Secondary Data Analysis of the Swiss Nursing Homes Human Resources Project. *Gerontology*, *63*(2), 169–179. https://doi.org/10.1159/000450787
Background: In special care units (SCUs) for residents with advanced dementia, both personnel and organizations are adapted to the needs of residents. However, whether these adaptations have a preventive effect on elder abuse has not yet been explored. Objective: To describe the prevalence of observed emotional abuse, neglect, and physical abuse in Swiss nursing homes, to compare SCUs with non-SCUs concerning the frequency of observed emotional abuse, neglect, and physical abuse, and to explore how resident-related characteristics, staff outcomes/characteristics, and organizational/environmental factors relate to observed elder abuse. Methods: This is a secondary data analysis of the Swiss Nursing Homes Human Resources Project (SHURP), a cross-sectional multicenter study. Data were collected from 2012 to 2013 and are based on observed rather than perpetrated elder abuse. We performed multilevel mixed-effects logistic regressions taking into account the hierarchical structure of the data with personnel nested within units and facilities. Results: Of 4,599 care workers in 400 units and 156 facilities, 50.8% observed emotional abuse, 23.7% neglect, and 1.4% physical abuse. There was no significant difference between SCUs and non-SCUs regarding observed emotional abuse and neglect. Higher scores for 'workload' and sexual aggression towards care workers were associated with higher rates of emotional abuse and neglect. Verbal and physical resident aggression, however, were only associated with higher rates of emotional abuse. Negative associations were found between 'teamwork and resident safety climate' and both forms of abuse. Conclusion: Improving teamwork and the safety climate and reducing work stressors might be promising points of intervention to reduce elder abuse. More specific research about elder abuse in SCUs and the interaction between work climate and elder abuse is required.

Bolkan, C., Teaster, P. B., & Ramsey-Klawsnik, H. (2023). The Context of Elder Maltreatment: An Opportunity for Prevention Science. *Prevention Science : The Official Journal of the Society*

for Prevention Research, *24*(5), 911–925. https://link.springer.com/article/10.1007/s11121-022-01470-5

Elder maltreatment (EM) has been understood as a worldwide major public health threat for decades, yet it remains a form of victimization receiving limited attention, resources, and research. EM, which includes caregiver neglect and self-neglect, has far-reaching and long-lasting impacts on older adults, their families, and communities. Rigorous prevention and intervention research has significantly lagged in proportion to the magnitude of this problem. With rapidly growing population aging, the coming decade will be transformative: by 2030, one in six people worldwide will be aged 60 or older, and approximately 16% will experience at least one form of maltreatment (World Health Organization, 2021). The goal of this paper is to raise awareness of the context and complexities of EM, provide an overview of current intervention strategies based on a scoping review, and discuss opportunities for further prevention research, practice, and policy within an ecological model applicable to EM. (© 2023. Society for Prevention Research.)

Cannell, B., Weitlauf, J., Livingston, M., Burnett, J., Parayil, M., & Gonzalez, J. (2020). Validation Of The Detection Of Elder Abuse Through Emergency Care Technicians (DETECT) Screening Tool: A Study Protocol. *BMJ OPEN*, *10*(9). https://bmjopen.bmj.com/content/10/9/e037170.abstract

Introduction Elder mistreatment (EM) is a high prevalence threat to the health and well-being of older adults in the USA. Medics are well-positioned to help with identification of older adults at risk for EM, however, field robust screening tools appropriate for efficient, observation-based screening are lacking. Prior work by this team focused on the development and initial pilot testing of an observation-based EM screening tool named detection of elder abuse through emergency care technicians (DETECT), designed to be implemented by medics during the course of an emergency response (911) call. The objective of the present work is to validate and further refine this tool in preparation for clinical dissemination. Methods and analysis Approximately 59 400 community-dwelling older adults who place 911 calls during the 36-month study observation period will be screened by medics responding to the call using the DETECT tool. Next, a random subsample of 2520 of the 59 400 older adults screened will be selected to participate in a follow-up interview approximately 2 weeks following the completion of the screening. Follow-up interviews will consist of a medic-led semistructured interview designed to assess the older adult's likelihood of abuse exposure, physical/mental health status, cognitive functioning, and to systematically evaluate the quality and condition of their physical and social living environment. The data from 25% (n=648) of these follow-up interviews will be presented to a longitudinal, experts and all data panel for a final determination of EM exposure status, representing the closest proxy to a "gold standard" measure available. Ethics and dissemination This study has been reviewed and approved by the Committee for the Protection of Human Subjects at the University of Texas School of Public Health. The results will be disseminated through formal presentations at local, national and international conferences and through publication in peer-reviewed scientific journals.

Caspi, E. (2017). A Federal Survey Deficiency Citation Is Needed For Resident-To-Resident Aggression In U.S. Nursing Homes. *Journal of Elder Abuse & Neglect*, *29*(4), 193–212. https://doi.org/10.1080/08946566.2017.1333939

Resident-to-resident aggression (RRA) in nursing homes is a prevalent and concerning public health problem. A rapid growth in the number of research studies has led to advancements in understanding and awareness of these incidents. However, no state survey deficiency citation (F-Tag) currently exists to capture RRA in a structured way in the Centers for Medicare & Medicaid Services' (CMS) nursing homes F-Tags Coding System. This omission represents a major barrier to State Survey Agencies, CMS, consumers, and care advocacy organizations'

efforts to keep vulnerable and frail residents safe and free from psychological harm. The commentary makes the case for development and implementation of a new RRA-specific F-Tag by identifying 20 problem areas and the ways in which this F-Tag could address them. The new F-Tags Coding System (part of the new Federal Nursing Home regulations) represents a rare and time-sensitive opportunity to bridge this major gap in practice, research, and policy.

Caspi, E. (2021). Life and Death in Assisted Living. *The Gerontologist*, *61*(8), 1347–1353. https://doi.org/10.1093/geront/gnab132
The PBS/ProPublica investigation of Emeritus revealed systemic neglect resulting in the death of several older adults with dementia. The film describes the traumas experienced by the residents caused by these incidents and the devastation to their families. The thorough investigation examined extensive evidence, including clinical and court records, state investigation reports, and interviews with family members, former employees, and experts. The film will likely be an eye-opener to viewers unfamiliar with the AL model and its flaws. The film itself is of high quality. It is visually and substantively captivating. The horrific stories of neglect described in it will give viewers a strong emotional reaction.

Castle, N. (2012). Nurse Aides' Reports of Resident Abuse in Nursing Homes. *Journal of Applied Gerontology, 31*(3), 402–422. https://doi.org/10.1177/0733464810389174
Verbal, physical, psychological, caregiving, medication, material, and sexual abuse perpetrated by staff are examined. Information came from nurse aides included in the Pennsylvania nurse aide registry. A total of 4,451 nurse aides returned a 46-item questionnaire (response rate = 64%). A 3-month frame of reference was used, and the questionnaire asked about abuse in the prior nursing home of employment. Nurse aide responses to the verbal abuse and psychological abuse items were higher than for the other categories of abuse examined. For example, 36% of nurse aides observed argumentative behavior with residents and 28% observed intimidation. Lower figures were reported for physical abuse (6% observed pushing, grabbing, or pinching), caregiving abuse (10% observed staff to threaten to stop taking care of a resident), medication abuse (19% observed inappropriate delays in medication administration), material exploitation (10% observed taking assets), and sexual abuse (1% observed unwelcome discussion of sexual activity). These findings clearly show that some types of resident abuse by staff are reported to be a common occurrence by nurse aides. This likely influences the health outcomes, quality of life, quality of care, and the safety of residents.

Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder Abuse In Residential Long-Term Care: An Update To The 2003 National Research Council Report. *Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society*, *34*(4), 407–443. https://journals.sagepub.com/doi/abs/10.1177/0733464813492583
A synthesis of the last decade of literature on elder abuse in residential long-term care (i.e., Nursing Homes and Assisted Living) is discussed. Presented are definitions of abuse, theoretical and conceptual models, prevalence rates of abuse, outcomes and costs, and sources of abuse. The synthesis represents an update to the literature in the influential 2003 National Research Council report. We identify many of the same issues and concerns exist that were surfaced in this prior report. Many theoretical and conceptual models need further elaboration. Conflicting definitions of abuse are pervasive. Rates of abuse are generally inaccurate, and probably under-reported. However, we also identify progress in many areas. An increase in empirical studies that exist in this area (although very few in Assisted Living). Other forms and types of abuse have also been identified as important, such as resident-to-resident abuse. These areas are discussed, along with potential suggestions for additional research. (© The Author(s) 2013.)

Castle, N. G. (2012). Resident-to-Resident Abuse in Nursing Homes as Reported by Nurse Aides. *Journal of Elder Abuse & Neglect*, *24*(4), 340–356. https://doi.org/10.1080/08946566.2012.661685
Information on the scale and scope of resident-to-resident abuse, including verbal, physical, material, psychological, and sexual abuse, is presented. Nursing homes (n = 249) from ten states were used, with a total of 4,451 nurse aides in these facilities returning the questionnaire. Most nursing homes experienced verbal, physical, material, and psychological abuse, but sexual abuse was less common. Our findings clearly show that both the scale and scope of resident-to-resident abuse is high in nursing homes. Resident-to-resident abuse is common enough to be considered an issue of concern impacting the quality of life and safety of many residents.

Castle, N. G., Wagner, L. M., Ferguson, J. C., & Handler, S. M. (2011). Safety Culture Of Nursing Homes: Opinions Of Top Managers. *Health Care Management Review*, *36*(2), 175–187. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4886329/
Background Examining the perception of the patient safety culture (PSC) of top managers in healthcare settings is important because their orientation to PSC can have a large influence on the facility. Purposes In this research, the perception of the PSC of Nursing Home Administrators (NHAs) and Directors of Nursing (DONs) is examined. Methodology/Approach Primary data were collected to examine the opinions of the PSC from NHAs and DONs. Information was collected from a large nationally representative sample of 4,000 nursing homes. The Nursing Home Survey on Patient Safety Culture (NHSPSC) survey instrument was used as a measure of PSC. This has 12 domains and 38 items. Bias indexes, intraclass correlation coefficients, and Pearson's product-moment correlation coefficients of the differences between NHA and DON item scores were examined. Findings Using a 0–100 scale, most scores fell into the 55–80 range. Higher scores represent a higher (more favorable) PSC. Agreement between the NHA and DON was excellent for 10 items, good in 15 items, moderate in 4 items, and poor in 8 items. Of the 4 largest differences in scores, the NHA scores were higher than the DON scores for one item and DON scores were higher than the NHA scores for 3 items. Implications The overall perception from both NHAs and DONs, would appear to represent a somewhat "positive" outlook from these top managers on their institution's PSC. However, NHAs in general report higher scores than DONs. The areas of divergence between these top managers are further discussed, with a view towards directing future patient safety investigations and initiatives in nursing homes.

Castle, N. G., Wagner, L. M., Sonon, K., & Ferguson-Rome, J. C. (2012). Measuring Administrators' and Direct Care Workers' Perceptions of the Safety Culture in Assisted Living Facilities. *The Joint Commission Journal on Quality and Patient Safety*, *38*(8), 375-AP3. https://www.sciencedirect.com/science/article/pii/S1553725012380483
Article-at-a-Glance Background Further understanding of patient safety in health care is still needed. This is particularly evident in long term care settings, where relatively little information exists. Safety culture has emerged as a critical component of efforts to improve patient safety; it is strongly associated with initiatives that influence patient safety and quality of care. The safety culture of a large sample of assisted living (AL) facilities was examined. Methods The Nursing Home Survey on Patient Safety Culture (NHPSC) was modified and used to examine safety culture. A random sample of AL settings from all 50 states was selected to participate. Respondents were AL administrators and direct care workers (DCWs) who completed the modified safety culture survey. The applied properties of the instrument are examined. A summary score for administrators and DCWs for each NHPSC item is also presented. These summary scores have a range from 0 to 100, with low scores representing a poor safety culture (and vice versa). Results Information was received from 572 administrators (response rate =

57%) and 3,620 DCWs (response rate = 51%). The scores, using the 0–100 scale, fell into the 48–72 range for administrators and the 40–68 range for DCWs. Many of the scores were similar to those previously found in nursing homes. Conclusions AL is recognized as one of the fastest-growing institutional components of the long term care industry. The modified NHPSC performed well. Some areas of safety culture were perceived less favorably than in nursing homes. As such, some further attention to safety culture in AL is warranted. This study provides a first step toward assessing safety culture in this underexamined setting.

