
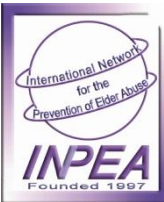


FINAL Program



ELDER ABUSE: A GLOBAL CONCERN

INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE 7TH WORLD CONFERENCE AND COMMEMORATION OF WORLD ELDER ABUSE AWARENESS DAY

ZIVOT 90 THEATRE, KAROLINY SVETLE 18, PRAGUE, CZECH REPUBLIC

MAY 28, 2012

When World Elder Abuse Awareness Day (WEAAD) was launched by INPEA seven years ago, it definitely was an idea whose time had come. WEAAD has caught the imagination of and has been embraced by NGOs, government agencies and individuals in many countries.

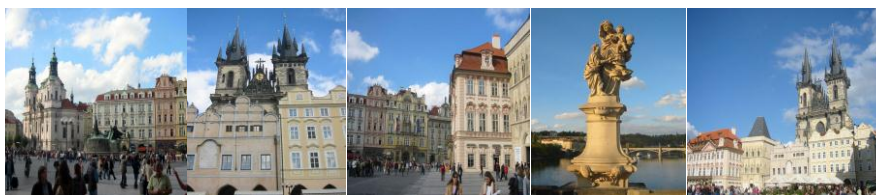
In 2008, INPEA partnered with the Canadian Network for Prevention of Elder Abuse to host a very successful 2-day conference in Ottawa, to mark WEAAD. In 2009 the official INPEA WEAAD event was held in Paris, in partnership with ALMA, the French national elder abuse prevention organization. It took place just prior to the World Congress of the International Association of Gerontology and Geriatrics. In 2011 the conference was held in London, hosted by INPEA and Action on Elder Abuse, the major elder abuse organization in Great Britain and six partner organizations that work with older people. This year INPEA and ZIVOT 90 and IFA are partnering to host an outstanding international event that will take place in Prague, Czech Republic the day before and during the 11th Global Conference of the International Federation of Ageing (IFA).

Registration fee (coffee breaks & lunch included):

INPEA or ZIVOT 90 or IFA members \$29US or 569CZK or 21€

Non-members \$53US or 1040CZK or 37€

If you join INPEA or ZIVOT 90 or IFA, you can take advantage of the reduced INPEA conference fee and register at a reduced fee for the IFA conference. To join INPEA & to register visit www.inpea.net
The code to use in claiming reduced registration at IFA conference for INPEA members is [201204](#)



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PROGRAM *

MAY 28, 2012

8:30-9:00 Registration

9:00-9:15 Welcome and Introduction

Gloria Gutman, President INPEA (Canada)

Jan Lorman, ZIVOT 90 (Czech Republic)

9:15-9:30 Greetings from the Minister of State for Seniors, Government of Canada, the Honorable Alice Wong, P.C. M.P.

9:30-10:30 Keynote Address

PROGRESS IN ADDRESSING ELDER MALTREATMENT IN THE WHO EUROPEAN REGION

Dinesh Sethi, MSc MD MRCP FFPH

Programme Manager (a.i) Violence and Injury Prevention

WHO Regional Office for Europe, Copenhagen, Denmark

Chair: Ariela Lowenstein – INPEA Regional Representative for Europe

10:30-10:45 Coffee Break & Networking

10:45-12:00 Symposium 1 – Financial Abuse Detection and Prevention

- Amanda Phelan (Ireland) – Understanding elder financial abuse: exploring promising strategies to counteract the problem.
- **Don Blandin** and Robert Roush (USA) – Training health care professionals to screen their older patients for vulnerability to financial exploitation
- Mary Gilhooly, Miranda Davies, **Ken Gilhooly**, Prescilla Harries & Deborah Cairns (UK) - Framing the detection of elder financial abuse as bystander intervention: case features determining certainty that abuse is taking place and likelihood of taking action

12:00-1:00 Lunch & Regional Highlights Part 1

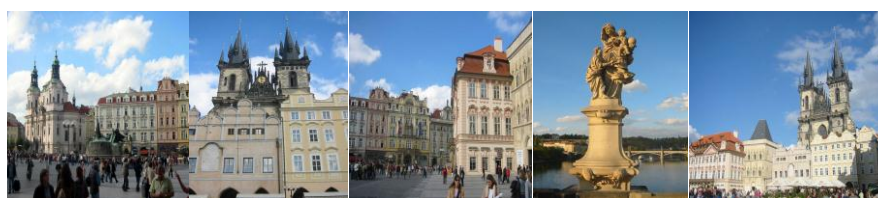
Asia - Mala Kapur Shankardass (India)

