Elder abuse is a national epidemic – affecting 1:10 community dwelling older adults, 1:2 persons with dementia, and possibly 1:4 residents in long term care settings. Despite this, science for elder abuse is sparse, especially when compared to other forms of family violence. Pickering’s research aims to help continue to develop the field of elder abuse with a program of research focusing on structural and interpersonal violence in elder abuse.

Structural violence is the embedded political, institutional and social discourses that maintain violence. Pickering has worked on research examining organizational policies which contribute to neglect in assisted living facilities, in addition to her work as a clinician in the long term care sector in multiple capacities.

Pickering has published and presented on policy issues affecting safety and quality in the long term care sector. Currently, Pickering is examining how organizational and regulatory practices such as safety, culture, and occupational health and safety affect caregiving outcomes including abuse and neglect in long term care settings.

Interpersonal violence encompasses the dynamics of violent acts between two persons, as well as the acts and outcomes of the violent incident itself. Pickering’s research has examined how both older adults and their family members, specifically adult daughters, perceive physical elder abuse. Pickering’s research has led to the development of both a theoretical framework explaining the process of aggression and a conceptual model explaining the development of aggressive relationship dynamics. Future work in this area will focus on theory testing, with the goal of developing preventative interventions and screening instruments.

Pickering has also been involved in studies analyzing injuries, injury patterns, and mechanisms of injuries older adults sustain from accidental as well as abusive incidents, from a forensic perspective. Pickering will continue this work on injuries and outcomes with the long term goal of developing a gero-forensic nursing model of care.