A Systematic Review of Interventions for Elder Abuse

Abstract

The purpose of this study was to use rigorous systematic review methods to summarize the effectiveness of interventions for elder abuse. Only eight studies met our inclusion criteria. Evidence regarding the recurrence of abuse following intervention was limited, but the interventions for which this outcome was reported failed to reduce, and may have even increased, the likelihood of recurrence. Elder abuse interventions had no significant effect on case resolution and at-risk caregiver outcomes, and had mixed results regarding professional knowledge and behavior related to elder abuse. The included studies had important methodological limitations that limit our ability to draw conclusions about the effectiveness of these interventions.

KEYWORDS

- elder abuse
- systematic review
- intervention studies

Elder abuse is a significant and growing problem in our society. A recent systematic review of the prevalence of elder abuse and neglect found that 6% of older people in general population studies reported significant abuse in the previous month, and this is probably an underestimate because some people are reluctant to report abuse (Cooper, Selwood, & Livingston, 2008). Cooper, C., Selwood, A. and Livingston, G. 2008. The prevalence of elder abuse and neglect: A systematic review. Age and Ageing, 37: 151–160. [CrossRef], [PubMed], [Web of Science ®]


Elder abuse has been associated with a more than three-fold increased likelihood of mortality (odds ratio, 3.1; 95% confidence interval [CI], 1.4–6.7) (Lachs, Williams, O’Brien, Pillemer, & Charlson, 1998). Lachs, M. S., Williams, C. S., O’Brien, S., Pillemer, K. A. and Charlson, M. E. 1998. The mortality of elder mistreatment. *Journal of the American Medical Association*, 280: 428–432. [CrossRef], [PubMed], [Web of Science ®], [CSA]

Given the increasing number of older adults likely to experience elder abuse and the negative impacts associated with abuse, it is particularly important to develop and implement effective prevention and management strategies. Authors of published reviews of the elder abuse literature suggest a variety of approaches for the detection, assessment, and management of elder abuse (All, 1994). All, A. C. 1994. A literature review: Assessment and intervention in elder abuse. *Journal of Gerontological Nursing*, 20(7): 25–32. [PubMed]


Nahmiash, 1998. “Preventing, reducing
and stopping the abuse and neglect of older Canadian adults in Canadian communities”. In *Canada Health Action: Building on the legacy. Papers commissioned by the National Forum on Health*, 287–340. Sainte-Foy, Québec, Canada: Editions MultiMondes.


For example, suggest that interventions should be context specific and preferably involve a multidisciplinary team. The authors of most reviews, however, acknowledge the limited number of high-quality primary studies of elder abuse interventions on which to base recommendations. Few of these reviews involved a systematic assessment of the methods of the studies, including design, procedures, and outcomes of intervention studies for elder abuse.


There is a need for a systematic and critical review of the benefits and possible harms associated with intervention for elder abuse that includes recent research. The purpose of this study was to critically appraise the quality of existing studies in the elder abuse field and to summarize the current state of knowledge related to the effectiveness of interventions for elder abuse.
METHODS

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Literature Search and Eligibility Criteria

