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Author: **Shelly L. Jackson, Ph.D., Thomas L. Hafemeister, J.D., Ph.D.**

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Final Report

Presented to the

National Institute of Justice

**Financial Abuse of Elderly People vs. Other Forms of Elder Abuse:
Assessing Their Dynamics, Risk Factors, and Society's Response**

Shelly L. Jackson, Ph.D.

&

Thomas L. Hafemeister, J.D., Ph.D.

University of Virginia

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Abstract

Purpose. Financial exploitation of elderly people is expected to proliferate over the next decade as the elderly population continues to grow rapidly. This study examined financial exploitation of elderly people compared to other forms of elder maltreatment (physical abuse, neglect, and hybrid, i.e., financial exploitation and physical abuse and/or neglect) that occurred in a domestic setting.

Method. Using semi-structured interviews, 71 adult protective services (APS) caseworkers in Virginia and their elder client were interviewed separately about incidents of maltreatment that came to the attention of APS. Elderly participants were on average 76 years of age, 83% Caucasian, 76% female, and 84% were living in their own home. Interviews lasting between one and three hours covered a number of domains such as case characteristics, consequences, risk factors associated with the elderly victims and their perpetrators, the nature of the interactions between them, the APS investigation, the criminal justice response, and outcomes. In addition, data derived from the Adult Services Adult Protective Services (ASAPS) database managed by the Virginia Department of Social Services were used to in logistic regressions.

Results. Financial exploitation differed from other forms of elder maltreatment, specifically, physical abuse, neglect by other, and hybrid financial exploitation, across a number of important domains. Furthermore, financial exploitation is underreported, underinvestigated and underprosecuted. However, important differences existed among all four forms of elder abuse. An exploration of the dynamics of elder abuse

facilitated a greater understanding of the different forms of elder abuse under investigation. Results further revealed discrepancies between APS caseworkers' and elderly persons' perceptions of the causes of the elder's abuse. Furthermore, when differences did persist to the close of the case, the abuse was significantly less likely to cease.

Discussion. These findings indicate the critical need to separate theoretically and practically different types of elder maltreatment. Additionally, critical to increasing our understanding of elder maltreatment is the need to take into consideration perpetrators when examining, predicting, and explaining elder maltreatment and related interventions. An exclusive focus on elderly people will continue to undermine effective interventions. Implications for theory, research, policy, and intervention are discussed.

Table of Contents

Acknowledgements.....	2
Abstract	4
Table of Contents	6
Executive Summary.....	9
Chapter 1: Introduction.....	22
Chapter 2: Method	38
Design.....	38
Agency Participation	40
Participants.....	41
Instrument: Semi-Structured Interview	46
Interviewers	51
Procedure	51
Institutional Review Board Involvement.....	59
Methodology Employed in Examining the Database Obtained from the Virginia Department of Social Services (VDSS) on All Adult Services/Adult Protective Services Provided by VDSS Within the Commonwealth of Virginia.....	61
Method for Interviews with Prosecutors in Four States.....	63
Chapter 3: Results	66
Results Section 1 of 13: Financial Loss Resulting from Financial Exploitation.....	68
Results Section 2 of 13: Pure Financial Exploitation vs. Hybrid Financial Exploitation	71

Results Section 3 of 13: Nature of Physical Abuse and Neglect	84
Results Section 4 of 13: Case Characteristics.....	87
Results Section 5 of 13: Interpersonal Dynamics of Elder Maltreatment	98
Results Section 6 of 13: Presence or Absence of Risk Factors and Demographic Characteristics Identified in the Literature Associated with Abused Elderly Persons and Perpetrators.....	246
Results Section 7 of 13: Characterizing Elderly Persons and Perpetrators.....	287
Results Section 8 of 13: Theory Development.....	295
Results Section 9 of 13: Consequences.....	323
Results Section 10 of 13: APS Investigation and Response.....	328
Results Section 11 of 13: Criminal Justice Response	349
Results Section 12 of 13: Outcomes.....	388
Results Section 13 of 13: Differences in Perceptions.....	405
Chapter 4: Summary of Results.....	422
Chapter 5: Implications and Recommendations for Policy and Practice.....	443
Chapter 6: Future Research	458
Chapter 7: Challenges Encountered	465
References.....	470
Appendix A Interview Forms	500
Appendix B Lawyer Assessment of Capacity Used to Assess Competency	564
Appendix C Letter of Support from Commissioner Conyers Provided to All Agencies... <td>575</td>	575
Appendix D Permission to Obtain Verbal Consent from Elders.....	579

Appendix E Informed Consent Forms	580
Appendix F Description of Creation of ASAPS Variables.....	590
Appendix G Elder & Perpetrator Demographic and Risk Factor Descriptive Statistics...	593
Appendix H Prosecutor Interview	598
Appendix I Supervisor's Handout for Coordinator's Meetings	605
Appendix J References Used in the Instrument Development.....	606

Executive Summary

Purpose

Financial exploitation of elderly people is expected to proliferate over the next decade as this population and its vulnerability to exploitation continue to grow rapidly. And yet it has received relatively little empirical attention. The purpose of this study was to examine—in a domestic setting—pure financial exploitation (PFE) (i.e., financial exploitation that did not co-occur with another form of abuse) of elderly people and compare it in a number of ways to other forms of maltreatment of elderly persons, including physical abuse, neglect, and hybrid financial exploitation (HFE) (i.e., financial exploitation co-occurring with physical abuse and/or neglect).

Method

Using semi-structured interviews, 71 adult protective services (APS) caseworkers in Virginia and an elderly abused client (under Virginia law, someone who was 60 years of age or more at the time of abuse) and/or a third party (someone who knew the elderly person well but was not involved in the abuse) were interviewed separately about incidents of maltreatment that came to the attention of APS. The elderly clients were on average 76 years of age, 83% Caucasian, 76% female, and 84% were living in their own home. Interviews lasting between one and three hours addressed a number of domains such as case characteristics, consequences, risk factors associated with elderly victims of abuse and perpetrators, the nature of the interactions between them, the APS investigation, the criminal justice response, and outcomes. In addition, data derived from Virginia's state-wide Adult Services Adult Protective Services (ASAPS)

database managed by the Virginia Department of Social Services were used to complement the interview data where applicable.

Results

We examined pure financial exploitation (PFE) by directly comparing these cases to three other forms of elder maltreatment (physical abuse, neglect by other, and hybrid financial exploitation (HFE), i.e., financial exploitation co-occurring with physical abuse and/or neglect) across a range of domains including case characteristics (i.e., the relationship between the elderly person and the perpetrator, the elder's awareness of their maltreatment, the number of times the elderly person was victimized by the perpetrator, the duration of the victimization, whether the elderly person had been previously reported to APS, and whether anyone had previously attempted to intervene on behalf of the elder), 10 consequences (i.e., visit to a health care professional, financial, health, psychological, emotional, social, family, autonomy, geographic, or housing), 35 elder and 27 perpetrator risk factors (described below), and case outcomes (i.e., whether abuse stopped, changes in living arrangements, whether there was ongoing contact between the elder and perpetrator, appointment of guardian, financial impact, perceptions of future risk, recovery of lost funds, new APS reports on the elder, and perpetrator outcomes). In addition, we qualitatively assessed the interpersonal and underlying dynamics involved in these cases. Finally, we examined society's response to elder maltreatment, both from the perspective of APS caseworkers and from the perspective of prosecutors. We found that whether we were examining the various domains, interpersonal dynamics, or society's response, there were significant and

compelling differences between the four types of maltreatment. These differences support the contention that there is no one monolithic phenomenon referred to as elder abuse. Rather, we are convinced of the importance of conceptualizing these forms of elder maltreatment distinctly. Furthermore, even within the four broad categories of elder maltreatment examined in this study, the behavior within categories is far more nuanced than is generally recognized. For example, financial exploitation should not be characterized merely as perpetrators methodically taking an unaware elder's goods or assets for their own gain, as it can also encompass a range of other behaviors, motivations, and, importantly, relationships between the elder and the perpetrator.

Underscoring this point is our important finding of the critical distinctions between pure financial exploitation (PFE) and hybrid financial exploitation (HFE). We sought to determine, in part, whether financial exploitation unaccompanied by other forms of abuse (PFE) was different than when it co-occurred with other forms of elder maltreatment (i.e., HFE). The findings demonstrated that there are significant and meaningful differences between PFE and HFE across a range of domains that indicate that these two forms of abuse need to be conceptualized distinctly.

While all forms of maltreatment of elderly persons have devastating consequences for the elderly person involved, HFE is perhaps the most entrenched (e.g., it is generally the longest in duration) and intractable (because it is characterized by mutual dependency between the elderly person and the perpetrator), the most difficult for APS to investigate, and with the most draconian outcomes for the victims of this

abuse (e.g., the victim is the most likely to be appointed a guardian). To best respond to financial exploitation, a key is to avoid a reductionist tendency to conflate these two very different types of financial abuse.

Two sets of analyses were conducted to examine risk factors associated with elderly people and their perpetrators. Based on these two datasets, variables that were significantly related to pure financial exploitation (PFE) included elder's younger age, absence of communication problems, absence on dependence on others, absence of confusion/dementia, absence of childhood family violence, living alone, having no children, and a perceived good relationship with the perpetrator, and perpetrator variables included an absence of a parasitic abuser (e.g., easy access to elder, lives off the elder), nonrelative and relative relationship status, having had children, and a trend toward an absence of intimate partner violence in their current relationships.

Significant variables associated with elderly people experiencing physical abuse included an absence of dependence on others, an absence of confusion/dementia, some mental health problems, the presence of childhood family violence, widowed status, ability to drive, cohabitation with the perpetrator, perpetrator not perceived by the elder as a caretaker, aggression towards the perpetrator by the elderly person, perceptions of a poor relationship with the perpetrator, and long history of abuse, while perpetrator variables included being a parasitic abuser, unemployed, and having no children.

Variables that were significantly related to elderly people experiencing neglect by other included younger age, communication problems, dependence on others,

medical problems, confusion/dementia, an absence of mental health problems, the presence of childhood family violence, and an absence of fear towards the perpetrator, while the perpetrator variables included an overburdened social support person, but the absence of a parasitic abuser.

Finally, variables that were significantly related to hybrid financial exploitation (HFE) included the presence of childhood family violence, cohabitation with the perpetrator, widowed status, poor health, inability to drive, feelings of isolation (trend), fear of the perpetrator, perceptions of the perpetrator as a caretaker, and long history of abuse, whereas perpetrator variables included parasitic abuser, being a family member, unemployed, inability to drive, and financially dependent upon the elder.

As evidenced by the description above, we found compelling and convincing evidence of the importance of taking into consideration both the elder and the perpetrator in identifying and responding to elder maltreatment. Our regression analyses revealed that characteristics of both the elder and the perpetrator made independent contributions to the variance accounted for in each type of maltreatment. Furthermore, the qualitative interpersonal dynamics (contained in the report) revealed the important role played by both the elder and the perpetrator. The elderly person is not a passive actor in these incidents, but contributes to a dynamic that engulfs both the elderly person and the perpetrator. Thus, there is a need to reconceptualize the maltreatment of elderly persons away from something that “happens” to elderly persons, towards increased understanding that the maltreatment of elderly persons takes place within a dyadic relationship. By recognizing that abused elderly persons

were active participants in the events that led up to their abuse (which is not to say they should be viewed as having caused or be held “responsible” for the occurrence of the abuse), efforts to prevent and redress this abuse can be more appropriately tailored. It is important to understand the mindset of elderly persons that contributes to their psychological vulnerability to being maltreated, particularly with regard to financial exploitation, and to their willingness to assist efforts to remediate the abuse. An exclusive focus on elderly persons or on perpetrators will continue to result in ineffective interventions that leave many elderly people vulnerable. It should be noted that a tendency to focus exclusively on the elderly person may be driven by statutory codes that compel APS to focus exclusively on the needs and safety of the elderly person. At the same time, when law enforcement and prosecution become involved, their primary focus tends to be the perpetrator. Both perspectives miss critical details needed to appropriately respond to elder abuse. Only by understanding the perspectives and characteristics of each participant can we truly understand elder maltreatment. Therefore, we strongly urge the research community and practitioners to eschew the tendency to focus on the elderly victim and rather to view elder maltreatment in terms of dyadic relationships.

Thus far, two important conclusions arise from these analyses. First, the maltreatment of elderly persons differs by type of abuse, and second, the maltreatment of elderly persons involves a relationship, the nature of which plays a critical role in the occurrence of the abuse. These conclusions have important implications for theory development pertaining to the maltreatment of elderly persons. Therefore, we have developed a theory for each type of

maltreatment examined in this study that tries to account for the behavior of both the elder and the perpetrator. These theories have yet to be tested, but their articulation is intended to begin the process of improving our theory-based understanding of this behavior.

Elderly persons who experienced financial exploitation (both PFE and HFE) lost a considerable amount of money and assets. In total, they lost \$4.6 million, or an average loss of \$87,967 per elderly person. In 17% of these cases, a power of attorney was misused to financially exploit the elderly person, resulting in a total loss of \$432,000, or an average loss of \$48,000 per elderly person. Most (86%) of these elderly persons did not recover any of their lost funds or assets.

We also found that victims and perpetrators involved in pure financial exploitation (PFE) appear to be a more heterogeneous group compared to the elderly victims of other forms of elder maltreatment, making identification and intervention more challenging. We also learned that APS caseworkers perceive financial exploitation cases as more difficult to investigate than physical abuse or neglect cases. Caseworkers explained that financial exploitation cases take longer to investigate, require evidence that is harder to produce, and the financial institutions and elderly victims involved are often uncooperative. In addition, APS caseworkers perceived that officials in the criminal justice system (law enforcement, prosecutors) were unhelpful to them in investigating elder abuse, in general, and financial exploitation in particular. For example, 72% of APS caseworkers believed prosecutors are even less helpful and willing to take up their cases when financial exploitation is involved compared to physical abuse or neglect cases. These expectations of a lack of response are likely to result in a

vicious cycle of APS caseworkers referring even fewer of their cases to prosecutors, particularly those involving financial exploitation. In turn, this is likely to result in prosecutors concluding that the maltreatment of elderly persons, particularly financial exploitation, is not an issue in their jurisdiction because they never receive referrals involving these types of cases. A small pilot study of prosecutors revealed that indeed many prosecutors find elder abuse cases more difficult to prosecute than other types of crime, with financial exploitation being the second most difficult type of elder maltreatment to prosecute (following neglect cases). The result of this miscommunication between APS caseworkers and officials in the criminal justice system is that financial exploitation cases are less likely to be vigorously pursued by APS. For example, if both financial exploitation and physical abuse of an elderly person was occurring, APS caseworkers might focus on physical abuse in their investigations and base any determination of maltreatment on them instead of financial exploitation knowing physical abuse is easier to investigate and confirm and that assistance from criminal justice officials will be more forthcoming. If APS, the primary entity charged with preventing, responding to, and remedying the abuse of elderly persons, does not pursue a case, it is unlikely to receive attention from any other entity, particularly by prosecutors. Thus, we concluded that financial exploitation is underinvestigated and poorly redressed. One potential solution offered by prosecutors was the establishment and use of multidisciplinary teams to promote and facilitate collaboration among APS caseworkers, law enforcement officials, and prosecutors. Resulting improved communication and coordination may also enhance the willingness of victims of elder

maltreatment to cooperate with investigations and support the implementation of remedial measures, including prosecution where appropriate.

However, most elderly persons did not want law enforcement or prosecutors (63% and 74%, respectively) involved in their case. Physically abused elderly persons, however, were more likely to call the police for assistance during an abusive situation, although they often attempted to recant their complaint after the situation was defused. Nevertheless, once contacted, police were reluctant to drop the charges. Even though the elderly victims did not want their perpetrator prosecuted, the case was likely to be prosecuted, with physical abuse cases significantly more likely to be prosecuted than other types of abuse. Another dynamic playing a role in the occurrence of prosecution was family or friend support, with prosecution more likely when the elderly person had strong family or friend support to encourage the elderly person to pursue prosecution. It was also found that an elderly person's preference for prosecution was associated with actual prosecution, suggesting that victim cooperation is a key factor in prosecutors' decisions to pursue these cases. This finding is consistent with our prosecutor pilot results as well, indicating that a number of variables indicative of victim cooperation (e.g., ability to testify, the elderly person pressed charges) were important to prosecutors' decisions regarding whether to pursue prosecution.

Finally, while the APS caseworkers we interviewed were clearly dedicated and hard-working individuals who sincerely and in good faith wanted to improve the lives of their clients, one of the apparent impediments to a better societal response to this abuse is that the goals and perceptions of the elderly person may differ from that of the

APS caseworker. Perceptions can differ regarding the elderly person's initiative at stopping their own abuse, the nature of the relationship between the perpetrator and the elderly person, the causes of the abuse, and what constituted a satisfactory outcome for the elderly person. We hypothesized that differences in perspective between elderly victims and APS caseworkers might impact the outcome of the case. In cases in which the perceptions of elderly persons and APS caseworkers diverged regarding the causes of the perpetrator's behavior (e.g., the perpetrator is a bum vs. the perpetrator has a mental illness), the resolution of a case was less likely to be successful and ultimately the abuse continued. This suggests that differences in perceptions have an impact on the ability of APS caseworkers to effectively intervene in elder abuse. Reconciling these perceptions can enhance the likelihood of effective interventions.

Implications and Recommendations

Results of this study indicate the need for greater training for APS caseworkers, law enforcement officials, and prosecutors, with implications for elderly victims.

Greater work is needed in the development of training tools for APS caseworkers as many felt their ability to handle financial exploitation was inadequate (see also Choi et al., 1999; Malks, Buckmaster & Cunningham, 2003; Price & Fox, 1997; Setterlund et al., 2007). Furthermore, research on how to foster greater communication between APS caseworkers and prosecutors would facilitate both investigation of financial exploitation as well prosecution (Brandl, Dyer, Heisler, Otto, Stiegel & Thomas, 2007).

Additional work on prosecution also is desperately needed. Elder abuse is widely believed to be underprosecuted, and yet little is known about this phenomenon.

Research needs to better understand prosecution barriers and facilitators. As noted by Ulrey (2010), there are always barriers to prosecuting elder maltreatment, but none that education cannot correct. Research on the development and use of multidisciplinary teams may prove very useful in this respect. While our results indicated that prosecutors still rely on victim cooperation in deciding whether to pursue prosecution, more education on evidence-based prosecution is needed.

Virginia recently enacted the Uniform Power of Attorney statute (Va Code § 26-72 (2010)) as advocated by Stiegel and VanCleave Klem (2008). Law enforcement training in understanding this statute will be necessary. In addition, it appears that law enforcement training in interviewing and communicating with elderly people is also in order (NDAA, 2003). Finally, law enforcement officials would likely benefit from engaging in a multidisciplinary team approach to investigating elder maltreatment.

As we saw, victim's desire for law enforcement and for prosecution was related to actual prosecution, suggesting that victim cooperation is important in prosecutors' decisions to pursue prosecution. While we are in favor of evidence-based prosecution, methods designed to encourage elderly people to participate in prosecution also are needed. Based loosely on our results, and the work of others, it may be that victim cooperation can be enhanced through a multidisciplinary approach in which APS caseworkers provide the social support elderly victims need while law enforcement officials simultaneously gather evidence. While we are confident this approach holds merit, it has yet to be empirically tested. Furthermore, limited research indicates that approaching elderly victims about prosecution from the perspective of gaining access to

services for perpetrators is a valuable approach and also deserving of empirical attention (Bergeron, 2007; Brownell, 1998; Korbin, Anetzberger, Thomasson & Austin, 1991).

APS has a social services perspective and the criminal justice system has an offender accountability focus. We would like to suggest that neither of these approaches is satisfactory. Our results strongly indicate the need to respond differently to different forms of abuse in order to effectively intervene, taking into consideration both the elder and the perpetrator. Because our theories of maltreatment differ by type of maltreatment, it naturally follows that the interventions (which should be built on theories) should differ as well, taking into consideration the needs of both elderly people and their perpetrators. Services for perpetrators must be part of any intervention designed to stop elder maltreatment (Nordstrom, 2005). These interventions must be subjected to evaluation, including an assessment of potentially harmful consequences of interventions (Lithwick, Beaulieu, Gravel & Straka, 1999; Wright, 2010). Currently, even rudimentary variables are not captured by APS departments and there is no way to determine whether APS is effectively intervening in the lives of elderly people (Wolfe, 2003; Teaster et al., 2006). Therefore, we also would like to challenge adult protective services (and other governmental agencies) to develop systems of data collection that accommodate the collection of outcome data (including perpetrator outcomes) that would facilitate evaluations of APS - and other - interventions. We are encouraged that the Bureau of Justice Statistics has recently

released a solicitation to address this problem (see *2010 Assessment of Administrative Data on Elder Abuse, Maltreatment, and Neglect Solicitation*, OMB No. 1121-0329).

Future Research

To validate these findings, this research will need to be replicated. Several areas of fruitful endeavor include greater theoretical development and testing of theories to gain a better understanding of elder abuse. Furthermore, theory development should form the foundation for the development of effective interventions (Ansello, 1996; Lithwick, Beaulieu, Gravel & Straka, 1999) which should be subjected to evaluation. There is an urgent need to study elderly victims and perpetrators more deeply and over time to understand the development and life course of elder abuse. One of the most interesting findings from the study was related to the distinction between pure financial exploitation (PFE) and hybrid financial exploitation (HFE). While these findings are promising, much greater development of this concept is needed. Much more work is needed to understand how divergent perspectives impact case outcomes, and whether there are methods APS caseworkers could use to persuade elderly people to change their perspective without alienating them. As our study likely underestimated the impact of dementia on elder maltreatment, we encourage more work in this arena to understand this association. Although controversial, we encourage the field to undertake the study the behavior and motivations of perpetrators of elder maltreatment.

Chapter 1

Introduction

Project Goals and Objectives

The purpose of this research was to explore, in comparison to other forms of elder abuse, the nature and dynamics of financial exploitation of the elderly, associated risk factors, and society's responses to this abuse. To accomplish these goals, a series of cases reported to Adult Protective Services (APS) were examined. These cases were explored by triangulating the information obtained from interviewing three different individuals about a given case: (1) the caseworker from APS that managed the reported case, (2) the person who had been reported to have experienced elder abuse (pursuant to Va. Code § 63.2-1605 (2005), to qualify for APS services, these victims had to be age 60 or older), and, (3) where they were available, a non-offending third party who knew the elder at the time of the APS response to the report of elder abuse (e.g., the elder's domestic partner, care provider, friend, or family member).

To adequately assess the nature and dynamics of financial exploitation, associated risk factors, and responses to elder abuse, four groups of reported victims of elder abuse were compared: (1) elder persons whose abuse consisted solely of financial abuse, (2) elder persons whose abuse consisted solely of physical abuse (excluding sexual abuse), (3) elder persons whose abuse consisted solely of neglect by another individual (excluding self-neglect), and (4) elder persons whose abuse consisted of co-occurring financial exploitation and physical abuse and/or neglect (i.e., hybrid financial exploitation (HFE)).

The specific goals of this proposed research were to:

- (1) Determine unique aspects of financial exploitation as compared to other forms of elder maltreatment, including risk factors, reporting, investigation, and case outcomes;
- (2) Determine the degree of congruence between the perceptions of victims of elder maltreatment and APS caseworkers regarding these cases;
- (3) Develop recommendations based on these findings for addressing the financial abuse of the elderly.

The objective of this research is to supply systematically-generated, reliable empirical information regarding (1) factors that contribute to or are associated with the financial abuse of people as opposed to other forms of elder abuse, (2) what triggers and promotes the reporting of this abuse, (3) what facilitates and limits investigations of this abuse, (4) what steps are taken in response to reports of this abuse and the perceptions of the effectiveness of these responses, and (5) how society's efforts to prevent and ameliorate this abuse can be enhanced.

Societal awareness of financial exploitation of elderly people is a relatively recent phenomenon and relevant empirical data are scarce. Because of the significant number of elder persons in society and the expected continued dramatic increase in this population, the anticipated continuing growth in the wealth of the elderly, their potential vulnerability to financial abuse, and the devastating impact of financial abuse on them, a greater understanding of and an improved societal response to the financial abuse of elderly people is vital.

Review of Relevant Literature

Elder abuse is “increasingly viewed as the least recognized, least understood, and least addressed area of family violence in our society” (Rathbone-McCuan, 2000, p. 220). Elder abuse, at least to some degree, has probably always existed. Only in the past few decades, however, has it been recognized as a major societal problem. Current concern about elder abuse followed society’s “discovery” of child abuse in the ‘60s and spouse abuse in the ‘70s (Hafemeister, 2003). Today, elder abuse is widely characterized as both a pervasive problem and a growing concern (Bonnie & Wallace, 2003; Dessin, 2000; Heisler, 2000; Moskowitz, 1998b).

There is great variability in the definition of financial abuse of elderly people employed by the various states and by researchers (Hafemeister, 2003; Moskowitz, 1998). The definition adopted for this study is derived from The National Center on Elder Abuse in conjunction with its national elder abuse incidence study in which it defined financial exploitation as the “illegal or improper use of an elder’s funds, property, or assets” (NCEA, 1998, p. 3-3). Examples provided included cashing checks without authorization or permission, forging an older person’s signature, misusing or stealing an older persons money or possessions, coercing or deceiving an older person into signing a document (e.g., a contract or a will), and the improper use of a conservatorship or a guardianship, or a power of attorney. In this study we focus on domestic elder abuse rather than institutional elder abuse in part because of its greater prevalence, the lack of attention and research devoted to it, and the relatively unique nature of its dynamics (Kosberg & Nahmias, 1996; Marshall, Benton, & Brazier, 2000;

Moskowitz, 1998b; Teaster et al., 2006). For example, it has been estimated that 80% of the dependent elderly people in this country are cared for at home (NCEA, 1996) and, further, it is believed that individuals who abuse elderly people are much more likely to be family members (NCEA, 1996).

Estimates of the prevalence of elder abuse vary considerably (Dessin, 2000; Marshall, Benton & Brazier, 2000; Coker & Little, 1997; U.S. Congress, 1991). The National Research Council recently concluded that, based on the best available estimates, between 1 and 2 million Americans 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection (Bonnie & Wallace, 2003). Another report estimates that nearly a half million persons aged 60 and over in domestic settings are abused or neglected each year, with financial abuse occurring in 30% of these cases (NCEA, 1998).

Despite wide-spread efforts by the states to mandate or encourage the reporting of elder abuse, there is a broad consensus that elder abuse is underreported (Choi & Mayer, 2000; Cohen, Levin, Gagin & Friedman, 2007; Dessin, 2000; GAO, 1991; Kleinschmidt, 1997; Moskowitz, 1998b; NCEA, 1996, 1998). It has, however, been concluded that state agencies established to receive reports of elder abuse—such as Adult Protective Services (APS) agencies—receive reports of the most visible occurrences of elder abuse and that the characteristics of victims reported to APS generally resemble the characteristics of unreported victims (NCEA, 1998). The number of APS elder abuse reports has substantially increased in recent years, an increase that exceeded the growth in the elderly population during this period (NCEA, 1998).

The prevalence of financial exploitation of the elderly. A frequent form of elder abuse is financial abuse (Hafemeister, 2003). The prevalence of financial abuse of elderly people (like elder abuse in general) is difficult to estimate because there is no national reporting mechanism to record and analyze it, cases often are not reported, definitions vary, and detection is difficult (Deem, 2000). Nevertheless, the consensus is that it is a significant problem (Dessin, 2000) and is both sufficiently important to necessitate its inclusion in studies of elder abuse in general and sufficiently distinct to justify addressing it as a separate category of elder abuse (Choi & Mayer, 2000).

Estimates vary considerably regarding the incidence and prevalence of financial exploitation. A recent nationally representative study found that 3.5% of the sample studied experienced financial exploitation by a family member (Laumann, Leitsch, & Waite, 2008). Another study found that financial abuse accounted nationally for about 12% of all substantiated elder abuse reports (NCEA, 2000; Zimka, 1997). However, a comprehensive 1996 study found that, financial abuse appeared in 30% of the substantiated elder abuse reports (excluding reports of self-neglect) submitted to APS agencies nationwide (NCEA, 1998). This represented the third largest category of reports, less than neglect (49%) and emotional or psychological abuse (35%), but more than physical abuse (26%). A national survey in Canada found that financial abuse was the most common type of elder abuse in that country (Podnieks, 1992). Research has also found that financial exploitation was the most commonly reported abuse in samples of Korean immigrant and Black elderly people in the United States (Hall, 1999; Moon, 1999).

Some parts of the country report an even greater prevalence of financial abuse (although this may be due in part to the employment of different definitions and assessments of financial exploitation) (Lavrisha, 1997). Financial exploitation has been reported to be the most frequent form of perpetrator-related elder abuse in Illinois (Neale et al., 1996) and Oregon (U.S. Congress, 2000). It has been asserted that half of all abuse cases in New York State include financial exploitation and that in New York City 63% of abuse cases involve financial exploitation (DOL, 2000), while a study of APS reports in up-state New York (1992 to 1997) that led to state intervention found that financial exploitation was present in 38% of the cases (Choi & Mayer, 2000). A study in Massachusetts found that almost one-half of the cases of elder abuse serious enough to require reporting to a district attorney involved financial exploitation (Dessin, 2000). A review of California reports from 1987 found that fiduciary abuse was the most prevalent type of exploitation and appeared in 42% of the cases, with the next most prevalent type of exploitation being physical abuse, which appeared in 33% of the cases (County Welfare Directors Association, 1988). In their review of older studies, Wilber and Reynolds (1996) determined that between 33% and 53% of elder abuse victims experienced financial abuse. At the same time, it is generally believed that financial abuse is particularly likely to be underreported (Coker & Little, 1997; Hwang, 1996; Wilber & Reynolds, 1996).

It has been asserted that financial abuse often occurs in conjunction with other forms of elder abuse (Choi, Kulick & Mayer, 1999; County Welfare Directors Association, 1988; NCFV, 2001; Paris et al., 1995; US Congress, 1981). Choi, Kulick and Mayer (1999),

in a study of one county's investigated APS reports found that caregiver neglect also occurred in 12% of the financial exploitation cases, self-neglect in 6%, physical abuse in 5%, and psychological abuse in 4%. In a later analysis, Choi and Mayer (2000) found that 34% of a county's investigated reports involved financial exploitation plus either neglect or physical abuse, while 38% of them involved solely financial exploitation. Bond, Cuddy, Dixon, Duncan & Smith (1999) reported that at an Elder Abuse Resource Center, 59% of the cases had "elements" of financial exploitation. However, they found in their sample of incompetent adults that 22% of the cases could be characterized as hybrid (i.e., financial exploitation and another form of abuse). When the perpetrator was an adult child, that number jumped to 36% (with 64% of the cases involving pure financial exploitation).

The impact of financial exploitation on the elderly. One of the most frightening scenarios for an elder person is the possibility of financial ruin (Dessin, 2000). Losing assets accumulated over a lifetime, often through hard work and deprivation, can be devastating, with significant practical and psychological consequences (Dessin, 2000; Nerenberg, 2000b; Smith, 1999). Financial abuse can have as significant an adverse impact for an elder person as a violent crime (Deem, 2000) or physical abuse (Dessin, 2000).

Replacing lost assets is generally not a viable option for retired individuals or individuals with physical or mental disabilities (Coker & Little, 1997; Dessin, 2000; Moskowitz, 1998b; Nerenberg, 2000b). Because of their age, elderly people will have less time to recoup their losses and often are dependent upon their savings to meet

their expenses and needs (Smith, 1999). Further, a depletion of assets may result in a loss of independence and security for the elder person (Choi, Kulick, & Mayer, 1999; Nerenberg, 2000b), which can have significant symbolic and practical ramifications. Such abuse may necessitate that the elder person become dependent upon family members, inducing or adding to the financial burden and stress experienced by these family members (Coker & Little, 1997). Alternatively, financial abuse may result in elder persons becoming dependent on social welfare agencies and result in a decline in their quality of life (Coker & Little, 1997).

From a psychological perspective, a loss of trust in others may be the most common consequence of financial abuse (Deem, 2000). Moreover, victims may become very fearful, both of crime and of their vulnerability to crime, which in turn may lead to dramatic changes in lifestyle and emotional well-being (Fielo, 1987). Victims may also experience a loss of confidence in their own financial abilities, stress, and isolation from family or friends (Deem, 2000), as well as depression or even suicide (Nerenberg, 2000b; Podnieks, 1992).

Why elder persons are targets for financial exploitation. Although empirical support is often not provided, many reasons have been identified as to why elderly people are targeted for financial abuse. One widely cited factor is that elder persons possess a large proportion of the nation's wealth (CCLS, 2001; NCPEA, 2001), with 70% of all funds deposited in financial institutions controlled by persons age 65 and older (Dessin, 2000). Other explanations given are that older people may be more trusting than their younger counterparts (CCLS, 2001) or may be relatively unsophisticated about

financial matters, particularly when they are unfamiliar with advances in technology that have made managing finances more complicated (NCPEA, 2001; Martin,). Also, they may not realize the value of their assets—particularly homes that have appreciated greatly in value (CCLS, 2001; NCPEA, 2001).

Another explanation given is that elder persons may be easily identifiable and are presumed vulnerable (CCLS, 2001). Additionally, elder persons may be more likely to have conditions or disabilities that make them easy targets for financial abuse including forgetfulness or other cognitive impairments (CCLS, 2001; Choi & Mayer, 2000). Elder persons may also have a diminished capacity to rationally evaluate proposed courses of action (Dessin, 2000).

A third set of factors focuses on the social isolation that elderly people may experience (Quinn, 2000). For example, elder persons may be more likely to have disabilities that make them dependent on others for help. These "helpers" may have ready access to elder persons' assets, documents, or financial information or be able to exercise significant influence over the elder person (NCPEA, 2001; Nerenberg, 2000b; Quinn, 2000). Additionally, seniors may be isolated due to their lack of mobility or because they live alone, which shields perpetrators from scrutiny and insulates victims from those who can help (Dessin, 2000; Nerenberg, 2000b). Also, elderly people may be lonely and desire companionship and thus be susceptible to persons seeking to take advantage of them (Hwang, 1996).

A fourth group of reasons suggests that perpetrators of financial exploitation assume that financial abuse of elderly people is unlikely to result in apprehension or

repercussions. They may believe that elder persons are less likely to report abuse or take action against perpetrators, particularly if the perpetrators are family members or other trusted individuals (CCLS, 2001; Hwang, 1996; NCPEA, 2001). Also, the elder person may be afraid or embarrassed to ask for help or be intimidated by the abuser (Hwang, 1996). Perpetrators may also surmise that older people in very poor health may not be capable of or survive long enough to pursue or assist lengthy legal interventions (CCLS, 2001; NCPEA, 2001) or that they will not make convincing witnesses (NCPEA, 2001).

A fifth set of explanations focuses on the nature of the relationship between the elder person and the perpetrator. The perpetrator, and sometimes the elder person, may feel that the perpetrator has some entitlement to the elder person's assets (Dessin, 2000). Elder persons may want to benefit their heirs or compensate those who provided them with care, affection, or attention, while perpetrators may feel their actions are justified because they are entitled to compensation for their efforts on behalf of the elder person or believe that they will ultimately inherit or otherwise receive these assets anyway (Dessin, 2000; Langan & Means, 1996).

Also, conduct that began as a good faith effort to promote the elder person's best interests may become abusive over time. For example, perpetrators may have initially provided helpful advice regarding financial investments but took on greater control and ultimately misappropriated funds for themselves as the elder person's cognitive abilities declined (Dessin, 2000). Indeed, typically financial abuse in a domestic setting reflects a pattern of behavior rather than a single event and occurs

over a lengthy period of time (NCFV, 2001; Wilber & Reynolds, 1996).

Finally, the cultural context may play a role (Hudson & Carlson, 1999; Moon, 2000; Nerenberg, 2000a; Sanchez, 1996; Tatara, 1999; Wolf, 2000). For example, within a given culture there may be expectations that elderly people will share their resources with family members in need even though the elder person has not authorized or otherwise acknowledged this allocation of resources (Brown, 1999; Moon, 2000; Nerenberg, 2000a).

Risk factors and characteristics of victims of financial exploitation. A number of conditions or factors have been identified as increasing the likelihood that an older person will be the victim of financial abuse in a domestic setting. However, there has also been limited systematic research on this issue. The widely cited profile of a “target” for financial abuse is generally a white woman over 75 who is living alone (Bernatz, Aziz, & Mosqueda, 2001; Choi, Kulick, & Mayer, 1999; Coker & Little, 1997; Rush & Lank, 2000; Tueth, 2000). A national study found that 63% of the APS reports from 1996 involved victims that were women, which was somewhat more than their proportion of the elder population at that time (58%) (NCEA, 1998). However, when relying on the reports of the study’s “sentinels,” which were asserted to be more comprehensive in part because they encompassed unreported incidents, this study concluded that 92% of the victims of financial abuse of elderly people were women, the highest percentage for any form of elder abuse (the next highest was 83% of the victims of physical abuse) (NCEA, 1998). This study also found that the targets of financial abuse tended to be the oldest of the elderly, with 48% of the substantiated APS reports

and 25% of the sentinel reports involving victims 80 years of age or older, even though they only comprised 19% of the total elder population (NCEA, 1998). Finally, the report found that 83% of the substantiated APS reports and 92% of the sentinel reports of financial abuse involved white victims, with white elderly people comprising 84% of the national population of older persons in 1996 when the study was conducted (NCEA, 1998).

Another set of identified risk factors focuses on the social status of the elder person. These risk factors include an elder person's social isolation, loneliness, and recent loss of loved ones (Bernatz, Aziz, & Mosqueda, 2001; Choi & Mayer, 2000; Hwang, 1996; NCPEA, 2001; Podnieks, 1992; Quinn, 2000; Tueth, 2000; Wilber & Reynolds, 1996). Having family members who are unemployed or who have substance abuse problems have also been identified as likely to increase the risk of elder financial abuse (NCPEA, 2001).

Alzheimer's affects over 5 million Americans and individuals with dementia are predicted to grow over the coming decades, with one in eight individuals ages 65 to 85 having a diagnosis Alzheimer's while that number jumps to one in two for elderly people ages 85 and older (Gingrich & Kerrey, 2009). Indeed, physical or mental disabilities of elderly persons have also been suggested as risk factors, including medical problems that limit their ability to understand and comprehend financial issues, as well as impairments that create dependency on others (Bernatz, Aziz, & Mosqueda, 2001; Choi, Kulick, & Mayer, 1999; Giordana et al., 1992; Hwang, 1996; NCPEA, 2001; Podnieks, 1992; Tueth, 2000; Wilber & Reynolds, 1996). However, it has been argued that the

extent to which older persons are vulnerable to financial abuse is more directly related to the circumstances in which they live than advanced age per se (Smith, 1999) and that age alone should not lead to a presumption of incapacity (Wilber & Reynolds, 1996).

Divergent models for addressing financial exploitation of the elderly. Societal attention to child abuse and intimate partner violence predated the increased attention given to elder abuse. The rising awareness of child abuse in the '60s and intimate partner violence in the '70s have been cited as triggering greater societal awareness of the existence of elder abuse (Dessin, 2000).

Preventive measures, systems to facilitate, process, and respond to reports of child abuse, and interventions intended to curtail or remedy child abuse provided frequent models for efforts to address elder abuse (Capezuti, Brush, & Lawson, 1997; Gilbert, 1986; Kapp, 1995; Macolini, 1995; Nerenberg, 2000a; Wolf, 2000). As statutes were already in place that mandated child abuse reports and established service systems to redress such abuse when the occurrence of elder abuse was confirmed, many states found it expedient to apply the same model to elder abuse as well (Anetzberger, 2000). One reason for using the same model is that child and elder abuse, whether physical or financial in nature, are difficult to detect because the victim may be reluctant or unable to report the abuse (Dessin, 2000), in part because the perpetrator is likely to be a family member (NCEA, 1996). Also, the victims of both forms of abuse are frequently perceived as particularly vulnerable or sympathetic and in need of society's protection (Wolf, 2000; Anetzberger, 2000). Nevertheless, although a state may achieve a certain degree of efficiency when it builds upon preexisting models and

service delivery systems there are important distinctions that may caution against a whole-scale adoption of a child abuse model (AARP, 1993; Anetzberger, 2000; Brandl, 2000; Hafemeister, 2003; Kapp, 1995; Kleinschmidt, 1997; Macolini, 1995; Vinton, 1991; Wolf, 2000), particularly when addressing the financial abuse of the elderly.

Some commentators argue that an intimate partner violence model is better suited for crafting responses to elder abuse (Bergeron, 2001; Macolini, 1995; Pillemer, 2005; Pillemer & Finkelhor, 1988). However, financial abuse of elderly people may represent a sufficiently distinct form of abuse that caution should likewise be exercised before applying an intimate partner violence model to address it (Hafemeister, 2003; Kleinschmidt, 1997). Virtually no empirical exploration has been conducted of whether a child abuse model, an intimate partner violence model, or some other model best describes elder abuse in general and financial abuse of elderly people in particular, and provides the best foundation for crafting society's response. For a description of various theoretical models used to understand elder abuse, see Ansello (2001) and Wilber and McNeilly (2001).

The role of adult protective services agencies. All states have enacted elder abuse prevention laws and have established systems for the reporting and investigation of elder abuse, and for responding to confirmed cases of elder abuse. Generally APS agencies are responsible for these activities (AoA, 2004). At same time, although virtually all states specifically mention financial abuse in their reporting statutes (Moskowitz, 1998b; Roby & Sullivan, 2000), they often do not establish special procedures for reporting and responding to reports of financial abuse.

States typically provide good faith immunity to the reporter of elder abuse, regardless of whether the occurrence of abuse is confirmed (Capezuti, Brush, & Lawson, 1997; Moskowitz, 1998a; Roby & Sullivan, 2000). In most states, professionals who are required by law to file such reports when abuse is suspected (and as a result, are typically referred to as “mandated” reporters), and other reporters of abuse are also protected by “disclosure confidentiality” laws that prohibit the disclosure of the identity of the person who provided the report without that person’s written consent (Marshall, Benton, & Brazier, 2000; Moskowitz, 1998a). States vary as to when a report is required, with most states having a more stringent reporting standard for individuals having contact with elderly people in their professional capacity and a less stringent standard for everyone else (Roby & Sullivan, 2000).

Reports are generally routed to an agency authorized to initiate an investigation, with this investigation to be started and oftentimes concluded within a specified time period (Moskowitz, 1998b; Roby & Sullivan, 2000). If the agency that received the report is not a law enforcement agency, it may be required to turn the matter over to a criminal justice agency under specified circumstances (e.g., if it determines that a crime might have been committed, a death or serious bodily harm resulted), although some states require that a competent victim must authorize referral to a law enforcement agency (Henningsen, 2001; Roby & Sullivan, 2000).

In addition, typically an agency is empowered to coordinate the provision of services for elderly people determined to be at risk and to intervene to protect endangered individuals (Moskowitz, 1998b). All states have adopted some form of

"adult protective services law" that enables state agencies to offer remedies to victims of elder abuse (AARP, 2001) and each state generally has an APS agency charged with preventing and addressing problems elderly people may face (Dessin, 2000). These agencies focus on maintaining a system for receiving reports of maltreatment, investigating cases, and providing protection or assistance to the elder person rather than punishing the perpetrator (Moskowitz, 1998b; Otto, 2000; Roby & Sullivan, 2000). They generally can take steps to protect the elder person from further abuse, including obtaining protective orders or initiating guardianship or conservatorship proceedings to protect the elder person or place the elder person's assets in the hands of a guardian or conservator (Capezuti, Brush, & Lawson, 1997; Dessin, 2000; Karp & Wood, 2007).

A number of potential impediments to responding to reported financial abuse of elderly people have been identified. They include the reluctance of elder victims to report abuse, assist investigations, or provide testimony against perpetrators; difficulties in determining whether financial transactions were conducted with the consent of the elder person or reflected misrepresentation, coercion, or duress; a lack of education and training for agency staff to enable them to competently and effectively pursue reports of financial abuse; and an inability, including a lack of resources, to promote a coordinated and timely response to such abuse (Beck & Phillips, 1984; Hafemeister, 2003).

Chapter 2

Method

Design

This study examined four forms of elder abuse by using a series of triangulated semi-structured interviews with arguably the most germane, pivotal, and knowledgeable key informants regarding elder abuse in general and financial abuse of elderly people in particular, namely, 1) the APS caseworker charged with investigating this abuse, 2) the victim of this abuse (i.e., the elder), and, 3) where available, a third person unrelated to the incident of abuse who knows the elder relatively well (referred to hereafter as a “third party observer”). What little research that has been conducted on elder abuse has tended to rely on reviews of a relatively small sample of APS case files, but it has been recognized that these files tend to provide an unreliable and incomplete information source that is often not responsive to many related research questions (Hafemeister, 2003; Langan & Means, 1996). The triangulated interviews of multiple key informants used in this study remedies this deficiency.

Another relatively unique aspect of this study is that information about the abuse and the APS response to the abuse was obtained directly from the victimized elder person. There have been occasional studies that have interviewed elder persons about whether they have experienced elder abuse (see Comijis et al., 1998; Hightower, Hightower, & Smith, 2006; Walsh, Ploeg, Lohfeld, Horne, MacMillan & Lai, 2007; Zink, Regan, Jacobson, & Pabst, 2003), affirming that such interviews can be conducted. In general, it is particularly important to learn about the elderly persons’ perceptions of

the abuse, the investigation of this abuse, and the APS interventions undertaken on their behalf.

Because a significant percentage of the elderly population, particularly elderly persons who have experienced elder abuse, suffer from cognitive deficits such as forgetfulness (Choi & Mayer, 2000), it is also important to corroborate and sometimes supplement the information provided by the elder person. The APS caseworker charged with investigating a report of elder abuse and providing needed assistance to the elder can provide unique and valuable insights into the incident and subsequent events. But the caseworkers' opportunities to gain these insights may be limited, either because of their own busy schedule or their limited access to the elder. To supplement the caseworkers' insights, efforts were made in this study to also conduct a semi-structured interview with a relatively neutral third-party (i.e., the third party observer) who knew the elder and had at least some knowledge of the target incident, albeit not someone engaging in or associated with the abusive behavior. Contacting individuals who were in some way responsible for the abuse was deemed to carry with it an unacceptable risk for the elder.

Each set of interviews was linked to one report of elder abuse. Although in some cases the related "incident" occurred over a period of time, the abuse was part of an ongoing, relatively persistent pattern of conduct and was thus characterized by APS as involving a single "incident."

These triangulated interviews provided convergent and although sometimes contrasting perspectives on the dynamics of elder abuse in general and financial abuse

of elderly people in particular, the risk factors associated with this abuse, what facilitates and impedes the reporting of this abuse, and the nature of the investigations into and perceptions of the effectiveness of the responses to this abuse by APS and any other societal representatives involved (e.g., law enforcement officials and prosecutors).

Agency Participation

Subjects were recruited by contacting all APS agencies in Virginia and inviting them to participate in this study. Virginia employs a decentralized approach to the delivery of social services in general and thus there are 123 local social service agencies, each of which are responsible for fielding reports of elder abuse in their jurisdictions and generating an appropriate response. The overall response rate for agencies was 31% (see Table 1). Efforts to recruit APS caseworkers from within the various agencies involved an initial two-step process. First the Directors of each of the agencies were contacted. When Agency Directors granted their permission to conduct this research within their jurisdiction (five out of 123 Agency Directors expressly declined to participate citing that caseworkers were too busy to participate), then the APS caseworker supervisors within that jurisdiction were contacted and their support for this research project solicited. If an APS supervisor agreed to participate, the supervisor would contact the APS caseworkers under his or her purview to determine whether they, in turn, were willing to participate in this study. Because of their frequently heavy caseloads, APS caseworkers were not contacted directly, but rather participating APS

supervisors probed their availability and interest in participating.¹ The most common reason cited for nonparticipation by caseworkers was “No cases that fit the criteria.”

Table 1. Agency Participation by Region			
Region	Number of Agencies Per Region	Number of Agencies Participating (participation rate)	Number of Cases from Region
Eastern Region	23	6 (26%)	11
Western Region	23	12 (52%)	20
Piedmont Region	25	7 (28%)	19
Northern Region	25	8 (32%)	14
Central Region	27	5 (19%)	13
Total	123	38 (31%)	76

Participants

The participants in this study, drawn from across the Commonwealth of Virginia, were 1) 71 APS caseworkers (while 76 cases were referred to us, five cases were unfounded and dropped from further analyses), 2) 55 victims of elder abuse, and 3) 35 third-party observers. Demographic information regarding the study participants is presented in Table 2.

¹ According to Bonnie and Wallace (2003), APS has been characteristically reluctant to engage in research studies, especially those that involve interviews with elder victims and their families (p. 27). The concerns typically expressed are that such interviews will violate privacy rights, reservations regarding evaluation research, and a shortage of staff time to devote to research.

The interviewed APS caseworkers were on average 43 years of age (22 – 70 years), the majority being female (92%), had worked an average of 9 years as an APS caseworker, were relatively well educated, with 54% holding a college degree and 42% having a masters' degree (50% had a degree in social work), and were relatively experienced (holding their current position an average of 9 years (less than 1 year to 32 years). The only study with comparable data reported that caseworkers were on average 46.4 years of age (22 – 75 years), mostly female (76%), relatively well educated (49% held a BA degree), and relatively experienced (holding their current position an average of 9 years (1 mo – 35 years)) (Jogerst, Daly & Ingram, 2001), suggesting that the sample studied as part of this project was relatively representational of APS caseworkers in general with the exception of gender of caseworker.

