NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION
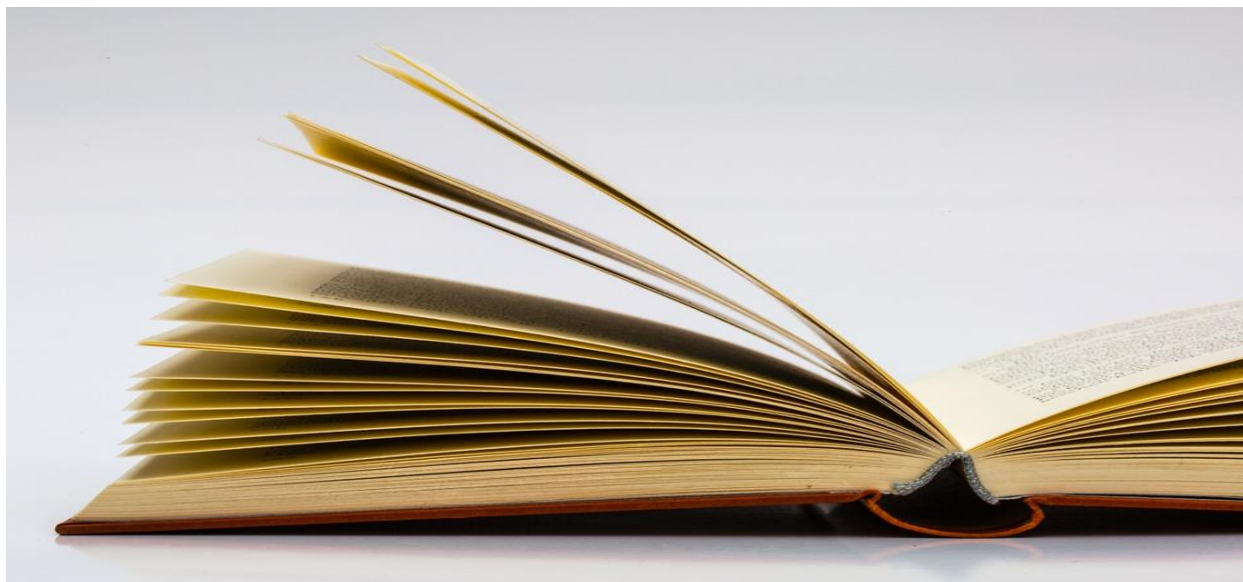## THE NATIONAL APS RESOURCE CENTER

Lessons Learned from Research and Practice: An APS Technical Assistance Report
Part I – Emerging Information from Professional Publications

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I. INTRODUCTION

The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0003) of the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS). Administered by the National Adult Protective Services Association (NAPSA), the Resource Center (RC) provided technical assistance to APS programs nationally from December 2013 through January 2016. The goal has been to enhance the quality, consistency, and effectiveness of elder abuse secondary prevention conducted by APS nationwide by:

- Identifying APS secondary prevention best practices, and compiling and disseminating "lessons learned," and
- Providing targeted technical assistance in implementing best prevention practices to APS administrators through multiple methods.

To accomplish these goals, a variety of activities have been undertaken and multiple reports have been published. An important activity has been an ongoing literature review to identify information published between January 2014 and December 2015 regarding risk and protective factors applicable to elder and vulnerable adult abuse victims and adult protective services policies and practices affecting victims. The review targeted written materials and videos addressing APS- and elder/vulnerable adult abuse-related research, policy or practice published within the United States. Publications regularly reviewed included the *Journal of Elder Abuse and Neglect* (JEAN) and *Victimization of the Elderly and Disabled* (VED). Issues of *The Gerontologist, Generations, Violence and Victims, Clinical Gerontologist, Journal of Gerontological Social Work* and others were also searched. Medline and Ageline were searched using the criteria "elder abuse," and "adult protective services."

The literature search findings, along with technical assistance materials published by NAPSRC during the grant period, are synopsized in this report. The purpose is to provide a succinct reference for APS program administration and staff regarding resources published over the course of 2014-15 that address issues, policies, and investigation and intervention methods relative to elder and vulnerable adult maltreatment and APS secondary prevention efforts. It is anticipated that this synopsis will also serve as a useful resource for researchers, federal and state organizations, funders, and others invested in understanding vulnerable adult maltreatment and prevention and intervention initiatives. The goal is to illuminate available research and publications as well as areas in which research needed to inform APS evidence-based practices is missing or inadequate.

During the grant period, the NAPSRC staff also elicited from state APS program administrators "lessons learned" through innovative practices in which their programs engaged. The findings from that innovative practices search will be provided in Part II of this report, forthcoming.

The NAPSRC expresses deep gratitude to our funder, The US Department of Health and Human Services Administration for Community Living, for making this project possible. We also express appreciation to the National Committee for the Prevention of Elder Abuse, a subgrantee in the Resource Center, for assistance in identifying and synopsizing relevant published research studies.

II. LITERATURE SEARCH RESULTS

The search results consist of 37 published research studies and 12 practice resources (11 publications and one professional training video). The research studies are summarized in Section A below, followed by information in Section B regarding the practice materials.

A. RESEARCH PUBLICATIONS

The 37 identified research articles published 2014-15 that met our inclusion criteria of addressing vulnerable adult abuse and/or APS subject matter have been analyzed and grouped into seven categories.

1. Understanding Abuse and Neglect
   a. Specific forms of maltreatment and victim impact
   b. Relationships between victims and perpetrators
   c. Cognitive impairment among victims

2. Prevalence of Abuse and Neglect

3. Detecting and Reporting Abuse and Neglect

4. Intervention

5. Tools and Scales

6. Professional Preparation, Development, and Perspectives

7. APS System Functioning and Evidence-Based Practices

Below and within these categories, the articles are synopsized and appear in alphabetical order. A brief analysis of the overall research findings is then presented in section 8. Sixteen (16) of these 37 studies relied upon, in whole or in part, APS client data or staff. They are preceded by an "*" in the entries that follow. These studies reveal especially important implications for APS secondary violence prevention efforts and, for this reason, are further highlighted in the analysis in Table 2.

1. UNDERSTANDING ABUSE AND NEGLECT (10 studies)

   a. ***Aamodt, W. W., Terracina, K. A. & Schillerstrom, J. (2015). Cognitive profiles of elder adult protective services clients living in squalor.** *Journal of Elder Abuse & Neglect*, **27, 1, 65-73**

Purpose: To determine whether squalor-dwelling Adult Protective Services (APS) clients were more cognitively impaired than non-squalor-dwelling clients referred for decision-making capacity assessments.

Methodology: Two hundred thirty (230) referral records were reviewed for both squalor-dwelling and non-squalor-dwelling clients. Retrospective medical record review occurred of neuropsychological and demographic data gathered during capacity assessments. Assessments were conducted in clients' homes. Demographic data, squalor-dwelling status, neuropsychological test scores, and dementia diagnoses were included in the study.

Target Population: Clients age 60 years and above referred to the UTHSCSA Department of Psychiatry for decision-making capacity assessments by Texas APS Region 8 (28 county catchment area) between March 2008 and March 2011.

Outcome Measures: Differences in demographic characteristics, cognitive measures, and depression between squalor dwelling and non-squalor dwelling referrals.

Findings and Conclusion: Squalor-dwelling referrals were significantly younger than non-squalor dwelling referrals, but not different in distributions between gender, race, education, rural living, dementia diagnosis or depression. Squalor dwellers performed better than non-squalor dwellers on the Memory Impairment Screen and the Mini Mental State Exam, but no differently on other cognitive measures after adjusting for age and education. While both groups showed significantly impaired executive function, there was no difference between squalor and non-squalor dwelling samples. Results suggest squalor-dwelling is not mediated by physical decline due to age, and cognitive function alone is not sufficient to explain squalor-dwelling behavior. Domestic squalor may stem from impaired neurological processes such as impaired neural processes or frontal lobe dysfunction not normally assessed by standard neurological testing, and other biological and psychosocial variables should be considered, along with comprehensive clinical and biological assessments.

Limitations: The sample represents a sub-set of APS clients and is not representative of the APS caseload in general. Since both squalor dwelling and non-squalor-dwelling study subjects were referred for neurological testing, all subjects had suspected impairments in cognitive functioning, making it difficult to ascertain differences between the two groups.

b. **Applied Research & Consulting, LLC for the FINRA Investor Education Foundation (2015). Non-Traditional Costs of Financial Fraud: Report of Survey Findings. Research Report available at**
   http://www.finrafoundation.org/web/groups/sai/@sai/documents/sai_original_content/p602454.pdf

Purpose: To gauge the effects and non-traditional costs of financial fraud on victims 25 years of age and older. Non-traditional costs include a) indirect financial costs, such as legal fees, fees for

bounced checks, opportunity costs, lost wages, etc.; and b) non-financial costs, such as stress, depression, frustration, anger, sleep deprivation, health issues, and lost time.

Methodology: A nationally distributed online survey of 600 self-reported fraud victims was used. All respondents were men or women ages 25 or older with primary or shared decision-making responsibility for their household's financial investments who had lost money in a fraudulent or potentially fraudulent incident.

Target Population: Adults who have been victimized by financial fraud.

Outcome Measures: Not applicable.

Findings and Conclusions: Non-financial costs of fraud (e.g., stress, health problems, etc.) are widespread among victims of financial fraud. Nearly two-thirds (65 percent) reported experiencing at least one type of non-financial cost to a serious degree. Stress was the most commonly cited non-financial cost, with 50 percent of respondents reporting they had experienced severe stress due to being defrauded. Nearly two in five (38 percent) reported difficulty sleeping, and more than one-third (35 percent) reported experiencing depression. Fraud victims who lost larger amounts of money were more likely to experience a greater number of non-financial costs. Victims of financial fraud placed a good deal of responsibility on themselves for the incident. Just under half (47 percent) blamed themselves, and 61 percent felt it was because they were too trusting. Almost a third of victims were introduced to the person who defrauded them by a friend, family member or professional contact. While over two-thirds told friends or family about the incident, just over one-third reported it to authorities. Most did not because they did not think reporting would make a difference.

Limitations: All participants were self-reported victims of financial fraud, therefore the research does not provide a measure of how often financial fraud occurs in the general population, or which types of fraud are more prevalent.

c. ***Burnett, J., Dyer, C., Halphen, J., Achenbaum, W., Green, C., Booker, J. & Diamond, P. (2014). Four Subtypes of Self-Neglect in Older Adults: Results of a Latent Class Analysis. *Journal of the American Geriatric Society*, 62, 1127-1132.**

Purpose: To determine whether there are subtypes of elder self-neglect (SN) with different risk factors that can be targeted using medical and social interventions.

Target Population: Adults aged 65 and older with TX APS region VI substantiated SN (N = 5,686).

Methodology: Cohort study using archived data of Adult Protective Services (APS) substantiated cases of elder SN between January 1, 2004, and December 31, 2008. Adult Protective Services caseworkers used the Client Assessment and Risk Evaluation (CARE) tool during home investigations, assessing risk of harm in the domains of living conditions, financial status, physical and medical status, mental health, and social connectedness. Latent class analysis was used to identify unique subtypes of elder SN.

Findings and Conclusions: Four unique subtypes of elder SN were identified, with approximately 50% of individuals manifesting physical and medical neglect problems. Other subtypes included environmental neglect (22%), global neglect (more than one subtype) (21%), and financial neglect (9%). Older age, Caucasian descent, and mental status problems were more strongly associated with global neglect behaviors. African Americans were more likely to experience financial and environmental neglect than Caucasians and non-white Hispanics. Elder SN consists of unique subtypes that may be amenable to customized multidisciplinary interventions.

Limitations: Future studies are needed to determine whether these subtypes impose differential mortality risks and whether multidisciplinary tailored interventions can reduce SN and prevent early mortality. Further research is needed to determine if findings generalize to self-neglect cases in other areas.

d. *Friedman, L. S., Avila, S., Shah, M., Tanouye, K., & Joseph, K. (2014), A description of cases of severe physical abuse in the elderly and 1-year mortality. *Journal of Elder Abuse and Neglect*, 26, 1-11.

Purpose: Case control study to assess whether physicians are adequately reporting cases of physical abuse requiring hospitalization to Adult Protective Services; determine if one year mortality is greater among cases (of hospitalized physically abused elderly age 60 and older) than among controls following the original hospitalization.

Methodology: Secondary data analysis of trauma registry data sets from two hospitals in Chicago; and elder abuse verified using medical records cross-referenced with APS case records and the National Death Index. Data analysis using statistical analysis and APS case record reviews.