Latin America and Caribbean – Lia Daichman (Argentina)

North Africa and Middle East - Abla Sibai (Lebanon)

1:00-2:15 Symposium 2 – Defining and Measuring Abuse and Neglect in the Community

- Lynn McDonald and Marie Beaulieu (Canada) – Precursors to a national prevalence study in Canada: objectives and design
- Laura Watts (Canada) – Why theory matters
- Ariela Lowenstein (Israel) – The challenge of international comparison
- Cynthia Thomas & Pryanthi Silva (USA) – Complexities in operationalizing definitions



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2:15-3:15 Rosalie Wolf Memorial Lecture

RECONSIDERING ASSUMPTIONS ABOUT MEN AS ELDER ABUSE PERPETRATORS AND MEN AS ELDER ABUSE VICTIMS: GLOBAL IMPLICATIONS FOR THE PREVENTION OF ELDER ABUSE

Jordan I. Kosberg, Ph.D., ACSW – Winner Rosalie Wolf International Award 2011
Visiting Professor, School of Social Work, New Mexico Highlands University and
Adjunct Professor, Division of Geriatrics, University of New Mexico.

3:15-3:30 Coffee break

3:30-4:45 Symposium 3 – Detecting, Addressing and Preventing Elder Abuse in Residential Care Facilities

- **Merav Ben Natan**, Ariela Lowenstein & Zvi Eisikovits (Israel) - Psycho-social factors affecting elders' maltreatment in long-term care facilities
- Lynn McDonald (Canada) – Measuring abuse and neglect in the institution: A pilot study of a national prevalence study in Canada.
- Bridget Penhale (UK) – Recent research on institutional abuse and neglect in the UK: the PANICOA program

4:45-5:45 Symposium 4 – Public Education, Screening, Prevention and Inter-organization Collaboration

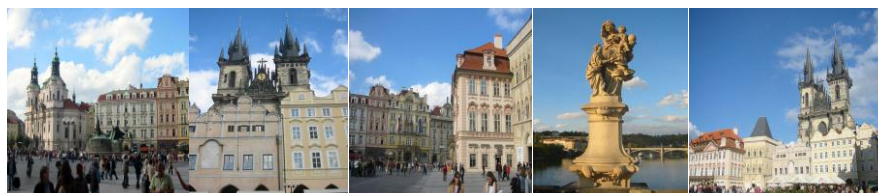
- Marie Beaulieu (Canada) Facts on elder abuse quiz: a useful tool for public education
- Yongjie Yon (Canada) Application of family violence interventions to prevent and respond to elder abuse
- Silvia Perel-Levin (Hungary) Screening by Primary Health Care Providers for elder abuse: an update and critical review.
- Susan Somers (USA) The Global Alliance for the Rights of Older People

5:45 -7:00 Reception and Regional Highlights – Part 2

Sub-Saharan Africa – Sebastiana Kalula (South Africa)

North America – Marie Beaulieu (Canada)

Europe – Ariela Lowenstein (Israel)



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MAY 31, 2012

2:00-3:00 IFA Elder Abuse and Neglect “Kick-off” PROS AND CONS OF MANDATORY REPORTING

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Chair: Gloria Gutman, President, INPEA

- Susan Somers (USA)
- Lynn McDonald (Canada)
- Mala Kapur Shankardass (India)
- Greg Mahney (Australia)

3:00-4:30 Symposium 5 – Making the case for a new UN convention to ensure social protection of older persons: Why isn't MIPAA enough? INPEA human rights symposium

Co-chairs: Susan Somers and Ariela Lowenstein

- Lia Daichman (Argentina) – Elder abuse, discrimination and mistreatment in the Latin American region: Has a decade of MIPAA made a difference?
- Agnes Tiwari (Hong Kong) – An innovative approach to the right to care for older people with chronic illness in an impoverished neighborhood of Hong Kong
- Israel Doron (Israel) – Globalization, poverty and old age: Why should we care?
- Pat Brownell (USA) – Ageism and mistreatment of older workers: Current reality, future solutions

