

NCEA Bibliography of Elder Abuse and Neglect Related Articles & Research Studies

This bibliography was created to provide a summary of recent articles and research studies, from a variety of disciplines, relevant to professional practice in the field of elder abuse. Each entry in the bibliography includes a citation, abstract and weblink to gain access to the document. In some cases, due to copyright restrictions, you will not be able to access the entire article, but will be given information on how to purchase the entire article.

The bibliography is organized by author last name. **To search this document for a particular keyword or phrase, press *Control* + *F* and enter the word or phrase.** NCEA is looking into additional ways of presenting this information to make searching easier.

Articles Cited Were Published From: August 2011 to July 2012

Database Sources: Psychinfo, CINAHL and PubMed.

Disclaimer: This bibliography is not intended to be an exhaustive list of articles and studies on elder abuse and neglect over the specified time period. NCEA has attempted to identify the articles and studies most pertinent to professional practice in the United States, but inadvertent omissions are possible. This list includes peer reviewed and refereed journal articles along with other articles expected to be of interest. Articles from a variety of disciplines (e.g. medicine, law, social work, psychology, dentistry and nursing) and countries are included. Articles written in languages other than English are beyond the scope of this project and are not included. Citation styles will vary because they were pulled from different research databases.

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In Alphabetical Order By First Author:**A-Ba**

Abdel Rahman, T. T., & El Gaafary, M. M. (2012). Elder mistreatment in a rural area in Egypt. *Geriatrics & Gerontology International, 12*(3), 532-537. doi: 10.1111/j.1447-0594.2011.00780.x

Abstract: Aim: Mistreatment of the elderly is a hidden problem frequently cloaked under the shroud of family secrecy. The aim of the present study was to determine the extent of mistreatment of older people living at their homes in the rural area of Mansoura city, Dakahlia governorate, Egypt. Methods: The present cross-sectional study was carried out on 1106 respondents, 518 men (mean age 67.6 ± 6.3 years) and 588 women (mean age 68.5 ± 8.4 years), who answered face-to-face survey questionnaires. The questionnaires used were; Questionnaire to elicit elder abuse, Actual abuse tool, Elder Assessment Instrument, Risk of abuse tool, Katz index and Geriatric depression scale 15 items. Results: Of the respondents, 43.7% reported mistreatment by family members. The predominant type of reported mistreatment was neglect (42.4%) followed by physical abuse (5.7%), psychological abuse (5.1%) and financial abuse (3.8%). Conclusions: The independent risk factors for overall mistreatment of the elderly were older age, insufficient pension and caregiver other than spouse. Although being dependent, the number of children being three or less and caregiver other than spouse were significant independent attributes for "neglect" as a form of elder mistreatment.

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Alford, D. M. (2011). The Elder Justice Act. *Journal of Gerontological Nursing, 37*(8), 14-16. doi: 10.3928/00989134-20110603-01

Abstract: The Elder Justice Act (a part of the Patient Protection and Affordable Care Act of 2010) focuses on the development of a comprehensive mechanism to "prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation." Elements of the Act that offer opportunities for nurses to demonstrate their advocacy role on behalf of older adults include (a) participating in the training of ombudsmen and/or becoming an ombudsman; (b) serving on the Elder Justice Act's Advisory Board on Elder Abuse, Neglect, and Exploitation; (c) working in either a stationary or mobile forensic center dedicated to addressing elder abuse; (d) having an active role in the curriculum design and implementation of degree and certificate programs to build competency in gerontology and gerontological nursing; and (e) providing consultation to long-term care facilities in the areas of staff recruitment and quality of care.

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Amendt, J., Richards, C. S., Campobasso, C. P., Zehner, R., & Hall, M. J. (2011). Forensic entomology: applications and limitations. *Forensic Sci Med Pathol, 7*(4), 379-392. doi:

10.1007/s12024-010-9209-2

Abstract: Forensic entomology is the science of collecting and analysing insect evidence to aid in forensic investigations. Its main application is in the determination of the minimum time since death in cases of suspicious death, either by estimating the age of the oldest necrophagous insects that developed on the corpse, or by analysing the insect species composition on the corpse. In addition, toxicological and molecular examinations of these insects may help reveal the cause of death or even the identity of a victim, by associating a larva with its last meal, for example, in cases where insect evidence is left at a scene after human remains have been deliberately removed. Some fly species can develop not only on corpses but on living bodies too, causing myiasis. Analysis of larvae in such cases can demonstrate the period of neglect of humans or animals. Without the appropriate professional collection of insect evidence, an accurate and convincing presentation of such evidence in court will be hampered or even impossible. The present paper describes the principles and methods of forensic entomology and the optimal techniques for collecting insect evidence.

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Amstadter, A. B., Zajac, K., Strachan, M., Hernandez, M. A., Kilpatrick, D. G., & Acierno, R. (2011). Prevalence and Correlates of Elder Mistreatment in South Carolina: The South Carolina Elder Mistreatment Study. *Journal of Interpersonal Violence, 26*(15), 2947-2972. doi: 10.1177/0886260510390959

Abstract: The purposes of this study were to (a) derive prevalence estimates for elder mistreatment (emotional, physical, sexual, neglectful, and financial mistreatment of older adults [age 60 +]) in a randomly selected sample of South Carolinians; (b) examine correlates (i.e., potential risk factors) of mistreatment; and (c) examine incident characteristics of mistreatment events. Random Digit Dialing (RDD) was used to derive a representative sample in terms of age and gender; computer-assisted telephone interviewing was used to standardize collection of demographic, correlate, and mistreatment data. Prevalence estimates and mistreatment correlates were obtained and subjected to logistic regression. A total of 902 participants provided data. Prevalence for mistreatment types (since age 60) were 12.9% emotional, 2.1% physical, 0.3% sexual, 5.4% potential neglect, and 6.6% financial exploitation by family member. The most consistent correlates of mistreatment across abuse types were low social support and needing assistance with daily living activities. One in 10 participants reported either emotional, physical, sexual, or neglectful mistreatment within the past year, and 2 in 10 reported mistreatment since age 60. Across categories, the most consistent correlate of mistreatment was low social support, representing an area toward which preventive intervention may be directed with significant public health implications.

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Bartley, M., Knight, P. V., O'Neill, D., & O'Brien, J. G. (2011). Self-Neglect and Elder Abuse: Related Phenomena? *Journal of the American Geriatrics Society, 59*(11), 2163-2168. doi: 10.1111/j.1532-5415.2011.03653.x

Abstract: This study aimed to investigate the current experience of geriatricians working in Ireland and Scotland in addressing self-neglect cases to gain insight into service design and Development.

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Bb-Bq

Begley, E., O'Brien, M., Anand, J. C., Killick, C., & Taylor, B. (2012). Older people's views of support services in response to elder abuse in communities across Ireland. *Quality in Ageing & Older Adults, 13*(1), 48-59. doi: 10.1108/14717791211213616

Abstract: Purpose -- This paper seeks to present findings from the first all-Ireland study that consulted older people on their perceptions of interventions and services to support people experiencing abuse. Design/methodology/approach -- Utilizing a grounded theory approach, 58 people aged 65 years and over took part in focus groups across Ireland. Four peer-researchers were also trained to assist in recruitment, data collection, analysis, and dissemination. Findings -- Participants identified preventative community-based approaches and peer supports as important mechanisms to support people experiencing, and being at risk of, elder abuse. Choices regarding care provision and housing, as well as opportunities for engagement in community activities where they can discuss issues with others were identified as ways to prevent abuse. Originality/value -- The development of elder abuse services has traditionally been defined from the perspective of policy makers and professionals. This study looked at the perspective of the end-users of such services for the first time. The research also gave an active role to older people in the research process. The policy implication of the findings from this research is that enhanced attention and resources should be directed to community activities that enable older people to share their concerns informally thereby gaining confidence to seek more formal interventions when necessary.

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Bern-Klug, M., & Sabri, B. (2012). Nursing home social services directors and elder abuse staff training. *Journal of Gerontological Social Work, 55*(1), 5-20. doi: 10.1080/01634372.2011.626016

Abstract: In a nationally representative study of 1,071 nursing home social services directors 80% of social services departments provided resident rights training and 60–70% were involved in abuse training. Departments headed by recent grads and in chain nursing homes or in the northeast were more likely to be involved in training. Seventy-two percent of social services directors were able to provide one-on-one training about reporting suspected abuse; education and licensure were related to ability to train.

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Blowers, A. N., Davis, B., Shenk, D., Kalaw, K., Smith, M., & Jackson, K. (2012). A multidisciplinary approach to detecting and responding to elder mistreatment: Creating a university-community partnership. *American Journal of Criminal Justice*, 37(2), 276-290. doi: 10.1007/s12103-012-9156-4

Abstract: As the aging population grows, the problem of elder mistreatment is escalating. Cases of elder mistreatment are anticipated to increase further as the— baby boomers age and the number of elderly individuals living and receiving care at home increases (Stiegel 2006; Kennedy 2005; Meeks-Sjostrom 2004). While there has been increasing attention placed on understanding the dynamic of elder mistreatment, advancement of public policy and scholarly work has been hampered due to the fact that much of this work occurs in disciplinary silos. This paper spotlights one example in which university scholars from various disciplines partnered with social service providers, legal professionals, and healthcare educators in the community to enhance the development of a sustainable comprehensive elder justice network. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (Journal abstract)

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Bourassa, D. (2012). Examining self-protection measures guarding Adult Protective Services social workers against compassion fatigue *J Interpers Violence* (Vol. 27, pp. 1699-1715). United States.

Abstract: Little research has focused on the risk factors, effects, and experiences of compassion fatigue among gerontological social workers. This qualitative study explores the experiences and perspectives of nine Adult Protective Services (APS) social workers in relation to compassion fatigue. Results show that the APS social workers combined personal characteristics and professional factors to develop boundary-setting mechanisms that protected them from experiencing the deleterious symptoms and effects of compassion fatigue. Implications center around the elements needed to implement boundaries in order to maintain a separation between the work and home environment. Suggestions for future research are provided.

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Bowes, A., Avan, G., & Macintosh, S. B. (2012). Cultural diversity and the mistreatment of older people in black and minority ethnic communities: Some implications for service provision. *Journal of Elder Abuse & Neglect*, 24(3), 251-274. doi: 10.1080/08946566.2011.653319

Abstract: Previous research on mistreatment of older people in black and minority ethnic communities has identified limited service responses and the need to consider mistreatment as an issue not only for individuals but also for families, communities, and institutions. The impact of cultural factors on understandings, experiences, and remedies for mistreatment has been debated. Drawing on empirical research in the United Kingdom involving service providers and ethnically-diverse community members, the article explores implications of cultural variation for service provision. Clear gaps exist between

service provision and people experiencing mistreatment due to structural and contextual factors; cultural factors have a relatively minor impact.

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Br-Ca

Brandl, B., & Dawson, L. (2011). Responding to victims of abuse in later life in the United States. *Journal of Adult Protection, 13*(6), 315-322.

Abstract: Purpose - Millions of older adults in the USA are being abused, neglected, and exploited. Older victims who are abused by a spouse, partner, family member, or caregiver experience unique barriers and challenges. The Department of Justice's Office on Violence Against Women (OVW) funds a small but promising Abuse in Later Life Program. This article seeks to briefly describe the dynamics of abuse in later life and the design and outcomes experienced by local grantees funded by the OVW Abuse in Later Life Program. Design/methodology/approach - This paper is designed to describe the key components of the OVW's Abuse in Later Life program and outcomes experienced by local practitioners. Findings - The paper describes lessons learned by local practitioners who use a multidisciplinary approach to respond to abuse in later life. Practical implications - Collaboration and a coordinated community response are vital to enhance older victim safety and quality of life. Originality/value - This paper describes model programming in the USA that could be replicated in Britain and elsewhere.

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Cadmus, E. O., & Owoaje, E. T. (2012). Prevalence and correlates of elder abuse among older women in rural and urban communities in South Western Nigeria. *Health Care Women Int, 33*(10), 973-984. doi: 10.1080/07399332.2012.655394

Abstract: Elderly women face the same health, economic, and social issues that all elderly people face, but often encounter more challenges compared with men and are more prone to abuse. Elder abuse has hitherto been uncharacterized among women in South Western Nigeria. A cross-sectional survey was conducted to describe the prevalence, patterns, and factors associated with elder abuse among elderly women in Nigeria. The abuse of elderly women is quite prevalent in the two communities studied, especially physical abuse. Positive predictors of elder abuse were urban dwelling, financial dependency, and a high level of educational attainment. Appropriate interventions should be targeted toward reducing the occurrence.

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Callewaert, G. A. G. (2011). Preventing and combating elder mistreatment in Flanders (Belgium): General overview. *Journal of Elder Abuse & Neglect, 23*(4), 348-365. doi: 10.1080/08946566.2011.608048

Abstract: In Flanders, the state that comprises the Dutch-speaking part of Belgium, the structural attention given to the problem of elder mistreatment has grown slowly throughout the last decade. Equivalent to the evolution in most other western countries,

there is nevertheless still a great lack of scientific research, and several governments (federal, regional, supralocal, and local) are still very reluctant to provide sufficient means in order to prevent and combat elder mistreatment. This article aims to present a general overview of the current state of affairs in the regional state of Flanders to address elder mistreatment. More concretely, it will highlight the history of the Flemish Reporting Point for Elder Abuse, what its aims are, and what definition and typology of elder mistreatment it uses in its daily activities. Because of the importance of well-conducted scientific research and excellent academic support in order for policymakers and social services to deal efficiently with elder mistreatment, the lack of scientific research in Flanders also will be briefly highlighted.

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Callewaert, G. (2011). Preventing and Combating Elder Mistreatment in Flanders (Belgium): General Overview. *Journal of Elder Abuse & Neglect*, 23(4), 366-374. doi: 10.1080/08946566.2011.608059

Abstract: In Flanders, the state that comprises the Dutch-speaking part of Belgium, the structural attention given to the problem of elder mistreatment has grown slowly throughout the last decade. Equivalent to the evolution in most other western countries, there is nevertheless still a great lack of scientific research, and several governments (federal, regional, supralocal, and local) are still very reluctant to provide sufficient means in order to prevent and combat elder mistreatment. This article aims to present a general overview of the current state of affairs in the regional state of Flanders to address elder mistreatment. More concretely, it will highlight the history of the Flemish Reporting Point for Elder Abuse, what its aims are, and what definition and typology of elder mistreatment it uses in its daily activities. Because of the importance of well-conducted scientific research and excellent academic support in order for policymakers and social services to deal efficiently with elder mistreatment, the lack of scientific research in Flanders also will be briefly highlighted.

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Cambridge, P., Mansell, J., Beadle-Brown, J., Milne, A., & Whelton, B. (2011). A study of adult protection referrals in two local authorities: an overview of findings for managers and practitioners. *Journal of Adult Protection*, 13(5), 238-250. doi: 10.1108/14668201111178157

Abstract: Purpose - The purpose of this paper is to report the key findings from a study of adult protection referrals collected by two English local authorities during 1998-2005. Design/methodology/approach - Referrals were analyzed for patterns relating to risk with client level data supplemented by information from the local authority

databases and from the Care Quality Commission. The analysis also examined associations between adult protection processes and outcomes and looked at how adult protection monitoring data could be improved to better inform safeguarding management and practice at local and national level. Findings - Sexual abuse was most frequently reported for people with intellectual disabilities, who were also at higher risk of abuse when living out of area. Older people were most at risk of financial abuse in community settings and of neglect in residential care. Originality/value - The study identifies patterns of risk in the abuse of older people and those with intellectual disabilities and informs preventive interventions. It also indicates priorities for improving the quality and comparability of adult protection monitoring data.

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Ca-Ch

Carr, S. (2011). Enabling risk and ensuring safety: self-directed support and personal budgets. *Journal of Adult Protection*, 13(3), 122-136. doi: 10.1108/14668201111160723

Abstract: Purpose - This paper aims to present a digest of the main discussion points and key findings from a recent Social Care Institute for Excellence report on risk enablement and safeguarding in the context of self-directed support and personal budgets. Design/methodology/approach - The paper explores how the personalization agenda and adult safeguarding can work together in policy and practice and addresses some of the frontline concerns about empowerment and duty of care. Findings - Evidence on how self-directed support and personal budgets can be used to enable people to take positive risks while staying safe and emerging practice is examined. It suggests that person-centered working in adult safeguarding, along with the mechanism of self-directed support planning and outcome review can support the individual to identify the risks they want to take and those they want to avoid in order to stay safe. It is clear that if frontline practitioners are overly occupied with protecting organizations and individuals from financial abuse, this will impact on the capacity of those practitioners exercising their duty of care at the front line. This means that practitioners are less able to engage with individuals to identify safeguarding issues and enable positive risk taking. Defensive risk management strategies or risk-averse frontline practice may then result in individuals not being adequately supported to make choices and take control and, therefore, being put at risk. Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement in their relationship-based, person-centered working. Good quality, consistent and trusted relationships and good communication are particularly important for self-directed support and personal budget schemes. Originality/value - The use of "risk enablement panels" and "personalization and safeguarding frameworks" are two ways to address some of the issues in practice.