We searched Ageline, CINAHL, EMBASE, MEDLINE, PsycINFO, PubMed, Sociological Abstracts, and Social Science Abstracts from the start date of each database to February 2008 using appropriate database-specific subject headings and keywords such as “elder abuse” and “elder neglect.” The searches were conducted by an investigator (JF) with an educational background in library science who was skilled in literature searching. Specific volumes of the Journal of Elder Abuse & Neglect were hand searched. In our search for primary studies of elder abuse interventions, we also searched specifically for systematic reviews of the elder abuse literature using Canadian Medical Association INFOBASE, Cochrane Library, National Health Services Database of Abstracts of Reviews of Effectiveness, and National Guideline Clearinghouse from the respective database start dates to February 2008. The reference lists of all retrieved articles and systematic reviews were manually searched for additional studies. We searched for unpublished articles only to supplement the data obtained in published papers. The complete texts of all potentially relevant articles were reviewed using the following inclusion criteria: (a) the article addresses abuse of persons aged 60 and older; (b) the article describes an intervention that addresses one or more of the following types of elder abuse: physical, psychological, financial, or neglect; (c) the article describes an intervention that is designed to be provided to individual clients (abused persons or perpetrators), professionals who care for older persons, or the community; (d) the article includes assessment of client, professional, and/or community outcomes; (e) the article is a primary study; (f) the study uses quantitative methods; (g) the study includes a comparison group (comparison with usual care or another intervention); and (h) the study is published in English. Studies were excluded if they only addressed self-neglect or if they were conducted in a developing country. Studies were eligible if they (a) included a limited or no intervention comparison group or if they (b) compared two or more interventions. Thus, this review addresses two questions: Are elder abuse interventions effective? (intervention versus limited or no intervention), and Are some elder abuse interventions more effective than others? (intervention A versus intervention B). Two investigators (JP, JF) independently reviewed the searches and the reference lists of all articles retrieved. Discrepancies were resolved through discussion.

Data Extraction

For each study, two investigators (JP, JF) independently extracted data on the study setting, sample, and characteristics of the intervention. One investigator extracted information on the
study outcomes and a second investigator compared the extracted data to the original data source. Because of the diversity of study designs (randomized controlled trials [RCT], nonequivalent comparison group studies), we assessed the quality of each study with selected criteria appropriate to the study design, and made comments on the data extraction forms related to study limitations. For example, for RCTs, we assessed the randomization procedure, blinding, and loss to follow-up. We did not exclude any studies based on quality because there were only a small number of studies meeting the inclusion criteria. Because of the heterogeneity of samples, interventions, and outcomes across studies, meta-analysis was not conducted.

RESULTS

Identification of Eligible Studies

We reviewed 1,253 abstracts and excluded 1,070 that did not indicate an elder abuse intervention or an eligible study sample (see Figure 1). We retrieved and reviewed 183 full-text articles and reports. Of these, 173 were excluded because they did not meet the inclusion criteria: 45 intervention studies were excluded because they had no comparison group (list of nonincluded intervention studies available from authors). We included 10 full-text articles and reports that met our inclusion criteria for a total of eight separate studies (Brownell & Heiser, 2006). Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work*, 46: 145–160. [Taylor & Francis Online], [PubMed]


Study Characteristics

Characteristics of the eight intervention studies are shown in Table 1. Four studies involved interventions targeted at older adults who were abused (Brownell & Heiser, 2006). Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work*, 46: 145–160. [Taylor & Francis Online], [PubMed]


Two studies were focused on health professionals who provide care to older adults who have been abused (Jogerst & Ely, 1997). Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine*, 29: 634–639. [PubMed]


Of these eight studies, four included a limited or no intervention control group (Davis et al., 2001; Davis & Medina-Ariza, 2001; Filinson, 1993). Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect*, 5(1): 77–93. [Taylor & Francis Online], [CSA]


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[**Taylor & Francis Online**](#)


Open URL [View all references].


Open URL [View all references], 2004) and the others were nonequivalent comparison group studies. All studies except for one (*Richardson et al., 2002*24. Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing*, 31: 335–341. [**CrossRef**], [**PubMed**], [**Web of Science ®**], [**CSA**]


Open URL [View all references); two community-based elder abuse case management programs, one focused on legal interventions and the other on social services (*Brownell & Wolden, 2002*4. Brownell, P. and Wolden, A. 2002. Elder abuse intervention strategies: Social
[Taylor & Francis Online]
View all references); education related to elder abuse and home visits by a
domestic violence counselor and police (Davis et al., 2001; Davis & Medina-Ariza, 2001);
volunteer visitors who provided assistance, support, and advocacy in the use of the criminal
justice system (Filinson, 199312. Filinson, R. 1993. An evaluation of a program of volunteer
[Taylor & Francis Online], [CSA]
View all references); and case management and other services including a law-
oriented program and an advocacy-based program (Sengstock et al., 199127. Sengstock, M. C.,

One study examined an educational intervention for at-risk caregivers (Scogin et al., 198926.
[Taylor & Francis Online]
View all references). Interventions for professionals included a home visit training
program as part of a geriatrics rotation for family practice residents (Jogerst & Ely, 199714.
[PubMed]
View all references) and an educational course for nursing staff, care assistants,
care managers, and social workers (Richardson et al., 200224. Richardson, B., Kitchen, G. and
Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A
[CrossRef], [PubMed], [Web of Science ®], [CSA]
View all references, 2004).