4:30-5:00 - New Developments in Training and Awareness Raising

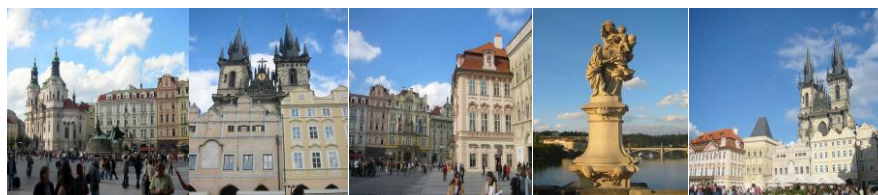
- James Vanden Bosch (USA) - ***In Their Own Words: A Video Training and Awareness Series on Elder Abuse***

5:00-6:30 Symposium 6 –Mistreatment of older adults: an international overview on social policies in force and their effect 10 years after the adoption of the Madrid International Plan of Action on Ageing

Chair: Marie Beaulieu

- Marie Beaulieu (Canada) – The Québec plan of action to counter elder abuse (2010-1015)
- Françoise Busby (France) – Actions to counter elder abuse in France: What has been done in almost 20 years.
- Nicolas Berg (Belgium)- More than 15 years of action to counter elder abuse in Wallonie, Belgium.

* Program subject to change. Names in bold indicate presenter in multi-author presentations



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Keynote Speakers

Dinesh Sethi



Dr. Sethi read medicine at Liverpool University and worked in internal medicine and the trained in public health at the London School of Tropical Medicine and the London Deanery. Before joining WHO he worked as a Consultant and Senior Lecturer in Public Health in London. In the past he has conducted surveys of injuries in refugees in Uganda, evaluated the cost-effectiveness of trauma services in Malaysia, and on health professionals' response to domestic violence in London. His interests include injury surveillance, surveys of injury and violence in the community and advocating for injury and violence prevention.

Jordan Kosberg



In June, 2010, Jordan I. Kosberg, Ph.D., ACSW, retired from the School of Social at The University of Alabama (UA) as Endowed Chair of Social Work and was awarded Professor Emeritus status. He, and his wife Juanita Garcia, relocated to Albuquerque, New Mexico where he is a Visiting Professor in the School of Social Work at New Mexico Highlands University and Adjunct Professor in the School of Medicine's Division of Geriatrics at the University of New Mexico. He earned his Ph.D. at The University of Chicago and both M.S.S.W. and B.S. degrees at the University of Wisconsin in Milwaukee. Among other positions, he has been The Philip S. Fisher Professor in the School of Social Work at McGill University, and Director of the School's Center for Applied Family Studies. Professor Kosberg has taught at universities in Florida, Ohio, and California, held visiting professorships in China, Hong Kong, Australia, and Israel, and was named the TOWER Fellow for the New Zealand Institute for Research on Ageing in 2002. He is a Fellow of The Gerontological Society of America (GSA) and the Association for Gerontology in Higher Education (AGHE), and was awarded the Career Achievement Award in 2000 by the Association for Gerontology in Social Work Education (AGE-SW). As a career-long gerontological social work educator and research, he has edited or co-edited seven books, and authored or co-authored 25 book chapters and over 100 journal articles. He is the current U.S. Representative to the International Network for the Prevention of Elder Abuse (INPEA).



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SPECIAL GUEST

The Honourable Alice Wong Minister of State (Seniors), Canada



The Honourable Alice Wong moved to Canada 31 years ago from Hong Kong. In the early 1990s, she earned a PhD in curriculum and instruction from the Faculty of Education at the University of British Columbia. She was first elected to the House of Commons (Government of Canada) in 2008. She was appointed Parliamentary Secretary for Multiculturalism in November 2008. In 2011, the Honourable Alice Wong was appointed Canada's Minister of State for Seniors. Prior to entering federal politics, Dr. Wong operated several family businesses, including one specializing in research and education. She also gained experience in the education sector, holding two management positions at post-secondary institutions in British Columbia, Canada. In addition, she has worked as a college lecturer and instructor at schools in Hong Kong and has extensive field experience in Europe, Asia and Africa. Dr. Wong has served as a vice-president of several community organizations and was a member of a number of Canadian boards. She is also a guest host of current affairs programs on local Chinese and multicultural radio and television.