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Casale-Martínez, R. I., Navarrete-Reyes, A. P., & Ávila-Funes, J. A. (2012). Social determinants

of frailty in elderly Mexican community-dwelling adults. *Journal of the American Geriatrics Society*, 60(4), 800-802. doi: 10.1111/j.1532-5415.2011.03893.x

Abstract: This article presents a study which aims to identify the social factors associated with prevalent frailty in elderly Mexican community-dwelling adults. This was a

cross-sectional study of 418 men and 509 women aged 70 and older participating in the Mexican Study of Nutritional and Psychosocial Markers of Frailty. Multinomial logistic regression analysis were performed to find the best model, and the variables significantly associated with frailty were retained. Results indicated that frail, prefrail and nonfrail prevalence was 14.1%, 37.4% and 48.5%, respectively. Not having a partner was a correlate of prevalent frailty, which could be explained by the fact that isolated elderly adults more frequently develop depressive symptoms. Several geriatric syndromes such as cognitive impairment and disability have been reported to be risk factors for elder abuse; this finding might explain their coexistence with frailty in this cohort. This is the first study to report such associations in Latin America. Social factors often ignored in the medical context might represent risk factors for the development of frailty and therefore should be assessed and taken into account when evaluating an elderly person and when developing multidimensional prevention and treatment programs for this population. More longitudinal studies are needed to better describe this association.

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Castle, N. (2011). Nursing Home Deficiency Citations for Abuse. *Journal of Applied Gerontology*, 30(6), 719-743. doi: 10.1177/0733464811378262

Abstract: Deficiency citations for resident abuse from U.S. nursing homes from 2000 to 2007 are examined. Deficiency citations are given to nursing homes that are in violation of Medicare/Medicaid regulations and four specific deficiency citations (representing, abuse; neglect by staff; criminal screening investigating and reporting; and, abuse prevention and policy development and implementation) were examined. The data came from the Online Survey, Certification, and Reporting (OSCAR) system data (N = 173,219) and the analyses used generalized estimating equations. Abuse deficiency citation rates were relatively stable (from 2000 to 2007), with approximately 20% of facilities per year receiving any one of these citations. For the factors of interest, few significant findings were identified for staffing levels; whereas, a high number of deficiency citations related to quality of care, high number of the most severe deficiency citations, high Medicaid reimbursement rates, and the Medicaid occupancy/reimbursement rate interaction were significantly associated with a greater likelihood of receiving a deficiency citation for abuse.

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Castle, N. (2012). Nurse aides' reports of resident abuse in nursing homes. *Journal of Applied Gerontology*, 31(3), 402-422. doi: 10.1177/0733464810389174

Abstract: Verbal, physical, psychological, caregiving, medication, material, and sexual abuse perpetrated by staff are examined. Information came from nurse aides included in

the Pennsylvania nurse aide registry. A total of 4,451 nurse aides returned a 46-item questionnaire (response rate = 64%). A 3-month frame of reference was used, and the questionnaire asked about abuse in the prior nursing home of employment. Nurse aide responses to the verbal abuse and psychological abuse items were higher than for the other categories of abuse examined. For example, 36% of nurse aides observed argumentative behavior with residents and 28% observed intimidation. Lower figures were reported for physical abuse (6% observed pushing, grabbing, or pinching), caregiving abuse (10% observed staff to threaten to stop taking care of a resident), medication abuse (19% observed inappropriate delays in medication administration), material exploitation (10% observed taking assets), and sexual abuse (1% observed unwelcome discussion of sexual activity). These findings clearly show that some types of resident abuse by staff are reported to be a common occurrence by nurse aides. This likely influences the health outcomes, quality of life, quality of care, and the safety of residents. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (Journal abstract)

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Ci-Da

Cisler, J. M., Begle, A. M., Amstadter, A. B., & Acierno, R. (2012). Mistreatment and self-reported emotional symptoms: Results from the National Elder Mistreatment study. *Journal of Elder Abuse & Neglect*, 24(3), 216-230. doi: 10.1080/08946566.2011.652923

Abstract: Many community-residing older adults in the United States report past year mistreatment; however, little is known about mental health correlates of abuse. This study investigated whether a recent history of emotional, physical, or sexual abuse is associated with self-reported emotional symptoms (e.g., anxiety, depression) among a representative sample of older adults. Results demonstrated that each abuse type increased likelihood of reporting emotional symptoms; when other known correlates were controlled, only emotional abuse remained a significant predictor. Additional study of mistreatment-related correlates of depression and anxiety is needed, with a focus on the often overlooked category of emotional mistreatment.

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Cohen, M., & Shinan-Altman, S. (2011). A cross-cultural study of nursing aides' attitudes to elder abuse in nursing homes. *International Psychogeriatrics*, 23(8), 1213-1221. doi: 10.1017/S1041610211000391

Abstract: Background: Nursing aides' attitudes to elder abuse may serve as predictors of a proclivity to it, and may be influenced by cultural and situational context such as immigration. The purpose of the current study was to examine attitudes to elder abuse in three groups of Israeli nursing aides, namely veteran Israeli Jews, Israeli Arabs, and new immigrants, and their associations to demographic and work-related factors. Methods: 188 nursing aides (31 veteran Israeli Jews, 38 Israeli Arabs, 119 new immigrants) at 18 nursing homes in Israel completed questionnaires on work stressors, attitudes to elder abuse,

sociodemographic and work-related characteristics, and the Maslach Burnout Inventory. Results: New immigrant nursing aides reported a higher tendency to condone abusive behaviors than did veteran Jewish and Arab nursing aides. Some 23% of the variance in attitudes was explained by group, demographics, work stressors and burnout. Greater condoning of elder abuse was associated with belonging to the new immigrant group, being unmarried and reporting higher work stressors. There was an interaction effect of work stressors \times group, indicating that higher work stressors were related to a stronger tendency to condone elder abuse in the new immigrant group than in the veteran Jewish and Arab groups. Burnout was correlated with greater condoning of elder abuse; this association was not significant when the other variables were controlled for in the regression analysis. Conclusions: Attitudes condoning elder abuse are related to work stressors, and may be accelerated by the additional stressors on new immigrant nursing aides. Careful planning of the professional guidance and support given to new immigrant nursing aides is important.

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Conrad, K. J., Iris, M., Ridings, J. W., Fairman, K. P., Rosen, A., & Wilber, K. H. (2011). Conceptual model and map of financial exploitation of older adults. *Journal of Elder Abuse & Neglect*, 23(4), 289-303. doi: 10.1080/08946566.2011.558800

Abstract: This article describes the processes and outcomes of three-dimensional concept mapping to conceptualize financial exploitation of older adults. Statements were generated from a literature review and by local and national panels consisting of 16 experts in the field of financial exploitation. These statements were sorted and rated using Concept Systems software, which grouped the statements into clusters and depicted them as a map. Statements were grouped into six clusters, and ranked by the experts as follows in descending severity: (a) theft and scams, (b) financial victimization, (c) financial entitlement, (d) coercion, (e) signs of possible financial exploitation, and (f) money management difficulties. The hierarchical model can be used to identify elder financial exploitation and differentiate it from related but distinct areas of victimization. The severity hierarchy may be used to develop measures that will enable more precise screening for triage of clients into appropriate interventions.

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Daly, J. M. (2011). Domestic and institutional elder abuse legislation *Nurs Clin North Am* (Vol. 46, pp. 477-484, vii). United States: A 2011 Elsevier Inc.

Abstract: Statutes pertinent to elder abuse vary widely. This article provides examples of organizational structure, dependency and age of the victim, definitions of abuse, classification of penalties, and investigation processes. Health care providers must learn their state's elder abuse laws and review any operating manuals produced from the statutes or regulations. All health care workers must know and implement the law to protect the welfare of older persons.

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Da-De

Daly, J. M., Merchant, M. L., & Jogerst, G. J. (2011). Elder abuse research: A systematic review. *Journal of Elder Abuse & Neglect*, 23(4), 348-365. doi: 10.1080/08946566.2011.608048

Abstract: The purpose of this research was to provide a systematic review of, and assign an evidence grade to, the research articles on elder abuse. Sixteen health care and criminal justice literature databases were searched. Publications were reviewed by at least two independent readers who graded each from A (evidence of well-designed meta-analysis) to D (evidence from expert opinion or multiple case reports) on the quality of the evidence gained from the research. Of 6,676 titles identified in the search, 1,700 publications met inclusion criteria; omitting duplicates, 590 publications were annotated and graded.

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Daly, J. M., Schmeidel Klein, A. N., & Jogerst, G. J. (2012). Critical care nurses' perspectives on elder abuse. *Nurs Crit Care*, 17(4), 172-179. doi: 10.1111/j.1478-5153.2012.00511.x

Abstract: Aims: To explore through interviews of critical care nurses their perspectives on elder abuse to achieve a better understanding of the problems of reporting and generate ideas for improving the process. Background: In 44 states and the District of Columbia health care providers are required by law to report elder abuse but the patient, patient's family and health care providers all have barriers to reporting allegations of elder abuse. Design: This study design is qualitative. Method: Through a mailed survey, critical care nurses were invited to participate in a taped in-depth qualitative interview. Results: Ten nurses were interviewed. A thematic analysis was used to describe the following core themes: types of elder abuse, suspicions of elder abuse, reporting of elder abuse, barriers to reporting elder abuse, legislation and improvement in practice. Conclusions: Critical care nurses are aware of elder abuse and somewhat systematically evaluate for abuse at admission to their unit. They recognize signs and symptoms of abuse and are suspicious when it is warranted. They are aware of why an older person does not want to report abuse and take this into consideration when soliciting information. Facts, values and experience influence personally defining abuse, suspicion and dependence for each individual health care professional. Relevance to clinical practice: Critical care unit protocols and/or policies and procedure for reporting elder abuse are needed in critical care settings and are warranted for providing quality of care.

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Daly, J. M., & Schoenfelder, D. P. (2011). Elder Abuse Prevention. *Journal of Gerontological Nursing*, 37(11), 11-17. doi: 10.3928/00989134-20111004-01

Abstract: The abuse of older people is a significant problem, with estimates intimating that there may be over 340,000 cases per year in the United Kingdom. Despite improvements in screening and assessment to identify and treat those who are abused or at risk of abuse, the healthcare community remains preoccupied with prevalence rather than prevention. In light of the paucity of health-related research evidence to support the effectiveness of preventative measures, the application of crime prevention theory and knowledge is appropriate. Routine activity theory and situational crime prevention literature acknowledges the vulnerability of older people to abuse and the potential of any person employed as a carer to be an abuser. Preventative measures are focused on techniques that make abuse more difficult and more risky for the perpetrator and, therefore, less 'rewarding'. The regulation of healthcare support workers and increased workplace surveillance are examples of the 25 techniques of situational prevention that could be applied in a healthcare setting.

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Day, M. R., McCarthy, G., & Leahy-Warren, P. (2012). Professional Social Workers' Views on Self-Neglect: An Exploratory Study. *British Journal of Social Work, 42*(4), 725-743. doi: 10.1093/bjsw/bcr082

Abstract: Self-neglect is characterised by an inability to meet one's own basic needs and can be intentional or unintentional. Ageing populations, chronic illness, disability and poverty place individuals at risk for self-neglect. Self-neglect accounted for one-fifth of referrals received by the Elder Abuse Services (EAS) in 2008 in Ireland. Self-neglect (SN) can occur across the lifespan and is a serious public health issue and a social problem that is difficult to detect and diagnose. This article reports findings from a qualitative exploratory study, which explored the views and experience of a purposeful sample of seven Senior Case Workers (SCWs), working in Elder Abuse Services (EAS) on SN in Ireland. Individual interviews were tape recorded, transcribed and thematically analysed. Four major themes emerged from the findings: self-neglect as an entity, assessment, interventions and ethical challenges. SCWs are challenged and frustrated by this complex multidimensional phenomenon. Furthermore, poor operational definitions of 'exceptional circumstances' and 'self-neglect' can lead to diversity in choosing and responding to self-neglect. Suggestions are made about ways in which practice, policy and research can be developed.

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De Donder, L., Lang, G., Luoma, M.-L., Penhale, B., Alves, J. F., Tamutiene, I., . . . Verté, D. (2011). Perpetrators of abuse against older women: a multi-national study in Europe. *Journal of Adult Protection, 13*(6), 302-314. DOI: 10.1108/14668201111194212

Abstract: Purpose - This article aims to explore the perpetrators of abuse among older women living in the community. The study examines whether differences between the perpetrators of different forms of abuse, and for different groups of older women (e.g. by income or age groups) can be detected. Finally, it aims to investigate whether older women talk about the abuse to family or friends, or report it to an official or formal agency, in

relation to different perpetrators. Design/methodology/approach - This article provides results from the prevalence study of Abuse and Violence against Older Women in Europe (AVOW-study). The study involved scientific partners from five EU countries: Finland, Austria, Belgium, Lithuania, and Portugal. In these five countries, the same study was conducted during 2010. In total, 2,880 older women living in the community were interviewed during the course of the study. Findings - The results indicate that 28.1 percent of older women across all countries have experienced some kind of violence and abuse, in the last 12 months, by someone who is close to them. The results offer specific figures for the prevalence of different types of abuse, i.e. physical, psychological, sexual, and financial abuse; violation of personal rights; and neglect. Furthermore, additional insights about the main perpetrators of abuse for different groups of older women are offered. Research limitations/implications - The article does not address the differences between the five countries. Further research could examine the between-country variations and identify possible country-specific explanations. Practical implications - The implications of these findings for the development of policy and practice are highlighted. Applying only a crime-focused approach on this topic is not sufficient. Health and social welfare sectors play a key role in ensuring dignity in, and quality of, formal and informal care and need to be supported to do so. Originality/value - The paper presents the findings of an extensive multi-national survey on abuse of older women in five European countries.

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De-Do

DeFour, D. C. (2012). 'The test of a civilization is the way that it cares for its helpless members': Violence against older women. *Women & Therapy*, 35(3-4), 248-260. doi: 10.1080/02703149.2012.684587

Abstract: Violence against women is a major health risk nationally and internationally. However, despite its impact, violence against older women remains an understudied area. Abuse of older women is frequently unrecognized unless encompassed under "elder abuse." The purpose of this article is to (1) provide a summary of current research on violence against older women, (2) describe methodological biases in research on violence against older women, (3) discuss methodological biases that have kept the problem of violence against older women hidden from view, and (4) propose new directions for feminist research, advocacy, and therapy.

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DeLiema, M., Gassoumis, Z. D., Homeier, D. C., & Wilber, K. H. (2012). Determining prevalence and correlates of elder abuse using promotores: Low-income immigrant Latinos report high rates of abuse and neglect. *Journal of the American Geriatrics Society*, 60(7), 1333-1339. doi: 10.1111/j.1532-5415.2012.04025.x

Abstract: Low-income Latino immigrants are understudied in elder abuse research.

Limited English proficiency, economic insecurity, neighborhood seclusion, a tradition of resolving conflicts within the family, and mistrust of authorities may impede survey research and suppress abuse reporting. To overcome these barriers, promotores, local Spanish-speaking Latinos, were recruited and trained to interview a sample of Latino adults aged 66 and older residing in low-income communities. The promotores conducted door-to-door interviews in randomly selected census tracts in Los Angeles to assess the frequency of psychological, physical, and sexual abuse; financial exploitation; and caregiver neglect. Overall, 40.4% of elderly Latino adults had experienced some form of abuse or neglect within the previous year. Nearly 25% reported psychological abuse, 10.7% physical assault, 9% sexual abuse, and 16.7% financial exploitation, and 11.7% were neglected by their caregivers. Younger age, higher education, and experiencing sexual or physical abuse before age 65 were significant risk factors for psychological, physical, and sexual abuse. Years lived in the United States, younger age, and prior abuse were associated with greater risk of financial exploitation. Years spent living in the United States was a significant risk factor for caregiver neglect. Abuse prevalence was much higher in all mistreatment domains than findings from previous research on community-dwelling elderly adults, suggesting that low-income Latino immigrants are highly vulnerable to elder mistreatment or that respondents are more willing to disclose abuse to promotores who represent their culture and community.

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Dong, X., Chang, E. S., Wong, E., & Simon, M. (2012). Perception and negative effect of loneliness in a Chicago Chinese population of older adults. *Archives of Gerontology and Geriatrics*, 54(1), 151-159. doi: 10.1016/j.archger.2011.04.022

Abstract: This qualitative study aims to investigate the cultural understandings of loneliness, identify the contexts of loneliness, and to examine its effect on the health and well-being of U.S. Chinese older adults. Despite loneliness is one of the main indicators of well-being, little attention has been paid to understanding loneliness among immigrant older adults. This study utilizes both survey questionnaires and semistructured focus group methods to investigate the feelings of loneliness among U.S. Chinese older adults. Based on interviews with 78 community-dwelling Chinese older adults in Chicago Chinatown, this community-based participatory research study (CBPR) shows loneliness is common among U.S. Chinese older adults. It was frequently identified through emotional isolation and social isolation. Social, psychological and physical health factors could contribute to the experience of loneliness. In addition, the health of older adults with loneliness may be associated with worsening overall health, elder mistreatment, health behavior changes and increased healthcare utilizations. This study has implications for healthcare professionals, social services agencies and policy makers. Our findings point to the needs for healthcare professionals to be more alert of the association of loneliness and adverse health outcomes. Communities and social services agencies should collectively take a lead in reducing social isolation, improving intergenerational relationships, and increasing social networks and companionship for this group of vulnerable older adults.