To determine APS caseworkers' experience and familiarity with financial exploitation compared to the other types of elder abuse they frequently handle, caseworkers were asked what percentage of their elder abuse investigations consist of: (1) financial exploitation, (2) physical abuse, (3) neglect by another individual, or (4) self-neglect. As shown in Figure 1, self-neglect cases comprised just over half (58%) of their caseloads, followed by neglect (19%), financial exploitation (12%), and physical abuse (11%).² The relatively few cases involving financial exploitation suggest that caseworkers may have limited opportunity to develop substantial on-the-job expertise regarding financial exploitation. Furthermore, caseworkers estimated that about one

² We were only interested in cases relevant to our study (physical abuse, financial exploitation, and neglect) and therefore did not explore any cases involving sexual abuse, which comprised 1% of all substantiated APS cases in Virginia, psychological abuse (5%), or other non-financial forms of exploitation (2%) (VDSS, 2008).

half (49%) of their financial exploitation cases also involved neglect or physical abuse, which likely further limited their exposure to and expertise regarding financial exploitation as even in those cases where financial exploitation was raised, the caseworkers had to simultaneously deal with either neglect or physical abuse.

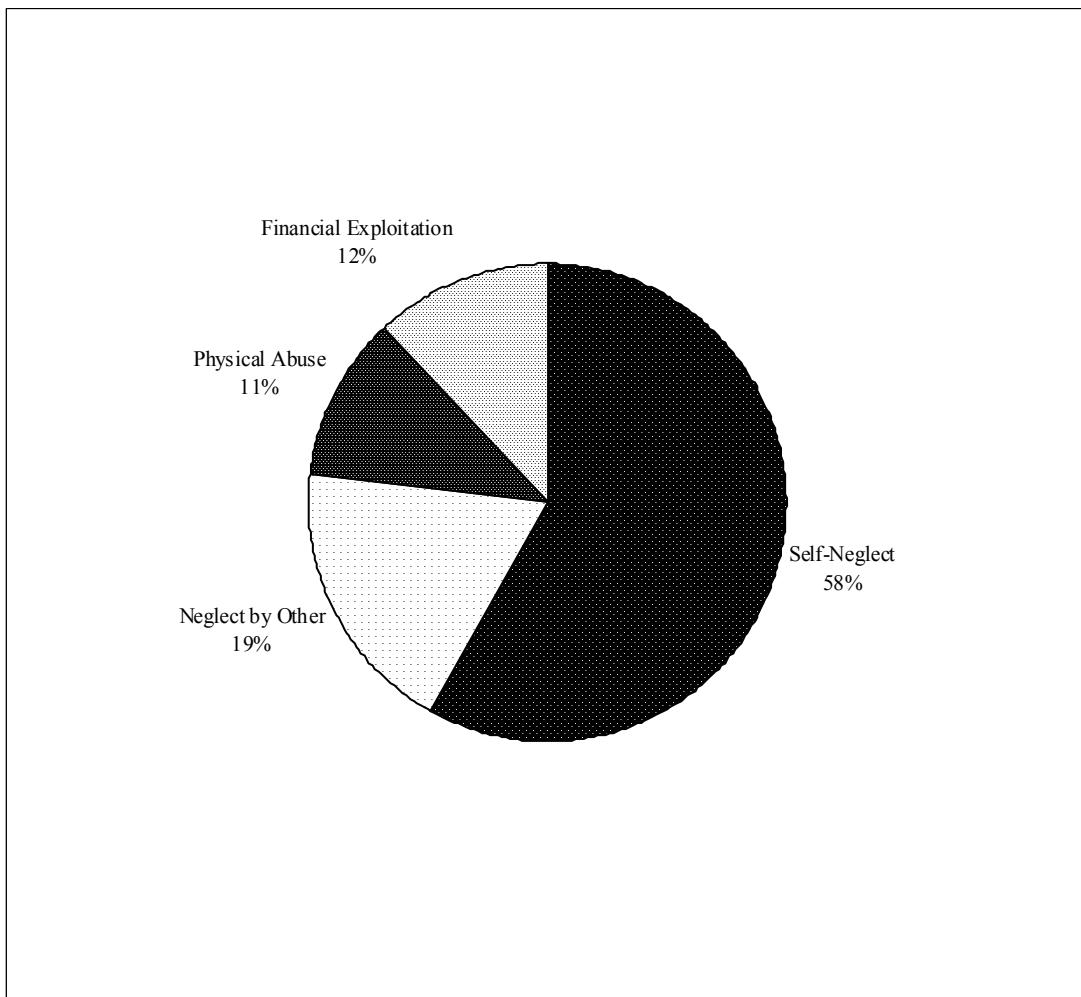


Figure 1. Percent of caseworker's caseload by type of abuse (excluding sexual abuse).

Elderly participants were on average 76 years of age, most (74%) were female, 81% were Caucasian, 56% had not graduated from high school, and 53% were a widow/widower. Demographic comparisons between our cases and data from the

Virginia Department of Social Services 2008 Report (VDSS, 2008) indicate that there were slightly more females and Caucasians in our study than in the state APS system. In the state APS system, 73% of elderly persons were Caucasian and 62% were female. However, statewide among all individuals 65 and older in the state of Virginia (12% of the population), 61.53% are female, 21% are in a minority category, 30% did not graduate from high school, and 33% are widowed (Perrone, 2008).

Finally, third-party observers were on average 55 years of age, about half were male (54%), and 64% were a relative of the elder. On average, third-party observers had known the elder for 43 years (range 1 – 72 years).

Table 2. Respondent Demographics

Respondent	Demographic	Frequency/Percent/Mean
APS Caseworkers	N	71
	Age	43 yrs (range 22-70 yrs)
	Education	
	No college	4%
	College degree	54%
	Masters/graduate	42%
Elderly Persons	Years as an APS caseworker	<u>M</u> = 9 yrs (range less than a year (6%) to 32 years)
	N	55
	Age	76 yrs (range 60 – 94 yrs)
	Race/Ethnicity	
	Caucasian	81%
	African American	19%

	Education	
	No high school degree	56%
	High school degree	23%
	Some college	9%
	College degree	12%
	Gender	
	Male	26%
	Female	74%
	Marital Status	
	Yes	21%
	No (divorced)	17%
	Widow/widower	53%
	Never married	9%
Third Party Observers	N	35
	Age	55 yrs (range 28 – 72 yrs)
	Gender	
	Male	56%
	Female	44%
	Relationship to Elder	
	Relative ³	64%
	Non-Relative ⁴	36%

In 46% of the cases we were able to interview the caseworker and the elder but not a third-party observer and in 30% of the cases we were able to obtain an interview with all three of these parties.

As summarized in Table 3, 38 confirmed cases of “pure” financial exploitation were studied, 8 cases of “pure” physical abuse, 9 cases of “pure” neglect (by other), and

³ Elder relatives included the elder’s brother, sister, cousin, daughter, granddaughter, grandson, nephew, niece, grand-nephew, and nonoffending son.

⁴ The elder’s nonrelatives included conservator, guardian, nanny when the adult was a child, PACT nurse, and professional caretaker.

16 hybrid financial exploitation cases, for a total of 71 cases.⁵ Regarding the make up of the 16 hybrid financial exploitation cases, there were 9 cases where financial exploitation plus neglect occurred, 6 cases where financial exploitation plus physical abuse occurred, and 1 case where financial exploitation, physical abuse, and neglect all occurred. In all of these confirmed cases the initial report of elder abuse had been determined to be founded.⁶

Table 3. Frequency of Type of Maltreatment

Type of Maltreatment	Frequency
Financial Exploitation	38
Physical Abuse	8
Neglect by Other	9
Hybrid Financial Exploitation	16
Total Substantiated Cases	71
Unfounded Cases (excluded from analyses)	5
Total Sample	76

Instrument: Semi-Structured Interview

Based on a review of the literature, a semi-structured interview instrument was developed specifically for this study (see Appendix J). The semi-structured interview was divided into five sections (Appendix A). The interview began with a request for a narrative about the target incident.⁷ This section was used to capture and explore the

⁵ We received 76 cases in total, but five cases were unfounded (3 HFE and 2 PFE). Because there are a variety of reasons for a finding of unfounded, these cases were excluded from all analyses.

⁶ After investigating a report of elder abuse, an APS caseworker must classify the report as either “founded” (i.e., that there was reliable evidence indicating that abuse had occurred) or “unfounded.” A finding that a report was “unfounded” does not necessarily mean that abuse had not occurred, only that there was insufficient evidence available to the caseworker to reach a “founded” determination.

⁷ Mullan, Ficklen and Rubin (2006) describe the importance of capturing narratives in the health care arena. We incorporated this concept in our study of elder abuse.

dynamics of the abuse and to examine qualitatively the differences in perceptions between APS caseworkers and elderly participants. In the second section, specific follow-up questions were asked about the case (e.g., case characteristics such as duration of abuse, relationship of the elder to the perpetrator, what caused the behavior). This section was used to identify the key characteristics of each case. In the third section of the interview, demographic and risk factor questions were asked regarding the elder, followed by similar questions addressing the abusive individual. In the fourth section, questions were asked about the APS investigation and response (e.g., Did the elder want APS to investigate the case? What services were offered to the elder? What was the disposition in the case?). And finally, questions were asked about the outcome of the case (e.g., Did the elder's living arrangement change? How did things turn out overall for the elder?).

Twelve comparable survey instruments were developed (4 types of abuse x 3 categories of informants). Because we wanted to compare the perceptions of APS caseworkers, elderly victims, and, when available, an uninvolved third-party observer, parallel interviews were conducted with each of these three categories of informants. Thus, the primary differences among the survey instruments were in the specific perspective explored (case worker vs. elder vs. third-party observer) and the type of abuse examined (financial exploitation vs. physical abuse vs. neglect vs. hybrid financial exploitation).

For example, when interviewing the elder person a question would read "Did you cooperate with the APS investigation?", but when interviewing the APS caseworker

or the third party observer the question would read “Did [name of elder person] cooperate with the APS investigation?”. Likewise, when the target incident was financial exploitation, questions were worded to specifically address financial exploitation, such as, “Did you know you were being financially exploited?” But when the target incident was physical abuse the comparable question would read “Did you know you were being physically abused?” With regard to response categories, when the target incident involved financial exploitation, the categories of possible financial exploitation posed to the interviewee included forgery, extortion, theft, etc. However, when the target incident was physical abuse, the categories of possible physical abuse posed to the informant included hitting with an object, burning, etc.

The instrument contained both closed questions and open-ended questions. The questions contained in the instruments did not exceed a sixth grade reading level (as indicated by the Microsoft Word software available for this task). A coding scheme for open-ended questions was devised post hoc by the principal investigators to capture in a systematic fashion the answers provided. To ensure uniformity, this coding scheme was employed by a single member of the project staff for all interviews. A master’s level research assistance was trained in the coding scheme and independently coded all interviews. Coding was then compared across coders, and the 8 instances of disagreement (10%) were resolved through re-review of the interview, conversation between the principal coders, and clarification of the coding scheme, until all discrepancies were reconciled.

Because elderly people may experience cognitive impairments⁸, to ensure the reliability of the information obtained from elderly participants, the elderly person's cognitive capacity was assessed in three ways. First, APS caseworkers were asked whether the elderly person had any cognitive impairments, with potential subjects eliminated if their capacity was impaired to such an extent that information provided should be considered unreliable. Second, the Assessment of Older Adults with Diminished Capacity instrument, developed by the American Bar Association and the American Psychological Association (American Bar Association Commission on Law and Aging and American Psychological Association, 2005; see also Appendix B) was employed. This measure assesses which of four levels of cognitive capacity are present, ranging from completely intact to completely impaired. The purpose of this assessment tool is to help lawyer's determine whether a person is able to make binding legal decisions. This form was completed for each elder interviewed (see Figure 2). Finally, a dementia variable was created based on the responses of the caseworker, the elder, or the third party observer that indicated whether the elder had received a diagnosis of dementia from a physician or the elder was taking medication to address dementia (see Figure 3).

⁸ Alzheimer's affects over 5 million Americans and individuals with dementia are predicted to grow over the coming decades (Gingrich & Kerrey, 2009). Currently, one in eight individuals ages 65 to 85 has Alzheimer's, while that number jumps to one in two ages 85 and older (Gingrich & Kerrey, 2009). Family care remains the most common method of eldercare, even for those with severe disabilities such as Alzheimer's disease. Elders suffer from difficult conditions and then are cared for by untrained, unskilled family members who cannot provide the care to adequately meet their loved one's needs. At least 70% of Alzheimer's sufferers live at home, with 75% of them receiving care from a family member, friend or neighbor (He, Sengupta, Velkoff, & DeBarros, 2005). Family members may simply lack the skills necessary to care for an elderly person, for example, elders with Alzheimer's (Coyne, 2001; Fryling, Summers & Hoffman, 2006; Given, Sherwood, & Given, 2008; Gordon & Brill, 2001). Educating caregivers about the course of dementia is essential to increasing their ability to cope with the disease (Hansberry, Chen & Gorbien, 2005).

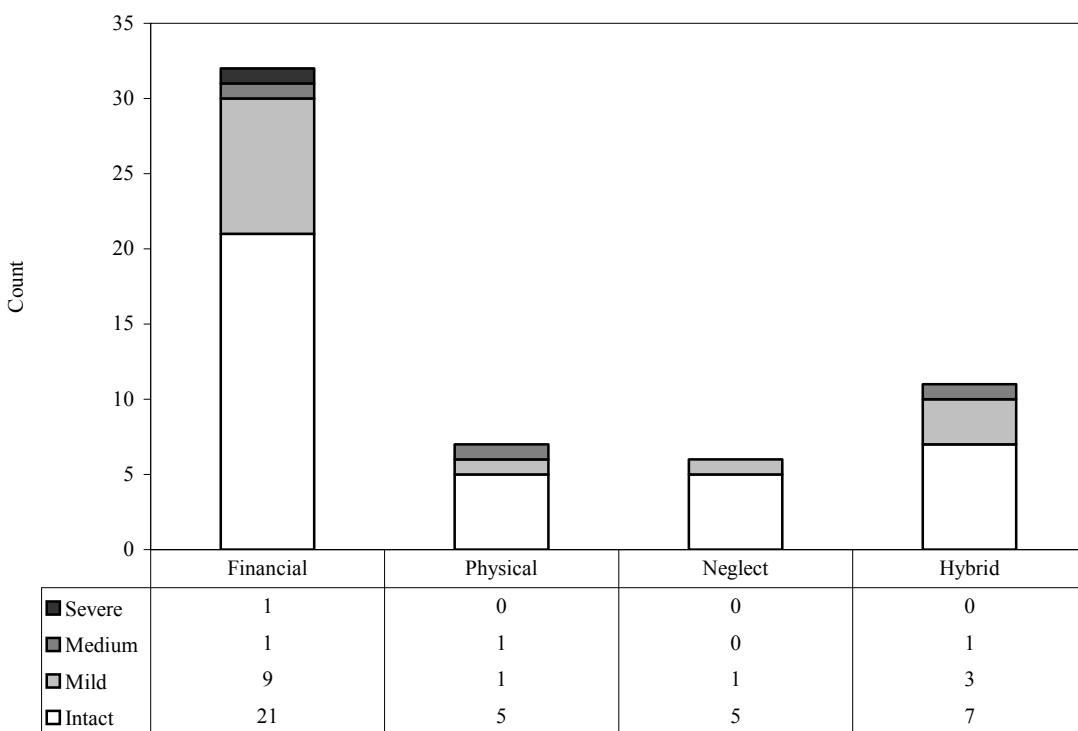


Figure 2. Capacity of victims by type of maltreatment.

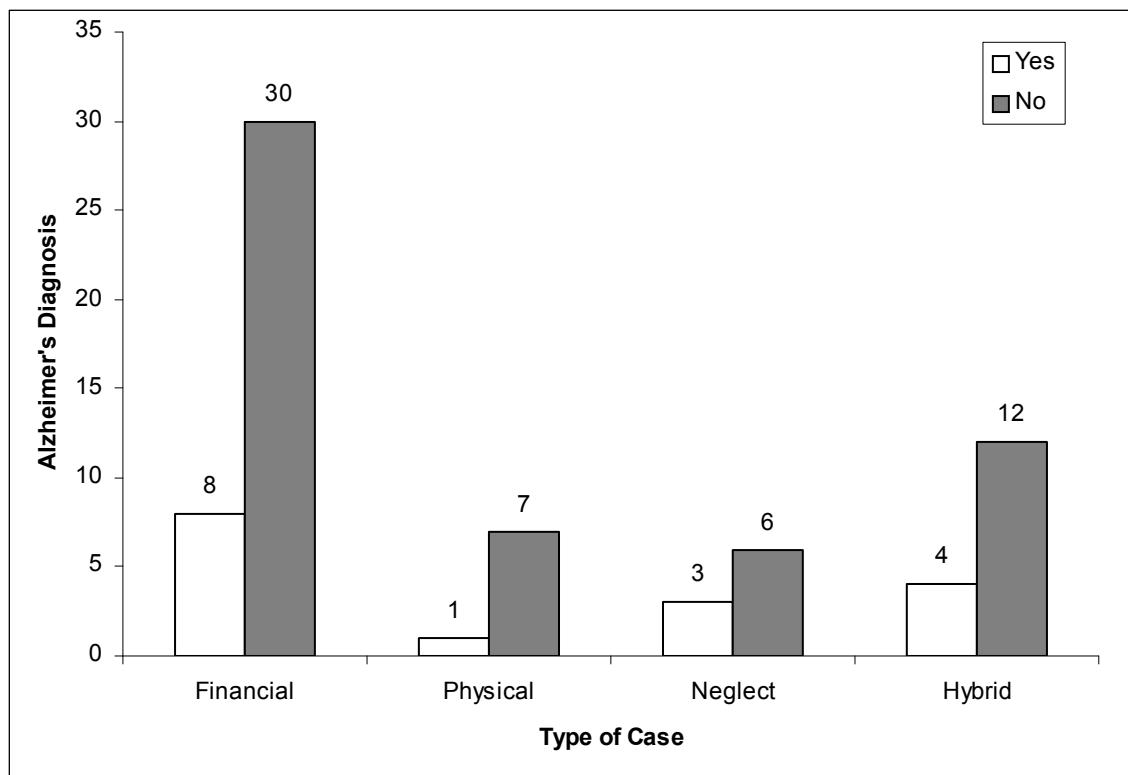


Figure 3. Dementia diagnosis by type of maltreatment.

Interviewers

Interviews were conducted by the two principal investigators (PIs). The two PIs conducted three interviews together and all other interviews separately.

Procedure

The design of this study built upon the cooperation of individuals at several levels. As an initial step, a letter of cooperation was obtained from the Virginia Department of Social Services (VDSS) providing us access to APS supervisors and caseworkers in each local social services agency across Virginia. Facilitated by the VDSS Program Manager, a letter was obtained from the VDSS Commissioner supporting this research, which in turn was used to encourage local agencies to participate in the study.

At the beginning of the recruitment of research participants in a given region, the project's Principal Investigator attended an APS coordinator's meetings to inform APS supervisors about the research, to answer any questions they might have about the project, and to seek their support. Rotating the 5 regions, a schedule was developed for contacting the 123 local agencies across Virginia. Every three weeks Agency Directors and APS caseworker supervisors in approximately 4 to 5 local offices would receive a letter from the VDSS Commissioner notifying them of this research project and encouraging their participation (see Appendix C). The project's Principal Investigator would then follow-up within a week, first contacting the Agency Directors to seek their permission to contact their APS Supervisors. If permission was granted, the APS supervisor was then contacted by the project's Principal Investigator and invited to participate. The APS supervisors in turn were asked to consult with their APS caseworkers in an effort to identify one case per caseworker with which the caseworker would assist us. Because of their heavy caseloads, caseworkers were only asked to identify a single case; although this rarely occurred, a caseworker could volunteer to identify and refer to us more than a single case.

The eligibility criteria for the selection of a case were as follows:

- The case involved one of the following types of abuse: a) financial exploitation; b) physical abuse; c) neglect by another person, or d) a hybrid financial exploitation case (i.e., financial exploitation and physical abuse, or financial exploitation and neglect). Cases of self-neglect were excluded because the study's focus was elder abuse attributable to individuals other than the elder. Cases of sexual abuse were

excluded because the literature indicates that such cases are relatively rare, unique, and distinct from other types of elder abuse. The type of case was generally determined by the APS caseworker's a priori categorization of the case made in conjunction with the caseworker's investigation of the reported abuse.⁹

- Under Virginia law (§ 63.2-1603¹⁰), "elder abuse" is limited to persons over the age of 59 at the time of the incident; thus the victim of the abuse had to be 60 or over when the abuse occurred to be included in this study.
- The elder person had to be living in his or her home or some other domestic setting (i.e., not in an institutional setting) at the time of the incident(s), although the elder could be living in an institutional setting at the time of the interview. Like many other researchers, institutional abuse and domestic abuse were differentiated because the dynamics in the two settings tend to be distinct, with our attention focused on the latter. In addition, the majority of abuse takes place in domestic settings (Teaster et al., 2006). In Virginia, 63% of elderly persons who were the subject of a report of abuse were living in their own residence at the time of the report (VDSS, 2008).

- The allegation(s) may or may not have been substantiated (i.e., determined to be "founded") following an investigation by an APS caseworker, but invalidated cases were excluded. Based on a preliminary screening by the APS caseworker fielding the

⁹ There were a small number of exceptions to this rule for hybrid cases because in some cases the APS caseworker did not pursue the financial exploitation aspect of the case (focusing instead on either the physical abuse or the neglect), but believed it had occurred and the elder or third-party observer confirmed it occurred.

¹⁰ Under this statute, a protected "Adult" means any person 60 years of age or older, or any person 18 years of age or older who is incapacitated and who resides in the Commonwealth . . ."

initial report of elder abuse, a report in Virginia will be classified as “invalidated” if it does not meet APS’ basic eligibility criteria (e.g., the purported victim was under 60 years of age or lived outside that jurisdiction). If so classified, no APS investigation will ensue. Only cases in which there was an APS investigation were included because part of the focus of this study was the APS investigation of these cases and the outcomes following these investigations.

- The APS case had received a disposition (i.e., that the report of abuse had been determined to be “founded” or “unfounded” by the investigating APS caseworker), although the elder could still be receiving services from APS (i.e., the case was not necessarily “closed”). There were two reasons for only studying cases in which a disposition had been made. First, to avoid interfering with an ongoing investigation and, second, because this study was intended to explore the nature of APS interventions and the impact and outcome of these interventions. In Virginia, APS investigations into reported elder abuse (including financial abuse of the elderly) must be completed within 45 days of the initiating elder abuse report.

- It should be noted that initially the study criteria excluded cases where the elder was incapacitated because of our desire to speak directly to elderly victims to learn about their experiences. However, several months into the project we were experiencing difficulty obtaining cases. We were hearing from APS caseworkers that none of their cases fit our criteria (as listed above). When we probed further, we learned that many of their cases involved incapacitated elderly persons, which we had initially excluded from this study. As a result, in May, 2007, this exclusion was

dropped and cases were included in which the elder person had dementia but an appointed guardian could be interviewed in lieu of the elder.¹¹ However, as there are varying degrees of dementia, it was agreed that we would ask guardians whether we could also interview their wards if the dementia did not so affect the elder as to make an interview ineffective or potentially harmful.¹²

During case recruitment, guidance was given to caseworkers regarding how far back in time they could go to identify a case for inclusion in the study. We had been instructed by an APS supervisor that caseworkers can recall accurately details of a case that had been investigated within the previous 18 months (J. Martin, personal communication, Feb. 2005). However, we found instances where caseworkers, aided by their case files, could remember the details of cases somewhat older than that. In our study, the average length of time between disposition and our interview was 11.9 months (range from 1 to 48 months). Data were collected between November 2006 and November 2008.

Once a case that met the selection criteria was identified by the APS caseworker, the APS caseworker would contact the elder. The APS caseworkers were instructed to

¹¹ According to Bonnie and Wallace (2003), most older adults are cognitively intact and should be regarded as presumptively able to make informed decisions about research participation. The authors go on to write that “a diagnosis of dementia is not congruent with decisional incapacity.” Instead, an assessment of decisional capacity requires a highly contextualized judgment concerning a particular person’s ability to perform ethnically relevant decision-making tasks in relation to a particular study (p. 141). They add that “even if an elderly person lacks the capacity to give informed consent for the particular study, his or her participation may be authorized by a surrogate decision maker” (p. 142).

¹² There were 16 cases in which the elder was diagnosed with dementia. In four cases, the elder was not interviewed because of unavailability (e.g., incapacity to speak, death) and in three cases the guardian refused permission to interview the elder (too upsetting, elder uncommunicative). However, in six cases the guardian gave permission to interview the elder and in three cases a guardian had not been appointed and the elders were interviewed. Note that new informed consent forms were created specifically for these cases and approved by the University of Virginia Institutional Review Board (IRB) and the VDSS IRB to accommodate this revised methodology.

inform the elder that this study was examining the maltreatment of older persons and sought ways to prevent this abuse. The elderly participants were also informed that they would receive \$75 for participating in the study. They were then asked whether a researcher from the University of Virginia could contact them and tell them more about the study. The VDSS and the UVA institutional review boards deemed verbal consent for this contact given by the elder to the caseworker as an acceptable and sufficient authorization for this contact (see Appendix D). Thus, if the elder agreed, the APS caseworker would call the researcher, provide the elder's contact information, and also schedule a time for a telephone interview between the researcher and the APS caseworker. The researcher would then call the elder within two days, describe the study, and, if the elder agreed, schedule a time to conduct an in-person interview.

Interviews with APS caseworkers took place via telephone.¹³ Informed consent forms were faxed to the caseworker, read and signed, and faxed back to the researcher prior to the interview. Telephone interviews lasted on average 71 minutes. No significant differences in interview length across the four types of cases emerged. As indicated in Table 4, 68% of the time the APS caseworker was interviewed before the elder. Who was interviewed first was generally the result of scheduling the person who was more immediately available rather than a purposeful choice.

¹³ The first APS caseworker interview was conducted in person but the protocol shifted immediately after that to telephone interviews because of the significant amount of time required to travel the entire state for these interviews and we could not physically do both elder and caseworker interviews in person across the state. In addition, the use of telephone interviews made it much easier to schedule interviews with very busy caseworkers, and communicating by telephone did not prove to be an obstacle for completing interviews with the caseworkers.

Elder interviews generally took place in the elder's home or a similar residence (see Table 4). However, 3 interviews were conducted at a local Department of Social Services office. One elderly person had safety concerns about being interviewed at home (the case involved intimate partner violence) and two elderly persons were uncomfortable with a researcher coming to their home. Typically, the researcher arrived at the elder's home and introduced him or herself to the elder. On a few occasions the interviewer was met by the elder with statements such as "If you are here to do anything to my [son] you can turn around and leave." The interviewer would then explain that he or she had no authority or desire to do anything to anyone, but was simply there to hear the elder's account of what had happened. This sufficiently reassured the elderly persons who expressed such reluctance so that the interview could proceed.

Routinely, after a couple minutes of chatting, the interviewer would begin by saying:

We are studying the maltreatment of older persons and trying to figure out ways we can stop this from happening. We wouldn't be able to figure this out without people like yourself being willing to tell their story. But before you can tell me anything, I need you to read this form that tells you about your rights being in a study. I'll read it to you and if you have any questions please stop me and ask them.

The consent form was read to the elder, any questions answered, and the consent form signed (see Appendix E). Payment was made at this time as elderly participants were told they would be paid even if they decided to withdraw from the interview. Elderly persons were asked at this time if there was anyone else who was familiar with their case that the interviewer could contact for a possible interview as well. In over a third

of the cases (43%), such an individual was identified. Contact information for this “third-party observer” was collected and then the interview began. The researcher started the interview by saying:

We’re going to talk for about an hour and a half. I’m going to ask you what happened, how you came to the attention of APS, questions about yourself such as your age, and similar questions about the person who did this to you. I’m going to ask you how APS responded and how things are for you right now. Do you have any questions? Okay. I understand from [APS caseworker name] that [target incident] happened to you. Tell me what happened.

Elder interviews lasted on average 99 minutes. Very often the interviewers would stay up to an extra half hour to chat with the elder about a range of relatively unrelated topics, with this extra time not calculated in determining the length of the interview.

Third-party observer interviews typically took place either in the elder’s home, the observer’s home or office, or via telephone (see Table 4). However, these interviews were always conducted separately from the interviews with the elder. Consent forms were either read by or read to the third-party observer, with third-party observers providing their signature to indicate their willingness to be interviewed, with payment (or payment arrangements) of \$75 made prior to the interview. Third-party observer interviews lasted on average 92 minutes. These interviews began with the same script described above for elder interviews.

Table 4. Summary of Study Characteristics	
APS caseworker interviewed first	68%
Length of interview	
Caseworker interviews	M = 71 min (range 30 – 180)

Elder interviews	M = 99 min (range 10 – 180)
Third-party Observer interviews	M = 92 min (range 45 – 180)

Institutional Review Board Involvement

The research protocol was vetted through both the University of Virginia's Institutional Review Board (IRB) and the Virginia Department of Social Services' Institutional Review Board. Because the researchers are employees of the University of Virginia, ultimate supervision of the research protocol and the consent forms employed came from the University of Virginia IRB (see Appendix E for a copy of consent forms).

Analytical Corrections and Statistical Tools Employed

There were four cases in which both members of a married couple were the victims of the elder abuse (in all other cases there was only one victim). In these cases, the primary victim as identified by APS was considered the victim for purposes of our analyses.

Statistical analyses employed for this study included frequencies, chi-square statistics, multiple and logistic regressions, and ANOVAs. Data were first cleaned by running frequencies for each variable, checking for responses that lay outside the expected values. Identified errors were corrected.

To compare the accounts provided by the APS caseworkers, the elderly victims, and the third-party observers, variables derived directly from their respective responses were constructed and compared accordingly. However, variables also were needed for a number of analyses where only a single response from the various respondents could be effectively employed. These variables were created by selecting the response from that informant with the most immediate access to the information needed to answer the question. For example, if the question pertained to aspects of the APS investigation, generally the APS caseworker's response was used. However, information concerning elder or perpetrator risk factors was typically garnered from the elderly persons' responses. Thus, response variables could assume two possible forms: those incorporating answers from all of the multiple informants associated with a given case and those that came from a single, "most likely to know" informant.

Frequencies were calculated for the various variables. Chi square statistics were then used to test for differences among the four types of elder abuse. Subsequently, logistic or multiple regression analyses were also conducted. The five "unfounded" cases were not included in these analyses because of their potentially distinct nature. They were, however, examined separately, and a qualitative description of them is presented in the Results section.

Methodology Employed in Examining the Database Obtained from the Virginia Department of Social Services (VDSS) on All Adult Services/Adult Protective Services Provided by VDSS Within the Commonwealth of Virginia

To supplement the data obtained from the interviews of the non-random sample of the three groups of informants (elderly persons, caseworkers, and third-party observers) regarding elder abuse in Virginia, the Virginia Department of Social Services (VDSS) granted us access to their Adult Services/Adult Protective Services (ASAPS) Database. ASAPS is the Commonwealth's relatively new database containing all adult cases of reported abuse. It records, among other things, whenever services and protective services are provided in response to a report of elder or other adult abuse.¹⁴ Data are entered into ASAPS by APS caseworkers at the close of every case for which a report of abuse was submitted. ASAPS contains information drawn from several sources, one of which is the Uniform Assessment Instrument (UAI). This database includes 165 items primarily taken from the UAI, along with some demographic data such as race and age of victims, as well as the disposition following an investigation. It contained information on approximately 15,000 cases that have been entered by APS caseworkers over the past two years. Our proposal to access and use information from this database was reviewed and approved by the University of Virginia's Institutional Review Board and the VDSS IRB.

As with many large state databases, there were missing data. Standard importation procedures were used to correct for missing data. After these corrections

¹⁴ The Virginia APS system also fields reports on, conducts investigations regarding, and provides services to adults between the ages of 18 and 59 who are incapacitated. VA. CODE § 63.2-1606.

were made, the dataset was then searched for information that would complement the focus of our interview study. Cases were selected that involved persons over the age of 59 in which an incident of elder abuse took place in the elder's home or similar domicile (i.e., in a domestic rather than an institutional setting). Then cases involving one of the four types of elder maltreatment of interest in this study were selected (i.e., financial exploitation only, physical abuse only, neglect by another individual only, and hybrid financial exploitation cases (financial exploitation and either physical abuse or neglect)). This resulted in the identification of 2,142 cases. The demographics of the elderly persons in this data set are presented in Table 5.

Table 5. ASAPS Sample Demographics			
	Category	Frequency	Percentage
Types of Cases	Financial exploitation	472	22%
	Physical abuse	332	15%
	Neglect by other	1176	55%
	Hybrid financial exploitation	162	8%
Gender	Male	762	33.5%
	Female	1515	66.5%
Race/Ethnicity	White	1524	66.5%
	Minority	658	28.7%
Location of Incident	Own House/Apartment	1897	82.7%
	Another Individual's House/Apartment	396	17.3%
Sufficient Income	Yes	1989	92.9%
	No	153	7.1%

Fifty three items from the ASAPS database were selected for inclusion within various independent and dependent variables. For example, 14 composite variables

were created assessing various aspects of the elderly persons' functional capacities, status, and behavior that may have placed them at risk of elder abuse. The construction of these variables is summarized in Appendix F.

For our independent variable representing the relevant case types, founded APS cases were selected that involved either: 1) financial exploitation only, 2) physical abuse only, 3) neglect by another only, or 4) hybrid financial exploitation (financial exploitation + physical abuse or neglect by another). This information was used to construct a four level categorical variable for use in ANOVAs. To conduct comparisons across the four types of elder maltreatment, factorial ANOVAs were used, with gender and race serving as controls. Before we conducted factorial ANOVAs, chi-square was used to determine if there were significant differences among the four groups on either gender or race. Although there were no gender differences by group, there was a significant result for race. A higher percentage of neglect and of hybrid financial exploitation cases were Caucasian as compared to African American ($\chi^2(3) = 19.68$, $p < .01$). Therefore, race and gender were used as covariates throughout the analyses. ANOVAs were followed by a series of regression analyses to determine for each form of elder maltreatment whether each item contributed significantly to the overall variance.

Method for Interviews with Prosecutors in Four States

To complement the findings related to elder's and caseworker's perceptions of elder abuse prosecution, prosecutors in four states were interviewed about their experience prosecuting elder abuse, barriers and facilitators associating with prosecuting such cases, and possible reforms.

Sample. Participants were 17 prosecutors in four states across the country: Virginia (n = 5), Pennsylvania (n = 6), Illinois (n = 2), and California (n = 4). Prosecutors had been practicing for an average of 13.3 years (range 2 – 36 yrs). Almost half (47%) of prosecutors are responsible for 100 or more cases at a given time. However, 71% of these prosecutors reported that less than 25% of their cases are elder abuse cases and 59% reported that less than 25% of their elder abuse cases are financial exploitation, indicating they are not dedicated elder abuse prosecutors.

Instrument. A 35-item interview was developed for use in this study based on a review of the prosecution literature identifying the barriers and facilitators associated with the prosecution of elder abuse generally, and financial exploitation cases specifically (see Appendix H). Sample questions included “Which of the following increases your *willingness* to prosecute an elder abuse case?” followed by 8 characteristics of elderly persons and perpetrators. Using a five-point Likert scale, prosecutors were asked to “Rate the *difficulty* of prosecuting elder abuse cases compared to other cases?”

Interviewers. Interviewers were five law school graduates whose law positions had been deferred. Some graduates were interning in the prosecutors’ office while others simply contacted the prosecutor in the jurisdiction where they were residing. Interviewers were trained by one of the PIs and then interviewers conducted the interviews.

Procedure. Prosecutors were contacted via telephone or email and asked to participate in an interview regarding the prosecution of elder abuse. A snowball technique was used to obtain additional prosecutors. Interviews were conducted either

in person or via telephone and ranged between 21 and 75 minutes (M = 40 min.).

Responses were recorded on the interview instrument and later entered into SPSS.

Chapter 3

Results

Results are divided up into 13 sections and at the end of each of the 13 sections is bulleted summary titled “Take Away Points”. The first section briefly describes the financial loss resulting from financial exploitation (e.g., how much in money and assets was lost) and the role of powers of attorney in financial exploitation. The second section examines differences between pure financial exploitation (PFE) and hybrid financial exploitation (HFE) and makes the case for why these two forms of financial exploitation are distinct. Based on this analysis, sections five through twelve examine concepts across the four types of maltreatment (PFE, physical abuse, neglect, and HFE). The fourth section briefly describes the nature of physical abuse and neglect. The fifth section describes a variety of case characteristics and how they differ by type of maltreatment. The sixth section examines interpersonal dynamics of elder maltreatment, followed by a section examining the risk factors for both elderly victims and perpetrators. The previous two sections are then used in section seven to form the basis for characterizing elderly victims and perpetrators, and argues for the importance of considering both the elder and the perpetrator in understanding elder maltreatment. The previous three sections are then used as the basis for section eight, developing theories that might explain these four types of elder maltreatment, and makes the point that elder maltreatment consists of four distinct types of maltreatment with different etiologies. Section nine then examines the consequences associated with each type of

maltreatment. Sections 10 and 11 describe society's response to elder abuse, such as Adult Protective Services (Section 10) and the criminal justice response (Section 11). Section 12 examines the range of outcomes associated with each type of elder maltreatment. Finally, section 13 describes differences in perceptions between elderly persons and APS caseworkers, with the underlying assumption that how one perceives the world has implications for how one solves a problem.

Results Section 1 of 13:

Financial Loss Resulting from Financial Exploitation

Financial exploitation was defined in this study as the “illegal or improper use of an elder’s funds, property or assets” (NCEA, 1998). Financial exploitation included theft, fraud, lottery scams, and the inappropriate use of an elder’s money.

Financially exploited and hybrid financially exploited elderly victims (N = 54) lost on average \$87,967 per person. However, the range was between zero (e.g., the exploitation was limited to living off the elder) and \$750,000. When the focus is limited to the 44 cases where money was actually lost, the financial loss totaled \$4,662,284 or \$105,961 per case. Approximately one third of the cases lost between \$0 and \$4800; another third lost between \$5000 and \$50,000; and the final third lost between \$54,000 and \$750,000. As will be discussed, this study determined that for financial exploitation cases, it was important to distinguish between cases involving hybrid financial exploitation (HFE), where some other form of elder abuse was also present, and pure financial exploitation (PFE). On average, \$127,582 was lost in each confirmed case of HFE, while \$70,835 was lost in each confirmed case of PFE, although this difference was not statistically significant. See Figure 4.

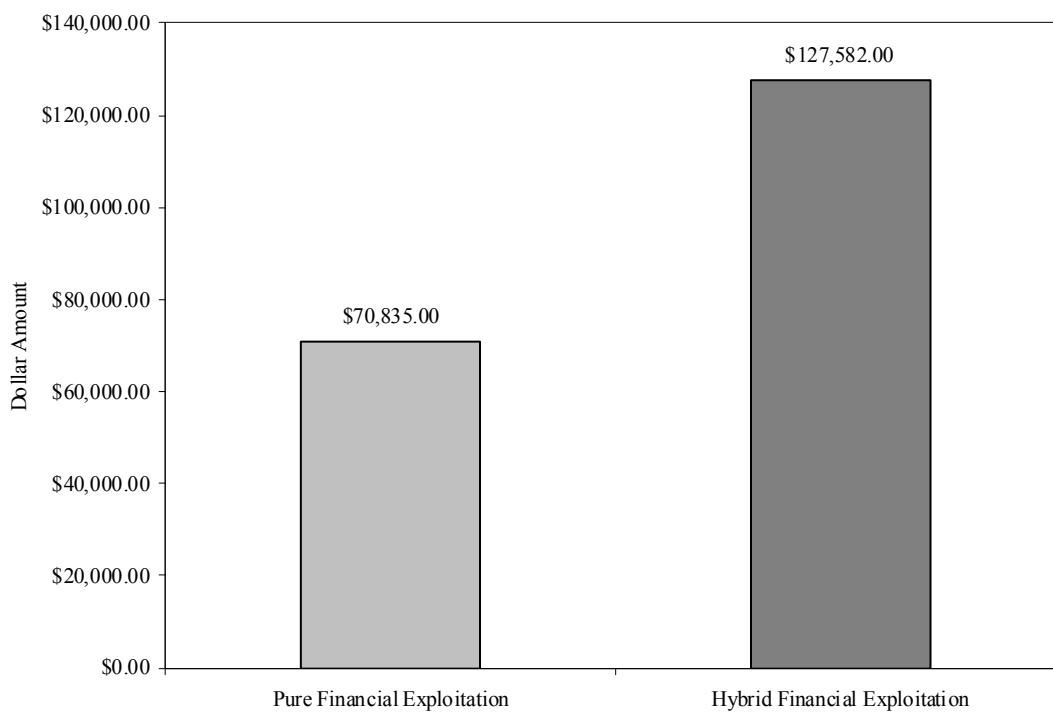


Figure 4. Amount of money/assets lost by type of financial exploitation.

Misuse of a power of attorney. In some cases, financial exploitation occurs as the result of a misuse of a power of attorney (Thilges, 2000). A power of attorney¹⁵ is a mechanism by which one person (the principal) gives to another person (the attorney-in-fact) via a written document the authority to act on the first person's behalf (i.e., to conduct legal transactions for the principal) with regard to one or more financial or healthcare matters (see also VA. CODE ANN. § 11-9.1). Examples of the misuse of a power of attorney include using the power of attorney to obtain and use an ATM card to withdraw funds from an account of the principal, obtain access to and withdraw funds from the elder's financial accounts (e.g., savings and checking accounts, investment

¹⁵ The scope of health care powers of attorney (HCPA) is distinguishable from powers of attorney in general (and durable powers of attorney), and therefore are not interchangeable.

funds), open new credit cards in the principal's name with the principal responsible for any expenditures made with such a card, and even selling the elder's property (e.g., the elder's motor vehicle or home). These uses are intended to benefit the perpetrator rather than the elder. Although in 12 cases the perpetrator had power of attorney (7 PFE and 5 HFE), in 9 of those cases (75% of the financial exploitation cases or 17% of the sample) the financial exploitation involved the *misuse* of a power of attorney,. The total loss in this study from the misuse of a power of attorney was \$432,800. In 10 of the 12 cases where the perpetrator had power of attorney, the perpetrator who *misused* the power of attorney was a family member, while in the other two cases the perpetrator was unrelated to the elder, although they were living together. Thus, in all of these cases, the misuse was by someone who the elder knew quite well.

Take Away Points

- 54 financially exploited elderly victims lost \$4.66 million
- The misuse of a power of attorney was involved in 17% of the financial exploitation cases

Results Section 2 of 13:

Pure Financial Exploitation vs. Hybrid Financial Exploitation

It has been asserted that financial abuse often occurs in conjunction with other forms of elder abuse (Choi, Kulick & Mayer, 1999; County Welfare Directors Association, 1988; NCFV, 2001; Paris et al., 1995; US Congress, 1981). Choi, Kulick and Mayer (1999), in a study of one county's investigated APS reports of financial exploitation, found that 27% of these cases involved another form of elder abuse in addition to financial exploitation, as caregiver neglect also occurred in 12% of the financial exploitation cases, self-neglect in 6%, physical abuse in 5%, and psychological abuse in 4%. In a later analysis, Choi and Mayer (2000) found that 38% of this county's investigated reports involved solely financial exploitation, while 34% involved financial exploitation plus either neglect or abuse. We are unaware of any study that has examined whether "pure" financial exploitation (PFE) differs in any meaningful way from "hybrid" financial exploitation (HFE). For purposes of this study, "hybrid" financial exploitation is defined as financial exploitation co-occurring with physical abuse and/or neglect by other. Recognizing that financial exploitation sometimes co-occurs with other forms of elder abuse, this report examines the differences in the nature of the financial exploitation, the interpersonal dynamics, the risk factors, the corresponding APS investigation and response, and the outcomes between "pure" financial exploitation (PFE) and "hybrid" financial exploitation (HFE) to determine whether HFE warrants a separate category of elder maltreatment in identifying and crafting an appropriate response to elder abuse.

Although this study is not epidemiological in nature,¹⁶ it is instructive to examine the nature of the abuse elderly people in this study experienced and thus this section begins with a description of the nature of financial exploitation, with PFE and HFE addressed separately.¹⁷ Interviewed APS caseworkers and elderly persons were asked to describe in detail the maltreatment experienced by the elder, with the responses subsequently assigned by the researchers to various categories that captured the nature of the abuse that occurred. It was possible for an elder to have experienced more than one form of maltreatment within a particular type of maltreatment (e.g., both theft and fraud in conjunction with PFE).¹⁸ The categories and frequencies are presented below, beginning with PFE, followed by HFE. While the initial depiction of the nature of financial exploitation is largely descriptive, the remainder of this section presents significant differences between PFE and HFE across a number of domains.

Nature of pure financial exploitation (PFE). As mentioned, PFE elderly victims ($N = 38$) lost an average of \$70,835. There were 16 different types (e.g., theft vs. fraud) of PFE that were identified, with 77 total occurrences of the various types of PFE in the 38 FE cases, resulting in an average of 2 occurrences of the various types of PFE per

¹⁶ As noted, this study was limited to confirmed cases of elder abuse following an APS investigation.

¹⁷ As noted earlier in the Literature Review, scholars continue to debate what should be conceptualized as elder abuse in general and financial exploitation in particular. While this study does not purport to resolve this definitional debate, it does indicate what APS caseworkers and elders perceive to constitute elder abuse, although the former's views would be expected to be shaped by Virginia's statutory definition of elder abuse found at VA. CODE § 63.2-1606.

¹⁸ These categories included only perpetrator behaviors. However, elder complicity/complacency played a role in some cases. The question might arise whether the latter constituted abuse, particularly with regard to financial exploitation as elders, like all adults, are generally free to dispose of their assets as they choose. However, in some cases, APS categorized such behavior as financial exploitation when the elders appeared to largely be disregarding their own interests.

financially exploited elder. However, over half (58%) of elderly people experiencing PFE suffered between two and six types of PFE.

As shown in Table 6, the most common type of PFE was theft (47%), defined as taking something from the elder without permission.¹⁹ The thefts targeted the elder's checks, possessions, and ATM and credit cards.

The next most common type of PFE was fraud (32%). Fraud ranged from providing fictional accounts to gain an elder's sympathy as a prelude to persuading the elder to give the perpetrator cash or property, overcharging for work done, promoting a fraudulent investment scheme, persuading the elder to unnecessarily re-mortgage a home, and inducing participation in a lottery scam.

Interestingly, none of the reported cases involved extortion (e.g., where coercion, intimidation, or threats were used to financially exploit the elder). Apparently a "velvet glove" rather than an "iron fist" was the preferred approach when exploiting an elder.

In contrast to these types of PFE that are clearly prohibited as a matter of law, 3 of the 16 types of identified PFE (21% of the occurrences of the various types of PFE) involved behavior that perhaps would not be considered illegal. For example, some perpetrators attempted to obtain their inheritance early (thinking their mother was

¹⁹ Technically, when a perpetrator has their name on the elder's checking account, it is not considered "theft" in the eyes of the law. However, APS defines such behavior as financial exploitation when checks are written without the express knowledge of the elder. Indeed, in 8 cases (28%) involving theft from a checking account, the perpetrator's name was on the elder's account and therefore technically not theft. Not surprisingly, relatives (7 of the 8) were twice as likely to have their names on the elder's checking account as would be expected by chance ($X^2 (1) = 5.79$, $p < .05$). In many instances, (8 (22%) of the 36 instances of theft), the perpetrator was in some way assisting the elder with paying their bills (e.g., writing out the check and having the elder sign it) and thereby had direct access to the elder's checking account even if the perpetrator's name was not on the checking account.

going to die shortly), denied the elder access to needed services or medical care to conserve funds, or made inappropriate use of the elder's assets (e.g., by living off the elder).

Overall, illegal acts of financial exploitation, accounting for 79% of the occurrences of the various types of PFE (theft 47% and fraud 32%), were most common forms of financial exploitation, while the improper use of the elder's money or assets involved 21% of the occurrences of the various types of PFE. See Figure 5.

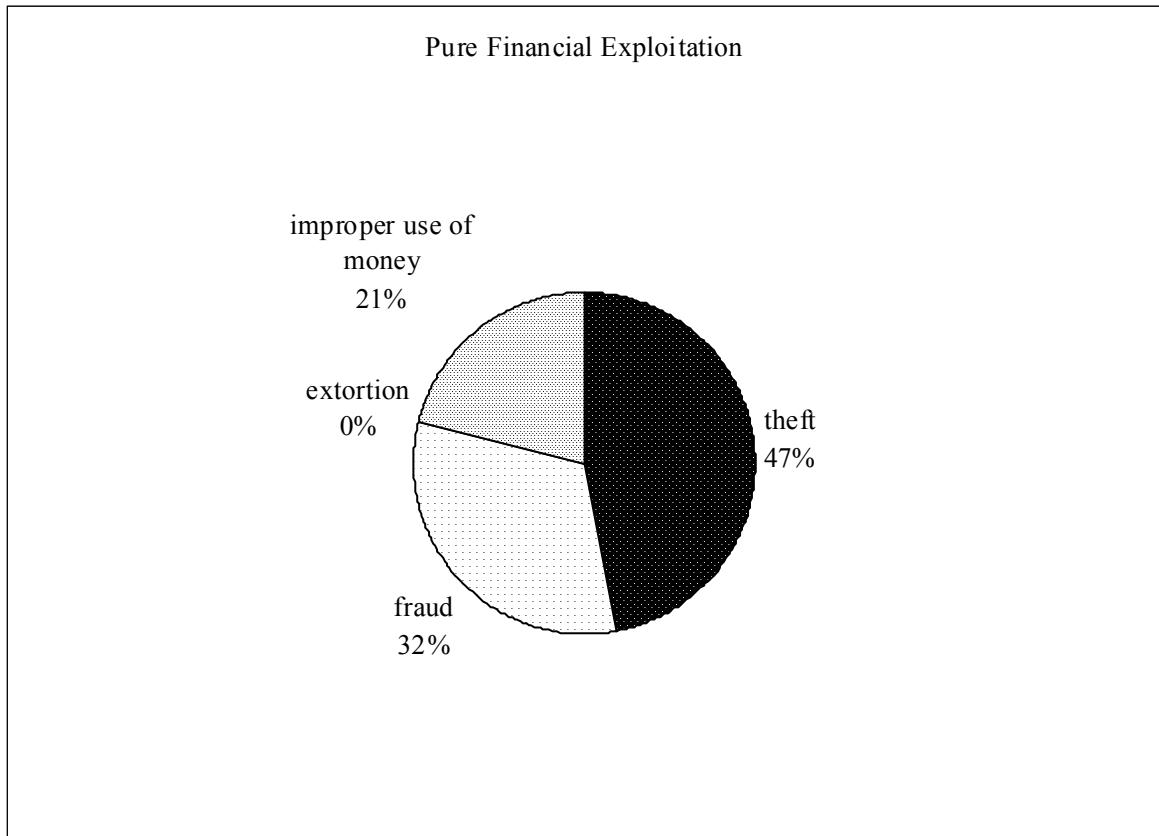


Figure 5. Type of financial exploitation experienced in cases of PFE.