Sample: Forty-one elder abuse cases were reviewed, 19 of which had investigations conducted by APS, 15 of which were related to the hospitalization. Sample criteria: subjects were patients age 60 years and older treated at a Level I trauma center who had suffered a traumatic injury inflicted intentionally or through neglect by a caregiver or other person with whom patient had a trusting relationship at home or in a care facility; controls were randomly selected from the list of elderly patients in the trauma registry. Four controls coincidently had records of substantiated abuse through APS, but were not identified in the registry as having been admitted to the trauma center due to elder abuse.

Outcome measures: Average time of follow-up for death records from the original hospitalization for subjects and controls; mortality rate for subjects and controls; average age at time of death for subjects and controls; most frequent cause of death for subjects and controls; death rate during first year after the original hospitalization for subjects and controls.

Findings and conclusions: Mean days of survival for elder abuse victims was lower than for controls; and a higher proportion of deaths of elder abuse victims occurred within one year of the original hospitalization compared with controls. The most frequent cause of death of elder

abuse victims was assault, compared with controls, for which the most frequent cause of death was cancer. The authors suggest this demonstrates an association between elder abuse and increased mortality, and recommend that clinicians make referrals to APS upon discharge, where staff is trained to deal with the complexity of elder abuse.

e. **Fulmer, T., Rogers, R. F., & Pelger, A. R. (2014). Verbal mistreatment of the elderly.** *Journal of Elder Abuse and Neglect***, 26, 4, 351-364.**

Purpose: To explore the association between verbal mistreatment experienced by elderly adults and decreased quality of life and depression.

Methodology: Measures include verbal aggression subscale of the Conflict Tactics Scale (CTS); quality of life SF-36 with measures of physical functioning, role limitations due to emotional problems and physical problems, social functioning, mental health, bodily pain, vitality and general health functioning; and the Epidemiological Studies-Depression Scale (CES-D). Data were collected using audio-assisted computer self-interviews. Analyses of data were conducted using SPSS 20.0 with a significance set at .05.

Target Population: Cross-sectional study with 142 participants age 65 years and older recruited and enrolled from a large urban medical practice and academic dental practice.

Outcome Measures: Subjects were placed into dichotomous groups of 1) at least one incidence of verbal mistreatment, and 2) no verbal mistreatment. Independent variable categories included age, gender, ethnicity, marital status, educational level, and income level. Dependent variables included quality of life (subsets) and depression.

Findings and Conclusion: Verbal abuse highly prevalent; no differences between the two groups (verbal mistreatment vs. none) based on age, gender, ethnicity or marital status. Subjects reporting verbal mistreatment were more likely to have a high level of education and higher income. However, findings supported main hypothesis that elderly individuals reporting verbal abuse also reported higher levels of depression and poorer quality of life, compared with elderly individuals reporting no verbal abuse. Effective interventions for elder mistreatment should include regard for impact of depression and poor quality of life; research should focus on gaining a better understanding of the relationship among these variables; elder mistreatment programs should include services for family members including family abusers; screening for verbal abuse should be included in dental and primary care clinic visits.

Limitations: Sample was drawn from older adults in the general population attending medical and dental clinics; these older adults may be healthier and more functional than most in APS caseloads. The cross-sectional design doesn't allow for positing cause and effect relationships between elder mistreatment and depression, lower quality of life.

f. **Gagnon, K. L., DePrince, A. P., Srinivas, T., and Hasche, L. K. (2015). Perceptions of participation in trauma research among older adults. *Traumatology*, 21, 3, 237-243.**

Purpose : To address gap in literature related to perceived benefits and costs of trauma-focused research among older adults, particularly those experiencing elder abuse, neglect and exploitation, to ensure older adults' participation in research on elder abuse.

Methodology: Survey using the Response to Research Participation Questionnaire (RRPQ) as part of a larger study on older adult resources and stress that examined links between trauma exposure and health as well as service use and needs of older adults. In-person interviews were used to collect data from older persons directly.

Target Population : Community dwelling ethnically and racially diverse older adults (N=99) age 60 and above living in the Denver, Colorado area. Only English-speaking older adults demonstrating capacity to provide informed consent were included.

Outcome Measures: In addition to socio-demographic data, data on lifetime maltreatment, PTSD symptoms, depressive symptoms, and benefits and costs to research participation was included, with self-reported cost/benefit serving as outcome measure.

Findings and Conclusion: Overall, subjects reported a positive benefit to cost ratio in participating in research on maltreatment, trauma and reported symptoms, even when they experienced this as part of their life history. This suggested that older adults can ethically and safely be asked about their history of maltreatment, trauma, and related symptoms. One caution noted was that participants with elevated depressive symptoms and PTSD symptoms reported higher scores on the negative Emotional Reactions scale of the RRPQ, suggesting the need for consideration of current mental health symptoms and well-trained research interviewers in conducting surveys on maltreatment and trauma with older adults.

Limitations: A relatively small sample was used as well as a convenience community sample rather than a clinical sample of older adults. As a result, self-selection bias and generalizability are issues. In terms of response limitations, social desirability concerns may have influenced participant responses.

g. **Labrum, T. and Solomon, P. L. (2015). Physical elder abuse perpetrated by relatives with serious mental illness: A preliminary conceptual social-ecological model. *Aggression and Violent Behavior*, 25, 293-303.**

Purpose: To review and integrate existing research findings regarding perpetration of elder abuse by persons with serious mental illness (SMI). A socio-ecological model was used to explain the occurrence of physical elder abuse perpetrated by persons with SMI. Findings are intended to stimulate practice and policy interventions aimed at preventing and intervening in elder abuse perpetrated by persons with SMI.

Methodology: Review of research literature in fields of elder abuse, community violence, and family violence.

Target Population : Persons of all ages with SMI who are or might become perpetrators of physical abuse of older relatives age 60 years and above.

Outcome Measures: Development of a socio-ecological model of physical elder abuse perpetrated by persons with SMI. This includes individual perpetrator factors, individual victim factors, interaction and relationship factors, community factors, and societal factors, based on review of existing literature.

Findings and Conclusion: Individual perpetrator and community variables are more predictive of risk factors in elder abuse than individual victim variables. Recommendations include developing policies and practices that decrease dependency on older relatives of persons with SMI, through directing more public resources toward housing assistance programs, intensive case management services, and enhanced welfare benefits for persons with SMI, and respite services for older relative caregivers of persons with SMI.

Limitations: Draws on research findings from existing literature, and is not intended to add to current body of research on elder abuse perpetrated by persons with SMI.

h. **Policicastro, C. and Finn, M. A. (2015). Coercive control and physical violence in older adults: Analysis using data from the National Elder Mistreatment Study.** *Journal of Interpersonal Violence*, **online May 14, 2015, 1-20.**

Purpose: To investigate how coercive control by intimate partners may influence the risk of intimate partner violence (IPV) victimization among older adults.

Methodology: Data for study were drawn from the National Elder Mistreatment Study. This study surveyed a nationally representative sample of older adults identified by using stratified random digit dialing among an area probability sample of households (Acierno et al., 2009). Outcome variable included: physical abuse at age 60 or older. Independent variables included: emotionally controlling behaviors experienced during lifetime and perpetrators of these behaviors; financial coercive control by intimate partner during lifetime; social support; health; traumatic events experienced; lives alone or with others; and respondent demographics (age, sex, race, educational attainment; and employment status). Analysis included descriptive statistics and chi-square and t-tests analyses to examine relationship between variables and different outcomes. Multi-variate logistic regression assessed the independent effects of the coercive emotional and financial control variable as well as risk and protective factors that influence whether physical abuse occurs at age 60 or older.

Target Population: Older adults age 60 and older (mean age 72 years); predominately white (85%) and female (68%), living in the USA.

Outcome Measures: Predictors of physical abuse among older adults (60 years and above) who have also experienced emotional and financial coercive control by intimate partners.

Findings and Conclusion: Older persons in poor health, who have experienced trauma, who live alone, who have lower levels of social support, and who reported emotional coercive control by an intimate partner during their lifetime are more likely to experience physical abuse at the age of 60 or older. Emotional coercive control at any age was positively associated with physical abuse victimization risk at or after age 60. Authors recommend that APS programs expand services to address IPV among older adult clients.

Limitations: Use of secondary data source limited study to two components of coercive control, emotional and financial. The survey instrument did not collect information from respondents on the identity of the perpetrator in response to each incident of victimization reported but rather relied on identity of perpetrator of most recent victimization. In the data set used, physical abuse was rarely reported after age 60.

Note: Evan Stark (IPV researcher) has identified coercive control as a pattern of behavior used by abusive individuals to restrict the liberty of their partners. For more information on this formulation of coercive control within the field of domestic violence, see Stark, E. (2007). *Coercive control: how men entrap women in personal life*. New York: Oxford University Press.

i. ***Terracina, K. A., Aamodt, W. A., & Schillerstrom, J. E. (2015). Executive function impairment and recidivism in adult protective services clients referred for a decision making capacity assessment.** *Journal of Elder Abuse and Neglect*, **27, 91-99.**

Purpose: To determine if recidivistic APS cases referred for a decision-making capacity assessment were more cognitively impaired than non-recidivistic cases.

Methodology: Retrospective medical record review of neuropsychological and demographic data occurred in TX APS Region 8 consisting of 28 counties. Data were collected during decisional capacity assessments.

Target Population: APS cases referred for neuropsychological testing.

Outcome Measures: Dependent (outcome) variable: mean neuropsychological test scores; independent variables: age, gender, ethnicity, education, dwelling status.

Findings and Conclusion: Both recidivistic and non-recidivistic clients performed poorly in all cognitive domains; recidivistic clients performed significantly worse on measures of executive function (CLOX1, EXIT25). Executive function impairments seem to be one risk factor for recidivism in APS referrals.

Limitations: Sample does not represent all APS cases, only those determined by APS to need a decision-making capacity assessment for case resolution.

j. Wood, S., Rakela, B., Navarro, A., Bernatz, S., Wilbur, K. H., Allen, R., & Homier, D. (2014). Neuropsychological profiles of victims of financial elder exploitation at the Los Angeles County Elder Abuse Forensic Center. *Journal of Elder Abuse & Neglect*, **26, 4, 414-423.**

Purpose: 1) To examine neuropsychological profiles of a subsample of the referrals at the Los Angeles County Elder Abuse Forensic Center (LACEAFC) in comparison to community-dwelling age-matched older adults (hypothesis: LACEAFC population will demonstrate worse performance on measures linked to financial capacity, including memory, calculation, and executive functioning); and 2) to examine the relationship between the presence of neuropsychological data and the likelihood of the DA's office filing a case (hypothesis: the addition of neuropsychological data will be related to increased case filings).

Methodology: Exploratory study employing a retrospective analysis of charts at the LACEAFC and a prospective collection of data from a control group of healthy community dwelling older adults, the Mini-Mental Status Exam, the Independent Living Scales and the Trail Making Test in addition to the test protocol for the decision-making study of healthy aging. Data from both groups of subjects were compared for cognitive differences, including memory, calculation abilities, processing speed and impaired executive functioning.

Target Population: Twenty-seven victims of financial exploitation (FE) meeting study criteria who received assessment by a clinical psychologist at the LACEAFC and a matched sample of 32 community-dwelling healthy adults.

Outcome Measures: Whether there are neuropsychological differences between older adult FE victims known to the LACEAFC and non-victims living in the community, and whether including neuropsychological data on FE victims increases likelihood that the DA office will file a case, which can lead to prosecution of perpetrators.

Findings and Conclusion: The first hypothesis was confirmed, that individuals referred subsequent to a finding of financial abuse at the LACEAFC demonstrated greater cognitive impairment than an age-matched community sample. The second hypothesis was also confirmed, that the availability of neuropsychological evidence is significantly related to likelihood of a case being filed for prosecution. The study concluded that impaired neuropsychological status is a risk factor for FE in older adults and neuropsychological assessment data can be an important tool for the prosecution of elder financial abuse cases.

Limitations: Resource allocation can affect neuropsychological assessment assignments at the LACEAFC; cases identified for the study do not represent a random subset of the LACEAFC as a whole. Full neuropsychological profiles are not available for the majority of LACEAFC clients.