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Do

Dong, X., Simon, M. A., & Evans, D. (2012a). Elder self-neglect and hospitalization: findings from the Chicago Health and Aging Project. *J Am Geriatr Soc*, 60(2), 202-209. doi: 10.1111/j.1532-5415.2011.03821.x

Abstract :Objectives: To quantify the relation between reported elder self-neglect and rate of hospitalization in a community population of older adults. Design: Prospective population-based study. Setting: Geographically defined community in Chicago. Participants: Community dwelling older adults who participated in the Chicago Health and Aging Project. One thousand one hundred sixty-five of the 6,864 participants in the Chicago Health and Aging Project was reported to social services agency for suspected elder self-neglect. Measurements: The primary predictor was elder self-neglect reported to social services agency. The outcome of interest was the annual rate of hospitalization, obtained from the Centers for Medicare and Medicaid Services. Poisson regression models were used to assess these longitudinal relationships. Results: The average annual rate of hospitalization was 0.6 ± 1.3 for participants without elder self-neglect and 1.8 ± 3.2 for those with reported elder self-neglect. After adjusting for sociodemographic and socioeconomic characteristics, medical comorbidities, and cognitive and physical function, older adults who neglected themselves had significantly higher rate of hospitalization (rate ratio = 1.47, 95% confidence interval = 1.39–1.55). Greater severity of self-neglect (mild: standardized parameter estimate (PE) = 0.24, standard error (0.05); moderate: PE = 0.45 (0.03); severe: PE = 0.54, (0.11), all $P < .001$) was associated with higher annual rates of hospitalization after adjusting for the same confounders. Interaction term analyses suggest that medical conditions, cognitive impairment, and physical disability did not mediate the significant relationship between self-neglect and hospitalization. Conclusion: Reported elder self-neglect was associated with higher rates of hospitalization in this community population. Greater severity of self-neglect was associated with a greater rate of hospitalization.

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Dong, X., Simon, M. A., & Evans, D. (2012b). Prospective study of the elder self-neglect and ED use in a community population *Am J Emerg Med* (Vol. 30, pp. 553-561). United States: 2012 Elsevier Inc.

Abstract: Purpose: This study aims to quantify the relation between elder self-neglect and rate of emergency department utilization in a community-dwelling population. Methods: A prospective population-based study is conducted in a geographically defined community in Chicago of community-dwelling older adults who participated in the Chicago Health and Aging Project. Of the 6864 participants in the Chicago Health and Aging Project, 1165 participants were reported to social services agency for suspected elder self-neglect. The primary predictor was elder self-neglect reported to social services agency. The outcome of interest was the annual rate of emergency department utilization obtained from the Center for Medicare and Medicaid Services. Poisson regression models were used to assess these

longitudinal relationships. Results: The average annual rate of emergency department visits for those without elder self-neglect was 0.6 (1.3), and for those with reported elder self-neglect, it was 1.9 (3.4). After adjusting for sociodemographics, socioeconomic variables, medical conditions, and cognitive and physical function, older people who self-neglect had significantly higher rates of emergency department utilization (rate ratio, 1.42; 95% confidence interval, 1.29-1.58). Greater self-neglect severity (mild: standardized parameter estimate [PE], 0.27; standard error [SE], 0.04; P b .001; moderate: PE, 0.41; SE, 0.03; P b .001; severe: PE, 0.55; SE, 0.09; P b .001) was associated with increased rates of emergency department utilization, after considering the same confounders. Conclusion: Elder self-neglect was associated with increased rates of emergency department utilization in this community population. Greater self-neglect severity was associated with a greater increase in the rate of emergency department utilization.

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Dong, X., Simon, M. A., & Evans, D. A. (2012). Prevalence of self-neglect across gender, race, and socioeconomic status: findings from the Chicago Health and Aging Project *Gerontology* (Vol. 58, pp. 258-268). Switzerland: Basel.

Abstract: **Background:** Self-neglect is the behavior of an elderly person that threatens his/her own health and safety, and it is associated with increased morbidity and mortality. However, the scope of the self-neglect in the community population remains unclear. We examined the prevalence of self-neglect and its specific behaviors of hoarding, hygiene and other environmental hazards in a community-dwelling elderly population. **Methods:** A population-based cohort study conducted from 2007 to 2010 in a single cycle in a geographically defined community of 4 adjacent neighborhoods in Chicago, Ill., USA. Participant's personal and home environment was rated on hoarding, personal hygiene, house in need of repair, unsanitary conditions, and inadequate utility. Prevalence estimates were presented across gender, race/ethnicity, education and income levels. **Results:** There were 4,627 older adults in the cohort. The prevalence of self-neglect and specific personal and environmental hazards varied significantly by race/ethnicity and by levels of education and income. For race/ethnicity, black older adults (men 13.2%; women 10.9%) had a significantly higher prevalence of self-neglect than white older adults (men 2.4%; women 2.6%). For those with less than high school education, the prevalence of the self-neglect was 14.7% in men and 10.9% in women. For those with an annual income of less than USD 15,000, the prevalence of self-neglect was 21.7% in men and 15.3% in women. **Conclusion:** The prevalence of self-neglect and specific behaviors of hoarding, poor hygiene, and other environmental hazards are higher among black older adults and among those with lower levels of education and income.

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Do-Dz

Dong, X., Simon, M. A., Mosqueda, L., & Evans, D. A. (2012). The prevalence of elder self-neglect in a community-dwelling population: hoarding, hygiene, and environmental hazards *J Aging Health* (Vol. 24, pp. 507-524). United States.

Abstract: Objectives: To examine the prevalence of self-neglect and its specific behaviors in a community-dwelling population of older adults. Method: A population-based cohort study conducted between 2007 and 2010 rated participant's personal and home environment, particularly with regard to hoarding, personal hygiene, house in need of repair, unsanitary conditions, and inadequate utility. Prevalence estimates were presented across health-related variables of health status, physical function, and cognitive function. Results: There were 4,627 older adults (1,645 men and 2,982 women). Prevalence of self-neglect in older adults increased with lower health status in both men (4.7% in very good/excellent health, 7.9% in good health, and 14.9% in fair/poor health) and women (4.5% in very good/excellent health, 7.9% in good health, and 10.6% in fair/poor health). For those with ≥ 3 Katz impairments, the prevalence of self-neglect in older adults was 12.8% in men and 13.8% in women. For those with MMSE (Mini-Mental State Examination) ≤ 20 , the prevalence of self-neglect in older adults was 18.8% in men and 13.6% in women. Discussion: Self-neglect was clearly prevalent among older adults, especially among those with lower health status and physical and cognitive function.

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Dong, X., Simon, M., Rajan, K., & Evans, D. A. (2011). Association of cognitive function and risk for elder abuse in a community-dwelling population *Dement Geriatr Cogn Disord* (Vol. 32, pp. 209-215). Switzerland: Basel.

Abstract: Aim: This study aimed to examine the cross-sectional association between cognitive function and elder abuse. Methods: The Chicago Health and Aging Project (CHAP) is a population-based study conducted in a geographically defined community (n = 8,932). We identified 238 CHAP participants who had elder abuse reported to a social services agency. Cognitive function was assessed using the Mini-Mental State Examination (MMSE), the Symbol Digit Modalities Test (perceptual speed), and both immediate and delayed recall of the East Boston Memory Test (episodic memory). An index of global cognitive function scores was derived by averaging the z-scores of all tests. Logistic regression models were used to assess the association of cognitive function domains and risk of elder abuse. Results: After adjusting for confounders, lowest tertiles of global cognition (odds ratio, OR 4.18, 95% confidence interval, 95% CI 2.44–7.15), MMSE (OR 2.97, 95% CI 1.93–4.57), episodic memory (OR 2.27, 95% CI 1.49–3.43) and perceptual speed (OR 2.37, 95% CI 1.51–3.73) were associated with increased risk of elder abuse. The lowest levels of global cognitive function were associated with an increased

risk of physical abuse (OR 3.56, 95% CI 1.08–11.67), emotional abuse (OR 3.02, 95% CI 1.41–6.44), caregiver neglect (OR 6.24 95% CI 2.68–14.54), and financial exploitation (OR 3.71, 95% CI 1.88–7.32). Conclusion: Lower levels of global cognitive function, MMSE, episodic memory and perceptual speed are associated with an increased risk of elder abuse.

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Dong, X., Simon, M., Wilson, R., Beck, T., McKinell, K., & Evans, D. (2011). Association of Personality Traits With Elder Self-neglect in a Community-Dwelling Population. *American Journal of Geriatric Psychiatry, 19*(8), 743-751. doi: 10.1097/JGP.0b013e3182006a53

Abstract: Objective: Elder self-neglect is an important public health issue. However, little is known about the association between personality traits and risk of elder self-neglect among community-dwelling populations. The objectives of this study are: 1) to examine the association of personality traits with elder self-neglect and 2) to examine the association of personality traits with elder self-neglect severity. Methods: Population-based study conducted from 1993–2005 of community-dwelling older adults (N=9,056) participating in the Chicago Health Aging Project (CHAP). Subsets of the CHAP participants (N=1,820) were identified for suspected self-neglect by social services agency, which assessed the severity. Personality traits assessed included neuroticism, extraversion, rigidity and information processing. Logistic and linear regressions were used to assess these associations. Results: In the bivariate analyses, personality traits (neuroticism, extraversion, information processing, and rigidity) were significantly associated with increased risk of elder self-neglect. However, after adjusting for potential confounders, the above associations were no longer statistically significant. In addition, personality traits were not associated with increased risk of greater self-neglect severity. Furthermore, interaction term analyses of personality traits with health and psychosocial factors were not statistically significant with elder self-neglect outcomes. Conclusion: Neuroticism, extraversion, rigidity and information processing were not associated with significantly increased risk of elder self-neglect after consideration of potential confounders.

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Dow, B., & Joosten, M. (2012). Understanding elder abuse: A social rights perspective. *International Psychogeriatrics, 24*(6), 853-855. doi: 10.1017/S1041610211002584

Abstract: Elder abuse is generally understood in terms of the types of abuse that older people can be subjected to—financial, physical, psychological, sexual, and neglect. However, these definitions often fail to take into account the broader social context in which elder abuse is allowed to occur. Older people are rarely asked about what elder abuse means to them but when they are, they define it in societal terms—social exclusion, the belittling of their views and contribution, and violation of their rights. An effective approach to elder abuse requires intervention at a societal level to combat ageism and age discrimination. Elder abuse is a human rights issue, and any response must be framed by

the understanding that people have a right to freedom from violence and exploitation, and the right to dignity and respect, regardless of age. A comprehensive response to elder abuse must address ageism in society, and while this broader approach is more difficult to implement and evaluate than a focus on elder abuse at an individual level, this does not mean it should be evaded.

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Ea-Fi

Erlingsson, C. L. (2011). Evil and elder abuse: intersections of Paul Ricoeur's and Simone Weil's perspectives on evil with one abused older woman's narrative. *Nurs Philos*, 12(4), 248-261. doi: 10.1111/j.1466-769X.2011.00490.x

Abstract: Doing violence and evil always indirectly or directly leads to making someone else suffer. Such is the dialogical structure of evil and it seems to be the dialogical structure of elder abuse as well. There is a perturbing sameness between definitions of evil and definitions of elder abuse. It is hard at times to see how or if there is any line of demarcation between the subjects. Two modern-day philosophers, Paul Ricoeur and Simone Weil have delved particularly into the concept of evil. The symbolism Ricoeur analyses in depth is that of defilement, sin, and guilt and the concept of the servile will. Integral in Weil's description of evil are the concepts of suffering and the special situation of extreme suffering, termed affliction. Grounded in the writings of Ricoeur and Weil, this paper is a series of reflections on the intersection of evil and elder abuse as exemplified in the narrative of an abused older woman. This woman provided around the clock care at home for her husband who had vascular dementia. She was also abused by her husband. This was witnessed by both family and others but no one intervened. In her narrative there were indications of defilement, sin, guilt, and true affliction as a servile will. This paper illuminates the evil of elder abuse that is harm and suffering, and the challenge of untangling issues of blame, free will, responsibility, and self-determinism. When engaging with abused, older persons it can be worthwhile for nurses to enter the encounter with non-judgemental compassion founded on the human to human connection and recognition of our mutual fallibility and potential for evil that is part of our human fragility.

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Erlingsson, C., Ono, M., Sasaki, A., & Saveman, B. I. (2012). An international collaborative study comparing Swedish and Japanese nurses' reactions to elder abuse. *J Adv Nurs*, 68(1), 56-68. doi: 10.1111/j.1365-2648.2011.05712.x

Abstract: Aim. This paper reports an analysis of aggregated data from two national studies on Swedish community-based nurses' and Japanese Public Health Nurses' responses to hypothetical elder abuse cases. **Background.** Elder abuse is an under-researched area despite being globally recognized as a serious and escalating problem. Yet research, adding needed socio-cultural perspectives to current knowledge has been limited. **Methods.** Eighty-one community-based nurses in Sweden and 124 Public Health Nurses

in Japan responded to a questionnaire based on three hypothetical elder abuse cases. Swedish and Japanese results (data collection 2006–2007) were combined and the aggregated data were analysed using manifest and qualitative content analyses. Results. Nurses' response patterns in the aggregated data were similar across all three hypothetical cases and within themes Awareness, Assessment and Intervention. However, there were also noteworthy differences between Swedish and Japanese responses, e.g. Swedish responses were generally practical, action oriented and involved increased levels of suspicion and personal intervention to achieve increased control; whereas Japanese responses concerned better understanding that involved the family members and their situation, focusing on interventions grounded in collaboration. Conclusion. Despite cultural differences, responses of Swedish and Japanese nurses were very similar which points to a global 'humanness' of the problem of, and nurses' responses to, elder abuse. Results endorse the value of international collaborations that give information and inspiration to nursing colleagues across cultural boundaries. Results also give hope that global tools for elder abuse assessment and intervention can be developed.

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Ernst, J. S., & Smith, C. A. (2011). Adult Protective Services clients confirmed for self-neglect: Characteristics and service use. *Journal of Elder Abuse & Neglect*, 23(4), 289-303. doi: 10.1080/08946566.2011.558800

Abstract: Self-neglect is a complex and inadequately understood phenomenon that accounts for the majority of Adult Protective Services cases. This retrospective, record-based study of the characteristics of 210 older adults who were reported to Adult Protective Services and confirmed for self-neglect revealed that common health problems included nutritional frailty, arthritis, and incontinence. Comparisons based upon length of service showed differences in worker-rated social environment risk, client capacity, and activities of daily living performance. Comparisons of findings with those of other studies of self-neglect underscore the need for systematic research on this population.

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Ernst, J. S., & Smith, C. A. (2012). Assessment in adult protective services: Do multidisciplinary teams make a difference? *Journal of Gerontological Social Work*, 55(1), 21-38. doi: 10.1080/01634372.2011.626842

Abstract: This study compared 2 approaches to the assessment of Adult Protective Services (APS) cases. Using administrative data from 869, cases in 2 counties in Maryland, the differences between a nurse/social worker team and a lone social worker in case disposition, risk reduction, recidivism, and cost effectiveness were examined. Lone social workers were significantly more likely to confirm financial exploitation, physical abuse, and neglect by others; while the team approach resulted in significantly greater risk reduction. No differences were observed in relation to recidivism, self-neglect and cost savings. Given limited resources, research that examines optimal staffing patterns in APS agencies is warranted.

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Fitzsimmons, S. (2011). Notes from nursing: Rights of older adults in long-term care settings. *Activities Directors' Quarterly for Alzheimer's & Other Dementia Patients*, 12(3), 7-10.

Abstract: Understanding the rights of residents that live in long term care facilities.

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Fj-Fz

Flint, L. A., Sudore, R. L., & Widera, E. (2012). Assessing Financial Capacity Impairment in Older Adults. *Generations*, 36(2), 59-65.

Abstract: Healthcare providers will be caring for more patients with financial incapacity as our population ages and as the prevalence of cognitive impairment increases. Providing education about advance financial planning, assessing financial capacity, and offering practical guidance to patients and families who are dealing with financial incapacity are key tasks in the care of older adults with impaired cognition. Providers should also be familiar with experts who can help assess patients' cognition in all domains, including financial capacity. Finally, clinicians must be alert for signs of financial abuse and be prepared to report suspected abuse to the appropriate authorities.