Table 6. Nature of the Financial Exploitation: Pure Financial Exploitation Cases		
Form of Financial Exploitation		Frequency ²⁰ (N = 38 cases)
Theft ²¹	Theft or misuse of personal checks or checking account without permission (forgery, writing checks to self when checks should go to pay elder's bills or investment, misuse of online checking account, money orders)	16
	Theft (taking elder's cash, possessions, or valuables; may include selling elder's possessions to obtain cash or goods)	10
	Theft or misuse of ATM or credit card, or use without permission (with the bill sent to elder)	9
	Theft of social security check or pension (signing or cashing or misusing checks without permission)	1
Total Occurrences of Sub-types of Theft Across Cases of PFE		36 (47%)
Fraud	Fraud to obtain property/assets (e.g., deed over the home or other property; living estate; changing the will)	4
	Fraud (lies, stories) to obtain cash	6
	Borrowing money and not paying it back	5
	Home or automobile repairs (unnecessary or overcharged for work)	3
	Investment fraud or misuse	0
	Mortgage and loan fraud	2
	Sweepstakes, international, or telephone lottery scams	3
	Sweetheart scams	2
Total Occurrences of Sub-types of Fraud Across Cases of PFE		25 (32%)
Extortion	Coercion/ intimidation/threats to obtain cash, checks, credit cards	0
Total Illegal Instances		79%
Total Occurrences of Sub-types of Extortion Across Cases of PFE		0
Improper Conduct Instances	Requests for or taking early inheritance	2
	Inappropriate use of home/ other assets, living off elder	12
	Denying services or medical care to conserve money	2
Total Occurrences of Sub-types of Financial Exploitation Involving Improper Conduct Across Cases of HFE		16 (21%)

²⁰ Sum is greater than 38 because an elder could experience more than one form of financial exploitation.

²¹ Some of these “theft” categories involved forgery and likely constituted embezzlement as defined by (Coleman, 1987). Because the elder was not directly involved in these transactions, they were categorized as a form of theft.

Total Number of Occurrences of Types of Pure Financial Exploitation	77 (100%)
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Nature of hybrid financial exploitation (HFE). As mentioned, HFE elderly victims ($N = 16$) lost an average of \$127,582 per elder. Victims of HFE experienced between 2 and 18 different types of maltreatment,²² with 89% of these elderly victims experiencing 3 or more different types of elder maltreatment.

As presented in Figure 6 and Table 7, over half (56%) of the occurrences of the various types of HFE involved theft, while only 14% involved fraud. Unlike PFE, 11% of the occurrences involved extortion. Thus, 81% of the occurrences of the various types of HFE involved a clearly illegal act, while 19% involved improper behavior.²³

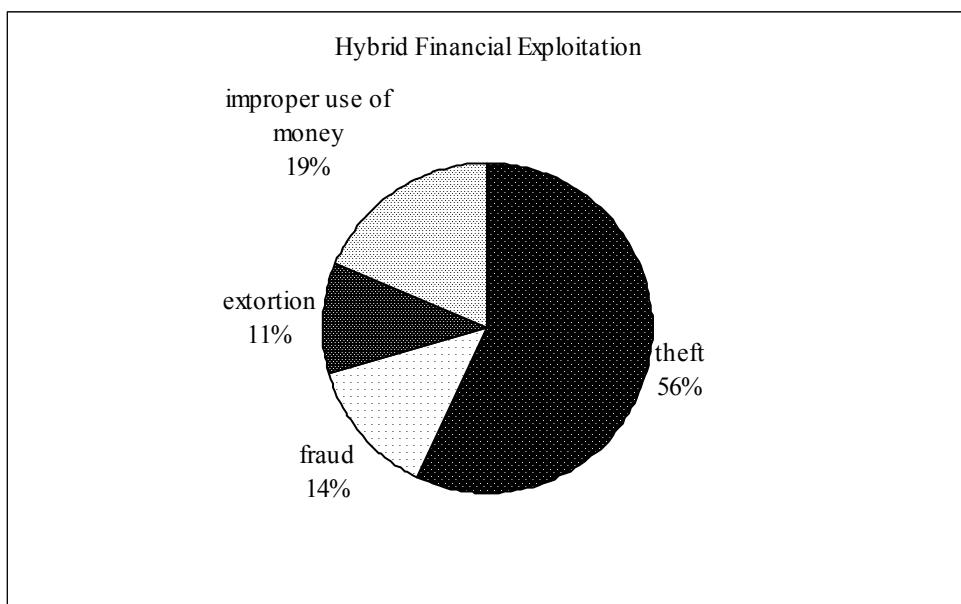


Figure 6. Occurrences of the various types of financial exploitation experienced by hybrid financially exploited elder abuse victims.

²² This was a hybrid case that included financial exploitation, physical abuse, and neglect.

²³ Among the hybrid cases, there were 5 instances (11.6%) in which the financial exploitation was committed by someone who had been helping the elder pay their bills, and all such perpetrators were relatives. There was no significant difference between HFE and PFE involving the appearance of the perpetrator's name on the elder's checking account.

Table 7. Nature of the Financial Exploitation: Hybrid Financial Exploitation Cases (Where Both Financial Exploitation and Physical Abuse or Neglect Occurred)

Form of Financial Exploitation		Frequency (N = 16 cases)
Theft ²⁴	Theft or misuse of personal checks or checking account without permission (forgery, writing checks to self when checks should go to pay elder's bills or investment, misuse of online checking account, money orders)	6
	Theft (taking elder's cash, possessions, or valuables; may include selling elder's possessions to obtain cash or goods)	6
	Theft or misuse of ATM or credit card, or use without permission (with the bills sent to elder)	3
	Theft of social security check or pension (signing or cashing or misusing checks without permission)	5
Total Occurrences of Sub-types of Theft Across Cases of HFE		20 (56%)
Fraud	Fraud to obtain property/assets (e.g., deed over the home or other property; living estate; changing the will)	2
	Fraud (lies, stories) to obtain cash	0
	Borrowing money and not paying it back	1
	Home or automobile repairs (unnecessary or overcharged for work)	0
	Investment fraud or misuse	1
	Mortgage and loan fraud	1
	Sweepstakes, international, or telephone lottery scams	0
	Sweetheart scams	0
Total Occurrences of Sub-types of Fraud Across Cases of HFE		5 (14%)
Extortion	Coercion/ intimidation/threats to obtain cash, checks, credit cards	4
Total Occurrences of Extortion Across Cases of HFE		4 (11%)
Total Illegal HFE		81%
Improper Use of Elderly Persons' Funds	Requests for or taking early inheritance	0
	Inappropriate use of home/ other assets, living off elder	6
	Denying services or medical care to conserve money	1
Total Occurrences of Sub-types of Financial Exploitation Involving Improper Conduct Across Cases of HFE		7 (19%)

²⁴ Some of these “theft” categories involved forgery and likely constituted embezzlement as defined by (Coleman, 1987). Because the elder was not directly involved in these transactions, they were categorized as a form of theft.

Total Number of Occurrences of Types of Hybrid Financial Exploitation Across Cases of HFE	36 (100%)
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As shown in Table 8, elderly persons who suffered both FE and physical abuse ($N = 7$ cases)²⁵ experienced 12 different types of physical abuse. Being shoved or pushed, being hit with an object, having an object thrown at them, and being grabbed were the most common forms of physical abuse experienced by HFE elder victims. On average, these elderly people experienced 3.0 forms of physical abuse. Similar to “pure” physical abuse (see the following section), there were no instances in which a knife or gun was used.

Table 8. Nature of the Physical Abuse (Hybrid Financial Exploitation Cases (Where Both Financial Exploitation and Physical Abuse or Neglect Occurred)

Form of Physical Abuse	Frequency ($N = 7$ cases)
Hit with hand	3
Hit with object	3
Beat up	1
Burned	0
Slapped	2
Kicked	2
Threw objects at	3
Twisted arm	2
Shoved/pushed	4
Used a knife/gun	0
Punched	1
Choked	1
Slammed against the wall or threw down on the floor	0
Grabbed	3
Spit	0
Verbal Abuse	1

²⁵ Of the 16 hybrid financial exploitation cases, defined as financial exploitation and physical abuse or neglect, there were 9 cases involving financial exploitation and neglect, 6 cases involving financial exploitation and physical abuse, and 1 case involving financial exploitation, physical abuse, and neglect.

Total Occurrences of Various Types of Physical Abuse Across Cases of HFE	21
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As shown in Table 9, elderly persons who suffered both financial exploitation and neglect ($N = 10$ cases) experienced 6 different types of neglect and 25 occurrences ($M = 2.5$) of these various types neglect.

Table 9. Nature of the Neglect (Hybrid Financial Exploitation Cases (Where Both Financial Exploitation and Physical Abuse or Neglect Occurred))	
Form of Neglect	Frequency ($N = 10$ cases)
Inadequate food	6
Inadequate clothing	3
Inadequate hygiene	3
Inadequate shelter	2
Inadequate medical treatment	6
Inadequate supervision	5
Other	0
Total Occurrences of Various Types of Neglect Across Cases of HFE	25

Significant Differences between PFE and HFE

Analyses revealed that fraud was significantly associated with PFE than HFE ($\chi^2 (1) = 5.30, p < .05$). In addition, perpetrators of PFE were significantly more likely to be nonrelatives compared to HFE perpetrators ($\chi^2 (1) = 11.37, p < .01$). And, finally, cases involving PFE were significantly shorter in duration on average (32 mo) compared to HFE (122 mo) ($F (1) = 7.01, p < .01$).

As presented in Section 5, based on 34 risk factors, elderly persons and their perpetrators were characterized as either independent or dependent. Elderly victims

experiencing PFE were characterized as physically and financially independent. They lived in their own home, they could drive, they were cognitively intact, and physically healthy. Their perpetrators were also characterized as physically and financially independent. Thus, perpetrators of PFE were not financially dependent upon the elder and were physically healthy.

In contrast, elderly victims experiencing HFE were characterized as financially independent but physically dependent. These were elderly people with significant health problems, unable to drive, and dependent on others for at least some assistance. Their perpetrators (all of whom were relatives) were typically characterized as dependent. Perpetrators of HFE were financially dependent upon elderly persons, likely to be residing with elderly persons, and were experiencing some health or mental health problems themselves.

APS caseworkers investigated and responded differently to PFE in comparison to HFE. There was a trend for APS caseworkers to report that HFE cases are more “difficult” compared to PFE cases ($\chi^2 (1) = 3.48$, $p = .057$) (see Figure 7). APS caseworkers were significantly more likely to have contact with the perpetrator during the investigation in HFE cases compared to PFE cases ($\chi^2 (1) = 7.88$, $p < .05$). And, finally, APS caseworkers were significantly less likely to follow up with the elder after the close of the case in PFE cases compared to HFE cases ($\chi^2 (1) = 4.14$, $p < .05$).

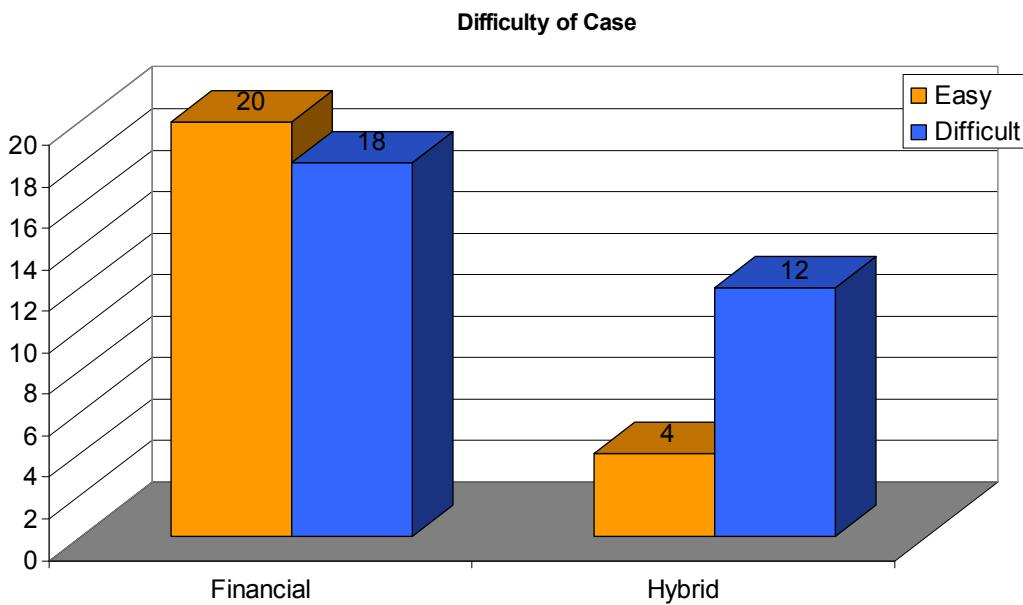


Figure 7. Caseworkers' Perceptions of difficulty of the case by PFE or HFE

The outcomes related to elder maltreatment also differed depending on whether the case was PFE or HFE. In PFE cases, elderly victims were half as likely as expected to have a change in living arrangement (e.g., elder still lives alone) ($\chi^2 (3) = 18.38, p < .01$). PFE elderly victims were less likely to perceive they were at risk for future abuse ($\chi^2 (1) = 5.03, p < .05$). The abuse was generally stopped in PFE cases because the situation was already resolved by the time APS became involved ($\chi^2 (4) = 11.74, p < .05$).

In HFE cases, however, elderly victims were twice as likely as expected to have a change in living arrangements (i.e., perpetrator and elder no longer live together) ($\chi^2 (3) = 18.38, p < .01$). HFE elderly victims were three times as likely as expected to be appointed a guardian ($\chi^2 (1) = 7.11, p < .05$) (see Figure 8) and two times as likely as expected to have a new APS report ($\chi^2 (1) = 5.43, p < .05$). HFE elderly victims were two

times as likely as expected for the abuse to have stopped because the elderly victims were removed from their home or appointed a guardian and two times as likely as expected for their abuse to have stopped because the perpetrator was in jail ($\chi^2 (4) = 11.74$, $p < .05$).

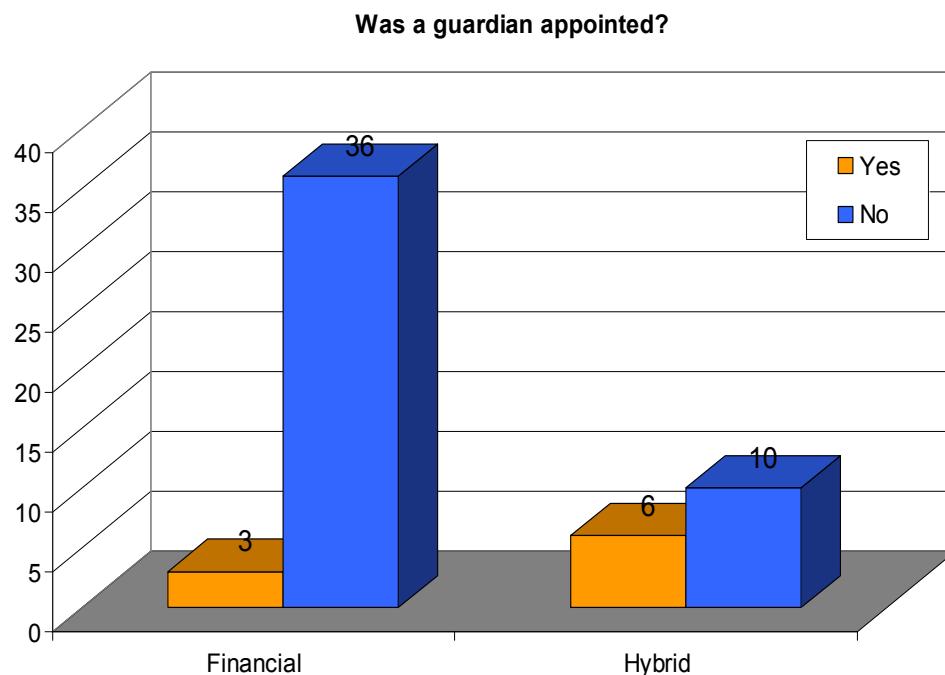


Figure 8. Caseworkers' Perceptions of difficulty of the case by PFE or HFE

Conclusions

Taken together, these results indicate significant and meaningful differences between PFE and HFE across all domains of inquiry. PFE is a much more diverse phenomenon (e.g., with regard to the nature of the FE, the perpetrators involved) when compared to HFE, which was a relatively homogeneous phenomenon (e.g., theft being the dominant type of financial exploitation, the perpetrators were typically relatives, and the abuse had consistently occurred over a lengthy period of time). Furthermore,

APS investigated and responded differently to PFE compared to HFE. The results indicated that APS caseworkers perceived HFE as more difficult to investigate and as requiring follow up. One issue that is unanswered at this point is whether APS is responding more vigorously to the physical abuse and/or neglect aspects of the HFE cases or the financial exploitation aspect of the HFE cases, or both. The findings related to outcomes for elderly victims further indicate that HFE is more severe than PFE. HFE elderly victims were significantly more likely to be removed from their home and/or to be appointed a guardian, arguably the most significant outcome possible for an elder.

Thus, support was found for differentiating PFE and HFE. Therefore, the remainder of this report examined four distinct categories of abuse: pure financial exploitation, hybrid financial exploitation, physical abuse, and neglect by other.

Take Away Points

- Perpetrators use different tactics depending on whether the case is PFE or HFE
 - For PFE cases, 79% of the acts were illegal (47% theft, 32% fraud, 0% extortion), while 21% involved improper behavior
 - For HFE cases, 81% of the acts were illegal (56% theft, 14% fraud, 11% extortion), while 19% involved improper behavior
- PFE differs in important and meaningful ways from HFE and should be treated differently
 - PFE is a more diverse group than HFE elderly victims and perpetrators
 - APS perceives HFE as more difficult than PFE
- 89% of HFE elderly victims experienced 3 or more different types of elder maltreatment.

Results Section 3 of 13:

Nature of Physical Abuse and Neglect

The previous section was provided to substantiate our belief that HFE is distinct from PFE and thus should be treated as a separate category of elder maltreatment. However, it is also important to address the nature of cases involving only physical abuse and cases involving only neglect, and to note how they are distinct from HFE. The nature of these cases is presented below.

Physical abuse. Being hit or punched was the most common type of physical abuse (see Table 10).²⁶ However, elderly persons were also slapped, pushed, and had objects thrown at them. There were no instances in which a knife or gun was used. There were 27 confirmed occurrences of the various types of physical abuse experienced by 8 elderly victims ($M = 3.4$ occurrences per abused elder). Physically abused elderly people experienced from 1 to 9 different types of physical abuse, with 75% of physically abused elderly people experiencing more than one type of physical abuse.

Table 10. Nature of the Physical Abuse (Physical Abuse Only Cases)	
Type of Physical Abuse	Frequency (N = 8 cases)
Hit with hand	6
Hit with object	2
Beat up	3
Burned	0
Slapped	4

²⁶ The Violence Against Women Study similarly reported the most common type of intimate partner physical violence was being pushed, grabbed, or shoved (18.1% of women), followed by being slapped or hit (16% of women) (Tjaden & Thoennes, 1998).

Kicked	0
Threw objects at	1
Twisted arm	1
Shoved/pushed	2
Used a knife/gun	0
Punched	3
Choked	1
Slammed against the wall or threw down on the floor	1
Grabbed	1
Spit	1
Verbal Abuse	1
Total Occurrences of Various Types of Physical Abuse Across Cases of "Pure" Physical Abuse	27

Neglect. Elderly victims who were neglected experienced a range of types of neglect, including receiving inadequate food (the most prevalent type of neglect), hygiene, shelter, medical treatment, or supervision (see Table 11). There were 22 confirmed occurrences of the various types of neglect experienced by 9 elderly victims ($M = 2.4$ occurrences per abused elder). More than one type of neglect was experienced by 67% of the neglected elderly victims, with one elder suffering five types of neglect.

Table 11. Nature of the Neglect (Neglect Only Cases)

Type of Neglect	Frequency (N = 9 cases)
Inadequate food	5
Inadequate clothing	0
Inadequate hygiene	3
Inadequate shelter	5
Inadequate medical treatment	5
Inadequate supervision	2
Other	2
Total Occurrences of Various Types of Neglect Across Cases of "Pure" Neglect	22

Take Away Points

- Being hit or punched was the most common type of physical abuse
- 75% of physically abused elderly people experienced more than one type of physical abuse
- Receiving inadequate food was the most prevalent type of neglect
- 67% of neglected elderly people experienced more than one type of neglect

Results Section 4 of 13:

Case Characteristics

This section examines a number of case characteristics intended to better understand elder maltreatment. These characteristics included the relationship of the perpetrator to the elder, whether the elder was aware of the maltreatment, whether the elder had been victimized previously, the duration of the abuse, and whether APS reports regarding the elder had previously been filed. Case characteristics were also examined to ascertain whether they varied with the nature of the abuse (e.g., FPE v. HPE).

Relationship of the perpetrator to the elder. Perpetrators were placed into one of two relationship categories: relative (son, daughter, grandson, granddaughter, spouse, other relative) or nonrelative (professional caretaker, friend, neighbor, handyman, stranger). Most (70%) of the perpetrators were related to the elder in some way (in only 8% of the cases was the perpetrator a stranger).²⁷ As shown in Figure 9 and Table 12, a relative was the abuser in 53% of the pure financial exploitation (PFE) cases, 56% of the neglect cases, 88% of the physical abuse cases, and 100% of the hybrid financial exploitation (HFE) cases, with the nature of the relationship between the victim and the perpetrator being differentially associated with the nature of the abuse ($\chi^2(3) =$

²⁷ A controversy exists in the literature regarding whether spouses or adult children are more likely to engage in violence against the elderly (more often females). With regard to elder physical abuse, although the seminal study by Pillemer and Finkelhor (1988) reported that the abuser was more likely to be a spouse than an adult child, The National Center on Elder Abuse (Tatara & Kuzmeskus, 1996) reported that adult children were the most frequent abusers of the elderly. Likewise, the NEAIS study (National Center on Elder Abuse, 1998) reported that adult children (48.6%) were more likely than spouses (23.4%) to be the perpetrator.

13.60, $p < .01$). For HFE cases, perpetrators were half again as likely as would be expected by chance to be a relative, while for PFE cases perpetrators were half again as likely to be a non-relative. In “pure” physical abuse cases, perpetrators were 2.5 times less likely than expected to be a nonrelative, while in HFE cases perpetrators were 5 times less likely than expected to be a nonrelative.²⁸ Thus, PFE perpetrators were typically both relatives and nonrelatives of the elder, whereas perpetrators of physical abuse and of HFE generally involved only relatives of the elder.

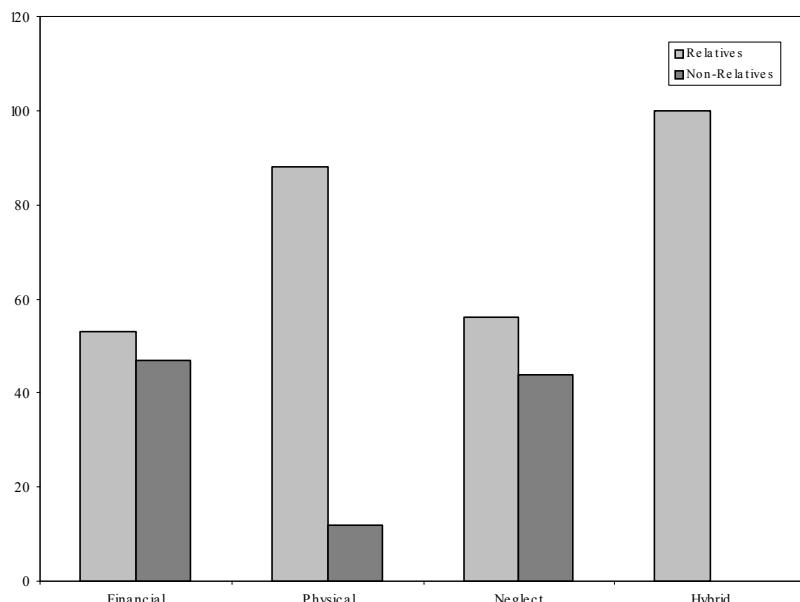


Figure 9. Relationship of perpetrator to victim by type of maltreatment.

²⁸ In 77% of the cases the perpetrator acted alone, in 17% of the cases the perpetrator was aided by a spouse or some other accomplice (who generally played a minor role), and in 6% of the cases the elder was abused by multiple, unknown perpetrators. However, the number of perpetrators per incident did not vary by the type of case. However, whether the perpetrator acted alone did vary with the nature of the relationship between the elder and the perpetrator ($\chi^2 = 14.21$, $p < .01$). No nonrelatives worked with a spouse or some other accomplice, but relatives were half again as likely as expected by chance to work with a spouse or some other accomplice. In contrast, no elder abuse cases involving relatives involved multiple perpetrators, although perpetrators who were nonrelatives were 3 times more likely than expected to have multiple perpetrators. There was a trend for number of perpetrators to vary by gender ($\chi^2 = 5.49$, $p = .06$). No male perpetrators were assisted by a spouse or other accomplice, whereas female perpetrators were half again as likely as expected by chance to be assisted by a spouse or other accomplice.

Table 12. Type of Maltreatment by Relationship of Perpetrator to Elderly Person					
	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Relative	20	7	5	16	48
Non-relative	18	1	4	0	23
Total	38	8	9	16	71

Elder awareness. As shown in Figure 10 and Table 13, whether the elderly victims were aware that they were being mistreated in some way was also examined. Cases were divided into three categories based on the elderly persons' responses: elderly persons who indicated that they were aware of the perpetrator's behavior (49%), elderly persons who were unaware of the perpetrator's behavior (35%), and elderly persons who did not conceptualize the perpetrator's behavior as abusive, exploitative, or neglectful (16%). Thus, about half of the elderly persons were aware that they were being mistreated. Awareness is to be expected when a person is experiencing physical abuse, but perhaps less so with the other forms of abuse, particularly when financial exploitation is involved. Indeed, elder awareness was significantly associated with type of abuse ($\chi^2(6) = 24.67$, $p < .01$). PFE victims were half as likely as expected by to be aware that they were being financially exploited (i.e., PFE victims were likely to be unaware they were being financially exploited). In addition, twice as many as expected victims of physical abuse were aware that they were being physically abused and] half again as many HFE victims as expected were aware that they were being mistreated. Although HFE elderly victims were aware they were being

mistreated, we failed to ask which aspect (financial exploitation, physical abuse, neglect) they were aware of and therefore it is unclear whether these HFE elderly victims were aware of both their financial exploitation and physical abuse/neglect or just one aspect of their maltreatment.

Not surprisingly, the three-level elder awareness variable was significantly related to a diagnosis of dementia ($\chi^2(2) = 18.96$, $p < .001$). When the elder did not conceptualize the perpetrator's behavior as abuse, elderly persons were three times more likely than expected to have a diagnosis of dementia.

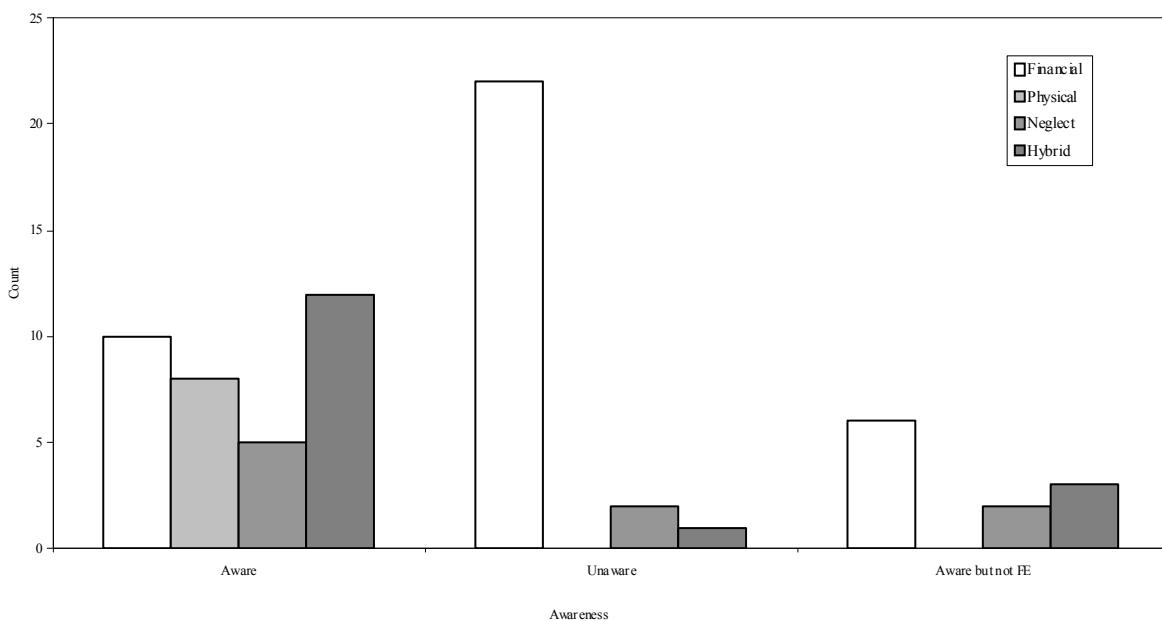


Figure 10. Elder awareness of abuse by type of maltreatment.

Table 13. Was the Elder Aware of the Perpetrator's Behavior?

	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Aware of perpetrator's activity	10	8	5	12	35
Unaware of perpetrator's activity	22	0	2	1	25
Aware of activity but did not conceptualize behavior as abuse	6	0	2	3	11
Total	38	8	9	16	71

Whether elderly persons are aware of their maltreatment raises the controversial issue of whether the victim was either complicit in or complacent about the abuse they experienced. Some scholars are reluctant to assign any culpability to elderly persons for their victimization, with assertions that the victims may have played a role in their victimization often viewed with disdain. However, consistent with our own findings here, the field of victimology has recognized that a continuum of victim culpability exists, ranging from totally blameless to highly culpable (Doerner & Lab, 2008; Wallace, 2007). Johnson (2003) noted that elder victims of fraud in particular are likely to have somehow participated in their victimization, with victim complicity falling along a continuum. Similarly, Gordon and Brill (2001) report that while some elderly victims were indeed completely unaware that they were being financially exploited, often there was some degree of awareness and even complicity on their part. These victims are likely to be perceived by society as tainted and thus less deserving of our sympathy and support because to be an “ideal” victim one must not have deliberately placed oneself at risk or been complicit in the abuse (Wallace, 2007). But we can only truly understand elder abuse when we accurately understand the victim’s role and

acknowledge that in some cases the elder shares some of the responsibility for the occurrence of the abuse. This is not to “blame” the victim, but rather to understand and respond appropriately to the relatively complex interpersonal dynamic that often accompanies these cases. The subsequent section on Interpersonal Dynamics explores these issues in greater detail.

Repeat victimization. The occurrence of repeat victimization of an elder was established by examining whether APS had received and confirmed more than one APS report involving a given elder. As shown in Figure 11 and Table 14, elderly persons seldom experienced abuse on only a single occasion (15.5% or 11 of the 71 cases studied). In 84.5% (60 of 71) of the cases, the elder experienced abuse by the perpetrator more than one time. Moreover, when abuse did occur more than one time, in almost half of those cases (25 of 60 cases or 41.7%) the repeat victimization occurred within a one year timeframe.

Multiple victimization was related to the type of maltreatment ($\chi^2(6) = 26.89$, $p < .01$). Neglect cases were at least three times more likely than expected to occur one time and four times less likely than expected to have a long history. HFE cases were more likely by half than expected to have a long history of abuse, three times fewer than expected to have a short history, and fewer than expected to have abuse occur one time.

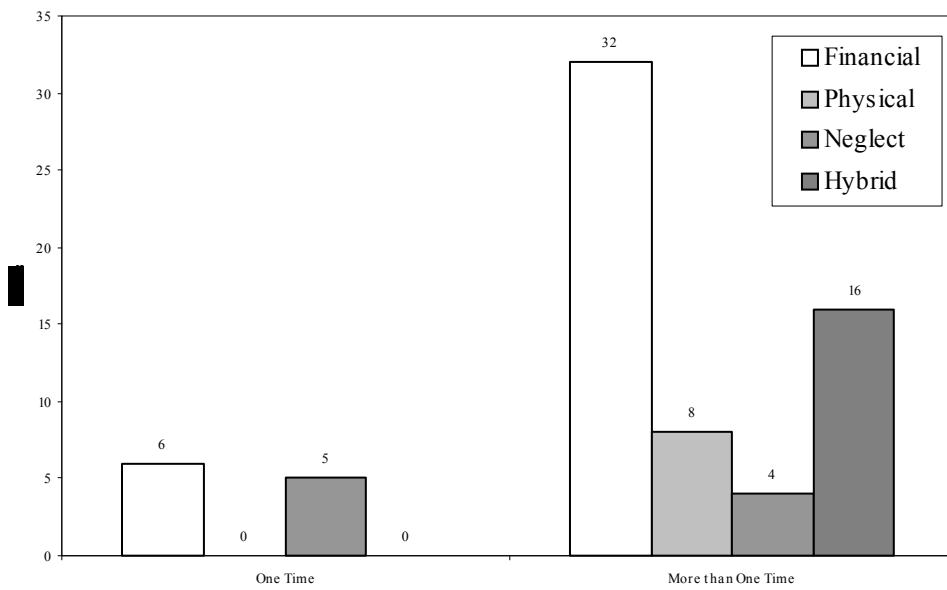


Figure 11. Repeat victimization by type of maltreatment.

Table 14. How Many Times Did the Abuse Happen?

	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
One time	6	0	5	0	11
Short history (less than a year), but more than one occurrence	18	2	3	2	25
Long history (a year or more), and more than one occurrence	14	6	1	14	35
Total	38	8	9	16	71

Duration of the abuse. On average, the duration of the abuse was 59 months (range 1 – 648 months). Duration of abuse varied significantly by type of maltreatment ($F(3) = 4.39, p < .01$). The mean length of time (and standard deviation) for physical abuse was 152 months ($SD = 142.70$), 123 ($SD = 182.63$) months for HFE cases, 32 ($SD = 70.16$) months for PFE cases, and 28 ($SD = 46.63$) months for neglect. See Figure 12. Thus, physical abuse and HFE victims experienced abuse significantly longer than did

victims of PFE and victims of neglect. This is consistent with our previous finding that physical abuse and HFE victims were aware of their abuse.

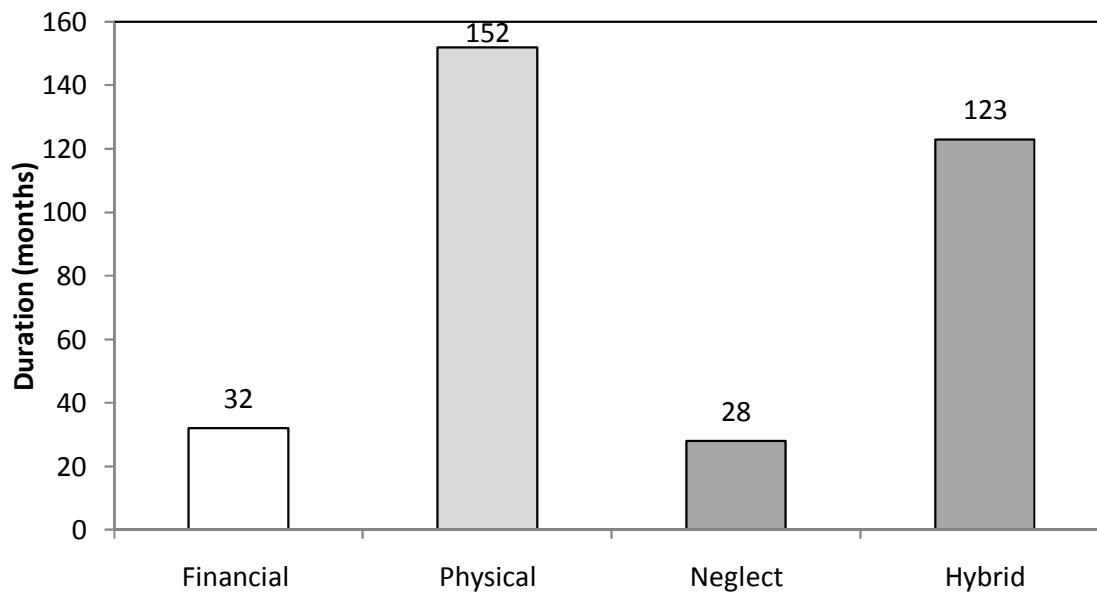


Figure 12. Duration of abuse by type of maltreatment.

Previous APS reports. For a substantial number of elderly persons in our sample, the instant incidence was not their first contact with APS. In fact, 42% of elderly victims ($N = 30$) had had a previous APS report. The number of previous reports ranged from 1 to 10, with a mean of 2.73 previous reports. Interestingly, the most common type of previous report was for self neglect (16%) (see Table 15). However, previous reports was not significantly associated with type of maltreatment.

Table 15. Does the elder have previous reports?	
Type of Previous Report	Frequency (Percentage)
Financial Exploitation	6 (9%)
Physical Abuse	4 (5%)
Neglect	4 (5%)

Two or more types of abuse	4 (5%)
Self neglect	11 (16%)
No previous reports to APS	41 (59%)
Total	70

Previous attempts to intervene. As shown in Table 16, in 60 of the 71 cases (85%), the abuse occurred more than one time. In 53% of those cases, no one had previously tried to intervene (elderly persons may have had previous APS reports for other matters such as self neglect). Previous attempts to intervene or not was not related to type of maltreatment.

Table 16. If More Than One Time, Did Someone Ever Try to Stop This from Happening Before APS Became Involved?					
	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Someone tried to stop the abuse (previous help-seeking behavior) ²⁹	12	4	1	11	28
Never tried to stop it before/APS was the first involvement	20	4	3	5	32
Total	32	8	4	16	60

As expected and as shown in Table 17, in no case in which someone tried to intervene previously were they successful in stopping the abuse.³⁰ We inquired as to why the attempted intervention was unsuccessful. Generally, the responses concerned

²⁹ This variable collapsed previous attempts to stop the abuse by (1) elder, (2) other person/caregiver, (3) an agency, or (4) APS.

³⁰ When more than one person attempted to intervene (e.g., the elderly person and another family member), the elder person was selected as the person who attempted to intervene. Regardless, in no cases was the intervener successful in stopping the abuse. Differences by type of case were not computed due to an absence of successful interventions.

the elder's unwillingness to take the advice given. For example, when a family member was trying to convince the elder to get help, a respondent said "Mrs. A [elder] told SA [nonoffending son] she would confront her son, but she never actually did; she wouldn't follow through." Similarly, a caseworker explained "RB's tactics didn't work because while she does take some action to stop the abuse, she won't expel him from her home or have him prosecuted. She'll only go so far in what she is willing to do stop his behavior." Very often the responses were "She just wouldn't listen to anyone."

Interesting, elderly persons were two times more likely than expected to report their own attempts to intervene in their abusive situation while APS caseworkers were three times less likely than expected to report elder's attempts to intervene in their own situation. That is, elderly persons were significantly more likely to report that they tried to stop their abuse compared to APS caseworker's perceptions that the elderly person had tried to stop their abuse ($\chi^2(4) = 18.69$, $p = .001$).

Table 17. Previous Attempts to Intervene

Who Attempted to Intervene	Frequency	Percentage
Elder tried to stop the abuse previously	10	17%
Other person (friend, neighbor, family) tried to stop the abuse previously	13	22%
An agency other than APS tried to stop the abuse previously	3	5%
APS tried to stop the abuse previously	2	3%
Total previous attempts to intervene	28	47%
No one ever tried to stop the abuse before	32	53%
Total	60	100%

Take Away Points

- 70% of perpetrators were related to elderly victims
 - HFE and physical abuse elderly victims were more likely to have a perpetrator who was a relative
 - PFE were as likely to have a perpetrator who was a relative as a nonrelative
- 41% of elderly persons were aware of their abuse
 - PFE were half as likely as expected to be aware they were being maltreated
- 84.5% of elderly persons were victimized more than one time
 - Neglected elderly victims were more likely to be neglected one time
 - HFE elderly victims were more likely to have experienced abuse multiple times over a long period of time
- The duration of abuse was longer for physically abused and HFE elderly people ($M = 152$ mo, 123 mo, respectively) compared to PFE and neglected elderly people ($M = 32$ mo, 28 mo, respectively)
- 42% of elderly persons had been reported to APS on at least one previous occasion, most frequently for self neglect
- More elderly people than might be expected (17%) attempted to intervene on their own behalf to stop their abuse

Results Section 5 of 13:

Interpersonal Dynamics of Elder Maltreatment³¹

Each set of transcripts for a given case was read to examine and identify the primary dynamics underlying the abuse involved (i.e., PFE, HFE, PA, and neglect).³² The guiding question in examining each case was: “What was it about the interpersonal relationship between the elder and the perpetrator that contributed to the occurrence of abuse?” In some cases, multiple types of interpersonal dynamics could be identified, but our goal was to identify the predominant dynamics for a given case. Because perpetrators could not be interviewed (a necessary limiting aspect of this study to avoid exposing participating elderly people to potential harm), the perceptions of the elderly victims, the APS caseworkers, and, where available, relatively knowledgeable, independent third parties guided the identification and description of the interpersonal dynamics underlying these cases.

Narratives were first divided by the four types of abuse under study. Then all narratives associated with a given type of abuse were read and categories of dynamics for that type of abuse were developed based on a reading of the narratives. Narratives were then reread and cases were assigned to the various identified dynamics associated with each of the types of abuse. Table 18 provides a summary of the categories of dynamics and their associated

³¹ The authors acknowledge that the cases reviewed in constructing this description of the dynamics of the underlying relationships associated with elder abuse do not constitute a random sample. However, this does provide a descriptive study drawn from a representational sample that provides insight into the nature of these relationships.

³² Because there were not enough cases within the various categories of dynamics to permit empirical substantiation, definitive assertions regarding the validity and reliability of these categories can not be made. However, just as interviews with focus groups are widely employed to generate working hypotheses, similarly the analysis provided here provides hypotheses regarding these underlying dynamics that can guide future research efforts.

characteristics. Vignettes of each of the cases that fall within a given category are provided below.

Pure Financial Exploitation

From the 38 cases involving pure financial exploitation, eight primary interpersonal dynamics were identified. They included scenarios where: (1) relatively independent elderly persons had quite reasonably come to trust someone they knew quite well in the course of a generally positive relationship, but ultimately this trust was breached when circumstances changed or tempting opportunities arose that the perpetrator did not resist, (2) relatively independent but isolated elderly people had been, usually unwisely, seeking to protect the perpetrator, primarily because the perpetrator was dependent on the elder (often because of a substance addiction) and the “parent-child” like relationship that existed between the two, with the perpetrator/“child” exploiting this relationship, (3) relatively independent elderly persons feared a loss of independence that they believed might lead to the loss of or having to leave their home, and as a result became enmeshed in a situation that permitted the perpetrator to prey on this fear, (4) relatively independent elderly persons had placed undue trust in and overestimated the skill or good intentions of the perpetrator, with the perpetrator manipulating the situation and taking advantage of this undue trust, (5) the health of previously independent elderly persons had recently declined, which left them dependent and vulnerable and created an opportunity that a family member had exploited, (6) relatively independent elderly persons who were quite charitable had been misled by a perpetrator who conveyed a relatively sympathetic persona, (7) relatively independent elderly persons had entered into relatively short-term romantic or sexual relationships where contributions from the elder’s

assets were the quid pro quo required by the perpetrator to continue the relationship (Sweetheart Scams), and (8) elderly persons who lived in the community that were suffering from ongoing and permanent cognitive deficit(s) had been taken advantage of by perpetrators who recognized and exploited the cognitive limitations of the elder. Most of these cases involved elderly persons who were able to live relatively independently in the community, had not previously been victimized by others, and were not embroiled in a long-term, ongoing, frequently mutually destructive relationship with a perpetrator who was dependent on the elder (scenarios that were often associated with other types of elder abuse). Rather, these elderly persons tended to overestimate the good will of the perpetrator (and perhaps that of individuals in general) or the capacity of the perpetrator to resist temptation or a relatively unexpected opportunity to exploit the elder.

Trusting elderly persons and breach of trust. A number of the PFE cases involved the breach of a generally long-standing trust that existed between a relatively independent elder and the perpetrator in the course of what appeared otherwise to have been a positive relationship in which neither party was dependent on the other. In 10 (27%) of the 37 cases of PFE an elder had placed a high level of trust in an individual who was well-known to the elder. While initially this placement of trust appeared to be warranted, it ultimately came to be unjustified when the perpetrator took advantage of an opportunity that arose to exploit the elder. One case involved a common-law couple, four cases involved a perpetrator who was a relative of the elder, one involved the girlfriend of the elder's son, and four involved home health care providers employed to provide assistance to the elder.

In the cases that involved relatives, trust had been established over many years. Moreover, in one of the cases where the perpetrator was not technically a relative (the common-law couple), a long-term interpersonal relationship was involved. Each of these relationships was perceived by the elder involved to be a positive, well-functioning relationship, with the elder having no reason to distrust the perpetrator. While the relationships with the home health care providers were generally much shorter in duration (with one exception), the elder may have come to place a great deal of trust in the perpetrator because of the vetting that home care providers are purportedly subjected to by state-regulated home health care agencies. Reflecting this high level of trust, in 3 of the 4 cases the home health care provider had been authorized to manage at least some of the elder's assets. In all of the cases in this category, the trust placed by the elderly victims in the perpetrators appeared to have been initially warranted.

Among these perpetrators, none of them were financially dependent on the elder, although the employment of the home health care providers was contingent on their continuing to provide generally satisfactory services to the elder. None of them appeared to have established a relationship with the elder for the express purpose of financially exploiting the elder, nor did they appear to be harboring a prior grievance, ill will, or resentment towards the elder. Rather, the perpetrators appeared to take advantage of a relatively unexpected opportunity to exploit that presented itself in the course of their relationship with the elder, a temptation that they failed to resist. Generally, the elder had virtually no inkling that this exploitation was a likely possibility,

although a more suspicious person might have. The following are descriptions of how the perpetrators violated the elder's trust in these cases.

For example, in one case (#015), a common-law couple had jointly purchased 22 acres of land as an investment. He was 74-years-of-age and still working as an engineer and she was 65-years-of-age and a "stay-at-home-wife." They planned on developing the land and then selling it and using the proceeds for their retirement. The woman, however, had a poor relationship with her three sons and was trying to mend her relationships with them. As a result, she told her common-law partner that she wanted to add the name of one of her sons to the deed on this property to help him get started in a development and building business, an arrangement to which her partner agreed. While he was on a business trip, she faxed the last three pages of the deed to him to sign. Trusting his common-law spouse fully, he signed the form and returned it to her without questioning why he had been sent only the last three pages of the document. Unknowingly, he had signed a form deeding the property to her in its entirety, which she then "gifted" to her son. He asserted that after a 25-year relationship there had been no reason for him to suspect that she would do this as he trusted her completely.

Likewise, the four cases involving relatives of the elder reflected misplaced, but understandable trust. In one case (#017), the 80-year-old elder was a widow with no children. She had worked two and three jobs at a time so she could purchase a piece of property to have for her retirement. When she moved to Virginia, she had to sell the property to obtain subsidized housing. The monthly property payments obtained pursuant to the sale were to go into a savings account that she could use for her

retirement. She asked her “favorite” nephew, who was now 45-years-of-age and with whom she had been close all his life, to take care of the account for her. He agreed to do so. The elder named him as the sole beneficiary on the account but did not realize that a power of attorney she had also given her nephew provided him with equal access to her account. She asked her nephew about the account from time to time over a 10-year period and he would respond “All is well.” She had no reason to distrust him and it was only when he became standoffish, uncommunicative, and stopped calling her that she became suspicious and checked the account. The nephew had fully depleted the \$40,000 savings account. The elder remarked, “I thought he’d take care of me.”