Chen, W., Fang, F., Chen, Y., Wang, J., Gao, Y., & Xiao, J. (2020). The Relationship Between Personality Traits, Caring Characteristics And Abuse Tendency Among Professional Caregivers Of Older People With Dementia In Long-Term Care Facilities. *Journal of Clinical Nursing*, *29*(17–18), 3425–3434. https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15380
Aims and Objectives: To explore the relationship between personality traits, caring characteristics and abuse tendency among professional caregivers of older people with dementia in long-term care facilities in China.; Background: Elder abuse is a serious global health problem and human right violation with high incidence among older people with dementia. There are many investigations about impact factors of risk of abuse among family caregivers of older people with dementia. However, in long-term care facilities, the situation of abuse tendency needs further investigation.; Design: Cross-sectional study.; Methods: An observational survey was conducted according to the STROBE checklist. We investigated 156 professional caregivers of older people with dementia in three long-term care facilities in Guangzhou, China. Participants completed a demographic questionnaire, the Caregiver Abuse Screen (CASE) and the Neuroticism Extraversion Openness Five-Factor Inventory (NEO-FFI). Data were analysed using Mann-Whitney U tests, Kruskal-Wallis tests, Spearman's rank correlation and logistic regression analyses.; Results: Over half of the participants (51.9%) reported abuse tendency to the older people with dementia. There was a significant negative correlation between the caregivers' agreeableness scores of NEO-FFI and their CASE scores. Multivariate logistic regression analyses highlighted that protective factors of abuse tendency were caregivers' agreeableness, care recipients' source of finances and their duration of dementia while higher care difficulty and presence of older people's behavioural and psychological symptoms of dementia (BPSD) were the risk factors.; Conclusion: Caregivers' agreeableness personality trait and the caring characteristics of older people with dementia may be relevant to abuse tendency in long-term care facilities. Further study with a larger sample size is needed to validate such a correlation.; Relevance to Clinical Practice: Older people with dementia are at high risk for abuse. Prospective caregivers could pay more attention to developing their own agreeableness. The managers might establish monitoring system for reducing the abuse. (© 2020 John Wiley & Sons Ltd.)

Conti, A., Scacchi, A., Clari, M., Scattaglia, M., Dimonte, V., & Gianino, M. M. (2022). Prevalence of Violence Perpetrated by Healthcare Workers in Long-Term Care: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, *19*(4), 2357. https://www.mdpi.com/1660-4601/19/4/2357
This systematic review and meta-analysis aimed to determine the prevalence of violence perpetrated by healthcare workers (HCWs) against patients in long-term care (LTC). For this purpose, five relevant databases were searched. Two reviewers extracted data from the included articles independently and assessed their quality. Overall and subgroup random-effects pooled prevalence meta-analyses were performed. A series of meta-analyses stratified by study quality were also performed due to high heterogeneity. Nineteen articles were included, physical restraint (22%; CI: 15–29), verbal abuse (22%; CI: 16–28), and neglect (20%; CI: 15–26) attained the highest overall prevalence, while sexual abuse was less reported (2%; CI: 1–3). The prevalence of witnessed violence is generally higher than those reported by

HCWs, and patients and their relatives reported fewer cases of violence than HCWs. Differences in violence perpetrated among LTC settings were found. Neglect (64%; CI: 56–72) and financial abuse (7%; CI: 3–12) reported by HCWs were higher in home care, while verbal abuse (21%; CI: 7–39) reported by patients or their families was higher in nursing homes. Our findings highlight that violence perpetrated by HCWs toward patients represents a significant concern in LTC, suggesting the adoption of reliable monitoring approaches and provision of assistance to victims in reporting abuse.

Cooper, C., Dow, B., Hay, S., Livingston, D., & Livingston, G. (2013). Care Workers' Abusive Behavior To Residents In Care Homes: A Qualitative Study Of Types Of Abuse, Barriers, And Facilitators To Good Care And Development Of An Instrument For Reporting Of Abuse Anonymously. *INTERNATIONAL PSYCHOGERIATRICS*, *25*(5), 733–741. https://www.cambridge.org/core/journals/international-psychogeriatrics/article/care-workers-abusive-behavior-to-residents-in-care-homes-a-qualitative-study-of-types-of-abuse-barriers-and-facilitators-to-good-care-and-development-of-an-instrument-for-reporting-of-abuse-anonymously/479912A210703D0401981F811F103D86
Background: Elder abuse in care homes is probably common but inherently difficult to detect. We developed the first questionnaire to ask care home workers to report abuse anonymously. Method: We held qualitative focus groups with 36 care workers from four London care homes, asking about abuse they had witnessed or perpetrated. Results: The participants reported that situations with potentially abusive consequences were a common occurrence, but deliberate abuse was rare. Residents waited too long for personal care, or were denied care they needed to ensure they had enough to eat, were moved safely, or were not emotionally neglected. Some care workers acted in potentially abusive ways because they did not know of a better strategy or understand the resident's illness; care workers made threats to coerce residents to accept care, or restrained them; a resident at high risk of falls was required to walk as care workers thought otherwise he would forget the skill. Most care workers said that they would be willing to report abuse anonymously. Care workers were sent the newly developed Care Home Conflict Scale to comment on but not to complete and to report whether it was acceptable and relevant to them. Several completed it and reported abusive behavior. Conclusion: Lack of resources, especially care worker time and knowledge about managing challenging behavior and dementia were judged to underlie much of the abuse described. We describe the first instrument designed to measure abuse by care home workers anonymously; field-testing is the logical next step.

Daly, J. M. (2017). Elder Abuse in Long Term Care and Assisted Living Settings. In X. Dong (Ed.), *Elder Abuse: Research, Practice and Policy* (pp. 67–91). Springer International Publishing. https://doi.org/10.1007/978-3-319-47504-2_4
A description of long term care settings and the history of their development are provided. Federal and state legislation pertinent to nursing homes and assisted living facilities is described with emphasis on the Omnibus Budget Reconciliation Act of 1987. Prevalence of abuse, neglect, and exploitation in long term care settings is explored through research with employees, family members, and other relatives, reports from adult protective services programs, Medicaid Fraud Control Unit reports, the National Ombudsman Reporting System, the On-line Survey and Certification and Reporting System, agencies responsible for Licensure and Re-certification, and the Long Term Care Minimum Data Set. Research on resident-to-resident aggression, resident-to-staff aggression, sexual abuse/resident-to-resident sexual aggression, exploitation/nursing home theft, education to prevent abuse, and pressure ulcers is summarized.

Dash, K., Breckman, R., Lees-Haggerty, K., Elman, A., Lachs, M., Stoeckle, R. J., Fulmer, T., & Rosen, T. (2021). Developing A Tool To Assess And Monitor Institutional Readiness To

Address Elder Mistreatment In Hospital Emergency Departments. *Journal of Elder Abuse & Neglect*, 33(4), 311–326.
https://www.tandfonline.com/doi/abs/10.1080/08946566.2021.1965930
Hospital emergency departments (EDs) lack the tools and processes required to facilitate consistent screening and intervention in cases of elder abuse and neglect. To address this need, the National Collaboratory to Address Elder Mistreatment has developed a clinical care model that ED's can implement to improve screening, referral, and linkage to coordinated care and support services for older adults who are at risk of mistreatment. To gauge ED readiness to change and facilitate adoption of the care model, we developed an organizational assessment tool, the Elder Mistreatment Emergency Department Assessment Profile (EM-EDAP). Development included a phased approach in which we reviewed evidence on best practice; consulted with multidisciplinary experts; and sought input from ED staff. Based on this formative research, we developed a tool that can be used to guide EDs in focusing on practice improvements for addressing elder mistreatment that are most responsive to local needs and opportunities.

de Witt, L., Jonsson, S., & Reka, R. (2023). An Analysis of Long-Term Care Home Inspection Reports and Responsive Behaviours. *Ageing International*. https://doi.org/10.1007/s12126-023-09526-9
Concern about residential long-term care quality and safety is a critical issue in developed countries internationally, often fueled by media scandals exposing riveting accounts of resident-to-resident aggression/responsive behaviours. These scandals raise questions about standards of care set through long-term care regulation. Using a participatory action research approach and document analysis method, we analyzed incidents related to responsive behaviours documented in three types of public version inspection reports posted for 535 Ontario, Canada long-term care homes from 2016 through 2018. Creation of an Individual Home Data Collection and Analysis Tool facilitated data collation and descriptive statistical analysis of seven long-term care service areas in the province of Ontario. Results highlight several combined service areas differences between for-profit and not-for-profit home documentation related to responsive behaviours in (a) resident quality inspection means; (b) total complaint and critical incident proportions and means; (c) total enforcement actions proportions; and (d) enforcement penalties. We discovered that documented evidence of incidents related to responsive behaviours was instead represented by other sections of the legislation. The highest proportion of enforcement actions related to responsive behaviours involved no follow-up by inspectors and only four enforcement penalties over three years. Recommendations include revision of the inspection report judgement matrix tool to produce separate enforcement actions specific to responsive behaviours. We submit that attending to this will contribute to protecting long-term care residents from harm and improving their quality of care through more effective connection of long-term care regulation to responsive behaviour care management.

DeBois, K. A., Evans, S. D., & Chatfield, S. L. (2019). Resident-to-Resident Aggression in Long-Term Care: Analysis of Structured and Unstructured Data From the National Violent Death Reporting System, 2003-2016. *Journal of Applied Gerontology*.
https://journals.sagepub.com/doi/full/10.1177/0733464819863926
Aging adults are at risk for multiple types of abuse including emotional, sexual, or physical abuse. Adults in skilled nursing or assisted living facilities…

Ellis, J. M., Ayala Quintanilla, B. P., Ward, L., Campbell, F., Hillel, S., Downing, C., Teresi, J., & Ramirez, M. (2018). A Systematic Review Protocol Of Educational Programs For Nursing Staff On Management Of Resident-To-Resident Elder Mistreatment In Residential Aged Care

Homes. *Journal of Advanced Nursing*, *74*(8), 1975–1983.
https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.13700
Aim To review evidence concerning educational programs for nursing staff on management of resident-to-resident elder mistreatment with the aim of preventing and reducing this abuse in residential aged care homes. Background Although elder abuse has received considerable attention, very little is known regarding resident-to-resident elder mistreatment in residential aged care homes and about interventions/programs to prevent and reduce this harm. Nurses play an essential role in identifying and managing aggressive interactions. However, many nurses may not recognize these behaviours as forms of abuse. Thus, it is important to ascertain if educational programs for nursing staff have been developed and implemented. Design Quantitative systematic review registered on PROSPERO (CRD42017080925). Methods A systematic search of English published studies between 1980 - 2017 will be conducted in CINAHL, Embase, MEDLINE, ProQuest, PsychInfo and Scopus. Risk of bias and quality of the studies will be evaluated by using the Cochrane Collaboration's tool and the Methodological Index for Nonrandomized studies. A meta-analysis will be performed, if sufficient homogeneity exists; otherwise, data will be summarized by using a narrative description. This study was funded in January 2017. Discussion Nursing staff should play a pivotal role in preventing and/or reducing resident-to-resident elder mistreatment. Therefore, it is important to identify available educational programs for nursing staff dealing with this abuse. Consequently, this review may provide evidence-based care for nursing staff to assist them in protecting older residents from experiencing abuse or being abused and in improving their well-being.

Ellis, J. M., Teresi, J. A., Ramirez, M., Silver, S., Boratgis, G., Kong, J., Eimicke, J. P., Sukha, G., Lachs, M. S., & Pillemer, K. A. (2014). Managing Resident-to-Resident Elder Mistreatment in Nursing Homes: The SEARCH Approach. *The Journal of Continuing Education in Nursing*, *45*(3), 112–121. https://journals.healio.com/doi/abs/10.3928/00220124-20140223-01
This article describes an educational program to inform nursing and care staff of the management of resident-to-resident elder mistreatment (R-REM) in nursing homes, using the SEARCH (Support, Evaluate, Act, Report, Care plan, and Help to avoid) approach. Although relatively little research has been conducted on this form of abuse, there is mounting interest in R-REM because such aggression has been found to be extensive and can have both physical and psychological consequences for residents and staff. The goal of the SEARCH approach is to support staff in the identification and recognition of R-REM as well as to suggest recommendations for management. The educational program and the SEARCH approach are described. Three case studies from the research project are presented, illustrating how nurses and care staff can use the SEARCH approach to manage R-REM in nursing homes. Resident and staff safety and well-being can be enhanced by the use of the evidence-based SEARCH approach.