In most studies, there were important methodological issues that limit the validity of the findings
(see Tables 2, 3, and 4). Some of the most important study limitations included: (a) few studies
with rigorous RCT designs; (b) failure in some RCTs to describe randomization procedures,
allocation concealment procedures, or blinding of outcome assessors and data analysts; (c)
studies with small sample sizes and missing sample size estimations and power analyses; (d)
measures with limited or no information related to psychometric properties; (e) follow-up rates
of less than 80%; (f) lack of adjustment for baseline differences between groups; and (g)
outcome assessment completed by caseworkers, not independent assessors. Study results are
summarized by category of outcome in the following sections: (a) client outcomes, (b) at-risk
caregiver outcomes, and (c) professional outcomes.
Client Outcomes

Many different client outcomes were assessed in the six studies that examined interventions targeted at abused older persons (see Table 2). Three outcomes were addressed by more than one study and will be described first: recurrence of abuse, case resolution, and relocation.

Recurrence of abuse


Surprisingly, both studies found that the intervention groups (IG) had higher rates of recurrence of abuse than the control groups (CG). In the first study, volunteer visitors provided assistance, support, and advocacy in the use of the criminal justice system (Filtonson, 1993). Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect*, 5(1): 77–93. [Taylor & Francis Online]. [CSA]

This study found a recurrence rate of 24% in the IG compared to 17% in the CG ($p = 0.006$). However, there were important study limitations related to outcome assessment. Caseworkers completed the data collection forms for the control cases they investigated, and the incidence of recurrence of abuse was unknown by the caseworkers in 43% of the controls compared to 12% of the intervention cases. Further, the project director completed the data collection tool for the intervention cases, and while some data were coded by both the project director and the investigator, no reliability check of the data was completed. The second study found that participants in the experimental group who received the home visit plus public education had higher rates of repeat abuse than the CG; these effects were
statistically significant at 6 months but not at 12 months (Davis et al., 2001; Davis & Medina-Ariza, 2001). No statistically significant differences were found on abuse recurrence between the public education–only group or the home visit–only group and the CG. Study limitations included significant baseline group differences, less than 80% follow-up at 12 months, and statistically significant differences in rate of follow-up between groups at 12 months. Other study limitations were related to the very low proportion of IG participants who actually received the interventions and problems with protocol adherence by service providers. Only 6% of residents at the targeted housing projects attended the educational sessions, and only 50% of the targeted households received the home visit intervention, on average 56 days after the initial call to the police rather than the intended few days after initial police contact.

Case resolution


Brownell and Heiser (2006) conducted pre- and post-test interviews with older adults to assess physical and nonphysical abuse. At pre-test, the percentages of IG and CG participants with self-reported physical abuse were 22 and 43 ($p = 0.33$), respectively, and for nonphysical abuse were 100 and 83 ($p = 0.67$), respectively. At post-test, the percentages of IG and CG participants with self-reported physical abuse were 13 and 0 ($p = 0.41$), respectively, and for nonphysical abuse were 83 and 75 ($p = 0.75$), respectively. However, this study was limited by an inadequate sample size and lack of information related to the psychometric properties of the Hartford Study Abuse scales used in the study.
Using a retrospective chart audit, Brownell and Wolden (2002) compared the outcomes of a legal services program to a social services program. They found no statistically significant differences between groups in percentage of cases successfully resolved, that is, where safety was achieved through successful implementation of the service plan (63% and 62%, respectively). For financial abuse, the legal services program resulted in more cases successfully resolved than the social services program (67% and 17%, respectively; \( p = 0.043 \)). Only 56 cases were assessed in this study, all from the same agency.