2. PREVALENCE (5)

a. **Burnes, D., Pillemer, K., Caccamise, P. L., Mason, A. Henderson, C. R., Berman, J., Cook, A. M., Shukoff, D., Brownell, P., Powell, M., Salamone, A., and Lachs, M. S. (2015). Prevalence of and risk factors for elder abuse and neglect in the community: a population-based study.** *Journal of the American Geriatrics Society*, **Advance Access published October 2015.**

Purpose: To estimate past year prevalence and identify risk and protective factors of elder emotional abuse, physical abuse and neglect.

Methodology: Cross-sectional, population based study using random digit dial sampling and direct telephone interviews.

Target Population: Older adults age 60 and above living in the community in New York State.

Outcome Measures: The Conflict Tactics Scale was adapted to assess elder emotional and physical abuse. Elder neglect was evaluated according to failure of a responsible caregiver to meet an older adult's needs using the Duke Older Americans Resources and Services (OARS) scale. Caseness thresholds (the degree to which the accepted standardized diagnostic criteria for a given condition are applicable to a given patient) were based on the frequencies of mistreatment behavior and how the elder perceived the seriousness of the problem.

Findings and Conclusion: Past year prevalence of elder emotional abuse was 1.9%, of physical abuse was 1.8%, and of neglect was 1.8% with an aggregate prevalence of 4.6%. Emotional and physical abuse were associated with poor health, being separated or divorced, living below the poverty line, and younger age. Neglect was less likely in older adults of Hispanic ethnicity. Elder abuse and neglect are common problems with divergent risk and protective factors. Findings have direct implications for public screening and education and awareness efforts designed to prevent elder abuse.

Limitations: The community study does not include older adults in nursing homes and other institutional settings. While the study design tried to accommodate those older adults with cognitive and related impairments by building in access to surrogates, this is necessarily limited and the study may have missed respondents with such impairments.

b. **Cannell, M. B., Manini, T., Spence-Almaguer, E., Maldonado-Molina, M., & Addresen, E. M. (2014). U.S. population estimates and correlates of sexual abuse of community-dwelling older adults.** *Journal of Elder Abuse and Neglect*, **26: 398-415.**

Purpose: Two primary aims: 1) estimate the annual prevalence of sexual abuse among older adults age 60 years and older in the U.S., and 2) characterize older adults who report experiencing sexual abuse in order to understand factors associated with recent sexual abuse.

Methodology: Analysis of a sub-set of data from the Behavioral Risk Factor Surveillance System (BRFSS), a random digit dial telephone survey that collects information about health and health behaviors in community-dwelling adults. Bivariate and simple and multivariate logistic regression analyses were used to develop a model to include variables associated with recent sexual abuse or previously associated with other forms of elder abuse.

Target Population: A sample of 24,343 adults age 60 years and older responding positively to questions related to experience of sexual abuse in the 18 states using an optional (BRFSS) module on violence.

Outcome Measures: Variables associated with recent sexual abuse and previous experienced forms of elder abuse.

Findings and Conclusion: Approximately 0.9% of older adults reported sexual abuse in the previous year. Of those who reported recent sexual abuse, 17% reported experiencing attempted unwanted sexual intercourse in the past year and 7% reported unwanted sexual intercourse in the past year. Among older adults who reported experiencing recent sexual abuse, 39% also reported that at some point in their lives they experienced an unwanted attempt to have sexual intercourse with them, and 28% also reported that at some point in their lives they had experienced unwanted sexual intercourse. Results indicated an association between sexual intercourse and binge drinking behavior, with women more likely than men to report sexual abuse if they also report binge drinking. Other variables increasing odds of experiencing recent sexual abuse include being "other race/non-Hispanic race/ethnicity", reporting low income or not reporting income (missing response), and being unmarried.

Limitations: Missing information on confounders or correlates of sexual abuse including caregiving status, previous other traumatic events, and perpetrator characteristics, and insufficiently specific questions related to disability. Cross-sectional data source precludes identifying causal relationships among variables, and respondents are self-selected based on capacity to respond to the survey.

c. **Dong, X., Chen, R., Fulmer, T., and Simon, M. (2014). Prevalence and correlates of elder mistreatment in a community-dwelling population of U.S. Chinese older adults.** *Journal of Aging and Health*, **26, 7, 1209-1224.**

Purpose: To examine the prevalence and correlates of elder mistreatment among U.S. Chinese older adults.

Methodology: Data were drawn from the Population-Based Study of Chinese Elderly (PINE Study), a population-based epidemiological survey guided by a community-based participatory approach.

Target Population: Sample included 3,159 U.S. Chinese older adults living in the Greater Chicago area. Participants were drawn from more than 20 community-based organizations, health facilities and faith communities; response rate was over 90%.

Outcome Measures: Prevalence and correlates of abuse among community-dwelling Chinese elderly living in the Chicago, Illinois, area.

Findings and Conclusion: Prevalence of 15% for elder mistreatment among community-dwelling Chinese older adults. Higher levels of education, poorer quality of life, and worsening health were positively correlated with any elder abuse mistreatment. Findings suggest a higher rate of abuse among U.S. Chinese elderly than among the general population of older adults in the U.S.

Limitations: Study did not examine the subtypes of elder mistreatment in Chinese older adults, nor did it collect data on perpetrators. The use of self-report measures for accessing elder mistreatment may be subject to reporting bias.

> d. **Friedman, B., Santos, E. J., Liebel, D. V., Russ, A. J. & Conwell. Y. (2015). Longitudinal prevalence and correlates of elder mistreatment among older adults receiving home visiting nursing.** *Journal of Elder Abuse and Neglect*, **27, 1, 34-64.**

Purpose: To identify elder mistreatment prevalence among a cohort of older adults receiving visiting nurse care in their homes, elder mistreatment subtypes, and factors associated with elder mistreatment.

Methodology: Study used a secondary data analysis of elder mistreatment data collected by nurses making monthly home visits for up to 24 months for the Medicare Primary and Consumer-Directed Care Demonstration from selected counties in three states (New York, West Virginia and Ohio) from 1994-2003. Data were collected using questionnaires administered by interviewers at baseline and data from a computerized Nurse Activity list completed monthly by visiting nurses on presence of elder mistreatment (dependent variable) and correlates of elder mistreatment (independent variables), including socio-demographics, health and mental health status, disability status and living situation. Descriptive statistics, bivariate analysis and logistic regression analysis were used to analyze data.

Target Population: A total of 724 Medicare recipients age 65 and older who were enrolled in the Medicare Primary and Consumer-Directed Care Demonstration nurse-only and combination nurse plus voucher options were included in the study.

Outcome Measures: Length of time to identify elder mistreatment was on average 10.5 nursing visits; most subjects identified as elder mistreatment victims were subjected to multiple types of abuse (polyvictimization); and a 7.4% elder mistreatment prevalence rate was found during the 24-month period of the study.

Findings and Conclusion: Correlates of elder mistreatment was identified as being a widow/widower, cognitive impairment, having few close friends, female gender, dependence on

medication management, depression, income, life satisfaction, self-rated health and mental health, and living with others. Authors recommend that these variables be included in screening for elder mistreatment of homebound older adults receiving home care and visiting nurse services.

Limitations: Nurses did not use a standardized screening form to detect elder mistreatment. There was no baseline assessment of elder mistreatment at the beginning of the Demonstration intervention. The quantitative analyses did not include variables measuring characteristics of informal caregivers. Other stated limitations included lack of diversity among subjects, lack of uniformity of mandatory reporting laws among states included in the study, time sequence of mistreatment (it could have begun before or after the visiting nurse service began), and reliance on information by caregivers.

e. **Peterson, J. C., Burnes, D., Caccamise, P. L., Mason, A. Henderson, Wells, M. T., C. R., Berman, J., Cook, A. M., Shukoff, D., Brownell, P., Powell, M., Salamone, A., Pillemer, K., and Lachs, M. S. (2015). Financial exploitation of older adults: a population-based prevalence study. *Journal of General Internal Medicine*.**

Purpose: To estimate the one-year period prevalence and lifetime prevalence of financial exploitation of older adults; describe major financial exploitation types; and identify factors associated with financial exploitation of older adults.

Methodology: Prevalence study with random, stratified probability sample.

Target Population: Four thousand one hundred and fifty six (4,156) community dwelling, cognitively intact adults age 60 years and older living in New York State.

Outcome Measures: Comprehensive tool developed for this study measured five domains connected with financial exploitation of older adults: stolen or misappropriated money/property; coercion resulting in surrendering rights/property; impersonation to obtain property/services; inadequate contributions to household, but older adult respondent still had enough money for necessities; and respondent was destitute and did not receive necessary assistance from family/friends.

Findings and Conclusion: One year period prevalence was 2.7% and lifetime prevalence was 4.7%. Greater relative risk of one-year period prevalence was associated with African American/black race, poverty, increasing number of non-spousal household members, and greater than one instrumental activity of daily living (IADL) impairments. Greater relative risk of lifetime prevalence was associated with African American/black race, poverty, increasing number of non-spousal household members, having more than one IADL or activities of daily living (ADL) impairment. Living with a spouse was associated with a lower risk of lifetime prevalence of financial exploitation. Financial exploitation of older adults is a common and serious problem.

Older adult with economic, medical and socio-demographic vulnerabilities are more likely to self-report financial exploitation.

Limitations: Data were drawn from study of community-dwelling older adults who are presumed to be minimally impaired.

3. DETECTING AND REPORTING MALTREATMENT (5)

a. ***Daly, J. M. & Jogerst, G. J. (2014). Multidisciplinary team legislative language associated with elder abuse investigations. *Journal of Elder Abuse and Neglect*, 26, 44-59.**

Purpose: To identify adult protective services-related statutory language related to multidisciplinary team (MDT) content and determine the association of MDT legislation on rates of reported, investigated and substantiated domestic elder abuse.

Methodology: Retrospective mixed method review of state statutes on elder abuse and secondary data from reports of reported, investigated and substantiated elder abuse cases by state.

Sample: Aggregate reports of elder abuse and state statutes for 1999 and 2007 from 50 states and the District of Columbia.

Outcome measures: State statutes with MDTs as component of text and elder abuse report data.

Findings and conclusions: Statutes of eight states included text about MDTs in 2000 and nine in 2008. Comparing rates of elder abuse reported, investigated and substantiated between the two time periods (1999 & 2007), the report rate for those states with statutory MDT text was significantly higher for both time periods compared with states that had no statutory MDT text. The implication is that MDTs can result in increased reporting rates; however, authors acknowledge that many factors can influence elder abuse rates with legislation about MDTs as one component.

b. **Eulitt, P. J., Cunningham, T. D., Counselman, F. L., and Palmer, R. M. (2014). Screening elders in the emergency department at risk of elder mistreatment: A pilot study. *Journal of Elder Abuse and Neglect*, 26, 424-435.**

Purpose: Twofold objectives: 1) determine the proportion of elderly at risk for mistreatment as determined by a modified Identification of Seniors at Risk (ISAR) screen; and 2) determine the difference in proportion of at-risk elderly patients presenting at an urban emergency department (ED) and a rural ED.

Methodology: A cross-sectional survey of elderly patients admitted to two hospital-based EDs, one urban and one rural, in southeastern Virginia.

Target Population: A convenience sample of 180 patients age 65 years and older identified between March and August 2012. All subjects were English speaking and able to give informed consent to participate in the study.

Outcome Measures: Identification of proportion of sample at risk of mistreatment as identified by a positive ISAR functional decline screen, and differences in urban and rural sample population based on comparing demographic variables and the ISAR screen that place older adults at risk of mistreatment.

Findings and Conclusion: Overall, 46% of the sample population screened positive for functional decline. Researchers assumed that functional decline was a proxy for risk of elder mistreatment, based on findings of prior research. Urban elderly were found to be more at risk of functional decline and therefore of elder mistreatment than rural elderly although no obvious reason was found for this difference. Based on demographic information collected, risk was greater for those with high school education or lower than higher education and those living in supervised settings as opposed to living alone.

Limitations: Small sample size, convenience sampling, and use of a screening instrument (ISAR) that was not designed to screen for elder mistreatment.

c.   ***Jackson, S. L. and Hafemeister, T. L. (2015). The impact of relationship dynamics on the detection and reporting of elder abuse occurring in domestic settings.** *Journal of Elder Abuse and Neglect***, 27, 121-145.**

Purpose: To identify circumstances under which elder abuse is detected and reported and identify temporal relationship between detecting and reporting. Hypothesis: Delay in reporting will be characterized by close victim-offender relationships and close victim- reporter relationships; immediate reporting will be characterized by more superficial victim-offender relationships and victim-reporter relationships.