Ferrah, N., Murphy, B. J., Ibrahim, J. E., Bugeja, L., Winbolt, M., LoGiudice, D., Flicker, L., & Ranson, D. L. (2015). Resident-To-Resident Physical Aggression Leading To Injury In Nursing Homes: A Systematic Review. *Age and Ageing*, *44*(3), 356-364.
https://doi.org/10.1093/ageing/afv004
BACKGROUND: resident-to-resident aggression (RRA) is an understudied form of elder abuse in nursing homes. OBJECTIVE: the purpose of this systematic review was to examine the published research on the frequency, nature, contributing factors and outcomes of RRA in nursing homes. METHODS: in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement, this review examined all original, peer-reviewed research published in English, French, German, Italian or Spanish between 1st January 1949 and 31st December 2013 describing incidents of RRA in nursing homes. The following information was extracted for analysis: study and population characteristics; main findings

(including prevalence, predisposing factors, triggers, nature of incidents, outcomes and interventions). RESULTS: eighteen studies were identified, 12 quantitative and 6 qualitative. The frequency of RRA ranged from 1 to 122 incidents, with insufficient information across the studies to calculate prevalence. RRA commonly occurred between exhibitors with higher levels of cognitive awareness and physical functionality and a history of aggressive behaviours, and female targets who were cognitively impaired with a history of behavioural issues including wandering. RRA most commonly took place in the afternoon in communal settings, was often triggered by communication issues and invasion of space, or was unprovoked. Limited information exists on organisational factors contributing to RRA and the outcomes for targets of aggression. CONCLUSIONS: we must continue to grow our knowledge base on the nature and circumstances of RRA to prevent harm to an increasing vulnerable population of nursing home residents and ensure a safe working environment for staff.

Frazão, S. L., Correia, A. M., Norton, P., & Magalhães, T. (2015). Physical Abuse Against Elderly Persons In Institutional Settings. *Journal of Forensic and Legal Medicine*, *36*, 54–60. https://www.sciencedirect.com/science/article/pii/S1752928X15001699
Introduction: People over 65 years old are expected to be an increasing group exposed to abuse. Despite the well-studied intra-familial abuse, institutional abuse still lacks a proper understanding about its determinants and characteristics.; Aim: The general objective of this study is to provide a better knowledge about physical abuse against elderly people in institutional settings, in order to contribute to a timely detection, correct forensic diagnosis and prevention of these cases.; Methods: A retrospective study was conducted through the analysis of forensic medical exams performed in the North Forensic Medical Services of Portugal, between 2004 and 2013, to elderly persons allegedly victims of physical abuse in an institutional setting by a caregiver (n = 59).; Results: All the alleged cases occurred in nursing homes and in most of them (93.2%) the charges were against the institution and not focusing on a particular individual. The alleged victims were mainly female (79.7%), 75 years or older (75.9%), presenting a severe disability (55.9%) and 47.2% being unable to communicate. No injuries or post-traumatic pain were found in 55.9% of the cases to support the charge of physical abuse. Only in 6.8% of the cases were the forensic medical findings suggestive of physical abuse and, although this was not the object of the examination, 69.1% were considered suggestive or highly suggestive of neglect. A statistically significant association was found between the alleged victim's degree of disability and the occurrence of neglect (p = 0.003).; Conclusion: The sample's size seems to be underestimated, probably due to lack of detection and/or reporting. The condition of these persons, mainly related with their inability to perceive abusive behaviours and/or to disclose them (mostly by physical and/or mental disability), as well as their reluctance to press charges due to fear of reprisal, affects significantly the detection and diagnosis of physical abuse, particularly in whom injuries are not obvious. In anticipation to the rapid ageing of the population, it is urgent to analyse and understand this emerging issue so that social policies and regulation may be developed, in an effort to protect the elderly, as well as to make improvements in the professionals' skills. (Copyright © 2015 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.)

Friedman, L., Avila, S., Friedman, D., & Meltzer, W. (2019). Association between Type of Residence and Clinical Signs of Neglect in Older Adults. *GERONTOLOGY*, *65*(1), 30–39. https://doi.org/10.1159/000492029
Background: Studies have demonstrated that measures of lower quality of care and associated adverse health effects are more prevalent in for-profit nursing homes compared to not-for-profit facilities. However, these studies omit persons who receive care in the community setting, and exclusively focus on isolated clinical signs that may obscure the true effect size, since these clinical signs rarely occur in isolation. Objective: In this study, we use the Clinical Signs of

Neglect Scale (CSNS), which is an aggregate measure of clinical signs of neglect and substandard care, to evaluate the association of residence type on health outcomes among individuals living in both private community residences and for-profit and not-for-profit long-term care facilities. Methods: In a multicenter, retrospective data analysis of 1,149 patients identified from an inpatient hospital registry, we assessed the relationship between residence type (community dwelling, not-for-profit, and for-profit facilities) and clinical signs of neglect. Adjusted parameter estimates and 95% CIs were estimated with linear regression in 3 models using different reference groups. Results: The most serious clinical signs were consistently more prevalent among residents of for-profit facilities, as were measures of poor institutional quality. Relative to low-functioning community-dwelling patients, the mean difference in CSNS scores was higher among patients residing in not-for-profit facilities by 1.99 (p = 0.012) and 3.55 (p 0.001) among patients in for-profit facilities. In a separate model, the mean difference in CSNS scores among patients living in for-profit facilities compared to not-for-profit facilities was 1.90 (p = 0.035). Conclusions: Using an aggregate measure, our findings support prior studies demonstrating an association between residence type and adverse health outcomes for disabled elderly.

Gil, A., & Capelas, M. (2022). Elder Abuse And Neglect In Nursing Homes As A Reciprocal Process: The View From The Perspective Of Care Workers. *JOURNAL OF ADULT PROTECTION*, *24*(1), 22–42. https://www.emerald.com/insight/content/doi/10.1108/JAP-06-2021-0021/full/html

Purpose Reciprocal abuse inside care practices remain under-studied due to their invisibility and further research is required. The purpose of this paper is to explore different levels of conflicts inside organisations. Design/methodology/approach The paper is based on a self-administered questionnaire filled out by care workers (n = 150), in 16 Portuguese care homes. Findings Results indicated that, overall, 54.7% of care workers had observed abuse, in their daily practice, in the preceding 12 months: 48.7% psychological; 36.0% neglectful care practices; 14.0% physical and 3.3% financial abuse. The figures decreased significantly as regards abuse committed themselves, with 16.7% of those admitting to having committed at least one of these behaviours. The highest figures were also recorded for psychological abuse (13.3%) and neglect (6.7%). However, there is a statistically significant relationship between abuse committed by care workers and abuse committed by residents. Overall, 52.0% of care workers reported having been the target of at least one such behaviour by residents. Research limitations/implications This paper has its limitations as the sample consisted of only 16 nursing homes (12 not-for-profit and 4 for-profit nursing homes). The fact that only 4 of the 16 LTC homes were for-profit is a potential limitation both in general and in particular because research has shown that lower quality of care and elder abuse and neglect are more common in for-profit nursing homes at least in Portugal. The results were also based on self-reported measures. Practical implications A reactive behaviour, the risk of retaliation, after a complaint, the difficulty in dealing with dementia and the residents' aggressive behaviour, an absence of a training and support policy in an environment where difficult working conditions prevail, are factors enhancing a reciprocal process of abuse. The analysis followed by a discussion of potential implications to prevent institutional elder abuse and neglect, based on communication and social recognition, including better working conditions and training, and a cooperative work environment. Social implications Conflict is much more than reducing an interpersonal relationship problem between residents and staff (care workers, professional staff, managers) and extending to the whole organisation. Therefore, there are still uncertainties on how organisations, staff and residents interact between themselves, and affect care practises. Originality/value Reciprocal abuse in nursing homes is an important area of research and this paper enabled a discussion of potential implications concerning the quality of care, which required the identification of levels of conflict, in an organisational system, including interactions,

the context where care is provided, difficult working conditions, lack of training and levels of support. All these factors are important when considering elder abuse and neglect and this calls for special attention by policymakers and researchers.

Gimm, G., Chowdhury, S., & Castle, N. (2018). Resident Aggression and Abuse in Assisted Living. *Journal of Applied Gerontology*, *37*(8), 947–964.
https://doi.org/10.1177/0733464816661947
This article estimates the prevalence and identifies risk factors of resident aggression and abuse in assisted living facilities. We conducted multivariate analyses of resident-level data from an analytic sample of 6,848 older Americans in the 2010 National Survey of Residential Care Facilities. Nationwide, 7.6% of assisted living residents engaged in physical aggression or abuse toward other residents or staff in the past month, 9.5% of residents had exhibited verbal aggression or abuse, and 2.0% of resident engaged in sexual aggression or abuse toward other residents or staff. Dementia and severe mental illness were significant risk factors for all three types of resident aggression and abuse. Resident aggression and abuse in assisted living facilities is prevalent and warrants greater attention from policy makers, researchers, and long-term care providers. Future research is needed to support training and prevention efforts to mitigate this risk.

Hazy, J. M., & Bradley, W. (2018). The Need for Investigations Training for Nursing Home Administrators and Staff Into Complaints of Abuse, Neglect, and Misappropriation. *Seniors Housing & Care Journal*, *26*(1), 103–110.
https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=19417187&AN=138646720&h=kWMiWzl1zeb2PxDv5728Sji77zhTeAMxLTTcTLvnJaGGIHIeYSCx2N4iUKrrIWvep75vHUldtmAwGLTrqn9%2BsA%3D%3D&crl=c
The Problem: Investigations into abuse, neglect, and misappropriation (ANM) of nursing home residents are a standard part of senior living facility settings even though administrators and staff are not trained properly on investigations. The Resolution: Appropriate investigation training can be provided inexpensively and effectively to help those who are unfamiliar with investigations into allegations of ANM. Tips for Success: Nursing home administrators and staff should undergo regular investigation training into claims of ANM by individuals experienced in conducting such investigations (i.e., State Department of Health investigators, both current and retired; law enforcement officers whose expertise covers elder abuse; adult protective services personnel; and special investigators). Being trained by those without the first-hand experience of performing investigations is insufficient to initiate a timely, thorough, complete, and concise investigation of allegations of ANM. The training should reflect the core principles outlined in this commentary. The outcome will be enhanced quality of care for nursing home residents.

Hirt, J., Adlbrecht, L., Heinrich, S., & Zeller, A. (2022). Staff-To-Resident Abuse In Nursing Homes: A Scoping Review. *BMC Geriatrics*, *22*(1), 563.
https://link.springer.com/article/10.1186/s12877-022-03243-9
Background: Elder abuse in long-term care is an important public health concern with social, health-related, and economic implications. Staff-to-resident abuse is of particular interest since institutions should protect residents' rights and prevent harm. To provide an up-to date comprehensive overview of staff-to-resident abuse in nursing homes, we performed a scoping review considering types of abuse, their prevalence and associated factors, descriptions, experiences, and preventive interventions.; Methods: We performed a scoping review following the framework provided by Arksey and O'Malley. We searched MEDLINE (via PubMed), CINAHL, PsycINFO via Ovid, and Cochrane Library. Additionally, we performed free web searching using Google Scholar and checked relevant reviews. Two reviewers independently selected studies. We narratively synthesised the results.; Results: Out of 3876 references

retrieved by our search, we included 46 studies in 47 reports. The prevalence rates of abuse varied widely, ranging from 0 to 93% depending on the type of abuse. Associated factors of abuse at the staff, resident, and nursing home level were evaluated inconsistently. Abuse was perceived ambiguous: even though it was considered unacceptable, it was underreported. We found only four studies addressing preventive interventions. Of these, four made recommendations for intervention development. Only one study with an experimental design examined a multi-component intervention including education and mutual support.; Conclusions: The review yielded heterogenous evidence not allowing a concrete conclusion on prevalence and associated factors. However, the results show the significance of the problem and indicate that there are associate factors of abuse that can be influenced by appropriate interventions. These are amongst other staff education, organisational culture, and conditions. Further research should investigate the composition and content of preventive interventions and their potential to reduce abusive behaviours.

Hutchison, A., & Stenfert Kroese, B. (2015). A Review Of Literature Exploring The Possible Causes Of Abuse And Neglect In Adult Residential Care. *Journal of Adult Protection*, *17*(4), 216–233. https://www.emerald.com/insight/content/doi/10.1108/JAP-11-2014-0034/full/html?utm_campaign=Emerald_Health_PPV_Dec22_RoN
Purpose – The purpose of this paper is to present a systematic review of empirical research, which explores possible causal and risk factors linked to abuse or neglect in residential care facilities. Design/methodology/approach – Electronic database searches were conducted to identify and synthesise studies reporting on empirical research aimed at exploring causal and/or risk factors associated with abuse or neglect in adult residential care services. Sample characteristics, design characteristics and outcome data were extracted from each paper. This information was then collated and summarised. Each study was evaluated using Sale and Brazil's (2004), cross-paradigm framework of trustworthiness and rigour. Findings – In all, 17 papers, reporting on 15 separate research studies, met the inclusion criteria for this review. Results revealed that research in this area has utilised a diverse range of methodological approaches to explore abuse and/or neglect within the context of residential services for older adults and adults with learning disabilities. Possible causal and risk factors identified were separated into those that operated at a cultural or organisational/environmental level and those that operated at an individual or interpersonal level. Originality/value – While there are limitations associated with presenting a review of such a diverse group of studies, this paper presents a valuable synthesis of the empirically derived causal and risk factors linked to the abuse and neglect of adults in care. Additionally, readers are able to obtain a comprehensive overview of the quality of empirical research in this area. Finally, a number of applied implications and future research directions are highlighted, which may contribute to the development of further research and ultimately to improvements in residential care standards and a reduction in future instances of abuse and neglect.