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Fox, A. W. (2012). Elder abuse *Med Sci Law* (Vol. 52, pp. 128-136). England.

Abstract: Five types of elder abuse (physical, psychological, sexual, neglect and financial) are recognized. They are not new, occur worldwide and are associated with persistent morbidity and mortality. The forensic clinician has responsibilities to: (i) the patient, with competent history taking and examination, (ii) interpret findings and recognize patterns of harm and (iii) promulgate this issue in wider professional and public forums. Research into elder abuse is relatively recent; standardized terminology remains unsettled, and small-scale, local studies are hard to generalize. Cross-sectional, population-based studies of elder abuse should be possible, and standardized endpoints will require forensic science contributions.

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Fraga, S., Costa, D., Dias, S., & Barros, H. (2012). Does interview setting influence disclosure of violence? A study in elderly†. *Age & Ageing*, 41(1), 70-75.

Abstract: Background: violence is a very sensitive research topic and interview's setting might influence the participation rate and response accuracy. We aimed to evaluate such effect when assessing the prevalence of different types of violence in a sample of urban elderly by comparing those interviewed at home with those assessed at the research office.

Methods: study subjects were members of a cohort of urban dwellers previously assembled using random digit dialling. The initial 450 individuals aged 60–84 years old were invited to participate in the present study, after being randomly allocated into two groups: 150 for being scheduled to research office interview and 300 to home interview. Both groups allocated were similar regarding gender, age, education, marital status and behavioural characteristics such as smoking and drinking alcohol. Information was obtained by face-to-face standardised interviews. Results: we obtained a participation rate of 67.0% in the group allocated to home interview and 70.7% in the other group ($P = 0.431$). No statistically significant differences were found when prevalence of violence during the previous year was compared according to the interview setting (physical 2.5 versus 1.0%, psychological 19.7 versus 19.0%, financial mistreatment 8.6 versus 9.5%, sexual 1.0 versus 1.0% and neglect 5.1 versus 3.8% in home and research office, respectively). Conclusion: our results indicate that the interview setting has no influence both in participation rate and in the prevalence estimates of different types of violence in the elderly.

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Fulmer, T., Strauss, S., Russell, S. L., Singh, G., Blankenship, J., Vemula, et. al (2012). Screening for elder mistreatment in dental and medical clinics. *Gerodontology*, 29(2), 96-105. doi: 10.1111/j.1741-2358.2010.00405.x

Abstract: OBJECTIVE: Elder mistreatment (EM) is a potentially fatal and largely unrecognised problem in the United States. The purpose of this study was to determine the prevalence of EM in busy clinics and specifically, we report on the feasibility of screening for EM as well as the appropriate instrumentation for screening. BACKGROUND: Prevalence estimates for elder mistreatment vary, but recent data from a national sample of community-residing adults over 60 years of age indicate that 11.4% of older adults report some form of elder mistreatment. There is a paucity of research related to screening in dental and medical clinics to understand the prevalence in such practice settings. METHODS: A cross-sectional study was conducted from January 2008 to March 2009. We enrolled 241 patients at two clinics: a medical clinic ($n = 102$) and dental clinics ($n = 139$). A mini-mental status exam was conducted with a minimum of 18 or better for inclusion. An elder mistreatment screen was next used [elder assessment instrument (EAI-R) for medical and Hwalek-Sengstock elder abuse screening test (HS-EAST) for dental]. RESULTS: For the 241 patients, we were able to compare data from the EAI-R with the HS-EAST. This pilot work demonstrates the feasibility of screening for EM in busy clinics since we documented patient enrolment of 20% in the medical clinics and 66% in dental clinics. Patients are willing to answer extremely-sensitive questions related to elder mistreatment and are also willing to use computer technology for interviewing. CONCLUSION: Dental and medical clinics are important practice venues to screen for elder mistreatment.

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Ga-Ha

Galpin, D., & Hughes, D. (2011). A joined up approach to safeguarding and personalization: a framework for practice in multi-agency decision-making. *Journal of Adult Protection*, 13(3), 150-159. doi: 10.1108/14668201111160741

Abstract: *Purpose* – This paper aims to provide a framework from which practitioners can develop a partnership approach to multi-agency decision-making.

Design/methodology/approach – The authors have drawn on the direct experiences of social work practitioners currently involved in safeguarding activity and qualified social workers undertaking post qualifying social work education. Those seeking safeguarding guidance from a safeguarding adult co-ordinator/manager indicate multi-agency decision-making can be professionally, intellectually and emotionally challenging. In response to these concerns, the authors have worked together to develop a simple framework designed to support practitioners in facilitating effective multi-agency decision-making. *Findings* – There is a need for effective practice in multi-agency decision-making to be central to delivering a system of personalised care that both empowers and protects. The Harvard Business model identifies five key stages as being crucial to decision-making; first, establishing context; second, framing the issue; followed by generating alternatives and evaluating alternatives and finally choosing the best option. The model stops here, but for most decisions a sixth step is required to identify actions and those responsible for implementing them. *Originality/value* – Policy and legislation alone cannot protect adults at risk and in vulnerable circumstances from abuse, there also needs to be commitment at an organisational and practitioner level to develop decision-making processes that ensure safeguarding and personalisation is interwoven as efficiently and effectively as possible

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Girard, N. J. (2011). Factors that affect abuse of older people in nursing homes. *AORN Journal*, 94(4), 420-421.

Abstract: not available

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Ghodousi, A., Maghsoodloo, S., & Hoseini, S. M. (2011). Forensic aspect of elder abuse: risk factors and characteristics. *J Res Med Sci*, 16(12), 1598-1604.

Abstract: **BACKGROUND:** This study aimed to determine the types of elder abuse, their risk factors and the characteristics of abusers among abused elderly people aged above 60 years in Isfahan. **METHODS:** In a cross-sectional study, abused elderly individuals aged above 60 years that referred to the centers of competent jurisdiction with complaint against a person harassing them were studied during 2008-2009. The demographic profiles of the abused and abusers were collected by physicians who worked in forensic medical centers, using a questionnaire. The type of abuse was classified as physical, emotional, sexual and

neglect. RESULTS: The prevalence of physical, emotional and sexual abuse as well as neglect in 68 individuals who were intentionally abused was 100%, 100%, 0% and 11.8%, respectively. Abused subjects were healthy, unemployed and illiterate men and women (similar sex distribution) with moderate monthly income who lived with their families, mainly in cities ($p < 0.05$). The abusers were mainly healthy and illiterate men, mostly the sons of the abused person, living in cities ($p < 0.05$). Forty six (67.6%) patients had previous history of abuse, 43 (63.2%) had more than one previous record and in 45 ones (66.2%) the previous abuse was repeated. There was no relation between elder abuse and drug and alcohol abuse ($p > 0.05$). CONCLUSIONS: The findings of this study provided a sense about the probably high prevalence of elder abuse in our community and its related risk factors.

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Giraldo-Rodriguez, L., & Rosas-Carrasco, O. (2012). Development and psychometric properties of the Geriatric Mistreatment Scale. *Geriatr Gerontol Int*. doi: 10.1111/j.1447-0594.2012.00894.x

Abstract: Aim: Elder mistreatment is a phenomenon that has increased proportionally to the increase in the number of older adults in different populations of the world. So far, in Mexico there is no instrument measuring and assessing this phenomenon. The objective of the present study was to develop and to know some psychometric properties of the Geriatric Mistreatment Scale (GMS). Methods: A documentary and qualitative investigation was undertaken to contextualize the mistreatment phenomenon in Mexico. Each item was included in the preliminary version if it obtained 80% or greater agreement by experts (content validity). The preliminary scale (49-item) was applied to 626 older adults using a probabilistic sample representative of the older adults living in Mexico City. Then a statistical process was carried out to reduce the number of items, prove their internal consistency and associations with other measurements. The 22-item final version of the GMS that assesses physical, psychological, neglect, economic mistreatment and sexual abuse is reported herein. Results: The mean age of participants was 71.94 ± 8 years. The internal consistency (Cronbach's alpha = 0.83) was appropriate. Subject memory complaint, depression, functional dependence and other measurements were associated with overall mistreatment. Regarding prevalence, 10.28% reported having experienced at least one type of mistreatment. Conclusion: The 22-item GMS had an acceptable internal consistency; the relationship with other measurements was significant according to the hypotheses. Therefore, the GMS is recommended for the screening of the five different types of elder mistreatment.

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Habjanič, A., & Lahe, D. (2012). Are frail older people less exposed to abuse in nursing homes as compared to community-based settings? Statistical analysis of Slovenian data. *Archives of Gerontology and Geriatrics*, 54(3), e261-e270. doi: 10.1016/j.archger.2011.07.006

Abstract: Introduction: Although international research in recent years has often focused on elder abuse, its extent is not clear in community-based settings and even bigger mystery in

nursing homes. Background: Until now in the literature it has in most cases only been assumed that nursing homes offer better protection from abuse for frail older people. Methods: A cross-sectional research design was applied by use of structured interviews. Those involved were frail older people (n = 300) who were in need of some sort of professional nursing assistance. Results: Nursing home accommodation was extracted as the strongest predictor, significantly reducing the risk of physical abuse (odds ratio, OR 0.1, 95% confidence interval, 95% CI 0.0–0.3) and financial abuse (OR 0.2, 95% CI 0.1–0.4). Spouses and sons were revealed as the most regular perpetrators of physical and financial abuse. The results showed no statistical significance between settings as predictors of the occurrence of mental abuse (OR 0.9, 95% CI 0.5–1.6). Discussion: Results of the statistical analysis add to the general assumption that nursing home accommodation offers protection for frail older people in escaping physical and financial abuse. Conclusion: In their clinical practice, community nurses should give special attention to frail older people who, besides their healthcare needs, are also heavily dependent in the activities of daily living (ADLs). In order to combat elder abuse, conditions in the family should be regularly verified.

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Ha

Harbison, J., Coughlan, S., Beaulieu, M., Karabanow, J., VanderPlaat, M., Wildeman, S., & Wexler, E. (2012). Understanding “elder abuse and neglect”: A critique of assumptions underpinning responses to the mistreatment and neglect of older people. *Journal of Elder Abuse & Neglect*, 24(2), 88-103. doi: 10.1080/08946566.2011.644086

Abstract: This article provides an overview of the ways in which the mistreatment and neglect of older people have come to be understood as a social problem, one which is underpinned by a variety of substantive and theoretical assumptions. It connects the process of conceptualizing elder abuse and neglect to political-economic and social evolution. The authors draw on a review of the literature, government sources, interest group websites, and their own research to provide a critical commentary illustrating how these understandings have become manifest in legislation, policies, and programs pertaining to “elder abuse and neglect” in Canada. Suggestions are provided for changes in direction for policies, programs, and research.

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Hartley-Jones, P. (2011). The role of the Office of the Public Guardian in investigations of abuse. *Journal of Adult Protection*, 13(3), 160-166. doi: 10.1108/14668201111160750

Abstract: Purpose - This paper aims to examine the investigation process employed by the Office of the Public Guardian (OPG). This process is used whenever an allegation of abuse is received against either an attorney acting under a registered lasting or enduring power of attorney or against a deputy appointed by the court of protection to make decisions on behalf of someone who lacks the capacity to make those decisions themselves.

Design/methodology/approach - Case studies are used to demonstrate both how the investigation process works in practice and how one works in partnership with other organizations to help safeguard vulnerable adults. Findings - The OPG works in partnership with a range of other relevant organizations to protect vulnerable adults from financial abuse. It details the types of activities, the OPG investigating officer may undertake to examine allegations of abuse and the targets set to help ensure any allegations are investigated promptly and effectively. Originality/value - The duties bestowed upon the public guardian under the Mental Capacity Act (MCA) 2005, together with a general growing awareness of financial abuse, have had a significant impact upon the work of the investigations team. The case studies included exemplify the kinds of outcomes in cases of abuse and also demonstrate how Attorneys are subject to the same investigative scrutiny as court appointed deputies.

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Hawes, C., Moudouni, D. M., Edwards, R. B., & Phillips, C. D. (2012). Nursing homes and the affordable care act: a cease fire in the ongoing struggle over quality reform. *J Aging Soc Policy, 24*(2), 206-220. doi: 10.1080/08959420.2012.660046

Abstract: Most provisions in the Affordable Care Act that affect nursing homes originated in two earlier attempts at reform, both of which failed multiple times in prior Congressional sessions: the Elder Justice Act and the Nursing Home Transparency and Improvement Act. Both of these earlier efforts focused on improving quality and reducing elder abuse in nursing homes by strengthening oversight and enforcement penalties, expanding staff training, and increasing the information on nursing home quality available to consumers and regulators. Each bill addressed problems that were serious, widespread, and had persisted for years, but each failed to pass on its own. The Affordable Care Act, with its own momentum, became the vehicle for their passage. However, the reasons the bills failed in these earlier efforts suggest implementation challenges now that they have ridden into law on the coattails of the more general effort to reform the health care sector.

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Hayashi, T., Bunai, Y., Ago, K., Ago, M., & Ogata, M. (2011). Thymus and adrenal glands in elder abuse. *Am J Forensic Med Pathol, 32*(4), 368-371. doi: 10.1097/PAF.0b013e318219cb76

Abstract: Endogenous glucocorticoid-induced thymic involution is generally considered to be an important finding for determining child abuse. The present study investigated the weight of the thymus and the adrenal glands in elder abuse cases to identify a potential marker for elder abuse. There was no significant difference in the thymus and the adrenal weight between elder abuse and control cases. However, the elder abuse cases in which the duration of abuse was less than 3 months showed a significant increase in the adrenal weight in comparison to control cases. In such cases, histopathological findings showed a loss of intracellular light granules from the zona fasciculata, which might indicate a loss of cholesterol due to the overproduction of glucocorticoid. These results might imply that the elderly, who were maltreated for less than 3 months, were in the early phase of a long-term stress state during which stress-induced overproduction of glucocorticoid was observed in

adrenal glands as indicated by Selye. Our results suggest that an increase in adrenal weight may be a potential marker for elder abuse of relatively short periods, especially less than a few months.

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Ha-I

Hayman, S. (2011). Older People in Canada: Their Victimization and Fear of Crime. *Canadian Journal on Aging, 30*(3), 423-436. doi: 10.1017/S0714980811000225

Abstract: Older people are more affected by fear of crime and the possibility of victimization, despite their being at lower risk of harm, than any other population group in Canada. Crime, victimization, and fear are not experienced uniformly among older Canadian citizens and residents, partly because older people do not form a homogeneous group. Being part of an ethnic, religious, or sexual minority, or being mentally frail, can have an impact on an individual's perceptions and experience of risk. This analysis explores older people's victimization and fear of crime, while it highlights the lack of consistency in the available data.

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Hess, S. (2011). The Role of Health Care Providers in Recognizing and Reporting Elder Abuse. *Journal of Gerontological Nursing, 37*(11), 28-34. doi: 10.3928/00989134-20110831-02

Abstract: The incidence of abuse cases in older adults is on the rise. Health care providers play an important role in recognizing and reporting abuse, the first step of which is to prepare themselves with knowledge regarding abuse. This consists of knowing the risk factors and signs and symptoms of abuse and how to report it. Of equal importance is knowledge of ethical implications, legalities, and ways to prevent elder abuse. Health care providers must take advantage of their unique roles to assess for mistreatment as well as to spread knowledge on recognizing, reporting, and preventing elder abuse.

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Hills, L. (2012). Working effectively with older patients: 25 do's and don'ts for medical practice employees. *J Med Pract Manage, 27*(4), 222-226.

Abstract: Many if not most medical practice employees will be working with an increasingly larger number of older adults in the years to come. Yet medical practice employees who are younger may have trouble relating to their older patients and may unwittingly be making their communication with older patients more difficult. This article suggests 25 practical strategies for medical practice employees who work with older patients. It describes appropriate language for medical practice personnel to use and specific language to avoid when speaking of and to older patients. It teaches them to recognize signs of ageism both in themselves and in their older patients. It offers practical

suggestions for accommodating the physical and cognitive needs of older adults. This article also suggests ways that medical practice employees can establish trust-based relationships with their older patients. It describes how they can navigate the challenges that can arise when family members and other caregivers become part of the medical equation. And it offers practical advice about scheduling, escorting, seating, communicating with, and remaining open-minded to the particular needs of older patients. Finally, this article explores behavioral challenges that can emerge when working with older adults, strategies for coping with family interference, and signs of elder abuse.

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Humphrey III, H.H.(2012). The Role of the Federal Government in Financial Education for Older Americans: The New Consumer Financial Protection Bureau. *Generations*, 36(2), 101-104.

Abstract: In the wake of the recent economic crisis, the Consumer Financial Protection Bureau was created by the Dodd-Frank Act to enforce federal consumer protection laws and to protect consumers from unfair, deceptive, and abusive acts and practices. One of the special populations singled out for focused attention is older Americans. In this article, Hubert H. (Skip) Humphrey III, who heads the Office of Financial Protection for Older Americans in the Consumer Financial Protection Bureau, explains what his office plans to do on behalf of Americans ages 62 and older.