Methodology: Substantiated Virginia APS cases were used. A convenience sample of 71 APS caseworkers were interviewed, along with 55 of their older clients, and 35 reporters. Four conceptual categories were identified to describe the circumstances under which elder abuse was detected and reported and by whom. Categories include: relatively routine oversight of the older person by a third party; initiative and agency of the older person; inadvertent discovery, typically by a third party who was a mandated reporter; and involvement of a third party with an ulterior motive.

Target Population: APS clients and staff.

Outcome Measures: Length of time between detection of community elder abuse and referral to APS, by relationship between APS clients and referral sources.

Findings and Conclusion: Abuse detection and reporting is influenced by both the victim-offender and victim-reporter relationship. The time between detection and reporting tended to be longer when there was a long-standing and intimate relationship between the victim and abuser, or between the victim and reporter, except when victims believed themselves to be in danger, or when the reporter had an ulterior motive. The timeframe tends to be shorter when there is an absence of close relationship between the victim and perpetrator and between the victim and reporter.

Limitations: Study used a small and homogeneous convenience sample of elder abuse cases that came to the attention of APS.

d. **Lee, Y., Moon, A., & Gomez, C. (2014). Elder mistreatment, culture, and help-seeking: A cross-cultural comparison of older Chinese and Korean immigrants.** *Journal of Elder Abuse and Neglect*, **26, 3, 244-269.**

Purpose: To better understand the impact of culture and values on the understanding and help-seeking behaviors related to elder mistreatment among older Chinese and Korean immigrants living in the San Francisco Bay area.

Methodology: Exploratory qualitative study utilizing three focus groups with Chinese and Korean immigrants who did not self-identify as elder abuse victims. Specific questions explored were: how Chinese and Korean immigrant elders defined and perceived elder mistreatment; whether participants know any elderly individuals who experienced abuse; how Chinese and Korean elderly experienced abuse; how victims coped with abuse; why Chinese and Korean immigrants might be reluctant to report or raise issue of abuse; what signs or indicators participants might recognize as elder abuse; and what is currently being done or should be done to address elder mistreatment in Chinese and Korean immigrant communities. Transcripts were analyzed using grounded theory.

Target Population: Older adult Asian immigrants age 60 years and above known to community based organizations and senior centers in the San Francisco Bay area.

Outcome Measures: Themes emerging from the focus group analysis were identified and discussed.

Findings and Conclusion: Five common socio-cultural values and beliefs emerged from the focus group discussions: collectiveness and family harmony; filial piety; gender roles and male dominance; spiritual and religious beliefs; and immigration and acculturation. Korean participants expressed stronger agreement about exclusive family ties and beliefs in the prohibition of disclosure about family issues than Chinese participants. Male dominance and unbalanced power were raised in the Korean but not the Chinese focus groups. Both Korean men and women participants highlight how beliefs in male dominance and traditional patriarchal

values culturally condoned spouse abuse. Korean participants spoke more about social isolation and adjustment difficulties due to lack of social resources.

Limitations: While focus groups are useful for generating themes that can be explored in other research methods, the small sample and lack of random sampling does not allow for generalization of findings; and due to the group setting some participants may have felt constrained from revealing information and expressing viewpoints.

> e. **Roberto, K. A., Teaster, P. B., McPherson, M. C., Mancini, J. A., and Savia, J. (2015). A community capacity framework for enhancing a criminal justice response to elder abuse. *Journal of Crime and Justice*, 38, 1, 9-26.**

Purpose: To examine community residents' understanding and awareness of elder abuse and their readiness to take action. Study used an ecological community framework.

Methodology: Exploratory study used stratified random sample of 602 community residents of one county and 108 community residents of a second county (combined data), based on rural designation and diverse demographic profiles, identified by random digit dialing technique. Survey used fictional scenarios depicting a case of potential financial and psychological abuse, as well as questions on respondents' perceptions of community capacity, assessing community engagement, sense of community and social cohesion, drawn from literature on communities and neighborhoods. Analysis used descriptive statistics, t-tests and one-way ANOVAs, and multiple regression.

Target Population: Residents of Buckingham County, Virginia, and Perry County, Kentucky.

Outcome Measures: Not applicable.

Findings and Conclusion: Only income as variable was found to be predictive of respondents' perceptions that different types of abuse were likely occurring in their community (higher income predicted higher perception that abuse was occurring). Study concluded that using the community response framework, an expanded community capacity framework for improving the criminal justice response to elder abuse could be adopted, highlighting how the criminal justice system can optimally interface with formal and informal community networks to reduce risks of elder abuse and overcome intervention barriers in identified cases.

Limitations: Future research is needed to make the connection between problem recognition and a community that is active and engaged in the prevention of elder abuse.

4. INTERVENTION (4)

> a. **Burnes, D. P. R., Rizzo, V. M., & Courtney, E. (2014). Elder abuse and neglect risk alleviation in protective services. *Journal of Interpersonal Violence*, 29, 11, 2091-2113.**

Purpose: To identify factors that may predict if an elder mistreatment service program alleviates the risk of abuse, using an elder mistreatment socio-cultural theoretical model. Study examined victim, perpetrator, victim-perpetrator relationship, social embeddedness, and socio-cultural factors, in relation to category of abuse.

Methodology: Case record review of a random sample of elder abuse cases served by a program in New York City funded through the NYC Department for the Aging (not the NYC Human Resources Administration (HRA) Adult Protective Services (APS) Program).

Target Population: Community-dwelling elder abuse clients age 60 and above who do not meet the eligibility criteria for the HRA APS Program, and who are being served by a non-profit community-based organization in New York City.

Outcome Measures: Logistic regression used to identify risk alleviation (both for entire sample and for financial, emotional and physical abuse sub-types). High-risk reduction was defined as likelihood that abuse would end/ lessen over time, and low risk reduction was defined as the likelihood that abuse would increase/intensify over time.

Findings and Conclusion: *Findings*: General risk alleviation was associated with male victim gender, older victim age, previous community help-seeking, and victim-perpetrator dyads characterized by a separate living arrangement and shorter term abuse. Financial abuse cases with younger perpetrators were less likely to have risk reduction. Physical abuse reduction was less likely when the perpetrator was male and victim-perpetrator dyad included different genders. *Conclusion*: Need to develop targeted practice strategies with clients experiencing different types of elder mistreatment, and need to develop elder mistreatment service structure around perpetrator rehabilitation.

Limitations: Case record review may limit quality of data used; sample drawn from program that serves cognitively intact and independent older adult victims of elder mistreatment. This may limit application to broader APS caseload nationwide.

b. **Burnes, D., Rizzo, V. M., Gorroochurn, P., Pollack, M. H., and Lachs, M. S. (2015). Understanding service utilization in cases of elder abuse to inform best practices.** *Journal of Applied Gerontology*, **1-22.**

Purpose: Identify service utilization among cognitively intact elder abuse clients through application of the Behavioral Model of Health Services Use (BMHSU), also known as the Anderson Model. Elder abuse victims often refuse offered services. BMHSU posits that service utilization is a function of three dimensions: predisposing (one's disposition to use services, including socio-cultural factors like individual victim and perpetrator sociodemographics); enabling (resources that enable or inhibit use, for example personal, family, social and community resources), and need (one's need for services, including victim perceived need and provider assessed need).

Methodology: Data were collected from a non-APS elder abuse service program (JASA/LEAP) retrospective closed case record review in New York City. A random sample of JASA-LEAP case

records closed between 2009-11 was generated using systematic random sampling, stratified according to caseload size across three program sites (Queens, Brooklyn, Manhattan). Service utilization was dependent variable; predisposing, enabling and need variables were identified as independent variables. Generalized linear model binominal logistic regression was used to predict the proportion of services pursued in each victim's service plan. Multivariate regressions were conducted on independent variables. Models controlled for the presence of co-occurring EA types.

Target Population: Victims in sample were mostly female, between 60 - 75 years of age, of minority racial status, and mostly unmarried. Perpetrators were mostly male, of minority racial status, and adult children or grandchildren who resided with their victims.

Outcome Measures: Victim utilization of services based on types of elder abuse, and predisposing, enabling and need factors.

Findings and Conclusion: Higher service utilization in cases of financial exploitation was linked to the victim being female, in poor health, perceiving danger, previously seeking help and being referred by family or asking for help themselves. In physical abuse cases, victims were more likely to utilize services if they had previously sought help or were referred by a family member. Physical abuse victims were less likely to accept services if they were married, Hispanic and/or their child or grandchild was the perpetrator. Emotional abuse cases had higher service utilization rates where the victim or family referred the case; the victim and perpetrators were different genders, the victim perceived danger and the victim had previously asked for help. Emotional abuse victims were less likely to utilize services when their child or grandchild was the perpetrator. The victim's perceived need more important to service utilization than the provider's assessed need.

Limitations: Case review design risks high standard of error and researcher bias (controlled for by collecting data from routine, categorized forms, drawing data from large, multisite, random sample and using multiple independent raters). Data limited to what had been captured on forms.

c. **Mariam, L. M., McClure, R., Robinson, J. B., & Lang, J. A. (2015). Eliciting change in at-risk elders (ECARE): Evaluation of an elder abuse intervention program.** *Journal of Elder Abuse & Neglect*, **27, 1, 19-33.**

Purpose: To evaluate the effectiveness of a community-based elder abuse intervention program that assists suspected victims of elder abuse and neglect through a partnership with local law enforcement in Pasadena, CA. The program connects victims with local supportive service systems and uses Prochaska and DiClemente's stages-of-change model (pre-contemplation, contemplation, preparation, action and maintenance) to assess victims' willingness and readiness to effect change in their lives to eliminate abuse. Three components of intervention were evaluated: 1) development of working alliance between elder and outreach worker; 2)

decrease in risk factors from abuse at the beginning to end of the intervention; and 3) elder's movement along stages of change.

Methodology: Outreach workers providing direct services conducted pre-and post-assessments of older adult participants in the program. Measures included a problem checklist, Likert-type measures of working alliance, dependency and isolation, and assessment of elder readiness to change based on stages of change model.

Target Population: A total of 175 older adult victims of suspected elder abuse referred to program from local law enforcement; selection criteria included 55 years of age or older, and language known to outreach workers.

Outcome Measures: A drop in risk factors related to housing and economic situations of older adult participants. A significant drop in dependency and isolation was found. Significant changes were shown from pre- and post- intervention scores on stages of change model. No change was observed in physical and mental health and independent living risk factors.

Findings and Conclusion: Authors conclude that working alliances can be developed with intensely ambivalent elders, that risk factors of elder abuse can be reduced, and that behaviors and attitudinal changes of victims can occur during intervention.

Limitations: limited number of participants, the subjective nature of the raters' response to the checklist items and possible halo effect of positive relations between victims and workers developed during the course of the intervention. No control group was used.

d. **Sirey, J., Berman, J., Salamone, A., DePasquale, A., Halkett, A., Raeifar, E., Banerjee, S., Bruce, M. L., & Raue, P. J. (2015). Feasibility of integrating mental health screening and services into routine elder abuse practice to improve client outcomes.** *Journal of Elder Abuse and Neglect*, **e-publication.**

Purpose: To evaluate an approach to serving cognitively intact clients age 60 years and older living in the community with co-occurring elder abuse and depression.

Methodology: Designated elder abuse clients who tested positive for depression were placed in service programs with integrated mental health/ elder abuse services, co-located mental health and elder abuse services, or elder abuse services that include referrals for mental health services.

Target Population: Elder abuse clients identified with co-occurring depression served by non-APS program in New York City.

Outcome Measures: This is a process evaluation and outcomes used related to implementation choices and client/staff satisfaction. Outcomes related to abuse prevention were not utilized.

Findings and Conclusion: Both clients and elder abuse service staff preferred integrated and co-located mental health/elder abuse service models over customary model of elder abuse services that include client referrals for mental health services.

Limitations: Sample too small and study too preliminary to identify outcomes related to abuse prevention and elimination.

5. TOOLS AND SCALES (4)

a. ***Burnett, J., Dyer, C. B., Booker, J. G., Flores, D. V., Green, C. E., & Diamond, P. M. (2014). Community-based risk assessment of elder mistreatment and self-neglect: Evidence of construct validity and measurement invariance across gender and ethnicity** *Journal of the Society for Social Work and Research***, 5, 3, 291-319.**

Purpose: To evaluate construct validity and measurement invariance across gender and race/ethnicities of the Texas Adult Protective Services Client Assessment and Risk Evaluation (CARE) tool developed to assess elder mistreatment (EM) and self-neglect (SN). The tool was used to identify risks in order to tailor appropriate interventions.

