Responding to cases of elder abuse requiring protection and separation: skills for specialists

Journal of the Tsuruma Health Science Society Kanazawa University Vol. 39 (2)
1 ～ 12 2015

Original Article

Responding to cases of elder abuse requiring protection and separation: skills for specialists

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Abstract

The present study was performed to determine the skills needed to respond to cases of elder abuse that require protection and separation. Ten cases of protection or separation were examined and qualitatively analyzed to extract skill items. Two rounds of the Delphi technique were conducted with 170 specialists from 73 community general support centers to reach a consensus on the level of importance of each skill item. Consensus was reached for 60 skill items. These items were classified according to an assessment field (four subcategories comprising 32 skill items) and a consideration of protection, separation, and intervention field (three subcategories comprising 28 skill items) . Assessment subcategories were: skills to predict life risk in older adults (seven skill items) ; skills to predict life risk in older adults based on the action of nursing care (eight items) ; skills to assess the association between background of abuse and the abuse itself (10 items) ; and skills to assess family relationships (seven items) . Consideration of protection and separation, and intervention subcategories were: skills to reach a consensus on the views regarding protection and separation (eight skill items) ; skills to establish a system for protection and separation (10 items) ; and skills for intervention for protection and separation (10 items) . Assessment skill items were considered necessary to predict life risk in older adults and determine protection and separation needs. It was necessary to consider protection and separation, and intervention skill items for specialists to establish a system for intervention, while seeking consensus on protection and separation views among involved staff.

KEY WORDS

elder abuse, skill, specialist, protection, separation

Background

Elder abuse (hereafter "abuse") is a high priority issue for governments and health care service providers[1]. The situation is serious in Japan, where life risk is involved in 10% of domestic abuse cases[2]. Specialists are closely involved in the daily lives of older adults, and unlike others, are in a position to confirm high-risk situations. High-risk situations require assessment and intervention skills that enable specialists to make quick judgments on the necessity of protection and separation.

There are a number of reports on screening and assessment to identify abuse[3], and assessment and intervention[4]. Interdisciplinary cooperation of specialists has a role in identifying and responding to abuse, and is essential for the resolution of problems[5]. In terms of the assessment of high-risk cases, specific risk items attributable to both abused people and abusers have been determined, including the mental and physical conditions of older adults, stress related to caregiving, and psychiatric disorders of the abuser[6,7]. In situations of child abuse, reference is made to denial of abuse and development of co-dependent relationships resulting from family relationships[8]. However, in elder abuse, understanding abuse as a family problem has only been discussed relatively recently[9], and methods of assessing family relationships and interventions remain unclear.

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Assessment and intervention methods may also vary across countries because of differences in cultures and legal systems[10]. An attempt has been made to generalize this process by identifying commonalities and differences in nurses' responses to abuse between two countries[11].

In Japan, responses to abuse are defined in the Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly Persons, and Other Related Matters (Act no. 124 of 2005) (hereafter the "Act on the Prevention of Elder Abuse") [12]. Responses to abuse are led by community general support centers, directly operated, or entrusted by municipalities. For cases requiring protection or separation, community general support centers perform judgment and intervention in cooperation with the relevant organizations and specialists. Therefore, specialists in community general support centers need specific skills to enable them to use various psychological and social resources to respond to complex issues. The minimum necessary skills to respond to abuse and guidelines for carrying out the anticipated work are described in a manual for each municipality[13]. However, these manuals only set out the minimum work required. Many specialists experience difficulty in responding to complex problems that are not described in the manuals[14].

Other countries face similar challenges in abuse intervention. This is often attributed to the lack of knowledge and training in specialists involved in abuse judgment and intervention, and to the differences in individual situations of the abusers and the abused[15]. Additionally, the issue of imbalance between strong interventions such as protection and separation of older adults from their abusers and normal support has been reported[16]. To date, previous studies have not described fully the skills required for protection and separation interventions.

The present study aimed to identify the skills that specialists need to respond to cases of abuse that require protection and separation. We expect that this will help to provide practical guidance through describing the skills needed to respond to serious abuse cases, which are increasing both internationally and in Japan. These skills can serve as goals for specialists to reach, and will educate and nurture future specialists.