Kamavarapu, Y. S., Ferriter, M., Morton, S., & Völlm, B. (2017). Institutional Abuse—Characteristics Of Victims, Perpetrators And Organsations: A Systematic Review. *European Psychiatry : The Journal of the Association of European Psychiatrists*, *40*, 45–54. https://www.cambridge.org/core/journals/european-psychiatry/article/institutional-abuse-characteristics-of-victims-perpetrators-and-organsations-a-systematic-review/90446112185AD51CAE2AB0F053F143DA
Background: Abuse of vulnerable adults in institutional settings has been reported from various countries; however, there has been no systematic review of the characteristics of the victims and their abusers. Our aim was to identify and synthesise the literature on victims, perpetrators and institutions where abuse occured in order to inform interventions to prevent such abuse.; Methods: Searches of MEDLINE (OVID), CINHAL (EBSCO), EMBASE (OVID) and PsychINFO

(OVID) databases identified 4279 references. After screening of titles and abstracts, 123 citations merited closer inspection. After applying inclusion and exclusion criteria, 22 articles were included in the review.; Results: Our review suggested that the evidence available on risk factors is not extensive but some conclusions can be drawn. Clients, staff, institutional and environmental factors appear to play a role in increasing the risk of abuse.; Conclusions: Vulnerable clients need closer monitoring. Clients and staff may lack the awareness and knowledge to identify and report abuse. Institutions should take proactive steps to monitor clients, train staff and devise systems that allow for the identification and prevention of incidents of abuse. There is a need for further research into the associations between the individual client, staff, institutional characteristics and abuse. (Crown Copyright Â© 2016. Published by Elsevier Masson SAS. All rights reserved.)

Lachs, M. S., Teresi, J. A., Ramirez, M., van Haitsma, K., Silver, S., Eimicke, J. P., Boratgis, G., Sukha, G., Jian Kong, Besas, A. M., Luna, M. R., Pillemer, K. A., & Kong, J. (2016). The Prevalence of Resident-to-Resident Elder Mistreatment in Nursing Homes. *Annals of Internal Medicine*, *165*(4), 229–236. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366619/
Background: Resident-to-resident elder mistreatment (R-REM) in nursing homes can cause physical and psychological injury and death, yet its prevalence remains unknown. Objective: To estimate the prevalence of physical, verbal, and sexual R-REM in nursing home residents and subgroups. Design: 1-month observational prevalence study. Setting: 5 urban and 5 suburban New York state nursing homes. Participants: 2011 residents in 10 facilities randomly selected on the basis of size and location; 83% of facilities and 84% of eligible residents participated. Measurements: R-REM was identified through resident interviews, staff interviews, shift coupons, observation, chart review, and accident or incident reports. Results: 407 of 2011 residents experienced at least 1 R-REM event; the total 1-month prevalence was 20.2% (95% CI, 18.1% to 22.5%). The most common forms were verbal (9.1% [CI, 7.7% to 10.8%]), other (such as invasion of privacy or menacing gestures) (5.3% [CI, 4.4% to 6.4%]), physical (5.2% [CI, 4.1% to 6.5%]), and sexual (0.6% [CI, 0.3% to 1.1%]). Several clinical and contextual factors (for example, lower vs. severe levels of cognitive impairment, residing on a dementia unit, and higher nurse aide caseload) were associated with higher estimated rates of R-REM. Limitations: Most facilities were relatively large. All R-REM cases may not have been detected; resident and staff reporting may be subject to recall bias. Conclusion: R-REM in nursing homes is highly prevalent. Verbal R-REM is most common, but physical mistreatment also occurs frequently. Because R-REM can cause injury or death, strategies are urgently needed to better understand its causes so that prevention strategies can be developed.

Lim, J. (2020). Factors Affecting Mistreatment of the Elderly in Long-Term Care Facilities. *Healthcare*, *8*(3), 224. https://www.mdpi.com/2227-9032/8/3/224
In long-term care facilities, elderly mistreatment occurs routinely and frequently. However, few studies have empirically explored the multifaceted risk factor of mistreatment. The purpose of this paper was to explore the factors affecting elderly mistreatment by care workers in Japanese long-term care facilities and to examine the relationship between these factors and mistreatment. This analysis was based on a sample of 1473 care workers from long-term care facilities and used multiple regression analyses. The results revealed that the nursing care level, work period, resilience, and attitude towards mistreatment among residents and staff were factors significantly associated with the degree of mistreatment. Facility size, an institutional environment that does not limit the behavior of residents, and family and community support for the elderly were among the institutional environment factors that had significant relationships with mistreatment. Staff gender, care-related qualifications, and workload were not associated with mistreatment. These findings suggest that strengthening the staff's attitude and coping skills to prevent mistreatment, as well as interventions for changes in the institutional

environment, are needed to prevent and reduce the prevalence of mistreatment in Japan. In addition, raising staff resilience to stress situations and building a resident-centered facility care environment is an important measure to reduce mistreatment.

Liu, P.-J., Caspi, E., & Cheng, C.-W. (2022). Complaints Matter: Seriousness of Elder Mistreatment Citations in Nursing Homes Nationwide. *Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society*, *41*(4), 908–917. https://journals.sagepub.com/doi/abs/10.1177/07334648211043063

Mistreatment of nursing home residents is prevalent and leads to harmful consequences. The Centers for Medicare & Medicaid Services' (CMS) mission to protect residents' right to be free from mistreatment is implemented partially through state survey agencies' (SSAs) issuance of deficiency citations. The goal of this study was to compare SSA standard surveys and SSA complaint investigations with regard to the seriousness (scope and severity) of the mistreatment citations issued. A cumulative link mixed model was built to estimate the differences between standard surveys and complaint investigations in the seriousness of four core and two secondary mistreatment citations nationwide from 2014 to 2017. In all of the six mistreatment deficiency citations, complaint investigations were more likely to be determined as more serious compared with standard surveys. The findings reinforce the importance of strengthening nursing homes' and CMS/SSA response to consumers' concerns and grievances before they escalate into more harmful mistreatment.

Ludvigsson, M., Motamedi, A., Westerlind, B., Swahnberg, K., & Simmons, J. (2022). Responding to Elder Abuse in Geriatric Care (REAGERA) Educational Intervention For Healthcare Providers: A Non-Randomised Stepped Wedge Trial. *BMJ Open*, *12*(5), e060314. https://bmjopen.bmj.com/content/12/5/e060314

Introduction Elder abuse is prevalent and associated with different forms of ill health. Despite this, healthcare providers are often unaware of abusive experiences among older patients and many lack training about elder abuse. The overall aim of this study is to determine the effectiveness of an educational intervention on healthcare providers' propensity to ask older patients questions about abusive experiences. Methods and analysis Healthcare providers at hospital clinics and primary healthcare centres in Sweden will undergo full-day education about elder abuse between the fall of 2021 and spring of 2023. The education consists of (1) theory and group discussions; (2) forum theatre, a form of interactive theatre in which participants are given the opportunity to practise how to manage difficult patient encounters; and (3) post-training reflection on changing practices. The design is a non-randomised cluster, stepped wedge trial in which all participants (n=750) gradually transit from control group to intervention group with 6-month interval, starting fall 2021. Data are collected using the Responding to Elder Abuse in GERiAtric care–Provider questionnaire which was distributed to all clusters at baseline. All participants will also be asked to answer the questionnaire in conjunction with participating in the education as well as at 6-month and 12-month follow-up. Main outcome is changes in self-reported propensity to ask older patients questions about abuse post-intervention compared with pre-intervention. Linear mixed models including cluster as a random effect will be used to statistically evaluate the outcome. Ethics and dissemination The study has been approved by the Swedish Ethical Review Authority. The results will be published in peer-reviewed journals and conference proceedings. If the intervention is successful, a manual of the course content will be published so that the education can be disseminated to other clinics. Trial registration number NCT05065281.

Magruder, K., Fields, N., & Xu, L. (2019). Abuse, Neglect And Exploitation In Assisted Living: An Examination Of Long-Term Care Ombudsman Complaint Data. *JOURNAL OF ELDER ABUSE*

& NEGLECT, *31*(3), 209–224.
https://www.tandfonline.com/doi/abs/10.1080/08946566.2019.1590275
Long-term care ombudsmen are advocates who empower and assist residents with complaints relating to quality of care and violations of resident rights in assisted living (AL) and skilled nursing facilities (SNF). Given that long-term care residents are vulnerable to elder abuse, neglect and exploitation (ANE), and existing gaps in the literature addressing ANE in AL, more research is needed to understand the prevalence of ANE in these communities. Ombudsman complaint data (n = 140,497 complaints) in 3,171 Texas long-term care facilities were analyzed using proportion Z tests. Findings showed that SNF had higher rates of ANE per resident. For both AL and SNF, verbal/ psychological abuse was the most reported type of ANE and sexual abuse was the least reported. AL residents had disproportionately high rates of financial exploitation. We explored factors that may contribute to these findings and recommend strategies for preventing ANE.

Malmedal, W., Kilvik, A., Steinsheim, G., & Botngard, A. (2020). A Literature Review Of Survey Instruments Used To Measure Staff-To-Resident Elder Abuse In Residential Care Settings. *NURSING OPEN*, *7*(6), 1650–1660. https://onlinelibrary.wiley.com/doi/abs/10.1002/nop2.573
Aim: To review the literature of existing survey instruments used to measure the occurrence of staff-to-resident elder abuse in residential care settings. Methods: A comprehensive literature search during May 2017 produced 2,037 records. Two authors independently reviewed these records for inclusion, where a total of 17 studies met eligibility criteria. Descriptive information of all identified survey instruments is provided. Results: This literature review reveals a diversity of survey instruments used to measure staff-to-resident abuse in residential care settings. The survey instruments varied greatly, where most instruments were self-developed by the authors and provided none or limited information on psychometric properties. Most studies were conducted in high-income countries and many of them in the United States.

McDonald, L., Beaulieu, M., Harbison, J., Hirst, S., Lowenstein, A., Podnieks, E., & Wahl, J. (2012). Institutional Abuse of Older Adults: What We Know, What We Need to Know. *Journal of Elder Abuse & Neglect*, *24*(2), 138–160.
https://www.tandfonline.com/doi/abs/10.1080/08946566.2011.646512
Although Canadian policies support "aging in place," there still will be a number of older adults who will require institutional care in the future. Most research on elder abuse, however, has focused on domestic abuse and has paid less attention to institutional abuse. The purpose of this article is to comprehensively review current research to identify gaps in knowledge and methodological issues in the study of institutional abuse. Overall, 49 studies in English and 20 studies in French were reviewed, and 11 key-informant interviews were conducted with methodological experts. Methodological challenges are addressed in light of the review and interviews.

McDonald, L., Hitzig, S. L., Pillemer, K. A., Lachs, M. S., Beaulieu, M., Brownell, P., Burnes, D., Caspi, E., Mont, J. D., Gadsby, R., Goergen, T., Gutman, G., Hirst, S. P., Holmes, C., Khattak, S., Lowenstein, A., Mirza, R. M., McNeill, S., Moorhouse, A., Thomas, C. (2015). Developing a Research Agenda on Resident-to-Resident Aggression: Recommendations From a Consensus Conference. *Journal of Elder Abuse & Neglect*, *27*(2), 146–167.
https://doi.org/10.1080/08946566.2014.995869
This article provides an overview of the development of a research agenda on resident-to-resident aggression (RRA) in long-term care facilities by an expert panel of researchers and practitioners. A 1-day consensus-building workshop using a modified Delphi approach was held to gain consensus on nomenclature and an operational definition for RRA, to identify RRA research priorities, and to develop a roadmap for future research on these priorities. Among the

six identified terms in the literature, RRA was selected. The top five priorities were: (a) developing/assessing RRA environmental interventions; (b) identification of the environmental factors triggering RRA; (c) incidence/prevalence of RRA; (d) developing/assessing staff RRA education interventions; and (e) identification of RRA perpetrator and victim characteristics. Given the significant harm RRA poses for long-term care residents, this meeting is an important milestone, as it is the first organized effort to mobilize knowledge on this under-studied topic at the research, clinical, and policy levels.