In a similar case (#020), an elder’s granddaughter-in-law, now in her late 30s, had been providing help to the 87-year-old elder over the past 17 years, such as filling her pill box each week, taking her to the grocery store, and helping her pay her bills. Years ago it was agreed by all family members that the granddaughter-in-law’s name should be placed on the elder’s checking account to facilitate bill paying. As the elder’s health deteriorated rapidly, she relied more and more on her granddaughter-in-law. The elder was eventually placed in an assisted living facility. About this same time the granddaughter-in-law separated from her husband (the elder’s grandson). She began writing checks out of the elder’s account for her own rent and cell phone service, which she had never done before. Although she had a job, the granddaughter-in-law needed the extra money now that she was on her own. Here again, the elder trusted her granddaughter-in-law, who to this point had never violated the elder’s trust. The elder was not upset when she found that her granddaughter-in-law had written some checks

to redress her personal needs, saying: "My granddaughter-in-law deserved some of my money because she did so much for me." Her grandson, however, did not approve of this and attempted to press charges against his soon-to-be ex-wife, but the police refused to file them because the granddaughter-in-law's name was on the checking account. The elder died shortly thereafter.

In a third case (#P02), a then 64-year-old woman (now age 81) had wanted to quit her job so she could stay home with her dying husband for the final year or two of his life. However, they could not afford for her to do so outright. To enable her to stay home with her husband, she decided to sell the property on which they lived (the trailer in which the elder lived was not to be included in any such transaction). Her nephew offered to buy the property, while giving her the right to live on the property for the rest of her life (a life estate in the land). They went to a lawyer, who wrote up a contract and a deed. According to the elder, the lawyer also told her that she would never have to pay taxes on the property again, as the nephew would have to pay them. She signed the deed/contract. Her husband died a couple years later. Since that time, the nephew has harassed her and tried to get her off the property. Whenever she would ask the nephew to do something about upkeep on the property, he would always respond "read the deed." As a result, one day she went and got a copy of the deed and found "what a dirty deed he done." She had assumed that she had life-long rights to all of her property, but the deed only gave her life-long rights to the small amount of property the trailer actually sat on and a parking space out front. The woman, who is illiterate, regretted that she had not brought her own attorney with her when she signed the

documents. Nevertheless, the nephew's harassment of the elder continued. For example, on one occasion, he installed an orange plastic fence to demarcate the edge of her life estate, but which made the entrance to her home look like a crime scene. When she tried to complain to her nephew, he refused to talk to her. So instead, she called the police and the police told her she could take it down. In addition, the nephew refused to remove garbage from the surrounding property. Also, although she believed the nephew was responsible for upkeep on the trailer, he refused to make repairs, with the result that the roof leaked and the floor was crumbling. In a similar vein, her grandson had stayed one night with her, but her nephew told her that the grandson could not do so again in the future. Finally, the nephew was taking her to court to force her to pay taxes on the property. Although this had been going on for over 15 years, APS only got involved after the local Zoning Department came out to look at the property and the elder complained about the condition of her floor and roof and that her nephew would not provide needed repairs. The Zoning Department called APS. APS, in turn, gave her referrals to some local nonprofit organizations that might be able to help her obtain needed repairs. The APS caseworker said she had concluded that there was not much else that she could do because the elder seemed alert and capable of living on her own, and she had determined that the nephew had stopped harassing the elder (a determination that the elder disputed). With regard to the ownership of the property, the local Commonwealth's Attorney was contacted, but he concluded that there was nothing he could do as the deed had been signed.

In the fourth case (#025), a now 78-year-old man with a history of mental illness (mood disorder not otherwise specified, dementia) lived alone. In addition, his health was poor as he suffered from hypertension, chronic renal insufficiency, and constipation, and he was a diabetic. The elder was unable to handle his finances, with his sister (age 80) handling them for the last couple of years, which gave her access to his funds. After a health setback, he had been recuperating in an assisted living facility. The facility became concerned when he did not eat for three days. The elder said he was unable to eat because he had no stomach. The assisted living facility determined that the elder was not psychotic, just old, and so he was taken to a local hospital. The hospital, however, quickly released him as it determined that the problem was not the result of a medical condition. After multiple unsuccessful attempts to have the elder admitted to the hospital, the assisted living facility called APS because it didn't know what to do with the elder. At this point it was determined that he was indeed hallucinating and further that there was a danger that he would hurt someone as a result. Accordingly, a temporary detention order was obtained and he was involuntarily placed in a psychiatric facility, where he remained for a year. After this year, the hospital was prepared to discharge the elder. However, a huge bill had been incurred and hospital officials asked the elder to use his existing resources to pay for it (which in turn would enable the elder to qualify for Medicaid and allow him to be placed in a nursing home). The elder had an account in which he had placed \$69,000, but when he went to withdraw these funds he found that there was no money in it. The hospital at this point called APS, who determined that the elder's sister had withdrawn this entire

amount. The sister refused to return the funds because she did not want them used to pay for this hospital bill. However, a court action was initiated, at which point she backed down and returned the money. Simultaneous to this, guardianship proceedings were begun for the elder, and APS was appointed the elder's guardian. He now permanently resides in an assisted living facility.

In a case (#003) involving a perpetrator who was a long-time friend of a now 84-year-old elder, the elder's son (now in his 40s) had introduced his colleague to his mother (the elder in this case) about 10 years earlier, after which they readily became friends. She began helping the elder with various tasks, took her shopping and out to lunch, and, over time, began helping the elder pay her bills. She established an online account "for the elder" (who did not own a computer) to pay these bills. Over time, this person began to write checks to herself, as well as to others, that were unrelated to the paying of the elder's bills. Although the elder was being financially exploited, she was for some time unaware of this because her account was never overdrawn. However, she found a returned check one day that she did not recognize that was made out to her grandson's college for tuition. She called a relative who took the elder to the bank where it was discovered that her checking account had been depleted. It was unclear the extent to which her son was also involved in this situation, but by introducing his colleague to the elder, the perpetrator may have benefited from the trust imbued by the elder in her son as a family member.

There were four financial exploitation cases that fell within this category that involved home health aides. In some of these cases, the professional care providers

were specifically assigned the responsibility of assisting the elder with financial matters but used this assigned responsibility as a means to financially exploit the elder. For example, the perpetrators would write checks to pay bills, have the elder sign these checks, and then not mail them but instead convert them to their own use. Another method of obtaining money from elderly persons involved perpetrators telling the elder that something cost more than it really did and then pocketing the difference. And sometimes the care providers simply stole blank checks from the elder, signed them with the elder's name, and then cashed them for personal gain.

In one case (#019), the elder, confined to her home, required comprehensive, full-time care. The elder, who was somewhat difficult to get along with, had gone through virtually all the home health aides available in the rural area in which she lived. A 36-year-old home health aide was finally located through a friend of a relative and hired. The elder did not have other options, although she did like and trust this home health aide, in part because of the source of the referral. After the home health aide began working for her, the elder received a bank statement indicating that she was overdrawn. The elder confronted the home health aide, who admitted to writing checks to herself, apologized, and promised not to do it again. The elder told the police that at this point she did not want to press charges because she liked and trusted the home health aide. Indeed, shortly thereafter, when the home health aide, who needed a place to live, asked the elder whether she could move in with the elder, who had a spare room in the back, the elder readily agreed because she liked the woman. However, one night the elder was waiting for the home health aide to return home to put her to bed,

but she never arrived. The elder received a phone call at midnight from the police informing her that the home health aide had been arrested for trying to pass one of the elder's checks at a store. The police asked if the elder wanted to press charges and this time she said "Yes."

In a similar case (#059), the elder received his bank statement one day and noticed that \$600 was missing from his account. Although he was 91 years old, he still paid his own bills. He also determined that four checks—each for \$150—had been made out to his home health aide, but that the signature on the checks was not his. The home health aide (in her early 40s), who had been referred to the elder by a licensed home health agency, had only been working for the elder for a few months. She had found his checks (the location of which he had not felt a need to secure or hide from her) after putting the elder in the bathtub and then rummaging through his things. The bank returned the elder's money and pressed charges against the home health aide.

In another case of financial exploitation (#029), the previous home health aide for a 73-year-old elder had been removed without explanation after a few months on the job by the licensed home health agency that had initially supplied the aide (although she continued to work elsewhere for the agency). The agency had then provided the elder with a new home health aide (a woman in her 30s). When the elder attempted to give his current home health aide a \$50 tip for doing his laundry, she noted that this was an awfully large tip, to which he responded "That's what the previous caretaker [had told him] she needed to do laundry." Shortly thereafter, the elder, a frugal man who did not spend money on anything other than necessities, received his bank statement and

found that his checking account was overdrawn by \$200. The new home health aide, who had become suspicious of her predecessor after learning about the size of her expected tips, took the bank statement information to her supervisor at the home health agency, but he did not act upon it. As a result, the home health aide called APS instead, who in turn called the police. The prior home health aide, without the elder's knowledge, had been writing checks to herself on the elder's account and signing his name to them. This elder may well have assumed that the home health agency thoroughly vetted its employees before sending them into the homes of vulnerable adults, but his current home health aide told the interviewer that this was not the case.

In a fourth case (#022), a 62-year-old man in poor health had recently been provided a home health care provider by a local home health care agency. The elder suffered from severe mental illness (he had been diagnosed with generalized anxiety disorder and schizo-affective disorder, bipolar type), for which he takes medication. The elder received his phone bill, in which there were a number of charges for phone sex. Upon seeing this, the elder called his mental health case worker. Together they figured out that it must be the new home health aide that was doing this while he was supposed to be working. The elder recalled that the home health aide had asked him if he could use the phone, and—after the elder said okay—took the phone outside. At the time, the elder had not thought anything about it. After reaching this conclusion, APS was called. The APS caseworker talked to the home health care provider, who eventually confessed. He was dismissed from this assignment, although the home health care agency sent him somewhere else to work as a home health care aide. He

did agree to repay the elder by sending him a percentage from each of his pay checks until the debt was paid. The elder described this occurrence as completely unexpected.

In most of these cases, an individual who the elder trusted had gained access to at least some of the elder's financial assets, generally with the elder's permission. Typically elderly persons had legitimate reasons for trusting these individuals, with little reason to suspect that they would engage in wrongdoing. However, in each of these cases the elder was ultimately financially exploited. These cases suggest that while elderly persons' reliance on others for the management of their financial affairs is often warranted and may be a necessity, periodic monitoring of the activities of these individuals may be needed. The trust imbued in these individuals may initially have been fully warranted, but circumstances may change or tempting opportunities may arise that lead to a betrayal of this trust. What may have begun as a well-intentioned, fully-honorable effort to provide assistance to an elder may, for a number of reasons, digress into an exploitative relationship.

It is also worth noting that in a number of these cases the exploitation was kept to a relative minimum because of the vigilant surveillance of the perpetrator's activities either by the elder or by some third party, notwithstanding that there was no prior indication that the trust imbued in the person was unwarranted. It is important that elderly persons be made aware of and remain vigilant in watching for this possibility. To the extent that the elder is not able to fill this role, it is important that some third party provide periodic monitoring of these activities. Reflecting the difficulty of this task, however, it is also worth noting that the perpetrators in these cases encompassed a

broad spectrum of individuals who the elderly person generally justifiably thought they could trust. Further, there appeared to be few warning signals that PFE was likely to occur in these cases.

Thus, regardless of the nature of the relationship between the elder and various trusted individuals, it would seem wise to ensure that periodic monitoring of these financial activities is conducted, either by the elder if he or she has the capacity to provide it or by some independent third party. Further, it is important to provide periodic reminders to elderly people or these independent third parties that heretofore trusted individuals may, for a number of reasons, be unexpectedly tempted to exploit the elder and that they (or someone they trust) should periodically scrutinize the activities of those who are managing or have access to their assets.³³ They should also be reminded that even if a professional agency has provided the person who is supplying in-home services to the elder, that individual may still seize upon an opportunity that arises to exploit the elder. Thus scrutiny and oversight of such persons is also warranted. Indeed, enhanced scrutiny and oversight may be justified in light of the two cases where a home health care provider who had exploited an elder was merely “recycled” to another home rather than terminated as an employee.

Protecting the dependent perpetrator in a “parent-child” relationship. We also identified a set of five cases that was characterized by the elder’s continuing desire, notwithstanding the occurrence of PFE, to protect and shield the perpetrator. This desire seemed to be driven by the long-term nature of the relationship between them

³³ It is worth noting, however, that it may be difficult to encourage this scrutiny where the elder has lived a lengthy life during which he or she has not previously experienced a similar breach of trust.

and the elder's recognition of the perpetrator's dependence on the elder. Further, this desire tended to continue even when the elder's efforts to protect the perpetrator caused the elder further harm.

What these cases had in common was that the perpetrator was the elder's adult offspring or that the two of them had the equivalent of a parent-child relationship (e.g., in one case the elder helped raise her nephew and considered him a son, while in another case the elder, after her daughter died, raised her grandson as her son). Further, all but one of the perpetrators resided with the elder, and, even in the one case where they were currently living apart, the perpetrator had previously lived on and off with the elder (his aunt) and the elder was currently paying the perpetrator's rent. The perpetrator's dependence on the elder could often be attributed to the substance addiction of the "child," which was present in four of the five cases and may have limited the perpetrator's ability to live independently.

One unintended consequence of these long-term relationships where the "child" relied heavily on and drew from the elder's resources, was that over time the elder and the elder's "child" had alienated other children and relatives within the family constellation. This, in turn, tended to isolate the elder and made it more difficult to monitor these situations and provide needed assistance to prevent or halt financial exploitation.

As noted, these perpetrators were all relatively dependent on the elder. However, although a certain amount of emotional manipulation might be involved, unlike cases that will be described later where physical abuse of the elder occurred,

physical violence was not used to obtain assets from elderly persons. Nor was violence necessary as elderly persons voluntarily provided housing and tended to pay the expenses of the perpetrator in general. Nevertheless, the perpetrators still often stole money or possessions from elderly persons, which they generally pawned for drug money. Although elderly persons realized they were being exploited, their overriding concern was for the well-being of their “child.” Elderly persons stated that they would rather know where these individuals were then have them on the street or in jail. Elderly persons tended to desperately want their children in drug treatment, a wish that was generally unfulfilled. In general, they wanted to redress their children’s problems rather than punish them for their exploitation, but they tended to be at a loss on how to attain this goal.

In an exemplar case (#044), one couple in their 80s provided a rich history of their daughter’s problems, which began in high school. In reflecting on their daughter, they noted: “She was always different from the[ir] other two kids.” She had routinely stolen from her parents, never finished community college, drifted aimlessly from one job or activity to another, and been involved in a series of abusive relationships and at one point was abusive towards her father. She was jealous of her siblings and her siblings in turn were disgusted with their sister for wasting her life. After a number of broken marriages, incarceration for a violent offense, and chronic unemployment, she moved back in with her parents once again. In 2007, she was diagnosed as having a bipolar disorder. Shortly after this, the couple received an unexpected credit card bill for \$8,000, another for \$12,000, and a third for \$10,000. The couple at that time had no idea their daughter had taken and used these credit cards. Their daughter

had also opened additional credit cards in her mother's name. The now 45-year-old daughter has disappeared. The couple said: "Oh the mistakes we've made. We've spent more money on her than all the other kids [combined]. And we're afraid of her." However, the father ended the interview by saying softly "I just want her home." Although the daughter had been violent towards others in the past and, on one occasion, had assaulted her father without physically injuring him, thus far violent behavior has not been directed towards her parents.

In another representative case (#014), the perpetrator's mother had died when he was 3 years old and the elder has raised her grandson as her son. He had been in special education programs and the other school children had made fun of him. Perhaps in part because of this, the elder was fiercely protective of him. She acknowledged that her now 24-year-old grandson could not get or hold a job; he had never worked for more than a few weeks at a time. He had lived with his grandmother since the death of his mother. However, when the elder's husband died a few years ago, her "son" began to open credit cards in the elder's name, and when she stopped that activity he began forging her signature on checks. The elder recognized how this contributed to her own precarious financial situation as her house had been in foreclosure twice. The grandson was now married, but this only added to the elder's burden as both he and his wife were now residing with the elder. The elder felt that she could not ask the couple to leave because neither of them had a job. And she really did not want them to leave. She rationalized that her "son" was extremely helpful to her, especially after she had undergone surgery. The 76-year-old elder felt she needed him at home to help her with things like mowing the lawn, which she could no longer do, and that his presence allowed her to stay in her home. However, she also felt like she could not prepare for the end of her life because she had to take

care of him. She also worried about what would happen to him when she dies. This in fact seemed more troubling to her than his financial exploitation and her immense debt. She attempted to reassure herself by noting, "He doesn't do drugs. Maybe I kept him from that at least."

In another case (#002), an 86-year-old elder had no children of her own but had helped to raise her nephew and thought of him as her own son. Her nephew had lost his mother to cancer 5 years before. His now-deceased mother had recognized that he had a drug problem and arranged to only give him access to his trust fund upon his 32nd birthday. As a result, because he was now only 31 years of age, he did not yet have access to this fund or other funds of his own. Instead, he would steal property from the elder and sell it at pawn shops. Further, he would make up stories about why he needed money and she would simply give it to him. He did not have a car of his own; instead, she would drive him wherever he wanted to go. For example, she would drive him late at night to a seedy part of town to engage in the use of illegal drugs and wait out in the car for up to three hours for him to return. The elder always gave him whatever he requested. In addition, if she initially refused, he would say she did not love him, nobody loved him, and nobody had ever loved him (he had been adopted), and then she would capitulate. Her justification for her behavior was that she did not want her nephew living on the street or ending up in jail. She added that she had promised her sister that she would take care of him and she would do anything to keep him from becoming homeless or incarcerated. Although her home was paid for at the time of her retirement, she now had over \$300,000 in mortgages, as well as an additional debt of \$200,000 from other sources. Ironically, this exploitation was halted, at least for the time being, when the nephew was

arrested and incarcerated for a violation of probation related to a prior conviction for an unrelated matter.

In a similar case (#004), the 68-year-old widow had her adult son living with her. She knew he was involved in drugs, and while she did not approve of this behavior, she preferred her son live with her so she knew where he was. Her son had stolen from her and pawned possessions to obtain money for drugs. Although this had been going on over the past two years, recently the son had been involved in a crime in which he had given his mother's rental car to a friend to borrow. The car was used in the commission of a crime and a gun was found in the car. The trial was beginning and the elder had to testify. Afterward, the elder had been threatened by her son's friends and she is becoming increasingly fearful of being home alone (while her son is in jail). The elder's nonoffending son, who has been trying to get his brother out of his mother's house for some time, has become very concerned about his mother's safety and escorted (forced) her to adult protective services to file a report. The brother reported that his mother has always been protective of her son and never held him accountable for his behavior from the time the boy was a child. The nonoffending son contacted law enforcement but they refused to intervene, citing the fact that the elder had given her son permission to use the car. The elder is responsible for the price of the rental car repairs. The elder was offered an opportunity to move into an assisted living facility but she declined. The elder remains in her own home and her son has since disappeared.

Finally, an elderly couple in their late 60s had their 42-year-old son living with them. The couple describes him as problematic since childhood. He has lived on and off with parents since adulthood. He is a cocaine addict that apparently began in junior high. He steals from his

parents to support his drug addiction. He will take possessions (expensive tools or jewelry) from the family and pawn them, steal his parents' credit cards, or he just steal cash. This behavior had been going on for 20 years, including a criminal record for drug possession and grand theft (of a friend). In the past year, the situation was growing more dire. Apparently, the son owed his friends some money and the nonoffending son was concerned they would harm the elderly couple. Therefore, the nonoffending son called APS concerned about his parents' safety. Although the APS caseworker investigated the situation, it was apparent that the couple disagreed as to the course of action required. The mother was ready to take action but the father was not. The parents are in considerable credit card debt as a result of their son's activity, but they do not want to ask the bank for assistance because the bank will then press charges against their son. The couple described the APS caseworker as nice, but "They wanted us to do more things than we are willing to do. They wanted us to change the whole structure of our life, our relationship with our banks; they wanted us to turn everything upside down." There was nothing more APS could do. The son resides in his truck and calls his parents multiple times a day.

The plight of the elderly people in these cases appeared to be extremely difficult to ameliorate. These cases did not involve elderly people who were unaware of the exploitation nor did they involve elderly people who were strongly motivated to halt it. Simply monitoring the elder's financial transactions was unlikely to detect or significantly improve the situation as the elder recognized and did not resist the exploitation, notwithstanding the financial ruin it posed for the elder. Indeed, the extent of the financial exploitation in these cases had the potential to be enormous, virtually everything the elder owned. For intervention to be

effective in these cases, unless the perpetrator has run afoul of the law and been incarcerated, it may be necessary to persuade the elder to sever ties with the perpetrator. But because of the perpetrator's dependence on the elder, compounded by the elder's feelings of parental love or obligation, persuading the elder to adopt this course of action is likely to be very difficult. A more likely and tragic end to this scenario involves the elder being subjected to physical abuse either by the "child" (or by his or her associates), particularly if the substance abuse of the "child" increases and he or she becomes more violent in general or in his or her demands for the elder's assets. Under this scenario, the fear and harm associated with physical abuse may shock the elder into taking more affirmative steps to halt the exploitation, or the harm ultimately incurred may result in police or APS intervention.³⁴ The primary hope for a more satisfactory resolution of these cases is that the "child" becomes involved in an effective treatment program for substance abuse, which somewhat ironically may be mandated following his or her arrest for drug-related or other illegal activities.

The elder fears loss of independence/home. In addition to some of the cases previously discussed where the fear of a loss of independence may have played some role in the occurrence of financial exploitation, there were five cases in which the PFE could be specifically attributed to the elderly persons' fear that they might lose their home to foreclosure or be removed from their home because of their perceived inability to care for themselves. These fears made these elderly people, who at the time could function relatively independently, vulnerable to exploitation and the perpetrators preyed on those fears. The

³⁴ For a depiction of this scenario, see the discussion of the dynamics of the hybrid financial exploitation cases below.

elderly people in these cases tended to rationalize, perhaps not irrationally, that this exploitation was preferable to the loss of independence they would otherwise experience.

In one case (#072), the 72-year-old elder explained that her husband was dying at the time the exploitation occurred and that she was short on money. She decided that paying the electric bill was more important than paying the mortgage, failing to realize that she could lose her home if she failed to make her mortgage payments. Within four months her home was in foreclosure. Their son lived with them but he had intellectual impairments that prevented him from assisting the elder with financial decisions. The elder noted, “I didn’t know what to do or where to go. I just couldn’t tell my husband [about their financial difficulties].” She added, “My husband was able to buy this house because he worked for a profit-sharing company and he . . . used that money to buy this house for us. He was dying and I just couldn’t lose the house.” She started receiving letters from purported mortgage brokers offering help. Presumably mortgage brokers identified her through public notices of foreclosures. Ultimately, a woman describing herself as a mortgage broker called and offered to “rescue” her. This woman, who was in her 50s, told the elder she would “never have to worry about the house again.” An arrangement was reached that the elder would pay this woman \$500 a month, in return for which this woman would take care of the mortgage payments for the elder. However, both their names would be placed on the deed. The elder signed the necessary papers pursuant to this arrangement and also had her husband sign the papers, although telling him that he was signing insurance papers. But soon the house was in foreclosure again as the woman failed to make the necessary payments on behalf

of the elder. This time, however, the elder had unwittingly signed over her home to this woman. The elder's husband died during this time but ultimately APS was able to facilitate the elder receiving a reverse mortgage on her home, which saved her home from foreclosure, although her son has now lost his inheritance.

One reason that many elderly people are reluctant to give up their homes is that it may lead to their placement in an institutional setting such as a nursing home, an outcome they may greatly fear and dread. In one such case (#028), an 87-year-old elder who was in relatively good health for someone of his age, lived in an apartment by himself. A female neighbor moved in next door and suggested that to enable him to avoid having to go to a nursing home at some point, she could provide care for the elder in exchange for a small weekly stipend. She noted, however, that in order to provide this assistance, she would need to have the ability to write checks and carry out other functions on his behalf. Although he could function relatively independently at the time, he recognized that some day he would require assistance. For him, this was a reasonable bargain and arrangement. He immediately gave her his power of attorney, closed his long-standing bank account, and opened a new one at another bank, where he added her name to his checking account. The first bank, suspicious about the sudden closing of this account and the way in which the neighbor, who had accompanied the elder to the bank, dominated the conversation, called APS. APS visited him a number of times over the course of two months, trying to convince the elder of the possibility of his neighbor stealing funds from his account. Although the elder refused to believe this might occur, he did agree to permit APS to monitor this account. The APS caseworker

was finally able to convince the elder that his neighbor was stealing from him by showing him his bank statement with a zero balance. As he was still independent, he moved to an apartment complex in another part of town far away from this woman. However, he lost the \$5000 he had saved for his funeral.

In another case (#053) where the exploitation can be attributed in large part to the elder's fear of living in a nursing home, the elder was living alone and had no children or family close by. She had been a high-ranking employee in the federal government but was now retired, in her 70s, and was relatively independent, but had begun to take medication for Alzheimer's-related dementia. Meanwhile, a neighbor's son in his mid-40s had returned to the home of his parents from prison (after serving a sentence for distributing cocaine), but his step-father evicted him, perhaps because he did not trust him. Almost inexplicably, although perhaps because of her fear that her Alzheimer's would progress to the point of her having to live in a nursing home, the elder permitted him to move in with her, although initially it was to be on a temporary basis. At some point thereafter, the elder and this man entered into an agreement under which he would take care of her in her old age in exchange for her providing for his needs. Over time, she gave him her power of attorney, gave him unfettered access to her accounts, and changed her investment portfolio and will to name him as her sole beneficiary (previously the elder's niece who lived in another state far away had been named as her beneficiary). Ultimately, he had no need to misuse the power of attorney as she gave him everything he wanted, including a BMW and thousands of dollars per month in bank withdrawals. Although she never ran out of money, she neglected

needed repairs to the house. The trade off apparently was acceptable and made sense to her because of her developing Alzheimer's. The elder's niece was her closest family member, but she lived in another state and only saw her aunt once or twice a year. However, after four years of this arrangement, as she and the upkeep on her house declined, a neighbor became concerned about the elder and notified APS. The elder's physician immediately declared her incompetent. Before a hearing could be held to revoke the perpetrator's power of attorney, the elder had an aneurism and died a week later. The elder's niece is still trying to invalidate the revised will.

In another case (#057) driven by an elderly couple's fear of being removed from their home, the husband had played local sweepstakes for quite awhile when the couple, now in their 80s, received a call that they had won \$1 million. They began to think how much they needed that money: their property taxes were increasing, their home needed repairs, and they had wanted to help their financially struggling church but had lacked the means to provide help. They began to think about how nice it would be to solve their financial worries, and they were told that all that would be required was to pay a few thousand dollars in taxes on the \$1 million gift. However, some time later they learned from the sponsors of the sweepstakes that there were a few more fees that needed to be paid to collect the \$1 million. Because they had already invested considerable funds in the payment of the associated "taxes," they did not want to lose this investment and so they paid the additional fees. But then a call came for the payment of even more fees. Then more lotteries began calling and they began playing and paying for those as well. The wife noted that they just could not get these callers

off the telephone until they agreed to give them some money. The couple had felt desperate to pay the taxes on their home and to make needed home repairs because they believed that if their children, who lived on the west coast, found out about their financial troubles, they would demand that the couple move to the west coast, and they did not want to leave their home. They convinced APS that they had stopped playing the lottery and so the case was closed. However, even after mortgaging their home and exhausting their savings, they continued “playing” sweepstakes in the hope of recouping some of their losses. This middle-class couple was now in debt over \$100,000 and they were willing to risk going further in debt to remain in their home.

There was also a case (#049) that involved a couple in their 80s who received around-the-clock care provided by a number of home health aides because the wife suffered from dementia. One of these home health aides had worked for the couple for the past 15 years, and was now about 45 years old. The husband trusted this home health aide fully and had himself become increasingly dependent upon the assistance being provided. This home health aide even went on vacations with the couple. Further, his wife’s status had reached a point where he felt he really needed the assistance of this home health aide. Ironically, at one point he confided in this home health aide that someone was stealing from him. But at the same time, the other home health aides were telling him that it was this person who was stealing from him. He later noted that “I didn’t want to believe it.” This long-term home health aide then accused the other home health aides of theft, with the husband on the verge of firing them. However, one of these other home health aides put all the pieces together and

took the matter to the police. Only then did the elder come to recognize that he “had to fire [the long-term home health aide], not [the new home health aides].” He recalled his reaction at the time: “I was literally sick. I had to go in to the hospital. I couldn’t believe she would do this to us.” Even then he did not want the police involved. But when he found out that the long-term home health aide had been providing poor care to his wife, then he too called the police. Now that the long-term home health aide is gone, the husband claims to have regained his independence and confidence. He did comment that “Even the other caretakers say ‘Don’t trust anyone, not even us.’” While this case could be categorized as falling within the trust and breach-of-that-trust dynamic discussed earlier, the reason this elder had become so dependent on the home health aide was that he feared his daughter would move him (and his wife) to New York if she thought he was unable to provide adequate care for his wife in their home.³⁵ Thus, as in the other cases discussed in this section, a key factor was the elder’s desire to remain in his own home.

These cases can also be relatively difficult to detect and crafting an appropriate response can be a challenge. Because these elderly people are relatively independent and may have no readily apparent significant cognitive impairments, like adults in general, they are entitled to make decisions, even foolish decisions, for themselves. Further, elderly people tend to be particularly attached to their homes, with the familiarity, comfort, and treasured memories associated with them. Yet there may

³⁵ The daughter, when interviewed, stated “The nurses later told me that when he [father] would fall he would say “Don’t tell my daughter.” He was afraid I would haul him up to New York and he didn’t want to leave his home. So he didn’t tell me about [the home health aide] either. He actually covered up for the nurses. Then the nurses thought that my dad was telling me things and that I just didn’t care enough to do anything. He was willing to put up with this to stay in his own home.”

come a time when the elder is no longer physically or mentally capable of living independently, an eventuality of which elderly people are often conscious and dread, in part because the alternative can be unpleasant and sometimes even demeaning and degrading. The elderly people in this category, like many elderly people in general, tend to do everything in their power to avoid or at least delay this loss of independence, including doing whatever they can to convince others that they do not need assistance in living or need to leave their homes. It is this fear, however, that may make them vulnerable to exploitation and upon which predators may prey.

Because these elderly people generally appear to be capable of making their own decisions and of living relatively independently, little third-party attention, including from family members, may be given to their day-to-day circumstances. However, unbeknownst to others, their fear of losing their independence may leave them vulnerable to efforts by predators to ensnare and exploit them. Moreover, premature intervention is likely to be resisted by such elderly people, who will generally have the right to refuse offered services, while delayed intervention risks allowing such elderly people to ironically lose that which is most important to them, namely, the means to sustain their independence.

This is one category of PFE where a stranger (as opposed to family members or other individuals who have known the elder for an extended period of time) is most likely to be the perpetrator as certain individuals systematically seek out elderly people with such fears for exploitation. Most elderly people are relatively suspicious of strangers, which can facilitate elderly persons' ability to resist the "come-on" and "sales

pitch" of a professional exploiter. However, elder persons' fear that they may lose their independence can be a very powerful emotion in an elder, and may make them more vulnerable to the blandishments of these strangers.

Placing undue trust in and overestimating the skill or good intentions of the perpetrator, with the perpetrator manipulating the situation and taking advantage of this undue trust. There were three cases in which financial exploitation took place in the context of an elder believing or being persuaded after repeated requests that someone (typically an adult offspring) was in a better position to make financial decisions than they were. As a result, these elderly people ultimately, to their detriment, deferred to the suggestions and directions of this person and trusted this person to promote their interests and act on their behalf. Instead, however, the perpetrator manipulated the situation to take advantage of the trust the elder had unduly placed in the perpetrator.

These cases typically involved a long-standing relationship between the elder and the perpetrator. Generally both the elder and the perpetrator functioned relatively independently, but their lives tended to be closely intertwined and the perpetrator was at least partially dependent on or recognized what could be gained from the elder. A key aspect of these cases was that the perpetrator had a financial need of which the elder was or should have been aware, but which the elder chose to overlook or underestimate in succumbing to the blandishments and repeated requests of the perpetrator.

As an example (#006), an elder in her 80s and her 45-year-old son had lived together on and off for most of their lives. The son suggested to his mother that their 50-year-old home needed some repairs and that she should take out a second mortgage on the house to help pay for them. This seemed like a good idea to the woman and so she did. However, her cognitive abilities were limited and she overvalued the intelligence, wisdom, and motives of her son in deferring to his judgment. In actuality, his cognitive abilities were not that much greater than hers, he was unemployed (his income was basically limited to social security benefits that he received and comingled with his mother's social security benefits to pay household expenses), he had a lengthy criminal history, and, particularly germane, he was a drug addict. Nonetheless, she took out the second mortgage and, further, gave her son her power of attorney to enable him to manage the repairs on the house. He was, however, to hold the money obtained from the second mortgage in a joint account that would permit the mother to access it whenever necessary. But when she went to withdraw some money from the account a few months later she found the account completely depleted of the initial \$34,000 she had deposited. It is likely that he intended all along to use the money from the second mortgage to purchase drugs for himself rather than repair the home. Further complicating matters, the elder's son had since been placed in jail for starting a small fire in the house while he was freebasing and, as a result, his social security payments had been stopped and he was not contributing as expected to the payment of the second mortgage on the home. Within two months the house was in foreclosure. Although APS was looking for ways to save the home, it was expected that the elder

would lose her home in another two months. Nonetheless, the elder indicated that when her son is ultimately released from jail, she will welcome him back.

In another case (#064), a mother and daughter had lived together most of their lives. Her other children rarely visited because they believed their mother had long been taken advantage of by this daughter. However, five years ago this daughter and her three sons moved out of the elder's house and into their own home, with the mother happy that her daughter, now in her 30s, was finally able to be on her own. But more recently the daughter asked her mother to help her purchase a vehicle so she could get to her new job. The elder initially refused, but after the daughter "threw a tantrum" the mother ultimately agreed to co-sign for the vehicle, with the understanding that the daughter would be responsible for making the payments on the car. The mother was outraged, however, when she learned that her daughter had purchased a new \$30,000 new sport utility vehicle (SUV) rather than a used vehicle, in part because she thought it was beyond her daughter's means and in part because she recognized that she was ultimately responsible for the payments. Indeed, her daughter, predicting that her mother would make the needed payments on the car, did not make any of these payments, even though she had agreed to do so and was working at the time. But the payments were too high for the elder to pay from her own modest income. The daughter then suggested that the elder take out a second mortgage on her house to pay off the car loan, which the mother did as she was feeling desperate to complete the payments on this loan. However, the elder failed to realize that she had taken out a mortgage for more than the house was worth. Furthermore, now she could

not make her mortgage payments, which were even higher than the original car loan payments. The daughter continued to fail to make any payments on the car, presumably assuming her mother would somehow make the payments. The elder's house ultimately went into foreclosure and she lost her house. Because the car loan was paid off with the second mortgage, the daughter is driving around in her new SUV while her 73-year-old mother lives in senior subsidized housing.

In another case (#074), the elder had immigrated to this country over 30 years earlier. Her two daughters, both born in America, had lived with her for most of their lives (the elder's husband died many years ago). Recently, the 73-year old elder moved to Virginia with her now adult daughters and the boyfriend of one of her daughters, as the boyfriend had found work in Virginia. The mother readily deferred to her eldest daughter as she thought that she was wiser than her as she had been born in America and thus knew the ways of the world, even though the daughter had been diagnosed as having a serious mental illness. This now 37-year-old daughter and her boyfriend convinced the elder to sign over the elder's van to the daughter's boyfriend because he needed transportation to and from work (he was the only person working in the family). But because the van had been the elder's primary means of transportation, an agreement was reached that the daughter would transport the elder as needed, although the elder would be charged a fee for this transportation. However, even with this relatively inequitable agreement in place (the elder had not been paid for giving the van to her eldest daughter's boyfriend), the daughter continued to exploit her mother in that she failed to provide her with the agreed upon transportation, notwithstanding that she kept the money that her mother gave her for this service.

With regard to financial transactions, many elderly people are likely to place undue trust in and to overestimate the skill or good intentions of others. They may indeed be dependent on the financial advice of others, particularly when they have little expertise or insights into financial transactions. In the literature, these cases often involve perpetrators who are attorneys or purported financial advisers who manipulate or deceive elderly people who have entrusted them with their financial well-being. However, in the cases associated with this study, this undue trust was likely to be extended to and manipulated and taken advantage of by close family members, particularly the adult offspring of a now aged parent. In some regards the dynamics described here are similar to those associated with other categories of PFE (e.g., category #1 (breach of trust by someone the elder trusted greatly), category #2 (elderly people seeking to protect and nurture a long dependent “child”), or category #8 (elderly people who have lost the cognitive capacity to make wise financial decisions on their own)). The elderly people in this category had a similar tendency to unduly trust or overestimate the ability or good intentions of the perpetrator who tended to be a somewhat dependent adult offspring, in part because of their own limited ability to engage in financial transactions. However, what distinguishes the cases in this category is an added element of manipulation on the part of the family member who actively sought to take advantage of their close, long-standing relationship with the elder to promote their needs and desires over the interests of the elder. In many of these cases, the perpetrators had done this for years.

These also tend to be difficult cases to detect and resolve in that they involve family members and the elder may be isolated from others who might serve as a check on this form of abuse. Furthermore, in some of these cases the elderly person retains some cognitive ability to

make decisions on their own behalf, and simply have made a foolish decision to trust the perpetrator. It is not surprising that an elder would place a great deal of trust in or overestimate the financial acumen of a family member, particularly when it is an adult offspring, or turn a blind eye to the flaws or mixed motives of these family members, particularly if the elder questions his or her own ability to make these decisions. Successful intervention will often depend on convincing the elderly person to separate themselves from or to reject the advice or requests of these perpetrators. Because a family relationship is so often involved, these interventions will likely be difficult to accomplish, at least until the exploitation reaches a level that is so obvious (e.g., the elder loses his or her home) that it is apparent to individuals beyond the elder-perpetrator dyad that exploitation has occurred and initiate outside intervention.

Recent deterioration in the elderly persons' health, leaving them dependent and vulnerable to exploitation. There were six cases in which elderly people who had previously lived relatively independently experienced financial exploitation after a recent deterioration in health that left them vulnerable to exploitation. This deterioration often resulted in their being unable to remain alone in their home, if only temporarily. Ultimately, the perpetrator, typically a family member who was not dependent on the elder, took advantage of this change in circumstances to exploit the elder. In five of these cases the perpetrator was the adult offspring of the elder. In contrast to most other financial exploitation victims (who tend to be living relatively independently at the time of the exploitation), the elderly people in this category were

experiencing some temporary dependence, although many were expected to eventually recover their independence.

In one case (#038), a cousin called a relatively wealthy elder and found her phone disconnected. Concerned, she and the elder's sister visited the elder. They found her "a disheveled mess." The 75-year-old elder was then diagnosed with beginning dementia. It was determined by family and APS that the elder could no longer care for herself in her own home. The elder agreed to move in with her sister even though her 40-year-old son lived on the adjacent piece of property because he was not considered to be an adequate care provider for his mother. It was also agreed that the elder's nephew, a financial manager who had handled her taxes for years, would handle all of her finances. A meeting with an attorney was arranged to formally establish the nephew's role. However, at this meeting the elder's son unexpectedly offered to exercise his mother's power of attorney, to which she agreed, while her nephew would control her investments. After a couple months of this arrangement, the elder's sister went to purchase medication for the elder using the elder's credit card, but the charge was declined. The nephew was notified of this and upon investigation, it was discovered that as a result of the son's activities there was \$47,000 in credit card debt and thousands of dollars missing from the elder's checking account. This exploitation was relatively unexpected as the son was employed, and, further, had been given the property upon which he was living by his parents (his father died a few years earlier). The APS caseworker and the elder's nephew speculated that the elder's son had not premeditated this exploitation, but simply took advantage of the opportunity to do so

when it arose. Charges against the elder's son were not pursued, in part because the elder did not want her son to be prosecuted and in part because it was determined that because of her cognitive decline the elder would not make an effective witness. However, the son's power of attorney was revoked. The elder continues to live with her sister, and her son visits her periodically.

In another case (#048), a 63-year-old woman, who had recently retired from a government position where she exercised considerable responsibility, had been living relatively independently in her condominium when she was suddenly admitted to a psychiatric hospital following a "psychotic break." This episode was quite unexpected as she had no psychiatric history. It is suspected that the elder was advised by the hospital to get her financial matters in order and to assign a power of attorney as this is customary when an individual may experience long-term cognitive impairment. The elder's mental illness necessitated multiple hospital admissions for needed mental health care. During one of her releases from the hospital, she signed papers giving her only son, with whom she got along quite well, her power of attorney. He promptly sold the elder's condominium, purchased a trailer for her in his name, and pocketed the difference of \$28,000. This came as a shock to everyone involved as there were virtually no warning signals that he might financially exploit his mother. There was no indication that he had premeditated this exploitation; rather he appeared to simply take advantage of this opportunity when it arose, although it may have been related to the fact that his wife was in the process of filing for divorce and there was some indication that he may have had a substance or alcohol problem. When the elder was next

released from the psychiatric hospital following a readmission, the 45-year-old son moved his mother into the trailer where she lived alone and unmonitored and, failing to take her medications, within three days she decompensated to such a degree that she had to be re-admitted to the psychiatric facility. She remained there for nine months. During this time, the elder applied for Medicaid because she was now impoverished and needed support, but she was unable to document that she was currently impoverished because she could establish where the money from the sale of her condominium had gone. The son's activities were then discovered when his soon to be ex-wife dropped off the financial documents pertaining to his mother with an attorney. The elder now lives in a group home and the son moved into the trailer. A year later, the son was found dead of alcohol poisoning in the trailer.

In another case (#046), an elder had been reported to APS on several occasions because of concerns about self-neglect. As a result, she received companion care and nursing care in her home. During a recent hospitalization, however, it was determined by APS that she could no longer stay in her home by herself as she required around-the-clock care. Nevertheless, the 94-year-old elder wanted to return home. The elder's 34-year-old grandson had just been released from prison (for breaking and entering) and needed a place to live. He and his girlfriend moved in with the elder. This arrangement could have been mutually beneficial as it gave the grandson a place to live and enabled the elder to remain in her home. However, to obtain drug money, he immediately had the elder's social security checks sent to him rather than deposited directly into the elder's account, as had been done in the past. Further, credit cards were opened in the

elder's name during this time of which she was unaware and unauthorized charges were made. In addition, the grandson traded the elder's food stamps for drugs. Within a year, other family members asked the grandson to move out, which he did, but not before wrecking havoc on the elder's finances. Another grandson and his family moved in with the elder so she could remain in her own home. Shortly after moving out, the grandson was incarcerated on drug-related charges.

In another case (#062), the 81-year-old elder had been exercising one day when she had a heart attack, an attack sufficiently serious that she was pronounced dead for three minutes at the hospital. Heart surgery was scheduled for the following month to implant a pacemaker. In the interim, her son and daughter, who prior to the heart attack had rarely visited her or provided her with assistance, wanted the elder to get her financial matters in order in case something should go wrong. In the process of doing so, the elder's son and daughter (her only two children, both in their 50s) discovered that the elder's will was 12 years old (having been written when the elder's husband was still alive). The son and daughter were concerned that the elder was going to give much of her estate to her granddaughter (the daughter of the elder's son), with their share reduced accordingly. The elder's son had been married four times and had led a troubled life. Neither he, nor his wives, provided a stable home for his two children. As a result, the elder had spent a great deal of time with her granddaughter, practically raising her.³⁶ The granddaughter is quite grateful for this and in return has provided a great deal of assistance to her grandmother, for which the elder in turn is similarly quite

³⁶ The elder did not feel the need to provide the same nurturance to her daughter's children as they were in a stable home and well cared for.

appreciative. Concerned that their share of the inheritance might be minimized, they took the elder to her lawyer to review and revise her will to name them as her predominant heirs and to give the son and daughter her power of attorney. They then took the elder to the doctor for a competency exam, no doubt to establish that she was now incompetent and thus lacked mental capacity to later change these documents. To their chagrin, however, the elder was determined to be competent. After the surgery, the elder's granddaughter offered to care for the elder in the granddaughter's home, but the elder's daughter insisted that her mother recuperate at her house for the ensuing month. During this time, the daughter hid the telephone so the elder could not make or receive telephone calls, thereby preventing contact with the granddaughter. Also during this time, the elder was having a contractor remodel the bathroom in her home so it would be handicap accessible when she returned home. Although she was paying for the work, her son oversaw the work and as a result had ready access to the elder's home. The elder had told her son where she kept \$4,000 in cash in the house for emergencies and when she ultimately returned home that money was missing. Her son admitted taking it and did return a portion of it. In addition, when the elder returned to her own home the daughter refused to return to the elder her checkbook. It was subsequently discovered by APS that the son and daughter had transferred the balance of the checking account, approximately \$25,000, to a new account of theirs to which the elder did not have access. The elder stated "I knew my children had power of attorney, but I didn't realize they could do anything they wanted with my money." At the heart of this case were jealousy and greed. With the genuine possibility that the elder might die

during surgery or due to her heart condition, her son and daughter were concerned that the elder would leave the bulk of her inheritance to her granddaughter rather than to them. The elder explained that her son and daughter were not close to her before her surgery, but now they were working as a team to ensure that they received “their” inheritance. Subsequent to these events, the elder was able to remain in her home and, with the assistance of APS, recovered the bulk of the money that was taken from her and revised her will to reinstate her granddaughter as one of her heirs (the son and daughter had never been fully excluded). The granddaughter stated “Financially, Nanna is ok, but emotionally and spiritually it’s sad. She’s lost her relationships with her children.” Prosecution against the son and daughter was never contemplated, in part because the lost funds were largely recovered.

Other relatives may also take advantage of a newly vulnerable elder. In one case (#042), the elder had two nieces, neither of whom she trusted because they had a history of family disputes and being in trouble with the law. The 85-year-old elder had to be hospitalized as a result of a fall in her home. Out of the blue, the elder’s nieces came to visit her in the hospital. The nieces, both in their 40s, taking advantage of this opportunity, promptly went to the elder’s home to “help” out, stole her checkbook, and wrote checks for \$16,000 to benefit themselves. Law enforcement officials were brought into the case, and they referred the matter to the prosecutor. The prosecutor initially declined to pursue prosecution, characterizing this as a “family matter” and questioning the usefulness of the elder’s testimony because of her diminished mental capacity. Eight months later, as an election drew near, the prosecutor changed his

mind, with a conviction for forgery ultimately obtained against the one niece. The bank did reimburse the elder for 40% of the lost money where it could be established that a forged signature had been employed on the elder's checks.

Finally, an 85-year-old widow had four children. One daughter with whom the elder had been very close had recently died and the elder's health seemed to be declining as a result. She had recently been placed in a nursing home for rehabilitation following a stroke. It was observed that her dementia was also progressing. However, her two sons had very different perspectives regarding how to handle this situation. One son accused the other son, who had power of attorney, of taking financial advantage of his mother. It was asserted that the son was going to put all the elder's assets in his name, including a life insurance policy, have the elder assessed for competency in hopes of gaining control over her assets, and place her in a nursing home. The other brother wanted the elder to live with him and his family. Although the elder felt conflicted and was saddened to hear her children accusing each other of wrong doing, she moved in with the son who had asked her to do so. While APS was still involved in the case, the accused son relinquished his power of attorney. APS reports that as a consequence of this family feud, the elder no longer has contact with the son who she does not live with and her one remaining daughter. Although in reality, the financial exploitation never materialized, it was a believable threat and APS felt the family needed services.

Even though it is generally a change in the elder's health that is the precipitating factor for the occurrence of FE in these cases, the perpetrators in this category, unlike previous categories, were not relatively "innocent" individuals who had succumbed to

temptation when they inadvertently came across an opportunity for FE. A much greater degree of premeditation and deliberation accompanied this category of FE.

It is also worth noting that most adult offspring of elderly people or other family members can be relied upon to responsibly manage the financial affairs of elderly people who experience a health crisis that interrupts their previously largely independent life-style and results in them becoming dependent on someone else for assistance. However, there will be instances when family members use these occasions to financially exploit elderly persons.

Although somewhat difficult to predict because most family members do not financially exploit elderly people under these circumstances, there are some warning signs associated with these cases. The most obvious of course is the health crisis that necessitated, sometimes relatively unexpectedly, the elder's emergent dependence on others that leaves them vulnerable to FE. This health crisis may require a significant change in the elder's living arrangements and leave them less capable of monitoring their financial affairs. At a minimum, there may be a period of transition as the elder recovers from the health crisis or attempts to make needed accommodations to a change in health status. During this time, these elderly persons may be distracted or their cognitive capacity otherwise challenged, or they may be saddened or angered by these changes and a loss of independence that results, and not be as vigilant in managing their financial affairs. During this time of flux, opportunistic individuals, including family members, may try to exploit these events for personal gain. Additionally, family members may see these events as creating an opportunity for them

to enhance or ensure their own well-being or to remedy what they perceive to be prior slights or injustices.

Regardless of the underlying cause, health crises that necessitate significant changes in elderly persons' living arrangements are a time for heightened awareness for the possible occurrence of FE. This category of FE is particularly relevant to elderly people because the aging process is often linked to health crises that undercut their prior independence, which in turn leaves them vulnerable to FE as they become newly dependent on others for assistance in the management of their finances. Because of the significant vulnerability of elderly persons during these times and because these events can be readily observed and documented, health crises provide the most apt time for instituting programs that provide special oversight of elderly persons or mandate or encourage reports of suspected FE of elder persons. In turn, because a health crisis is involved, health care providers would appear to have a particularly relevant role to play in conjunction with these programs.³⁷

Charitable elder misled by perpetrator. There were two cases in which the elder basically just wanted to help the perpetrator in some way, with no pre-existing, long-term relationship or romantic involvement serving as a predicate to the FE. In these cases the elder tended to be relatively independent and in good health with no close family or friends, had previously demonstrated some financial acumen, and was relatively well off. For various reasons the elder found the perpetrator sympathetic, a

³⁷ For example, the linkage to a health crisis provides justification for imposing mandatory elder abuse reporting responsibilities on health care providers.

perception cultivated by the perpetrator. Moreover, the perpetrators in these cases intentionally misrepresented themselves to take advantage of the elder's generosity.