Definitions of terms

Protection and separation of older adults

The Act on the Prevention of Elder Abuse and the Act on Social Welfare for the Elderly (Act no. 133 of 1963) [17] both refer to protection and separation of older adults as permanently or temporarily protecting older adults at facilities, who require urgent response, or separating the older adult from their family with whom they live.

Abusers

The present study is concerned with cases of domestic abuse; therefore, we define abusers as family member caregivers.

Specialists and experts

We define three staffs as "specialists": certified social workers, chief long-term care support specialists, and public health nurses (nurses) of community general support centers. We define as "experts" those specialists who participate in regular training sessions related to responding to abuse, participate in regular case study discussions with a supervisor, and have examined or performed a protection or separation intervention at least once.

Methods

The present study was performed in three stages using the Delphi technique (Figure 1). Previous studies did not sufficiently verify the skills required to respond to abuse. We used the Delphi technique as it is an effective method of obtaining expert judgment and consensus[18].

In Stage 1 of the present study, the verbatim records of study sessions on 10 cases of elder abuse were analyzed, and the skill items considered to be essential for responding to abuse cases requiring separation were extracted. In Stages 2 and 3, two rounds of the Delphi technique were conducted. Experts rated the extracted skills on a five-point Likert scale (5, extremely important; 4, very important; 3, moderately important; 2, not very important; 1, unimportant). The level of consensus needed to adapt the criteria for the required skills was determined by that proposed in previous studies; consensus was considered to have been reached if 80% or more experts rated a skill as "extremely important" or "very important"[19]. The median score was 4.0 or more, and the standard deviation was less than 1.5[20]. IBM SPSS Statistics for Windows, Version 21.0 (IBM Corp., Armonk, NY) was used for statistical analyses.