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Iecovich, E., & Doron, I. (2012). Migrant workers in eldercare in Israel: social and legal aspects. *European Journal of Social Work*, 15(1), 29-44. doi: 10.1080/13691457.2011.562066

Abstract: Most old people want to remain in their homes and age in place, and they regard institutional admission as a last resort. In various developed countries, as the demand for homecare workers to augment traditional family caregiving increases apace, migrant caregivers providing otherwise unavailable informal services are becoming more common. They enable older people to stay in their homes, provide them with a sense of security and confidence, reduce feelings of loneliness and solitude, alleviate the family burden, and improve the well-being of the primary caregivers. On the other hand, migrant caregivers pose serious challenges to existing social and legal institutions in the societies in which they operate. They demand policy responses that in many cases have socio-economic consequences that go beyond the older population they serve. This article describes and analyzes the Israeli experience with migrant homecare workers for older persons. It discusses key problems and dilemmas that are involved with employing migrant homecare workers, and provides some critical perspectives on policies adopted in Israel as a response to this phenomenon.

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Ja-Jz

Jackson, S. L., & Hafemeister, T. L. (2012). APS investigation across four types of elder maltreatment. *Journal of Adult Protection, 14*(2), 82-92. doi: 10.1108/14668201211217530

Abstract: Purpose -- Little empirical attention has been given to adult protective services (APS) investigations and the clients involved in those investigations. The purpose of this study was to explore aspects of the APS investigation of and response to reported elder maltreatment, the perceptions of elderly victims and their refusal of services, and to compare findings by the type of maltreatment involved (financial exploitation, physical abuse, neglect, and hybrid financial exploitation). Design/methodology/approach -- Data were collected from two sources over a two-year period: in-depth interviews with 71 APS caseworkers and 55 of the corresponding elderly victims who experienced substantiated elder maltreatment; and a statewide database that contained 2,142 substantiated cases of elder abuse. Findings -- Many aspects of the APS investigation and response differed by the type of maltreatment involved. While elderly victims were generally cooperative and satisfied with the APS intervention, 38 percent would have preferred APS not to investigate their case. Elderly clients responded differentially to offers of assistance, depending on the type of abuse involved, with victims of physical abuse most likely to refuse services. Research limitations/implications -- Future research will want to understand why elderly victims refuse services in order to develop appropriate interventions. Practical implications -- New approaches may be required for intervening in physical abuse cases, including collaborations between APS and domestic violence advocates and the inclusion of services for perpetrators. Originality/value -- This is the first large-scale study to examine elderly victims' refusal of services, further enhanced by the analysis of refusal of services by type of abuse, thereby revealing a group of victims for which changes in intervention strategies may be necessary.

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Jannone, L. (2011). Community services for victims of interpersonal violence *Nurs Clin North Am* (Vol. 46, pp. 471-476, vii). United States: A 2011 Elsevier Inc.

Abstract: Interpersonal violence can be categorized into youth violence, childhood maltreatment, intimate partner violence, elder abuse, or sexual violence. Just as there are several different victims of interpersonal violence, there are various different community services and prevention programs for each particular type of interpersonal violence. This article reviews the literature on community services and prevention available for all victims of interpersonal violence, and examines the literature on whether these programs are effective.

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Jenkins, R. (2012). Using advocacy to safeguard older people with learning disabilities. *Nursing Older People, 24*(6), 31-36.

Abstract: Older people with learning disabilities may be viewed as potentially vulnerable and therefore in need of safeguarding. Advocacy should be part of the safeguarding process and is useful to ensure the views of older people with learning disabilities are communicated. The role of nurses in advocating for individuals in their care has been made clear by the Nursing and Midwifery Council. However, advocacy is not without risks and dilemmas for nurses and at times they may need to take an indirect role by promoting self-advocacy and independent advocacy.

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Jogerst, G. J., Daly, J. M., Galloway, L. J., Zheng, S., & Xu, Y. (2012). Substance abuse associated with elder abuse in the United States. *American Journal of Drug & Alcohol Abuse, 38*(1), 63-69.

Abstract: *Background:* Substance abuse by either victim or perpetrator has long been associated with violence and abuse. Sparse research is available regarding elder abuse and its association with substance abuse. *Objective:* The objective of this study was to evaluate the association of state-reported domestic elder abuse with regional levels of substance abuse. *Methods:* Census demographic and elder abuse data were sorted into substate regions to align with the substance use treatment-planning regions for 2269 US counties. From the 2269 US counties there were 229 substate regions in which there were 213,444 investigations of abuse. For the other Ns (reports and substantiations) there were fewer counties and regions. See first sentence of data analyses and first sentence of results. *Results:* Elder abuse report rates ranged from .03 to .41% (80 regions), investigation rates .001 to .34% (229 regions), and substantiation rates 0 to .22% (184 regions). Elder abuse investigations and substantiations were associated with various forms of substance abuse. Higher investigation rates were significantly associated with a higher rate of any illicit drug use in the past month, a lower median household income, lower proportion of the population graduated high school, and higher population of Hispanics. Higher substantiation rates were significantly associated with higher rate of illicit drug use in the past month and higher population of Hispanics. *Conclusion:* It may be worthwhile for administrators of violence programs to pay particular attention to substance abuse among their clients and in their community's environment, especially if older persons are involved. *Scientific Significance:* Measures of documented elder abuse at the county level are minimal. To be able to associate substance abuse with elder abuse is a significant finding, realizing that the substance abuse can be by the victim or the perpetrator of elder abuse.

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Johnson, F. (2012). Problems with the Term and Concept of 'Abuse': Critical Reflections on the Scottish Adult Support and Protection Study. *British Journal of Social Work, 42*(5), 833-850.

Abstract: This paper critically reflects on the Scottish Adult Support and Protection (ASP) study, a research project conducted at a time when 'adult protection' was understood in

Scottish policies to be the professional response to ‘abuse’. During the course of analysing the ASP study data, it became apparent that practitioners themselves did not necessarily construct ‘abuse’ and ‘adult protection’ concerns as coterminous categories. Some examples are recounted to illustrate the potentially more partial, less linear relationship between these categories in practice than in policy constructions. The paper concludes with suggestions for further research into professionals’ constructions of ‘adult protection’ concerns. It explains why such research would have continuing, if not greater, relevance in the context of recent Scottish policy moves to reconceptualise adult protection as a response not to ‘abuse’, but to ‘harm’.

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Ka-La

Karp, N. (2012). Protecting Older Investors: The Challenge of Diminished Capacity. *Generations*, 36(2), 33-38.

Abstract: As the baby boom generation enters retirement, the incidence of Alzheimer's Disease and other dementias will grow. Individuals in this generation and beyond will be largely responsible for their own retirement security—yet their ability to manage investments may decline because of diminished financial capacity. This article shares original research findings from an AARP study about financial services industry practices and protocols to address diminished capacity, and makes recommendations for stakeholders and policy makers.

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Killick, C., & Taylor, B. J. (2012). Judgments of Social Care Professionals on Elder Abuse Referrals: A Factorial Survey. *British Journal of Social Work*, 42(5), 814-832.

Abstract: Guidance in the UK requires the co-ordination and standardization of services to protect adults from abuse. However, there remains considerable ambiguity about the basic concepts of abuse and vulnerability. This paper reports an empirical study of factors in professional decision making in relation to identifying and reporting abuse of older people. A systematic review and a panel of expert practitioners were used to identify factors that might influence professional recognition and reporting of elder abuse. These factors were incorporated into a questionnaire that included randomized factorial survey vignettes and additional questions on decision making. Sets of unique vignettes were completed by 190 social workers, nurses and other professional care managers across Northern Ireland in 2008, giving 2,261 randomized vignettes used as the units of analysis. Recognition and reporting were influenced by case factors specific to the abuse event while contextual factors did not significantly influence recognition or referring of abuse. This study has shown that the factorial survey can be a powerful tool to investigate professional decision making. It provides an insight into practitioners’ responses to complex ethical dilemmas. The findings are considered within the context of current policy and the need for further research is discussed.

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Knapp, R. (2011). The impact of interpersonal violence on health care *Nurs Clin North Am* (Vol. 46, pp. 465-470, vii). United States: A 2011 Elsevier Inc.

Abstract: Interpersonal violence is prevalent in our society. Unfortunately, given the current stressors on individuals, families, and communities, the incidences of child abuse, interpersonal violence, and elder abuse are increasing. The economic impact on health care costs is significant. There are many contributing factors to abuse and they are all public health issues that must be addressed for these abuses to cease. This article describes the indicators of interpersonal violence, and outlines strategies for assessment and prevention.

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Ko, A., Takasaki, K., Chiba, Y., Fukahori, H., Igarashi, A., Takai, Y., & Yamamoto-Mitani, N. (2012). Aggression exhibited by older dementia clients toward staff in Japanese long-term care. *Journal of Elder Abuse & Neglect*, 24(1), 1-16. doi: 10.1080/08946566.2011.608041

Abstract: This study examined the experiences of staff members from seven Japanese hospitals who had been treated aggressively by older dementia clients. Altogether, 170 questionnaires were analyzed. In the past year, 75.3% and 63.5% of staff members had experienced physical and verbal aggression, respectively. Working numerous night shifts, working shifts other than 3-shifts, and being allotted assignments with clients who had a lower average level of physical capacity were the factors associated with recurrent client aggression. Those staff members who spent adequate time caring for their clients, who gained client consent before providing care, and who tried to build a trusting relationship with their clients were found to have experienced less aggression. Burnout, which is likely to enhance the risk of the staff mistreatment and neglect of older clients, was found to be higher among those who experienced aggression.

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Lai, D. W. L. (2011). Abuse and neglect experienced by aging Chinese in Canada. *Journal of Elder Abuse & Neglect*, 23(4), 326-347. doi: 10.1080/08946566.2011.584045

Abstract: The traditional values of Chinese culture promote care and respect toward older adults. While it appears to be ironic to discuss issues of abuse and neglect in the Chinese culture, research findings in Chinese societies do indicate the occurrences of such problems. However, little research on the abuse and neglect of older Chinese in Western societies has been available. This study aims to examine the incidence of abuse and neglect and the associated correlates based on data collected from a random sample of 2,272 aging Chinese 55 years and older in seven Canadian cities. The findings show that 4.5% of the participants reported experiencing at least one incident of maltreatment or neglect within the past year. The most common forms of neglect and abuse experienced by the aging

Chinese include being scolded, yelled at, treated impolitely all the time, and ridiculed. Close family members such as spouses and sons are those that most commonly maltreat older Chinese. Those who were more likely to report at least one incident of maltreatment or neglect were older adults living with others; they tended to have no education, more access barriers, more chronic illnesses, less favorable mental health, and a higher level of identification with Chinese cultural values. The findings implied that the face value of respect and care received by older people in Chinese culture should not be taken for granted. Culturally appropriate precautionary steps are needed for prevention and early problem identification.

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Lb-Mc

Lindenbach, J. M., Larocque, S., Lavoie, A.-M., & Garceau, M.-L. (2012). Older Adult Mistreatment Risk Screening: Contribution to the validation of a Screening Tool in a Domestic Setting. *Canadian Journal on Aging, 31*(2), 235-252. doi: 10.1017/S0714980812000153

Abstract: The hidden nature of older adult mistreatment renders its detection in the domestic setting particularly challenging. A validated screening instrument that can provide a systematic assessment of risk factors can facilitate this detection. One such instrument, the “expanded Indicators of Abuse” tool, has been previously validated in the Hebrew language in a hospital setting. The present study has contributed to the validation of the “e-IOA” in an English-speaking community setting in Ontario, Canada. It consisted of two phases: (a) a content validity review and adaptation of the instrument by experts throughout Ontario, and (b) an inter-rater reliability assessment by home visiting nurses. The adaptation, the “Mistreatment of Older Adult Risk Factors” tool, offers a comprehensive tool for screening in the home setting. This instrument is significant to professional practice as practitioners working with older adults will be better equipped to assess for risk of mistreatment.

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Mahoney, J. (2011). Types of abuse *Nurs Clin North Am* (Vol. 46, pp. 385-390, v). United States: A 2011 Elsevier Inc.

Abstract: The four most common types of abuse are physical, sexual, emotional, and economic. Abuse is often further categorized into child abuse, intimate partner violence, and elder abuse. This article describes the important role that nurses and health care providers play in detecting, assessing, and reporting abuse. Armed with increased knowledge about signs and symptoms of abuse, nurses can guide patients to the appropriate resources.

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Manthorpe, J., Wilkinson, A., Chinn, D., & Coopamah, V. (2012). Changes and sticking points in adult safeguarding: a discussion. *Br J Community Nurs*, 17(7), 334-339.

Abstract: The care and treatment of vulnerable adults was the subject of regular public and media concern in 2011. This article discusses the potential impact of these concerns on community nursing practice and reflects on the ways in which such concerns may be discussed in professional development activities. It alerts nurses to the importance of considering the effects on patients and carers of exposure to negative findings from inquiries and inspections. It identifies ways in which professional development opportunities can be used to update general skills in safeguarding practice. These are likely to be of growing importance to the work of community nurses in the context of an ageing society and occasional potential conflicts between patients and carers. Keeping abreast of legal frameworks will be required of nurses if they are to advise and to advocate for their patients.

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Marson, D. C., & Sabatino, C. P. (2012). Financial Capacity in an Aging Society. *Generations*, 36(2), 6-11.

Abstract: The capacity to manage one's financial affairs, known as *financial capacity*, comprises a broad range of conceptual, pragmatic, and judgment abilities, used across a range of everyday settings, that are critical to the independent functioning of adults in our society. Older adults are the most vulnerable to cognitive impairment, yet hold a disproportionate amount of wealth in the United States. Financial capacity is also understudied, so the authors present in this issue of *Generations* a comprehensive look at the four domains of financial capacity: economic, clinical, legal, and public policy.

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Mayda, J., Magnus, B., Duggan, J., & Taylor-Butts, A. (2012). Feasibility study for a survey measuring abuse and neglect of older adults. *Journal of Elder Abuse & Neglect*, 24(2), 161-178. doi: 10.1080/08946566.2011.646520

Abstract: This feasibility study was prepared by Statistics Canada, under arrangement with the Strategic Policy Research Directorate, Human Resources and Skills Development Canada (HRSDC). It investigates issues associated with conducting surveys of abuse and neglect of older adults in community and institutional settings in Canada. A roadmap is provided for the work ahead, including options for a sampling frame, collection approaches, estimated costs, and an activity schedule.

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McAndrew, M., & Marin, M. Z. (2012). Role of dental professional identification and referral of victims of domestic violence. *N Y State Dent J*, 78(1), 16-20.

Abstract: Dental professionals can play an important role in identifying and referring victims of domestic violence. Since most of the injuries sustained by victims occur in the head and neck region, dentists are uniquely positioned to help address this enormous public health issue. Unfortunately, dentists are the least likely of all health professionals to identify and refer victims of abuse. Much of this failure may be attributed to a lack of knowledge. This article provides an overview of the types and indicators of abuse, information about screening and interviewing victims, and referral resources.

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Mc-Mu

McDonald, L. (2011). Elder Abuse and Neglect in Canada: The Glass is Still Half Full. *Canadian Journal on Aging, 30*(3), 437-465. doi: 10.1017/S0714980811000286

Abstract: This article reviews developments in the field of elder abuse and neglect since the publication of *Elder Abuse and Neglect in Canada* (1991). The arguments made here are twofold: first, we have no idea of the size and nature of the problem of abuse and neglect in the community or in institutions; second, we do not know how to solve these problems or their attendant issues that have been masked by rhetoric and the recycling of information for the past 20 years. It is time to move forward from the “awareness phase”. What we must tackle in the future is as obvious now as 20 years ago. Our knowledge is incomplete (i.e., our glass remains half full) because we lack the type of investigations we most urgently need: prevalence studies in the community and institutions, serious theory development, and random clinical trials to test our interventions both socially and legally.

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McDonald, L., Beaulieu, M., Harbison, J., Hirst, S., Lowenstein, A., Podnieks, E., & Wahl, J. (2012). Institutional abuse of older adults: What we know, what we need to know. *Journal of Elder Abuse & Neglect, 24*(2), 138-160. doi: 10.1080/08946566.2011.646512

Abstract: Although Canadian policies support “aging in place,” there still will be a number of older adults who will require institutional care in the future. Most research on elder abuse, however, has focused on domestic abuse and has paid less attention to institutional abuse. The purpose of this article is to comprehensively review current research to identify gaps in knowledge and methodological issues in the study of institutional abuse. Overall, 49 studies in English and 20 studies in French were reviewed, and 11 key-informant interviews were conducted with methodological experts. Methodological challenges are addressed in light of the review and interviews.

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McGarry, J., & Simpson, C. (2011). Domestic abuse and older women: exploring the opportunities for service development and care delivery. *Journal of Adult Protection, 13*(6), 294-301.

