



# Psychiatry & Behavioral Science Section - 2016

## I14 Elder Abuse and Violence: Descriptions of the Phenomenon by Health Care Workers From Two Italian Hospitals

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After attending this presentation, attendees will more fully appreciate the importance of knowing how to recognize the various signs of elder abuse and the need to take the necessary steps both in prevention and in response.

This presentation will impact the forensic science community by demonstrating that elder abuse comes in many forms, some obvious and others not so obvious. New ways to address this phenomenon must be formulated and put into practice.

**Background:** Elder abuse is a widespread but underestimated problem. The full extent of this difficult situation is not known due to a lack of reports and/or complaints, as well as the difficulty in identifying the early warning signs of abuse. Many forms of elder abuse exist and are psychological, economic, sexual, physical, social, and institutional in nature; however, abuse also includes neglect and abandonment. It is clear that maltreatment may arise not only through active behavior, but also through omissive behavior such as silence, underestimation, and failure to report. Knowing how to identify the characteristic signs of elder abuse is the duty of every healthcare worker and is crucial in the adoption of suitable defense measures to protect the victim as well as in dealing with the offender.<sup>1,2</sup>

**Objective:** To establish the level of awareness of this issue by healthcare workers and to understand if they are able to promptly identify the early signs of abuse and take the necessary actions to report them.

**Materials and Methods:** From April 1 - 30, 2015, all employees (i.e., physicians, specializing physicians in training, nurses, office support staff, social-healthcare workers, and orderlies) from the Internal Medicine Operating Unit and the Geriatrics Department at Cardelli Hospital in Campobasso (Molise) and from the Policlinico of the University of Bari “Aldo Moro” (Puglia) answered a questionnaire that was formulated by utilizing the provisions of other duly used and validated questionnaires from other international situations that are used to explore: (1) employees’ awareness of the phenomenon; (2) employees’ ability to recognize possible signs of abuse; (3) the prevalence of the phenomenon; and, (4) employees’ awareness regarding the proper actions to take when they encounter a case of abuse.

**Results:** Data collection resulted in a total of 98 questionnaires administered to 142 respondents (69.0%). The majority of questionnaires were completed by females (75.5%) between the ages of 41 and 50 years of age (26.7%) and by qualified nurses (46.9%). Table 1 describes the preliminary data obtained and is broken down by unit and title of those who filled out the questionnaire. Table 2 shows distribution by sex and the age range of compilers according to the operating unit to which they belong.

Table 1

Title	BARI (PUGLIA)				CAMPOBASSO (MOLISE)			
	Internal Medicine		Geriatrics		Internal Medicine		Geriatrics	
	Enrolled	Collected	Enrolled	Collected	Enrolled	Collected	Enrolled	Collected
Physician	7	4	7	1	9	4	4	3
Physician in training	15	11	15	14	0	0	0	0
Nurses	12	11	12	10	20	16	15	9
OSS	4	3	4	1	3	1	3	1
Orderlies	2	2	2	2	2	1	2	1
Aides	2	1	2	2	0	0	0	0
<b>Total</b>	<b>42</b>	<b>32</b>	<b>42</b>	<b>30</b>	<b>34</b>	<b>22</b>	<b>24</b>	<b>14</b>



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Table 2

	BARI (PUGLIA)		CAMPOBASSO (MOLISE)		Total
	Internal Medicine	Geriatrics	Internal Medicine	Geriatrics	
Sex (M/F)	10/22	6/24	5/17	3/11	98
Age					
21-30	10	10	4	0	24
31-40	8	5	6	2	21
41-50	7	8	4	8	27
>50	7	4	8	4	23
No response	0	3	0	0	3

**Conclusions:** These preliminary data show that interest in elder abuse, even when present, is neither a priority for all healthcare workers nor is it perceived as a problem by them. This is probably due to a lack of knowledge about the phenomenon, indicators of abuse, and the procedures to follow when one becomes aware of such an issue. As a result, a great need has been identified for ongoing and updated training regarding more precise indicators of abuse and the procedures for the mandatory reporting of this phenomenon to the health department and to judicial authorities.

**Reference(s):**

1. Corbi G., Grattagliano I., Catanesi R., Ferrara N., Yorston G., Campobasso C.P. Elderly residents at risk for being victims or offenders. *J Am Med Dir Assoc*, 2012; 13(7), 657-9.
2. Corbi G.M., Grattagliano I., Ivshina E., Ferrara N., Solimeno C.A., Campobasso C.P. Elderly Abuse: Risk Factors And Nursing Role. *Intern Emerg Med*, 2015 Apr;10(3):297-303

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**Elder Abuse, Elder Abuse Prevention, Elder Abuse Protocol**