In a study of the effectiveness of volunteer visitors, Filinson (1993) found that the percentage of cases considered closed was higher in the CG (60%) compared to the IG (36%), but this was not statistically significant. Limitations of this study have been previously described.

In the study by Sengstock et al. (1991), outcomes of three programs were assessed: Group 1, mandated reporting; Group 2, legal intervention; Groups 3 and 4, advocacy services. Caseworkers determined if the case was considered safe and stable at closure. Study findings indicated that there was no statistically significant difference between groups in percentages of cases considered safe and stable: Group 1, 21%; Group 2, 38%; Groups 3 and 4, 33% (\( p = 0.36 \)). A major problem for interpreting the findings from this study is the lack of a no-intervention control group. Two additional limitations were that: (a) a large number of caseworkers over a broad geographic area assessed case disposition, and (b) the data were not collected for research purposes so the categories of case disposition are difficult to interpret with respect to effectiveness of these interventions.

**Relocation**

One study examined the impact of an elder abuse intervention on nursing home placement and one study examined the impact on relocation in general. Filinson (1993) found that 19% of intervention cases were relocated compared to 14% of the control group, but the study did not specify if cases were relocated to nursing homes or other settings. Sengstock et al. (1991) found 19% of intervention cases were relocated compared to 14% of the control group, but the study did not specify if cases were relocated to nursing homes or other settings.
found that there was no statistically significant difference between rates of relocation to long-term care among the mandated reporting (14%), legal intervention (14%), and advocacy intervention groups (15%) \( (p = 0.99) \). Because there was no control group that did not receive the intervention, we do not know if the relocation rates are higher with or without the interventions.

**Social-Psychological outcomes**

Studies assessed the impact of the programs on a number of social and psychological client outcomes. Most studies found no statistically significant differences between groups on these outcomes. Brownell and Heiser (2006) Brownell, P. and Heiser, D. 2006. Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of Gerontological Social Work*, 46: 145–160. [Taylor & Francis Online], [PubMed] found no statistically significant differences between groups for depression \( (p = 0.49) \), guilt \( (p = 0.72) \), self-esteem \( (p\)-value not specified \), and family relationship problems \( (p = 0.22) \). Davis and Medina-Ariza (2001) found no differences between groups at 6 or 12 months on psychological well-being or self-esteem. Filinson (1993) Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect*, 5(1): 77–93. [Taylor & Francis Online], [CSA] found that intervention cases were more likely to have diminished social isolation compared to control cases \( (p = 0.02) \).

**Other outcomes**

Davis and Medina-Ariza (2001) and Davis et al. (2001) found no statistically significant difference between groups on knowledge of elder abuse and awareness of services.

**At-Risk caregiver outcomes**

Only one study examined the impact of an intervention targeted at caregivers at risk of abusing older family members (Scogin et al., 1989) Scogin, F., Beall, C., Bynum, J., Stephens, G., Grote, N. P., Baumhover, L.A. and Bolland, J.M. 1989. Training for abusive caregivers: An unconventional approach to an intervention dilemma. *Journal of Elder Abuse & Neglect*, 1(4): 73–86. [Taylor & Francis Online] (see Table 3). The three study groups included an immediate training group \( (n = 56) \), a wait-list CG \( (n = 16) \) and a nontraining CG \( (n = 23) \). Caregivers received eight weekly training sessions provided by experienced mental health clinicians related to aging, problem solving, stress and anger management, and community resources. At the end of 8 weeks, there were no statistically significant differences between the groups on the outcomes of anger, self-esteem, caregiver burden, or general mental health. However, no information was provided as to whether the study was adequately powered to detect a
statistically significant difference. Sociodemographic data are presented for the starting sample not, as one would expect, only for those who completed the study and for whom outcome measures were calculated. It is possible that the three groups (IG, CG, and wait-list CG) who completed the study were different at baseline. Finally, this study included caregivers at risk for abusing older family members, not those actually confirmed to have abused them.