Methodology: Data consist of 7,580 archived cases of elder mistreatment and self-neglect substantiated by the Texas Department of Family and Regulatory Services, Division of Adult Protective Services (APS) Region VI January – December 2008. The CARE tool consists of 57 items clustered into 5 broad domains (which are in turn partitioned into 15 subcategories). All 57 items use an ordinal measurement scale. To test theoretical and empirical associations among items and constructs, structural equation modeling was used.

Target Population: 1) Individuals with APS cases who had substantiated EM or SN during this time frame and 2) were 65 years or older at time of the APS report.

Outcome Measures: Model fit including construct reliability for domains and measurement invariance across gender and race/ethnicity variations.

Findings and Conclusion: The CARE tool was found to provide valid and reliable assessments of EM and SN. Overall, use of this assessment tool does not result in health or social service disparities among older adult APS clients. The financial status domain could not be used for the Hispanic population but the 4-factor domains (living conditions, physical and medical status, mental status, and social interactional/support) were consistent across African Americans, Caucasians, and Hispanics.

Limitations: The sample consisted of APS clients served by Region VI in Texas. The financial items deleted could reflect the fact that older adults are linked to Medicare and Medicaid; the tool itself was designed to assess the full APS caseload of individuals 18 and above. Items from the CARE tool that measure the factors do not represent standardized diagnostic assessments.

b. ***Iris, M., Conrad, K. J., & Ridings, J. (2014). Observational measure of elder self-neglect.** *Journal of Elder Abuse and Neglect***, 26, 4, 365-397.**

Purpose: To strengthen measurement of elder self-neglect by testing psychometric properties of the Elder Self-Neglect Assessment (ESNA) instrument. This instrument (ESNA), designed to be used in the home setting by social workers, case managers and adult protective service workers,

was developed to address the need for a validated, psychometrically reliable assessment instrument that can substantiate the presence of self-neglect and assess the degree of severity.

Methodology: Field-testing of the instrument was done with the Illinois Department on Aging. The ESNA was completed for 215 clients age 60 years and above by caseworkers, social workers, elder abuse investigators, housing specialists, nurses and case managers working in participating agencies. Statistical analysis was utilized to evaluate the appropriateness of the measure for the target population and to create a short form version of the instrument.

Target Population: Clients age 60 years and older considered at risk of self-neglecting, and field workers responsible for assessing their risk and vulnerability to harm.

Outcome Measures: The ESNA identified levels of severity related to two aspects of self-neglect: environmental conditions and behavioral characteristics. A third, financial issues, overlapped with the first two and was dropped from the instrument.

Findings and Conclusion: The ESNA was found to improve identification of self-neglect and its level of severity when used by field staff in work with vulnerable older adults age 60 years and above, and is psychometrically sound. It is most effectively used in conjunction with an assessment of clients' financial situation and a medical assessment.

Limitations: The sample consisted of a relatively small number of community-dwelling older adult clients living in Illinois, and forms voluntarily completed by case managers and others working in older adult services. It did not include reports by physicians or other health care providers. The sample was primarily white and lacked substantial diversity and was drawn from Medicaid-funded service caseloads. It is not known to what extent income and resources may play a role in self-neglect as the study sample was low income.

c. ***Lichtenberg, P. A., Stoltman, J., Flicker, L. J., Iris, M., & Mast, B. (2015). A person-centered approach to financial capacity assessment: Preliminary development of a new rating scale. *Clinical Gerontologist*, 38, 1, 49-67.**

Purpose: To test the effectiveness of the Lichtenberg Financial Decision Making Rating Scale (LFDRS) for assessing the financial decisional capacity of older adults.

Methodology: Researchers identified two groups of experts; one was a national group of clinicians who assess the capacity of older adults and the other consisted of Detroit-area professionals working directly with older adults making financial decisions (APS, law enforcement, financial planners, etc.) The LFDRS was used in videotaped interviews of older people engaged in major financial decision-making, and then rated by both groups of experts to test psychometric properties and inter-rater reliability of new scale.

Target Population: Older adults age 60 years and older who are at risk of financial mismanagement and exploitation and who are living in the community.

<u>Outcome Measures</u>: Development of an assessment tool to identify those at increased risk of financial mismanagement.

<u>Findings and Conclusion</u>: The instrument works well to identify older adults at risk of financial mismanagement and poor financial decision-making.

<u>Limitation</u>: Validity tests are still underway.

   d. ***Sommerfeld, D. H., Henderson, L. B., Snider, M. A. & Aarons, G. A. (2014). Multidimensional measurement within Adult Protective Services: Design and initial testing of the tool for risk, interventions, and outcomes. *Journal of Elder Abuse & Neglect*, 26, 5, 495-522.**

<u>Purpose</u>: To evaluate the development, field utility, reliability and validity of a multidimensional Tool for Risk, Interventions, and Outcomes (TRIO) for use in Adult Protective Services (APS), designed to facilitate consistent APS practice and to collect data related to multiple dimensions of typical interactions with APS clients, including the investigation and assessment of risks, the provision of APS interventions and associated health and safety outcomes.

<u>Methodology</u>: Field utility, reliability and validity were assessed with the Ventura County CA APS program using comparisons with studies examining financial abuse-by-other and self-neglect. Chi-square analysis was used to statistically compare the prevalence of all TRIO risk, intervention and outcome items for the two groups of APS clients, the relative difference in prevalence between the two groups, and the prognosis for reoccurrence and non-reoccurrence.

<u>Target Population</u>: While ultimately the APS clients are expected to be beneficiaries of improved ability of the APS program to provide timely and relevant services, this was not the direct intent of the study.

<u>Outcome Measures</u>: APS staff perceptions of the instrument along with its reliability and validity.

<u>Findings and Conclusion</u>: Favorable perceptions of the TRIO reported by APS staff, with an electronic version preferred over the paper version. Reliability and validity of the instrument were high. The data resulting from use of the TRIO will help in the effort to identify promising APS practice strategies and to increase APS effectiveness.

<u>Limitations</u>: Additional testing is needed to confirm the positive results of the pilot test. Two content areas not emphasized by this tool: perpetrator information and client strengths.

6. PROFESSIONAL PREPARATION, DEVELOPMENT, AND PERSPECTIVES (4)

   a. ***DeLiema, M., Navarro, A., Enduidanos, S., and Wilbur, K. (2015). Voices from the frontlines: Elder abuse from the multiple professional perspectives. *Health and Social Work*, Advance Access published March 12, 2015, 1-10.**

Purpose: To examine the attitudes and perceptions of health professionals in responding to elder mistreatment and compare these attitudes and perceptions to those of APS workers who investigate abuse.

Methodology: Focus groups were conducted with 9 APS workers and two types of health professionals: 4 geriatric care managers and 13 hospice staff. Transcripts were coded inductively and emergent themes compared across groups using thematic analysis.

Target Population: APS workers and health care workers who may serve elder abuse victims in California.

Outcome Measures: Not applicable.

Findings and Conclusion: Both APS and health care workers acknowledged similar challenges resolving elder abuse/neglect cases, particularly victim refusal of services or denial of abuse, limited APS authority, and large caseloads. APS workers also identified unnecessary referrals and poor communication among providers; health care workers acknowledged sometimes ignoring mandatory reporting requirements, preferring to work directly with clients or family members. Conclusions: mandatory reporting may be necessary but insufficient response. Cross-agency collaboration between APS and health professionals may help enhance communications, clarify expectations and potentially improve outcomes. Victim centered responses to link victims with community-based services may improve victim cooperation and increase confidence in the APS system.

Limitations: Small sample qualitative study: findings cannot be generalized.

b. **Navarro, A. E., Wysong, J., DeLiema, M., Schwartz, E. L., Nichol, M. B., and Wilbur, K. H. (2015). Inside the black box: the case review process of an elder abuse forensic center.** *The Gerontologist*, **Advance Access published August 6, 2015.**

Purpose: To present a model describing the inter-professional approach of investigation and response to financial exploitation of older adults, and to understand the case review process of suspected financial exploitation at the Los Angeles County Elder Abuse Forensic Center (LACEAFC).

Methodology: A quasi-Delphi field study approach was used including direct observation of meetings, surveying team members, and review from the Center's Advisory Council.

Target Population: Professional staff engaged in case reviews of older adult financial exploitation cases at the Los Angeles Elder Abuse Forensic Center.

Outcome Measures: A process map of key forensic center elements was developed that may be useful for replication in other related settings. Process map includes multidisciplinary data collection; key decisions for consideration; and strategic actions utilized by an inter-professional team focused on elder justice for financial exploitation victims.

Findings and Conclusion: Study findings provide a process map that may help other communities effectively address client safety, client welfare and protection of assets.

Limitations: Study focuses on one elder abuse forensic center, and does not address outcomes related to intervention or replication.

c. **Policastro, C. & Payne, B. K. (2014). Assessing the level of elder abuse knowledge pre-professionals possess: Implications for the further development of university curriculum.** *Journal of Elder Abuse and Neglect*, **26, 12-30.**

Purpose: To assess whether professionals are adequately prepared to address elder abuse by assessing the level of awareness among social work, nursing, health professions and criminal justice students about elder abuse, based on relevant content in curricula.

Methodology: Survey of students in above listed 4 discipline areas as to their self-assessed knowledge about elder abuse.

Sample: 202 students enrolled in health and human sciences classes across the disciplines in one university completed an in-class survey.

Outcome measures: Number of classes where child abuse and elder abuse were discussed; identified needed knowledge about elder abuse; actual self-assessed knowledge about elder abuse.

Findings and recommendations: Respondents reported more exposure to child abuse than elder abuse, with social work majors reporting the most exposure to both; majority of students regardless of discipline reported a knowledge deficit about elder abuse and neglect. Authors discuss strategies for academic programs to provide more exposure to elder abuse and neglect content, including interdisciplinary courses, permitting students to take courses outside their major, and offering continued education courses.

d. ***Tapp, S., Payne, B. K., and Strasser, S. (2015). Preparedness to respond to elder abuse: A comparison of law enforcement and adult protective service workers.** *Journal of Crime and Justice*, **38, 1, 42-57.**

Purpose: To compare and contrast perceptions of knowledge needed and possessed by APS and law enforcement workers to effectively process elder abuse cases. Hypotheses: 1) law enforcement officers will believe there is a significant gap between needed and possessed knowledge on all elements of responding to elder abuse and neglect; 2) law enforcement officers will have a significantly larger gap between needed and possessed knowledge than APS workers on all elements of responding to elder abuse and neglect. Three theories were proposed to guide hypotheses: routine activity theory, anomie (strain) theory, and general systems theory. Note that routine activity theory posits that crime increases when there is an absence of a capable

guardian (government), presence of vulnerable targets (elderly) and presence of motivated offenders: this also summarizes the human rights perspective on elder abuse. Guardians (police and APS workers) have the obligation to develop knowledge and skills to protect elders from predators.

Methodology: Survey including Likert scale questions conducted of law enforcement workers on key knowledge needed, possessed and not possessed by colleagues in the field; data compared with prior survey of APS workers using similar survey questions.

Target Population: Seventy-five law enforcement officers and 87 APS workers completed surveys in the State of Georgia.

Outcome Measures: Not applicable.

Findings and Conclusion: Both hypotheses were founded: law enforcement officers identified large overall gap between needed and possessed knowledge of elder abuse and neglect; and law enforcement was perceived as having a larger knowledge gap related to APS workers than law enforcement officers. Guardians, identified as law enforcement and government workers, need to have knowledge of elder abuse in order to fulfill obligations to protect the vulnerable. Training requirement should be strengthened, APS should be looked upon as a resource for law enforcement; and content on aging and protective services should be included in criminal justice and social work coursework.

Limitations: Small regional sample.

7. APS SYSTEM FUNCTIONING AND EVIDENCE-BASED PRACTICES (5)

a. ***Ernst, J. S., Ramsey-Klawsnik, H., Schillerstrom, J. E., Dayton, C., Mixson, P., & Counihan, M. (2014). Informing evidence-based practice: A review of research analyzing adult protective services data. *Journal of Elder Abuse & Neglect*, 26, 5, 458-494.**

Purpose: To identify and analyze research that utilized APS-specific clients, datasets, and/or resources in order to assess the state of knowledge regarding APS evidence-based practice and make suggestions for future studies.

