

National Adult Protective Services Resource Center

NAPSA/NCPEA Research Committee

Research to Practice Brief

Title

Self-neglect and Neglect of Vulnerable Older Adults: Reexamination of Etiology

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Summary of Research

When dealing with neglect, APS workers must address how the availability of services and resources affects the ability of the older adults and/or their caregivers to ensure adequate care. This mixed-methods study used data from 579 Adult Protective Services (APS) Client Assessment and Risk Evaluation (CARE) assessments to examine the relationship between inadequate health and safety net programs for low income older adults and elder neglect. Using a public health framework, the authors hypothesized that after controlling for cognitive and functional impairment, deficits in resources (e.g., money, medication, and adequate living conditions) would be associated with elder neglect, which in this study encompassed both neglect by self and others. This hypothesis was supported by the analysis.

Variables representing cognitive impairment, functional impairment, and economic resource deficits were created from a comprehensive assessment tool. Statistical procedures compared the categories of maltreatment with the “unsubstantiated” category. Researchers also did an in-depth content analysis of APS workers’ explanatory narratives of 57 confirmed cases.

Almost two-thirds of the cases (64.2%) were unsubstantiated. The most frequently occurring mistreatment outcome was medical neglect only (17.2%). Those in the medical neglect category had the most functional impairment; cognitive impairment was most prevalent in the combined category, and economic resource deficits in all neglect categories were significantly greater than in the unsubstantiated category. Differences between those neglected and those not neglected were explained not only by differences in functional and cognitive status, but also by differences in economic resources. The case narratives illuminated these differences; for example this study revealed that a state-imposed limit of three prescriptions per month for Medicaid patients left many older adults vulnerable to worsening health conditions.

Practice and Policy Implications

For practice, the results point to the need for APS workers to carefully examine the role played by the absence of sufficient health and support services when investigating cases of neglect, particularly medical neglect. In cases of neglect caused by lack of resources, it may not be appropriate to substantiate caregiver neglect or self-neglect. The outcome is more accurately described as societal neglect.

Policy implications of this study include the need to ensure that essential programs that provide for the health, safety, and well-being of vulnerable older adults are preserved and strengthened, particularly during difficult economic times. APS workers and administrators should also continue to educate the public and policymakers on the risks inherent in an inadequate public health safety net for vulnerable older adults.

Further Reading

CARE Tool - http://www.dfps.state.tx.us/handbooks/APS/Files/APS_pg_2400.jsp#APS_2410

Article Abstract - <http://www.ncbi.nlm.nih.gov/pubmed/19197638>



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