**Professional outcomes**


| Open URL | View all references; Richardson et al., 2002 | Richardson, B., Kitchen, G. and Livingston, G. 2002. The effect of education on knowledge and management of elder abuse: A randomized controlled trial. *Age and Ageing*, 31: 335–341. [CrossRef], [PubMed], [Web of Science ®], [CSA] |

In one study, the IG of family practice residents received an educational course targeting identification and management of abuse, while the CG, an earlier cohort of residents, had not received this education (Jogerst & Ely, 1997). Jogerst, G. J. and Ely, J. W. 1997. Home visit program for teaching elder abuse evaluations. *Family Medicine*, 29: 634–639.

The IG of residents made an average of 3.7 home visits during the 3 years of residency to potentially abused older adults who had been reported to Adult Protective Services (APS). The residents obtained written evaluations after the home visits from a faculty member. The IG reported more confidence with evaluation of the home environment (p < 0.04) compared to the CG. A higher proportion of the CG than the IG reported having made home visits (p = 0.031) and having provided statements for guardianship (p = 0.012). There were no statistically significant differences between groups on their self-reported comfort level in diagnosing elder abuse (p = 0.10) and the proportion who had diagnosed elder abuse. Study limitations included the lack of information related to psychometric properties of the measurement tools and a 74% follow-up rate.


The CG received reading materials with the same content as the course. Those in the educational course showed significant improvement in scores on the instrument Knowledge and Management of Abuse (KAMA) while those in the CG deteriorated in scores (p = 0.000); however, the CG had statistically significant higher baseline KAMA scores. As noted by the authors, there was a ceiling effect with respect to the knowledge score, with those who knew more at baseline having little room for improvement of their scores.
There were no statistically significant differences between groups on measures of burnout and attitude toward demented persons. There was no assessment of behavior directly related to identification or management of elder abuse in this study.

DISCUSSION

Findings of this systematic review of elder abuse interventions suggest that there is currently insufficient evidence to support any particular intervention related to elder abuse targeting clients, perpetrators, or health care professionals. More than 10 years ago, Wolf (1997) indicated that the elder abuse literature was particularly lacking in “reliable data on the effectiveness of interventions” (p. 81) and this situation is unfortunately still true today. A recent systematic review of database citations on elder abuse until January 2006 found that of 398 references, only 8% were related to agency or program development and/or evaluation and only 6.5% were related to detection, assessment, and/or intervention (Erlingsson, 2007). The review of family violence interventions by Chalk and King (1998) described previously underscores how little high-quality elder abuse intervention research has been completed compared to the areas of child abuse and domestic violence.

Not only are there few published primary studies evaluating elder abuse interventions, but most of the published studies have important methodological limitations. Only eight studies met our inclusion criteria; most published reports of elder abuse interventions are descriptive in nature and do not include comparison groups. Even the studies that did meet our inclusion criteria had important methodological limitations that preclude us from drawing firm conclusions about the effectiveness of the interventions studied. Only four of the included studies had a limited or no intervention comparison group.

In terms of client outcomes, it is troubling that both studies assessing recurrence of abuse found that the intervention groups had higher rates of recurrence of abuse than did the limited or no intervention control groups (Davis et al., 2001; Davis & Medina-Ariza, 2001; Filinson, 1993). Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. Journal of Elder Abuse & Neglect, 5(1): 77–93.
It is possible, however, that these findings were the result of the methodological limitations of the studies and not the harmful effects of the programs themselves.

In terms of case resolution, the one study with a usual care comparison group found no statistically significant difference between intervention and control group (Filinson, 1993). Filinson, R. 1993. An evaluation of a program of volunteer advocates for elder abuse victims. *Journal of Elder Abuse & Neglect*, 5(1): 77–93.


Again, these results may have been, at least in part, the result of the methodological limitations of the studies.