Methodology: Reviewed and analyzed published studies identified through searches of the MEDLINE and Clearinghouse on Abuse and Neglect of the Elderly (CANE) databases from January 1996 to December 2011 using key words "adult protective services" and "elder abuse". Requirements for inclusion in the literature review were 1) focused on maltreatment of vulnerable adults; 2) identified at least one hypothesis for testing; 3) used APS clients, data, personnel or resources to test the hypothesis; 4) described a systematic method for data acquisition; 5) used a valid statistical approach to test stated hypothesis; and 6) the study was conducted in the United States.

Target Population: While APS clients were the target population of the studies, the sample for the literature review included the 50 studies out of 1,178 potential studies identified through the initial search criteria that met inclusion requirements.

Outcome Measures: Studies included in the literature review were grouped into categories that included: 1) client characteristics associated with abuse and neglect; 2) screening instruments and rating scales; 3) reporting of abuse and neglect; 4) substantiation of abuse and neglect reports; 5) characteristics of alleged perpetrators; 6) outcomes of APS-involved cases; and 7) health outcomes among APS-involved clients.

Findings and Conclusion: Most of the studies were not about APS practice per se, but rather used APS data to explore characteristics of abused and neglected clients. APS-specific agencies, clients, and resources have been underutilized to study the effectiveness of APS practices in investigating and intervening in alleged and confirmed elder abuse. Studies that analyze the APS interventions offered and accepted by victims, and the selected effectiveness of those interventions, are not yet available and are urgently needed to inform evidence-based practice.

Limitations: Literature search was restricted to two data-bases precluding searches among the psychology and nursing literature. It was also restricted to quantitative studies specifically testing hypotheses with appropriate statistical methods.

b. **Jirik, S. & Sanders, S. (2014). Analysis of elder abuse statutes across the United States, 2011-2012. *Journal of Gerontological Social Work*, 57, 5, 478-497.**

Purpose: To describe the state elder abuse statutes in the United States and Washington DC during 2011-2012. Analysis includes the following components: definitions, reporting requirements, training, and consequences for failure to report. Differences were noted in how states respond to elder abuse at the community level.

Methodology: State level elder abuse statutes were analyzed for all 50 states and the District of Columbia. In the absence of an elder abuse statute, another statute such as a dependent adult abuse statute was identified. Statutes specific to long-term care or other institutional facilities were excluded. Both authors completed coding of identified statutes independently.

Target Population: The study is a policy analysis and there is no identified target population.

Outcome Measures: Based on the policy analysis reported in the study, identifying differences among state statutes was the identified outcome.

Findings and Conclusion: A total of 14 states that specifically protected both dependent adults and elders. Another 29 states had statutes for dependent adult abuse, which included older adults if they met statute criteria. Three states did not specify mandatory reporting requirements for either dependent adults or elders. A total of 31 states mandated reporting and specified mandated reporters; 11 states had a universal mandated reporting requirement and also specified professionals mandated to report. Six states did not specify a penalty for reporting; 42

state statutes specified a penalty for failure to report. Only 10 states included all identified categories of abuse: physical abuse, sexual abuse, financial or material exploitation, psychological abuse, sexual abuse, abandonment, neglect, and self-neglect. All other states included some types of abuse in their statutes but not all. Multiple agencies were identified as lead agencies for purposes of receiving and responding to reports of older adult abuse, including adult protective service, law enforcement, area agencies on aging, adult affairs department, and department or commission of social services. Of state statutes analyzed, 32 did not specify any specific training in gerontology and the other 19 state statutes specified training on older adult or dependent adult abuse.

Limitations: The study did not examine actual implementation of statute requirements and, as a point in time survey, could not capture changes in statutes prospectively.

c. *Mosqueda, L., Wiglesworth, A., Moore, A., Nguyen, A., Gironda, M. & Gibbs, L. (2015). Variability in Findings from Adult Protective Services Investigations of Elder Abuse in California *Journal of Evidence-Informed Social Work.*

Purpose: To ascertain how consistent APS findings are across counties in California.

Methodology: Examined data from monthly reports of completed investigations, and investigation outcomes, from all 58 California counties from September 2004 to August 2005, telephone interviews with 54 of 58 counties, and site visits to 17 counties. Also compared was the data from 2004–2005 with more recent data from 2013.

Outcome Measures: Differences in interpretations of definitions and case findings.

Findings and Conclusions: Large variability was found from county to county in the proportions of cases found to be conclusive, inconclusive, and unfounded. The combined analyses revealed significant differences in how individual APS workers interpret definitions of different types of case outcomes, varying skill and experience of the APS workers, individual and county agency factors, and other reasons that influence variability in case findings. Widespread inconsistencies in the outcomes of elder abuse investigations raise issues to be addressed on multiple levels, including the use of APS data for developing policy, standardizing training of APS workers, and seeking just outcomes for the victims of elder abuse.

Limitations: Study utilized data from only one state.

d. *Teaster, P. B., Ramsey-Klawsnik, H., Abner, E. L., and Kim, S. (2015). The sexual victimization of older women living in nursing homes. *Journal of Elder Abuse and Neglect*, 27, 392-409.

Purpose: To examine alleged cases of the sexual victimization of women ages 65+ living in nursing homes that were reported to and investigated by APS and regulatory agencies.

<u>Methodology</u>: Data from facility reports concerning the alleged sexual abuse of older women that were investigated over a six-month period in five states across the nation were collected and analyzed. Descriptive bivariate analysis was used to assess differences between alleged cases that were and were not substantiated at investigation outcome. Information was analyzed regarding alleged and confirmed victims and perpetrators and interventions offered to and accepted by victims. This article reports on a subsample of cases drawn from a total pool of 410 reported and investigated alleged sexual abuse victims residing in care facilities.

<u>Target Population</u>: Women age 65 years and older who were reported to APS and licensing authorities due to suspicions that they had been sexually abused in their nursing homes (N=64).

<u>Outcome Measures</u>: Identification of variables that distinguished those alleged victims whose reports were substantiated from those about whom reports were not substantiated.

<u>Findings</u>: A substantiation rate of 31.3% resulted. Abilities and needs of women with substantiated cases were statistically comparable to the unsubstantiated group. However, substantiated victims had less dementia, communication difficulties, and physical and mental health problems. While no case that included an alleged victim interview was substantiated without a victim disclosure, 17 cases in which alleged victims disclosed abuse were not substantiated. Substantiated perpetrators were significantly older than unsubstantiated perpetrators; 94% of substantiated perpetrators were male, and either white or of unknown race. Alleged perpetrators were divided equally between staff and residents but higher substantiation rates resulted for accused residents. Sexual abuse of older women living in nursing homes occurs, and victims are typically vulnerable due to mental and physical impairments; alleged abusers are typically male. For many reasons actual abuse may go unsubstantiated. Investigation requires sensitivity to victims and perpetrators, appropriate resources, specialized training, and collaboration by APS, law enforcement, and medical and mental health communities.

<u>Limitations</u>: Study included a small sample of cases that were reported to state authorities and investigated.

e. ***Wangmo, T., Teaster, P. B., Grace, J., Wong, Wilson, Mendiondo, M. S., Blandford, C., Fisher, S., & Fardo, D. W. (2014). An ecological systems examination of elder abuse: a week in the life of adult protective services. *Journal of Elder Abuse and Neglect*, 26, 5, 440-457.**

<u>Purpose</u>: To examine allegations of elder abuse made to the Kentucky Adult Protective Services (APS) and the subsequent investigations, in order to understand how APS addressed the needs of abused elders.

<u>Methodology</u>: Bronfenbrenner's ecological systems model was used as an organizing framework for data collection using: 1) Intake Information Document (call log); 2) Worker Information System data; and 3) the Dynamic Family Assessment. Fifty-five APS workers across the state

participated in the data collection process for one week. Data were analyzed using descriptive statistics.

<u>Target Population</u>: Data were collected on 132 abuse victims identified during the week-long data gathering period.

<u>Outcome Measures</u>: Data were gathered on alleged victim demographics, alleged perpetrator characteristics, investigation time frames, substantiations, case outcomes, and recidivism.

<u>Findings and Conclusion</u>: Nearly all cases were processed within the state-mandated time frame, 30% cases were substantiated, the risk of abuse remained in 67% of cases and was reduced in 35% of cases. One-year follow-up revealed that recidivism was in self-neglect cases was 31% and 24% in abuse cases. The study reveals an important and comprehensive picture of APS work in Kentucky providing information on APS workflow, case and investigation characteristics, and substantiation and recidivism.

<u>Limitations</u>: Data were recorded in narrative form, making translation to numeric values difficult. Missing data for some fields was prevalent. Data were gathered over a short period of time, with a one-year follow-up to assess recidivism.
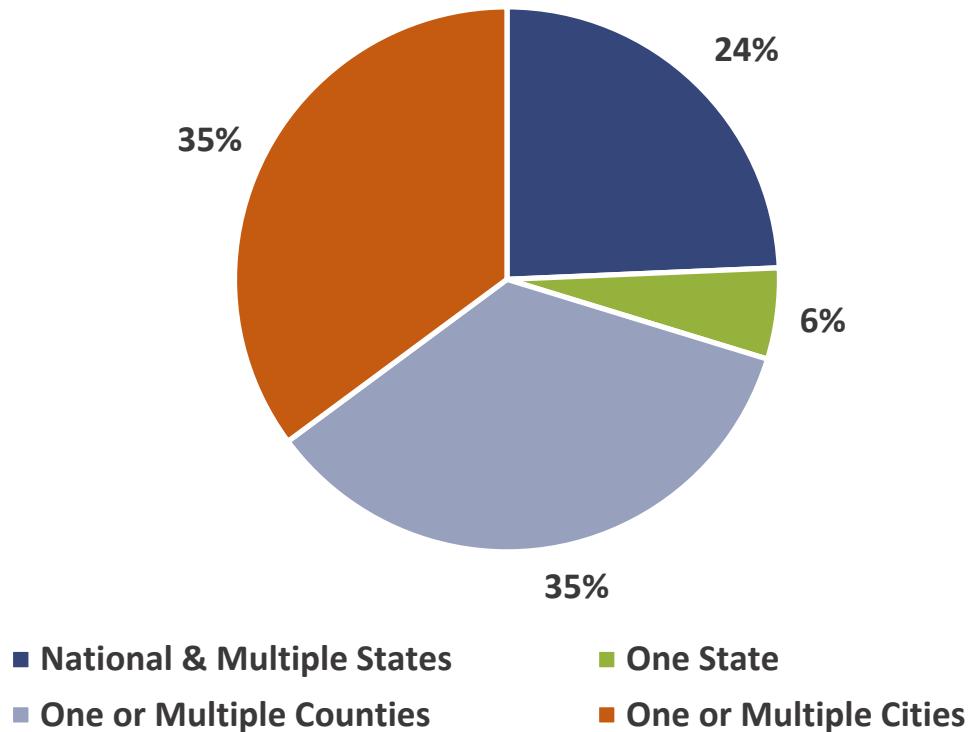

8. BRIEF ANALYSIS OF THE RESEARCH PUBLICATIONS

The 37 research studies published in the U.S. that examined topics relevant to APS practice during the two-year literature search reveal the broad range of topic areas that affect APS practice. This underscores the highly challenging nature of APS work given that staff must be knowledgeable about many topics including prevention, abuse identification and reporting, screening of reports, investigation skills, types of maltreatment, victim characteristics and abuse impact, intervention and treatment approaches, perpetrator types and behaviors, and working with ancillary professionals such as law enforcement and health and mental health care.

a. Scope of the Studies

The breakdown of studies that utilized city, county, state or national data is revealing. Most of the studies (26) limited data-collection to one or more cities or counties while less than one-quarter (9) collected data from multiple states or across the nation. All of the studies help to increase understanding of abuse and neglect, and needed interventions as well as best professional practice. However, APS-related research that compares findings and practices in multiple geographic areas and reveals national trends, is sorely needed.

Chart 1
Geographical Scope of Studies

24%

35%

6%

35%

- ■ **National & Multiple States**
- ■ **One State**
- ■ **One or Multiple Counties**
- ■ **One or Multiple Cities**

**b. Use of APS Data or Staff in Research**

Less than half (43%) of the studies relied upon, in whole or in part, APS client data or staff.