In one case (#009) that resembled the type of scam that tends to receive a great deal of media attention but was only seen infrequently in this study, an 84-year-old elderly woman—who was relatively wealthy due to a successful career—had travelled extensively, never married, and wanted to help her 43-year-old handyman “get a leg up in life.” Although she was well connected in the community, she had no close friends or family and she indicated both her loneliness and the absence of someone she could turn to when in need. The handyman had been working at a construction site next door to where the elder lived and asked her whether she needed any help around her house, which she did. After awhile, a friendship developed between them. He would bring her tomatoes from his garden; she would fix him iced tea after work. He began to tell her about his dreams of opening a business but noted that he did not have the capital to get started. She offered to loan him the money needed to begin this venture. Her intent was “to help this nice young man pull himself up by the bootstraps.” He began telling her about other matters, however, including accounts of expensive medical procedures that he or a family member required. Because she trusted and now cared for him, she willingly “loaned” him the money. However, there was no indication that he had actually intended to start a business or had these pressing medical bills. In the year she had known him, she loaned him over \$30,000. He told her, with virtually no additional explanation, that social services would be sending her a check to pay for these loans. She believed him, notwithstanding that most persons would recognize that social

services is unlikely to provide such a payment. And indeed, when she did check with social services and asked where her money was, she learned that this was not true. APS was notified. The perpetrator was arrested, charged, and convicted of fraud. Although the elder was awarded restitution, she has not received any money yet and is unlikely to receive compensation any time soon as now he is incarcerated.

In a similar case (#056), an elderly gentleman, age 83, was a retired high-ranking federal government official. Although he was a Harvard Law School graduate and had held a relatively powerful position, he had few close friends or family and was described as relatively lonely. For the past few years, people had begun asking him to financially support various non-profit organizations or to loan individuals money. This process began when a younger woman asked him for some money “to help her with some medical bills,” to which he readily agreed. But when she accompanied him to the bank, bank officials became suspicious as they often do when an older gentlemen known to be single is suddenly accompanied by a younger woman and begins withdrawing large sums of money. They called the police, who called APS, who attempted to get the elder declared incompetent and a guardian appointed. However, he contested this petition and won. Two years later, the bank called APS saying the man again wanted to withdraw a lot of money from the bank. There were indications that he wanted to pay \$12,000 for a car repair, that he had been contacted by an “official” from the state lottery demanding \$5,000, and that a “representative” of Publisher’s Clearinghouse wanted a substantial sum. A bank official said the bank would permit the elder to write these various individuals checks but would not give him a large lump sum cash payment,

which enraged the elder. He readily wrote checks to anyone who asked. Although he initially had the funds to cover these “donations,” within a year his payments on his coop were bouncing, indicating that he was giving away more money than he had to pay for his living expenses. The Condominium Association also notified APS. Although he said he just wanted to help people, he was making irrational decisions to his financial detriment. Another competency evaluation was ordered and obtained by APS. This neurological exam determined that the elder’s executive functioning was impaired, with the result that although he appeared otherwise to be fully functioning, his ability to make financial decisions was impaired. He was finally declared incompetent and a guardian was appointed to manage his financial affairs. Fortunately, his situation was detected in time to save the bulk of his estate.

In general, these cases involved elderly people who, at least at one time, had effectively and successfully managed their financial affairs. Various individuals, including elderly individuals, may for various reasons decide to become benefactors to others. Indeed, this can be a noble and enriching endeavor and may be a particularly attractive undertaking for elderly persons who are relatively free of personal financial obligations or who do not have family or friends who the elder wishes to benefit with the proceeds from his or her estate. Further, there are many worthy recipients of this largesse. Unfortunately, there are also some less worthy individuals and entities who seek to take advantage of the generosity of others for personal gain. They may be particularly likely to target elderly persons, seeing them as particularly vulnerable to such appeals. As is reflected in the first example described above, the elder may not

necessarily be cognitively impaired or dependent on others (as in category #8 below) nor be swayed by romantic sentiments (as in category #7 below), but simply be overly generous or sufficiently on their guard. Alternatively, as in the second example described above, the cognitive skills of the elder may be slipping, allowing a perpetrator to take advantage of these increasing impairments.

At some point in these cases, the elder generally views the perpetrator as quite credible and sympathetic and begins to take the perpetrator's statements at face value. The interactions in this category, however, tend to involve relative strangers to the elder and to occur over a relatively short period of time.³⁸ The results of the FE encapsulated within this category can be, nevertheless, relatively devastating, with much or all of the elder's assets (at least those that are relatively liquid) taken.

These cases can be difficult to detect until after much damage has been done as the elder at the time the exploitation is occurring tends to be living relatively independently with no close family or friends who might serve as sentinels. Those who do know the elder have little reason to question the cognitive capacity of the elder or are unlikely to have much if any knowledge of the ongoing FE as the perpetrator has not assumed a central or visible role in the elder's life. Furthermore, the damage can be difficult to redress as the FE is unlikely to be detected until the perpetrator has had an opportunity to abscond with the elder's assets.

³⁸ As a result, they are unlike category #1 described above, which involves relationships that developed over an extended period of time during which the elder had come to trust the perpetrator and to rely on the perpetrator's perceived superior skill or knowledge.

Short-term romantic or sexual relationships where the contribution of the elder's assets was the quid pro quo for the elder's partner maintaining the relationship (i.e., sweetheart scams). Elderly people, like most adults, can have romantic or sexual desires and they may seek to establish interpersonal relationships to fulfill these desires. But also like many adults in general, they may be mistaken about what motivates the person who is gratifying their desires. Their partners may be simply using the relationship as a means to obtain access to the resources of the elder. The literature on elder abuse contains numerous accounts of elderly persons who were deceived about the true intention of their partners, often only recognizing their partners' true intent when they leave the elder after exhausting the elder's assets.³⁹

In this study, there were two cases where elderly persons were involved in what might be referred to as a "sweetheart scam." However, in both of these cases the elderly persons seemed to be fully cognizant that their partner was indeed using the relationship as a means to gain access to the resources of the elder, and the elder persons were generally willing to permit this arrangement to continue in order to gratify their own desires.

In one case (#018), the elder's wife, who was bedridden with Alzheimer's, was being cared for around-the-clock by various home health aides. These home health aides began to notice women coming to the house and taking things away. At the same time, the 76-year-old elder began behaving atypically. He was initially discrete with

³⁹ See, e.g., Judith B. Sklar, *Elder and Dependent Adult Fraud: A Sampler of Actual Cases to Profile the Offenders and the Crimes They Perpetrate*, 12(2) J. ELDER ABUSE & NEGLECT 19, 29 (2000) ("One of the most lucrative swindles involves the "sweetheart" scam where a young woman or man befriends an older man or woman and tricks them out of their life's savings.").

these women in their 20s, but started to appear in public with them. He purchased a house and a car for one woman. He started selling his possessions and redeeming his certificates of deposit to obtain more cash. Although the elder was aware that he was giving gifts to these women, the elder's nephew took the elder to the bank to show him that these women had also written checks withdrawing funds from his account without his knowledge. When confronted with the evidence of this activity, the elder acknowledged that he was aware of some of these activities by these women but was unconcerned about it. This was considered to be extremely strange behavior for an elder who had always been very frugal. The elder reportedly lost interest in everything (e.g., golf) except these women. He just kept saying "I can spend my money however I choose." However, the husband was soon diagnosed with Alzheimer's as well, and a guardian was appointed, which brought an end to these activities. The elder remained in his home for a few months (his wife had died during the prior year), but the guardian ultimately determined that he needed care and placed him in a nursing home. Although the elder was initially heavily in debt, his guardian was able to settle the debts and the elder is now able to meet his monthly expenses.

In another case (#065), an 84-year-old elder who was a widower with an adequate income was receiving past due notices from utility companies that threatened to cut off his utilities. A 45-year-old woman, who was known to the neighbors as a drug addict, was living with the elder. She had been living in a house with a number of people about a year before, but, inadvertently the house had been set on fire during the use of drugs by the residents of the home and it burned down. The elderly man had known this woman all of his life as a neighbor.

He felt sorry for her because she had no home and let her move into his home. As she had no income, she did not contribute financially to the household. Moreover, the neighbors observed this woman frequently walking with the elder to the bank. Although it was not known for sure whether they were romantically involved, this was believed to be the case. Concerned about the elder, the neighbors contacted APS. It was discovered that, although he had sufficient income to allow him to meet his monthly obligations, he had been unable to pay some of his bills. After a visit, because the elder was determined to be cognitively intact by an APS caseworker based on her conversation with the elder, APS was only able to advise him to manage his money more carefully. The woman continues to live with the elder.

These relationships may be relatively obvious and noticeable to third parties, who in turn may report their concerns that the elder is being exploited. To the extent that elderly people find it difficult to find partners who are willing to enter into a relationship with them, they may, however, be relatively willing to accept relationships that result in the depletion of their assets where their assets provide the quid pro quo for the continuation of the relationship. To the extent that they understand the nature of the bargain, this would not generally constitute financial exploitation as competent elderly people are generally entitled to enter into relationships that result in the squandering of their assets. Although third parties may be troubled, even offended by these relationships, society has little grounds for intervention. But to the extent that the elder suffers from a cognitive impairment that prevents him or her from recognizing the true motives or actions of this partner or the partner has deceived or withheld information from the elder with regard to the ongoing depletion of the elder's assets, it can constitute financial exploitation and intervention may be justified.

Elder's cognitive vulnerability. Unlike the other categories of FE, which typically involved relatively independent elderly people whose cognitive abilities were generally unimpaired, there were four cases in which the elder lived independently but suffered from some sort of cognitive impairment that left the elder vulnerable to exploitation, which a perpetrator recognized and took advantage of.

In one case (#060), an elder lived alone in her own home and had done so for most of her life. She had no family who lived nearby, although she had family in other parts of the country that she saw occasionally. The bank observed that the 77-year-old elder was withdrawing large amounts of money (\$31,000) over a short period of time (2 weeks). When asked what her money was being used for, she replied "home repairs." The bank was concerned and called APS. After a visual inspection, it was apparent to APS that home repairs were not being done. When APS asked the elder what the money was being used for, the elder replied "My grandson needs the money." However, it was subsequently learned that the elder had become involved in a Canadian lottery scam, with the assigned APS caseworker speculating that the elder had initially been contacted by mail with an offer to transfer large winnings to her if she would pay an initial qualifying sum. In addition, she had purchased 20 years worth of subscriptions to magazines and was readily giving her bank account information out over the phone. Although she was not wealthy, she did have enough to live on. However, now APS had to pay some of her utility bills as the elder had withdrawn more than she had in her bank account. A doctor found that she had mild dementia in the form of memory problems. A younger sister, who had recognized for several years that the elder was

beginning to suffer cognitive limitations, took the elder in her home for about a year. One of her sons was finally located and agreed to move his mother out to the west coast near himself and his family.

Another case (#061), involved a 69-year-old woman with a mental illness who became the victim of a mortgage scam. This elder had always lived with her parents until they died. For at least the past ten years, she had managed to live alone in the house that she inherited from her parents. Although she was able to function relatively independently, her mental illness (which the APS caseworker characterized as a schizoaffective disorder) impaired her judgment. Nevertheless, she had successfully sold her first house several years earlier because the neighborhood was becoming dangerous. She then moved to another town, and soon found that location also unacceptable as the townhouse she purchased there needed costly repairs, causing her to want to move once again. Because she had no vehicle of her own, she relied on public transportation to get places. One day while taking a taxi, she told the driver that she did not like where she was living and was looking for a new home. He replied that he knew "someone who can help you" who was "good with investments."⁴⁰ This led her to a mortgage broker who, in a mortgage swap, moved the 69-year-old elder into a home that she really liked, and, best of all, was told she did not need to make any additional payments on it. Within a few months, however, the elder received a notice from the bank that because she had failed to make the needed mortgage payments on the house, payments which far exceeded her current assets and income, the house in which she was now living was

⁴⁰ Although it seems quite a coincidence that the taxi driver would inadvertently direct the elder to the person who exploited her, there was no evidence that he was complicit in this financial scheme.

in foreclosure and she was being evicted. She then learned that she had unwittingly deeded over her former house to this mortgage broker in an inequitable exchange for the mortgage on her current home. As a result, she was left without a place to live. A friend of the elder's called APS. While the police are investigating, no one is optimistic that charges will be brought against the mortgage broker. APS provided some temporary financial assistance. The elder now rents a room in someone else's townhouse.

In a third case (#032), a now 63-year-old woman with a life-long intellectual disability (referred to as mental retardation by her APS caseworker) that was readily apparent to those with whom she interacted, was able to live alone in her own home with the periodic assistance of an APS caseworker. Both relatively generous and gullible, she had been for many years the periodic victim of financial exploitation by various individuals who knew her. When this exploitation led to financial problems for the woman, she would contact the APS caseworker who had been assisting her for twenty years and who, in turn, would resolve the crisis. Three transactions constituted the most recent incidents of financial exploitation. In the first, the elder, a long-time church member, had been taken shopping by a couple that were also long-time members of the church the elder attended. The couple had the elder purchase for them over a thousand dollars worth of home-improvement items. When the elder received her next credit card bill, she realized she could not pay this bill. In a second incident, the elder had co-signed for her neighbor's phone service, and ultimately was left responsible for paying that bill. In a third incident, a vacuum cleaner salesperson came

to her home and talked her into buying an \$800 model that she did not need. In each of these incidents, it seemed likely that the parties with whom the elder interacted had recognized her disability and limited means, but nonetheless knowingly took advantage of the elder's vulnerability to financially exploit her. For each of these incidents, the intervention of the APS caseworker was needed to shield her from greater harm.

In a fourth case (#021), which demonstrates the diverse nature of financial exploitation that may occur, a 72-year-old woman lived alone in a low-income, subsidized-housing-for-seniors apartment complex. She had numerous health problems that resulted in her receiving 21 prescriptions, including medications for heart problems, high blood pressure, depression, high cholesterol, and severe breathing problems. As a result of her poor health, she had a "health-line" button, which in turn led her to leave her front door unlocked in case she needed emergency assistance. In addition, she left her door open in part because she was a relatively trusting person. An APS caseworker had developed a personal affinity for the elder after providing her with services over a lengthy period of time. Because of the elder's health problems and low income, APS had paid for "companion services" for the elder for some time, which could include housekeeping, assistance with tasks of daily living, etc. This resulted in the APS caseworker stopping by periodically to check on how the elder was doing. In the course of these visits, the APS caseworker had grown to be very fond of the elder, who the caseworker described as a passive person who could be readily exploited. Indeed, three years earlier, the elder's grandson had taken the elder's social security check, leaving behind only \$50. However, the most recent incident that resulted in APS intervention

involved the elder's next-door neighbor in the apartment complex. The neighbor, who had lived there for a year, had begun to enter the elder's apartment uninvited in order to help herself to food that she found there (including food that was in the refrigerator and a charity-provided Christmas food basket), taking them back to her own apartment, while on other occasions she would make herself a meal in the elder's kitchen without cleaning up afterwards. There was no quid-pro-quo associated with these takings as the neighbor did not provide the elder with any services, nor did she have the elder's permission to do so. She would simply wait until the elder was not present, and then come in and help herself to what she could find. Indeed, another neighbor had warned the elder "to watch everything you have" with regard to the neighbor. On one occasion when the APS caseworker stopped by to see how the elder was doing, the elder noted these on-going thefts to the caseworker. The caseworker immediately contacted the neighbor and directed her to stop. The neighbor has since complied.

Each of these cases involved financial exploitation of an elder who had a cognitive impairment of which the perpetrator had taken advantage. Once the exploitation came to the attention of the requisite officials, intervention proceeded relatively quickly and smoothly. However, this intervention was often times too late to prevent and reverse the exploitation. As a byproduct of deinstitutionalization, many individuals with cognitive impairments now live in the community. Often they are able to live relatively independently, although they may need some assistance. In some cases they may have lived for many years with their parents or other family members, only to have to ultimately live on their own following the death of these family

members. Such elderly people may be subject to exploitation by perpetrators who take advantage of the elderly persons' cognitive impairments. In some instances, these cognitive impairments may be a function of or exacerbated by the effects of age. The trade-off for the independence in the community that they are able to experience, which was once generally denied to individuals with a cognitive impairment, may be that such individuals are relatively vulnerable to financial exploitation. Knowing when to provide the requisite assistance to such individuals and determining when they are too vulnerable to continue to live independently can be a vexing question for society and individuals concerned about their welfare.

Physical Abuse

When the dynamics associated with the eight identified cases of "pure" physical abuse (i.e., cases where physical abuse occurred without the occurrence of another type of elder abuse) were examined, some overlap with the dynamics associated with pure financial exploitation was found, but these cases were even more likely to resemble the hybrid financial exploitation cases that will be discussed below. The "pure" physical abuse cases could be distinguished by three primary dynamics: (1) a physical assault of the elder by an adult offspring following a lengthy interactive history where the perpetrator was dependent on and verbally and sometimes physically abused the elder, (2) a physical assault of the elder by an intimate partner, and (3) a physical assault of the elder triggered by tensions believed (perhaps incorrectly) to be caused by the presence of the elder in the household. We discuss these three different dynamics in turn.

Physical assault of an elder by an adult offspring following a lengthy interactive history of dependency and abuse. Five cases involved physical abuse of the elder by an adult offspring.

In one case (#008), the perpetrator had experienced a traumatic brain injury when he was about 18, for which his mother felt responsible. When he was a teenager, her son had been involved in the drug culture and she wanted him to stop. To facilitate this, she contacted the Drug Enforcement Agency, which led to the arrest of the drug dealers. Consequently, the drug dealers exacted revenge against her by crashing their vehicle into him while he was riding his motorcycle and sending him flying through the air, which resulted in a traumatic brain injury. Because of cognitive limitations caused by his traumatic brain injury, the woman and her son had lived together most of their lives, with the exception of short periods when the son tried to live independently, but which always ended with his returning to his mother for one reason or another. For example, the son's behavior at one point became so erratic that his mother evicted him. However, a couple days later he knocked at the door and she described him as "Lying supine on the ground at my feet begging me to let him move back in. I did." The mother and son commingled their funds (she received SSI checks and he received SSDI checks), but the mother controlled their money. Ever since he was a teenager, the son had often used intimidation and threats of violence, if not actual violence, in an attempt to obtain money from his mother. When she refused, he would become aggressive, which included hitting her on occasions. The police knew the family quite well as they had been called numerous times over the years. As for the events that led to the

current APS involvement, one night when the now 40-year-old son came home after visiting a neighbor, where he had been drinking and smoking marijuana, for no apparent reason he punched his 76-year-old mother on the shoulder (which left a bruise there) and chased her. She was scared that he would do more harm and ran to her room, where she called the police, after which he pulled the phone line out of the socket. The mother stated, "I don't know why [he does this] except that he gets that way when he's been doing drugs." He is in jail serving time for domestic assault. Although there had been financial exploitation in the past mixed with physical abuse, APS characterized this case as "pure" physical abuse because the mother did not indicate that there had been any co-occurring financial exploitation on this occasion and the elder did not consider herself to be financially exploited.

In another case (#066), the elder's son had served in the military decades earlier. After completion of his military service and returning home, his mother had noticed marked changes in his behavior and demeanor. Since then he had experienced a lengthy history of mental illness with a series of psychiatric hospitalizations. Shortly after his discharge from the military, the elder and her son had decided to live together and share expenses. The son wanted to purchase a house but he had some debt that limited his ability to obtain a mortgage. The mother gave her son the money so he could buy the house, thinking the house would be in both their names. But recently the son tried to evict her. When she obtained a copy of the deed, she discovered her name was not on it. For years, he had paid the mortgage, while she paid the household expenses. The son had been verbally abusive to his mother throughout the time they

lived together, but only during the last few years had he become violent towards her. The last incident of physical abuse that led to APS intervention began when the 78-year-old mother innocently tried to make conversation with her now 56-year-old son, but he did not want to talk. Instead, he threw the phone at her and hit her in the head and shoulder. She called the police and had him arrested. The last time she had followed this course, which was three years earlier, the physical abuse had stopped for awhile after the police responded, although he continued to verbally assault her. She decided to call law enforcement this time in the hope that her son would again cease being abusive knowing that his actions would result in law enforcement intervention. He was arrested and incarcerated, but has since returned home. She says that she has continued to live with her son notwithstanding this abuse because he is sick and needs her care. Although she admits that things are tense with her son, she notes that he has not hit her again in the ensuing four months. The elder also has an adult daughter, who wishes her mother would move out of the house because her brother treats her mom terribly and this upsets her mom. The daughter also fears for her mother's safety. Similar to the preceding case, although there had been financial exploitation in the past mixed with physical abuse, this case is characterized as "pure" physical abuse because the mother did not indicate that there had been any co-occurring financial exploitation on this most recent occasion and the elder did not consider herself to currently be financially exploited.

In yet another case (#070), the son had finished college and, after a brief marriage, was divorced. He had been diagnosed with a serious mental illness and

moved back in with his mother, and has lived with her since then. Although verbally abusive for the past 13 years, he had never been violent. Recently, however, his mental health had deteriorated and he had recently been hospitalized for psychiatric treatment. The 79-year-old mother was now fearful of her son as his behavior had become more threatening, including tearing smoke alarms out of the walls that would detect his smoking in the home. Nevertheless, she refused to evict him as he had no where else to go, although she did obtain a temporary detention order that had him committed for a short period of time. After hospital staff had stabilized his mental condition, he returned home once again. However, the 54-year-old son's mental illness was generally going untreated as he did not seek or desire psychiatric assistance. APS became involved when the elder's ex-daughter-in-law, who has maintained periodic contact with the elder, became concerned when the elder told her of the elder's fear of her son. She contacted APS in an attempt to address the mother's needs for safety while helping her ex-husband obtain the mental health treatment he needed. The APS caseworker brought a clinician with her during a visit to the home to talk to the son, but he refused their assistance and they left. While the elder sought assistance from the local community mental health agency for her son's mental illness, she was informed that they do not make "house calls" and that her son would have to come to them for services to be delivered. Shortly after the APS visit, the son, without provocation and without warning, took a 2x4 and began beating his mother until she ran to the neighbor's house and called the police. The son has been in jail for over a year receiving

services in an attempt to restore his competency to stand trial. The mother continues to worry about her son and wonders why he has been in jail for so long.

In a fourth case (#075), a now 28-year-old grandson had lived with his now 73-year-old grandmother, who fully supported him, for many years. The elder did not have a good relationship with her only child, the grandson's mother, but had spent a considerable amount of time with her grandson throughout his life. Recently, he had returned home after serving time on drug-related charges. He had been unable to find employment so the elder had an account set up for him in which she deposited money so that he would have some "money of his own." He had been verbally abusive towards his grandmother for years and recently had been physically aggressive on several occasions. The grandmother attributed his behavior to his inability to find employment due to his felony conviction. The culminating event occurred one day when the grandmother went into her living room to tell her grandson something funny that had happened that day and he began inexplicably to verbally castigate her. Annoyed by this response, she turned around and began to walk away when her grandson hit her with a frying pan in the back of the head. She fell to the floor and lacked the strength to get up. While the grandson ignored her calls for help, the grandson's girlfriend had happened to stop by and helped the elder up. The grandmother later saw her physician for related injuries, who is believed to have encouraged her to call the police. She did call the police, but only a few days after the attack. By the time the police were contacted, the grandson had left the house. Even after the police intervened, the elder retracted her account a couple times because she did not want to get her grandson in

trouble. She did obtain a protective order, however, and he has not yet returned to the house. APS characterized this as physical abuse rather than financial exploitation because the grandmother “knew what she was doing” with regard to her gifts to her son. The assigned caseworker added that the grandmother is “gullible and she spoils her grandson. Her husband is gone and she has a bad relationship with her only child and they don’t have a big family and this grandson is important to her.”

Finally, in the one case (#051) that involved a female offspring, her 65-year-old mother went to the 47-year-old daughter’s house, where a number of relatives were present, to see if anyone could help the elder’s stepbrother move. The daughter was intoxicated at the time, and the mother made a comment to the daughter about “getting clean.” As the mother was walking away, the daughter jumped her from behind and in the ensuing melee hit her in the mouth with her fist, a blow exacerbated by a ring that she was wearing on her hand, which resulted in profuse bleeding. The mother happened to have a doctor’s appointment the following day. When the doctor examined her, the doctor found bruises on the elder’s shoulder and a puffy mouth stemming from the fight, referred her to the hospital for x-rays, and the hospital called law enforcement. Law enforcement officials ultimately convinced the elder to press charges against her daughter by saying “Either you press charges or we will, but we’re not dropping the case.” The daughter was subsequently convicted of assault and placed on probation. The mother described this as “a slap on the wrist” that would be insufficient to turn her daughter around. The two had a long history of interpersonal conflict. The daughter has for some time abused alcohol and drugs and, according to

the elder, when she becomes intoxicated she becomes abusive. Further, the elder noted that her daughter would take criticism from anyone but her. The elder noted that things didn't use to be this way, but had gotten worse of late and was probably why she had lashed out at her daughter. She complained that as a result of her daughter's substance abuse she had lost her relationship with her daughter. The elder described her daughter as the "biggest whore going" and that she would do anything for crack. She believed that her daughter will never get out of the drug culture because the man she lives with is also a drug addict. She commented that her daughter had abused one of her children until she lost custody of him. The elder had raised this boy, with the court giving her formal custody of the child when he was 10. The daughter has never worked and lives off of the disability checks she receives and the support of her boyfriend. When the elder now sees her daughter in town, they don't talk to one another. The elder acknowledges that things will never be the same. But although saddened by the loss of this relationship, she also said she had had enough. A key difference that distinguishes this case from the other cases of physical abuse described above, and that may partially explain why this elder was willing to support prosecution and to ultimately separate herself from her adult offspring, is that in this case there had not been a lengthy history of the adult offspring being dependent on the elder. Another possible related distinguishing characteristic is that the perpetrator here was a female, and it may be that a woman suffering from various problems and limitations may still be able to find someone with whom they can establish an intimate partner relationship (dysfunctional, short-term, and dependent on sexual favors as it may be), while men

with similar problems and limitations may not be able to find such a partner and instead must rely and become dependent on their parents, even as an adult, for support.

With the exception of this final case, the dynamics of these cases were remarkably similar. After years of dependency on the elder and a lengthy history of verbal and sometimes physical abuse, the elder's adult offspring unexpectedly attacked the elder. Generally, law enforcement got involved at this point. In some cases, this was the first time law enforcement had been contacted, but in others, it was not. Although this intervention tended to interrupt the violence, the long-term prognosis was not good. There was little indication that the elderly persons' emotional attachment to and willingness to support their offspring was likely to end, nor was the perpetrators' dependence on the elder likely to change. Thus, these cases tended to manifest the cycle of violence often associated with intimate partner violence. And in some ways this cycle of violence may have been deeply embedded in that it reflected and was an outgrowth of a long-standing parent-child-like relationship. Unless the elder can significantly reduce and limit her emotional attachment to her offspring or the offspring can similarly reduce his or her dependence on the elder, both relatively unlikely scenarios, this cycle of violence is likely to repeat itself once the offspring's forcible removal from the scene ends with the offspring's return.

Further reflecting how much the elderly persons in these relationships are at risk, in three of these five cases there appeared to be co-occurring financial exploitation. Typically, however, the APS caseworker assigned to the case did not categorize the case as involving financial exploitation because the elder refused to characterize it as such.

Also, the focus on physical abuse may have reflected the path of least resistance for the caseworker in that physical abuse, with its frequent physical manifestations, tends to be easier to establish than financial exploitation. However, as will be seen with regard to the hybrid financial exploitation cases, the financial exploitation component is indicative of how deeply entrenched, intertwined, and difficult to redress are the problems associated with these relationships.

Indeed, while in some of these cases the physical abuse did reflect longstanding, ongoing violence, the physical abuse was just as likely, as is typical in cases of intimate partner violence, to be a relatively infrequent occurrence but one that reflected and grew out of the pervasive underlying problems with which the perpetrator was struggling (e.g., mental illness, substance abuse, unemployment, poverty). These underlying problems put the elder at risk for a range of other forms of elder abuse, particularly financial exploitation.

Because the physical abuse may reflect “the tip of the iceberg” of the underlying problems—problems that the elder may only partially recognize because of the elder’s ongoing emotional attachment to her or his offspring—the appropriate response is likely to require more than a “one-and-done” intervention. What may be required instead is an intensive, multifaceted, and extensive response to the problems of both the perpetrator and the needs and perceptions of the elder.

Among the shared characteristics of these cases was that the elder was the long-term care provider for the adult offspring, who is often a woman, and there had been a long history of verbal confrontation and in some cases intermittent physical violence in the relationship

between the elder and the adult offspring. Although not included in the thumbnail descriptions provided above (although reference to this finding can be found in the following Risk Factors section of this Report), it is also worth noting that in all five cases, the elder, although a widow now, had experienced intimate partner violence between herself and her husband. This history of spousal violence may partially explain the occurrences of physical abuse described above, perhaps (1) because it made the elderly persons more conditioned to, tolerant of, and even likely to expect that their adult offspring would also abuse them, or (2) because the offspring while growing up had routinely observed the violence of their father in general or the violence he directed at their mother, and as a result the adult offspring had incorporated such actions in their own behavioral repertoire. In addition, in four of the five cases, all of which involved sons of the elder, the perpetrator was dependent in some manner on the elder. The cause of the dependency was varied, including mental illness, drug dependence, lack of employment, inability to afford housing and living expenses, and a criminal history that limited housing and employment options. But as a result, in four of the five cases the elder and perpetrator lived together and had done so for the majority of their lives.

In some cases, there were times when the mother and her adult offspring tried to live apart, but the perpetrator generally returned. Typically elders persons ultimately determined that their offspring were unable to function independently and chose to shelter and otherwise protect them, oftentimes contributing to the elder's eventual harm. In all of these cases, elderly persons were relatively healthy and generally independent. In contrast, four of the five offspring were financially or residentially dependent upon their parent/grandparent.

Intimate partner violence. Two cases of physical abuse involved spouses.

In one case (#047), an affluent couple had been married for over 25 years, although this was the second marriage for both of them. She was 73-years-of-age and he was 78-years-of-age. They were both well educated and they were financially well-off. Ironically, the wife was a therapist who had counseled abusive couples. The couple would get drunk together and then the husband would physically abuse his wife, typically by punching her; the wife did not retaliate. This had been the couple's pattern of behavior even before they were married. Several years ago, the couple decided they should live apart, although neither wanted a divorce. The husband lived just a few houses down the street and they continued to see each other daily. One day during a visit, the wife's son noticed she had a black eye. He contacted APS in hopes of extracting his mother from what he perceived to be a dangerous situation. The son would describe his step-father as a "monster," while the elder would respond by saying "he was a good provider." Although this son had been aware of her maltreatment his entire life, her health needs were increasing and he was concerned about her ability to withstand this kind of treatment as she grew older. Several years earlier, the husband had been prosecuted for domestic assault after the police had been called to intervene, notwithstanding that the wife refused to press charges, but was only admonished by the judge, "Don't hit your wife anymore." A short time later, she had admitted to her doctor that her husband physically abused her and the physician contacted the police, who in turn contacted APS. However, when contacted by APS, the wife denied being physically abused by her husband. Almost a year later, APS received the report from the elder's son that the wife's cognitive capacity was declining and she was drinking a lot.

However, APS had to wait another 18 months before this decline was sufficiently apparent to justify forcing a formal, in-depth cognitive assessment. At this point, her children met with the elder and insisted that she submit to a cognitive assessment, which did indeed establish that the wife's decision-making capacity was impaired. Rather than undergo a guardianship proceeding and the appointment of a substitute decision-maker, the elder agreed to move to an assisted living facility, but she continues to go out to dinner with her husband once a week. APS classified this case as physical abuse, but it could be argued that it was a hybrid financial exploitation case of physical abuse and financial exploitation. For example, when the wife threatened to leave her husband he would respond, "I'll ruin you financially. You are nothing without me." Indeed, she had previously been divorced and a struggling single mother with four young children. Her wealthy husband did provide well for the family, and the thought of financially struggling again was unthinkable for the wife. She also commented that although the physical abuse was *a part* of their relationship, it was not its defining characteristic. They had good friends, traveled together, and genuinely enjoyed each other's company.

The other case (#068) of intimate partner violence involved a 75-year-old woman who moved to Virginia from California to be with her granddaughter and the granddaughter's family. She rented a room in the home where her granddaughter lived. The granddaughter in turn lived with her husband (who had at one point been in prison for 14 years) and his uncle, who had physically abused his former wife and owned the house in which they all lived. The elder, who described herself as lonely as she had not

dated another man in years, became intimate with this uncle and in her eyes they were a couple. He was occasionally abusive towards her, “but not too violent” according to the elder. She had experienced severe intimate partner violence for decades during her marriage (which had left her socially isolated) and as a result noted that “This was nothing compared to how my first husband beat me.” She discovered at some point, however, that her 73-year-old “friend,” as she called him, was having an affair with her granddaughter in this highly dysfunctional household. Nonetheless, the elder continued her relationship with him as she enjoyed his company. But one night after she returned from Bingo, the uncle was pouring out a bottle of water and the elder grabbed the bottle from him. As a result, he slapped her. She had warned him the last time he slapped her that “she wouldn’t put up with this anymore” and would call the police if he did it again. True to her word, she did indeed call the police and they arrested him for assault. He was removed from the home for 72 hours. The elder thought that they would resume their relationship when he returned, but to her surprise he evicted her instead. She called APS for assistance in finding housing and was placed in a shelter until suitable housing could be located.⁴¹ Notwithstanding that it was the uncle who had evicted her, the elder blamed her predicament on her granddaughter, who she thought was responsible for breaking up her relationship with the uncle. The elder had raised her granddaughter. The granddaughter’s father (the elder’s son) had been an alcoholic and unfit to raise the child, as was her mother. However, the elder turned the

⁴¹ As an aside, it has long been established that there are very few services available to meet the special needs of elderly victims of intimate partner violence. One study found that only 14.8% of domestic violence shelters offered any special programming for elder victims of intimate partner violence (Vinton, 1988), notwithstanding that many of these elderly victims have special needs (Fisher, Zink, Pabst, Regan, Rinto, & Gothelf, 2003; Vinton, 1988).

child over to social services when the child reached the age of 16 as she could no longer control the child's behavior. Thus, there was a long and troubled history between the elder and her granddaughter. The elder was not so upset at the physical abuse she experienced, but she was visibly upset with her granddaughter for breaking up her relationship with the uncle. The elder enjoyed this man's company and she did not want to be alone. APS suspected the elder was also being financially exploited, although APS did not investigate this possibility as they were focused on finding the elder housing and assuring her physical safety. APS suspected that the elder was invited to move in with the granddaughter so she could get access to the elder's money. Indeed, the elder was generous with her money, paying the bills for the entire household under the guise of helping out.

These two cases represent a second category of physical abuse of the elderly, namely, cases that involve intimate partner violence (IPV). Although IPV has received considerably more attention from society in recent years, its relevance to elderly people is often overlooked. First, it is often assumed that elderly people are not interested in intimate relationships with a partner. Second, it is often assumed that as a couple grows older, they are less likely to engage in violent behavior, either because (1) their age or age-related physical limitations reduce their capability of physical violence or diminish their anger-related tendencies, (2) they have over time accommodated or adjusted to aspects of a relationship that caused them to become angry in the past or they have ended the relationship either through divorce or separation, or (3) they have lost their long-time partner, often as the result of death, and thus relationship issues

(and as a result IPV) no longer play a role in their lives. But these assumptions are not true for some elderly. For example, although the physical harm older persons are capable of inflicting may diminish somewhat, their partner's vulnerability to harm from physical violence is likely to greatly increase (e.g., a push and a fall may result in broken bones that are very slow to heal at best). Also, the tendency to become angry may actually increase with age, reflecting in part the frustrations that may be associated with the aging process. Further, a lifetime pattern of anger and violent behavior may have become deeply embedded and be relatively unlikely to end simply because the person has grown older, particularly as aging is a gradual process that does not necessarily involve significant milestones or dramatic insights that lead to changes in perceptions and learned behavior that would lead to this kind of change. And finally, a need for personal intimate relationships, including a desire for sexual relations, may continue to be a strong drive in an elder. Indeed, the vulnerabilities and fragility of older age may make an elder particularly inclined to seek out such relationships for the comfort and support they may provide or to demonstrate that their capacities to have such relationships remain relatively intact. Because there may be fewer potential intimate partners available for the elderly, they may be more willing to expose themselves to partners who are relatively abusive and to tolerate and continue their involvement in an abusive relationship even though the risk of harm to them may be great.

These cases, however, may be less frequent in general than cases involving physical abuse by a dependent adult offspring, in part because elderly people may be more likely to be surrounded by offspring than by partners, who are by now either

deceased or have divorced or separated from the elder. Nevertheless, both sets of cases tend to involve recurring violence or the threat of violence. Like intimate partner violence cases in general, the mere occurrence or threat of violence was typically not enough to end the relationship (although the elder might contact the police for assistance, the desire was often not to escape or terminate the relationship but to interrupt the violence). The continuation of these relationships may be explained by another feature of these cases, one that was also seen in a significant subset of the “pure” financial exploitation cases, namely, the elder’s fear of losing their domicile and their independence if they terminate the relationship, which constitutes a very strong motivating force for the elderly.

Also, as will be seen in the hybrid financial exploitation cases to be discussed, although the physical abuse in these cases may be readily observed by certain third parties such as physicians, the physical abuse may only reflect the “tip of the iceberg” of the existing underlying problems and the relatively dysfunctional family relationships in which they occur. For example, one aspect of these cases—which was also found in cases involving physical abuse by an offspring—that emphasizes the complex and multifaceted problems associated with both sets of cases is that there may be co-occurring financial exploitation. Further, as was also found in the cases involving physical abuse by an offspring, the financial exploitation aspect may receive little attention from the responding APS caseworkers, in part because physical abuse is seen as posing a more immediate threat to the well-being of the elder, while financial exploitation is more difficult to identify, investigate, and remedy than physical abuse.

Notwithstanding the relatively deep-seated nature of these problems, the elderly people in these cases are relatively resistant to outside intervention, probably because of their overwhelming fear of isolation, loneliness, and loss of independence. Further, what adds to the complexity of these cases is that they tend to reflect a long history of violence and dysfunctional relationships that may stretch across generations and that is not limited to the current intimate partner relationship or the current physical abuse. Similar to the cases involving physical abuse by an offspring, attempting to persuade an elder to remove herself from the currently dangerous environment may require undoing perceptions and behavior that extends across many years and generations. All of this makes these cases very difficult to redress. Unless the elder has been evicted or otherwise been forced to leave the relationship or her cognitive capacity has so declined that the elder is no longer competent to make decisions for herself, an appropriate respect for the elder's autonomy may significantly limit what a responding APS caseworker and society can do to assist and protect such elderly people. Like the cases involving physical abuse by an offspring, what tends to be required is an intensive, multifaceted, and extensive response that addresses the problems of both the perpetrator and the needs of the elder.

Physical assault triggered by tensions believed (perhaps incorrectly) by the perpetrator to be caused by the presence of the elder in the household. In a third scenario, albeit involving but a single case (#063) in this study, a 67-year-old woman was abused by her 52-year-old son-in-law. In this case, the elder, her daughter, and her daughter's husband had generally enjoyed a peaceful relationship through the years

while the elder lived apart from her daughter and her husband, although each would at times hurl insults at the others. However, recently the daughter and her husband invited the elder to move in with them as the mother was declining in health and needed greater assistance. While the situation was initially satisfactory, shortly after the elder moved in the son-in-law became disgruntled with the situation, directing more verbal abuse towards the elder. The precipitating event, however, was when the elder stole a cigarette from her son-in-law and lit the cigarette while she was receiving oxygen from an oxygen tank to assist her breathing, a potentially flammable and explosive combination. He became upset at the hazard posed and expressed himself loudly. She verbally retaliated in equal measure, until he finally spit in her face. The daughter, who at the time was contemplating obtaining a divorce from her husband following growing strife between the two of them, called APS, who called the police, which resulted in the arrest of the son-in-law. This was the only time the son-in-law had ever physically abused his mother-in-law. What had exacerbated tensions among the parties was that the elder's daughter had quit her lucrative job to stay home and care for her mother. Also during this time, the son-in-law had been temporarily laid off. The husband was thus disgruntled with this arrangement as it was placing a financial strain on the family, while the daughter was becoming disenchanted with her husband. Her husband (the son-in-law) attributed his wife's change of heart to the elder moving into the house and disrupting the household and his relationship with his wife.

In this case, the perpetrator attributed the growing tension in the household to the loss of a previously comfortable lifestyle and ensuing disruptions to the household,

the daily routine, and the previously existing relationship between him and his wife. Indeed, any change in living relationships may result in household tensions, and tension may well be frequently associated with adult offspring taking an elder into their home when the elder is no longer capable of living independently.⁴² Such a move may be highly preferred by an elder over the option of residing in a nursing home or some other group setting, and a well-meaning offspring may extend this invitation without fully recognizing the level of responsibility and change that accompanies it. Ultimately, the offspring or their partners may come to resent this change. In addition, the elder may find it difficult to give up long-standing habits (e.g., smoking) that may be necessitated by such a change, as well as rue the loss of their prior independence and the deterioration of their physical and cognitive capacities that led to this move. These factors may result in a relatively volatile environment. And, if there was a prior history of physical or verbal violence, this violence may be exacerbated by or contribute to

⁴² This was one of the few cases referred to this study that could be attributed to caregiver stress. Caregiver stress has been widely postulated to be one of the significant factors leading to elder abuse. See Suzanne K. Steinmetz, *Elder Abuse by Family Caregivers: Processes and Intervention Strategies*, 10(4) CONTEMPORARY FAMILY THERAPY 1573 (1988). However, other commentators have rejected caregiver stress as a significant explanation for the occurrence of elder abuse. See, e.g., Rosalie S. Wolf, *Studies Believe Caregiver Stress as Key to Elder Maltreatment*, <http://www.asaging.org/at/at-196/wolf.html> (last visited Feb. 14, 2010) (“For many years, elder abuse was thought to result from caregiver stress. Even today this construction of the problem persists with the public, the press and policymakers. It gained acceptance partly because of insufficient empirical data to test other hypotheses and partly because of the inclination to equate elder abuse with child abuse. . . . Studies of dementia, caregiving and abuse over the past decade, however, have cast doubt about the value of the caregiver-stress model as an explanation for elder abuse and neglect.”) (adapted from Rosalie S. Wolf, *Caregiver Stress, Alzheimer’s Disease and Elder Abuse*, 13(2) AM. J. ALZHEIMER’S DISEASE 8183 (1998)). Moreover, even this case deviates from what is normally postulated to constitute the foundation for caregiver stress (i.e., where the caregiver is believed to be emotionally and often physically exhausted by the burden of caring for the elder to the point where the caregiver “snaps” under the stress. There was no evidence in this case that the son-in-law was overwhelmed by his care-giving responsibilities, which at most were quite minimal. The key dynamic here was the son-in-law’s perception that the elder’s mere presence had caused or at least exacerbated the tensions that existed between him and his wife.

these tensions. Further, as was the case with the other physical abuse cases reviewed in this section, financial needs may further exacerbate the situation.

To the extent that the level of violence is not deeply entrenched, intervention and assistance may be highly prophylactic. However, if means are not found to relieve and redress the tensions associated with the changes in lifestyle necessitated by the shift in living arrangements experienced by all the parties involved, these conflicts may resume or accelerate. In some cases, the only alternative may be to remove the elder from this environment and to find the elder an alternate placement, an outcome that may be very repugnant to the elder if it involves placement in a nursing home or some other group placement.

Neglect by Other⁴³

With regard to the dynamics associated with the nine neglect-by-other cases, four distinct dynamics were discerned. They were cases where: (1) an unsuitable care provider was involved, for example, where an adult offspring was trying to provide care for an elder but because both were experiencing significant life challenges, the adult offspring was overwhelmed and overburdened and therefore unable to provide adequate care for the elder; (2) an unwilling care provider was involved, for example, where adult offspring following a history of family dysfunction were unwilling to provide care for their parents and as a result either failed to provide needed care or impeded the efforts of others to provide this care; (3) an

⁴³ While these are representative cases, because of our recruitment strategy, it may be that the harm incurred by the elderly person as a result of the abuse tended to be somewhat less significant and traumatic.

elder's safety or well-being was at risk albeit arguably through no fault of another individual;⁴⁴ and (4) a consensus existed that the elder had been neglected by a care provider, but the elder was not dissatisfied with the care being supplied.

For the most part, the elderly people in these cases were dependent upon and thus vulnerable to care providers for needed care, while the care providers were not dependent on and lived relatively independent of the elder. Unlike financial exploitation and physical abuse, the elderly people involved in these cases were relatively incapable of caring for themselves and a need for assistance was readily identifiable and, when these cases were brought to the attention of APS, the existence of elder abuse could be easily established. For the most part, the neglect identified in these cases had existed for a relatively short period of time, with needed services provided by APS in a prompt and effective manner once the neglect was reported. At the same time, the underlying factors that led to the neglect generally had existed for quite some time and, if those underlying factors were not redressed, it is likely that the elder was vulnerable to the reoccurrence of neglect. Thus, like the other forms of elder abuse, these cases also pose distinct challenges to those who are responsible for responding to elder abuse as they are complicated by an often times lengthy history of family dysfunction and an elder who is either unable or unwilling to report this abuse to APS or others. Further demonstrating the complexity of these cases, there were also concerns about financial exploitation in most of these cases, although like the physical abuse cases described above, APS typically chose not to pursue the financial exploitation aspect, perhaps because the occurrence

⁴⁴ These cases were not neglect in the classic sense where there is a vulnerable elder and a care provider who failed to provide for the elder. Rather, an APS caseworker had determined that the elder was in need of general assistance or services, with these cases categorized by APS as neglect by other to permit the caseworker to provide needed assistance.

of neglect was easier to establish and it was hoped that addressing the neglect would ameliorate any accompanying financial abuse.

Unsuitable care provider. In one case (#007) that was referred to this study, the designated care provider did not possess the requisite skills or abilities to care for an elder who was dependent on the delivery of this assistance. An 87-year-old elder, her son, and her son's partner had lived together for at least the past ten years. The mother received sufficient income to support the three of them. The son likely realized that he needed to sustain and provide care for his mother because it was her income that supported the family (i.e., if she was to leave or be removed from the home, the son and his partner would lose the income they needed to maintain themselves), although he also seemed to have genuine affection for her. He was in his late 50s and suffered from HIV. Further, he had mental and physical health issues that had prevented him from being employed for the past decade (he had also been in drug treatment ten years earlier). During the ensuing years, the elder had developed dementia. By the time APS became involved, the son and his partner were attempting to provide care for the 87-year-old elder who now exhibited advanced stages of Alzheimer's and was completely uncommunicative. At the same time his mother's condition was deteriorating, the son's own health was declining due to his HIV status and he was grieving as his partner was dying from AIDS. The situation was becoming untenable. The son was trying his best to provide care for his mother, but he was incapable of doing so by himself.⁴⁵ Although the

⁴⁵ It should be noted that the initial report of abuse received by APS asserted that both financial exploitation and neglect were occurring. The 55-year-old son was clearly living off his 87-year-old mother

home was likely unkempt before the situation deteriorated, it was now so filthy that APS could not find a cleaning service willing to enter the home until the first layer of filth was removed. APS caseworkers cleaned the home themselves and replaced the soiled beds. The son's partner has since died, with the mother and son continuing to live together. The son now calls APS when he feels overwhelmed and APS caseworkers are able to intervene before the situation becomes dangerous.

This category of cases is well suited for APS intervention as all of the concerned parties are relatively amenable to APS involvement and to receiving needed assistance and services for the elderly. Although the parties may be reluctant for various reasons to request help, the failure to do so in a more timely fashion is generally not attributable to malicious intent on the part of the care provider. Indeed, because the care provider appears to be attempting to care for the elder in good faith, this category of cases reflects why practitioners in this field have moved away from referring to these cases as elder "abuse" and the persons who fail to provide needed services to elderly people as "perpetrators," towards a less pejorative terminology such as "elder maltreatment" and "failure to provide needed services." Still, it may be a fine line that distinguishes malevolent intent from a beneficent, but ineffective effort to provide services. The difficulty in making this distinction explains, in part, why APS in general focuses on the elder and the elder's need for services, rather than casting blame or engaging in an appraisal of the motives and intent of the individuals with whom the elder interacts. The latter analysis is left to representatives of the criminal justice system, even though

and had done so for years as he had no income of his own. However, he was providing full time care for his mother and therefore APS did not consider this financial exploitation.

this runs the risk of not holding accountable some individuals who have failed to provide needed services to an elder person.

Unwilling care provider. In the four cases involving unwilling care providers, the neglect was relatively short-term.