Abstract: Purpose - The purpose of this paper is to explore the impact of domestic abuse on the health and lives of older women. Design/methodology/approach - A qualitative research design was used and data were collected using in-depth interviews with 16 older women who had experienced domestic abuse. The interviews varied between one and two hours in length and, with the participant's permission, all of the interviews were audio recorded and transcribed verbatim. Analysis was undertaken utilizing an iterative approach. In the present study all data were manually indexed and coded. Findings - The findings of this study illustrate that the consequences of domestic abuse for older women are far reaching, impacting significantly on the long-term health and emotional wellbeing of those affected. This paper also highlights that there is currently little available data regarding older women and domestic abuse within the particular context of health. This is increasingly being recognized as a significant deficit in awareness and understanding within society as a whole and, more particularly, for those responsible for support and care provision. Existing policy in this field and the implications for service development are also considered. Research limitations/implications - This is a small scale study and therefore there are limitations in terms of generalizability. Originality/value - This paper discusses the specific issues that arise for older women who have experienced domestic abuse within the particular context of health.

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Mosqueda, L., & Dong, X. (2011). Elder abuse and self-neglect: "I don't care anything about going to the doctor, to be honest...". *JAMA: Journal of the American Medical Association*, 306(5), 532-540. doi: 10.1001/jama.2011.1085

Abstract: Elder mistreatment encompasses a range of behaviors including emotional, financial, physical, and sexual abuse, neglect by other individuals, and self-neglect. This article discusses the range of elder mistreatment in community-living older adults, associated factors, and consequences. Although self-neglect is not considered a type of abuse in many research definitions, it is the most commonly reported form of elder mistreatment and is associated with increased morbidity and mortality. The case on which this article is based describes a 70-year-old woman who neglects herself and dies despite multiple contacts with the medical community. Despite significant gaps in research, enough is known to guide clinical practice. This article presents the practical approaches a health care professional can take when a reasonable suspicion of elder mistreatment arises. Public health and interdisciplinary team approaches are needed to manage what is becoming an increasing problem as the number of older adults around the world increases.

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Mukherjee, D. (2011). Organizational structures of elder abuse reporting systems. *Administration in Social Work*, 35(5), 517-531. doi: 10.1080/03643107.2011.614532

Abstract: The purpose of this study is to understand the evolution, structure, and processes of statewide administrative structures of elder abuse reporting and response systems. This inquiry examines the background of elder abuse reporting in the United States.

Specifically, it reviews the philosophical foundations of the policies that undergird the mechanisms and administration of elder abuse reporting systems. The study also examines the available descriptive data on service-delivery models across states to further describe the characteristics of the system; what type of entities form the elder abuse reporting system? Is the information-gathering network of the system centralized or decentralized? Does service delivery employ public-private partnership and involvement of multidisciplinary teams of service providers, and how are these characteristics distributed across states? Finally, the manuscript explores the implications of the organizational configurations of the Adult Protective Services (APS) on the efficacy of elder abuse reporting and treatment.

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Mu-Ne

Mutoh, T., Tien, T., Horie, M., Matsumoto, Y., & Chikuda, M. (2012). Case of bilateral complete posterior dislocation of lens caused by elder abuse *Clin Ophthalmol* (Vol. 6, pp. 261-263). New Zealand.

Abstract: We report a case of bilateral complete dislocation of lenses into the vitreous cavities due to elder abuse in a patient with senile dementia. According to the patient's son, bilateral complete lens dislocation occurred after he hit his father in the head with socks in order to control his violent behavior. Although the patient was taken to our ophthalmological ward for a planned vitrectomy, restlessness and inability to remain in his room during the night led to his leaving the hospital. The patient has not returned but did receive a vitrectomy at another clinic. While the number of patients with senile dementia has dramatically increased, no specific remedy is currently available. When treating medical concerns of seniors with unknown backgrounds, elder abuse needs to be considered as a potential cause of such injuries

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Naughton, C., Drennan, J., Lyons, I., Lafferty, A., Treacy, M., Phelan, A., Delaney, L. (2012). Elder abuse and neglect in Ireland: results from a national prevalence survey. *Age & Ageing*, 41(1), 98-103.

Abstract: Objective: to measure the 12-month prevalence of elder abuse and neglect in community-dwelling older people in Ireland and examine the risk profile of people who experienced mistreatment and that of the perpetrators. Design: cross-sectional general population survey. Setting: community. Participants: people aged 65 years or older living in the community. Methods: information was collected in face-to-face interviews on abuse types, socioeconomic, health, and social support characteristics of the population. Data were examined using descriptive statistics and logistic regression, odds ratios (OR) and 95% confidence intervals (95% CI) are presented. Results: the prevalence of elder abuse and neglect was 2.2% (95% CI: 1.41–2.94) in the previous 12 months. The

frequency of mistreatment type was financial 1.3%, psychological 1.2%, physical abuse 0.5%, neglect 0.3%, and sexual abuse 0.05%. In the univariate analysis lower income OR 2.39 (95% CI: 1.01–5.69), impaired physical health OR 3.41 (95% CI: 1.74–6.65), mental health OR 6.33 (95% CI: 3.33–12.0), and poor social support OR 4.91 (95% CI: 2.1–11.5) were associated with a higher risk of mistreatment but only social support and mental health remained independent predictors. Among perpetrators adult children (50%) were most frequently identified. Unemployment (50%) and addiction (20%) were characteristics of this group.

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Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2012). Holding Abusers Accountable: An Elder Abuse Forensic Center Increases Criminal Prosecution of Financial Exploitation *Gerontologist*.

Abstract: **Purpose:** Despite growing awareness of elder abuse, cases are rarely prosecuted. The aim of this study was to examine the effectiveness of an elder abuse forensic center compared with usual care to increase prosecution of elder financial abuse. **Design and Methods:** Using one-to-one propensity score matching, cases referred to the Los Angeles County Elder Abuse Forensic Center (the Forensic Center) between April 2007 and December 2009 for financial exploitation of adults aged 65 and older ($n = 237$) were matched to a population of 33,650 cases that received usual care from Adult Protective Services (APS). **Results:** Significantly, more Forensic Center cases were submitted to the District Attorney's office (DA) for review (22%, $n = 51$ vs. 3%, $n = 7$ usual care, $p < .001$). Among the cases submitted, charges were filed by the DA at similar rates, as was the proportion of resultant pleas and convictions. Using logistic regression, the strongest predictor of case review and ultimate filing and conviction was whether the case was presented at the Forensic Center, with 10 times greater odds of submission to the DA (Odds ratio = 11.00, confidence interval = 4.66–25.98). **Implications:** Previous studies have not demonstrated that elder abuse interventions impact outcomes; this study breaks new ground by showing that an elder abuse multidisciplinary team increases rates of prosecution for financial exploitation. The elder abuse forensic center model facilitates cooperation and group problem solving among key professionals, including APS, law enforcement, and the DA and provides additional resources such as neuropsychological testing, medical record review, and direct access to the Office of the Public Guardian.

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Ne-Pa

Nelson, H. D., Bougatsos, C., & Blazina, I. (2012). *Screening Women for Intimate Partner Violence and Elderly and Vulnerable Adults for Abuse: Systematic Review to Update the 2004 U.S. Preventive Services Task Force Recommendation*. Rockville MD.

Abstract: Background: Intimate partner violence (IPV) and abuse of elders and

vulnerable persons is common in the United States and often undetected. Screening individuals without obvious signs of abuse in health care settings could identify those at risk and lead to interventions that reduce exposure to violence and abuse and improve health outcomes. Purpose: To update the previous 2004 evidence report on screening for IPV and abuse of elders and vulnerable persons for the U.S. Preventive Services Task Force (USPSTF). Data Sources: We reviewed the Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews through the fourth quarter of 2011, and MEDLINE and PsycINFO from 2002 to January 9, 2012, for relevant English-language studies, systematic reviews, and meta-analyses. Reference lists of papers and citations of key studies were reviewed manually and by using Scopus. Study Selection: The screening population included adults who have no obvious signs or symptoms of abuse who interact with health care providers in a number of health care settings. Studies were selected based on preestablished selection criteria using randomized, controlled trials to determine the effectiveness of screening and interventions to reduce abuse and improve health outcomes; studies of diagnostic accuracy to evaluate the ability of screening instruments to identify abused individuals; and studies of any design to determine harms of screening and interventions. Data Extraction: For studies of screening and interventions, information about the patient populations, study designs, screening methods, types of interventions, followup, methods of analysis, and results were abstracted. For studies of screening instruments, details about the study designs, instruments, reference standards, populations, methods of administration, and results were abstracted. Predefined criteria developed by the USPSTF were used to rate the quality of studies as good, fair, or poor. Data Synthesis: For IPV, a randomized, controlled trial comparing IPV screening versus no screening in Canadian health care settings indicated that both groups had reductions in IPV recurrence, post-traumatic stress disorder symptoms, and alcohol problems, as well as improvements in scores for quality of life, depression, and mental health after 18 months of followup; however, differences between groups were not statistically significant for these outcomes. Six instruments with 1 to 8 items demonstrated sensitivity and specificity >80 percent in clinical populations of asymptomatic women; results varied between studies and across instruments. A trial of pregnant women reported decreased violence and improved birth outcomes with counseling versus usual care. Two trials of home visitation versus no visitation for young mothers resulted in improved outcomes with visitation. Counseling resulted in decreased pregnancy coercion and resolution of unsafe relationships versus usual care in one trial. Two trials of counseling showed improved outcomes in intervention and control groups without differences between them (counseling vs. referral cards, nurse management vs. usual care in pregnancy). For abuse of elder and vulnerable adults, few studies met inclusion criteria. A descriptive study of elderly abused veterans who were identified in primary care clinics and referred to case management found that 5 percent were reported to Adult Protective Services and 6 percent required nursing home placement or conservatorship arrangements. A single instrument, the Elder Abuse Suspicion Index, was evaluated for diagnostic accuracy and had sensitivity and specificity of 9 to 47 percent and 75 to 97 percent, respectively, depending on the number of positive responses to specific questions. Limitations: Studies of IPV were limited by heterogeneity, lack of true control groups, high and/or differential loss to followup, self-reported measures, inadequate power, recall bias, missing data, Hawthorne effect among control participants, and reference standards that were not credible or replicable in diagnostic accuracy studies.

Studies of elder and vulnerable adult abuse were lacking. Conclusions: A trial of screening showed reductions in IPV recurrence and improvement in related outcomes for both screening and comparison groups, but interpretations are limited by high attrition and the Hawthorne effect. Trials of IPV interventions for pregnant women and young mothers showed improved outcomes for the intervention versus usual care groups. Several instruments have been developed for IPV screening; six instruments with 1 to 8 items demonstrated sensitivity and specificity >80 percent in clinical populations of asymptomatic women, although results varied between studies and across instruments. Studies were lacking to address screening elderly and vulnerable adults for abuse.

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Olofsson, N., Lindqvist, K., & Danielsson, I. (2012). Fear of crime and psychological and physical abuse associated with ill health in a Swedish population aged 65-84 years *Public Health* (Vol. 126, pp. 358-364). Netherlands: 2012 The Royal Society for Public Health. Published by Elsevier Ltd.

Abstract: Objectives: To assess the association between fear of crime and/or psychological and/or physical abuse in relation to self-reported physical and psychological health, using a large representative sample of elderly women and men in Sweden. Study design: cross-sectional national survey. Methods: Data were taken from a nationwide representative public health survey (2006). Men and women between the ages of 65 and 84 years were selected for the present analyses (4386 men and 4974 women). The response rate for this age group was 59% for men and 70% for women. Results: Psychological and physical abuse against elderly women and men led to higher odds ratios for negative health outcomes, independently of socio-economic status. Strong correlation was found between psychological abuse and negative health outcomes in both men and women, while the correlation was less strong for physical abuse, especially among women. The men had high odds ratios for suicidal thoughts and even for attempted suicide in connection with physical and psychological abuse and fear of crime. Conclusions: The study provides representative results addressing an extensive negative health outcome panorama caused by fear of crime and exposure to abuse.

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Payne, B. K., & Strasser, S. M. (2012). Financial exploitation of older persons in adult care settings: Comparisons to physical abuse and the justice system's response. *Journal of Elder Abuse & Neglect*, 24(3), 231-250. doi: 10.1080/08946566.2011.653315

Abstract: The current study uses a sample of 242 elder financial abuse cases and 314 elder physical abuse cases handled by fraud control units to shed some light on the dynamics of elder financial exploitation and the way the justice system processes these cases. Attention also is given to the way that the processing of elder financial exploitation cases can be distinguished from the processing of elder physical abuse cases. Results show that a wide range of elder financial exploitations cases are committed, and these cases should be broadly defined. Implications are provided.

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Pb-Pi

Peak, T., Ascione, F., & Doney, J. (2012). Adult Protective Services and Animal Welfare: Should Animal Abuse and Neglect Be Assessed During Adult Protective Services Screening? *Journal of Elder Abuse & Neglect*, 24(1), 37-49. doi: 10.1080/08946566.2011.608047

Abstract: Past research has examined links among animal abuse, child maltreatment, and intimate partner violence and demonstrated the importance of addressing the needs of both human and animal victims. We hypothesized that there might be a similar link between animal abuse and older adult welfare issues. As a first step in the earlier research was the development of a screening protocol that shed light on the link between domestic violence and animal abuse, we decided to follow a similar route to explore this new topic by asking state government representatives about their experiences, if any, with this topic. Here we report the results of a national survey of state Adult Protective Services agencies regarding their protocols for assessing animal welfare issues in the context of older adult maltreatment. We also describe a model assessment protocol we developed in collaboration with the Utah Division of Aging and Adult Services.

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Pickens, S., Halphen, J. M., & Dyer, C. B. (2011). Elder mistreatment in the long-term care setting. *Annals of Long Term Care*, 19(8), 30-35.

Abstract: Elder mistreatment (EM) is a well-known problem in nursing homes (NHs). Resident-to-resident aggression is the most common form of EM, but facility staff, family members, and other individuals can be perpetrators. As the population of older adults continues to grow, the demand for long-term care services will increase. The presence of more residents in NHs raises the risk for EM, especially if adequate staff-to-resident ratios are not maintained and staff education on EM is lacking. This article provides an overview of the types of EM; discusses reporting of EM; reviews intervention and prevention strategies; and outlines the epidemiology, risk factors, common perpetrators, signs and symptoms, morbidity and mortality risks, and screening and assessment of EM.

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Pike, L., Gilbert, T., Leverton, C., Indge, R., & Ford, D. (2011). Training, knowledge and confidence in safeguarding adults: results from a postal survey of the health and social care sector in a single county. *Journal of Adult Protection*, 13(5), 259-274. doi: 10.1108/14668201111178175

Abstract: Purpose - The purpose of this paper is to clarify the relationship between safeguarding adults training, staff knowledge and confidence.
Design/methodology/approach - A total of 647 responses from a cross sectional postal sample survey of the health and social care sector in Cornwall, were analyzed. Findings -

Differences in knowledge and confidence around safeguarding were observed between staff groups and agencies. Training contributed to an approximately 20 per cent increase in knowledge and a ceiling effect was noted. Confidence linked knowledge and action. More confident staff offered more sophisticated responses regarding improving safeguarding processes. Research limitations/implications - Low response rates and the specific context limit generalizability. Knowledge and confidence measures were simplistic. Further research is needed on the mechanism of action by which safeguarding adults training is effective. Practical implications - Safeguarding adults training and a targeted approach to the analysis of learning needs should be debated in the context of training transfer. Training should be evaluated to ascertain its effectiveness. Originality/value - This is the first major multi-agency UK survey of its kind. Findings provide a baseline for further research.

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Pillemer, K., Chen, E. K., Van Haitsma, K. S., Teresi, J., Ramirez, M., Silver, S., . . . Lachs, M. S. (2012). Resident-to-resident aggression in nursing homes: results from a qualitative event reconstruction study *Gerontologist* (Vol. 52, pp. 24-33). United States.

Abstract: **Purpose:** Despite its prevalence and negative consequences, research on elder abuse has rarely considered resident-to-resident aggression (RRA) in nursing homes. This study employed a qualitative event reconstruction methodology to identify the major forms of RRA that occur in nursing homes. **Design and methods:** Events of RRA were identified within a 2-week period in all units ($n = 53$) in nursing homes located in New York City. Narrative reconstructions were created for each event based on information from residents and staff who were involved as well as other sources. The event reconstructions were analyzed using qualitative methods to identify common features of RRA events. **Results:** Analysis of the 122 event reconstructions identified 13 major forms of RRA, grouped under five themes. The resulting framework demonstrated the heterogeneity of types of RRA, the importance of considering personal, environmental, and triggering factors, and the potential emotional and physical harm to residents. **Implications:** These results suggest the need for person-centered and environmental interventions to reduce RRA, as well as for further research on the topic.