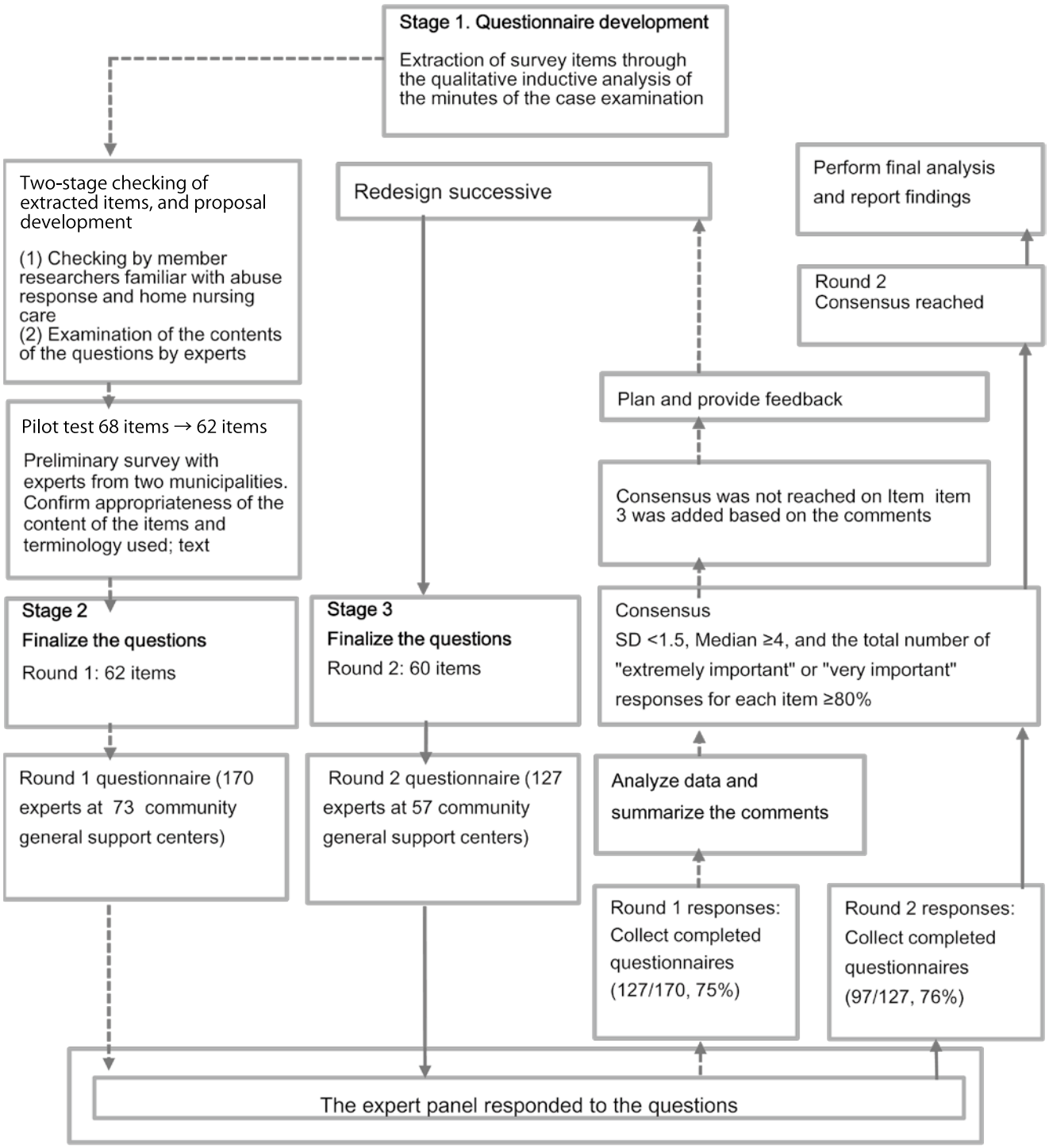

Figure 1. Flow of the items asked during the first and second rounds of the Delphi process

Remarks Round 1 ⇢
Round 2 →

Stage 1: Proposal development–Collection, selection, and classification of skills

Target

The verbatim records of the case studies hosted by Municipality A for the specialists groups from community general support centers, were examined. These target cases were cases where protection or separation was considered and implemented (three cases of temporary protection or separation, seven cases of permanent separation). The cases involved 10 older adults aged 70 years or older, including nine who required nursing care and one who was leading an independent life. In two cases the abuser was a spouse and in eight cases was the older adult's child. The support period from specialist intervention to case examination ranged from 1 month to 3 years and 1 month.

The verbatim records of the case examination sessions allowed the researchers to review and evaluate the practices demonstrated in each case and to extract a system to develop new guidelines from the practice[21].

Method

A qualitative and inductive analysis was performed according to the following steps. Based on knowledge obtained as abuse counselors at six municipalities over a 6-year period before the present study, and through a literature review, the present researchers extracted 68 skills related to the abuse response process (information collection, assessment, and intervention). The extracted items were classified into seven subcategories based on similarities in meaning and characteristics. The items were further categorized by whether they were related to assessment, or consideration for protection and separation, and intervention. The assessment field comprised four subcategories: 1) skills to predict life risk in older adults; 2) skills to predict life risk in older adults based on the nursing care conduct of the abuser; 3) skills to assess the association between the background of abuse and the abuse itself; and, 4) skills to assess family relationships. The consideration of protection and separation, and intervention field comprised three subcategories: 5) skills to seek to reach consensus on protection and separation views; 6) skills to establish a system for protection and separation; and, 7) intervention skills for protection and separation.

The skills, subcategories, and fields were checked by three external researchers familiar with abuse response and home nursing care, and were revised several times to eliminate overlap in meaning and any inconsistency in the relationship between the skills. Subsequently, with the cooperation of experts in Municipalities B and C (two certified social workers, two chief long-term care support specialists, and two public health nurses from each municipality), the content of the skill items were validated to enhance the appropriateness of the content. Skill items necessary for specialists were proposed after determining the levels of importance of the extracted skills using the five-point Likert scale.

Preliminary survey

A preliminary survey was performed with 10 experts from two municipalities (four certified social workers, four public health nurses, and two chief long-term care support specialists) to confirm the appropriateness of the content of the skill items and the terminology. The text was revised according to their opinions. Similar skills were combined and the skill items were reduced from 68 to 62. Comments explaining the terminology of the skill items (e.g., co-dependent, risk assessment sheet, and expert team) were included as recommended by the experts.

Stages 2 and 3: the Delphi process

Target

With the cooperation of the municipalities, 170 experts with experience of responding to elder abuse were selected from 73 community general support centers across Japan.