Table 1. Use of APS Data or Staff in Research

Study Category	Total Studies Found	APS Data Studies	Non-APS Data Studies
Understanding A&N	10	4	6
Prevalence	5	0	5
Detection & Reporting	5	2	3
Intervention	4	0	4
Tools & Scales	4	4	0
Professional Perceptions	4	2	2
APS System Functioning	5	4	1
Total	**37 (100%)**	**16 (43%)**	**21 (57%)**

Ernst et al., 2014 found 50 studies published over 16 years (1996-2011) that used APS clients, data, personnel or resources to test a hypothesis for an average of only 3.1 studies per year. This recent literature search found 16 studies published 2014-15 that utilized APS client data or personnel, averaging eight studies per year. This suggests much-needed increased research attention to APS cases and case-handling procedures.

Chart 2
Research Studies' Reliance on APS Data or Staff

43%

57%

■ Did not use APS data/staff

■ Relied in whole or part on APS data/staff
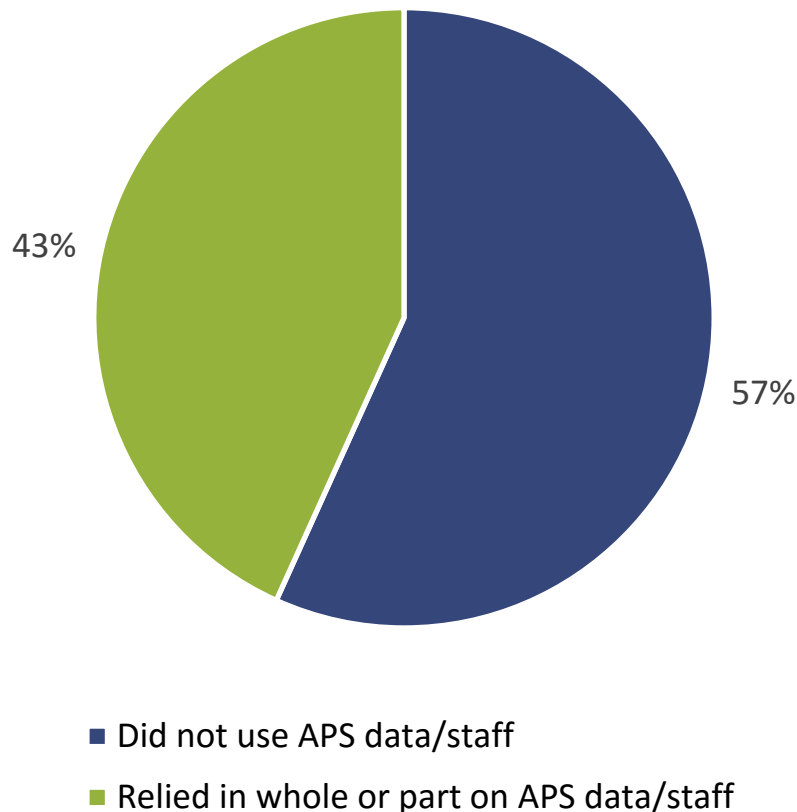
Despite an expanded research focus on APS cases, of the 37 research studies identified, only five (14%) dealt specifically with APS, and of those, only three (Mosqueda et. al., 2015, Teaster et. al., 2015 and Wangmo et. al., 2014) focused directly on APS practice. While four studies examining abuse and neglect intervention were found, none examined various APS interventions used or their effectiveness. None compared how different APS practices might affect rates at which clients become the subjects of repeat APS reports, nor did any look at whether the education and training levels of APS workers influenced their work. Not one study examined the effect caseload size has on client services, staff turnover rates, etc. Most importantly, none looked at the impact APS has on the people they serve; i.e. client outcomes. These are just a few of the areas that urgently need attention by researchers.

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
1. Understanding Abuse & Neglect - 4				
(a) Aamodt, Terracina & Schillerstrom, 2015	Determine: Are squalor-dwellers more impaired than non-squalor-dwellers?	Retrospective record review of data gathered during cognitive capacity assessments of 230 TX APS clients in 28 counties	Squalor-dwellers performed better on memory screens. Both groups had impaired executive functioning, no difference between groups.	Cognitive function alone is not sufficient to explain squalor-dwelling behavior.
(c) Burnett, Dyer, Halphen, Achenbaum, Green, Booker & Diamon, 2014	Determine: Are there subtypes of elder self-neglect (SN) with different risk factors that can be targeted using medical and social interventions?	5,686 TX APS substantiated SN cases '04-'08 analyzed. Client Assessment & Risk Evaluation (CARE) tool used to assess living conditions, financial status, physical & medical, mental health & social connectedness risk. Latent class analysis used to identify SN subtypes.	Four SN subtypes identified. About 50% of clients manifested physical and medical neglect. Other subtypes included environmental neglect (22%), global neglect (21%), and financial neglect (9%).	Elder SN consists of unique subtypes that may be amenable to customized multidisciplinary interventions.
(d) Friedman, Avila, Shah, Tanouye & Joseph, 2014	Assess: Do MDs report physical abuse requiring hospitalization? Is mortality greater among hospitalized abused elders than controls?	Record review of 41 elder abuse cases (19 investigated by APS, 15 related to hospitalization). Controls were elders randomly selected from trauma registry not admitted due to abuse.	Mean survival was lower for elder abuse victims than controls. More deaths resulted for the abused group over one year than the controls.	Study demonstrates an association between elder abuse and increased mortality.

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
(i) Terracina, Aamodt & Schillerstrom, 2015	Determine: Are recidivistic APS clients referred for capacity assessment more impaired than non-recidivistic clients?	Retrospective comparison of data collected during capacity assessments of recidivistic (N=138) and non-recidivistic (N=95) TX APS clients.	Both client groups performed poorly in all cognitive domains, recidivistic clients performed significantly worse on executive function tests (CLOX1, EXIT25).	Executive function impairments are one risk factor for repeat APS reports.
3. Detecting and Reporting Abuse and Neglect - 2				
(a) Daly & Jogerst, 2014	Determine: Did APS statutory language related to MDTs affect reporting, investigating, substantiation rates?	State statues reviewed as well as aggregate reports of elder abuse for 1999 and 2007 nationwide.	MDT text in statutes of 8 states in 2000 and 9 in 2008. Report rate for those states significantly higher both years than states without MDT text.	Statutory language re: MDTs is associated with increased abuse reporting rates
(c) Jackson & Hafemeister, 2015	Identify: Circumstances under which elder abuse is detected and reported & temporal relationship between detecting & reporting.	Convenience sample (71 VA APS workers, 55 older clients & 35 reporters) used to study elder abuse detection & reporting.	Time between detecting & reporting longer when intimate relationship exists between victim & abuser or victim & reporter.	Victim's relationship with both abuser & reporter influences abuse detection & report.

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
5. Tools and Scales – 4				
(a) Burnett, Dyer, Booker, Flores, Green, & Diamond, 2014.	Evaluate: If the TX APS Client Assessment and Risk Evaluation (CARE) tool, designed to assess elder mistreatment (EM) and self-neglect (SN), is a valid and reliable measurement across gender and race/ethnicities.	7,580 substantiated EM and SN TX APS Region VI 2008 cases analyzed using CARE tool consisting of 57 items. Structural equation modeling used to test theoretical & empirical associations among items. Absolute and comparative fit indices assessed to determine model fit. Confirmatory factor analysis initially tested in gender and racial groups.	The CARE tool was found to provide valid and reliable assessments of EM and SN.	The tool is useful for APS.
(b) Iris, Conrad & Ridings, 2014	Test: Psychometric properties of the Elder Self-Neglect Assessment (ESNA) instrument.	Field-testing with IL Department on Aging regarding 215 clients to evaluate tool usefulness & create short version.	The ESNA identified levels of severity related to two aspects of self-neglect: environmental conditions and behavioral characteristics.	ESNA improves identification of self-neglect and its severity.
(c) Lichtenberg, Stoltman, Flicker, Iris & Mast, 2015	Test: Usefulness of the Lichtenberg Financial Decision Making Rating Scale (LFDRS) for determining the financial decisional	LFDRS used in videotaped interviews of older people making major financial decisions then rated by experts (including APS staff) to test psychometric	The instrument works well to identify older adults at risk of financial mismanagement and poor financial decision-making.	The LFDRS holds promise and further validity tests are underway.

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
	capacity of older adults.	properties and inter-rater reliability.		
(d) Sommerfeld, Henderson, Snider & Aarons, 2014	Evaluate: Development, field utility, reliability and validity of Tool for Risk, Interventions, and Outcomes (TRIO) for use in APS.	Field utility, reliability and validity assessed with Ventura County CA APS. Comparison with studies examining financial abuse and self-neglect. Chi-square used to compare prevalence of all TRIO items for the 2 groups of APS clients.	Favorable perceptions of the TRIO by APS staff. Reliability and validity of the instrument were high.	Data resulting from TRIO use will help to identify promising APS practices and increase APS effectiveness.
6. Professional Preparation, Development, and Perspectives - 2				
(a) DeLiema, Navarro, Enduidanos & Wilbur, 2015	Examine: Attitudes and perceptions of health professionals re: elder mistreatment and compare them to those of APS workers.	Focus groups conducted with APS workers (n=9), geriatric care managers (n=4) and hospice staff (n=13). Transcripts coded inductively and emergent themes compared across groups using thematic analysis.	All groups acknowledged similar challenges re: elder abuse/neglect. APS workers identified unneeded referrals and poor communication among providers; health care workers acknowledged sometimes ignoring abuse reporting requirements.	Mandatory reporting necessary but insufficient. APS & health care collaboration may enhance communication, clarify expectations, improve outcomes.
(d) Tapp, Payne & Strasser, 2015	Compare: Perceptions of knowledge needed and possessed by APS and law	GA LE officers (N=75) surveyed re: elder abuse knowledge needed, possessed & not possessed by	Officers identified large overall gap between needed and possessed elder abuse & neglect knowledge.	Strengthen LE training, use APS as a resource; include content on aging and protective

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
	enforcement (LE) to effectively handle elder abuse cases.	colleagues. Findings compared with prior results for 87 APS workers.	Officers had significantly larger gap between needed and possessed knowledge than APS workers.	services in criminal justice coursework.
7. APS System Functioning and Evidence-Based Practices – 4				
(a) Ernst, Ramsey-Klawsnik, Schillerstrom, Dayton, Mixson & Counihan, 2014.	Identify & analyze: Research utilizing APS data or resources to assess the state of knowledge regarding APS evidence-based practice.	Analyzed published studies identified through searches of MEDLINE and CANE databases from 1996-2011 using key words "adult protective services" and "elder abuse."	Only 50 studies identified. Most not about APS practice but used APS data to explore victim characteristics. APS clients and resources have been underutilized to study APS effectiveness.	Studies analyzing APS interventions and effectiveness are not available, are urgently needed to inform evidence-based practice.
(c) Mosqueda, Wiglesworth, Moore, Nguyen, Gironda, & Gibbs 2015	Ascertain: Consistency of APS findings across counties in CA (a county-based APS system).	Examined data from reports of investigation outcomes from all counties 9/04 – 8/05, telephone interviews with most counties, site visits to 17 counties. Also compared that data with 2013 data.	Large variability in case findings discovered.	Widespread inconsistencies in abuse investigation outcomes raise issues to be addressed on multiple levels.

Table 2. Research Studies Published 2014-2015 that Utilized APS Case Data or Personnel

Note: Numbers and letters are cross-referenced with the study synopses in this report.

Author(s) (year)	Purpose	Study Design and Methods	Primary Findings	Conclusion
(d) Teaster, Ramsey-Klawsnik, Abner & Kim, 2015	Examine: Alleged cases of sexual abuse of women ages 65+ in nursing homes reported to and investigated by APS and regulatory agencies.	Data from 64 cases investigated in 5 states across the nation analyzed. Bivariate analysis used to assess differences between cases that were and were not substantiated. Also analyzed perpetrator data and interventions offered to and accepted by victims.	31.3% substantiation rate. Confirmed victims had less cognitive, speech, physical & mental health problems. No case in which victim interviewed was substantiated without a disclosure but 17 cases in which victims disclosed not substantiated. Staff & residents were equally accused but higher sub rates resulted for residents.	For many reasons actual abuse may go unsubstantiated. Investigation requires sensitivity to victims & perps, resources, training and collaboration by APS, police, medical & mental health communities.
(e) Wangmo, Teaster, Grace, Wong, Wilson, Mendiondo, Blandford, Fisher & Fardo, 2014	Examine: KY APS abuse allegations and investigations to understand how APS addressed the needs of abused elders.	Data collected on 132 cases via call log, Worker Information System, and Family Assessments. 55 workers contributed data for one week. Data analyzed using descriptive statistics.	Nearly all cases were processed within mandated time frame, 30% were substantiated, risk of abuse remained in 67%. 31% recidivism in self-neglect and 24% in abuse cases.	Study reveals comprehensive picture of KY APS workflow, case handling and recidivism.