McDonald, L., Sheppard, C., Hitzig, S. L., Spalter, T., Mathur, A., & Mukhi, J. S. (2015). Resident-to-Resident Abuse: A Scoping Review. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, *34*(2), 215–236. https://www.cambridge.org/core/journals/canadian-journal-on-aging-la-revue-canadienne-du-vieillissement/article/abs/residenttoresident-abuse-a-scoping-review/38A58D96B87A6787E42A9A8AABC76630
Resident-to-resident abuse involves aggression and violence that occurs between long-term care (LTC) home residents and can have serious consequences for both aggressors and victims. To date, there has been no attempt to systematically assess the breadth of the problem in Canada. To address this gap, we undertook a scoping review to enhance understanding of resident-to-resident abuse in LTC homes. A redacted Canadian data set on resident-to-resident abuse is also reported on. Nine electronic literature databases were searched; a total of 784 abstracts were identified, but only 32 satisfied the inclusion criteria. The majority of records (75%) were retrospective case studies, qualitative studies, and reviews/commentaries. Of these, only 14 focused exclusively on resident-to-resident abuse. The redacted Canadian data set suggests resident-to-resident abuse makes up approximately one-third of reported abuse cases. Recommendations for future research, clinical practice, and policy are provided to raise awareness of this phenomenon to help decrease its incidence.

Mileski, M., Lee, K., Bourquard, C., Cavazos, B., Dusek, K., Kimbrough, K., Sweeney, L., & McClay, R. (2019). Preventing The Abuse Of Residents With Dementia Or Alzheimer's Disease In The Long-Term Care Setting: A Systematic Review. *Clinical Interventions in Aging*, *14*, 1797–1815. https://www.tandfonline.com/doi/abs/10.2147/CIA.S216678
Purpose: The main objective of this study was to investigate abuse of residents with either dementia or Alzheimer's disease in long-term care settings, to identify facilitators and barriers surrounding implementation of systems to prevent such occurrences, and to draw conclusions on combating the issue of abuse.; Patients and Methods: A systematic review was conducted using the Medline, CINAHL, and Academic Search Ultimate databases. With the use of key terms via Boolean search, 30 articles were obtained which were determined to be germane to research objectives. The review was conducted and structured based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.; Results: Residents with dementia or Alzheimer's disease are at greater risk of abuse. The growing population could increase this problem exponentially. The most common facilitators were the introduction of policies/programs in the facility, education, and working conditions. The most cited barriers were poor training, lack of research, and working conditions in the long-term care setting.; Conclusion: The examples given would be useful in minimizing the potential for abuse in the long-term care setting. Leadership can take an active role in the prevention of abuse of the elderly through their actions, education of employees, and changes in the work environment.; Competing Interests: The authors declare that there are no conflicts of interest with respect to research, authorship, and/or publication of this article. No author received financial support for research, authorship, and/or publication of this article. (© 2019 Mileski et al.)

Mogaka, E., Bistas, K., & Bistas, E. (2020). Elderly Abuse and Neglect in American Nursing Homes: A Systematic Review. *AHSJ*, *2*, 20–34. https://www.researchgate.net/publication/341818318_Elderly_Abuse_and_Neglect_in_American_Nursing_Homes_A_Systematic_Review

Hypothesis: Elderly abuse and neglect occurs as a result of lack of relevant personnel training, poor remuneration, and depression among caregivers. To test the hypothesis, overall findings analyzed confirm if they were in agreement or not. Background: Reports of cases of elderly abuse and neglect have been on the increase. To add on to that, not enough studies exist that can be of help in guiding policy-makers to formulate solutions and offer answers as to why this problem is on the increase. Method: These researchers conducted a review of existing literature about elderly abuse in order to better understand the risk factors and causes of elderly abuse and neglect. Information was mined from various databases that contained information relevant to this review. Results: Results of findings showed that reports of abuse cases were on the rise, especially among the elderly patients; worse still for those with a secondary chronic illness like dementia and Parkinson's Disease. Women reported more cases of abuse compared to those reported by men. By demographics, abuse was found to be much higher among minority groups like the African Americans and Asians Americans. Some elderly patients in the studies experienced concurrent types or forms of abuse. Those with severe forms of cognitive impairments reported the highest cases of abuse and self-neglect. Conclusion: Better remuneration, continuous training to caregivers about aging and better healthcare skills are necessary to help to end this scourge. This study concludes that despite great efforts made by some institutions to end abuse and neglect, more publicity, more studies or research and more funds are required in order to build a sufficient body of knowledge that can be relied upon by the relevant policy-makers.

Mohd Mydin, F. H., Mikton, C., Choo, W. Y., Shanmugam, R. H., Murray, A., Yon, Y., Mohd Yunus, R., Hairi, N. N., Mohd Hairi, F., Beaulieu, M., & Phelan, A. (2023). PROTOCOL: Psychometric Properties Of Instruments For Measuring Elder Abuse And Neglect In Community And Institutional Settings: A Systematic Review. *Campbell Systematic Reviews*, *19*(3), e1342. https://onlinelibrary.wiley.com/doi/abs/10.1002/cl2.1342

Background The psychometric properties of elder abuse measurement instruments have not been well-studied. Poor psychometric properties of elder abuse measurement instruments may contribute to the inconsistency of elder abuse prevalence estimates and uncertainty about the magnitude of the problem at the national, regional, and global levels. Objectives The present review will utilise the COSMIN taxonomy on the quality of outcome measures to identify and review the instruments used in measuring elder abuse, assess the instrument's measurement properties, and identify the definitions of elder abuse and abuse subtypes measured by the instrument. Search Methods Searches will be conducted in the following online databases: Ageline, ASSIA, CINAHL, CNKI, EMBASE, Google Scholar, LILACS, Proquest Dissertation & Theses Global, PsycINFO, PubMed, SciELO, Scopus, Sociological Abstract and WHO Index Medicus. Relevant studies will also be identified by searching the grey literature from several resources such as OpenAIRE, BASE, OISter and Age Concern NZPotential studies by searching the references of related reviews. We will contact experts who have conducted similar work or are currently conducting ongoing studies. Enquiries will also be sent to the relevant authors if any important data is missing, incomplete or unclear. Selection Criteria All quantitative, qualitative (that address face and content validity), and mixed-method empirical studies published in peer-reviewed journals or the grey literature will be included in this review. Studies will be included if they are primary studies that (1) evaluate one or more psychometric properties; (2) contain information on instrument development, or (3) perform content validity of the instruments designed to measure elder abuse in the community or institutional settings. Studies should describe at least one of the psychometric properties, such as reliability, validity

and responsiveness. Study participants represent the population of interest, including males and females aged 60 or older in community or institutional settings (i.e., nursing homes, long-term care facilities, assisted living, residential care institutions, and residential facilities). Data Collection and Analysis Screening of titles, abstracts, and full texts of the selected studies will be evaluated based on the preset inclusion criteria by two reviewers. Two reviewers will be assessing the quality appraisal of each study using the COSMIN Risk of Bias checklist and the overall quality of evidence of each psychometric property of the instrument against the updated criteria of good measurement properties. Any dispute between the two reviewers will be resolved through discussions or consensus with a third reviewer. The overall quality of the measurement instrument will be graded using a modified GRADE approach. Data extraction will be performed using the data extraction forms adapted from the COSMIN Guideline for Systematic Reviews of Outcome Measurement Instruments. The information includes the characteristic of included instruments (name, adaptation, language used, translation and country of origin), characteristics of the tested population, psychometric properties listed in the COSMIN criteria, including details on the instrument development, content validity, structural validity, internal consistency, cross-cultural validity/measurement invariance, reliability, measurement error, criterion validity, hypotheses testing for construct validity, responsiveness and interoperability. We will perform a meta-analysis to pool psychometric properties parameters (where possible) or summarise qualitatively.

Myhre, J, Saga, S., Malmedal, W., Ostaszkiewicz, J., & Nakrem, S. (2020). React And Act: A Qualitative Study Of How Nursing Home Leaders Follow Up On Staff-To-Resident Abuse. *BMC Health Services Research*, *20*(1).
https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05969-x
Background Elder abuse in nursing homes is a complex multifactorial problem and entails various associations across personal, social, and organisational factors. One way leaders can prevent abuse and promote quality and safety for residents is to follow up on any problems that may arise in clinical practice in a way that facilitates learning. How nursing home leaders follow up and what they follow up on might reflect their perceptions of abuse, its causal factors, and the prevention strategies used in the nursing home. The aim of this study was to explore how nursing home leaders follow up on reports and information regarding staff-to-resident abuse. Methods A qualitative explorative design was used. The sample comprised 43 participants from two levels of nursing home leadership representing six municipalities and 21 nursing homes in Norway. Focus group interviews were conducted with 28 care managers, and individual interviews took place with 15 nursing home directors. The constant comparative method was used for the analyses. Results Nursing home leaders followed up incidents of staff-to-resident abuse on three different levels as follows: 1) on an individual level, leaders performed investigations and meetings, guidance, supervision, and occasionally relocated staff members; 2) on a group level, feedback, openness, and reflection for shared understanding were strategies leaders used; and 3) on an organisational level, the main solutions were to adjust to available resources, training, and education. We found that leaders had difficulties defining harm and a perceived lack of power to follow up on all levels. In addition, they did not have adequate tools for evaluating the effect of the measures that were taken. Conclusions Nursing home leaders need to be clear about how they should follow up incidents of elder abuse on different levels in the organisation and about their role in preventing elder abuse. Evaluation tools that facilitate systematic organisational learning are needed. Nursing homes must operate as open, blame-free cultures that acknowledge that incidents of elder abuse in patient care arise not only from the actions of individuals but also from the complex everyday life of which they are a part and in which they operate.

Myhre, Janne, Malmedal, W. K., Saga, S., Ostaszkiewicz, J., & Nakrem, S. (2020). Nursing Home Leaders' Perception Of Factors Influencing The Reporting Of Elder Abuse And Neglect: A Qualitative Study. *Journal of Health Organization and Management*, *34*(6), 655–671. https://doi.org/10.1108/JHOM-02-2020-0031
Purpose The purpose of this study is to explore the factors that influence the reporting of adverse events related to elder abuse and neglect in nursing homes from nursing home leaders' perspectives. Good leadership requires in-depth knowledge of the care and service provided and the ability to identify and address problems that can arise in clinical practice. Design/methodology/approach A qualitative explorative design with data triangulation was used. The sample consisted of 43 participants from two levels of nursing home leadership, representing six municipalities and 21 nursing homes in Norway. Focus group interviews were undertaken with 28 ward leaders and individual interviews with 15 nursing home directors. The constant comparative method was used for the analyses. Findings Both ward leaders and nursing home directors described formal and informal ways of obtaining information related to elder abuse and neglect. There were differences between their perceptions of the feasibility of obtaining formal reports about abuse in the nursing home. Three main categories of influencing factors emerged: (1) organisation structural factors, (2) cultural factors and (3) abuse severity factors. A main finding is that in its present form, the Norwegian adverse event reporting system is not designed to detect abuse and neglect. Originality/value This paper provides an in-depth understanding of patient safety and factors related to reporting elder abuse in nursing homes in Norway.

Myhre, Janne, Saga, S., Malmedal, W., Ostaszkiewicz, J., & Nakrem, S. (2020). Elder Abuse And Neglect: An Overlooked Patient Safety Issue. A Focus Group Study Of Nursing Home Leaders' Perceptions Of Elder Abuse And Neglect. *BMC Health Services Research*, *20*(1), 199. https://doi.org/10.1186/s12913-020-5047-4
The definition and understanding of elder abuse and neglect in nursing homes can vary in different jurisdictions as well as among health care staff, researchers, family members and residents themselves. Different understandings of what constitutes abuse and its severity make it difficult to compare findings in the literature on elder abuse in nursing homes and complicate identification, reporting, and managing the problem. Knowledge about nursing home leaders' perceptions of elder abuse and neglect is of particular interest since their understanding of the phenomenon will affect what they signal to staff as important to report and how they investigate adverse events to ensure residents' safety. The aim of the study was to explore nursing home leaders' perceptions of elder abuse and neglect.

Naderi, Z., Gholamzadeh, S., Ebadi, A., & Zarshenas, L. (2022). Development And Psychometric Properties Of The Hospitalized Elder Abuse Questionnaire (HEAQ): A Mixed Methods Study. *BMC Geriatrics*, *22*(1). https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-022-03400-0
Background Older patients are more vulnerable and prone to abuse and neglect in hospitals and acute care settings. The present study aimed to develop and assess the psychometric properties of a questionnaire for screening abuse in hospitalized older adults. Methods This study was conducted from October 2017 to September 2019 using the exploratory sequential mixed-methods research design. The participants were selected among those admitted to various wards of six teaching hospitals affiliated with Shiraz University of Medical Sciences, Shiraz, Iran. In the qualitative phase of the study, using the inductive content analysis method, the concept of abuse in hospitalized older adults was extracted through individual in-depth semi-structured interviews with 16 older patients and 11 family caregivers. Based on qualitative findings and a review of existing literature, an initial version of the questionnaire was developed. In the quantitative phase of the study, the psychometric properties (face, content, construct, and

convergent validity; internal consistency and stability) of the questionnaire were examined. Results Based on qualitative findings and literature review, a pool of 154 candidate items was defined. These items were reduced to 37 after initial refinement, qualitative and quantitative face and content validity, and item analysis. The outcome of principal component analysis further reduced the number of items to 27, which were grouped into 5 components, namely "Shortcomings in management and care facility", "Neglect of professional commitments", "Physical and psychological abuse", "Protracted treatment process", and "Invasion of privacy". The explained variance of these 5 components was 50.09% of the overall variability of the questionnaire. The convergent validity of the questionnaire was acceptable (P < 0.00, r = -0.44). Cronbach's alpha coefficient and intraclass correlation coefficient for the entire questionnaire were 0.89 and 0.92, respectively; indicating high reliability and stability of the questionnaire. Conclusion The hospitalized elder abuse questionnaire (HEAQ) has acceptable psychometric properties. It is recommended to use HEAQ to screen for suspected cases of abuse of hospitalized older adults.