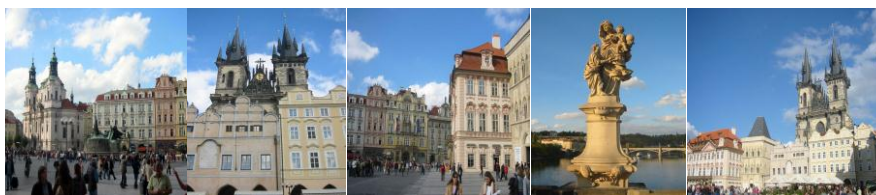
Abstracts

SYMPOSIUM 1: Financial Abuse

Phelan, A. Understanding elder financial abuse: exploring promising strategies to counteract the problem.

Financial abuse of older people is a dominant form of elder abuse perpetration. The gravity of financial abuse is supported by recent elder abuse prevalence studies in Ireland and other countries, as it can represent the most common form of abuse perpetration (Naughton et al 2010, Acierno et al 2010, Lifespan of Greater Rochester Inc. et al 2011) and is the second most common form of identified abuse in the United Kingdom (O'Keefe et al. 2007). Although financial victimisation is not unique to older people and old age in itself does not predispose to people being deceived, particular age related factors may contribute to increased vulnerability (Smith 1999, Pinsker & McFarland 2010). This presentation explores the presenting issues, consequences and promising strategies which have been used to combat this social challenge.

Blandin, D. & Roush, R. Training health care professionals to screen their older patients for vulnerability to financial exploitation. Financial exploitation of older persons is a serious problem, with \$2.9 billion lost annually in the U.S. alone. Thirty-five percent of persons over age 71 have Alzheimer's disease or Mild Cognitive Impairment (MCI), a group making four times the financial errors than persons without MCI. Other neurodegenerative diseases (e.g., Parkinson's) and damage to the prefrontal cortex of the brain also contribute to these elders being particularly vulnerable to fraud. Clinicians are beginning to recognize that financial loss in old age can have deleterious effects on the fragile states of frail elders. With a burgeoning older population that will represent nearly one of every five North Americans in less than 20 years, this insidious form of elder abuse must be combated worldwide. The Elder Investment Fraud and Financial Exploitation (EIFFE) Project aligns investor educators with clinicians for continuing medical education (CME) on how they can screen their patients for vulnerability to being financially defrauded. A 2009 pilot project in Texas resulted in a coalition of 27 other states, the District of Columbia, and Puerto Rico being formed by the Investor Protection Trust in Washington, D.C. Baylor College of Medicine in Houston was contracted to develop a CME program to prevent EIFFE. In 2011, 30 programs were held in the U.S. reaching over 2000 clinicians. Attendees earn medical ethics credit and receive a Clinician's Pocket



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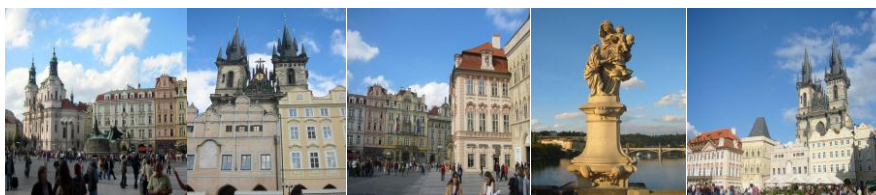
Guide assisting them in screening patients for vulnerability to financial exploitation and in making referrals for those deemed highly vulnerable. The EIFFE coalition will offer even more CME programs in 2012 in an attempt to reach several thousand more clinicians with the message of what they can do to combat elder financial abuse that robs people of their wherewithal for a good old age.