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Pisani, L. D., & Walsh, C. A. (2012). Screening for elder abuse in hospitalized older adults with dementia. *Journal of Elder Abuse & Neglect*, 24(3), 195-215. doi: 10.1080/08946566.2011.652919

Abstract: When older adults with dementia are hospitalized for psychiatric treatment, which elder abuse screen to use is questionable. This article reviews screens to identify desirable characteristics. For clinician completion, the Elder Assessment Instrument and the Brief Abuse Screens for the Elderly are recommended. For the older adult, the brief Hwalek-Sengstock Elder Abuse Screening Test is suitable. The Modified Conflict Tactics Scale, which can be used by both the older adult and the nonprofessional caregiver, has many of the recommended characteristics. Research is necessary in the application of these screens within hospitals to detect elder abuse within this specialized population.

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Pj-Sa

Poole, C., & Rietschlin, J. (2012). Intimate partner victimization among adults aged 60 and older: An analysis of the 1999 and 2004 general social survey. *Journal of Elder Abuse & Neglect*, 24(2), 120-137. doi: 10.1080/08946566.2011.646503

Abstract: Accounts in both the scientific literature and popular media have brought about increased recognition of the reality of elder abuse. However, relatively little work has examined intimate partner victimization with respect to older adults. In this study, weighted data from cycles 13 (1999) and 18 (2004) of the General Social Survey are pooled to examine how factors uniquely influence the prevalence and risk of emotional, financial, and physical abuse among adults aged 60 and over. Considerations regarding elder abuse committed by spouses, versus abuse of older adults more broadly (by their children and other adults), are also discussed.

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Reilly, J. M., & Gravdal, J. A. (2012). An ecological model for family violence prevention across the life cycle. *Fam Med*, 44(5), 332-335.

Abstract: Family violence (FV) impacts individuals and their families, their communities, their physical health, and the economic health of society. The origins of FV are complex, and relationships among historical, cultural, interpersonal, and intrapersonal components are poorly understood. The morbidity, mortality, and cost of FV are enormous. This paper introduces an ecological model for FV prevention through the life cycle—from child abuse through interpersonal violence and to elder abuse. The model incorporates medical as well as social, justice, and educational literature about violence prevention efforts and programs. Health care professionals, particularly in family medicine, are on the front line of preventing family violence. The responsibilities and competencies related to preventing/addressing family violence include (1) identifying risk factors, (2) noting early signs and symptoms, (3) assessing for violence within families, (4) managing sequelae to minimize morbidity and mortality, (5) knowing/using referral and community resources, and (6) advocating for changes that promote a violence-free society. The model presented in this article provides a holistic approach to FV. This model can be applied to the Patient-centered Medical Home to promote educational initiatives, inter-professional collaborations, and community and population-based efforts to prevent and to decrease violence.

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Romero, B. A. (2012). Towards a model of externalization and denationalization of care? The role of female migrant care workers for dependent older people in Spain. *European Journal of Social Work*, 15(1), 45-61. doi: 10.1080/13691457.2011.562009

Abstract: Focusing on the Spanish case, this article aims to contribute to the debate on the transformations affecting the so-called new model of eldercare.¹ It outlines the transition towards a care provision model characterized by externalization and denationalization, which means the transference of care tasks to women from outside the family group who are mostly foreign. It draws primarily upon the connection established between the Welfare State, the feminization of migrations and global care chains. The article notes the limitations of the public system of protection of elders, as well as those of formal care services, making eldercare reliant upon family involvement. Since the high cost of private companies' services cannot be met by all family budgets, resorting to migrant carers emerges as a strategy/solution to the problem. We argue that the conditions in which the equation dependent elders-migrant carers is formulated favor the (re)production of social inequalities related to gender, class and nationality. Consequently, migrant care workers become a new potential 'group' for social work practice.

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Roush, R. E., Moye, J. A., Mills, W. L., Kunik, M. E., Wilson, N. L., Taffet, G. E., & Naik, A. D. (2012). Why Clinicians Need to Know About the Elder Investment Fraud and Financial Exploitation Program. *Generations*, 36(2), 94-97.

Abstract: The Elder Investment Fraud and Financial Exploitation Program (EIFFE) began in 2009 as a pilot project funded by the Investor Protection Trust (IPT) and supported by the Texas State Securities Board. The IPT grant to Baylor College of Medicine targeted Texas primary care physicians for continuing medical education on how to screen their older patients for vulnerability to being financially exploited. What began in Texas is developing into a national program that regulates various financial advisors. The IPT has teamed with national organizations to keep offering continuing education for health professionals to increase their clinical awareness of the issue and provide them with screening and referral tools.

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Sandmoe, A., Kirkevold, M., & Ballantyne, A. (2011). Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Australia. *J Clin Nurs*, 20(23-24), 3351-3363. doi: 10.1111/j.1365-2702.2011.03863.x

Abstract: Aim and objective. The aim of this study was to explore how nurses and care coordinators in community care in Norway and Australia experienced and handled cases of abused older clients, including the support they received in clinical interventions.

Background. Norway and Australia base their approaches to elder abuse problems on similar philosophies. The Australian Government, however, has taken a more active position on this issue by focusing on structures and policies that might influence professionals' handling of abuse cases. The organisation and funding of community care services in the two countries are different, although common concerns are client-centeredness, equal access to services and enabling the client to live at home as long as possible. Design. Explorative design with a qualitative hermeneutic approach.

Method. Twenty participants, nurses, auxiliary nurses and care workers in Norway and Australia, were recruited by purposeful sampling. They participated in in-depth interviews.

Results. The similarity of the information given in the two countries was striking. The interventions differed based on the type and seriousness of the abuse and the client's cognitive capacity. Financial abuse was a more prominent issue in Australia than in Norway. The handling of neglect cases in both countries followed much the same pathway and the intervention usually involved long-lasting processes. The managers' support and the elder protective services were of great importance to the nurses.

Conclusions. Community care agencies in both countries struggle with similar problems in handling cases of abuse. The participants' concerns were securing and supporting the older victim by individualising the intervention. Relevance to clinical practice. Community care agencies in both countries need to be aware of the huge impact of the managers' involvement and the services' responsibility and capacity to support professionals in the handling of elder abuse.

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Sa-Sc

Santos, A. J., Ferreira-Alves, J., & Penhale, B. (2011). Prevalence of older adults' abuse and neglect in Portugal: an overview. *Quality in Ageing & Older Adults*, 12(3), 162-173. doi: 10.1108/14717791111163596

Abstract: The purpose of this paper is to identify, describe and compare the studies of the prevalence of abuse and neglect of older adults developed in Portugal.

Design/methodology/approach S A retrospective bibliographic search of seven descriptors in English and Portuguese, of academic and professional papers and university institutional repositories was performed. Findings S of the nine studies selected, seven consisted of grey literature S research developed within the course of academic post-graduate studies. The studies were conducted on a small scale, more often than not, through a non-probabilistic convenience sampling method. From the nine studies, two instruments prevailed: the Questions to Elicit Elder Abuse aimed at older adults and the Caregiver Abuse Screen aimed at caregivers. Community-dwelling older adults self-reported a higher prevalence of abuse (between 66.7 and 86.7 per cent) than care professionals working with older adults suffering from dementia (between 26.7 and 47.4 per cent). Emotional abuse and neglect were the first and second most prevalent forms of abuse, followed by financial abuse, whereas physical abuse was the least prevalent type of abuse encountered. A poorer perception of health, not making/receiving visits and residing in an urban area were the more consistent variables associated with abuse of older adults. Originality/value S Overall, this paper provides a first consideration to the prevalence rates of older adult abuse and neglect from research studies in Portugal. The revised design studies and screening methods employed can help researchers improve future study design and move from the description to a more theoretically oriented research. Furthermore, it can help practitioners learn screening methods and discover the findings associated with abuse.

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Sanders, S., Hensch, M., & Bengtson, K. (2012). Community collaborations between the medical examiner's office and gerontological service providers: implementation of an older adult death review team. *Health Soc Work, 37*(2), 123-127.

Abstract: N/A, a practice forum article

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Satoh, F., Seto, Y., Hasegawa, I., & Osawa, M. (2012). Fatal Staphylococcus aureus bacteremia in the Felty syndrome: a maltreatment-suspected case *Leg Med (Tokyo)* (Vol. 14, pp. 246-248). Ireland: 2012 Elsevier Ireland Ltd.

Abstract: Familial neglect was suspected when an older deceased female was found to have large decubitus ulcers and weight loss. Postmortem examinations including histopathology and bacterial culture revealed systemic Staphylococcus aureus infection as the cause of death. The victim might have exhibited Felty syndrome, which is characterized by complications of splenomegaly and neutropenia in the underlying rheumatoid arthritis. As a result of neutropenia, the affected individual was susceptible to skin ulcer formation and sepsis. The manifestation of pressure ulcers as abuse biomarkers should also be explored from interaction with intrinsic disease factors.

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Scheiderer, E. (2012). Elder abuse: Ethical and related considerations for professionals in psychology. *Ethics & Behavior, 22*(1), 75-87. doi: 10.1080/10508422.2012.638828

Abstract: Elder abuse presents difficult ethical considerations that the field of psychology has yet to sufficiently address. As demographics and sociocultural factors shift in the coming decade, this deficit in ethical competence may become an increasingly serious problem. Although legal definitions of elder abuse lack uniformity and clarity, there is much room for improvement in the field of psychology. Ethical considerations most relevant to professionals in psychology draw heavily on the principles of beneficence and nonmaleficence and respect for people's rights and dignity. Professional standards of competence, discrimination, informed consent, privacy and confidentiality, and cooperation with other professionals are also critical in these considerations. A number of recommendations are made, centering around the needs for more education, frank discussion, and empirical examination of the complexities of elder abuse.

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Sc-St

Schiemberg, L. B., Oehmke, J., Zhang, Z., Barboza, G. E., Griffore, R. J., Von Heydrich, L., . . . Mastin, T. (2012). Physical abuse of older adults in nursing homes: A random sample

survey of adults with an elderly family member in a nursing home. *Journal of Elder Abuse & Neglect*, 24(1), 65-83. doi: 10.1080/08946566.2011.608056

Abstract: Few empirical studies have focused on elder abuse in nursing home settings. The present study investigated the prevalence and risk factors of staff physical abuse among elderly individuals receiving nursing home care in Michigan. A random sample of 452 adults with elderly relatives, older than 65 years, and in nursing home care completed a telephone survey regarding elder abuse and neglect experienced by this elder family member in the care setting. Some 24.3% of respondents reported at least one incident of physical abuse by nursing home staff. A logistic regression model was used to estimate the importance of various risk factors in nursing home abuse. Limitations in activities of daily living (ADLs), older adult behavioral difficulties, and previous victimization by non-staff perpetrators were associated with a greater likelihood of physical abuse. Interventions that address these risk factors may be effective in reducing older adult physical abuse in nursing homes. Attention to the contextual or ecological character of nursing home abuse is essential, particularly in light of the findings of this study.

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Schmeidel, A. N., Daly, J. M., Rosenbaum, M. E., Schmuck, G. A., & Jogerst, G. J. (2012). Health care professionals' perspectives on barriers to elder abuse detection and reporting in primary care settings. *Journal of Elder Abuse & Neglect*, 24(1), 17-36. doi: 10.1080/08946566.2011.608044

Abstract: The purpose of this study was to explore health care professionals' perspectives on elder abuse to achieve a better understanding of the problems of reporting and to generate ideas for improving the detection and reporting process. Through a mailed survey, nurses, physicians, and social workers were invited to participate in an interview. Nine nurses, 8 physicians, and 6 social workers were interviewed, and thematic analysis was used to identify the following core themes: preconceptions, assessment, interpretation, systems, and knowledge and education. Participants suggested a reorganization of the external reporting system. More frequent and pragmatic education is necessary to strengthen practical knowledge about elder abuse.

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Smith, G. R., Williamson, G. M., Miller, L. S., & Schulz, R. (2011). Depression and quality of informal care: a longitudinal investigation of caregiving stressors *Psychol Aging* (Vol. 26, pp. 584-591). United States.

Abstract: This research examined longitudinal associations between caregiving stressors, caregiver depression, and quality of care. Informal caregivers of elderly care recipients were interviewed at baseline ($N = 310$) and again one year later ($N = 213$). Hierarchical regression analyses indicated that increases in caregiving stressors (i.e., caregiver physical health symptoms, caregiver activity restriction, and care recipient controlling and manipulative behavior) were related to increased caregiver depression. In turn, increased caregiver depression and decreased caregiver respectful behavior predicted increases in

potentially harmful behavior. These results extend previous cross-sectional findings and indicate that changes in caregiving stressors, caregiver depression, and caregiver respect over time may signal that intervention is warranted in order to forestall or prevent poor quality of care.

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Spencer-Lane, T. (2011). Reforming the legal framework for adult safeguarding: the Law Commission's final recommendations on adult social care. *Journal of Adult Protection*, 13(5), 275-284. doi: 10.1108/14668201111178184

Abstract: Purpose - The purpose of this paper is to set out the Law Commission's final recommendations for the reform of adult social care, with a particular emphasis on the recommendations for a new legal framework for adult safeguarding in England and Wales Design/methodology/approach - The paper discusses each of the Law Commission's recommendations for adult safeguarding and contrasts them with the proposals put forward at the consultation phase of the review. Findings - The paper argues that a single legal framework for adult social care, including adult safeguarding, will have substantial benefits in terms of legal clarity, consistency and efficiency. Social implications - A clear and single legal framework is important for older and disabled people, and their carers, in order to understand fully their entitlements, and for local authorities and partnership agencies (such as the NHS and the police) in order to understand fully their responsibilities. Originality/value - The paper provides a clear summary of the Law Commission's final report - in particular the recommendations for adult safeguarding.

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Stark, S. W. (2011). Blind, deaf, and dumb: why elder abuse goes unidentified *Nurs Clin North Am* (Vol. 46, pp. 431-436, vi). United States: A 2011 Elsevier Inc.

Abstract: Elder abuse is a growing public health concern that affects elders regardless of residence, socioeconomic status, or geographic locale. Elder abuse includes acts of physical, psychological, verbal, and financial abuses as well as abandonment and neglect. Elder abuse has the potential to occur in multiple settings, whether in the home, rehabilitation centers, long-term care facilities, nursing homes, and/or senior day care centers. Children, family members, friends, and formal caregivers are prospective perpetrators of elder abuse. Public policy changes are necessary to standardize and delineate guidelines and procedures for the detection and prevention of elder abuse in the future.

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St-Su

Stiegel, L. A. (2012a). An Overview of Elder Financial Exploitation. *Generations*, 36(2), 73-80.

Abstract: Vulnerability to financial exploitation increases as financial capacity decreases. Diminished capacity leads to bad decisions and an inability to detect or prevent exploitation, and a need for assistance with financial management that exposes an impaired person to “helpers” who can easily commit exploitation. Exploitation takes myriad forms; it is defined and addressed by diverse laws, disciplines, and systems, and it is not well researched. It is imperative that aging services and allied professionals who work with older persons lacking financial capacity learn how to prevent, detect, and remedy exploitation, and to collaborate with each other to achieve those goals.

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Stolee, P., Hiller, L. M., Etkin, M., & McLeod, J. (2012). "Flying by the seat of our pants": current processes to share best practices to deal with elder abuse. *J Elder Abuse Negl*, 24(2), 179-194. doi: 10.1080/08946566.2011.646528

Abstract: We examined current processes used to identify, communicate, and adopt “best practices” in the field of elder abuse using an iterative process involving literature and Internet reviews, surveys completed by stakeholders, and key informant interviews. Results indicate minimal research evidence exists to support current assessment and intervention strategies; there is an immediate need for more evaluation and research in this area and for improved knowledge exchange and translation. Two strategic directions are recommended: to (a) build capacity for research and program evaluation to advance knowledge of effective practices, and (b) build capacity for knowledge exchange to enhance professionals' efforts.

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Strasser, S., O'Quin, K., Price, T., & Leyda, E. (2012). Older adults with intellectual disabilities: Targets for increasing victimization, a call for a preemptive screening policy. *Journal of Mental Health Research in Intellectual Disabilities*, 5(2), 157-167. doi: 10.1080/19315864.2011.589962

Abstract: The aging population is a rapidly growing demographic in the United States. Isolation, limited autonomy, and declining physical and mental health render many older adults vulnerable to abuse, neglect, and exploitation. As the population grows, so does the need for Adult Protective Services (APS). This article highlights an ultrasensitive subgroup of older adults who may be more susceptible to victimization—those who have Alzheimer's disease or dementia. The article proposes a model approach to strengthen APS's response to initial calls of elder maltreatment, particularly within the state of Georgia, so that professionals are better prepared to detect and intervene on behalf of older abuse victims who may lack the capacity to do so by themselves.

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Strümpel, C., & Hackl, C. (2011). The Breaking the Taboo projects - raising awareness of, and training staff in, community health and care services on violence against older women within families. *Journal of Adult Protection*, 13(6), 323-335.