The relatively high rates of relocation of abused older adults associated with intervention programs is also troubling. Although relocation may remove the abused person from harm's way, it does so at the cost of placement in unfamiliar surroundings and probable reduction in autonomy and disruption of social relationships.


The results of this review do not tell us which elder abuse interventions are most effective, in what circumstances, and with which target groups. In fact, the results suggest that there may be negative consequences associated with some elder abuse interventions. Researchers suggest that despite the gaps in knowledge with respect to treatment of elder abuse, clinicians should still take an active role in its identification and management (Lachs & Pillemer, 2004). We argue that given this situation, further high-quality research is absolutely vital in the area of elder abuse interventions.

**Implications for Future Research**

The results of this systematic review highlight the need for high-quality research in the area of elder abuse interventions. Our literature search found 45 studies of elder abuse interventions that did not meet our inclusion criteria; most of these studies were descriptive in nature. These studies addressed a broad scope of elder abuse interventions such as case management, home-based geriatric assessment, support groups, adult protective services, multiservice programs, partnerships with faith communities, and professional education, to name a few. These interventions have the potential to have a positive impact on the complex issue of elder abuse but must be evaluated more rigorously. Further, innovative new approaches to address elder abuse at individual, family, community, and system-wide levels should be developed and evaluated. It has been argued that the best data on whether an intervention does more good than harm comes from experimental designs or RCTs (Streiner & Norman, 1998). Where possible, experimental or quasiexperimental designs should be conducted in the field of elder abuse interventions. Further, the study limitations found in this review should be addressed, including: (a) appropriate sample size; (b) for RCTs, description of the randomization procedures and allocation concealment procedures; (c) the use of measurement tools with established psychometric properties; (d) where possible, blinding of outcome assessors and data analysts; (e) follow-up rates of more than 80%; and (f) appropriate adjustment for baseline differences between groups. Mixed-methods studies, studies that include both quantitative and qualitative components, may help us to determine not only the effectiveness of interventions but also to understand why some interventions are successful or not and the perspectives of recipients who receive those interventions (Creswell & Clark, 2007). Our review of the studies of elder abuse interventions underscores the important challenges of conducting research in this field. Authors of included studies discussed the challenges in accessing, recruiting, and retaining participants; obtaining comparison groups; and addressing ethical challenges in accessing client data. While we recognize these challenges, particularly as
they relate to the use of experimental designs, it is only as we conduct rigorously designed studies that we will have strong evidence on which to base decisions on the best use of scarce and costly health and social services. MacMillan and Wathen (2005) suggest that family violence research could benefit from closer collaboration of those working in the areas of child maltreatment, intimate partner violence, and elder abuse. In the area of child maltreatment, for example, while research methods are still problematic, they have improved and RCTs have been used to assess interventions such as home visits (Olds, 2002). It is vital that clinicians, researchers, and policymakers promote and support rigorous research in all areas of family violence, including elder abuse, and apply the results to the development of effective interventions. Appropriate funding for such high-quality research on elder abuse interventions must be a priority.

Study Limitations

There were a number of limitations of this systematic review. First, we did not search specifically for unpublished research reports, although we did obtain and review unpublished reports listed in the reference lists of retrieved articles. We did not contact experts in the field for other studies, and we only included English-language articles. Nevertheless, we did conduct a comprehensive search of existing databases. While we did not conduct a formal quality assessment of the included articles, the inclusion criteria imposed quality standards in that all studies had to have a comparison group (not before-after) and had to report outcomes. The most important limitation of this review is a reflection of the current state of the literature itself, specifically, the limited number of rigorous studies examining the effectiveness of elder abuse interventions.

CONCLUSION

While elder abuse is an increasingly important issue internationally, there is little high-quality research on the effectiveness of interventions. This review highlights the limited number and quality of empirical research studies in the field. Further, the review suggests that there may be both positive and negative consequences of elder abuse interventions. The need for high-quality...
research in the field is critical not only to ensure health and quality of life for older adults but also to ensure wise use of scarce and costly health and social service resources.

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REFERENCES