Natan, M. B., Lowenstein, A., & Eisikovits, Z. (2010). Psycho-Social Factors Affecting Elders' Maltreatment In Long-Term Care Facilities. *International Nursing Review*, *57*(1), 113–120. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1466-7657.2009.00771.x
Natan M.B., Lowenstein A. & Eisikovits Z. (2010) Psycho-social Factors Affecting Elders' Maltreatment in Long-term Care Facilities. International Nursing Review57, 113–120 Aim: To examine and analyse major variables affecting maltreatment of elderly nursing home residents. The study was based on two theoretical paradigms: the theoretical model for predicting causes of maltreatment of elderly residents developed by Pillemer, and the Theory of Reasoned Action developed by Ajzen & Fishbein. Methods: The study employed a correlational quantitative method. The research population consisted of the staff of 22 nursing homes in Israel. Six hundred questionnaires were distributed in these facilities and 510 were completed and returned (85%). In addition, 24 questionnaires were distributed among directors of the facilities and 22 were returned (91.6%). Findings: Slightly more than half of the staff sampled reported abuse of elderly residents over the past year, as manifested in one or more of types of maltreatment. The total number of various types of maltreatment reported was 513. About two-thirds of the cases were incidents of neglect. Seventy per cent of respondents reported that they had been present at incidents in which another staff member abused an elderly resident in one or more types of maltreatment, and in such situations mental abuse and mental neglect were the most prevalent forms of maltreatment. Conclusion and Recommendations: This is the first study to examine elder maltreatment in the long-term care population of Israel. The research findings produce an expanded and improved research model investigating elder maltreatment in long-term nursing homes.

Neuberg, M., Meštrović, T., Ribić, R., Šubarić, M., Canjuga, I., & Kozina, G. (2019). Contrasting Vantage Points between Caregivers and Residents on the Perception of Elder Abuse and Neglect During Long-Term Care. *Psychiatria Danubina*, *31*(Suppl 3), 345–353. https://hrcak.srce.hr/file/382863
Background: Elder abuse and neglect can be defined as refusing or failing to fulfil a caregiver's obligation to meet the needs of elderly individuals in order to punish or hurt them. We aimed to explore perceptions of elder mistreatment of both caregivers and residents during long-term care, and highlight significant differences in the overall mistreatment perception regarding socio-demographic variables, as well as the type of care facility.; Subjects and Methods: The study involved 171 caregivers and 245 elderly individuals in stationary facilities. Two structured questionnaires were used - one for caregivers and the other for institutionalized elderly residents, whose initial validation concerning question and factor selection has been based upon exploratory factor analysis and discriminant validity. Parametric and nonparametric tests

were employed in the statistical analysis, and statistical significance was set at p<0.05 (two-sided).; Results: We found significant differences in the perception of elder abuse and neglect between caregivers and elderly residents. More specifically, caregivers tend to recognize unnecessary or inappropriate medical/care procedures as indicators of elder mistreatment, while the elderly residents emphasize the removal of their personal belongings and inappropriate physical contact. According to the care facility, residents reported abuse/neglect more frequently in extended care units (21.4%), compared to the county-owned nursing home (11.4%) and private nursing home (12.1%) (p=0.001). Similarly, caregivers reported abuse/neglect more frequently in extended care units (75.4%), in comparison to county-owned nursing home (24.6%) and private nursing home (0%) (p=0.039). Shift work was also a significant predictor, as the morning nursing staff perceived abuse/neglect more frequently (p=0.011).; Conclusions: This study has shown that residents and caregivers have contrasting vantage points in relation to elder abuse/neglect perception, which underlines the need for evidence-based standardization of procedures to prevent any type of elder mistreatment.

O'Malley, K. A., Sullivan, J. L., Mills, W., Driver, J., & Moye, J. (2023). Trauma-Informed Care In Long-Term Care Settings: From Policy To Practice. *The Gerontologist*, 63(5), 803-811. https://academic.oup.com/gerontologist/article/63/5/803/6589581
As the population ages, more individuals will receive care in long-term care environments, leading to increased risk of worsening PTSD. Staff and facilities may not have skills or knowledge needed to address symptoms or reduce retraumatization. Implementing trauma-informed care practices can mitigate these effects and is mandated in skilled nursing facilities; however, no models of trauma-informed care practice in long-term care exist. This article reviews the effects of trauma and PTSD in later life, the effects of medical settings on PTSD, and provides a framework for implementing trauma-informed care in long-term care settings.

Pérez-Rojo, G., López, J., Noriega, C., Martínez-Huertas, J. A., & Velasco, C. (2021). Validation Of The Professional Good Care Scale In Nursing Homes (GCS-NH). *BMC Geriatrics*, *21*(1), 251. https://link.springer.com/article/10.1186/s12877-021-02199-6
Background: There is extensive concern about older people's care in institutions, especially recently in the past years. One of the reasons is linked to the cases of elder abuse, not only shown by academic and scientific sources, but also by social and mass media and their impact on public perception of the institutional setting. What is more, current COVID-19 pandemic consequences on older people have provoked alarm and worry especially about what is happening in institutions.; Methods: The sample for this study consists of 286 staff working in nursing homes in Spain. This study aimed to assess the psychometric properties of the Professional Good Care Scale in Nursing Homes (GCS-NH).; Results: Results of parallel analyses and exploratory factor analyses (EFAs) showed a four-factor model for the 32-item scale: humanization (9 items), non-infantilization (10 items), respect (7 items) and empowerment (6 items). Then, psychometric properties were tested analysing internal consistency (reliability) and convergent, divergent and criterion validity. High internal consistency (reliability) and different validity evidence were obtained for the total scores of the GCS-NH and its subscales. GCS-NH scores were also capable of detecting risk of probable institutional elder abuse.; Conclusions: Results show that this scale is an appropriate, valid, and reliable multidimensional instrument to evaluate good care in older institutionalized people by staff. Good care is an outcome of a complex construct in which a wide range of factors converge (staff, older people, and environmental characteristics). The GCS-NH has potential to be used as a multidimensional tool to assess good care.

Perez-Rojo, G., Noriega, C., Velasco, C., & Lopez, J. (2019). Development And Assessment Of The Content Validity Of The Professional Good Practices Scale In Nursing Homes. *International*

Psychogeriatrics, *31*(10), 1517–1521. https://www.cambridge.org/core/journals/international-psychogeriatrics/article/development-and-assessment-of-the-content-validity-of-the-professional-good-practices-scale-in-nursing-homes/9508DCA75B025CF61B89F8A4CEF5E81F

Recent approaches in the care of older people have led to a greater emphasis on good practices to prevent elder abuse. The instruments assessing good practices are very limited, and those focused on elder abuse have rarely considered subtle forms, especially in institutional settings. The aim of this study was to develop and assess the content validity of a good practices scale for professionals working in nursing homes. An extensive literature review of the tools assessing professionals' good-bad practices towards older people was conducted. A preliminary scale based on Kayser-Jones' (1990) [Old, Alone and Neglected: Care of the Aged in Scotland and the United States. Berkeley, CA: University of California Press] types of abuse was developed, including four subscales: Personalization, Humanization, Absence of Infantilization, and Absence of Victimization. Content validity was analyzed through a panel of eight experts. Rovinelli and Hambleton's index of item-objective congruence was used to analyze the items' inclusiveness in the assigned subscale to establish their representativeness. Items' relevance and clarity were analyzed using the paired comparison method. The final version of the scale included 56 items, with appropriate levels of item objective-congruence, relevance, and clarity. This instrument will allow professionals to detect and develop awareness and intervention programs that aim to promote good practices in nursing homes.

Phelan, A. (2015). Protecting Care Home Residents From Mistreatment And Abuse: On The Need For Policy. *Risk Management and Healthcare Policy*, *8*, 215–223. https://www.tandfonline.com/doi/abs/10.2147/RMHP.S70191

With a rising older person population with increasing life expectancies, the demand for care homes will increase in the future. Older people in care homes are particularly vulnerable due to their dependencies related to cognitive and/or functional self-care challenges. Although many care homes provide good care, maltreatment and abuse of older people can and does occur. One major step in preventing and addressing maltreatment in care homes is having comprehensive and responsive policy, which delineates national expectations that are locally implemented. This paper examines the literature related to maltreatment in care homes and argues for policy based on a multisystems approach. Policy needs to firstly acknowledge and address general societal issues which tacitly impact on older person care delivery, underpin how care homes and related systems should be operationalized, and finally delineate expected standards and outcomes for individual experience of care. Such a policy demands attention at every level of the health care and societal system. Furthermore, contemporary issues central to policy evolution in care homes are discussed, such as safeguarding education and training and fostering organization whistle-blowing protection.

Phillips, L. R., & Guo, G. (2011). Mistreatment In Assisted Living Facilities: Complaints, Substantiations, And Risk Factors. *The Gerontologist*, *51*(3), 343–353. https://academic.oup.com/gerontologist/article-abstract/51/3/343/560721

Purpose of the Study: Use archived public data from Arizona to explore relationships among selected institutional and resident risk and situation-specific factors and complaints and substantiated allegations of various types of mistreatment in assisted living facilities (ALFs).; Design and Methods: An exploratory/descriptive 2-group design was used. Facilities in the complaint group were identified from narrative data that appeared suspicious for mistreatment based on definitions for physical, verbal, psychological, medication, sexual abuse, neglect, financial exploitation, and physical restraint. Facilities in the comparison group were those that had no citations or complaints in 2007-2008. Narrative data were content analyzed, and chi-square analysis was used to answer 3 research questions.; Results: The complaint group was

comprised of significantly more assisted living centers, large facilities (51-101+), facilities licensed to provide personal care services, and facilities owned by national corporations. Substantiated allegations were significantly more frequent in assisted living centers, facilities with more than 51 beds, and those owned by national corporations. Facility risk factors were related to some types of substantiated mistreatment and not others.; Implications: Findings suggest the need to evaluate use of only unlicensed assistive personnel in facilities, increase oversight of care by professional nurses, rethink the practice of not licensing small facilities, and monitor more closely practices and procedures in facilities operated by national corporations.

Phillips, L. R., Guo, G., & Kim, H. (2013). Elder Mistreatment In U.S. Residential Care Facilities: The Scope Of The Problem. *Journal of Elder Abuse & Neglect*, *25*(1), 19–39. https://www.tandfonline.com/doi/abs/10.1080/08946566.2012.712851
Many in the United States believe elder mistreatment in long-term care is serious and widespread, but until recently few studies focused on the problem. This study was designed to describe the scope of mistreatment in assisted living facilities (ALFs) in Arizona during a 3-year period. Findings showed that receiving citations for elder mistreatment was relatively rare. However, analysis of narrative reports from only 7% of facilities showed 598 allegations of mistreatment in complaint investigations, of which 372 (62.2%) were substantiated and given citations for something other than mistreatment. Results show that elder mistreatment in ALFs is seriously underidentified, even by state inspectors.

Pickering, C. E. Z., Nurenberg, K., & Schiamberg, L. (2017). Recognizing and Responding to the "Toxic" Work Environment: Worker Safety, Patient Safety, and Abuse/Neglect in Nursing Homes. *Qualitative Health Research*, *27*(12), 1870–1881. https://doi.org/10.1177/1049732317723889
This grounded theory study examined how the certified nursing assistant (CNA) understands and responds to bullying in the workplace. Constant comparative analysis was used to analyze data from in-depth telephone interviews with CNAs (N = 22) who experienced bullying while employed in a nursing home. The result of the analysis is a multistep model describing CNA perceptions of how, over time, they recognized and responded to the ?toxic? work environment. The strategies used in responding to the ?toxic? environment affected their care provision and were attributed to the development of several resident and worker safety outcomes. The data suggest that the etiology of abuse and neglect in nursing homes may be better explained by institutional cultures rather than individual traits of CNAs. Findings highlight the relationship between worker and patient safety, and suggest worker safety outcomes may be an indicator of quality in nursing homes.