Gilhooly, M., Davies, M., Harris, P., Gilhooly, K. & Cairns, D. Framing the detection of elder financial abuse as bystander intervention: case features determining certainty that abuse is taking place and likelihood of taking action. This paper presents the findings of Phase II of a three-phased project funded by the New Dynamics of Ageing Programme. The aim of the three phases of this project was to examine decision-making by health, social care and banking professionals in relation to the detection of elder financial abuse. For Phase II data was collected via the World Wide Web where participants (82 health, 70 social care and 70 banking professionals) were asked to read and rate case studies created from the analysis of Phase I of the research. Data was analyzed quantitatively using two methods: regression techniques to identify the importance of each of the factors in respondents' decision making and cluster analysis to group participants according to their judgement about the certainty that financial abuse is occurring and likelihood of taking action. Of the many factors that could be used in deciding whether elder financial abuse is taking place, only a few appear to persuade professionals that financial abuse is definitely taking place. Similarly, only a handful of factors influence decision making in relation to actions taken. The cues that exert the greatest influence are: the mental capacity of the older person; the nature of the financial problem and, in the case of those in banking, who is in charge of the older person's money. The characteristics of the decision making professionals appeared to have little influence on the decisions they made. Age, years of experience, gender and living circumstances did not influence certainty of identifying financial abuse or the likelihood they would take action. Framing the detecting of elder abuse as bystander intervention provides a novel way of exploring the barriers to intervention in cases of suspected elder abuse.

SYMPOSIUM 2: Defining and Measuring Elder Abuse and Neglect in the Community

McDonald, L. & Beaulieu, M. Precursors to a national prevalence study in Canada: objectives and design Despite Canadian and international research efforts, the elder mistreatment enterprise is awash in definitional difficulties. The overarching goal of this research was to address the main problems associated with the conceptual definitions and measurement of mistreatment; the difficulties with theory; the challenges associated with identifying risk factors and the issues surrounding the collection of reliable and valid data related to the prevalence of mistreatment. This paper reports on the first phases of the research program that examined conceptual definitions of mistreatment worldwide, the decision rules used by the team to make definitional choices and the responses of older adults and professionals to these choices via focus groups, interviews and a national consensus meeting of stakeholders in Canada. This paper will contribute to an understanding of the complexity involved in designing a national prevalence study that contains definitions relevant to all stakeholders.

Watts, L. Why theory matters. The research team chose the life course perspective as the blueprint for the Canadian elder abuse study in terms of the concepts to be considered, the interaction between societal, structural and individual factors, and changes over time. An added benefit was the inclusion of other theories within a life course framework that could be integrated vertically at all three levels. Five life course principles were used: abuse as a major turning point in a person's life; the inclusion of systematic factors such as those found in institutions; recognition that the mistreated person is embedded in professional and informal relationships; recognition of period and cohort effects that influence mistreatment; and lastly, older persons were seen to be adults capable of making their own decisions. Participants will be able to explain how theory can influence a national prevalence study and how various theories can intertwine to meet the requirements of many stakeholders.



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Lowenstein, A. Definitions of elder abuse in the Canadian Study: The challenge of international comparisons.

If the Canadian definitions of elder abuse and neglect were not comparable to international studies then few comparisons could be made as to how Canada was faring on the world stage of mistreatment. This challenge occurred within a set of competing demands for national comparability to earlier studies in Canada, the need to be future-oriented and the requirement that the definitions be relevant to multiple stakeholders. Using the National Survey on Elder Abuse conducted in the Israeli community, this paper addresses the issues of comparability between Canada and Israel according to prevalence periods, inclusion factors such as age and ethnicity, the unit of analysis such as the older individual versus the caregiver and the type of measurement used, its severity and impact. Participants will understand the balance required to develop a mechanism that allows for international comparison and at the same time reflects national conditions.

Thomas, C., & Silva, P. Complexities in operationalizing the definitions. In this presentation we discuss our efforts to operationalize definitions of abuse and neglect developed under the Canadian Elder Abuse study. We have conducted focus group discussions, one-on-one interviews with older adults and their caregivers, and cognitive testing of questions. To operationalize definitions of elder abuse, one has to evaluate the conduct of a perpetrator, his/her intention to cause harm, and the frequency, intensity, and severity of the abusive behavior. Threshold issues such as the nature of a relationship involving trust between the alleged perpetrator and the victim, the degree of vulnerability of the older adult, and perceptions of the person alleged to have been abused also need to be considered. We present vignettes based on actual situations to illustrate some of these complexities.

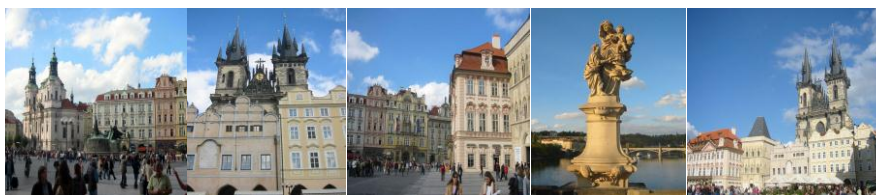
SYMPOSIUM 3: Detecting, Addressing and Preventing Elder Abuse in Residential Care Facilities

Ben Natan, M., Lowenstein, A. & Eisikovits, Z. Psycho-social factors affecting elders' maltreatment in long-term care facilities .