In one case (#030), the 74-year-old elder had bladder surgery and needed assistance during recovery. She moved into her son's home to recuperate. The elder had suffered throughout her life from mental health problems, including a psychotic disorder that necessitated periodic hospitalizations. The impact of this disorder was so severe that her four children had been removed from her custody because of her inability to care for them. In recent years, the elder had been seeking reconciliation with her adult offspring, and the elder had basically invited herself into her son's home in the hope that this would further mend fences with him. However, the son, divorced and living alone, was not fond of his mother and did not really want her there, but may have let her stay with him because she had no where else to go. Further, she was becoming emotionally dependent on him because of her aging, failing health, and lack of alternatives, a role he was not prepared to accept. He was also uncomfortable with certain tasks that this living arrangement necessitated, such as bathing and dressing his mother. He was unwilling in general to provide sufficient care for her. He would leave early in the morning, work during the day, and return late at night, leaving her alone all day without heat. There was a wood burning stove but she was unable to get firewood

to the stove or otherwise obtain what she needed to care for herself.⁴⁶ Further, the son, in his 50s, had both mental health and alcohol abuse issues of his own that may have impeded his ability to provide proper care for his mother. Moreover, they had never had a good relationship and he purposefully stayed away from the home for long periods of time to avoid her. At one point, the elder had contacted APS seeking access to personal-care services. As a result, APS was doing a screening to determine her eligibility for Medicaid-funded services when a caseworker observed the unsuitable living situation that existed. The elder was asked by APS if she would like to find other living accommodations and she did. The son, who was also frustrated with this living arrangement, did not object to this change and, it can be inferred, was quite happy with this outcome. The elder ultimately found another place to live in the community.

In another case (#067), the elder, her daughter, and her daughter's son (i.e., the elder's grandson) were living together in the elder's trailer. The daughter moved out to marry a man in another state and left the 35-year-old grandson, who worked as a home health aide, to provide care for his 78-year-old grandmother. The grandson soon realized he did not want nor was he able to assume the responsibility of caring for his grandmother and was attempting to find an alternative placement for her in a nursing home. She suffered from congestive heart failure, osteoporosis, hypo-thyroid condition, hypertension, Alzheimer's, and dementia. In addition, she was incontinent, required help with bathing, could not drive, and it was hard for her to move around. The grandson had taken the elder to her physician for an examination and confessed that he

⁴⁶ In addition, the APS caseworker said "I think there might have been financial exploitation as well, but we didn't look into that. But she paid for almost everything, although her son was working."

could not take care of her. In turn, the physician contacted APS and when APS went out to do a nursing home placement screening, they found the home was flea infested with urine and feces all over the trailer. As this was a health hazard to the elder, the grandson was determined to have been neglecting her.⁴⁷ Interestingly, the elder subsequently moved in with her brother, but he called APS shortly thereafter and confessed that he failed to realize how much work was involved in caring for his sister and requested that she be moved to another location. The elder's daughter and the new son-in-law finally returned to the area and were willing to become the elder's live-in care providers. They initially took the elder to live with them in another county, although ultimately they moved back into the elder's trailer with the elder after cleaning the trailer up. The daughter is a willing care provider, although not particularly suitable for this challenging role. The APS caseworker remarked, "It's not ideal, maybe, but it works for them [for now]. As long as we follow the elder, and provide home health aides, who are mandated reporters, we should be able to keep her safe."

In two other cases, the delivery of needed care was obstructed by perpetrators who wanted the elder out of their home. In the first case (#033), the 83-year-old elder was a double amputee who was diabetic with high blood pressure, poor circulation, degenerative joint disease, and who was unable to toilet, bathe, dress, and feed himself without assistance. However, he was alert and oriented, but with some short-term memory loss. He lived with his long-term girlfriend, who was roughly 40 years of age

⁴⁷ The APS caseworker was also confident the grandson was using his grandmother's money to pay his bills even as some of her bills were left unpaid. But the caseworker had no tangible proof of this and the client refused to give the caseworker access to her financial records. Thus, the caseworker decided that the primary concern was getting the client safe and stated that as a result "I guess I really let the financial exploitation piece go."

with an intellectual disability that limited her ability to communicate. For an unidentified reason, the elder and his girlfriend had to move from their residence, and a mental health case manager placed them with the 45-year-old sister of the elder's girlfriend (and this sister's boyfriend). The two sisters were both receiving case management services from a local community mental health center (designated in Virginia as a Community Services Board (CSB)). However, the sister of the elder's girlfriend did not want the couple living in her home. Further, the sister had a serious mental illness (a psychotic disorder), also has an intellectual disability, and was well-known to the CSB and local law enforcement officials due to her aggressive, disturbing, and disruptive public behaviors. On one occasion, she had choked a social worker, on another she had dragged her boyfriend down the street, and she had been found numerous times naked on a major arterial. When a home health nurse arrived to provide care for the elder, the sister, who was naked, as well as ranting and raving, refused the nurse entry into the home, effectively barring his receipt of nursing services. The home health aide contacted APS (the denial of access to the home health nurse constituted medical neglect of the elder), who had to call law enforcement for back up to subdue the elder's girlfriend's sister. The nurse was eventually allowed entry, with different accommodations found for the elder and his girlfriend.

In the other case (#040) involving obstruction of care, a 74-year-old woman was living with her daughter in her daughter's home. The 47-year-old daughter had surgery and needed some extra care, and moved in with her boyfriend when her mother refused to provide her daughter with caretaking assistance. The mother has a strained

relationship with all four of her daughters and a history of inadequate parenting, substance abuse, and mental illness. In addition, she herself had a history of being abused as a child and as a spouse, and her husband was also believed to have physically abused their children. The daughter returned to her home a year later and evicted her mother. The mother refused to leave and the daughter began legal proceedings to evict her. The mother called APS for assistance in finding a new home. In the meantime, the mother, who had diabetes, high-blood pressure, ulcers, depression, and arthritis, was herself needing some immediate assistance, which one of her other daughters was reluctantly trying to provide. But the (47-year-old) daughter in whose home the elder was living refused her sister entry into the home when she sought to provide this assistance.⁴⁸ Shortly thereafter the daughter obtained a court order to evict the elder. The mother then found suitable alternative housing for herself, and she no longer has a relationship with any of her daughters who the elder asserts refuse to return her calls or to visit her.

In these cases, neglect was a relatively short-term phenomenon because the elder's needs were relatively pressing and a response was readily forthcoming once it was learned that the ostensible care provider (often an adult offspring) did not want to provide the necessary care for the elder. Indeed, the care providers may have been relatively eager to bring the situation to the attention of others in order to end their responsibility.

⁴⁸ There was some suggestion of financial exploitation in this case as well as, although the elder had been living rent free in her daughter's home, she had paid all the household bills. The daughter asserted, however, that her mother paid the household bills because she did not pay rent, not because she was taking advantage of her mother, and thus the possible financial exploitation aspect was not pursued by APS.

Although the neglect in these instances was relatively short-term, the troubled nature of the elder-care provider relationship generally had a lengthy and complex history. While a certain overlap exists between these cases and the “unsuitable care provider” category of neglect (i.e., the care providers in this category were also often relatively unsuitable to serve as care providers), this troubled history made these placements questionable from the beginning and contributed to the care provider’s unwillingness to provide needed assistance to the elder. The paucity of alternative placements for elderly people here no doubt explains at least in part why these placements were even attempted in the first place. At the same time, the growing or continuing needs of the elder, exacerbated in some instances by the elderly persons’ own truculent behavior, often contribute to the failures of these placements.

It is often assumed that close family members are best suited to provide care-giving services to elderly people, an assumption that is often held by the family members themselves. However, family members who have never undertaken to provide such services in the past or have not eagerly, or with full understanding, volunteered to undertake this role may quickly tire of or be overwhelmed by this role and seek passively or actively to end it.

Despite what is often a paucity of alternative available placements, because of the harm that the elder may experience during the course of a placement and from the harm that may accompany multiple placements should an initial placement fail, efforts should be made to ensure careful screening occurs before such placements occur. Screening should occur whenever possible because these elderly people are vulnerable

and highly dependent on the care provider for assistance, placing the elder at great risk. At a minimum, greater attention should be given to providing information to offspring and other care providers contemplating the acceptance of these roles to ensure that they understand the scope and potential burden of these responsibilities and the challenges associated with undertaking such a placement. Further, greater efforts should be made to provide them with respite services to ease this burden.

Miscellaneous, non-malevolent neglect. There were two cases that were deemed to involve neglect but that do not fit under generally accepted definitions of neglect, although they are similar to the “unsuitable care provider” dynamic in that they involved an elder in need of assistance and services but the “abuse” can not be attributed to someone who is malevolent and a wrongdoer per se. One case (#043) involved a 79-year-old elder who had been given life rights to some property in 1984 by her brother that adjoined her brother’s property. Her brother had told her that “[y]ou live here as long as you like, so when I need some help later on, you’ll be here for me.” She subsequently had this land cleared and put her trailer on it. Living alone, she was generally able to manage her own needs despite suffering from heart disease and diabetes, including maintaining her own garden. However, she was relatively poor as she did not work for a living. In the meantime, a few years ago her brother had been institutionalized with dementia and placed in a nursing home. The elder assumed her brother’s family, which consisted of her brother’s wife and children, would be paying the taxes on the property as she had never had to pay taxes in the past. However, this family apparently did not like her nor her brother. While her brother’s family had lived

with him in his house, they did not take care of him. In the past, he had come down to her trailer every night for dinner. Plus, she described them as being mean to her brother. Ultimately, the elder placed her brother in a nursing home because his family would not take care of him. One day, however, she received a notice that she owed thousands of dollars in taxes on the property on which her trailer sat and must pay them immediately or she would be evicted, notwithstanding that she had lived there for 26 years. The elder contacted APS for assistance as she could not afford to live elsewhere and had nowhere else to move. For the time being she still lives in her trailer, but is fearful of what awaits her. Her brother's conservator has contacted the county in an attempt to resolve the matter without her being evicted. APS conceptualized the "state" as the perpetrator so they could provide the elder with services. In turn, they linked her up to the appropriate tax agency and did an assessment of her so they could immediately provide assistance if and when she does get evicted.

The other case (#031) involved a 61-year-old elder, who had been a successful diesel mechanic at one point in his life but had not worked since the age of 40 because of heart troubles, and his 63-year-old wife, who had undergone heart surgery 11 years earlier and been "on disability" ever since. Between them they had 7 children from prior relationships, but none of these children continued to live with them. For the past six years, they had rented without problems property on which their trailer home sat. Their landlord lived a half mile away and had initially told them to stay as long as they liked. Two years ago, they received a letter from their landlord informing them that he was going to sell the property on which their trailer sat, but nothing came of it. A few

months ago, however, the couple received another letter that stated that they must vacate the property within ninety days. No further explanation was provided by this letter. They asked for additional time, but their landlord was not willing to accommodate them. He stated that he needed to get the property ready for sale because he had a daughter going to college, although the couple, based on their knowledge of this daughter, did not believe this explanation. The couple could not find other suitable property upon which to park their trailer, in part because their trailer was so old that they were not allowed to move it into a trailer park. Unable to find housing as they had no children or other family available to assist them, the couple turned to APS for services. APS helped them find housing (another trailer in a trailer park) and furniture. Although the landlord was acting within his rights in evicting the couple, the APS designated the landlord as the perpetrator because he wasn't very accommodating, didn't work with the couple, and left them homeless, which enabled APS to intervene.

Like some of the other cases in the neglect category, these cases tend not to involve a “wrong-doer” per se. Although someone (or some entity) is designated as the perpetrator by APS, this is done primarily to enable APS to supply needed assistance to the elder. APS focuses on finding these elderly people a home or providing other services, while establishing the wrong-doing of a perpetrator is a largely irrelevant task. These cases center more on misunderstandings or non-binding verbal promises that—while they leave the elder vulnerable, at-risk, and in need of services—do not constitute a violation of the law. While the elder may suffer harm as a result, these are not cases where a referral to law enforcement for possible prosecution of a criminal offense is

appropriate. At the same time, in these cases the elder is quite amenable to receiving help from APS or other similar agencies. Further, society will generally view these elderly people as relatively blameless and appropriate recipients of this assistance. Although there are, sadly, limits on the remedies that are available (e.g., it may not be possible to enable the elderly people to remain in their homes), nonetheless this is a category of cases where APS can play a valuable role as both a sentinel and as a source of assistance, and this assistance will be warmly embraced and appreciated by the elder.

A consensus existed that the elder had been neglected, but the elder did not perceive maltreatment as occurring. Two cases involved elderly persons who were not dissatisfied with the care they were receiving from their care provider and thus failed to perceive or refused to characterize it as neglect, notwithstanding that needed assistance could and should have been readily forthcoming and was not.

In one case (#054), a professional home health agency had neglected an elder. The 69-year-old elder had never gone to school and was illiterate. The elder's mental status was okay and, other than suffering from diabetes, he was in generally good health. He lived alone in an apartment in an apartment complex that provided senior-subsidized housing, and had no family with which he was in close contact. He had been a client of Adult Services for some time, following an incident where the manager of his apartment complex had found him lying face-down in his apartment. He had been there for two days and was rushed to a hospital, which in turn called APS. Following an investigation by APS, the elder was determined to be in need of home services and arrangements were made by Adult Services to supply companion services, which

provided basic in-home help. Two years later, as a result of his diabetes, the elder had to have his toe amputated. Following his release from the hospital this time, arrangements were made for a nurse to provide primary care every week or two and for a certified nurse's assistant (CNA) to provide a range of services 5 – 7 times a week. The nurse made a visit the first day to set up everything, but a CNA was never dispatched because the responsible home health care agency was short-staffed. Notwithstanding his extreme discomfort, the elder did not complain to anyone about this, nor seek to find out why the arranged nursing services were not being delivered. When asked to explain why he thought no one had shown up, he said "you know sometimes white folks don't like black folks." He failed to change the bandages and let the wound fester. He had a 92-year-old friend across the hall, but she had been out-of-town. An APS caseworker just happened to make a home visit to check on the elder and discovered the infected wound, finding that the bandages had not been changed in a week, and took him to the hospital. Due to the infection, his leg had to be amputated below the knee.⁴⁹ It had been suggested to the elder that he might consider filing a lawsuit against the home health care agency that had failed to provide agreed-upon services, but the assigned APS caseworker doubted that this relatively passive elder would pursue such a course of action.

There was also a case (#041) in which the elder felt that he was receiving adequate care from his son. One day the 74-year-old elder, who is wheel-chair bound,

⁴⁹ A year later APS received another report on this man, this time submitted by the elder himself who apparently felt more empowered to act on his own behalf, alleging the newly assigned Certified Nursing Assistant (CNA) stole cash from the elder, was verbally abusive to him, and was neglecting him. The home health agency fired the CNA.

fell while his 45-year-old son, who lived in the trailer behind him, was at work. The father hurt his leg in this fall and couldn't get up, and as a result lay on the floor of his home for six hours. When the son returned home from work, he stopped by to visit his father, found him on the floor, and took him to the hospital. The treating physician accused the son of neglecting his father because he had failed to make accommodations for such an emergency.⁵⁰ The elder responded that he had just slipped and fallen, and that there was no neglect on the part of his son. At about the same time, however, an out-of-state son had found out about the situation and demanded that his father recuperate in a nursing home where he would receive the care he needed rather than rely on his brother's care.⁵¹ However, after initially being transferred to a nursing home, the elder left it after three days, even though he was supposed to stay for a month. Instead, he returned to his home because he didn't care to be in the nursing home and preferred being in his own home instead. APS was also concerned about the shabby repairs made to the elder's home by his son, but the elder had no complaints about them either. The father, who clearly wants to remain in his home, reported that his son takes good care of him. The assigned APS caseworker left pamphlets regarding "life

⁵⁰ The incoming APS report actually asserted both neglect and financial exploitation. The son was accused of living off of his father because he lived on his father's property for free even though he was employed. Although APS felt there was also financial exploitation in this case, the elder refused to cooperate and the matter was not pursued.

⁵¹ This other son also alleged that the elder had been financially exploited by his brother. He asserted that his brother had been using the elder's money for himself and was not buying groceries for his father. APS investigated the complaint and did determine that the son was living there for free, but concluded that the elder understood and did not object to the nature of this arrangement, that there was food in the house, and that it could not establish that the elder's son had diverted the elder's funds to his own use, and thus concluded there were no grounds for a finding of financial exploitation.

line,” a medical emergency alert device that could be activated if the elder fell again, but felt there was nothing else that she could do.

These types of cases can be particularly troubling for APS. As was the case with regard to both pure financial exploitation and physical abuse, to the extent that the elder does not perceive abuse to have occurred or resists intervention, there is little APS can do until particularly egregious events occur or it can be established that the elder lacks decision-making capacity. Further, it may be that the elder can not be relied upon to report ongoing abuse, thereby eliminating an important early-warning sentinel. As discussed previously, an elder may be unwilling to report abuse because the elder wants to remain in his or her own home or otherwise perpetuate the status quo, rather than transition to a different living arrangement, including possibly a nursing home. Alternatively, the elder may be reluctant to report abuse because of loyalty to or affection for adult offspring or other individuals who are providing, albeit imperfect, home services to the elder. As will be more evident in the hybrid financial exploitation section, the elder may also be unwilling to make timely reports because the elder is being intimidated or exploited by the perpetrator. Finally, the elder may be a relatively passive individual or suspicious of “outsiders,” including representatives of governmental agencies. However, this may change to the extent that the elder (1) is educated regarding the services and assistance that are available from APS or other social service agencies, (2) comes to believe that such agencies can be relied upon to act in the elder’s best interests and to respect and not run roughshod over the elder’s wishes, and (3) becomes empowered to act in his or her own self interests, perhaps

because the elder has learned that he or she is entitled to complain about and seek to change inadequate living arrangements. Short of helping the elder accomplish this sense of empowerment and entitlement to safe and healthful living conditions, perhaps the best hope for a relatively successful outcome in these cases is for APS or some other social service agency to be able to establish a mechanism that routinely monitors the well-being of the elder and provides an “excuse” to check-in periodically on the elder. This may be difficult to accomplish if the agency seeks aggressively to “close” cases once the initial emergency that led to a call or report to the agency has been resolved.

Hybrid Financial Exploitation Cases

Hybrid financial exploitation cases are by definition a special instance of financial exploitation in that their occurrence is accompanied by another form of elder abuse, such as physical abuse or neglect. Perhaps not surprisingly, the dynamics of these cases share some common features with the various other forms of elder abuse that they encompass, but their hybrid nature results in combinations of features that make them relatively unique and challenging.

Following a review of the transcripts, sixteen hybrid financial exploitation cases were found to have been included in this study, which led to the identification of five categories of “hybrid” abuse. They were: (1) co-occurring but relatively unrelated financial exploitation and physical abuse where typically a “parent-child” relationship existed between the elder and the perpetrator, with the generally independent elder seeking to protect the perpetrator because of the perpetrator’s relative dependence on the elder, notwithstanding the occurrence of abuse, (2) co-occurring and intertwined financial exploitation and physical abuse where

typically the perpetrator and the elder were dependent upon one another yet the perpetrator nevertheless purposefully used physical abuse instrumentally to financially exploit the elder, (3) co-occurring but relatively unrelated financial exploitation and neglect where typically the ostensible, but often reluctant, care provider took advantage of a relatively vulnerable and dependent elder, (4) co-occurring and intertwined financial exploitation and neglect where typically the perpetrator neglected the elder in an instrumental fashion to facilitate his or her ability to financially exploit the relatively vulnerable and dependent elder, and (5) co-occurring and intertwined financial exploitation, neglect, and physical abuse where abuse had become a “way of life” for the mutually dependent perpetrator and elder involved.

The hybrid financial exploitation cases generally share five characteristics that figure prominently in the “pure” physical abuse cases, but are less likely to be present in the “pure” financial exploitation cases. In both sets of cases (1) the perpetrator tended to be a relative, generally a close relative, of the elder—an adult offspring, a spouse, or some other relative; (2) some form of abuse had typically dominated family interactions for decades, reflecting a significantly dysfunctional family unit; (3) the elder was dependent or likely soon to become dependent on others for assistance (typically the perpetrator), with the elder’s declining health the cause of this dependence and ultimately the reason most of these cases came to the attention of APS; (4) most of the perpetrators were emotionally or financially dependent on the elderly persons; and (5) the elderly persons were driven by their fear of losing the status quo and being relegated to a nursing home, an outcome they dreaded, or their desire to protect their “loved ones,” and thus resisted intervention. At the same time, the hybrid financial exploitation cases also generally share a set of characteristics that figure prominently in the

“pure” financial exploitation cases, but are less likely to be present in the “pure” physical abuse cases. They include (1) the perpetrator was usually driven by financial need or greed; (2) the abuse proceeded in a systematic, instrumental fashion; and (3) the financial exploitation aspect was relatively difficult to detect and document, and remedying this aspect of the problem was challenging. These hybrid financial exploitation cases are like neglect cases in that the elderly victims are relatively vulnerable and in poor health, while they are different in that the hybrid financial exploitation cases typically involved family members and the abuse was long-standing, while in the pure neglect cases, non-family members were often involved and the abuse occurred over a relatively shorter period of time. Finally, the hybrid financial exploitation cases are also distinguishable from the other three forms of elder abuse (i.e., pure financial exploitation, neglect, and physical abuse) in that they entail the simultaneous occurrence of multiple types of elder abuse, which in turn, increases the harm to the elder and diminishes the likelihood of a successful outcome. In general, the co-morbidity of life challenges leads to more complex and more intractable problems.

Hybrid financial exploitation and physical abuse

There were six cases where both financial exploitation and physical abuse occurred. Five of the six cases can be characterized as “enmeshed” “parent/child” relationships where the elder was either their mother or the grandmother of the perpetrator. In all but one case, the perpetrator was dependent on the elder, although the cause of dependency varied, including mental illness, drug addiction, and criminal history. Because of the adult offsprings’ disability or otherwise impaired status, they were unable to work and contribute to the “family” income, thus making them

financially dependent on the elder and, with one exception, they all lived in the elder's home. Each of these elder persons recognized the impairments of their adult offspring and the risks posed by them, but felt a tremendous sense of continuing responsibility to and for their "children."

Another common characteristic of these cases is that the dependent relationship between the elder and the perpetrator often resulted in other adult offspring or family members becoming alienated. Because of the unsettling and sometimes menacing behavior of the adult offspring residing with these elderly individuals, and the elder persons' fierce protection of their "child," other family members, as well as the elderly persons' friends, distanced themselves from the elderly persons, further isolating them from individuals who might intervene on their behalf to halt the abuse. While this alienation saddened the elderly victims, they continued to protect and to live with the adult offspring. They also often saw this as a reciprocal relationship: the elderly persons tended to believe that their adult offspring would be there to care for them as their health declined. Therefore, they willingly assumed responsibility for their adult offspring and continued their care-providing role even as the offspring aged and provided little indication of a willingness or ability to reciprocate the care provided. Not surprisingly, as the elderly person aged and came to need special assistance, their dependent and relatively unskilled adult offspring proved not only unable to provide their parents with adequate care, but also abused the elderly person physically and financially. These family units were generally dysfunctional and posed relatively

intractable problems, in part because the elderly victims were unwilling or found it difficult to break the bonds with their adult offspring, even after being abused by them.

Another characteristic that is predominant in this category of cases is the guilt the elderly persons feel for the way in which their “children” have turned out and the responsibility they feel for this outcome. Also, there tended to be a pattern of attempts at separation between the two, most typically initiated by the adult offspring, but for various reasons the offspring were unable to function independently in society and ultimately moved back in with the elder. Similarly, adult offspring who had been incarcerated returned to the elder’s home upon release.

In three of the six cases, the physical violence occurred relatively independent of the financial exploitation. In other words, the physical abuse was not used instrumentally to financially exploit the elder. Indeed, the two forms of abuse were likely unrelated because the adult offspring did not need ready access to the elderly persons’ assets as the elderly persons were already financially supporting them. In the other three cases, the physical abuse was used instrumentally to obtain money from the elder.

Co-occurring but relatively unrelated financial exploitation and physical abuse where a generally independent elder sought to protect the dependent perpetrator in a “parent-child” relationship. There were three cases of co-occurring financial exploitation and physical abuse where the two forms of elder abuse were relatively unconnected (i.e., the perpetrator did not use physical abuse to instrumentally exploit the elder). In each of these cases the perpetrator was dependent on the elder, who in turn was very protective of the adult offspring, despite being physically abused and financially exploited by the offspring. In addition, in each of these

cases there tended to be a relatively dysfunctional and violent family environment that spanned generations and relationships.

In one case (#023), a now 90-year-old widow who wears a “life alert” (a device to summon assistance in case a medical emergency arises) around her neck had raised her two grandsons because her daughter divorced the boys’ father when the boys were young and neither of the boys’ parents would have anything more to do with the boys. The elder experienced severe physical violence at the hands of both her husband and the two grandsons, who had lived with her most of their lives. The elder reported that one of her grandsons on one occasion “[c]hoked me until I thought I would die, and hit me upside the head.” This now 47-year-old grandson had returned to his grandmother’s home about a year earlier after a 12-year prison sentence for assault and battery (which did not involve his grandmother). He had been released from prison with a bottle of psychotropic medication to manage a diagnosed mental illness. His behavior had been relatively calm the first couple of months he was home and then either he stopped taking his medication or he ran out of medication and did not refill the prescription. Because he became convinced that people were living under the house who were intent on killing him, he would destroy wires and ducts running through the house to keep them from gaining access to the house. In addition, he began to drink more and more heavily. On occasions, he would tear the house apart. He also generally disobeyed his grandmother’s house rules. He would also push the elder, threaten her with bodily harm, and verbally castigate her. On several occasions she ran from her house to the neighbors to get away from him. He also was

unemployed and basically unemployable, with the result that he lived off of the elder and would periodically steal money from her. Although the elder had a few close friends, the grandson did not. The elder wanted someone from the community services board (the local community mental health agency) to step in, but they would only provide assistance if the grandson came to them for services, which he refused to do. Because the grandmother had raised her grandson, she wanted to help him transition back into the community. Because she did not want him sent back to prison, the elder accepted her grandson's abusive behavior for almost a year before calling law enforcement. But she had become increasingly fearful of him, commenting to the interviewer, "I didn't want to die in my own home." At one point she obtained an order of protection excluding him from her home. However, he violated the order by coming to her home and "begging her to let him back in." She called the police and he was arrested for a probation violation and is now serving two more years. The assigned APS caseworker commented that the grandson still sees his grandmother as his care provider. Fortunately, in this case the elder had friends that strongly encouraged her to contact the police. It was her hope that the call to the police would result in her grandson receiving needed mental health services while incarcerated, but it did not. It only resulted in his arrest and incarceration and now the elder feels terribly guilty about making this call. The grandmother noted, "I don't want him in prison. I want him to get the mental health treatment he needs." She also stated, "I'm afraid he'll get out of jail and I don't know what I'll do if he comes back and it's cold outside," implying that she would let him back into her house. Further indicating her continuing attachment to and

concern for her grandson, she added, "I worry about what will happen to [him] when I die. . . . He'll have no place to go." Reinforcing the continuing nature of their interdependency and dysfunctional relationship, APS has been involved with this family for some time, and the assigned APS caseworker noted that the elder has never before followed through on threats to stop her grandson's behavior.

In a second case (#P001), a 65-year-old woman experienced both financial exploitation and physical abuse, albeit separately, at the hands of her now 18-year-old adopted daughter. As a young child, the daughter had been sexually molested by family members, which ultimately led to her being placed for adoption. The elder adopted the girl when she was 3 years old and they had lived together ever since. The elder became wheel-chair bound when her daughter was a pre-teen and she was unable to be as physically involved with the daughter as she would have liked. It was also about this time that the daughter began to enter various treatment programs. Over the years the daughter received five separate psychiatric diagnoses (bipolar, PTSD, Borderline, ODD, and ADHD). The daughter also abuses heroin and methamphetamines, with the elder reporting, "She has overdosed more times than I can remember." Unsurprisingly in light of her drug habits, the daughter had a long history of stealing cash from the elder, either from a cookie jar where money was kept, the elder's purse, or other places around the house, usually \$20 to \$100 at a time. The elder commented "This has been going on for years." The elder went on to say "I let her get away with a lot of this because of her mental illnesses." The daughter had been caught shoplifting and had been running away since she was 14, but eventually she would return to live with her mother.

Although the daughter has superficial friends, she is apparently unable to form close attachments with anyone. Further, she had been in and out of abusive relationships with various intimate partners. Although the daughter has been able at times to secure employment, she is unable to retain these jobs. This case came to the attention of APS when the elder went into the hospital for an emergency procedure and, while she was hospitalized, the daughter stole her mother's checkbook and tried to cash a check at a check-cashing store. An employee at the store became suspicious, called the phone number on the check, which reached a phone at the elder's employer. The employer expressed his doubts as to the validity of the check and called the hospital to notify the elder. The elder was visibly upset by this news and, as a result, hospital staff, as a mandated elder abuse reporter, notified APS. In addition, during this time the daughter had stolen a valuable family heirloom necklace worth \$10,000. The elder excused her daughter's behavior, attributing it to her daughter's mental illness. Her view was that "If it wasn't for her borderline personality disorder" or for various other reasons, "she would be fine." Nevertheless, it was discovered during the APS investigation that the mother had also been physically assaulted by the daughter over the years. The elder reported, for example, that she would be lying in bed with her daughter having a lovely conversation and the daughter would suddenly reach over and cover her mouth so she could not breathe. "It was very scary," reported the elder. The elder ultimately returned home from the hospital, but the daughter has disappeared.

In a third case (#011), when the now 74-year-old elder's husband died a few years previously, the elder's now 54-year-old daughter took over the management of her mother's

finances as the mother had never managed her own finances. The husband had left his wife a house, some property, and \$400,000. Shortly thereafter, upon the daughter's request, the mother moved out of her house and into her daughter's trailer. The mother increasingly needed assistance and the daughter claimed she could more easily monitor her mother if they lived together. Although the daughter had been previously employed, she was now going to school and was living off her deceased husband's military pension. The daughter found the elder's \$400,000 and quickly used it up purchasing furniture and like items for her trailer. The daughter combined her income with the elder's social security checks, which were the only funds the elder now had. APS became involved because they received a call from the elder asserting that her daughter was physically abusing her. The elder reported that her daughter was throwing dishes at her, pushing her, and threatening her with bodily harm, and she noted that her gun was missing. When APS and the police arrived, the elder recanted, even though she had bruises all over her arms and shoulder. APS received five similar calls over the next two months, but the mother always recanted when APS arrived, commenting that she "loved her daughter and couldn't live without her." One night the elder ran to the neighbors and called her brother in another city to come get her, which he did. She told her brother that her daughter is "crazy and I'm scared." However, the daughter called the elder the next day and the elder returned to her daughter's home. Nevertheless, APS determined that there had been "a lifetime pattern [of abuse] between mother and daughter." The elder's brother confirmed this lifetime pattern, recalling telephone calls from his sister complaining about her daughter's behavior when her daughter was quite young. Notwithstanding the existence of what appeared to be a mutually harmful pattern of co-dependency, the assigned APS caseworker

noted that the elder’s “daughter would be sick [i.e., emotionally distraught] if [her mother] were to leave her.”

A relatively nuanced approach is needed when responding to cases where financial exploitation and physical abuse co-occur, but the physical abuse is not used as an instrument to financially exploit the elder. Because the elder retains decision-making capacity and appears to be capable of living independent of the perpetrator, the elder’s involvement in the situation is arguably voluntary, with the elder attempting to assist a loved one who is dependent on the elder. Intervening contrary to the wishes of the elder may be resisted by the elder and to some extent may be harmful to or at least resented by the elder. For example, the elder may be unwilling to cooperate with efforts to prosecute the abusive behavior. On the other hand, the co-occurrence of multiple forms of elder abuse, even when they occur relatively independently of one another, suggests a relatively dysfunctional relationship and pattern of behavior that indicates, in turn, a lack of insight on the part of the elder, an inability to recognize that the elder’s efforts to ameliorate the situation have been unsuccessful and are unlikely to be successful in the future, and that the elder may be at considerable risk if this dysfunctional interaction is allowed to continue. Because of the complex nature of these cases, it is likely that decisions on how to craft an appropriate response must be made on a case-by-case basis. At the same time, efforts designed to help the elder to gain greater insights into the problems faced and alternative responses to them, are probably likely to have the greatest chance of success. To the extent those efforts have proven unsuccessful, a more forceful intervention is likely to be necessary to ensure the safety of the elder.

Co-occurring and intertwined financial exploitation and physical abuse where a co-dependent perpetrator used physical abuse instrumentally to financially exploit the elder.

Three cases were identified in this study where the perpetrator specifically used physical violence as a means to obtain money or other assets from an elder.⁵²

In one case (#010), a now 78-year-old widow had been left a home and a large amount of money (\$750,000) by her second husband. Her now 37-year-old son from this second marriage had been diagnosed with a bipolar disorder 20 years earlier. Because of this illness, he had lived with his mother most of his life. The elder would periodically expel him from her home after he became disruptive or aggressive, but he would beg her to allow him to return and she would ultimately acquiesce. The elder and her son are somewhat socially isolated. Although the elder does have two other adult sons who are aware of her current situation, they live in different states and stay away from their mother because of the “invisible umbilical cord,” as one of them described it, connecting the elder and her abusive son. That is, because she has chosen this son as her favorite and they disapprove of the nature of her relationship with him, they limit their contacts with their mother. At some point, the son began abusing illegal substances. To support his habit, he would obtain money from his mother, typically by threatening and intimidating her. For example, he would hold up over her head an expensive vase and threaten to crash it if she did not give him money. He would also awaken her in the middle of the night and take her to Wal-Mart to obtain cash for him,

⁵² As discussed earlier in conjunction with the “pure” physical abuse cases, in some of those cases the physical abuse appeared to be focused on gaining some financial advantage, but for various reasons, identified there, those cases were classified as physical abuse cases and not hybrid cases where both physical abuse and financial exploitation were present.

threatening bodily harm if she did not comply. There are also reports from neighbors of the son pistol-whipping his mother, pulling her hair, choking her, and engaging in other abusive behavior directed at his mother. Indeed, the interior walls of the elder's home are full of holes from when this son punched the walls during violent outbursts. But the elder refuses to have her son arrested as she does not want him incarcerated. She wants him instead to receive mental health and substance abuse services. Because of his long-standing mental illness, she feels he needs her assistance. At the same time, allowing him to reside in her house permits her to remain in her home, even under these deplorable conditions. This case was well known to local police and APS received their first report on this family 16 years ago. The problem is getting worse now because the elder is aging and unable to rebound from the abuse and stressful living conditions. Further, the elder has run out of money, although her son does not believe her and continues to cajole her for more money. She is now in debt for hundreds of thousands of dollars and she has to call one of her other sons to wire her \$50 to enable her to get something to eat. But even with regard to these relatively trivial sums, the son she lives with will intervene and take either all or most of this money as well. The elder is fearful her son will kill her once the money is completely gone. APS had been trying unsuccessfully for years to separate the elder and her son. However, the elder continued to refuse to cooperate. One of the elder's other sons finally visited the elder, saw her living conditions, and obtained a guardianship over her. She has now been moved to an assisted living facility.

In a second case (#037), the elder's son had been diagnosed in early adulthood as suffering from schizophrenia. The now 80-year-old widow and her now 42-year-old son had lived together for most of their lives and were described as "enmeshed." The son had tried living on his own a couple of times, but because he was unable to manage on his own he always moved back in with his mother. And she was grateful when he did. She enjoyed having the company as she had few friends. He had few friends as well. Indeed, the elder reported, "I know he needs to have a life of his own, but he's got Schizophrenia and he has no friends." This son was the only child from the elder's second marriage and because of his bizarre behavior and his mother's absolute devotion to him, the three surviving children from her first marriage (four other children are now deceased) who live relatively nearby rarely visit, further isolating her. She commented, "My other kids are uncomfortable around [my son]." She perceived her son as her care provider and someone who could look after her in her old age or as her health declined. Although she had a total of seven other adult children at one time, she reported that he is the one that "takes care of me." For example, she noted that "He could reach high things." But she also noted that because she remained committed to letting him live in her home and this alienated her other offspring, he was the key to enabling her to remain in her own home. Neither of them is able to drive and they either walk or take a cab to get places. The son has received disability checks most of his life because of his serious mental illness and together they share expenses and are financially dependent upon one another. Five years earlier, following a call by the elder to the police, the elder's son was convicted of and served a sentence for physical abuse against his

mother. This prior conviction did not concern her, however, for as she described it, “I told him he had better never put his hands on me again and he has never been mean to me since.” Nevertheless, the APS assigned caseworker had a very different perspective. She said this case has been kept open for years because of ongoing abuse by the son. Further, she is concerned that the son does not take his medication and thus may become violent as a result. She acknowledges that the son has never significantly harmed his mother, but she notes he threatens and yells loudly at her. In general, the caseworker sees him as explosive, although he does not usually hurt anyone. As for the most recent incident that had involved the APS, the elder had taken \$20 out of her bank account to satisfy her co-pay requirement at the doctor’s office. The son, however, demanded the \$20 and when she would not give it to him, he grabbed her bag and took the money, cutting her hand in the process. As a result, he was arrested for robbery. The elder lamented, “I’m 81. I’m worried about what I’ll do if [my son] doesn’t move back in here. Where will I go?” It is worth noting that the elder experienced both childhood family violence and family violence within both of her marriages, perhaps inuring her to its effects.

A third case (#035) involved intimate partner violence. A 70-year-old woman had experienced violence at the hands of her childhood family, her first husband, and her second husband. The elder’s 56-year-old second husband has been abusive towards his wife for the past 30 years. She claims he is an alcoholic and would “die” without her devotion as he has no one else in his life. Likewise, she also has no one else in her life. The elder’s second husband is terribly jealous of the love she has for her children from

her first marriage. Because of the way he treats them, they now refuse to visit their mother. And because the elder's husband gets upset when she visits her children, she does not visit them either. Although her husband has worked in the past, he has been unemployed for the past two years and now drinks more heavily than ever. The elder has always managed the family's finances being the more responsible member of the dyad. For example, she owns the home they live in with the deed in her name only. Because of his unemployment, her husband now takes money from the elder, even money designated for bills and groceries. To obtain her money, he steals outright from her, writes checks on a closed account, nags relentlessly until the elder gives in, breaks furniture, throws her dog against the wall—all so that he can buy beer. She reports being out of money as a result and selling household items in order for them to eat. Furthermore, she has no money to pay for the medications needed to manage her diabetes. She reports that he lays on the couch all day, urinating on the furniture due to his stupor. Because he is unable to drive, he demands that she drive him places. One day the elder's husband demanded that she drive him somewhere and she refused and ran out of the house. He climbed into his truck and began chasing her down the street. He grabbed her and purposefully hit her on a shoulder that he knew needed surgery, twisted her wrist, and poured beer over her head. She called 911 and had him arrested. He was incarcerated for five days, received one year probation, and then returned back home. Although she reports having called the police on previous occasions, she always recants when they arrive because she does not want to get him in trouble. At one point, the elder's husband was hospitalized. When the elder came to visit him, he screamed at

her so vehemently and in such a disparaging way that the elder became visibly upset and as a result the husband's treating health care professionals called APS. During the APS investigation, the above information was confirmed, although the elder noted that she was concerned about his well-being and what would happen to him if he was evicted from the home. APS lamented, "In the end, she decided to allow him to come back into her home." It is worth noting, however, that at one point the elder noted, "This [abusive] treatment is nothing compared to my first husband's abuse. [My current spouse is] a good man when he's not drinking." She refused to leave him because she was worried about what would happen to him if she was not there to care for him. Nonetheless, she concluded by saying "I have no joy left in my life."

These cases pose particular concern for officials responding to reports of elder abuse. Because the perpetrator has already demonstrated a willingness to use physical force to obtain desired resources from the elder, and because there is generally a pattern of such behavior, the elder in these cases is at particular risk of future harm. If the elder is dependent on the perpetrator or otherwise unable or unwilling to remove herself from this dangerous situation, such cases may be particularly appropriate for criminal prosecution to remove this threat. Prosecution is facilitated in these cases because the physical abuse component may result in readily available tangible evidence of the abuse (e.g., photographs of bruises, x-rays of broken bones) and having such evidence securely in hand may encourage prosecutors to simultaneously pursue prosecution for the more difficult to establish financial exploitation that occurred. In general, like the cases involving physical abuse by an offspring, what tends to be

required when responding to these cases is an intensive, multifaceted, and extensive response that addresses the deep-seated problems of both the perpetrator and the needs of the elder.

Hybrid financial exploitation and neglect by other

When nine hybrid financial exploitation cases involving co-occurring financial exploitation and neglect were examined, the predominant dynamics were a dependent elderly person and a dependent perpetrator living together, the elderly persons' fear of being placed in a nursing home, and the perpetrator's unwillingness to provide needed care to the elder. Unlike the prior set of cases, the elderly persons tended to acquiesce to this abuse as they were often willing to exchange their financial assets for even inadequate care because the likely alternative for them was a nursing home. Similar to the prior set of cases, the cases involving co-occurring neglect and financial abuse could also be divided by whether the two forms of abuse were intertwined. In three of the nine cases, the neglect and financial exploitation were relatively unrelated (i.e., the elder was being both neglected and financially exploited, but the two forms of abuse were not interrelated). In the other six cases, the perpetrators neglected the elderly persons in an instrumental fashion as a way of obtaining the elderly person's money or other assets.

Relatively independent co-occurring financial exploitation and neglect where the ostensible, but often reluctant, care provider took advantage of a relatively vulnerable and dependent elder. Three cases involved a dependent elder and an ostensible care provider who, independently, both failed to supply the elder with needed support and took financial advantage of the elder during a vulnerable period in the elder's life. The elderly persons generally did not protest this abuse as they feared that if the perpetrator was not a part of their

life they would be destined for a nursing home. Thus, they perceived that being financially exploited and neglected was better than the alternative and tended to accept this fate. In these cases, although co-occurring, the neglect and financial exploitation were relatively independent activities.

In one case (#052), a son, now in his 50s, had lived with his now 86-year-old widowed mother all of his life (the elder's husband had died five years earlier). While the elder's other two sons were married with families of their own, this son "has been [emotionally] dependent upon his mother his entire life," according to the assigned APS caseworker. The son had worked throughout his adult life but continued to live at home. He had no friends and he had never been romantically involved with anyone. However, there was no indication of a psychiatric history, substance abuse, or any other obvious explanation for this dependency. The son managed the couple's money and the elder was unaware of how he spent her money, but she knew he paid the bills on time and bought groceries. The mother deferred to him on financial matters, reasoning that she had a 5th grade education while her son had graduated from High School. The son opened credit cards and purchased vehicles in her name without her authorization. The son did not use the money he made from his job to pay any household expenses but rather saved his money for gambling, an activity the mother and son enjoyed doing together. While this arrangement had worked fairly well for some time for the dyad, the elder was now getting older and it was becoming increasingly difficult for her to manage her personal needs (e.g., bathe, maintain hygiene, toileting issues). Contrary to her perception that her son was taking care of her, the son was neither providing care

for his mother nor making arrangements for this care, although there was enough money to pay for such care. The son did have a neighbor come in once a week to clean the home. With this one exception, the dyad was quite isolated as the son prohibited other family members from visiting the elder. One day, the neighbor—who was cleaning the elder’s house at the time—answered a call from the elder’s grandson who asked if he could stop by to visit his grandmother. The neighbor, not aware of the prohibition against family visits, invited him over. While visiting his grandmother, the grandson, who suspected something was wrong because of the prohibition on family visits, took the opportunity to look through his grandmother’s checkbook, which heightened his suspicions. About this same time, the elder fell in her home while her son was at work and when the neighbor stopped by she found the elder on the floor and called the rescue squad, resulting in her being hospitalized for two days. Shortly thereafter, she had a pacemaker installed and spent 30 days in a rehabilitation facility before returning home. In the meantime, the grandson had called the police, who called APS. APS was going to permanently place the elder in a nursing home. However, the neighbor and her husband decided to offer the elder the opportunity to live in their home instead. The elder, realizing she needed more care than her son could provide and having become upset about her son’s financial mismanagement of her funds after learning that he had opened and used credit cards in her name, readily agreed to live with the neighbor who had been cleaning her house. The son now “voluntarily” pays his mother \$100 a week in restitution.⁵³ He comes by once a week with the check, stays for

⁵³ This was not court-ordered restitution but did come about as the result of the intervention of the

10 minutes, and then leaves, while continuing to live next door in his mother's home.

The elder has been diagnosed with Alzheimer's and was recently put on a mood stabilizer as she was becoming aggressive.

In a second case (#013), a now 77-year-old elder was very fond of his ex-“daughter-in-law.”⁵⁴ She had helped him tremendously when the elder’s wife was dying roughly ten years before, a time when she and the elder’s “son” were still married. Recently, the elder had been hospitalized due to a stroke, and his now 42-year-old ex-“daughter-in-law” (she and the elder’s “son” had divorced roughly two years earlier), with whom the elder had a much better relationship than with his “son,” offered to help him pay his bills and buy his groceries while he was recuperating in a nursing home. The elder had no close friends and lived alone. Further, the elder had discontinued his relationship with his “son”, with whom he had never had a warm relationship, after his “son” divorced the “daughter-in-law” and married a woman of another race. While he was in the nursing home, a social worker was helping the elder with a Medicaid application. When the “daughter-in-law” was uncooperative in providing financial papers, the social worker became suspicious. In the meantime, the elder returned to his home. A home visit was made by the social worker, who found no food in the house, notwithstanding that the “daughter-in-law” had assumed responsibility for this task. She contacted APS. When APS began investigating, it was learned that the elder’s utilities were about to be cut off. It turned

police. When the police were called in they suspected financial exploitation, but because the elder refused to cooperate and because they had little supporting evidence, they could not press charges against the son. However, without disclosing this to the son, they instructed the son that if he wanted to avoid arrest he would have to make restitution to his mother, to which he readily agreed.

⁵⁴ Technically, she was not his “daughter-in-law,” although he considered her as such, because his “son” was not technically his son. The elder and his now deceased wife had been unable to have children but instead took a number of foster children into their home, which included an 18-month boy that they had ended up raising as their son, although he was never formally adopted.

out that the elder's "daughter-in-law" was only making partial payments on the elder's bills and was using the rest of the money from the elder's account to pay her own bills. Also, he would give her a check to purchase groceries for him, she would return with the groceries, and then he would receive a bill from the grocery store for these same groceries. At first, the elder did not want to cause any trouble by confronting, or having APS confront, his "daughter-in-law" about these activities. He noted that she herself was having some financial and other difficulties associated with her recent remarriage. In addition, she was the only person to which he could turn for help and he did not want to alienate her, as he assumed her help was the key to his remaining in his home with his beloved dog. He told the interviewer he wanted to come home after his stroke because he "missed my dog and I want to die in my own home." APS returned on three subsequent visits, attempting to convince the elder that alternative arrangements could be made so that he could remain in his home. He finally agreed, noting his concern that she might write a check and completely deplete his account. A personal care aide was ordered instead to handle these matters. In addition, around this time, the elder's niece, who lived in another state, happened to stop by for a visit and found him in a disheveled state, emaciated and unable to communicate, and living in deplorable conditions in the trailer in which he resided. The niece reported that all she could do at that point was "cry uncontrollably because [she] never thought she would see a family member in such sorry shape. . . . It was just sickening." APS called her within a week and asked her to be the elder's power of attorney and handle his finances, which she agreed to do. He was thus able to break the ties with his "daughter-in-law." The price he paid for doing so, however, was that he no longer has a relationship with his "daughter-in-law" nor his grandchildren, which saddens him greatly.

In a third case (#034), a now 76-year-old widow had chronic obstructive pulmonary disease (COPD), among other limiting health conditions. Her daughter, who lived next door, was dying of cancer and the elder was having great difficulty attempting to provide care for her. She asked her 52-year-old son to move in with her so he could run over to his sister's house when she needed someone. The elder's son had his own trailer but agreed to move into his mother's double-wide trailer with her. He was in the process of applying for disability benefits and was looking for work, with his only income coming from selling a few items at the flea market. The elder noted that her son "doesn't have enough to live on most of the time." She paid all the bills after her son moved in with her. However, as a result, she did not have enough money to purchase her own medications. In addition, he did not help her manage her medications or provide care for her. Furthermore, shortly after he moved in, he brought home a dog which exacerbated the elder's OCPD, which necessitated that she visit the doctor on several occasions and ultimately resulted in her being hospitalized for a week. Her treating physician suggested to the son that he find another home for the dog, but he refused to do so. The son reportedly was also verbally abusive towards his mother. Indeed, when the son yelled at his mother while she was hospitalized, this led the hospital to file a report of possible elder abuse with APS. The elder, however, had grown up in a home with severe family violence and had developed a tolerance for verbal abuse. Moreover, during an APS investigation triggered by the elder abuse report, the elder was initially alarmed that something might happen to her son. Once she was assured it was not the intent of APS to break up the family, the elder confided in the APS caseworker. The elder tolerated this situation because she envisioned a time in the near future when she would need some assistance and she believed that having her

son live with her would enable her to remain in her home. The daughter who lived next door had died shortly before APS got involved, and, as a result, she had only one other living child and she had a poor relationship with this daughter. Having her son live with her seemed like the best alternative to her, although she acknowledged that her son was not the perfect living companion. Notwithstanding her awareness of the risk to her, because the elder did not want a change in this living arrangement, the son continues to live with her. The elder told the interviewer that her son “helps me balance my checkbook and he’s looking after me.”

As was the case with independently occurring financial exploitation and physical abuse, a relatively nuanced approach is needed when responding to these types of cases. Although the elder may be seen as having made a “bargain with the devil,” unfortunately, it may have been the best arrangement available to the elder or at least is often perceived as such by the elder. As noted repeatedly above, placement in a nursing home is frequently seen as the worst possible alternative by elderly people and one that should be avoided at all costs. At the same time, because the elderly people in this category are typically quite dependent on others for support and highly vulnerable to manipulation and deceit because of their fears, and because they may be living in substandard conditions with their few remaining assets rapidly depleted, intervention is generally quite appropriate, including punishment of the perpetrators of this abuse.