Pillemer, K., Chen, E. K., Haitsma, K. V., Teresi, J. A., Ramirez, M., Silver, S., Sukha, G., & Lachs, M. S. (2012). Resident-to-Resident Aggression in Nursing Homes: Results from a Qualitative Event Reconstruction Study. *Gerontologist, 52*(1), 24–33. https://academic.oup.com/gerontologist/article-abstract/52/1/24/692593
Purpose: Despite its prevalence and negative consequences, research on elder abuse has rarely considered resident-to-resident aggression (RRA) in nursing homes. This study employed a qualitative event reconstruction methodology to identify the major forms of RRA that occur in nursing homes. Design and methods: Events of RRA were identified within a 2-week period in all units (n = 53) in nursing homes located in New York City. Narrative reconstructions were created for each event based on information from residents and staff who were involved as well as other sources. The event reconstructions were analyzed using qualitative methods to identify common features of RRA events. Results: Analysis of the 122 event reconstructions identified 13 major forms of RRA, grouped under five themes. The resulting framework demonstrated the heterogeneity of types of RRA, the importance of considering personal, environmental, and

triggering factors, and the potential emotional and physical harm to residents. Implications: These results suggest the need for person-centered and environmental interventions to reduce RRA, as well as for further research on the topic.

Pillemer, K., Silver, S., Ramirez, M., Kong, J., Eimicke, J. P., Boratgis, G. D., Meador, R., Schultz, L., Lachs, M. S., Nolte, J., Chen, E. K., & Teresi, J. A. (2022). Factors Associated With Resident-To-Resident Elder Mistreatment In Nursing Homes. *Journal of the American Geriatrics Society*, *70*(4), 1208–1217.
https://agsjournals.onlinelibrary.wiley.com/doi/abs/10.1111/jgs.17622
Background: Resident-to-resident elder mistreatment (RREM) in nursing homes has serious physical and psychological consequences, but factors related to RREM occurrence remain unclear. This study identifies individual and environmental characteristics associated with involvement in RREM episodes.; Methods: The design was an observational study carried out in five urban and five suburban New York state nursing homes randomly selected on the basis of size and location. The sample consisted of 2011 residents in 10 facilities; 83% of facilities and 84% of eligible residents participated. RREM and potential correlates were identified through resident interviews, staff interviews, shift coupons, observation, chart review, and accident or incident reports.; Results: A multivariate analysis controlling for relevant covariates found that individuals involved in RREM incidents exhibit milder dementia, show behavioral symptoms, and are less functionally impaired. Although special care units (SCU) for dementia have benefits for residents, one potential hazard for SCU residents is elevated risk for RREM.; Conclusions: Interventions to prevent and intervene in RREM incidents are greatly needed. The correlates identified in this research point to the need for targeted interventions, specifically for residents with milder impairment and with behavioral symptoms and individuals in SCUs. (© 2021 The American Geriatrics Society.)

Radermacher, H., Toh, Y. L., Western, D., Coles, J., Goeman, D., & Lowthian, J. (2018). Staff Conceptualisations Of Elder Abuse In Residential Aged Care: A Rapid Review. *Australasian Journal on Ageing*, *37*(4), 254–267. https://onlinelibrary.wiley.com/doi/abs/10.1111/ajag.12565
Objective The purpose of this rapid review was to explore how residential aged care staff conceptualise and identify elder abuse. Methods English-language publications, between 2000 and 2017, about elder abuse in residential aged care in developed countries were sought from three academic databases. Only perspectives on staff-to-resident and resident-to-resident abuse were included. Results Over 2000 articles were screened, and 19 journal articles were included in the review. A wide range of abusive behaviours was identified, but there was little common understanding of what constituted elder abuse. Furthermore, disparities in conceptualisations were greater for certain types of abuse (e.g. verbal, psychological and caregiving). Conclusion Elder abuse in residential aged care was conceptualised and identified by staff in diverse and different ways. This lack of common understanding hinders the development of effective interventions and prevention strategies, which include staff education and training as well as significant structural and institutional changes.

Rosen, T., Lachs, M. S., Teresi, J. A., Eimicke, J. P., Haitsma, K. V., & Pillemer, K. (2016). Staff-Reported Strategies For Prevention And Management Of Resident-To-Resident Elder Mistreatment In Long-Term Care Facilities. *Journal of Elder Abuse & Neglect*, *28*(1), 1–13.
https://www.tandfonline.com/doi/abs/10.1080/08946566.2015.1029659
Resident-to-resident elder mistreatment (R-REM) in nursing homes is frequent and leads to adverse outcomes. Nursing home staff responses may significantly mitigate R-REM's impact, but little is known about current practices. The objective was to identify common staff responses to R-REM. The authors interviewed 282 certified nursing assistants (CNAs) in five urban nursing homes on their responses during the previous 2 weeks to R-REM behaviors of residents under

their care. Ninety-seven CNAs (34.4%) reported actions responding to R-REM incidents involving 182 residents (10.8%), describing 22 different responses. Most common were physically intervening/separating residents (51), talking calmly to settle residents down (50), no intervention (39), and verbally intervening to defuse the situation (38). Less common were notifying a nurse (13) or documenting in behavior log (4). Nursing home staff report many varied responses to R-REM, a common and dangerous occurrence. CNAs seldom documented behaviors or...

Schiamberg, L. B., Barboza, G. G., Oehmke, J., Zhang, Z., Griffore, R. J., Weatherill, R. P., von Heydrich, L., & Post, L. A. (2011). Elder Abuse in Nursing Homes: An Ecological Perspective. *Journal of Elder Abuse & Neglect*, *23*(2), 190–211.
https://doi.org/10.1080/08946566.2011.558798
Population trends suggest that the next 20 years will witness a dramatic increase in the adult population aged 65 and older. Projected increases in the elderly population are expected to significantly increase the stress on family and professional caretakers. Stress, in the context of caregiving relationships, is a risk factor associated with increased prevalence of elder abuse in familial and institutional settings. As increasing numbers of older adults are moved from family caregiving to nursing home care settings, it becomes important to identify the pattern of elder abuse risk factors in nursing home facilities. An ecological model is proposed for better understanding the risk factors associated with elder abuse in nursing homes and the complex interaction of individual/person characteristics and contextual factors in institutional elder abuse. An ecological perspective to institutional elder abuse provides a framework for guiding and informing future research on the risk factors of nursing home abuse and, in turn, for the development of effective interventions and relevant social policies.

Schiamberg, L. B., Oehmke, J., Zhang, Z., Barboza, G. E., Griffore, R. J., Von Heydrich, L., Post, L. A., Weatherill, R. P., & Mastin, T. (2012). Physical Abuse of Older Adults in Nursing Homes: A Random Sample Survey of Adults With an Elderly Family Member in a Nursing Home. *Journal of Elder Abuse & Neglect*, *24*(1), 65–83.
https://doi.org/10.1080/08946566.2011.608056
Few empirical studies have focused on elder abuse in nursing home settings. The present study investigated the prevalence and risk factors of staff physical abuse among elderly individuals receiving nursing home care in Michigan. A random sample of 452 adults with elderly relatives, older than 65 years, and in nursing home care completed a telephone survey regarding elder abuse and neglect experienced by this elder family member in the care setting. Some 24.3% of respondents reported at least one incident of physical abuse by nursing home staff. A logistic regression model was used to estimate the importance of various risk factors in nursing home abuse. Limitations in activities of daily living (ADLs), older adult behavioral difficulties, and previous victimization by nonstaff perpetrators were associated with a greater likelihood of physical abuse. Interventions that address these risk factors may be effective in reducing older adult physical abuse in nursing homes. Attention to the contextual or ecological character of nursing home abuse is essential, particularly in light of the findings of this study.

Schiamberg, L. B., von Heydrich, L., Chee, G., & Post, L. A. (2015). Individual And Contextual Determinants Of Resident-On-Resident Abuse In Nursing Homes: A Random Sample Telephone Survey Of Adults With An Older Family Member In A Nursing Home. *Archives of Gerontology and Geriatrics*, *61*(2), 277–284.
https://www.sciencedirect.com/science/article/pii/S0167494315000722
Few empirical investigations of elder abuse in nursing homes address the frequency and determinants of resident-on-resident abuse (RRA). A random sample of 452 adults with an older adult relative, ≥65 years of age, in a nursing home completed a telephone survey regarding

elder abuse experienced by that elder family member. Using a Linear Structural Relations (LISREL) modeling design, the study examined the association of nursing home resident demographic characteristics (e.g., age, gender), health and behavioral characteristics (e.g., diagnosis of Alzheimer's Disease, Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), types of staff abuse (e.g., physical, emotional), and factors beyond the immediate nursing home setting (e.g., emotional closeness of resident with family members) with RRA. Mplus statistical software was used for structural equation modeling. Main findings indicated that resident-on-resident mistreatment of elderly nursing home residents is associated with the age of the nursing home resident, all forms of staff abuse, all ADLs and IADLs, and emotional closeness of the older adult to the family.

Sifford, K. S., & Bharucha, A. (2010). Benefits And Challenges Of Electronic Surveillance In Nursing Home Research. *Research in Gerontological Nursing*, *3*(1), 5–10.
https://journals.healio.com/doi/abs/10.3928/19404921-20090706-01
Cognitive impairment and frailty associated with dementia renders residents of long-term care (LTC) facilities particularly vulnerable to physical and emotional harm. Resident-to-resident violence affects not only the target of the aggression, but also the aggressor, as well as the formal and informal caregivers who must intervene. To date, little research has been conducted on resident-to-resident violence despite preliminary but emerging evidence that it is a common (and likely growing) problem in LTC settings. Exploration of this phenomenon presents multiple pragmatic and ethical challenges. This article presents a rationale for implementing newer technological methods to collect data in investigations of resident-to-resident violence associated with dementia. The advantages and disadvantages of electronic surveillance in LTC research and the ethical principles involved are discussed, and an argument is developed for using electronic surveillance in both the shared, as well as private, spaces of the facility. (Copyright 2010, SLACK Incorporated.)

Sifford, -Snellgrove K. Susan, Beck, C., Green, A., & McSweeney, J. C. (2012). Victim or Initiator?: Certified Nursing Assistants' Perceptions of Resident Characteristics that Contribute to Resident-to-Resident Violence in Nursing Homes. *Research in Gerontological Nursing*, *5*(1), 55–63. https://journals.healio.com/doi/abs/10.3928/19404921-20110603-01
The purpose of this portion of a larger qualitative study was to explore certified nursing assistants' (CNAs) perceptions of the characteristics of both the victims and initiators of resident-to-resident violence (RRV) to identify resident characteristics that influence development of RRV. Findings gained from semi-structured interviews revealed that CNAs perceive initiators of RRV to be "more with it" and to have "strong personalities," a "short fuse," and "life history" that make them prone to inflict harm on other residents. CNAs described victims of RRV using phrases such as, "they don't know," "can't communicate," and "gets around good." The results also revealed that, in some situations, residents who were usually even tempered might strike out with violence if exposed to triggers over time. This study provides the first detailed description of nursing home residents who initiate violence against other residents. Knowledge gained from this study may be useful in generating models of RRV—a precursor to developing interventions for its prevention.

Simmons, J., Wenemark, M., & Ludvigsson, M. (2021). Development And Validation Of REAGERA-P, A New Questionnaire To Evaluate Health Care Provider Preparedness To Identify And Manage Elder Abuse. *BMC Health Services Research*, *21*(1), 473.
https://doi.org/10.1186/s12913-021-06469-2
Elder abuse is prevalent and associated with morbidity but often goes unnoticed in health care. Research on the health care response to victims calls for valid measurements. This article describes the development and validation of a questionnaire to evaluate health care provider

preparedness to care for older adults subjected to abuse, the REAGERA-P (Responding to Elder Abuse in GERiAtric Care – Provider questionnaire).

Smith, D., Bugeja, L., Cunningham, N., & Ibrahim, J. E. (2018). A Systematic Review of Sexual Assaults in Nursing Homes. *The Gerontologist*, *58*(6), e369–e383.
https://doi.org/10.1093/geront/gnx022
The dramatic growth in the older adults (65 years+) has created an equivalent increase in the number of nursing home (NH) residents. NH residents often lack physical and cognitive abilities, making them particularly vulnerable to assault. Although sexual assault is among one of the most shocking types of assault, it is also the least acknowledged, detected, and reported type of assault against NH residents. This systematic review examines victim/perpetrator sociodemographic and relationship characteristics as well as the forensic characteristics of sexual assaults occurring in NH.A 7 database systematic search of studies published between January 1, 1949 and October 26, 2015 was conducted that examined sexual assaults in NH. Articles reporting on sexual assault in NH and other institutional settings were eligible. Community-dwelling populations and studies not describing sexual assault or physical aspects of sexual assault were excluded. Sexual assault was not restricted to a single definition, study method, or country. Fifteen studies met inclusion criteria. Sexual assault was the least reported type of assault in NH. Victims of sexual assault were likely to be females with cognitive or physical impairments. Perpetrators were likely to be male residents, although staff members were also substantiated. Forensic characteristics and investigative data were limited. Study limitation included inconsistencies between study purposes and small sample sizes. This review highlights a gap in knowledge regarding sexual assaults in NH and demonstrates a need for better staff training in detecting, examining, and managing sexual assaults in NH.