Stage 2 (Round 1)

A self-administered questionnaire was conducted with the 170 experts. Specific sections were developed for the 62 proposed skill items: a free comment section, a section on additional skills for each subcategory in the field, and participant attributes. Participant attributes included: the type of community general support center (direct operation, entrustment); sex; age; profession (certified social worker, chief long-term care support specialist, public health nurse, nurse, and other); years of work experience after obtaining qualifications; years of service at a community general support center (total years); and, number of cases of elder abuse responded to (intensive support cases, cases examined for separation or protection, and cases where separation or protection

was actually performed). The survey period was from October to November 2012. Percentages of responses by level of importance, median, and standard deviation were calculated for each skill item.

Stage 3 (Round 2)

Round 2 was conducted with participants who completed the survey in Round 1 (n=127). The cover sheet was removed from the Round 1 questionnaire, and participants responded to a second round of the questionnaire, with reference to the description of the response percentages by the level of importance for each skill item. Skill items where the total percentage of "extremely important" and "very important" responses fell short of 80% (n=4) were excluded from this questionnaire round. The researchers reviewed the additional skill items reported by the experts in Round 1 and added three skill items. The Round 2 survey period was from February to March 2013. As in Round 1, percentages of responses by level of importance, median, and standard deviation were calculated for each skill item. The changes in these statistics were analyzed.

Ethical considerations

Approval was obtained from the Medical Ethical Review Board of Kanazawa University at the time the study protocol was developed. The objectives, significance, and ethical considerations of the study were explained verbally to Municipality A, a study target organization, and the participants of the case examination sessions in Stage 1. Written informed consent was obtained from all participants. The objectives, methods, and ethical considerations of the study were specified in an investigation research request for stage 2 and 3 participants and on the survey form. Only those who gave written consent to participate were included in the study.

Results

In reporting the results, subcategories have been indicated with square brackets and the content of the skill items have been presented in quotation marks, followed by the item number in parentheses.

Stage 2 (Round 1)

Survey collection status and experts' attributes

The survey was distributed to 170 experts from 73 community general support centers. Valid responses were obtained from 127 experts (valid response rate: 75%). Table 1 presents the attributes of the experts included in the present study.

Content of skill items, level of consensus, and content of free descriptions

In Round 1, consensus standards were achieved for 57 skill items. The five skill items that did not meet consensus standards were excluded (Tables 2 and 3). The excluded

Table 1. Attributes of the expert participants

		Round 1 N=127	Round 2 N=97
Sex	Female	103 (81%)	76 (78%)
	Male	24 (19%)	21 (22%)
Profession	Certified social worker	50 (39%)	43 (44%)
	Chief long-term care support specialist	37 (29%)	21 (22%)
	Public health nurse	21 (17%)	18 (19%)
	Nurse	15 (12%)	13 (13%)
	Other	4 (3%)	2 (2%)
Years of experience in actual work with older adults	M (SD)	10 (8.2)	11 (8.7)
Years of service at a community general support center	M (SD)	4 (1.9)	5 (1.9)
Number of cases examined for protection and separation	M (SD)	5 (15)	6 (11.8)
Number of cases of actual protection and separation	M (SD)	3 (6.4)	3 (4.2)

M=mean. SD=standard deviation.

items included "Whether the abuser accepts a local key informant" and "Choosing protection facilities, and request and coordination of restriction on visitation by the abuser." The additional items included were "Association between the abuser's caregiving capability, nursing care knowledge, or intellectual level, and abuse" (No. 20); "History of the relationship between the abuser and the older adult" (No. 31); and "Explaining the need for protection by separation to managers" (No. 40).

Several experts made similar comments on the skill items. In the assessment field, comments concerned the necessity of cooperation and role sharing with medical professionals, and its implementation with regard to the skill items "Marked weight loss, development of pressure ulcers" (No. 3) and "Dehydrated state, indicated by symptoms such as decreased urinary volume" (No. 4) in the subcategory [Skills to predict life risk in the older adult]. In the subcategory [Skills to assess family relationships], comments included the importance of and difficulty in assessing abuse denial by the older adult and the abuser for the items "Responses such as abuse denial; that is, the older adult protects the abuser" (No. 27), and "The abuser's denial of the abuse" (No. 28). Experts also emphasized the importance of assessing "A co-dependent relationship between the abuser and older adult" (No. 29). For the field related to consideration of protection and separation, and intervention, experts commented on the item "Seek to reach a consensus on the views on protection and separation after staff meetings and case examination" (No. 35) in the subcategory [Skills to reach a consensus on the views on protection and separation]. They also emphasized the need to "Confirm the appropriateness of protection and separation by using expert teams such as lawyers" (No. 39).