Abstract: Purpose - Violence and abuse often occur within the immediate family. However, violence against older women in families is still a taboo topic and professionals who work in community health and social services are often the only persons who have access to the target group. The purpose of this article is to describe research results and a training course developed within two linked European projects. Design/methodology/approach - Both projects were divided into a research and a practical phase. In the first project, data were gathered via a literature review and interviews with health and social services staff. Additionally, a short survey of health and social services organizations, about what provisions they had for dealing with abuse against older women within families, was conducted. In *Breaking the Taboo Two*, research on existing training material for health care staff concerning violence against older women within families was carried out. Analysis of this material formed the basis for designing a two-day training workshop for staff members in nine modules on aspects like defining and recognizing violence as well as intervention, cooperating with other organizations and caring for oneself. Findings - A total of 14 trial workshops were carried out in Austria, Belgium, Bulgaria, Germany, Portugal and Slovenia in September and October 2011. The target groups ranged from nurses, home helps, care assistants and social workers to Red Cross volunteers from visiting services and crisis intervention. It was established that the topic is very relevant to the participants' work; however, it became clear that this is a very sensitive topic and participants need time to be able to talk openly about such sensitive issues. It also became clear that offering such workshops is an important pillar in developing service providers' policies and procedures concerning violence against older women and can contribute well to networking in this field. Originality/value - No specific training courses on violence against older women for staff of health and social services could be found until now. This article highlights two projects that deal with raising awareness and training in this field. It also includes findings from a number of European countries that participated in the projects and combines findings gained from research and practical experience.

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Sugita, J. A., & Garrett, M. D. (2012). Elder abuse and oral health care providers: An intervention to increase knowledge and self-perceived likelihood to report. *Journal of Elder Abuse & Neglect*, 24(1), 50-64. doi: 10.1080/08946566.2011.608051

Abstract: The objective of this study was to ascertain whether a symposium on elder abuse raises the level of knowledge and the self-reported likelihood to report elder abuse among licensed oral health care providers. 130 dentists, hygienists, and assistants voluntarily attended a 4-hour training symposium and completed both pre-and post-surveys testing their level of knowledge. Results by statistical analyses, using repeated measurements, Wilcoxon signed-rank test for nonparametric data, showed increases in awareness of reporting process, knowledge/awareness of elder abuse, knowledge of mandated reporter requirements, and comfort levels with recognizing signs and symptoms of elder abuse and neglect. In conclusion, a symposium can increase the self-reported likelihood of reporting elder abuse.

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Sv-Th

Synder, J. (2012). Strategies for Banks to Protect Elderly Clients from Themselves and Others. *Generations*, 36(2), 98-100.

Abstract: A multi-disciplinary approach is needed to combat the pervasive problem of financial exploitation of older adults. Adult Protective Services programs and financial institutions can partner successfully to protect the wealth and health of the most vulnerable adults in our society. This article details an employee training program that started in Philadelphia (in partnership with Wachovia) that can be duplicated to achieve these goals.

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Thacker, H. (2011). Safeguarding adults' referrals in the Eastern region: an investigation into varying referral rates. *Journal of Adult Protection*, 13(3), 137-149. doi: 10.1108/14668201111160732

Abstract: Purpose - This paper aims to respond to the findings of the initial phase of the Safeguarding Adults Programme (November 2009-March 2010), which found an unexpected inverse relationship between referral rate for safeguarding adults and population size of local authority in the data captured from April 2008 to March 2009. Design/methodology/approach - An analysis of regional safeguarding referral rates relative to population with a breakdown by service groups was undertaken; statistics from the economic deprivation index (EDI) were also used. A questionnaire was designed and sent out to the authorities regarding thresholds, eligibility, definitions, advice and information available to referrers, accuracy of recording and public awareness. The data analyzed here cover the following year's safeguarding referrals. Findings - The questionnaire revealed broad differences in thresholds, eligibility, definitions, advice and information available to referrers, accuracy of recording and public awareness campaigns across the studied authorities. These differences contribute to obscuring real differences in underlying processes. A highly significant relationship between EDI and safeguarding referral rates was found, implying real differences in abuse rates driven by underlying socio-economic factors. Differences in abuse allegations were systematic, so that authorities with a particularly high level of referrals did not have unusually high contributions from particular service user groups or from particular referral sources. Similarly the nature of abuse allegations did not differ between authorities with high or low-referral rates. Originality/value - The paper investigates the reasons for variation and explores thresholds for safeguarding referrals.

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Thomson, M. J., Lietzau, L. K., Doty, M. M., Cieslik, L., Williams, R., & Meurer, L. N. (2011). An analysis of elder abuse rates in Milwaukee County. *WMJ*, 110(6), 271-276.

Abstract: INTRODUCTION: The elder abuse and neglect burden in Milwaukee County, Wisconsin, is substantial, with 3384 reports made from 2006 to 2009. Current prevalence

estimates are determined from reported cases only and are likely underestimated. Provider awareness of victim and perpetrator characteristics is necessary to increase recognition and response. METHODS: A cross-sectional analysis of elder abuse and neglect cases reported to the Milwaukee County Department on Aging (MCDA) from 2006 to 2009 was performed to provide a profile of the county's elder abuse burden by victim, perpetrator, and reporter characteristics. Annual reporting trends were identified using Poisson regression analysis. RESULTS: Fifty-eight percent of MCDA reports of abuse were substantiated after investigation. Victims in Milwaukee County tended to be older than 75 (64%), female (64%), and white (62%). Reporting rates to the MCDA were significantly lower in 2009 than 2006. Perpetrators were often adult children (48%) or a spouse (14%). Forty percent of life-threatening cases of self-neglect were due to unfulfilled medical needs. Most reports were made by medical professionals (23%), relatives of the victim (21%), and community agencies (18%). Only 13% of elder abuse victims were placed in nursing homes and assisted living centers; many received services to assist independent living. DISCUSSION: Although this study is limited to reported cases only, it provides a valuable profile of pertinent elder abuse characteristics in Milwaukee County. CONCLUSION: Characteristics of vulnerable elders, potential abusers, and investigation outcomes are described to inform clinical practice about this important social issue

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Thyssen, P. J., Nassu, M. P., Costella, A. M., & Costella, M. L. (2012). Record of oral myiasis by *Cochliomyia hominivorax* (Diptera: Calliphoridae): case evidencing negligence in the treatment of incapable. *Parasitol Res*, *111*(2), 957-959. doi: 10.1007/s00436-012-2856-3

Abstract: Cases of myiasis in man associated with preexisting lesions are quite common. However, in the forensic field, certain behavioral habits related to insects may be useful to ratify mistreatment. This is a register of a case of oral myiasis by *Cochliomyia hominivorax* (Diptera: Calliphoridae), an obligate parasite of warm-blooded animals, in a 95-year-old man with Alzheimer's and Parkinson's disease. The identification of immatures removed (n = 87) was based on their morphological characteristics. Considering the developmental time and length of the maggots, it was possible to estimate an infestation of at least 143 h. Undoubtedly, the poor state of health was one of the cofactors for the infestation; however, the long time of infestation observed denotes negligence in the conduct of patient care. In terms of prophylaxis, it would be recommended that individuals who need special care must have access to more comprehensive physical examinations and periodicals, as well as hygienic conditions should be meticulously observed. Additionally, the immatures causing myiasis after being removed must be stored and forwarded for analysis, since their identification can be crucial to determine the exact time and circumstances of an infestation, and consequently its pathogenesis. If we consider the aggressiveness of *C. hominivorax*, a fast and reliable diagnosis becomes even more important for an adequate treatment. Finally, it is expected that this study encourages the health care professionals to improve the treatment of incapable patients.

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Ti-Wi

Tolson, D., & Morley, J. E. (2012). Physical restraints: abusive and harmful *J Am Med Dir Assoc* (Vol. 13, pp. 311-313). United States.

Abstract: Contemporary health care policy around the world promotes the use of evidence-based medicine and, as such, it is reasonable to assume that this would lead to similarities in health care practices in comparable economies. Interestingly, this does not seem to be the case with the use of restraining technologies and restraint policies implemented within hospitals and nursing homes. Definitional ambiguity surrounding what is an abusive act may in part account for these practice variations, given that interpretations of an abusive act are contingent on particular circumstances. For example, if a practitioner restrains a patient who is behaving aggressively, it might be interpreted as a justifiable act, or an act of abuse that may be criminal, depending on the situation.

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von Heydrich, L., Schiamberg, L. B., & Chee, G. (2012). Social-relational risk factors for predicting elder physical abuse: an ecological bi-focal model. *Int J Aging Hum Dev*, 75(1), 71-94.

Abstract: Annually in the United States, 1 to 5 million older adults, 65 and above, are physically or sexually injured or mistreated by their caregivers in family settings. This study examined the prevalence and risk factors involved in elder physical abuse by adult child caregivers, moving from the immediate elderly parent/adult child relationship context to more distal social support contexts, utilizing a subsample of 203 elderly participants from the Midlife Development in the United States study (MIDUS II, 2004-2006). LISREL modeling examined causal pathways between elderly demographic characteristics, physical/emotional health, and behavioral and contextual characteristics from an ecological perspective. Data modeling was accomplished using Mplus, PAXW, and SYSTAT statistical software packages. Results indicate that latent factors including older adult health, social isolation of the older adult, and adult child characteristics were significantly associated with elder physical abuse, as mediated by the quality of the elderly parent/adult child relationship.

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Walsh, C. A., & Yon, Y. (2012). Developing an empirical profile for elder abuse research in Canada. *Journal of Elder Abuse & Neglect*, 24(2), 104-119. doi: 10.1080/08946566.2011.644088

[Correction Notice: An Erratum for this article was reported in Vol 24(4) of Journal of Elder Abuse & Neglect (see record 2012-26665-008)].

Abstract: In the original article, Yongjie Yon's affiliation was listed incorrectly on p. 104 of the article. The author's correct affiliation is "Department of Gerontology, Simon Fraser University, and Vancouver, British Columbia, Canada." The aging population of Canada

and the associated caregiving demands highlight the need for elder abuse research. The objectives of this article are to provide a review of literature while identifying recommendations and directions for future research. Significant gaps in the knowledge base are identified that preclude the development of effective programming and policies. Future research directions include prevalence studies in community and institutional settings; studies on correlates, risk, and protective factors; research to clarify definitional issues and to develop psychometrically sound measurements; qualitative studies; and the need to support elder abuse research through capacity building and appropriate resource strategies.

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Wilson, D. M., Ratajewicz, S. E., Els, C., & Asirifi, M. A. (2011). Evidence-based approaches to remedy and also to prevent abuse of community-dwelling older persons. *Nurs Res Pract*, 2011, 861484. doi: 10.1155/2011/861484

Abstract: Elder abuse is a global issue, with an estimated 4–10% of older persons in Canada abused each year. Although Canadian legislation has been created to prevent and punish the abuse of older persons living in nursing homes and other care facilities, community-dwelling older persons are at greater risk of abuse. This paper highlights the importance of evidence-based actions targeted at three determinants of health: (a) personal health practices and coping skills, (b) social support networks, and (c) social environments. Two research studies are profiled as case studies that illustrate the ready possibility and value of two specific types of actions on community-based older-person abuse. This paper argues for the immediate and widespread adoption of these evidence-based measures and for additional empirical evidence to guide the correction of underreporting of abuse, raise awareness of its serious nature, and increase options to not only stop it but ultimately prevent it.

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Wi-Z

Winterstein, T. B. (2012). Nurses' experiences of the encounter with elder neglect. *J Nurs Scholarsh*, 44(1), 55-62. doi: 10.1111/j.1547-5069.2011.01438.x

Abstract: **PURPOSE**: Nurses are on the front line in encounters with elder neglect. In spite of their significant role, they are not always aware of this. The purpose of this paper was to understand the meanings that nurses ascribe to elder neglect through their perceptions and professional experience with older people and to throw light on nurses' significant role in this encounter. **DESIGN AND METHODS**: An integrated review of the current literature was completed and 30 Israeli professional nurses working in long-term geriatric care facilities were interviewed using a semistructured interview guide. Interviews were tape recorded and transcribed verbatim. Data analysis was performed according to the

phenomenological method. FINDINGS AND CONCLUSIONS: Four major themes emerged: (a) neglect from the outside or neglect from within; (b) between professional and personal; (c) whose responsibility is this? and (d) professional values and ethics in the face of a neglecting reality. Findings are discussed in relation to the nurses' experiences of the encounter with elder neglect and the consequences of the phenomenon, such as increasing ageist perceptions and behavior. CLINICAL RELEVANCE: As the world experiences higher life expectancy, nursing education should be challenged with elder mistreatment in general, and elder neglect in particular. Training and educational programs should provide a platform on which to raise dilemmas concerning the encounter with this subject.

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Wood, S., & Liu, P.-J. (2012). Undue Influence and Financial Capacity: A Clinical Perspective. *Generations*, 36(2), 53-58.

Abstract: This article provides a clinical framework for understanding the dynamic of “undue influence,” a term that refers to a dynamic between two individuals in which the weaker individual is exploited, often financially. The article also presents case examples illustrating aspects of the problem.

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Wu, L., Chen, H., Hu, Y., Xiang, H., Yu, X., Zhang, T., . . . Wang, Y. (2012). Prevalence and associated factors of elder mistreatment in a rural community in People's Republic of China: a cross-sectional study *PLoS One* (Vol. 7, pp. e33857). United States.

Abstract: Background: Current knowledge about elder mistreatment is mainly derived from studies done in Western countries, which indicate that this problem is related to risk factors such as a shared living situation, social isolation, disease burden, and caregiver strain. We know little about prevalence and risk factors for elder mistreatment and mistreatment subtypes in rural China where the elder population is the most vulnerable. Methods: In 2010, we conducted a cross-sectional survey among older adults aged 60 or older in three rural communities in Macheng, a city in Hubei province, China. Of 2245 people initially identified, 2039 were available for interview and this was completed in 2000. A structured questionnaire was used to collect data regarding mistreatment and covariates. Logistic regression analysis was used to identify factors related to elder mistreatment and subtypes of mistreatment. Results: Elder mistreatment was reported by 36.2% (95% CI: 34.1%–38.3%) of the participants. Prevalence rates of psychological mistreatment, caregiver neglect, physical mistreatment, and financial mistreatment were 27.3% (95% CI: 25.3%–29.2%), 15.8% (95% CI: 14.2%–17.4%), 4.9% (95% CI: 3.9%–5.8%) and 2.0% (95% CI: 1.3%–2.6%), respectively. The multivariate logistic regression analysis revealed that depression, being widowed/divorced/single/separated, having a physical disability, having a labor intensive job, depending solely on self-made income, and living alone were risk factors for elder mistreatment. Different types of elder mistreatment were associated with different risk factors, and depression was the consistent risk factor for the three most common mistreatment subtypes. Conclusion: Older adults in

rural China self-report a higher rate of mistreatment than their counterparts in Western countries. Depression is a main risk factor associated with most subtypes of mistreatment. Our findings suggest that prevention and management of elder mistreatment is a challenge facing a rapidly aging Chinese population.

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Ziminski, C. E., & Phillips, L. R. (2011). The Nursing Role in Reporting Elder Abuse: Specific Examples and Interventions. *Journal of Gerontological Nursing*, 37(11), 19-23. doi: 10.3928/00989134-20111010-01

Abstract: Elder abuse is a serious national problem with potential for significant physical, emotional, and financial harm. In some situations, elder abuse may lead to death. Nurses are mandated reporters for suspected elder abuse to help prevent and curtail these serious outcomes and thus are responsible for recognizing the types of elder abuse and ways it can manifest. However, the variety of settings, perpetrators, and types of elder abuse may make it difficult for nurses to recognize when elder abuse is present and to understand the proper course of action. In addition, it is necessary for nurses to be aware that elder abuse is not just a public problem but can occur in clinical settings and everyday practice. The purpose of this article is to provide several brief clinical scenarios that exemplify specific aspects of potential elder abuse and to identify appropriate nursing interventions.

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Ziminski, C. E., Phillips, L. R., & Woods, D. L. (2012). Raising the index of suspicion for elder abuse: cognitive impairment, falls, and injury patterns in the emergency department *Geriatr Nurs* (Vol. 33, pp. 105-112). United States: Inc.

Abstract: Cognitive impairment limits older adults' abilities to advocate for themselves, thus heightening their risk for abuse. Some older adults with cognitive impairments who seek emergency department (ED) services may present with injuries suspicious of abuse. A portion of these injuries may be erroneously attributed to accidents such as falls. A retrospective analysis of 2 years of ED data using International Classification of Diseases, Ninth Revision (ICD-9) codes was conducted focusing on characteristics of injuries sustained by persons with co-occurring cognitive impairment and fall status. Cognitive impairment was not significantly related to falls ($P = .533$). Findings suggest that persons with cognitive impairment have unique injury patterns based on fall status, which has implications for elder abuse screening. Injuries for persons with no fall history included injury to the upper limb ($P = .004$), contusions ($P = .012$), and open wounds ($P = .000$). An increased recognition of common injuries in older adults can aid in elder abuse assessment by providing a reference point for uncommon injuries.

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