Teresi, J. A., Ocepek-Welikson, K., Ramirez, M., Eimicke, J. P., Silver, S., Van Haitsma, K., Lachs, M. S., & Pillemer, K. A. (2014). Development of an Instrument to Measure Staff-Reported Resident-to-Resident Elder Mistreatment (R-REM) Using Item Response Theory and Other Latent Variable Models. *The Gerontologist*, *54*(3), 460–472.
https://doi.org/10.1093/geront/gnt001
Objectives: Although numerous studies have measured behaviors among individuals in congregate settings, few have focused on resident-to-resident elder mistreatment (R-REM). To our knowledge, there is no psychometrically developed measure of R-REM extant. The quantitative development of a measure of staff-reported R-REM is described. Methods: The design was a prevalent cohort study of residents of 5 long-term care facilities. The primary certified nursing assistant was interviewed about R-REM. Advanced measurement methods were used to develop a measure of R-REM. Results: The loadings on the general factor for the final 11-item scale were greater than those on the group factor except for the item "other physical behavior" (0.63 vs. 0.74), suggesting essential unidimensionality. Although the bifactor model fit was slightly better than that of the unidimensional model, the difference was trivial (bifactor comparative fit index [CFI] = 0.997, root mean square error of approximation [RMSEA] = 0.013, unidimensional CFI = 0.979, and RMSEA = 0.030). However, modest support was provided for use of verbal and physical subscales. The explained common variance statistics were 0.76 for the bifactor model compared with 0.63 for the unidimensional model. Discussion: The development of this R-REM measure will help to advance the measurement and ultimately evaluation of interventions associated with this important and under recognized problem facing residents in long-term care settings.

Teresi, J. A., Ramirez, M., Ellis, J., Silver, S., Boratgis, G., Kong, J., Eimicke, J. P., Pillemer, K., & Lachs, M. S. (2013). A Staff Intervention Targeting Resident-To-Resident Elder Mistreatment (R-REM) In Long-Term Care Increased Staff Knowledge, Recognition And Reporting: Results

From A Cluster Randomized Trial. *International Journal of Nursing Studies*, *50*(5), 644–656.
https://www.sciencedirect.com/science/article/pii/S0020748912003549
Background Elder abuse in long-term care has received considerable attention; however, resident-to-resident elder mistreatment (R-REM) has not been well researched. Preliminary findings from studies of R-REM suggest that it is sufficiently widespread to merit concern, and is likely to have serious detrimental outcomes for residents. However, no evidence-based training, intervention and implementation strategies exist that address this issue. Objectives The objective was to evaluate the impact of a newly developed R-REM training intervention for nursing staff on knowledge, recognition and reporting of R-REM. Design The design was a prospective cluster randomized trial with randomization at the unit level. Methods A sample of 1405 residents (685 in the control and 720 in the intervention group) from 47 New York City nursing home units (23 experimental and 24 control) in 5 nursing homes was assessed. Data were collected at three waves: baseline, 6 and 12 months. Staff on the experimental units received the training and implementation protocols, while those on the comparison units did not. Evaluation of outcomes was conducted on an intent-to-treat basis using mixed (random and fixed effects) models for continuous knowledge variables and Poisson regressions for longitudinal count data measuring recognition and reporting. Results There was a significant increase in knowledge post-training, controlling for pre-training levels for the intervention group (p<0.001), significantly increased recognition of R-REM (p<0.001), and longitudinal reporting in the intervention as contrasted with the control group (p=0.0058). Conclusions A longitudinal evaluation demonstrated that the training intervention was effective in enhancing knowledge, recognition and reporting of R-REM. It is recommended that this training program be implemented in long-term care facilities.

Teresi, J. A., Teresi, J. A., Silver, S., Ramirez, M., Kong, J., Eimicke, J. P., Boratgis, G., Meador, R., Schultz, L., Lachs, M. S., & Pillemer, K. (2020). Resident-To-Resident Elder Mistreatment (R-REM) Intervention For Direct Care Staff In Assisted Living Residences: Study Protocol For A Cluster Randomized Controlled Trial. *Trials*.
https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04580-z
Resident-to-resident elder mistreatment (R-REM) is defined as negative and aggressive physical, sexual, or verbal interactions between (long-term care) residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical and/or psychological harm and distress. R-REM has been established as a serious problem that has a negative impact on the safety, physical well-being, and quality-of-life of residents living in nursing homes. Although there are no in-depth studies, there is evidence that it is prevalent in assisted living residences and associated with a variety of person, environmental, and facility characteristics. The authors conducted the first systematic, prospective study of resident-to-resident elder mistreatment in nursing homes and developed an intervention for direct care staff to enhance knowledge of R-REM and increase reporting and resident safety by reducing falls and associated injuries. The study aim was to examine the effects of this intervention in assisted living residences. The primary distal outcome is falls and injuries, and the key process outcomes are staff knowledge and reporting. Twelve larger licensed assisted living residences with special care dementia units in two New York State regions will be enrolled on a rolling basis and randomized to intervention or usual care. Data derived from five sources, (1) resident interviews, (2) staff informants, (3) observational data, (4) chart, and (5) incident/accident report data, will be collected at baseline and 6 and 12months with respect to 1050 residents (750 "downstate" and 300 "upstate"). The intervention is three training modules delivered on-site after baseline data collection for front line staff on all shifts in facilities randomized to the intervention. Modules relate to recognition, management, and reporting of resident-to-resident elder mistreatment. Given the movement toward alternative congregate living arrangements for older individuals with significant comorbidities, including cognitive impairment; it is critical to enhance

resident safety measured by falls, accidents, and injuries and staff knowledge related to recognition, reporting, and treatment of resident-to-resident aggressive and related negative interactions in such settings. This project is important in developing approaches for ameliorating and preventing R-REM in assisted living residences and enhancing resident safety and quality of life. ClinicalTrials.gov NCT03383289 .Registered on 26 December 2017

Touza, C., & Prado, C. (2019). Prevention Of Elder Abuse In Long-Term Care Facilities. *Educational Gerontology*, *45*(8), 530–546.
https://www.tandfonline.com/doi/abs/10.1080/03601277.2019.1667555
The objective of this study is to investigate the types of interventions used to prevent elder abuse in long-term care facilities. Eighteen English and Spanish articles published between 2015 and 2019 were reviewed systematically. The analysis indicated that the focus of proposed strategies has been to prevent staff-to-resident abuse and resident-to-resident aggression. The interventions targeting both staff-to-resident abuse and resident-to-resident aggression include training, changes in organizational and environmental factors, and changes in supervision and control. The results demonstrate the need for a comprehensive approach and creation of relevant social policies in developing these interventions.

Wagner, L. M., Castle, N. G., Reid, K. C., & Stone, R. (2013). U.S. Department of Health Adverse Event Reporting Policies for Nursing Homes. *Journal for Healthcare Quality*, *35*(3), 9–14. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1945-1474.2011.00177.x
The objectives of this study were to describe state policies for the frequency of adverse event reporting and follow-up that occurs in U.S. nursing homes, and to identify the health information technology used to facilitate these processes. The study was conducted using a mailed survey to the Departments of Health (DOH) in all 50 states, specifically the department that is responsible for the oversight and regulation of nursing home care. Thirty-two state DOH representatives participated. The primary variables examined were (1) which incidents were most commonly reported to state DOH and (2) whether or not they were followed up with a surveyor visit to the nursing home. There was wide variation in incident reporting processes across all states and lack of a standardized process. Abuse is the only adverse event that almost always is required to be reported to the state DOH and has the highest incidence of follow-up with a surveyor visit. Improving and standardizing adverse event reporting systems is a necessary strategy to enhance patient safety in nursing homes. This study provides an important step by increasing our knowledge base of the current state of adverse event reporting policies and processes at the state level.

Wangmo, T., Nordstrom, K., & Kressig, R. (2017). Preventing Elder Abuse And Neglect In Geriatric Institutions: Solutions From Nursing Care Providers. *Geriatric Nursing*, *38*(5), 385–392.
https://www.sciencedirect.com/science/article/pii/S0197457216303111
This study explores how and why abuse and neglect occurs in geriatric institutions and presents practical prevention measures. Exploratory qualitative interviews were carried out with purposive sample of 23 nursing staff members. They were recruited from different institutions caring for older patients in the north-western region of Switzerland. These interviews were analyzed using thematic analysis. Participating nursing staff members reported several factors pertaining to the care provider, the older patient, and the institution that precipitated abuse and neglect. They mentioned different solutions that could help them address their responsibilities in a reasonable manner. The solutions included, for example, ensuring proper education and training, better management nursing care provider's responsibilities and timely intervention to address abuse and neglect, as well as rotating care provider. Implementing these suggestions will allow geriatric institutions, its managers, and nursing care providers to improve quality of

care and reduce such negative occurrences in these settings. (C) 2017 Elsevier Inc. All rights reserved.

Woolford, M. H., Stacpoole, S. J., & Clinnick, L. (2021). Resident-to-Resident Elder Mistreatment in Residential Aged Care Services: A Systematic Review of Event Frequency, Type, Resident Characteristics, and History. *Journal of the American Medical Directors Association*, *22*(8), 1678. https://www.sciencedirect.com/science/article/pii/S1525861021002218 Objectives: Resident-to-resident elder mistreatment (R-REM) between residents living in residential aged care (RAC) services is a challenging issue in relation to the care of older people. Evidence suggests that R-REM, such as verbal, physical, and sexual conflict between residents, is a common and pervasive issue. This review examines the frequency with which R-REM occurs in RAC services; identifies the types of R-REM that occur; and provides an overview of the reported characteristics of both the victim and perpetrator involved in the R-REM event.; Design: A systematic review was conducted. We searched MEDLINE, EMBASE, CINAHL, PsycINFO, Ageline, and Cochrane Library to identify qualitative and quantitative studies published in the English language.; Setting and Participants: Residents living in RAC services.; Measures: Data on frequency and characteristics were collated, and aggregate proportions were calculated where possible.; Results: Twenty-six studies were identified; most (n = 20) were published in the United States. The overall proportion of residents engaged in R-REM was provided by 7 quantitative studies with the estimated frequency reported to be 12% to 23%. For qualitative studies, the number of care staff reporting to have observed R-REM ranged from 18.7% to 98.0%. Physical and verbal abuse were the most commonly reported types of mistreatment. Characteristics of the perpetrator of R-REM were reported in 12 (46.2%) studies. Overall, the mean age of perpetrators was 80.93 years, most were men (83.2%), and 64.4% had dementia and/or Alzheimer diagnosis. Characteristics of the victim and the history of R-REM were largely omitted from the published studies.; Conclusion and Implications: The findings from the review broaden understanding on the extent of R-REM; the individual and event characteristics and ultimately support care planning, policy, and direction for future research. To improve understanding, quality of care, and RAC residents' well-being, further studies are recommended to address the identified gaps in knowledge.

Yon, Y., Ramiro-Gonzalez, M., Mikton, C., Huber, M., & Sethi, D. (2019). The Prevalence Of Elder Abuse In Institutional Settings: A Systematic Review And Meta-Analysis. *European Journal Of Public Health*, *29*(1), 58–67. https://academic.oup.com/eurpub/article-abstract/29/1/58/5033581 A recent study has shown that close to one in six older adults have experienced elder abuse in a community setting in the past year. It is thought that abuse in institutions is just as prevalent. Few systematic evidence of the scale of the problem exists in elder care facilities. The aim of this review is to conduct a systematic review and meta-analysis of the problem in institutional settings and to provide estimates of the prevalence of elder abuse in the past 12 months. Fourteen academic databases and other online platforms were systematically searched for studies on elder abuse. Additionally, 26 experts in the field were consulted to identify further studies. All studies were screened for inclusion criteria by two independent reviewers. Data were extracted, and meta-analysis was conducted. Self-reported data from older residents and staff were considered separately. Nine studies met the inclusion criteria from an initial of 55 studies identified for review. Overall abuse estimates, based on staff reports, suggest that 64.2% of staff admitted to elder abuse in the past year. There were insufficient studies to calculate an overall prevalence estimate based on self-reported data from older residents. Prevalence estimates for abuse subtypes reported by older residents were highest for psychological abuse (33.4%), followed by physical (14.1%), financial (13.8%), neglect (11.6%), and sexual abuse (1.9%). The prevalence of elder abuse in institutions is high. Global action to

improve surveillance and monitoring of institutional elder abuse is vital to inform policy action to prevent elder abuse.