



Research on mistreatment of older adults in Quebec:

summaries of scientific articles



Validation of the Indicators of Abuse (IOA) Screen.

REFERENCE

Reis, M. & Nahmiash, D. (1998).
Validation of the Indicators of Abuse
(IOA) Screen. *The Gerontologist*, 38(4),
471-480.

TEXT TYPE

Format: Scientific article

Content: Tool validation

THEMES COVERED

Definition, extent of the phenomenon,
forms of abuse in the community-
dwelling population, risk factors,
vulnerabilities, profile of the abused
person, authors of abuse, detection,
intervention, intervention, burden and
stress, training.

GOAL OR RESEARCH QUESTION

The main purpose of this study is to develop and validate the IOA (The Indicators of Abuse Screen).

PROBLEM

It is estimated that abuse affects 3 to 5% of the elderly population. However, the abuse or neglect of seniors is not always easy to detect and there are few validated screening measures that can assist practitioners in identifying the problem. The «Brief Abuse Screen for the Elderly» appears to be an interesting and valid tool to identify situations of abuse. However, the evaluation allowed by this tool is based on a single factor and practitioners must first be trained to identify such situations.

METHODOLOGY

The present study was carried out on 341 cases of seniors who have received home visits by professionally qualified practitioners from a health and social services agency, for a period of approximately 18 months. The participants must be aged 55 or over and their care provider must not be compensated. A predetermined list which includes 48 items and the «Brief Abuse Screen for the Elderly» were completed following a telephone interview and a home visit of 2 to 3 hour duration. The main approach to data analysis was discriminant factorial analysis.

RESULTS

A total of 29 indicators (IOA) allowed distinguishing situations of probable and improbable abuse in 96.3% of cases. In addition, these indicators allow discrimination of over 78.4% of confirmed cases of abuse and of 100% of cases that do not show abuse. The least important variables were found to be assistance with activities of daily living, physical or mental disability, economic hardship other than financial dependence, the desire to institutionalize and experiencing stress. A risk zone was determined when a person obtains a score of 16.0 or higher in the IOA. Indicators of abuse which emerge are family and marital conflict, mental health and behavioral problems in care providers and anterior incidents of abuse of the senior.

DISCUSSION

The results demonstrate divergent, concurrent and construct validity of the 29 items of the IOA. Reliability is also proven by the high internal consistency of all items, excluding demographic aspects, the relationship between the caregiver and the older person as well as age of the latter. Non-discriminating variables can be important issues and may require intervention, but they do not contribute to the detection of situations of abuse. Indicators of abuse can be organized into three categories: intrapersonal problems of the caregiver, interpersonal problems and low social support of the caregiver and past abuse of the elder person receiving care. It appears that caregiver characteristics are related more to situations of abuse than those of older person.

CONCLUSION

This study has validated the IOA as an appropriate screening tool for practitioners who wish to identify cases of abuse among their clients. It is a quick, simple and inexpensive tool that can be used in conjunction with other screening tools. This tool can be useful for indicating the potential recurrence of abuse or the risk of future abuse. It can also be used for educational purposes and help guide the intervention of professionals.

PRACTICE OR RESEARCH AVENUE

The authors suggest exploring the appropriateness of using the IOA as a tool for planning of intervention and for teaching. They also mention the possibility of conducting further studies and to add indicators to the IOA in order to improve its accuracy. Finally, they insist on the fact that the threshold of 16.0 which determines the risk zone is only indicative and that cases with lower results should be examined further and be the objects of future research.

DRAFTING DATE

September 23, 2013