Stage 3 (Round 2: Final round)

Questionnaire collection

In Round 2, the questionnaire was distributed to 127 experts across 57 sites. In total, 97 valid responses were obtained (valid response rate 76%). The results of Round 2 are presented in Table 2 (four subcategories comprising 32 skill items in the field related to assessment) and Table 3 (three subcategories comprising 28 skill items in the field related to the consideration of protection and separation, and intervention). Experts agreed that all 60 skill items were important. The assessment field had seven skill items for [Skills to predict life risk in older adults], eight items for [Skills to predict life risk in older adults based on the nursing care conduct of the abuser], 10 items for [Skills to assess the association between the background of abuse and the abuse itself], and seven items for [Skills to assess family relationships]. For the consideration of protection and separation, and intervention field, there were eight items for [Skills to reach a consensus on the views on protection and separation], 10 items for [Skills to establish a system for protection and separation], and 10 items for [Skills for intervention for protection and separation].

Discussion

The present study aimed to identify the skills specialists need to respond to cases of abuse that require protection and separation. To achieve this, we used the Delphi technique to identify 32 skill items for the four subcategories related to assessment, and 28 skill items for the three subcategories related to consideration of protection and separation, and intervention. Here, we focus on the skill items that yielded a median of 5 in Round 2, and the skill items for which common comments were made in Round 1.

Skill items related to assessment

The 32 skill items in this field are necessary for specialists to predict life risk in older adults, and to determine protection and separation needs.

The first subcategory [Skills to predict life risk in older adults] comprised seven items including "Rapid exacerbation of mental and physical conditions" (No. 1), "Marked weight loss, development of pressure ulcers" (No. 3), and "Dehydrated state, indicated by symptoms such as decreased urinary volume" (No. 4). These skills corresponded to those identified in studies involving the assessment of conventional life risk[22, 23]. Experts other than health care professionals commented that it is necessary to cooperate and share roles with health care professionals to make accurate assessments. Clinical assessment is an important role of local nurses[24]. Assessment of life risk requires the expertise of health care professionals and highlights the importance of role sharing. In addition, a subjective information item of "Repeated SOS" (No. 5) by the older adult was included. A previous study also found that "crying" was a risk indicator[25]. In the prediction of life risk, skills to unify the

Table 2. Skills needed for cases of elder abuse requiring protection and separation: assessment skill items

		Round 1 N=127		Round 2 N=97	
		Mdn	SD	Mdn	SD
Skills to predict life risk in older adults					
1	Rapid exacerbation of mental and physical conditions	5	0.5	5	0.37
2	Poor hygiene state in the room	4	0.7	4	0.56
3	Marked weight loss, development of pressure ulcers	5	0.6	5	0.42
4	Dehydrated state, indicated by symptoms such as decreased urinary volume	5	0.7	5	0.47
5	Repeated SOS	5	0.7	5	0.48
6	Dementia and medical history affecting judgment skills	4	0.7	4	0.59
7	State of indication of intention when judgment skills are reduced	4	0.7	4	0.65
Skills to predict life risk in older adults based on the nursing care conduct of the abuser					
8	Accumulation of the facts related to abuse and actual state of nursing care	5	0.5	5	0.34
9	Preventing the older adult from visiting a hospital, and administering medication without following the physician's instructions	5	0.6	5	0.45
10	Not accepting services or rejecting services	4	0.8	5	0.60
11	Suspending and terminating nursing care services	4	0.7	4	0.60
12	Preventing the older adult from receiving treatment for trauma caused by the abuse	5	0.6	5	0.46
13	Words and behaviors toward the older adult that are suggestive of a murderous intent	5	0.7	5	0.55
14	Frequency of violence and escalation of the contents of violence	5	0.5	5	0.47
15	Ignoring the physical conditions or feelings of the older adult while providing nursing care	4	0.7	4	0.62
Skills to assess the association between the background of abuse and the abuse itself					
16	Association between continuous abuse and the course of abuse	4	0.6	4	0.48
17	Association between the changes in the judgment ability of the older adult without dementia symptoms and abuse	4	0.70	4	0.65
18	Association between the rapid exacerbation of mental and physical conditions of the older adult and abuse	5	0.6	5	0.65
19	Association between the problematic behaviors and exacerbation of psychiatric symptoms in the older adult and abuse	4	0.6	4	0.55
20	Association between the abuser's care-giving capability, nursing care knowledge, or intellectual level, and abuse	-	-	5	0.54
21	Association between an excessive feeling of obligation toward care-giving in the abuser and abuse	4	0.7	4	0.62
22	Association between the abuser's health or aggravation of his/her health conditions and abuse	4	0.6	5	0.62
23	Association between the abuser's social adjustment ability and abuse	4	0.7	4	0.70
24	Association between the abuser's mental status and abuse	4	0.7	5	0.58
25	Association between economic difficulties and abuse	4	0.7	4	0.61
Skills to assess family relationships					
26	Association between the vicious cycle of communication between the older adult and the abuser	4	0.7	4	0.52
27	Responses such as abuse denial; that is, the older adult protects the abuser	4	0.6	4	0.55
28	The abuser's denial of the abuse	4	0.7	4	0.62
29	A co-dependent relationship between the abuser and the older adult	4	0.7	5	0.60
30	Association between violence (domestic violence, child abuse) in the family, the people living together, and abuse	4	0.7	4	0.60
31	History of the relationship between the abuser and the older adult	-	-	4	0.65
32	Status of accepting initial intervention by specialists	4	0.7	4	0.62

