

Screening for the Silent Crisis: Nurse-Driven Elder Abuse Detection in Emergency Departments

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Introduction

- In older adults, abuse can lead to significant medical consequences, such as the exacerbation of chronic disease, depression, and increased mortality^{1,2}.
- 1 in 6 older adults have experienced some form of abuse³ and only 1 in 24 cases of elder abuse is reported to the authorities¹.
- Nurses are situated in an advantageous position to detect elder abuse as they often spend the most amount of time observing, interacting with, and examining patients in the emergency department (ED).

Aim

- To identify and describe the existing screening tools available for bedside nurses in the ED to assist them in detecting elder abuse.

Methods

- A scoping review was conducted in accordance with the guidelines established by the Joanna Briggs Institute Manual for Evidence Synthesis⁴ and the methodological framework for scoping studies⁵.
- Peer-reviewed literature published between 1999 and 2024 were included in the review.
- The academic faculty member and senior undergraduate student engaged in double-screening, independently reviewing articles to compare results.
- A consensus approach was utilized to alleviate any disagreements.



References

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Results

- Ten (n=10) articles met the predetermined criteria to be included in the present review. Of which, six screening tools emerged from the literature (see table below).

Screening Tool	Date	Tool Characteristics	Advantages	Limitations	Tool Accuracy
Elder Abuse (ERASE)	2024	A single awareness question, followed by six signalling questions to collect objective data.	- Can be administered in several minutes. - Covers all forms of elder abuse.	- Not designed specifically for nurses. - Does not include subjective questions.	No reliability or validity testing has been completed.
Virtual Coaching in Making Informed Choices on Elder Mistreatment Self-Disclosure (VOICES)	2021	A digital health tool designed to promote self-identification and self-disclosure of elder abuse.	- Easy to use. - Provides a private opportunity for potential disclosure of elder abuse.	- Requires self-administration by the patient. - Does not include a physical or objective assessment.	
Elder Mistreatment Screening and Response Tool (EM-SART)	2020	An initial two-question pre-screen, followed ten questions for patients with a positive pre-screen. A twelve-item physical assessment may also be conducted.	- Includes a response section - Developed from a previously validated screening tool.	- Potential for many false positives with a two-question pre-screen. - Specific training is required to administer the screening tool.	
ED Senior Abuse Identification tool (ED Senior AID)	2018	A three-part evaluation consisting of a brief mental status assessment, six questions related to elder abuse, and (in some cases) a physical examination.	- Can be rapidly completed in most patients. - Observation components to support identification in patients with a cognitive impairment.	- A specific threshold must be met for the physical examination to take place. - Requires nurse judgment to determine if abuse is present.	Sensitivity: - 94% ⁶ - 94.1% ⁷ Specificity: - 90% ⁶ - 84.3% ⁷ .
Identification of Seniors at Risk (ISAR)	2014	A six-question screening device used to identify elderly patients who are at a high risk of functional decline.	- Considered one of the best indicators of functional decline.	- Does not incorporate specific elder abuse content. - Not designed specifically for nurses.	No reliability or validity testing has been completed.
Elder Assessment Instrument (EAI)	1984	A seven section, 41-item assessment instrument that review the signs, symptoms, and subjective complaints of elder abuse.	- Sensitizes the clinician to screening for elder abuse.	- Subjective grading scale. - Lengthy and time-consuming.	Sensitivity of 71% and specificity of 93% ⁸ .

Table 1. Existing nurse-administered screening tools in the ED to detect elder abuse

Discussion

- No instruments were identified as the “gold standard” for elder abuse detection in the ED.
- Elder abuse is complex, with varying manifestations influenced by culture, ethnicity, and geographical location, which complicates tool development.



Key Recommendations

The following recommendations were made to aid the development of an optimal screening tool intended for elder abuse detection in the ED:

1. Bedside nurses should be responsible for conducting the screening tool due to their close contact with patients throughout an ED visit
2. The tool should be rapidly completed (e.g., 1-3min) in most patients to avoid monopolizing ED nurses’ time.
3. A response or intervention component should follow once the screening tool has been administered.

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