The purpose of this study was to examine and analyse the major variables affecting elders' maltreatment in nursing homes. The study was based on two theoretical paradigms (Theoretical model for predicting causes of maltreatment of elderly residents developed by Pillemer, 1988 and the Theory of Reasoned Action developed by Ajzen & Fishbein, 1980) for understanding acts of staff mistreating older nursing home residents. **Methods:** The research population consisted of staff working in 22 nursing homes in Israel. Six hundred questionnaires were distributed to these facilities and 510 were completed and returned. **Results:** The findings indicate that slightly more than half of the staff sampled reported abuse of elderly residents over the past year, involving one or more of types of maltreatment. The total number of various types of maltreatment reported was 513. About two-thirds of the cases were incidents of neglect. 70% of the respondents reported that they had been present at incidents in which another staff member abused an elderly resident in one or more types of maltreatment, while in such situations mental abuse and mental neglect were the most prevalent forms of maltreatment. The findings show that staff attributes, i.e., the degree of emotional burnout and resident traits, i.e., their cognitive status impact physical and mental abuse; while institutional features, i.e., staff turnover rate and staff characteristics – their level of emotional fatigue – impact physical and mental neglect. Finally, resident traits, i.e., their dementia situation, is the most significant variable influencing the total number of maltreatment cases. **Conclusions :** This is the first study that examines elder maltreatment in the long term care population in Israel. The research findings lead to an expanded and improved research model which help health policy planning to prevent the phenomenon.

McDonald, L. & Beaulieu, M. Measuring elder abuse and neglect in the institution: A pilot of a national prevalence study in Canada.

Most research on elder abuse has focused on the prevalence, causes, risk factors and interventions for older adults living in the community and has paid less attention to those living in congregate housing (O'Keefe et al., 2007; Lowenstein et al., 2008; National Center on Elder Abuse, 2005; Podnieks, 1990). Nevertheless, it is the oldest seniors, those 85 years and older, who constitute the largest age group in long term care settings (Public Health Agency of Canada, 2001). In addition to being older than seniors in the community,



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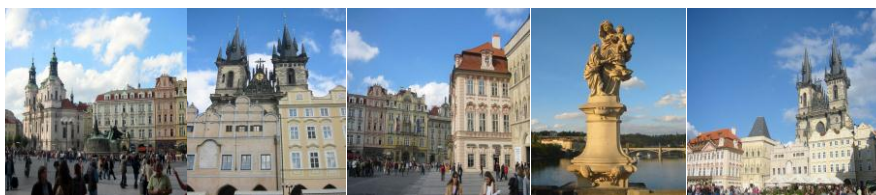
residents of long term care settings are frailer and have more complex needs. They are also more likely to have some degree of cognitive impairment, or a disabling condition than their counterparts who do not live in long term care (Specter et al., 2001). Only about 12 to 13 percent of residents are married, and many others lack a close family member who lives within an hour of the facility (Hawes, 2002). Thus, residents in long-term care facilities tend to be more dependent on others to provide care, support and assistance and therefore are more vulnerable to abuse and neglect. The purpose of this paper is to report the institutional findings from a pilot study as a precursor to a national prevalence study of elder mistreatment in the community and institutions in Canada. The overarching goal of the whole research program was to address the main problems associated with the conceptual definitions and measurement of mistreatment; the challenges associated with identifying risk factors and the issues surrounding the collection of valid and reliable data related to the prevalence of mistreatment. This paper reports on the later phases of the research program that pilot-tested the interview schedule in face-to-face interviews with 35 older adults residing in long term care institutions. The findings highlight the challenges of research in congregate care settings such as mandatory reporting requirements, privacy, sensitivity, proxy interviews, ethical concerns, and recommended approaches to overcome these difficulties.