Mdn=Median. SD=Standard deviation. The negative figures of Mdn and SD in Round 1 show additional items in Round 2.
Consensus was arrived at when SD<1.5 and Mdn≧4

Table 3. Skills needed for cases of elder abuse requiring protection and separation: protection and separation, and intervention skill items

		Round 1 N=127		Round 2 N=97	
		Mdn	SD	Mdn	SD
Skills to reach a consensus on the views on protection and separation					
33	Accumulate facts on the abuse by using various opportunities such as investigation for long-term care insurance certification	4	0.75	4	0.61
34	Understand the overall picture of abuse by identifying discrepancies in the information obtained by the staff concerned	4	0.66	5	0.62
35	Seek to reach consensus on the views on protection and separation after staff meetings and case examination	5	0.76	5	0.65
36	Share doubts and concerns related to the judgment of the need for protection and separation among the staff concerned	5	0.70	5	0.58
37	Share and review assessment results by using the existing risk assessment sheet	4	0.78	4	0.69
38	When the primary physician and specialists disagree on their views, hold a discussion and seek to arrive at a shared understanding	4	0.72	5	0.61
39	Confirm the appropriateness of protection and separation using expert teams such as lawyers	4	0.71	5	0.68
40	Explain the need for protection by separation to managers	-	-	4	0.77
Skills to establish a system for protection and separation					
41	Play a leading role in responding to abuse by supporting long-term care support specialists	4	0.70	4	0.57
42	Cooperate with healthcare professionals to understand the life risk in the older adult	4	0.60	5	0.56
43	Identify a clue for intervention through visits	5	0.63	5	0.53
44	Identify a key person in relatives and neighbors to find a clue for intervention	5	0.59	5	0.52
45	Cooperate with the abuser's primary physician to identify a clue for intervention	4	0.68	5	0.60
46	Share the timing for protection and separation for the case	5	0.68	5	0.55
47	Examine and select the level and pattern of specific support such as intensive support and temporary separation	4	0.62	5	0.51
48	Examine whether or not the police should intervene when criminality is involved	4	0.68	5	0.55
49	Examine the system of support for caregivers after separation	4	0.72	4	0.64
50	Examine the daily living cost for life after protection and separation	4	0.74	4	0.60
Skills for intervention for protection and separation					
51	Examine the advantages and disadvantages of notifying the abuser of the abuse	4	0.70	4	0.67
52	When abuse is serious, promote awareness that the abuser's conduct is regarded as abuse	4	0.73	4	0.67
53	When the abuser is aware of his/her abusive conduct, let him/her recognize the magnitude of the results of the abusive conduct	4	0.74	4	0.60
54	Maintain an appropriate psychological distance with the abuser	4	0.73	4	0.58
55	Support the abuser, leading him/her to the next step	4	0.71	4	0.74
56	Encourage a decision of separating the older adult from the abuser by empowering the former	4	0.71	5	0.60
57	Repeatedly explain the mental and physical conditions of the older adult and support the decision to hospitalize or admit him/her in an elder care facility	4	0.77	4	0.65
58	Determine the necessity of an on-site investigation when an intervention was rejected but the safety of the older adult is a concern	5	0.79	5	0.58
59	Determine the necessity of an on-site investigation when an older adult requires hospitalization was taken home and intervention was rejected	5	0.80	5	0.60
60	Determine the necessity of an on-site investigation when the family is isolated from the community and it is necessary to understand the condition of the older adult	4	0.79	5	0.69