Any intervention, however, should recognize and respect the elderly persons’ fears and wishes and seek to find a remedy that best accommodates their needs and addresses their fears. Initially, an active search and effort should be undertaken to provide more suitable alternative care providers. If this option is not available, a

respectful transition should be supplied that seeks to allay the elderly persons' fears as much as possible (which may include providing them with evidence that their fears are overblown) and attempts to provide an acceptable alternative placement. Such an approach may also have the benefit of facilitating the elderly persons' willingness to assist efforts to hold perpetrators accountable for their abusive behavior.

Co-occurring financial exploitation and neglect where the perpetrator neglected the elder in an instrumental fashion to facilitate his or her ability to financially exploit the relatively vulnerable and dependent elder. There were six cases of co-occurring financial exploitation and neglect where the financial exploitation of the elder was the primary goal of the perpetrator.

In one case (#001), an 89-year-old elder, who lived alone, was recuperating in the hospital following a fall where her neighbor had found her lying on the floor of her home. She was told by her physician that she could no longer live alone in her home and thus she had to make a choice between permanent residency in an institutional setting or finding someone to provide care for her in the community. A 58-year-old distant cousin, whom the elder had not been in contact with for quite some time but who had heard about her plight from other relatives, stopped by the elder's home, where he was told by her neighbor that the elder was in the hospital. After visiting her in the hospital, he offered to take her into his home, which he shared with his wife, to which the elder agreed. It was later discovered that the cousin immediately obtained the elder's power of attorney and began using her ATM card for his own purposes. The cousin, exercising the elder's power of attorney, was in general not using the elder's

money for her benefit but rather, among other things, was using it to dine out daily.

The elder's former neighbors, who remained in contact with her, also learned that the cousin was taking the elder out from 8 a.m. until after midnight, which they considered inappropriate for someone of her age, and contacted APS. Upon investigating, APS caseworkers became concerned because of the cousin's unwillingness to provide them with access to the elder. APS had to get a court order and enlisted the assistance of law enforcement to enter the home. It was then learned that the elder was sleeping on the couch and that the elder had recently received a call from her bank identifying unusual activity on her ATM account (e.g., daily fast food restaurant debits). The cousin was supposed to be paying the elder's bills for her, but he was failing to do so and, as a result, she was delinquent on all her bills. Finally, the cousin had the elder's social security check mailed to a Post Office Box that he maintained rather than to the home. The elder, however, was willing to accept this situation as the alternative to this placement in her mind was unthinkable (i.e., placement in an institutional setting). She did, however, recognize that living with her cousin was not an appropriate placement for her and so she moved back home. But after falling two more times and lying there for an extended period unable to get up and soiling herself until discovered by a neighbor, APS told her that she could no longer stay in her home. APS learned that the elder had a grandson in another state, and he agreed to provide care for the elder and she moved in with him.

In a second case (#026), APS initially received a report from a family member that an elder in fair health was being financially exploited and neglected by her 33-year-

old grandson. The elder was a widow who lived alone. The grandson was her “favorite,” who lived nearby and had pretty much always been involved in her life. He would prepare his grandmother’s pillbox each week and the elder felt her grandson was providing good care for her. The responding APS caseworker, however, said the grandson took care of his grandmother so that he would look good to other family members and they would not feel a need to be around. Meanwhile, he would periodically ask his grandmother for money and she generally gave it to him or he would write checks to himself out of her account without her knowledge, although her account was never overdrawn. The grandson had suffered an accident in early adulthood and, as a result, he was on disability and likely became addicted to pain medication. About 10 years earlier, this grandson had been deemed by law enforcement to be a habitual offender because of judgments for debt, reckless driving, several driving-related offenses, failure to appear, refusing arrest, and DWI. During its investigation, APS found evidence of financial problems, but the house and the elder were generally clean, there was no evidence of neglect, and the elder had no complaints and was deemed competent, and thus the report was categorized as unfounded. However, APS continued to receive reports during the ensuing year regarding financial exploitation and neglect. The elder was now 80 years old and suffering from diabetes and arthritis. It was more imperative now that she receive her medications. But the grandson would keep some of her pills for his own use, as he was addicted to prescription medications. Further, she needed help with hygiene now and she was not receiving this help. In addition, the grandson would write checks on his grandmother’s account presumably

for the elder's prescriptions, but her prescriptions never cost as much as the checks were written for. This time, the elder agreed to APS intervention. APS had the elder assessed for competency,⁵⁵ and she was found to be incompetent, with the elder's daughter-in-law appointed as her guardian. The guardian prohibited the grandson from visiting the elder when she was not present. As a result, he discontinued contact with the elder, which upset her greatly because her relationship with the grandson was important to her. The elder did have \$20,000 in her account at this point. Shortly thereafter, APS determined that the elder could no longer stay in her own home. Rather than go to a nursing home, however, the elder wanted to move in with her son and daughter-in-law, who agreed to this arrangement. However, the son's behavior tended to be somewhat strange and off-putting, behavior that he had exhibited since his service during the War in Vietnam. Although apprehensive, APS agreed to this arrangement, but monitored the situation closely. And indeed, the APS soon received another report of neglect. Although there was no evidence regarding the grandmother's neglected personal hygiene, it was suspected that another grandson living in the basement of their home was doing drugs, that the family was spending the elder's remaining funds and cashing her social security checks and not giving her anything in return, and that she was relegated to a bedroom where no one checked up on her. As a result, the home was determined inappropriate for the elder and the APS

⁵⁵ The assessment was ordered because it was assumed by APS that if the elder was determined to be incompetent the Commonwealth's Attorney would prosecute the grandson for fraud as this would provide evidence that she was unable to give her grandson consent to write these checks. APS also believed that there were grounds for a charge of forgery as the signatures on the checks did not match the grandmother's signature. However, the Commonwealth's Attorney still declined the case as he asserted that the elder had authorized the checks.

petitioned to be instead appointed guardian of the elder,⁵⁶ a request that was granted.

The elder was then moved to a nursing home. The elder nonetheless continues to want to return to her son's home, saying to the interviewer "I want to go home with my son. He took good care of me."

In a third case (#027), a 71-year-old widow had been taken to the hospital by her son and daughter-in-law. Hospital staff overheard them saying that they wanted to have the elder admitted so they would be able to go on a trip to Florida for a few days. Upon examination, the elder was found to be dehydrated and to have bed sores on her back. It was also learned that the elder had lived with her son and daughter-in-law on and off for many years. However, for the past four years the elder had been living exclusively with the couple, was now bedridden on a "rock-hard mattress," and was receiving inadequate care. The elder would be left alone in a room and her calls for help would go unheeded. Furthermore, because she was bedridden and was not given access to a telephone, she could not contact someone else for help. In addition, she was not allowed visitors, which might have been able to identify the adverse nature of the situation. Surrounding neighbors feared the couple and told APS they could not talk to APS for fear of the consequences. The APS caseworker noted, "APS never go to this home without someone else going with us – another caseworker or law enforcement."

The son was employed. However, in addition to neglect, the elder's social security check and black lung insurance payment were being cashed but not being used to provide care for the elder. At one point, her daughter-in-law told the elder she had no

⁵⁶ This is a position the APS prefers to avoid but will seek when there is no other appropriate party to fill the role.

money. At the hospital, APS expressly asked the elder whether she wanted to return to her son's home. She said no, recognizing that she was not being properly cared for, and arrangements were made to place her in a nursing home. The elder's daughter-in-law asked whether she could still receive the elder's benefits checks even though the elder would now be staying at the nursing home. She was told she could not, to which the daughter-in-law responded, "Then you can keep her." At this point, APS petitioned for the appointment of a guardian, with a public guardian appointed, and the elder was moved to a nursing home. Apparently, no family member has visited the elder there.

A fourth case (#016) involving financial exploitation and neglect involved interactions between an aunt and her niece occurring over approximately a five-year period. Following a second stroke, the 90-year-old aunt was no longer able to care for herself and she was either going to have to go into a nursing home or find someone to provide care for her at her home. The 59-year-old niece offered to provide this care for the elderly woman, as well as handle her finances, in exchange for payment. It was later learned that a parcel of land owned by the elder had been purchased by the niece for an amount far below market value; that the floor safe where the elder kept her money was empty (with the money presumably used to pay for the parcel of land); and the niece had obtained the elder's power of attorney. As part of this arrangement between the niece and the elder, the elder was to receive a couple hundred dollars in cash from her estate each month from the niece. However, the niece never gave the elder this money. In addition to financial exploitation, the elder was not receiving proper care. Home health care aides had been spending the days of Monday through Friday with the elder

after she had her stroke. The niece was supposed to stay with the elder during these nights. However, the niece would give the elder 2 Ativans at 6 p.m., put her to bed, and tell her not to get up until the morning, sometimes simply for the niece's convenience and sometimes so she could go out for the evening or return to her own home, which was located on the same property. This went on for a couple of years until the elder had another stroke. At this point the niece told the rehabilitation center, where the elder was currently residing, that the elder could not return to her home as the niece was no longer willing to provide the care that she had previously provided. However, a relative had previously been suspicious of the niece's actions and had paid a visit to the elder prior to this most recent stroke. During this visit, he found a note in the elder's family Bible that stated that the elder's niece (and her husband) had promised they would never put the victim in a nursing home and would take care of her as long as she lived, in exchange for which the elder agreed to give them the land next door to her home (on which the niece and her husband currently live), put them in her will, and give the niece her power of attorney. The elder was desperate to die in her own home and thus was willing to give away her assets to do so. When this other relative learned the niece was not living up to her end of this bargain, he contacted a number of authorities, including APS, expressing his concern that the elder was being financially exploited. The elder has not returned to her home, she lives in the nursing home, and her assets have not been recovered. Notwithstanding that APS determined that the report of financial exploitation and neglect was founded, no actions were taken against the niece and her

husband because the elder had agreed to this arrangement (even though they had not fully lived up to their part of the bargain).

In a fifth case (#036), a 76-year-old widow had permitted her youngest son, now 38-years of age, to move back in with her when he returned home from prison. This son had become addicted to drugs in his 20s and has spent most of his adult life in prison. During the son's most recent incarceration on drug charges, her husband had died. The mother had always favored this son (according to her three other sons who all live nearby), and when he moved back in with his mother, they stopped visiting her. This, however, resulted in her virtual isolation. The elder was in poor health due to kidney disease and diabetes, had been bedridden for the past 10 years, and required considerable care. The elder's son brought in a middle-aged ex-convict he had known in prison to provide care for his mother, who was provided room and board in exchange.⁵⁷ Because of his father's death, the son took over the management of his mother's finances. She permitted this, in part, because she tended to favor this "unfortunate" son. He had had a drug addiction since adolescence, had been arrested several times on charges of drug and weapons possession, and he was virtually unemployable at this point. In addition, her health was poor and she needed the assistance. She appreciated that her son was providing care for her. The son obtained his mother's power of attorney, had access to all of her assets, and controlled her checkbook. Two years after he had returned home, the elder deeded over the farm on which they lived to her son in exchange for him taking care of her until her death so that she could avoid going to a

⁵⁷ Although her hygiene was not well maintained and he was not always there, otherwise this ex-con did a reasonably good job of taking care of her.

nursing home. However, in the meantime the son sold a large portion of the farm for a fourth of its market value to obtain some quick cash, perhaps to facilitate the purchase of illegal drugs. He also sold farm equipment and borrowed against the remaining property. Further, the son began overmedicating his mother to keep her oblivious to the fact that he was operating a drug ring out of the basement. This had gone on for five years, although other family members had been concerned about their mother's well-being and state-of-mind within a few months after the son had moved back in with his mother. Nevertheless, because they were relatively disgusted by the elder's son and their mother's favoritism towards him, they basically stayed out of the matter, even though one of the elder's other sons noted, "We thought mamma's mind was going." Ultimately, however, the elder was hospitalized when her son and the live-in-care-provider failed to give her needed care after a health problem emerged. The treating physician was concerned about the elder's care, and other family members became sufficiently concerned as well at this point that they contacted APS. Under the doctor's approval, the elder's pain medication was reduced and within two months the elder was lucid again. Nevertheless, the elder continued to be unwilling to discontinue her relationship with her son. To end this relationship, her other sons had a competency evaluation conducted, from which it was determined that the elder was incompetent, thereby enabling these other sons to be appointed their mother's guardian. Shortly thereafter, the son was arrested by federal agents on drug-related charges and the FBI seized the remaining property as a result of its being associated with this criminal activity. They did, however, permit the elder to remain living there essentially as a

tenant, with a grandson and his wife now caring for her. As a result, the mother has lost most of everything she and her husband had built together (although the other sons are hopeful that the FBI will ultimately return ownership of the home to the elder). One of the elder's other sons believes that the incarcerated son hopes to continue to exploit the elder upon his eventual release from prison as he noted that the incarcerated son had recently sent the elder a letter in which he "promis[ed] to rescue her one day." And reflecting her continuing loyalty to this son, the elder when interviewed four months after her son's incarceration, stated "[This son] is my baby. I stuck with him through three arrests. . . . I'm going to bury him at the feet of his daddy."

In a sixth and final case (#024), a man had married a much younger woman, with whom he had two children. She was now in her 40s and he was in his 70s. He had known this woman since she was a child, as he and his first wife had taken numerous foster children into their home of which she was one. Shortly after his first wife died, the elder began to have a relationship with this woman, who was in her early twenties at the time, and she became pregnant. She took him to court to establish his paternity, which a test subsequently confirmed, and shortly thereafter they married. The elder's second wife worked at relatively low paying jobs and combined her employment checks with his social security and pension checks to pay the family bills. For at least ten years, their relationship was relatively good, although the woman is believed to have abused alcohol and pills during this time. However, during the past few years the elder began to demonstrate symptoms of dementia and the relationship deteriorated. One time when police officers were called to resolve a domestic dispute between them, one

officer described the man as “dangerous.” On another occasion, the elder allegedly drew a gun on his wife, for which he was arrested. Facing five years in prison, the elder’s nephew, who had been raised in part by the elder, hired a lawyer who arranged to have the elder admitted to a psychiatric hospital instead. While hospitalized, the elder was diagnosed with Alzheimer’s disease. Nevertheless, the wife wanted him to return home after being discharged, allegedly because she needed the income from his benefits’ checks. As his illness progressed, he required more supervision and care. Around this time, APS received a report that the elder was being neglected and financially exploited. When contacted, the wife claimed, however, that she could not afford the care he needed and that she had to leave the house to work each day. The situation was somewhat alleviated by the elder’s nephew, who brought meals and periodically checked on the elder. However, at some point the wife was fired from her job and was now staying home during the day, albeit now generally accompanied by a boyfriend. In addition, the elder, although always very frugal, was now receiving calls from debt collectors because of his wife’s spending. And at some point, her young boyfriend moved into the house and the elder was forced to sleep on the couch. As matters progressed, the elder was found wandering the streets and on one occasion, while wandering, fell and injured his knee slightly. He would go to neighbor’s homes and ask for food because he was hungry. Further, the wife reported that her husband was becoming increasingly violent, apparently angry about the wife’s boyfriend living in the home and that their children were now calling this younger man “daddy.” As a result, the children became fearful of the elder and his wife had him arrested for

domestic assault several times. In addition, the wife called APS and, asserting that it was not her responsibility to take care of him, said “Do something with him or I’m throwing him out!” A week later APS placed the elder in an assisted living facility. However, the wife refused to pay for his stay, even though she was continuing to cash the elder’s retirement and social security checks. Three weeks later APS petitioned for the appointment of a guardian to gain control of these assets, with the elder’s nephew agreeing to serve as the elder’s guardian. The elder now lives in a nursing home and is unaware of his surroundings due to advanced dementia. The nephew reflected, “when the money was good the couple was fine, but when the money started to run out things got bad.”

The key factor in each of these cases appears to be the predatory intent of the perpetrator and the relatively systematic isolation of the elder, which enables the perpetrator to financially exploit the elder while neglecting the elder’s needs. Unlike the earlier described co-occurring financial exploitation and neglect cases, the lack of assistance and care provided the elder in these cases did not reflect the perpetrator’s inability or even a general unwillingness to help the elder. In these cases, the perpetrator, who is relatively independent and fully functional, has methodically taken advantage of the elder’s dependency and vulnerability to systematically exploit the elder and neglects the elder (e.g., by not providing needed medicine, repairs to the home) to maximize this exploitation.

However, like many other types of elder abuse, one aspect that particularly complicates these cases is that the elder may be complicit in this abuse as the current

situation is often seen by the elder as preferable to the alternative of placement in a nursing home, which is perceived by the elder to be likely if the even minimal support of the perpetrator is withdrawn. In addition, often times the elder—because of an emotional attachment to the perpetrator—may have actively acquiesced in the living arrangement that subsequently provided the vehicle for this exploitation. Further, this emotional attachment, and an associated rebuffing of other familial or personal relationships, often contributed to the social isolation of the elder, which in turn limited the opportunities for outsiders to detect what may have been a relatively gradual digression into elder abuse. Also complicating detection and the remedying of abuse in these cases is that the perpetrator is likely to systematically hide and make it difficult to detect the neglect and the financial exploitation as part of the predator's scheme to exploit the elder. In addition, unlike physical abuse, which may have relatively obvious manifestations and necessitate medical attention and bring into play mandated reporters of elder abuse, both financial exploitation and neglect (at least until it reaches extreme levels) are likely to be relatively difficult to detect and unlikely to be brought to the attention of mandated reporters of elder abuse (e.g., physicians). With the elder complicit, at least initially, and socially isolated, and the ability of potential sentinels to detect and report abuse limited, this category of elder abuse has the potential to extend over a considerable period of time and for the elder to incur extensive harm as a result.

As a result, this category of abuse is likely to pose significant challenges for individuals and entities committed to detecting and remedying this abuse, while placing elderly people involved at considerable risk. Perhaps of all the categories of elder abuse

that have been thus far described, this category of abuse calls for the highest level of proactive monitoring and intervention. Identifying the risk factors associated with this form of elder abuse should receive the highest priority, with elderly people falling within this risk category subject to routine monitoring by both family members and friends and associates of the elder, as well as by those societal agencies (such as APS) charged with the responsibility of responding to elder abuse. At the same time, because this category of abuse is not likely to be readily detected by outsiders, it is imperative that elderly people who are suspected of being or likely to be exposed to this form of abuse be informed and reminded of a range of viable alternatives to their current life circumstances and how to report ongoing abuse. With such information in hand, elderly people will be more willing to report and seek assistance in remedying abuse, and thereby facilitate the ability to timely intervene of societal agencies charged with their safety.

Hybrid financial exploitation, physical abuse, and neglect by other Co-occurring financial exploitation, physical abuse, and neglect for a mutually dependent perpetrator and elder where abuse has become a “way of life” for the parties involved. There was one case (#045) in which an elder experienced all of the forms of elder abuse that are the focus of this study, namely, financial exploitation, neglect, and physical abuse. This was a case in which a woman, now age 65, had been physically abused as a child by her father, and as an adult by both her husband (although they are now divorced) and by her only child, now age 34. This elder had raised this son by herself. He was dependent upon his mother due to his criminal

history and drug addiction. The son, although in and out of prison, drug addicted, and chronically unemployed, handled their finances. The elder was uneducated and, although her son struggled academically, he had more education than did she. He cashed her social security checks but failed to pay the bills, the utilities were cut off, and necessary repairs to the house were not made. In addition, he took out a second mortgage on the home and sold most of the furniture in the house, presumably to buy drugs. The elder was in poor health, suffering from cardiac problems, Transient Ischemic Attacks (TIAs or "mini-strokes"), and chronic back pain. She was unable to step down from the living area to the bathroom or kitchen. The home was in complete disrepair, as well as infested with insects, rodents, and rotting food. When an APS caseworker visited, none of the utilities were working, including the electricity needed to maintain food in the refrigerator. The elder had been sleeping on a couch until her son's girlfriend had given birth on that couch, with the couch since moved to the front yard. The elder now slept in a reclining chair. There were no operating toilet facilities so there bottles of urine and bags of feces around the house. Further, the son kept Pit Bulls on the property. While APS was investigating a report of neglect and financial exploitation regarding the elder, another report was received concerning domestic violence by her son. At one point, the elder was hospitalized, where she asked for her deceased mom and dad. APS sought to arrange for someone to be with her on an around-the-clock basis to keep the son away from her. Nonetheless, the son came to the hospital where he was loud, abrasive, and drunk, resulting in additional calls to APS. Although nursing home placement was recommended for the elder, the son ultimately

came to the hospital and took his mother home. Several months later APS petitioned for the appointment of a guardian for the elder. The guardian tried to keep the elder in the elder's home with her son, but the situation was untenable. The son resented being cut off from his mother's funds as that was his only source of income. Also, on one occasion, the guardian found the elder covered with bruises, and, on another occasion, the elder was found lying on the ground with broken teeth. The guardian moved the elder to an assisted living facility and got a restraining order against the son. The mother, however, never considered herself financially exploited, abused, or neglected. She had always been treated this way and expected nothing more. Her paramount concern was staying in her own home and with her son. Having her son live with her enabled her to remain in her home even though the son was clearly unable and unwilling to keep his mother safe and provide appropriate care and living conditions for his mother. One time, after the elder was placed in the Alzheimer's Unit at the nursing home, the elder was taken to a family friend's house for a visit. Her son was there but he did not want to see his mother. This elder loved her son and wanted always to be with him in her home. She has since died of a heart attack.

Although there was only a single case of confirmed co-occurring financial exploitation, physical abuse, and neglect, a number of the other hybrid financial exploitation cases hinted at the simultaneous presence of all three forms of elder abuse or suggested that if intervention had not been provided the situation could have devolved to the point where all three were present. Clearly, such a scenario poses considerable risk to the elder.

At the same time, it should be recognized that in the one case where the three forms of abuse were established to be co-occurring, even here the elder was complicit in this occurrence and resistant to efforts to intervene. Again, even when such abuse is detected, unless the elder can be convinced that a better alternative is available or that these ills can be remedied in a manner that simultaneously respects the wishes and desires of the elder, it will be very difficult for a successful, long-lasting intervention to occur. For example, in the scenario described above, attention needed to be given to the elder's fears and her emotional attachment to her son, perhaps by educating her (1) that abuse does not have to be a way of life and that she is entitled to demand that her son halt his abusive behavior, (2) that programs are available that can alter the nature of the interactions between her and her son or alter her son's behavior (and perhaps improve his life skills), and (3) that alternative living arrangements short of a nursing home are available to provide her with needed supports and assistance.

Summary and Conclusions

There are a variety of dynamics associated with elder abuse in general and financial exploitation in particular that help to explain how the abuse begins, what facilitates or impedes its occurrence, what contributes to or hinders its detection, and what interventions are most likely to successfully redress a given case of abuse. Key dynamics include the (1) independence or vulnerability (including the presence of debilitating health conditions or a deteriorating cognitive state) of the elder, (2) what caused the elder abuse to begin and what maintains it, (3) the nature of the relationship between the elder and the perpetrator, (4) the dependence, skills, and intentions of the

perpetrator, (5) the social isolation of the elder, (6) the ability, willingness, and desire of the elder to alter the status quo, and (7) the availability of alternatives to the status quo and their attractiveness to the elder. It is imperative to recognize that a one-size-fits-all response to elder abuse is likely to be ineffective. Crafting an appropriate response to elder abuse necessitates that the wide range of dynamics associated with these cases be taken into account.

How elder people perceive these events are particularly crucial, including (1) whether they see themselves as being independent or vulnerable, (2) whether they see themselves as being abused, (3) what they believe caused and contributes to the continuation of the abuse (including their own responsibility for its occurrence), (4) their desire for and ability to maintain the status quo, (5) the level of trust they imbue in and their level of emotional attachment to the perpetrator, (6) their concerns for the well-being of the perpetrator and their sense that they are responsible for the perpetrator's well-being, and (7) their beliefs regarding the availability of acceptable alternatives to the status quo and the level of trust they accord to officials who have offered their assistance in accessing these alternatives. Any response to elder abuse that fails to explore and to take into account the perspective(s) of the elder is relatively unlikely to be effective and may actually be harmful to the elder.

Many of these dynamics, which are critical for early detection and intervention, and the remediation of the abuse, center on the nature of the elder's family or interpersonal relationships, including whether they are socially isolated and the nature of their relationship with the perpetrator. A key to successfully responding to elder

abuse is to recognize and understand the role of the perpetrator in the elder's life.

Forcibly removing a perpetrator from the elder's life over the elder's objection where the elder is emotionally attached to or dependent upon the perpetrator, without addressing the void that this may create in the elder's life, is likely to be traumatic for the elder, ultimately harmful to the elder, and may undercut the effectiveness of the intervention.

In addition, there are three widely held stereotypes regarding elder abuse that this discussion of the dynamics of elder abuse refutes.

First, although it is widely recognized that there are six basic types of elder abuse (namely, physical abuse, neglect by others, financial exploitation, sexual abuse, psychological abuse, and self-neglect), it is often assumed that all cases within these basic types are relatively monolithic. As shown in the above discussion, this is not so, with various subtypes readily identifiable within these basic types of elder abuse. Focusing only on the basic types of pure financial exploitation, physical abuse, and neglect by other, this study identified eight subtypes of pure financial exploitation,⁵⁸ three subtypes of pure physical abuse,⁵⁹ and four subtypes of neglect by other.⁶⁰ It is

⁵⁸ The eight identified subtypes of pure financial exploitation were: (1) trusting elders and breach of trust; (2) protecting the dependent perpetrator in a "parent-child" relationship; (3) the elder fears loss of independence/home; (4) placing undue trust in and overestimating the skill or good intentions of the perpetrator, with the perpetrator manipulating the situation and taking advantage of this undue trust; (5) recent deterioration in the elders' health leaving them dependent and vulnerable to exploitation; (6) charitable elder misled by perpetrator; (7) short-term romantic or sexual relationships where the contribution of the elder's assets was the quid pro quo for the elder's partner maintaining the relationship (i.e., sweetheart scams); and (8) elder's cognitive vulnerability.

⁵⁹ The three identified subtypes of pure physical abuse were: (1) physical assault of an elder by an adult offspring following a lengthy interactive history of dependency and abuse; (2) intimate partner violence; and (3) physical assault triggered by tensions believed (perhaps incorrectly) by the perpetrator to be caused by the presence of the elder in the household.

worth noting that pure financial exploitation was particularly heterogeneous. In crafting an appropriate system to detect and respond to elder abuse, it is imperative that the various iterations of the basic types of elder abuse be recognized and taken into account.

Second, it is often assumed that cases of elder abuse fall neatly into these relatively well demarcated basic types, with little overlap across these types. As also shown in the above discussion, many, if not most cases of elder abuse encompass or potentially encompass more than one type of elder abuse, with these “hybrid” financial exploitation cases demonstrating unique characteristics and special challenges. Indeed, in the portion of this study that focused on exploring the interpersonal dynamics of elder maltreatment, of the 71 cases that were explored in detail, 16 (22.5%) were explicitly classified as hybrid financial exploitation cases.⁶¹ Furthermore, many of the cases that were not classified as hybrid financial exploitation also either (1) contained elements of different types of abuse, although they were not pursued for various reasons (e.g., establishing their existence was unnecessary as other, more readily available grounds for intervention had been identified), or (2) were likely, if left unattended, to have degenerated to the point where other types of elder abuse would also have been manifested. Finally, it is worth noting that the hybrid financial

⁶⁰ The four identified subtypes of pure neglect by other were: (1) unsuitable care provider; (2) unwilling care provider; (3) miscellaneous, non-malevolent neglect; and (4) a consensus existed that the elder had been neglected, but the elder did not perceive maltreatment as occurring.

⁶¹ There were 38 pure financial exploitation cases, 8 pure physical abuse cases, 9 pure neglect cases, and 16 hybrid cases.

exploitation cases also were not monolithic in nature, with various subtypes readily identified for this type of abuse as well.⁶²

Third, there was a prominent New York Times articles on elder abuse that was published in 2005 that included a picture of a pack of wolves surrounding a very clean-cut, loving, and almost angelic elderly couple chosen no doubt to reflect the idealized version of “grandma” and “grandpa.”⁶³ Particularly in the media, the victims of elder abuse are often portrayed as “innocent babes” involuntarily and unknowingly caught in the evil snares of calculating and highly culpable perpetrators. After all, what kind of person would abuse a grandfather or a grandmother, who almost by definition are above reproach? However, as shown below in Table 19, both the perpetrators of elder abuse and the victims of this abuse comprise a relatively diverse range of individuals exhibiting many different characteristics. Table 19 attempts to present continuums for both perpetrators and victims of elder abuse that delineate this diversity.

For example, based on the findings of this study, the perpetrators ranged from (1) truly bad actors, who pre-meditated and planned the elder abuse, and proceeded in

⁶² The two identified subtypes of hybrid financial exploitation and physical abuse were: (1) co-occurring but relatively unrelated financial exploitation and physical abuse where a generally independent elder sought to protect the dependent perpetrator in a “parent-child” relationship; and (2) co-occurring and intertwined financial exploitation and physical abuse where a co-dependent perpetrator used physical abuse instrumentally to financially exploit the elder. The two identified subtypes of hybrid financial exploitation and neglect by other were: (1) relatively independent co-occurring financial exploitation and neglect where the ostensible, but often reluctant, care provider took advantage of a relatively vulnerable and dependent elder; and (2) co-occurring financial exploitation and neglect where the perpetrator neglected the elder in an instrumental fashion to facilitate his or her ability to financially exploit the relatively vulnerable and dependent elder. There was only one case of hybrid financial exploitation, physical abuse, and neglect included in this portion of the study. Its subtype was identified to be co-occurring financial exploitation, physical abuse, and neglect for a mutually dependent perpetrator and elder where abuse has become a “way of life” for the parties involved.

⁶³ Gretchen Morgenson, *Who's Preying on Your Grandparents?* N.Y. TIMES, May 15, 2005, at <http://www.nytimes.com/2005/05/15/business/yourmoney/15vict.html?scp=1&sq=Who's%20Preying%20On%20Your%20Grandparents&st=cse>,

a calculated, knowing, and deliberate fashion to abuse the elder, to (2) individuals who did not plan to abuse the elder, but readily took advantage of an unexpected opportunity where it was advantageous for them to do so, to (3) individuals who did not plan to abuse the elder, but reluctantly and perhaps with misgivings took advantage of an unexpected opportunity where it was advantageous for them to do so, and thus acted with relatively mixed motives, to (4) individuals who were acting in a manner, although still inappropriate, that was at least somewhat consistent with the elder's wishes. This continuum roughly reflects the level of culpability of the perpetrators, ranging from the highest to the least levels of culpability. It also indicates which perpetrators pose the greatest risk to elderly people and where active intervention may be most needed to prevent the reoccurrence and perhaps the escalation of elder abuse (with typology #1 posing the greatest risk).

Similarly, the typologies of the elderly people also ranged from (1) elderly people who are incompetent or incapable of detecting or stopping the abuse, to (2) elderly people who are capable of detecting or stopping the elder abuse, but who failed to make vigorous efforts to do so because of various understandable factors such as their fear that the perpetrator would retaliate against them if they did so or they realistically could be expected to suffer as a result (e.g., by losing their home, having to move to a nursing home), to (3) elderly people who were capable of detecting or stopping the abuse, but failed to make vigorous efforts to do so because of what may be characterized as failings on their part, such as being unduly gullible, overly trusting, or greedy, to (4) elderly people who were capable of detecting or stopping the abuse, but

failed to make efforts to do so because they were somewhat or partially complicit in the occurrence of abuse (e.g., a long-term, highly dysfunctional, violent relationship existed between the perpetrator and the elder, where the elder at least at one point had reciprocated in the violence). This continuum roughly reflects the level of complicity of elderly people, ranging from the lowest to the highest levels of complicity. Although no elder deserves to be abused, this continuum does indicate which elder persons are the most likely to be viewed sympathetically and may be the most likely to benefit from intervention. Recognizing the existence of these continuums may help APS and other involved social agencies formulate policies to guide their interventions.

Fourth, it is often assumed that the victims of elder abuse will be highly receptive to and warmly appreciative of efforts to intervene and halt the elder abuse. The exploration of the dynamics of these cases show that this was often not the case and demonstrated that there were often very valid reasons for the elderly persons' reluctance to report elder abuse, to cooperate with and facilitate investigations of this abuse, and to embrace proposed interventions. A theme that runs consistently through many of these cases is that elderly people are deeply attached to their homes, even when living in those homes places them at considerable risk or involves substandard living conditions. In addition, many of the elderly people have strong emotional attachments to their perpetrators. Any intervention that fails to take these attachments into account is more likely to be unsuccessful and may even exacerbate the situation, with the elder ultimately experiencing greater harm.

Understanding the dynamics involved in abusive situations is important for the development of appropriate interventions. Of course, the goal of all interventions is to halt the maltreatment, whatever form it takes. For example, if we understand that elderly people are willing to tolerate a considerable amount of maltreatment from others because they perceive that their only alternative is placement in a nursing home, making elderly people aware that there are alternatives (such as finding someone else to live with the elder or providing in-home services), may encourage elderly people to self identify the abuse they are experiencing.

Similarly, if elderly people are willing to put up with maltreatment from their adult offspring because they are fearful of the repercussions for their children, perhaps developing interventions that allow the mother and son to continue to live together but with considerable oversight, elderly people might be more willing to self identify abuse. Elderly parents frequently stated, “I just want my son to get the help he needs.” This perspective needs to be taken into account and accommodated.

Given the complexity of these cases, it is critical in responding to these cases to recruit expertise, support, and input from a range of diverse sources, such as can be provided by a multidisciplinary team. Recognizing the complex dynamics associated with elder abuse suggests that no single disciplinary perspective or agency, including APS, can adequately address in isolation these challenging and multi-faceted cases. A paradigm shift is needed in the field of elder abuse.

Table 18. Dynamics of Elder Maltreatment Associated with Each Form of Elder Maltreatment

Type of Maltreatment	Dynamics Involved	Elder Characteristics	Perpetrator Characteristics	Relationship Characteristics	Relative/nonrelative	Elder Awareness (complicity/complacency)
Financial Exploitation	Trusting elderly people and breach of trust	Independent	Independent	Long-term relationship based on trust	Relatives	No
		A little dependent	Independent	Short-term relationships based on assumed trust	Nonrelatives (Professional caretakers)	No
	Protecting the dependent perpetrator in a “parent-child” relationship	Independent (willingly caring for child) enabling	Dependent (SA/MI)	Long-term relationships & perpetrator dependence	Perpetrator is a child	Yes
	The elder fears loss of independence/home	Independent	Independent	Generally short-term relationships	nonrelatives	No
	Placing undue trust in and overestimating the skill or good intentions of the perpetrator, with the perpetrator manipulating the situation and taking advantage of this undue trust	Independent (maybe psychologically dependent)	Generally dependent	Long-term relationships	Relatives (children)	Yes

Recent deterioration in the elderly persons' health leaving them dependent and vulnerable to exploitation	Temporarily dependent	Independent	Long-term relationships	All relatives (mostly children)	No
Charitable Elder Misled by Perpetrator	Independent	Independent	Shorter-term	Nonrelatives	No (gullible; trust)
Short-term romantic or sexual relationships where the contribution of the elder's assets was the quid pro quo for the elder's partner maintaining the relationship (i.e., sweetheart scams)	Independent	Independent	Short-term	Nonrelatives	Yes
Elder's cognitive vulnerability	Lives independently, but some cognitive vulnerability	Independent	Short-term relationships	Nonrelatives	No
Physical Abuse	Physical assault of an elder by an adult offspring following a lengthy interactive history of	Independent	Dependent (unemployed) (attempts at separation)	Relatives (all adult children)	Yes

	dependency and abuse			long-term)		
Intimate Partner Violence	Independent	Independent	Long-term	Spouses	Yes	
Physical assault triggered by tensions believed (perhaps incorrectly) by the perpetrator to be caused by the presence of the elder in the household	Dependent	Independent	Long-term relationship	Relative (son-in-law)	No	
Neglect By Other	Unsuitable Care Provider	Dependent	Dependent	Long-term relationship	Relative	No
	Unwilling Care Provider	Dependent	Independent	Long-term relationship (and dysfunction)	Relatives	No (although aware of neglect)
	Misellaneous, non-malevolent neglect	Independent	Independent	Short-term relationship	Nonrelatives	No
A consensus existed that the elder had been neglected, but the elder did not perceive maltreatment as occurring	Dependent	Independent	Sort-term relationship	Relative and nonrelative	No	

		FE & PA: Co-occurring but relatively unrelated financial exploitation and physical abuse where a generally independent elder sought to protect the dependent perpetrator in a "parent-child" relationship	Independent	Dependent (SA, MI, CH) (unemployed; lived with mother)	Long-term (emeshed parent-child relationships	Relatives	Yes (alienated other children/family)
	Hybrid Financial Exploitation	FE & PA: Co-occurring and intertwined financial exploitation and physical abuse where a co-dependent perpetrator used physical abuse instrumentally to financially exploit the elder.	Dependent	Dependent	Long-term (emeshed parent-child relationships	Relatives	Yes (alienated other children/family)
		FE & N: Relatively independent co-occurring financial exploitation and neglect where the ostensible, but often reluctant, care provider took advantage of	Dependent	Independent (unwilling caretaker)	Long term relationships	Relatives	Yes

	a relatively vulnerable and dependent elder.					
FE & N: Co-occurring financial exploitation and neglect where the perpetrator neglected the elder in an instrumental fashion to facilitate his or her ability to financially exploit the relatively vulnerable and dependent elder.	Dependent	Independent (unwilling caretaker)	Long-term relationships	Relatives (elderly persons lived with perpetrators)	Yes	
FE & PA & N: Co-occurring financial exploitation, physical abuse, and neglect for a mutually dependent perpetrator and elder where abuse has become a "way of life" for the parties involved.	Dependent	Dependent	Long-term entangled relationship	Relatives	No	

Table 19. Complicity/Culpability of Dyad Members

PERPETRATORS					
		Bad Actor; pre-meditated, knowing, deliberate (highly culpable)	Readily exploits unexpected opportunity (no excuse, but un- planned)	Reluctantly exploits unexpected opportunity (caregiver stress; mixed motive)	Mixed message that okay (elder complicit)
		Incompetent or incapable of detecting/stopping (i.e., no complicity)			
E	L	Capable of detecting/stopping, but failed to make vigorous efforts to do so because of fear, intimidation (i.e., not complicit)			
D					
E	R	Capable of detecting/stopping, but failed to make vigorous efforts to do so (gullible, overly trusting, greedy) (i.e., partially complicit)			
S					
		Capable of detecting/stopping, but failed to make efforts to do so because complicit in the occurrence of abuse (e.g., highly dysfunctional relationship where elder is equally to blame)			

Take Away Points

- There were a greater number of dynamics involved in pure financial exploitation (PFE) cases (8) compared to the other forms of maltreatment, suggesting a greater diversity among PFE cases
- The dynamics associated with physical abuse were relatively homogeneous
- The dynamics associated with neglect were varied
- The dynamics associated with hybrid financial exploitation (HFE) were relatively homogeneous
- A greater understanding of the dynamics involved will facilitate the development of effective interventions

Results Section 6 of 13:

Presence or Absence of Risk Factors and Demographic Characteristics Identified in the Literature as Associated with Abused Elderly Persons and Perpetrators

Included in the interview were 35 demographic and risk factor questions pertaining to the elderly victims and 27 demographic and risk factor questions pertaining to the perpetrators that were identified in the literature as associated with abused elderly people and perpetrators.⁶⁴ This section reports the prevalence of each demographic characteristic and risk factor (see Appendix G for a summary of the descriptive statistics), followed by a presentation of how their presence varied by type of maltreatment. Information related to the elderly person was generally derived from the elderly persons' responses, except where the elder failed to provide this information or, in a few cases, where the elderly person could not be interviewed, then data were drawn from either the guardian's, caretaker's, or occasionally the caseworker's responses. Perpetrator data was more difficult to collect and was generally supplied by the elder or occasionally the interviewed third party. It should be noted that in those few cases where someone who was a "stranger" to the elder committed the abuse, data pertaining to these perpetrators were generally unavailable as typically none of the interviewed parties knew this perpetrator well enough to provide this information. When appropriate, appropriate statistical adjustments were made for small sample size.

Multivariate analyses of this interview data were not possible due to the small sample size. However, interview risk factor data were supplemented with data obtained

⁶⁴ Appendix G provides a table of direct comparisons between elders and perpetrators across a number of demographic and risk factors.

from the Virginia Department of Social Services' Adult Services Adult Protective Services (ASAPS) data base. The following section will present the ASAPS data, including both differences by type of maltreatment and logistic regression analyses. This section concludes with a discussion summarizing the findings across these two datasets.

Demographic characteristics and literature-identified risk factors of elderly persons: Descriptive statistics. The following provides the descriptive statistics pertaining to the elders' demographic characteristics and the presence of risk factors that have been identified in the literature as being associated with elder abuse. Appendix G provides these statistics in table form, presented separately for the abused elderly persons and for the perpetrators of this abuse. As expected, the majority of elderly persons in the sample were female (76%) and Caucasian (83%; 17% were African American). The abused elderly persons were on average 76 years of age (on average, males were 75 years of age and females were 76 years of age). Also as expected, the majority of elderly persons (51%) were widow/widowers, with only 18% currently married, 17% divorced, and 13% had never married. Only twenty-five percent of the abused elderly persons had no children. Of those who did have children, they had on average 2.96 children (range 1 – 9).

The vast majority (84%) of abused elderly persons were living in their own home when APS became involved. Forty-one percent of the elderly persons, however, were living alone in their own home. In 33% of the cases the perpetrator was living with the elder; in 10% of the cases another individual (e.g., a non-abusive spouse) was living with the victim; and in 16% of the cases the elder was living with the perpetrator.

Not surprising in light of their average age, only 4% of the sample was still working at the time of the interview. When they had worked, the majority of them worked in unskilled or semi-skilled positions (44%) or were chronically unemployed (14%), while 42% of them had worked as skilled labor, clerical, sales, or managerial staff, or held professional or technical positions. Explaining at least in part their work history, half (53%) of elderly persons had not graduated from high school (many reported leaving school before the 8th grade).⁶⁵ Nevertheless, at the time of the APS investigation, 87% of the elderly persons had sufficient income to pay for basic necessities.

Two thirds (67%) of the abused elderly persons characterized their health as good or fair. However, 86% of elderly persons reported having a chronic disease or condition. Further, 90% of elderly persons were taking prescription medications (up to 24 prescriptions concurrently⁶⁶). Related to this, 54% of elderly persons reported having some form of daily living challenge. Of those with daily living challenges, 21% received no formal or informal assistance (e.g., they would use a cane to get around instead), 34% had family members provide some assistance when necessary, 40% had professional care providers supplying assistance, and 5% received other forms of care

⁶⁵ According to the 2000 Census, 18.5% of the population age 25 and older had less than a high school education (7.2% had less than a 9th grade education and another 11.3% had less than a high school education), while 26% had a high school degree only and 55.5% had some college education or more (US Census Bureau, Census 2000 Summary). Administration on Aging (2008), however, reported that 19.2% of older Americans had a bachelor's degree or more.

⁶⁶ According to a USA Today Snapshots article (USA Today, January 13, 2010), 6% of elders consume 20 or more medications daily, 25% consume between 10 and 19 medications daily, 46% consume between 4 and 9 medications daily, and 23% consume between 1 and 3 medications daily.

(e.g., a neighbor would help out when asked). Approximately half (54%) of the elderly persons no longer operated a motor vehicle.⁶⁷

Although none of the elder persons had a guardian at the time APS became involved, 23% were diagnosed with dementia or Alzheimer's.⁶⁸ Roughly a quarter (27%) of elderly persons had some type of mental illness (diagnosed by someone other than APS). However, only 6% had a drug or alcohol problem at the time of the APS intervention and only 3% had a criminal record.

Two-thirds (64%) of abused elderly persons self-identified as belonging to a religious organization. A majority (72%) of the elders reported feeling like they had social support, that is, there was someone who could take them to the doctor or they could call if they needed to talk about a problem.⁶⁹ However, 50% reported feeling lonely and 46% reported feeling isolated. Two thirds (63%) of elderly persons felt like they could manage their lives and live independently. However, fewer of the elderly persons (42%) felt that they could protect themselves from abuse. Almost half (46%) of elderly persons reported that they feared the perpetrator. Yet at the same time, perhaps reflecting the familial and emotional bonds that have long existed between

⁶⁷ These elders were not asked whether this cessation of driving activities was self-imposed or imposed by others.

⁶⁸ Alzheimer's affects over 5 million Americans and individuals with dementia are predicted to grow over the coming decades (Gingrich & Kerrey, 2009). Previous research has found a relationship between dementia and elder abuse (Coyne, 2001; Paveza, Cohen, Eisdorfer, Freels, Semla, Ashford, Gorelick, Hirschman, Luchins, & Levy, 1992; Sadler, Kurrle & Cameron, 1995) and indicates that elderly people with dementia experience abuse at higher rates than those without dementia. Although it assumed that caregivers are being provoked and therefore are the abusive individuals in these dyads, Paveza et al. (1992) noted that elders with dementia were more likely than their caregivers to be expressly violent. In our study, dementia was not related to type of maltreatment.

⁶⁹ Older individuals tend to have smaller social networks than younger people and tend to socialize more with family members (African Americans had smaller networks that they saw more frequently). People with more education had larger overall networks, but there were no differences by education levels in terms of the number of people with whom the elders felt close. See Antonucci, Birditt & Akiyama (2009).

many elderly persons and the individuals who abused them, most (68%) of the elderly persons described the quality of their relationship with the perpetrator as “good.”

We also examined whether there was anything stressful going on in the life of the elder at the time of their victimization. In roughly half (51%) of the cases, there was nothing identifiable (or different) going on in the life of the elder that might have contributed to the elder’s abuse. However, in the other half (49%) of the cases, there was something unusual and identifiable, such as the death of a close family member,⁷⁰ that may have made the elder more vulnerable to victimization. Table 20 presents the related findings.

Table 20. Existence and Nature of Stressful Events in the Life of the Elderly Person at the Time of the Victimization			
	Event	Frequency	Percent
Nothing unusual	Nothing unusual	36	51%
Unusual Event	The elder could no longer live alone	6	8.6%
	The elder was hospitalized or in recuperation	6	8.6%
	The elder had a new or aggravated medical condition	4	5.7%
	A family member was dying or had very recently died (husband, adult child)	7	10%
	The elder had experienced a change in living situation (e.g., moved from another state)	3	4%

⁷⁰ Indeed, a particularly vulnerable time in the lives of elders is when a spouse or a child dies. There were several cases in this study (anecdotes of several others have also been recorded by other researchers) in which an elder’s husband served as a protective factor (Laumann, Leitsch, & Waite, 2008). Once the husband died, his wife, who likely did not handle the family’s finances, will be left with this responsibility and may be ill-equipped to do so. An adult offspring or another individual may step in, assume this responsibility, and use it as a vehicle to begin exploiting the elder’s assets. It is worth noting that divorce filings have risen dramatically since 1950 and a significant segment of elderly people in the population live without a spouse, either due to divorce, death, or lifestyle choices (He et al., 2005, p. 148).

	A family member had recently moved in with the elder (e.g., after release from prison)	4	5.7%
	Other (idiosyncratic explanations)	4	5.7%
Total		70	100%

A significant minority of abused elderly persons had experienced a history of childhood family violence and/or were experiencing current family violence (excluding their current situation). One-third (33%) of elderly persons reported experiencing family violence as an adult (excluding their current situation), either between the elder and a partner or the elder and their children. In addition, 29% of elderly persons reported having a history of childhood family violence (experiencing or witnessing family violence as a child) (while another 18% said they did not know whether they had a history of childhood family violence). A variable called history of elder abuse was created in which a long history of abuse was defined as an ongoing relationship between the elder and the perpetrator for longer than one year and a short history of elder abuse was defined as abuse lasting less than one year. Nearly half (47%) of the cases could be characterized as having a long history of elder abuse.⁷¹

A few elderly persons (13%) admitted to being physically or psychologically aggressive towards their perpetrator (although the context of those interactions was not explored). Almost half (46%) of elderly persons perceived their perpetrator as their

⁷¹ For many elders because of the duration of the abuse, it can be implied that the abuse they experienced preceded their turning 65 years of age. Similarly, Comijs et al. (1998) reported that 19.5% of their sample reported aggression or exploitation in a private setting before the age of 65. Walsh et al. (2007) concluded based on interviews with abused elder women that 1) abuse is cyclical and extends across generations; 2) abuse occurs throughout the lifespan; 3) exposure to multiple forms of abuse is common; and 4) spouse abuse continues into older life. The findings of this study are compatible with these conclusions.

care provider or someone who provided them with at least some assistance (as opposed to a non-care providing role), with most of the abused elderly persons (85%) reporting that they had a good or at least a neutral relationship with the perpetrator (although, again, 46% of them feared the perpetrator).⁷² Finally, most of the elderly persons (84%) had not experienced other forms of abuse as an elder.

Elderly persons were not directly asked whether they were “dependent” per se (although this variable does exist in the ASAPS data, which is presented in a later section). However, as described above, there were a number of indicators of dependency that were assessed. These included the elder’s health, chronic conditions, daily living challenges, and mental health status.

Elder demographic and risk factors by type of maltreatment. Risk factors were compared across the four types of elder maltreatment: pure financial exploitation (PFE), physical abuse, neglect, and hybrid financial exploitation (HFE).

Whether or not the elder lived in his or her own home at the time of the incident was statistically associated with type of maltreatment ($\chi^2(3) = 11.05$, $p < .01$). PFE victims were less than half as likely as expected to not be living in their own home. However, for victims of physical abuse and for victims of neglect, they were three and two times, respectively, more likely than expected to not be living in their own home.