Penhale, B. Recent research on institutional abuse and neglect in the UK: the PANICOA program

Over the last 10 years there has been increasing recognition of the abuse and neglect of older adults in institutions as a social problem in need of attention and part of the broader challenge of elder abuse and neglect. Defining and identifying institutional abuse remains difficult and techniques of intervention with victims of abuse and those who abuse are in quite early stages of development. Government and public responses to the problem of the institutional abuse of vulnerable older people are an important element to combat abuse and neglect in care settings. Research to develop knowledge and understanding of this area is also essential. In England and Wales, a Department of Health and Comic Relief funded research programme on abuse and neglect of older people in institutional care was established in late 2008 and will run until summer 2013. The programme comprises 11 separate studies, of which two are still being undertaken. A range of different aspects of institutional abuse have been covered through the research programme. This includes studies concerning secondary data analysis, definitions, development of an observational tool, consideration of organisational factors within institutional care, training for care staff within residential settings, experiences of BME elders in care settings and elders in acute care settings. The presentation will provide details of the programme and the studies within it and explore some of the relevant issues. Future possible developments will also be considered.

Symposium 4 – Public Education, Screening, Prevention and Inter-organization Collaboration

Beaulieu, M. Facts on elder abuse quiz: a useful tool for public education. Social response towards elder abuse, like the one towards many other social problems, can be based on the fact that people do not have a strong knowledge of the issue. Their attitudes and behaviours are adjusted in accordance to their misconception of the issue, creating an inappropriate response, or at least a not totally suited one. One avenue of change consists in adopting a prevention approach, such as an education program, enhancing people to realise what they know and do not know on elder abuse. That type of activity has to be designed in a way that people enjoy testing their knowledge and learning. This is exactly what we did by developing an educational approach on elder abuse using a methodology inspired by Palmore when developing its famous the *Facts on Aging Quiz (FAQ)*. Before presenting the content of the *Facts on elder abuse quiz*, we will expose the methodology in 6 steps including the advice of an international scientific committee of 8 experts, development validation with more than 500 participants and content validation with another 500 participants. The final product contains 2 quizzes (including the quiz, a manual for the traior and a PowerPoint); a first one of 18 questions aimed for a general public and a second one of 25 questions aimed for experienced practitioners. The first quiz has been published as a book in French in 2012. Beaulieu, M., & Bergeron-Patenaude, J. (2012). *La maltraitance envers les aînés. Changer le regard*. Québec :Presses de l'Université Laval. 148 p.



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Yon, Y. Application of family violence interventions to prevent and respond to elder abuse. Elder abuse is a significant and growing problem in our society (WHO, 2002). Yet, compared to other forms of family violence, such as child abuse and intimate partner violence, research and attention on elder abuse interventions is still in its infancy. Elder abuse is an important policy issue as it has serious health and economic consequences. For example, Lachs, Williams, O'Brien, Pillemer & Carlson (1998) have found that stress induced from elder abuse leads to earlier mortality among its victims, compared to those who did not experienced abuse. In addition, using a hypothetical rate of one percent on elder abuse, Spencer (1999) estimated that the health care costs associated with the use of abuse-related services (i.e. hospitalization and nursing services) was approximately \$500 million. Therefore it is important to implement effective interventions to prevent and reduce the stressful impacts of elder abuse. This conceptual paper will explore the application of effective family violence interventions to address elder abuse. Decades of research and practice in the area of family violence provide an excellent foundation to advance understanding of elder abuse and strategies for preventing and responding to the abuse of older adults. Given the lack of rigorous research on elder abuse interventions, this paper will explore lessons learned by examining existing research, including meta-analyses from family violence interventions and family violence theories. In particular, the paper will address the following research questions: (1) can effective family interventions be applied to elder abuse interventions?; (2) what are some of the commonalities and differences between family violence and elder abuse interventions?; and (3) what are the special considerations in responding to elder abuse. The paper will also examine definitional issues relating to elder abuse including the challenges in defining, and therefore detecting, abuse as well as the complexities in defining 'successful' intervention outcomes.

Perel-Levin, S. Screening by Primary Health Care Providers for elder abuse: an update and critical review.

Several tools for detecting elder abuse have been developed and used by different care providers but only a few have been validated and published. This presentation will review and analyze the progress - or lack of it - on the development, use and evaluation of screening tools at the primary health care level for elder abuse since the discussion paper on the topic was published by the World Health Organization in 2008. A critical review of published literature and some experiences in different countries will be discussed. The ongoing debate about screening for family violence and elder abuse reveals the multiple barriers for implementing a reliable detection protocol.