Mdn=Median. SD=Standard deviation.The negative figures of Mdn and SD in Round 1 show additional items in Round 2.
Consensus was arrived at when SD<1.5 and Mdn≥4

objective information on physical condition and subjective symptoms of the older adult are important.

The second subcategory [Skills to predict life risk in older adults based on the nursing care conduct of the abuser] comprised items that assessed the abuser's conduct that prevented an older adult from receiving appropriate medical treatment, as well as verbal abuse and violent behaviors associated with nursing care, centering around the skill item "Accumulation of the facts related to abuse and actual state of nursing care" (No. 8). These are the skills necessary to assess life risk based on "Preventing the older adult from visiting a hospital, and administering medication without following the physician's instructions" (No. 9) and "Words and behaviors toward the older adult that are suggestive of a murderous intent" (No. 13). Abuse may not be recognized by the older adult as abuse may be normalized within a cultural, family or lifestyle context [26]. Abusive behaviors are inextricably linked with caregiving and can be latent, potentially threatening the life of the older adult. These items comprise skills to assess gaps between the words and behaviors of the abuser or the actual state of nursing care, and the nursing care and medical care that the older adult objectively needs. These items help determine abuse leading to life risk.

The third subcategory [Skills to assess the association between the background of abuse and the abuse itself] comprised skills necessary to assess the association between a trend of rapid exacerbation of psychosomatic conditions and abuse, and the association between factors affecting the nursing capability of the abuser and factors of the abuse. While the former skill is required to assess whether abuse accelerates life risk in older adults, the latter skill is required to assess the nursing ability of the abuser; a factor that increases life risk. With regard to factors affecting the abuser's caregiving capability, experts highlighted that assessment skills that consider physical, intellectual, and mental aspects, as well as social adjustment capability are important. These skill items include "Association between the abuser's care-giving capability, nursing care knowledge, or intellectual level, and abuse" (No. 20), and "Association between the abuser's mental status and abuse" (No. 24). In terms of the risk factors for abuse, international studies have referred to the burden and stress of caregiving[27], history of psychiatric disorders in abusers[28], and the current mental health of abusers (e.g., anger or depression) [29]. Indeed, these factors can lead to abusive conduct in caregiving. However, the present study identified skills to assess an abuser's caregiving capability itself when specialists consider and determine protection or separation. The skills are necessary to determine whether the abuser also requires support.

The fourth subcategory [Skills to assess the association between family relationships and abuse] comprised skill items to assess the association between family relationships and abuse, such as the vicious cycle of communication between the older adult and the abuser, abuse denial, co-dependent relationships, and violence in the family. It is reported that abuse denial by care giver has influence on assessment of abuse [30]. Our experts noted that it is important to assess family relationship factors such as abuse denial by both the older adult and the abuser, and co-dependent relationships. In particular, "A co-dependent relationship between the abuser and older adult" (No. 29) resulting from a close family relationship is prone to lead to life risk, as the older adult has difficulty caring about themselves or managing their own problems. Skills to assess family relationships are indispensable to prevent abusers and abused people from communicating abuse denial to specialists, and to accurately determine abuse and life risk.

Skill items related to protection and separation, and intervention

The 28 skill items in this field are needed for specialists to establish a system for intervention while seeking to reach consensus on the protection and separation views of the staff involved.

The first subcategory [Skills to reach a consensus on the views on protection and separation] comprised skill items directed to seeking consensus on the protection and separation views of the concerned professionals, and skill items confirming the appropriateness of the results determined by the expert team, which can include professionals such as lawyers. Among the eight skill items, four items related to consensus on protection and separation views, and one item to confirming the appropriateness of judgment showed a median value of 5. Differences in the educational processes of specialists can affect the identification and determination of abuse[30]. In addition, previous studies have reported the underestimation of abuse by specialists[31]. Under such

circumstances, specialists determine if protection and separation and strong interventions in family relationships are necessary. Therefore, they have a significant responsibility and psychological burden relating to this judgment. These skill items are important for specialists to reach consensus on protection and separation with other staff involved, and with other experts such as lawyers, to ensure the judgment is appropriate, and to reduce the burden of responsibility in an interdisciplinary and stepwise manner.