B. PRACTICE PUBLICATIONS

The practice publications identified consist of two journal articles, one professional training video, and nine APS Technical Assistance Briefs prepared and published by the NAPSRC.

1. JOURNAL ARTICLES (2)

a. **Rosen, A. (2014). Where mental health and elder abuse intersect. *Generations*, 38, 75-79.**

The author makes the case that abuse happens more often to elders with dementia than to those without, is often perpetrated by individuals with mental illness, and causes lasting emotional damage in its victims. Education and training are key preventive solutions. The intersection of mental health and elder abuse is a significant public health issue. Those in the mental health, health, and social services professions would benefit by increasing their awareness of this intersection of issues, gaining skills in prevention, identification, and treatment of a growing public health problem in the aging population. Those in public policy and in the justice system need to become more aware of the impact and import of mental health on elder abuse. All professionals who come into contact with older adults would benefit by becoming more engaged on the topic of elder abuse in their practices, in their community, and in advocacy on the local, state, and national levels to combat this serious public health problem with enormous mental health implications.

b. **Rook, K. S. (2014). The health effects of negative social exchanges in later life. *Generations*, 38, 1, 23.**

This article reviews the literature and findings on associations between physical health of older adults and their exposure to negative social exchanges with family members and other network members. Negative social exchanges are defined as "misdeeds or violations of relationship norms and experienced as unpleasant, unwanted or insensitive" (p. 15). Negative social exchanges have been linked to low self-rated health, declines in cognitive functioning, higher mortality, and poor health outcomes. While this article does not report on an empirical research study, it does suggest ideas for collaboration between researchers and practitioners, and may have relevance for elder abuse situations where there is conflict between older adult victims and family members, especially adult children and spouse/partners.

2. TRAINING VIDEO (1)

Massachusetts Executive Office of Elder Affairs. (2015). *"Responding to Late Life Domestic Violence."*

Available at no charge at: <http://forprofessionals.800ageinfo.com/2015/09/responding-to-late-life-domestic-violence.html#more>

This training video is the culmination of a three-year grant awarded to the MA Executive Office of Elder Affairs to cross-train Elder Protective Services, Domestic Violence and Rape Crisis personnel by the state administering office for the VAWA STOP Formula Grant Program.

Part One: Interviewing Alleged Victims - Written and narrated by Dr. Holly Ramsey-Klawsnik
An actual case reported to Elder Protective Services was fictionalized to depict portions of an initial and a follow-up victim interview. Clinical principles of planning and conducting APS investigative victim interviews are presented.

Part Two: Interviewing Alleged Perpetrators - Written and narrated by Dr. David Adams
An actual case reported to Elder Protective Services was fictionalized to depict an alleged perpetrator interview. Clinical principles of planning and conducting APS alleged perpetrator investigative interviews are presented.

Part Three: A Panel Discussion of Intervention Strategies
A multi-disciplinary panel discusses potential interventions and intervention barriers faced by older survivors of domestic violence and sexual assault. A member of a support group for older battered women shares her story.

3. NAPSRC TECHNICAL ASSISTANCE BRIEFS

Throughout 2014-2015, the National Adult Protective Services Resource Center APS TA Team provided monthly Technical Assistance (TA) calls for state APS administrators on topics about which they requested assistance. TA Briefs were prepared to summarize the information provided during selected calls.
Available at: napsa-now.org.

a. **Heisler, C. (2014).** *Working with Prosecutors.*

This brief addresses the role and responsibilities of criminal prosecutors. Tips are provided for APS administrators and other staff to engage prosecutors in collaborative efforts on behalf of APS clients and to elevate prosecutor response to vulnerable adult abuse cases. Differences between criminal and civil matters are delineated and varying standards of evidence (reasonable suspicion, preponderance of evidence, beyond a reasonable doubt, etc.) and their implications on APS practice are explained.

b. **Heisler, C. (2015).** *Health Insurance Portability and Accountability Act: Implications for Adult Protective Services.*

This brief provides essential information regarding HIPAA and its implications on APS practice. Topics addressed include: key HIPAA definitions, do APS programs constitute "covered entities" under any circumstances, the HIPAA "privacy rule," and potential HIPAA limitations in situations in which a vulnerable adult abuse is suspected. Guidance is provided for APS employees seeking client consent for disclosure of protected health information. The following critical information is delineated, "There is no conflict between elder and vulnerable adult reporting laws and HIPAA. When state or other law authorizes such reports be made to APS and directs that APS conduct investigations which include obtaining medical and other health records subject to HIPAA, a covered entity can comply with the state or other requirement and comply with HIPAA" (p.7).

c. **Otto, J. (2014).** *Caseload Management.*

This brief discusses APS caseload management from the perspective of state administration with a focus on managing caseload size. The brief addresses the essential issue of caseload management and the negative consequences that result when this does not occur, including the all-important fact that, "Victims depend on a prompt and effective APS response" (p. 1). The history of NAPSA's efforts to address caseload size is reviewed. The use of the Delphi Technique to develop state-specific, reasonable caseload size is explained. To date, there has not been a national APS caseload size study despite significant need.

d. **Otto, J. (2015).** *Fundamentals of APS Supervision.*

High quality investigative and protective services for vulnerable/older adult abuse victims depend on investigators/caseworkers receiving regular, effective supervision. This brief describes the four essential roles of effective APS Supervision: Administration, Education, Management, and Support, and provides guidance on fulfilling each of these. It informs supervisors that they must continually educate their superiors about the functions and needs of the program; provide program oversight through reviewing files and accompanying workers on home visits; establish a learning environment and provide ongoing training opportunities; conduct regular case

conferences with workers and evaluate worker performance; and support staff in their difficult work with honesty, empathy and respect. The brief also describes different methods of supervision and provides links to additional resources supervisors can utilize to help them carry out these responsibilities.

e. **Quinn, K. & Ramsey-Klawsnik, H. (2014).** *Evidence-Based APS Practices.*

Evidence-based practices are defined and the need for these practices in APS is addressed. This brief draws from three recent publications to present available information regarding APS evidence-based practices and concludes that there is presently insufficient scientific evidence upon which to build evidence-based APS practices. Vastly increased research attention to APS practices is urged to enable APS systems to develop and incorporate evidence-based practices in assessing and assisting vulnerable adults experiencing abuse and neglect.

f. **Ramsey-Klawsnik, H. (2014).** *The Complexities of Cognitive Capacity.*

The complex APS role in screening for lack of capacity due to cognitive impairment is addressed. Ethical issues are discussed, including the responsibility to avoid unsupported conclusions regarding a client's cognitive abilities and the worker's role in screening for cognitive loss while not attempting evaluation requiring specialized materials, experience, training, and credentials. APS administrators are responsible for insuring that their staff is trained to understand how their state law defines capacity, indicators of cognitive loss, effective strategies for gathering and documenting capacity information, and needed next steps when clients display capacity limitations. Distinguishing conditions that can mask cognitive ability (such as aphasia) or cause temporary confusion (such as illness) are addressed. The three basic procedures for screening capacity are delineated: (1) interviewing, observing, and interacting with a client, (2) collecting and analyzing collateral data, (both of which are APS functions), and (3) formal capacity evaluations requiring referral to a clinical specialist.

g. **Ramsey-Klawsnik, H. (2015).** *Working with Cases Involving Mental Illness.*

This brief addresses APS program planning and service delivery regarding cases involving victims or perpetrators who display psychiatric symptoms. Case handling complications that can occur during investigation and intervention are addressed. Situations are discussed in which alleged victims are diagnosed, as well as those in which psychiatric symptoms are displayed in the absence of a diagnosis. Illustrative cases are provided. Crises are normal in the lives of people with serious mental illness (SMI) and many psychiatric conditions decrease coping and problem-solving skills. There is a high likelihood that people with SMI will be referred to APS when they are in crisis but lack ongoing supports to assist them in attaining and maintaining stability. APS workers face complex challenges face in responding to their needs. Casework and supervisory strategies are suggested in the brief. Expanded data-collection and analysis regarding APS mental

health cases is urged to demonstrate funding and programmatic gaps, including the need for mental health subject matter experts to consult with staff struggling to understand and assist in complex mental health cases.

> h. **Ramsey-Klawsnik, H. (2015).** *Investigation Protocols.*

This brief addresses the framework that APS programs need to provide to guide investigators as well as APS supervision and quality assurance. The NAPSA Recommended Minimum Program Standards are referenced and inform the recommendations provided. An "Investigation To Do List" is provided along with typical investigation steps and sequence. Planning the APS investigation, taking steps to preserve client and worker safety, ethical practice, the use of assessment tools, documentation requirements, applying required supervisory junctures, carefully analyzing collected information, and applying the correct standard of evidence in making substantiation decisions are addressed.

> i. **Ramsey-Klawsnik, H. (2015).** *Clinical Issues in Supervising APS Practice.*

Cited in this brief are the critical need for resources and information regarding effective APS Supervision and relevant available resources, including the NAPSA Minimum APS Program Standards. Challenges faced by supervisors are discussed, along with the potential both positive and negative impact that Supervisors have on caseworkers and their work quality. Key supervisor tasks and tools, stages of worker development, and tailoring supervision to the worker's stage are addressed. Tips for mentoring workers are provided along with information about trauma-informed supervision.

4. ADDITIONAL NAPSRC APS PRACTICE REPORTS

The following NAPSRC reports produced under HHS ACL/AOA grant number No. 90ER0002/02 are available at www.napsa-now.org/resource-center/research/promising-practices/:

a. Capehart, A. (2014). *Doing More with Less: Replicative, Innovative and Cost-Saving Measures in Adult Protective Services*. NAPSRC / NAPSA

b. Belfiore, N. (2013). *Training Practices and Protocols of State Adult Protective Services Agencies* NAPRSC / NAPSA

c. *Capacity Assessment Tools Used by APS* (2013). NAPRSC / NAPSA

d. National Council on Crime and Delinquency (2013). *Borrowing Evidence-Based Practices from Other Fields: Ideas for APS.* NAPRSC / NAPSA

e. Swett, L. *The APS/AAA Service Coordination Program, Maricopa County, Arizona* (2013). NAPRSC / NAPSA

f. Swett, L. *Data Collection Practices of State Adult Protective Services Agencies* (2013). NAPRSC / NAPSA

g. Swett, L. *The Philadelphia APS Bank Reporting and Loss Prevention Program* (2013). NAPRSC / NAPSA

h. Swett, L. *The Texas APS Statewide Community Engagement Program* (2012) NAPRSC / NAPSA

i. Swett, L. *Use of Multi-Disciplinary Teams by State Adult Protective Services Agencies* (2013). NAPRSC / NAPSA

III. REPORT SUMMARY

The 2014-15 APS-related research and practice publications shine a light on current findings, needs, priorities, and challenges facing APS and related organizations attempting to identify and assist vulnerable adult victims of abuse and neglect.

At the time of this writing (January 2016), we affirm the conclusions reached by Ernst et. al., (2014) upon conclusion of their review of available APS-related research published 1996-2011,

> …this review of research reveals that many researchers use APS case data and resources to study elder mistreatment and self-neglect; they do not study APS practice. Of great significance is that research has not occurred that has investigated the effectiveness, or lack thereof, of APS interventions. Specifically, studies that analyze the APS interventions offered and accepted by victims, and the selected effectiveness of those interventions, is not yet available and is urgently needed to inform evidence-based practice (p. 489).

It is indeed encouraging to see the evidence of increasing research interest in, and activity regarding, APS-related subject matter revealed by the findings of this review. They document the growth of research-APS collaborations - a most welcome development.[1] The paucity of studies, however, conveys the continued significant need for additional federal and private funding to support and encourage APS and vulnerable adult abuse research. Similarly, the important but limited APS practice-related materials produced demonstrates the ongoing need for funding, support, and focused attention to the challenges faced by APS programs and the methods and techniques that can enable APS staff to effectively and compassionately identify and respond to vulnerable adult victims.

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[1] See the NAPSA-NCPEA Joint Research Committee's document, "http://www.napsa-now.org/wp-content/uploads/2012/06/Guiding-Principles1.pdf" for further information on this topic.