The second subcategory [Skills to establish a system for protection and separation] comprised skill items to maximize the function and role of community general support centers, seeking to cooperate with formal and informal services, and supporting the older adult and their abuser. Cases of abuse are characterized by low levels of social support and rejection of intervention[32]. Community nurses can visit older adults, and therefore have a significant role and responsibility in the identification of abuse and subsequent intervention[33-34]. The skill items "Identify a clue for intervention through visits" (No. 43) and "Cooperate with the abuser's primary physician to identify a clue for intervention" (No. 45) are important skills for intervention that use existing functions and resources, and can lead to the prevention of life risk in older adults. Using existing tools and resources also includes the skill item "Examine whether or not the police should intervene when criminality is involved" (No. 48). This skill is necessary for protecting the lives and rights of older adults and preventing the criminalization of abusive conduct. However, support for the abusers after separation is a major challenge in Japan[35]. Our study highlighted the importance of the skill item "Examine the system of support for caregivers after separation" (No. 49).

The third subcategory [Skills for intervention for protection and separation] comprised items related to approaches to older adults and abusers when an intervention has already been made, and when determining the necessity of on-site investigation. The necessity of on-site investigation for elder abuse is determined in the same manner as for child abuse (e.g., Ministry of Health, Labour and Welfare guidelines). When an intervention has already been made, the approach identified in our findings was to "Encourage a decision of separation of the older adult from the abuser by empowering the former" (No. 56). While assessing life risk in older adults and forming a team, specialists must support the decision making of vulnerable older adults by considering them as independent beings. In the process of intervention, specialists need the skill "Maintain an appropriate psychological distance with the abuser" (No. 54). This skill is recognized through reflection[36] and leads to the prevention of involvement in abuse cases and burnout.

Significance of this study and future challenges

The skills to respond to high-risk abuse cases that require protection and separation were practiced in only a few of the cases reviewed in the present study, and they have not been sufficiently validated in previous studies. Identification of skill items can serve as a self-assessment tool and also can be objectives for specialists to achieve. Therefore, these can be used for professional skill development. Further, the mastery of these skills by specialists will help to resolve difficulties in abuse interventions, and can prevent burnout in these professionals. In future, the skill items should be examined in the education and training of specialists and by the evaluation of practical results.

Acknowledgements

The present study was supported by JSPS KAKENHI Grant Number 23593404.

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保護や分離を要する高齢者虐待事例対応に不可欠な専門職の技能

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要　　旨

本研究では、保護や分離が必要な高齢者虐待事例対応過程において不可欠な専門職の技能項目を提示することを目的とする。研究方法は、デルファイ法を用い３段階で実施した。まず保護または分離を実施した 10 の虐待事例に対する専門職の対応過程を質的に分析し、技能項目を抽出した。次に、地域包括支援センター 73 ヵ所の専門職のうちエキスパート 170 名に対し、デルファイプロセスを２ラウンド実施して、技能項目の重要度の合意を得た。60 の技能項目が合意基準に達した。これらはアセスメント領域、保護や分離の検討と介入領域に分類された。アセスメント領域は、４つの中項目に分かれ、「高齢者の状態から生命危機を予測する技能」7 項目、「介護関連行為から高齢者の生命危機を予測する技能」8 項目、「虐待の事実と虐待との背景要因に関連する技能」１0 項目、「家族の関係性をアセスメントする技能」7 項目の計 32 の技能項目から構成された。保護や分離の検討と介入領域は、３つの中項目に分かれ、「保護や分離の見解の一致を図る技能」8 項目、「保護や分離に向けての体制形成を図る技能」10 項目、「保護や分離のための介入に関する技能」10 項目の計 28 の技能項目から構成された。アセスメント領域における技能項目は、高齢者の生命危機を予測し保護や分離を判断するために必要な項目であると考えられた。保護や分離の検討と介入領域における技能項目は、専門職と関係職種間で保護や分離の見解の一致を図りながら、体制を形成し介入するために必要な項目であると考えられた。