Living arrangements (i.e., elder lives alone, with a nonoffending other, or with the perpetrator) was also significantly associated with type of maltreatment ($\chi^2(3) =$

⁷² This is in contrast to APS caseworkers who reported that 64% of the abused elders had a good or neutral relationship with the perpetrator.

19.63, $p < .01$).⁷³ See Figure 13. Twice as many as expected HFE victims and perpetrators were living together (63%). Similarly, nearly twice as many as expected physical abuse victims and perpetrators were living together (38%). However, half as many as expected PFE victims and perpetrators were living together (24%).

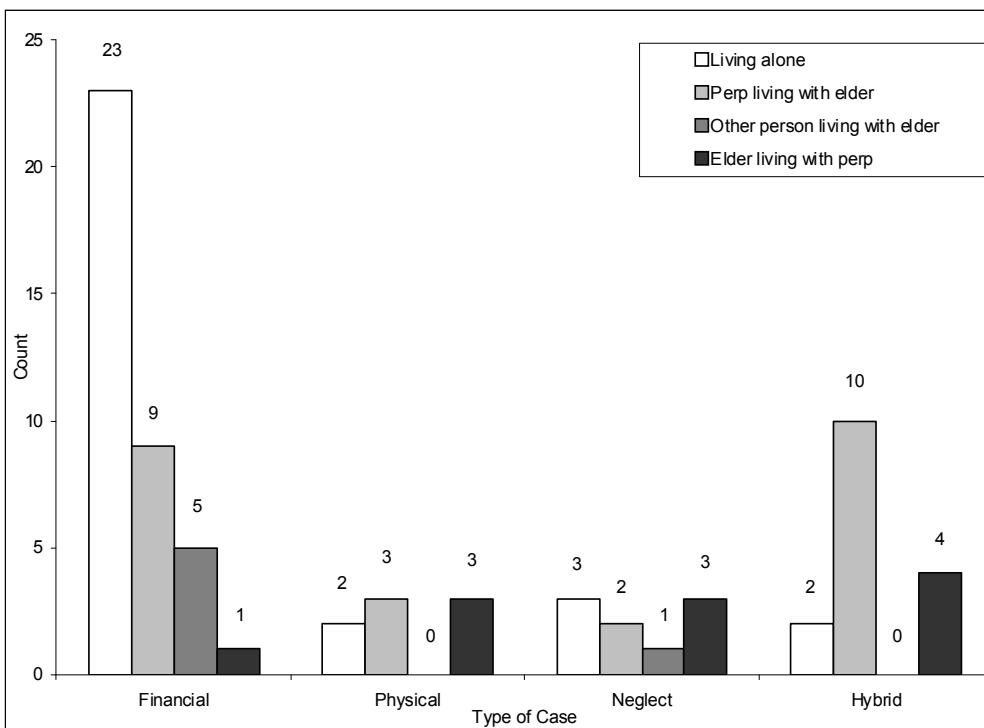


Figure 13. Living arrangements of elder and perpetrator by type of maltreatment.

Although married vs. not married status was not significantly associated with type of maltreatment, widow/widower (51%) vs. other marital status (48%) was

⁷³ Among Virginia's elderly population, 66% live in family households and 2% live with nonrelatives, 27% of males (7%) and females (20%) live alone in their own home, and 5% live in group homes such as institutional settings (Perrone, 2008).

significantly associated with type of abuse ($\chi^2(3) = 8.57$, $p < .05$).⁷⁴ Victims of physical abuse and victims of HFE abuse were more likely than expected by chance to be a widow/widower. Indeed, 75% of the physical abuse and HFE victims, when combined, were widows (there were no widowers), whereas 47% of the PFE elderly victims were widowed and 22% of the neglected elderly victims were widowed.

Whether the abused elder had children or not also was associated with type of maltreatment ($\chi^2(3) = 8.02$, $p < .05$). Elderly victims of PFE were half again as likely as expected by chance to have no children.

Elder's health was also significantly associated with type of abuse ($\chi^2(3) = 10.63$, $p < .05$).⁷⁵ HFE elderly victims were five times less likely than expected to have good or fair health; conversely, they were half again more likely than expected by chance to have poor health.

Whether the elder still operated a motor vehicle was significantly associated with type of abuse ($\chi^2(3) = 7.93$, $p < .05$). Twice as many as expected victims of physical abuse were still driving, and conversely, half as many HFE victims as expected were still driving.

There was a trend for whether the victim felt isolated to be associated with type of maltreatment ($\chi^2(3) = 6.63$, $p < .09$), with half again as many as expected by chance HFE elderly victims feeling isolated. Elderly victim's fear of their perpetrator was also associated with type of maltreatment ($\chi^2(3) = 9.24$, $p < .05$), with HFE victims half again

⁷⁴ The marital status of individuals aged 65 and older in Virginia are 53% married, 33% widowed, 8% divorced, 4% never married, and 2% separated (Perrone, 2008).

⁷⁵ Perrone (2008) reported that among individuals aged 65 to 74 years, 71% were in good health (as opposed to fair (16%) or poor (13%), although that number drops to 55% for individuals ages 75 and older (as opposed to fair (31%) or poor (14%)).

more likely than expected by chance to fear their perpetrators. However, victims of neglect were almost four times less likely than expected by chance to fear their perpetrator.

The elder's childhood history of abuse was also significantly associated with type of abuse ($\chi^2(3) = 9.06$, $p < .05$). Half as many as expected victims of PFE experienced childhood family violence (either witnessing or directly experiencing this violence). In contrast, between half again and two times as many as expected victims of physical abuse, neglect, and HFE cases had experienced childhood family violence.

Elder's psychological or physical aggression toward the perpetrator was also associated significantly with type of maltreatment ($\chi^2(3) = 24.20$, $p < .05$). Physically abused victims were five times as likely as expected to be physically or psychologically aggressive towards their perpetrator. In contrast, PFE victims were five times less likely than expected to be physically or psychologically aggressive towards their perpetrator.

Elder's perceptions of the caretaking role of the perpetrator also was associated with type of maltreatment ($\chi^2(3) = 11.20$, $p < .05$). Physical abuse victims were 3.5 times less likely than expected to perceive the perpetrator as their care provider. Conversely, HFE victims were half again as likely as expected to perceive their perpetrator as their care provider.

Finally, the elder's perception of the quality of their relationship with the perpetrator was significantly associated with type of abuse ($\chi^2(3) = 13.03$, $p < .01$). PFE victims were four times less likely than expected to have a poor relationship with the perpetrator (i.e., PFE victims did not rate their relationships with their perpetrators as

poor⁷⁶). Conversely, physically abused victims were three times more likely than expected to rate the quality of their relationship with the perpetrator as poor.

History of abuse (short vs. long) was also significantly associated to type of abuse ($\chi^2(3) = 11.87$, $p < .01$). Physical abuse victims were two times as likely as expected to have a long history of abuse and HFE cases were 1.5 times as likely as expected to have a long history of abuse. The history of abuse also varied with the nature of the victim-perpetrator relationship ($\chi^2(1) = 29.54$, $p < .001$). When the abuse was committed by a non-relative, the duration of the abuse was significantly shorter.

Post-hoc analysis. There was an indication that victims who had perpetrators who were their relatives were more likely to have something unusual going on in their lives. Therefore, a post hoc analysis was conducted to determine whether anything unusual was going on with the elder at the time of the APS investigation. It was found that other relatives (nieces and nephews, brothers and sisters) were almost twice as likely as expected to be the perpetrator when the elder had something unusual going on in their life ($\chi^2(2) = 7.99$, $p < .05$). When what was going on in the elder's life was examined, four primary events were identified: the elder could no longer live alone in his or her home and was being required to make other living arrangements, the elder was hospitalized or in recuperation, a son/grandson had returned home from prison, or a family member was dying or had died. Thus, although immediate family members (68%) (son, daughter, grandson, granddaughter, spouse) were more often the perpetrators of abuse in general, other relatives (32%) were significantly more likely to

⁷⁶ It should be noted that "stranger" perpetrators were excluded from these analyses.

maltreat the elder when the elder was experiencing an acute vulnerability. When something unusual happens that places the elder in a vulnerable position (i.e., husband dies, the elder is hospitalized, the elder is no longer able to live alone, or a son returns), the loss of what may have served as protective barriers formerly are gone and people who have never offended against the elder will do so now.

To summarize the statistically significant findings by type of abuse for the various demographic and risk factor variables associated with victims of elder abuse: (1) PFE victims were less likely than expected by chance to not be living in their own home, to be living with the perpetrator, to have no children, to have experienced childhood family violence, to have a poor relationship with the perpetrator, and to be physically or psychologically aggressive towards their perpetrator; (2) pure physical abuse victims were more likely than expected by chance to not be living in their own home, to be living with the perpetrator, to be a widow/widower, to still be driving, to have experienced childhood family violence, to be physically or psychologically aggressive towards the perpetrator, to rate the quality of their relationship with the perpetrator as poor, and to have a long history of abuse, while less likely than expected by chance to perceive the perpetrator as their care provider; (3) pure neglect victims were more likely than expected by chance to not be living in their own home and to have experienced childhood family violence, while less likely than expected by chance to fear the perpetrator; and (4) HFE victims were more likely than expected by chance to be living with the perpetrator, to be a widow/widower, to have poor health, to fear the perpetrator, to have experienced childhood family violence, and to have a long history

of abuse, while they were less likely than expected by chance to have good or fair health, to still be driving, to feel isolated, and to perceive the perpetrator as their care provider. (Because of the small sample size, HFE cases were not further delineated by whether the co-occurring abuse was physical abuse or neglect.) In general, the HFE victims demonstrated a greater number of risk factors, while the PFE victims demonstrated virtually none.

Demographic characteristics and previously identified risk factors of perpetrators: Descriptive statistics. The percentage of perpetrators related to the elder (68%) was higher than the percentage of perpetrators unrelated to the elder (32%) (which included professional care providers, handymen, scam practitioners).⁷⁷ However, in only 8% of the cases was the perpetrator a complete stranger.

Perpetrators were on average 45 years of age (range 18 – 80 years), 77% were Caucasian (33% African American), and 61% were male.⁷⁸ Over one-third (38%) had not graduated from high school,⁷⁹ although 44% had a high school diploma. Almost a third (29%) of the perpetrators were chronically unemployed.⁸⁰ Moreover, those that worked generally were employed in the unskilled or semi-skilled labor force (43%).⁸¹ Interestingly, at the time of the incident, 53% of the perpetrators were unemployed. Not surprisingly, only 57% reportedly had enough money for basic necessities such as

⁷⁷ A controversy exists in the literature regarding whether spouses or adult children are more likely to engage in violence against the elderly (victims of elder abuse are mostly female). Although Pillemer and Finkelhor (1988) reported that the abuser was more likely to be a spouse than an adult child, NEAIS (National Center on Elder Abuse, 1998), however, reported that adult children (48.6%) were more likely than spouses (23.4%) to be the perpetrator of elder physical abuse.

⁷⁸ Recall that 76% of the victims were female.

⁷⁹ In contrast, 53% of the victims had not graduated from high school.

⁸⁰ In contrast, 14% of the victims had been chronically unemployed.

⁸¹ In contrast, 44% of the victims had worked in unskilled or semi-skilled positions.

food and shelter.⁸² The majority (70%) of the perpetrators were unmarried, nevertheless the perpetrators on average had 1.8 children (range 1 – 9) and 30% had no children.

Nearly a quarter (21%) of the perpetrators belonged to a religious organization.⁸³ Over half (57%) reportedly had something unusual (i.e., stressful) going on in their life at the time APS became involved.⁸⁴ The majority of the perpetrators (65%) reportedly had someone in their life they could count on to take them to the doctor or to call if they needed to talk to someone.⁸⁵ The majority (65%) of perpetrators had good health (as opposed to fair or poor) and 85% were able to operate a motor vehicle.

A third (33%) of the perpetrators had a drug dependence or addiction, 35% had an alcohol dependence or addiction, and 50% had either a drug and/or an alcohol dependence or addiction (some perpetrators had both drug and alcohol dependence/addiction). One quarter (25%) of the perpetrators had a mental health diagnosis⁸⁶ and almost half (46%) had a criminal record (i.e., a conviction) (see Figure 14).

⁸² We did not systematically ask whether the perpetrators were receiving social security payments or other welfare benefits, but a significant proportion were receiving state and federal assistance according to respondents. In contrast, 87% of the elders had sufficient income to pay for basic necessities, although the source of income was not assessed.

⁸³ In contrast, 64% of the victims belonged to a religious organization.

⁸⁴ In contrast, 49% of the victims had something stressful going on in their life at the time of the abuse.

⁸⁵ In contrast, 72% of the victims had someone in their life they could count on to take them to the doctor or to call if they needed to talk to someone.

⁸⁶ A mental health diagnosis was reported by one of the informants that were interviewed, but we were careful to confirm this by requiring that the diagnoses was made by a professional or the perpetrator was taking a psychotropic medication.

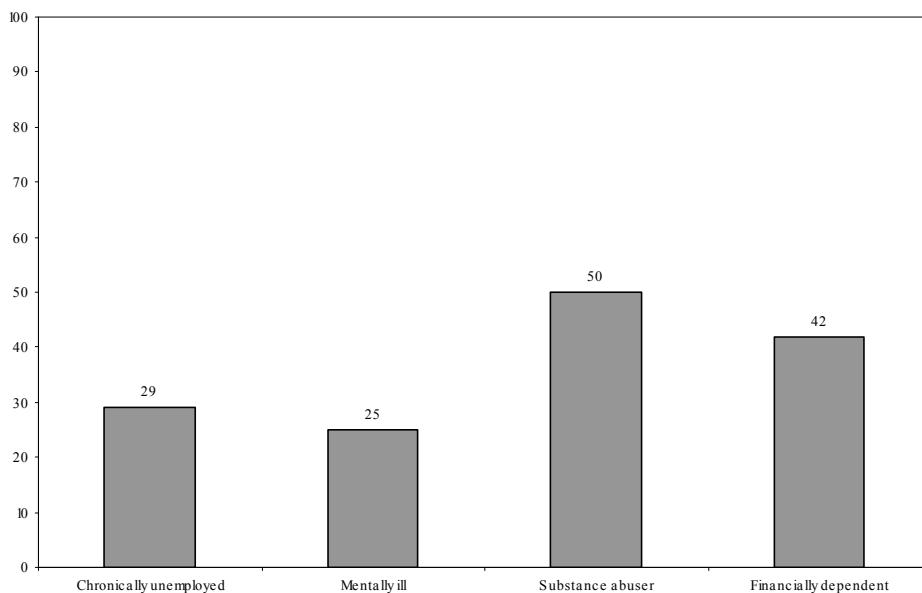


Figure 14. Perpetrator characteristics.

Almost half (44%) of the perpetrators had a history of childhood family violence (witnessing or experiencing).⁸⁷ Moreover, even more (68%) were either experiencing or perpetrating violence in their current adult relationship with a partner or with their children (violence directed toward the elder was excluded from this calculation).⁸⁸

Over a third (42%) of the perpetrators were financially dependent on the elder; 37% were residentially dependent on the elder; and 29% were emotionally dependent on the elder. It is perhaps unsurprising that elderly victims had known the perpetrators on average for 29 years (range less than 1 year to 78 years). Finally, according to the respondents interviewed, 44% of the perpetrators had engaged in a similar act of abuse towards someone other than the elder.

⁸⁷ In contrast, 29% of the victims had a history of childhood family violence.

⁸⁸ In contrast, 33% of the victims reported experiencing family violence as an adult.

Perpetrator demographic and risk factors by type of maltreatment. While the age of the perpetrator did not vary significantly across the types of abuse, it did vary somewhat ($M = 43$ years of age for PFE, $M = 54$ years for physical abuse,⁸⁹ $M = 45$ years for neglect, and $M = 45$ years for HFE perpetrators).

Relationship to the perpetrator was significantly associated with type of abuse ($\chi^2(3) = 13.60$, $p < .01$). HFE perpetrators were half again as likely as expected by chance to be a relative (see Figure 15, Table 21), whereas PFE perpetrators were half again as likely to be a non-relative (e.g., a professional care provider, a stranger). However, physical abuse perpetrators were 2.5 times less likely than expected by chance to be a non-relative and HFE perpetrators were five times less likely than expected to be a non-relative.

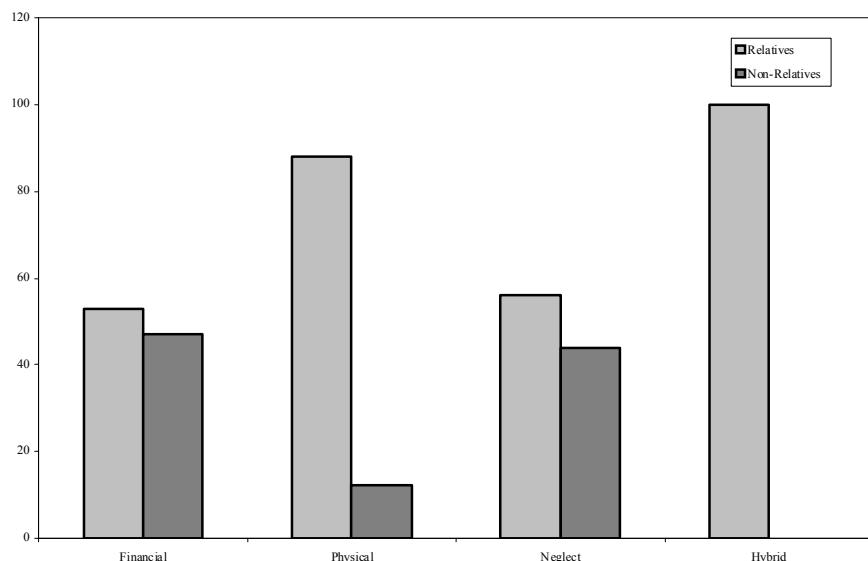


Figure 15. Relationship of perpetrator to the victim.

⁸⁹ Physical abuse perpetrators may have been slightly, but not to a statistically significant level, older than perpetrators of the other forms of elder abuse because physical abuse perpetrators were more likely to include the elder's spouse.

Table 21. Relationship of Perpetrator to Elder by Type of Maltreatment

	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Relative	20	7	5	16	48
Non-relative	18	1	4	0	23
Total	38	8	9	16	71

With regard to the gender of the perpetrator, gender was not associated with type of abuse. However, after collapsing all four types of abuse, female perpetrators were in general more likely than expected by chance to be a non-relative ($\chi^2(1) = 4.94$, $p < .05$), with stranger and professional care provider perpetrators more likely than expected by chance to be female ($\chi^2(7) = 32.30$, $p < .001$).

The employment status of the perpetrator was significantly associated with type of abuse ($\chi^2(3) = 7.99$, $p < .05$). See Figure 16. Half as many as expected by chance HFE perpetrators were employed and one-third as many as expected physically abusive perpetrators were employed.

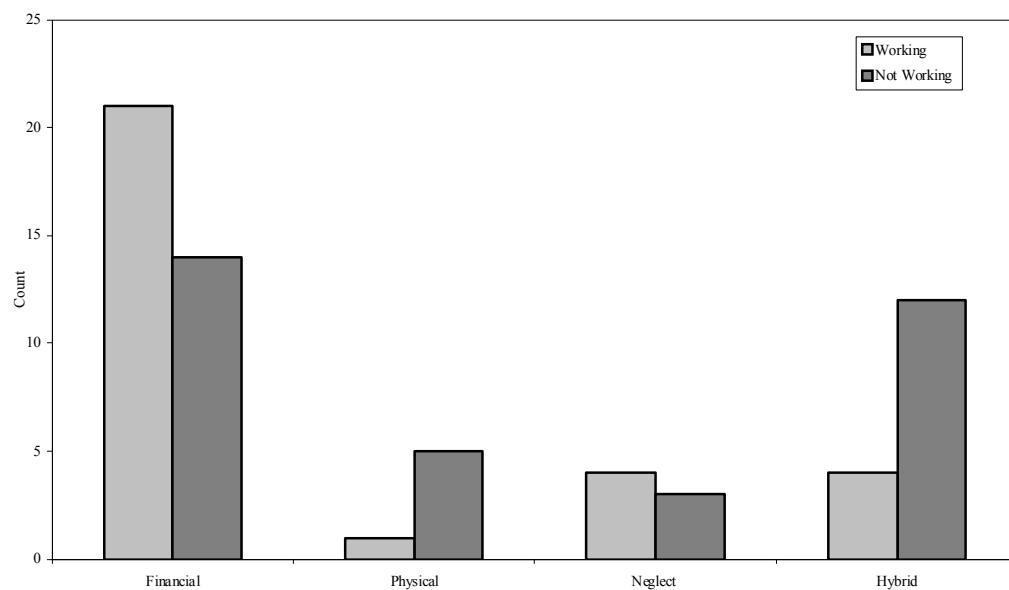


Figure 16. Employment status of perpetrator by type of maltreatment.

Whether the perpetrator had children was significantly associated with type of abuse ($\chi^2(3) = 9.37$, $p < .05$). Fewer than expected PFE perpetrators had no children, whereas more than twice as many as expected physical abuse perpetrators had no children.

Regarding current relationship violence, a trend, albeit not at a level that satisfies traditional requirements for statistical significance, was found that perpetrators of PFE were almost two times as likely as expected by chance to not have violence in their current relationship(s) (excluding their relationship with the elder) ($\chi^2(3) = 7.08$, $p < .07$).

HFE perpetrators were twice as likely as expected by chance to be financially dependent on the elder ($\chi^2(3) = 11.42$, $p < .01$) and they were also three times as likely as expected to be unable to operate a motor vehicle ($\chi^2(3) = 11.80$, $p < .01$).

The length of time the perpetrator had known the victim also varied by type of abuse ($F(3) = 3.62$, $p < .05$). Elderly victims had known the perpetrator on average for 22 years in cases of PFE, 34 years for pure physical abuse, 32 years for pure neglect, and 40 years for HFE.

To summarize the statistically significant findings by type of abuse for the various demographic and risk factor variables associated with elder abuse perpetrators: (1) PFE perpetrators were more likely than expected by chance to be a non-relative, to have no children, and to not have violence in their current relationship (a trend), and to have known the elder for a shorter period of time; (2) pure physical abuse perpetrators were more likely than expected by chance to have no children, while they were less likely than expected by chance to be a non-relative and to be employed; (3) pure neglect perpetrators did not stand out significantly from the other types of perpetrators; and (4) HFE perpetrators were more likely than expected by chance to be a relative, to be financially dependent on the elder, to be unable to operate a motor vehicle, and to have known the elder for a longer period of time, while they were less likely than expected by chance to be a non-relative and to be employed. In general, the HFE perpetrators, like the HFE victims demonstrated a greater number of risk factors, while the neglect perpetrators demonstrated none.

Adult Services Adult Protective Services (ASAPS) Database Results

As noted, the ASAPS database was used to supplement the demographic and risk factor data drawn from the survey interviews. From the items that were available in the ASAPS database, 16 variables (including 6 individual variables and 10 composite variables) were selected that replicated our interview data. The creation of these variables is presented in Appendix F. The frequencies, means, standard deviations, and the range for each individual item is presented in Appendix F. The frequencies, means, standard deviations, and the range for the derived composite variables are presented in Tables 22, respectively. Recall that gender (67.1% female) and race (71% Caucasian) were used as covariates in the analyses. In general, as demonstrated by these tables, this is a highly dependent group of elderly people, with 84.4% of them classified as dependent on others, 72.9% as not being in good health, and 23.6% as non-ambulatory.

Table 22. ASAPS Frequencies and Percentages for Elder Abuse Victims (Individual and Composite Variables)

	N	Min/Max	Mean (SD)
<i>Individual Variables</i>			
Age	2125	60-102 yrs	78.57 yrs
Location of Incident	2142	0-1.00	.83 (.38)
Sufficiency of Income	2142	0-1.00	.88 (.33)
Independent	2142	0-1.00	.32 (.47)
Good Health	2142	0-1.00	.28 (.45)
Mental abuse	2142	0-1.00	.15 (.36)
Dependence on Others	2142	0-1.00	.79 (.41)
<i>Composite Variables</i>			
Competence (3 items)	2142	0-3.19	1.95 (.94)
Communication Deficits (2 items)	2142	0-2.00	0.258 (.44)
Dementia/Confusion (3 items)	2142	-0.79-3.47	1.38 (1.10)
Mental Health Problems (11 items)	2142	-1.66-12.00	1.34 (1.84)
Medical Problems (5 items)	2142	-2.39-5.00	0.907 (.93)

Good Support (3 items)	2142	0-4.19	2.40 (0.84)
Overburdened Support (2 items)	2142	-0.33-3.00	0.87 (0.73)
Parasitic Abuser (5 items)	2142	-0.48-5.00	1.44 (1.23)
No Support – Isolated (2 items)	2142	-2.11-2.70	0.48 (0.55)

Comparing Elderly Person's Risk Factors by Type of Abuse

Demographic variables included were examined initially. Age resulted in a three-way interaction ($F(3) = 3.66$, $p < .05$). Post-hoc analyses revealed that among female victims of elder abuse, physically abused Caucasian women were significantly younger than (1) the Caucasian women who had experienced the other three types of abuse and (2) the African-American women who had experienced PFE and neglect. Among male victims of elder abuse, physically abused African Americans were significantly younger than all other abuse by race combinations (see Figure 17).

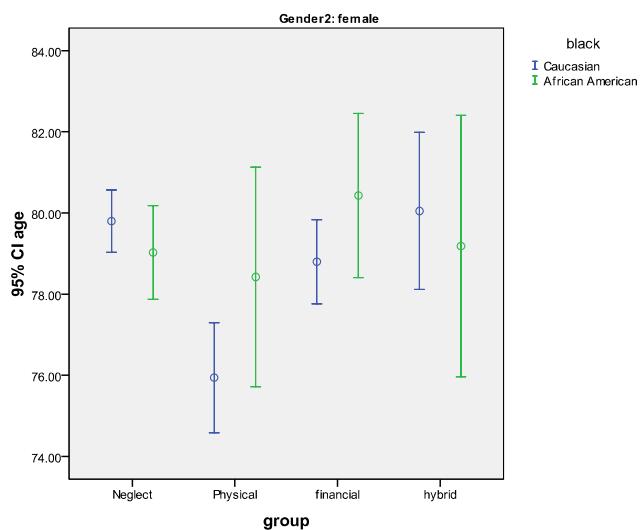


Figure 17. Age by type of maltreatment.

A main effect for location of incident was also found ($F(3) = 6.01, p < .01$). It was significantly more likely for HFE abuse to take place in another's home rather than within the victim's home (see Figure 18).

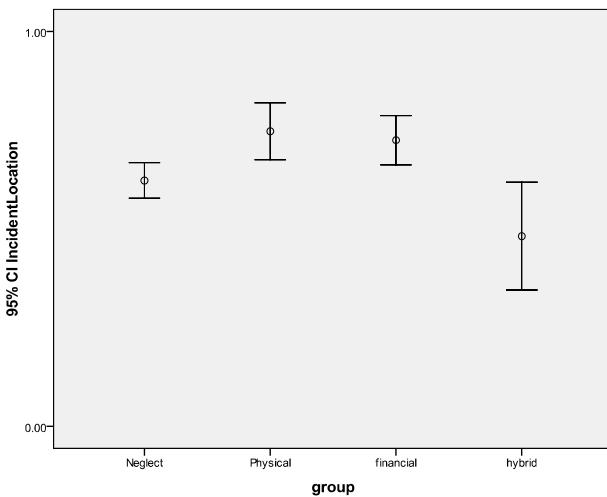


Figure 18. Location of incident by type of maltreatment.

There was also a main effect of race by sufficiency of income ($F(1) = 3.95, p < .05$). African Americans were significantly less likely than Caucasians to have sufficient income.

Next a set of variables specific to the abused elderly persons' physical, cognitive, and psychological functioning was examined. There was a main effect for medical problems by type of abuse ($F(3) = 9.37, p < .01$), with victims of neglect and HFE victims significantly more likely than physically abused victims and PFE victims to have medical problems (see Figure 19). There was also a significant two-way interaction for group and gender ($F(1) = 3.31, p < .05$). Post-hoc analyses revealed that Caucasian males had significantly more medical problems than any other race by gender combination.

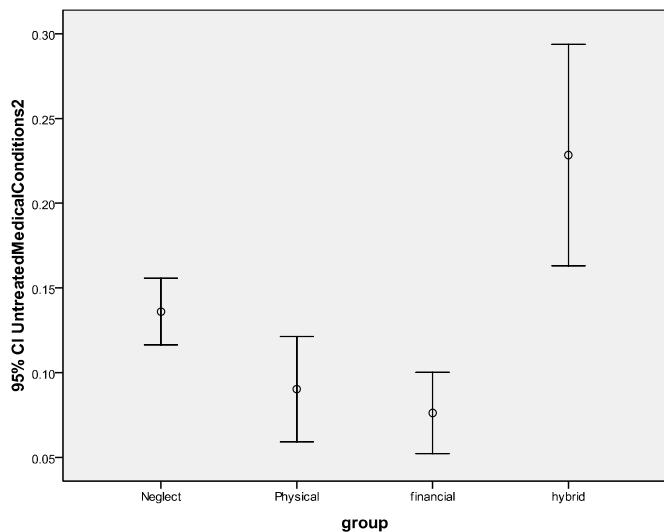


Figure 19. Medical problems by type of maltreatment.

The elder's dependence on others also resulted in a significant main effect by type of abuse ($F(3) = 37.54, p < .01$) and for race ($F(1) = 4.76, p < .05$). Post-hoc analyses revealed that neglect victims were significantly more likely than the victims of all other types of abuse to be dependent on others. However, HFE victims were significantly more likely than physically abused and PFE victims to be dependent on others (see Figure 20). In addition, African Americans were significantly more likely than Caucasians to be dependent on others.

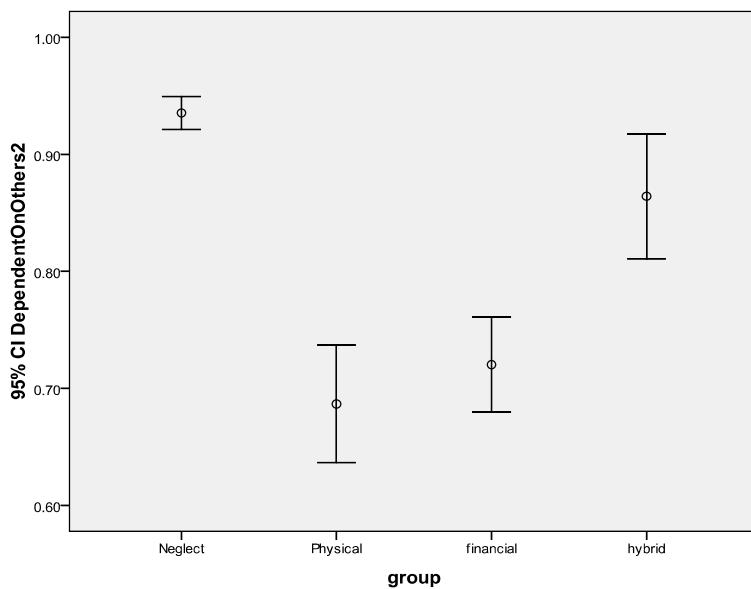


Figure 20. Dependence on others by type of maltreatment.

The elder's ambulatory status was also examined. There was a main effect for type of abuse ($F(3) = 55.32, p < .01$), with neglect victims being the most likely to be non-ambulatory (see Figure 21).

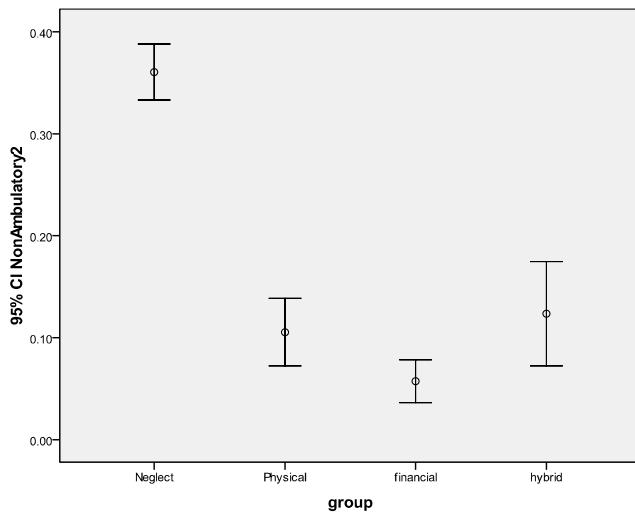


Figure 21. Non-ambulatory by type of maltreatment.

For elder's independence and capability, there was a main effect by type of abuse ($F(3) = 69.64$, $p < .01$) and for race ($F(1) = 4.55$, $p < .05$). Post-hoc analyses revealed that neglect victims were significantly less independent than the victims of the other three types of abuse. However, HFE victims were significantly less independent than physically abused and PFE victims (for which there was virtually no difference) (see Figure 22).

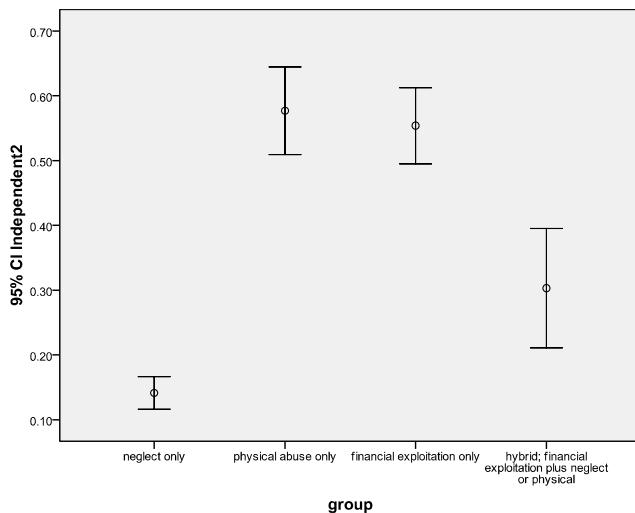


Figure 22. Independent by type of maltreatment.

Finally, the elder's good health was examined. There was a significant main effect for type of abuse ($F(3) = 21.04$, $p < .01$). Post-hoc analyses revealed that elderly victims who experienced PFE were significantly more likely than all types of abuse to have good health (see Figure 23).

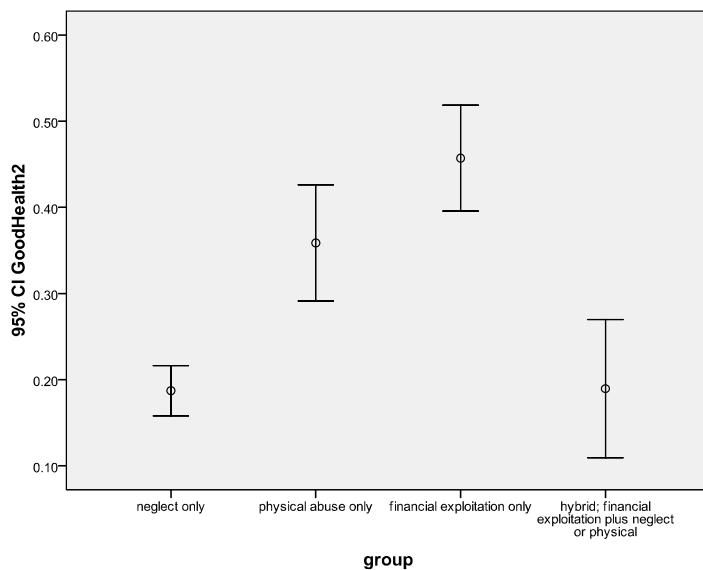


Figure 23. Good health by type of maltreatment.

A set of variables related to cognitive functioning was next examined. For competency, a main effect by type of abuse was found ($F(3) = 33.93, p < .01$). Victims of neglect were significantly less competent than elderly victims in the other three groups of maltreatment (see Figure 24).

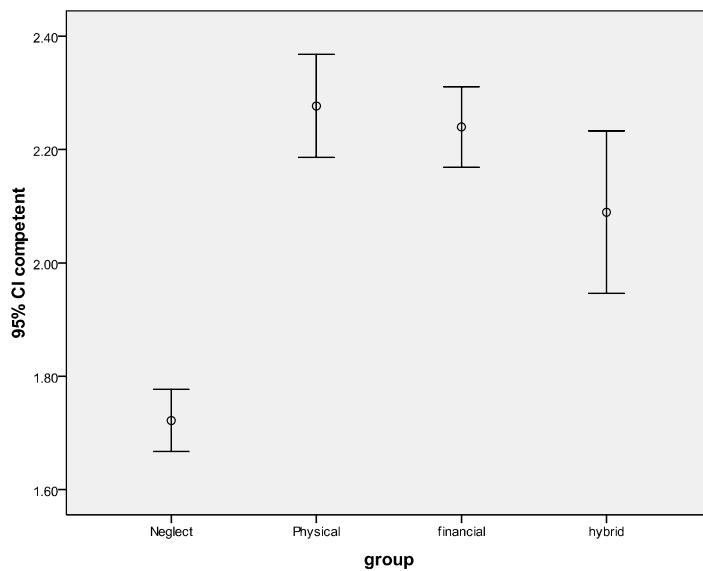


Figure 24. Elder's competency by type of maltreatment.

For dementia/confusion, there was also a main effect by type of abuse ($F(3) = 69.16$, $p < .01$) and for gender ($F(1) = 7.57$, $p < .01$). Neglect victims were significantly more likely to have dementia/confusion than elderly persons in the other three groups of abuse victims (see Figure 25). In addition, female victims were significantly more likely than male victims to have dementia/confusion.

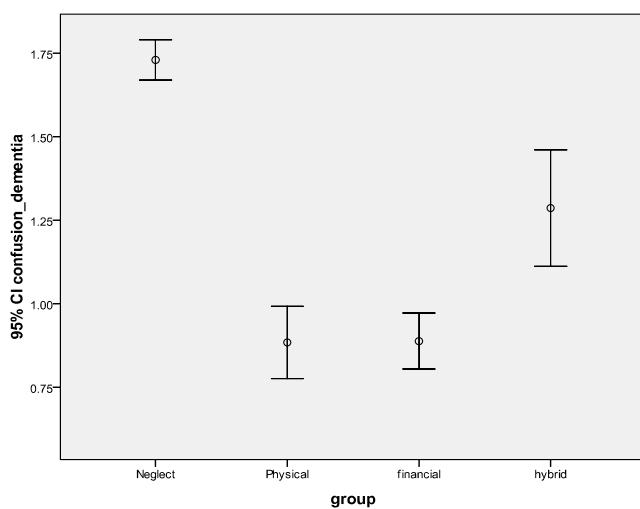


Figure 25. Confusion/dementia by type of maltreatment.

Communication problems also resulted in a main effect by type of abuse ($F(3) = 6.90$, $p < .01$), as well as a race by gender interaction ($F(1) = 1.02$, $p < .05$). Post-hoc analyses revealed that victims of neglect were significantly more likely to experience communication problems than elderly persons who had suffered the other three types of elder abuse. (see Figure 26). Caucasian male victims were significantly more likely than any other race by gender combination to have communication problems.

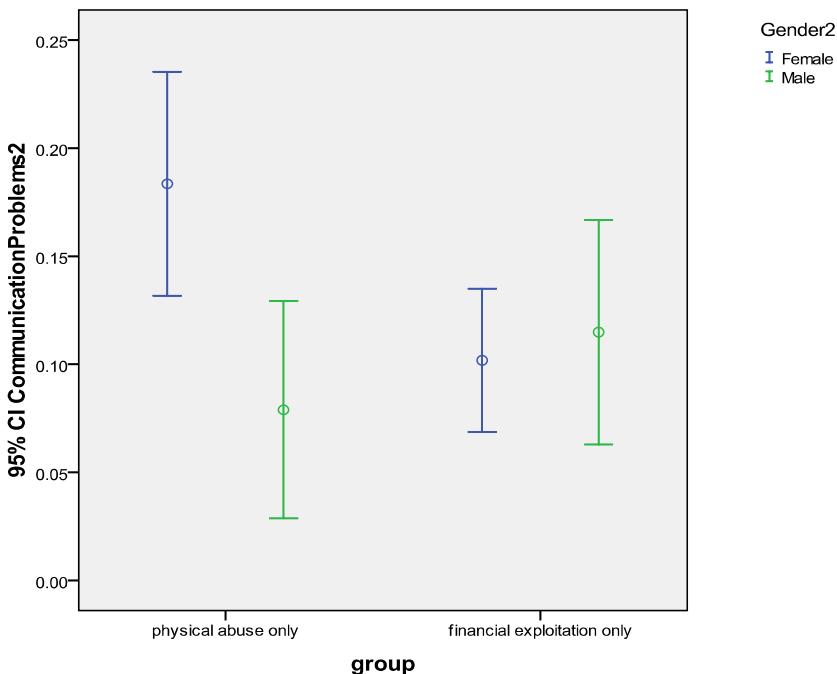


Figure 26. Communication problems type of maltreatment.

A composite variable was created to capture the elder's mental health problems (fear/mistrust, anxiety/depression, mental illness, intellectual disability, substance abuse, ongoing treatment, night terrors).⁹⁰ There was a main effect for type of abuse

⁹⁰ This composite variable was parsed out to examine the contribution of individual items. Regarding psychological functioning, we first examined anxiety/depression among elders. There was a type of abuse by gender interaction ($F(3) = 3.17, p < .05$) and a race by gender interaction ($F(1) = 6.45, p < .05$). Post-hoc analyses revealed that male hybrid victims have the highest anxiety/depression of all type of abuse by gender combinations. Post-hoc analyses further revealed that African-American males have significantly lower anxiety/depression compared to all other race by gender combinations. When fear/mistrust was examined, we found a significant main effect for type of abuse ($F(3) = 2.71, p < .05$) and for race ($F(1) = 4.39, p < .05$). Post-hoc analyses revealed that neglect and PFE victims were significantly less likely to experience fear/mistrust than physically abused and hybrid victims. We also found that Caucasians were significantly more likely to experience fear/mistrust than African Americans. When mental illness was examined individually, we found a significant main effect for gender ($F(1) = 5.47, p < .05$). Post-hoc analyses showed that female victims were significantly more likely than male victims to have a mental illness. When mental retardation was examined, a significant gender effect was found ($F(1) = 9.05, p < .01$). Post-hoc analyses revealed that female victims were significantly more likely than male victims to be a person with mental retardation. When substance abuse was examined, a race x gender interaction was found ($F(1) = 11.55, p < .01$). Post-hoc analyses revealed that Caucasian males were significantly more likely than any other race by gender combination to have a substance abuse problem. When ongoing treatment for mental illness, mental retardation, or substance abuse was examined, a significant main effect of gender was found ($F(1) = 10.74, p < .01$). Post-hoc analyses revealed that males were

($F(3) = 54.69$, $p < .01$). Post-hoc analyses revealed that elderly victims of physical abuse and HFE had significantly higher overall mental health problems compared to PFE victims and victims of neglect (see Figure 27).

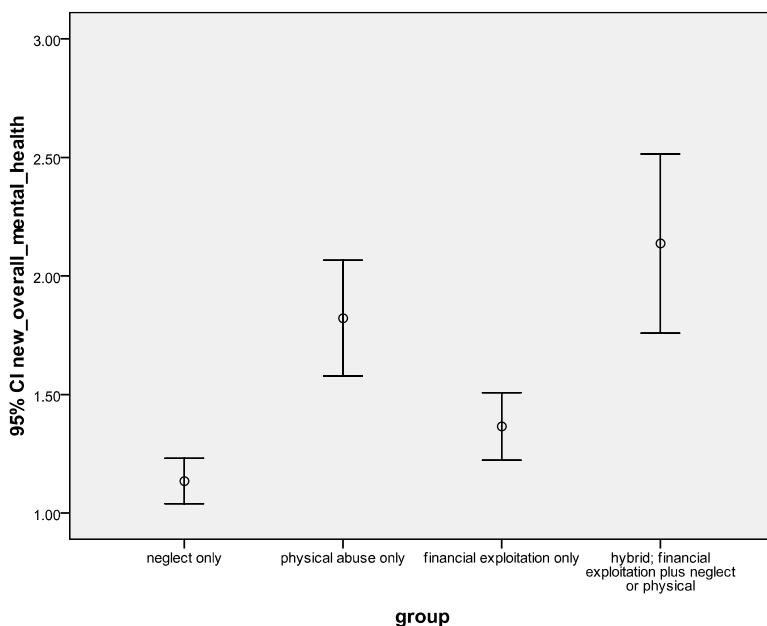


Figure 27. Mental health problems by type of maltreatment.

Next, various aspects of the presence or absence of social support available to elderly victims were examined. Good social support resulted in a main effect of group ($F(3) = 2.87$, $p < .01$). Post-hoc analyses revealed that HFE victims were significantly less likely to experience good social support compared to all other types of abuse (see Figure 28).

significantly more likely than females to be receiving ongoing treatment for a mental health issue. Nightmares/night terrors did not result in any significant differences. A mental health problems variable was then created that was comprised of the five variables noted above (mental illness, substance abuse, mental retardation, ongoing treatment, and nightmares/night terrors). The mental health problems variable resulted in a race x gender interaction ($F(1) = 7.34$, $p < .01$). Post-hoc analyses revealed that African-American male victims of elder abuse have the fewest mental health problems.

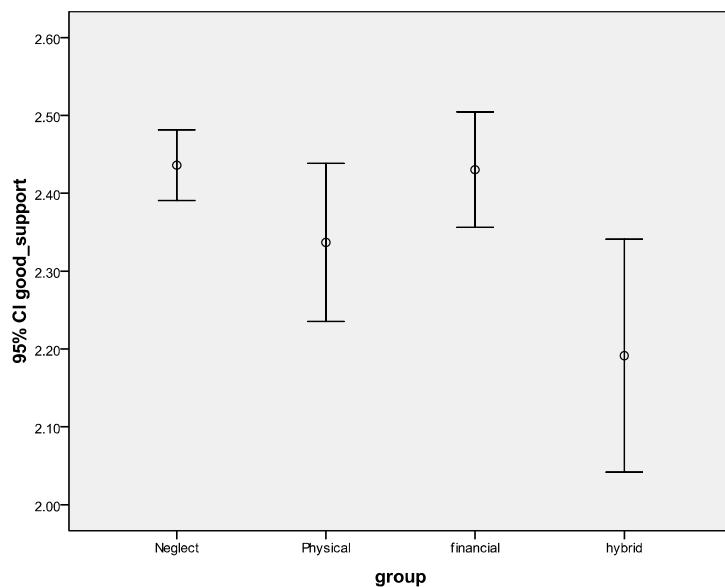


Figure 28. Good social support by type of maltreatment.

There was also a main effect for type of abuse for overburdened (named poor support on the figure) social support networks (i.e., stressed care providers) ($F(3) = 39.21$, $p < .01$). Post-hoc analyses revealed victims of neglect were significantly more likely to have an overburdened social support network (see Figure 29).

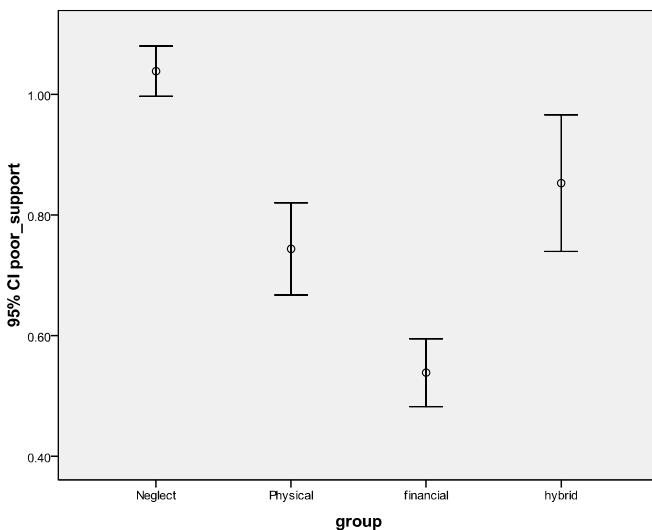


Figure 29. Overburdened social support by type of maltreatment

Parasitic abuser that provides no support to the elder (a composite variable encompassing the existence of a parasitic relationship, the abuser lives with the victim, an unusual household composition, the appearance of previously uninvolved friends/relatives, the abuser has easy access to the elder) resulted in a main effect for type of abuse ($F(3) = 63.30, p < .01$) and for race ($F(1) = 12.72, p < .01$).⁹¹ Post-hoc analyses revealed that HFE victims were significantly more likely to have a parasitic abuser than physically abused and PFE victims, and victims of neglect were the least likely to experience this type of nonsupport compared to the other three types of elder abuse (see Figure 30). Interestingly, Caucasians were significantly more likely to experience no support from their abuser compared to African Americans.

⁹¹ The five variables related to the abuser's behavior toward the elderly victim were also examined individually. For parasitic relationship, there was a main effect by type of abuse ($F(3) = 34.66, p < .01$). Post-hoc analyses revealed that hybrid abusers were significantly more likely than all other groups of abusers to have a parasitic relationship with the elder. Then we examined the "abuser lives with victim" variable. A significant main effect for type of abuse was also found here ($F(3) = 22.18, p < .01$). Post-hoc analyses revealed that physical abuse victims and hybrid victims were significantly more likely to have the abuser living with them than neglect or PFE victims. When unusual household composition was examined, no significant differences between groups was discovered. The appearance of previously uninvolved friends or relatives resulted in a significant main effect by type of abuse ($F(3) = 10.56, p < .01$) and a significant race by gender interaction ($F(1) = 4.99, p < .05$). Post-hoc analyses revealed that physically abused victims are the least likely to have a previously uninvolved friend or relative as the abuser. Post-hoc analyses further revealed that Caucasian males were significantly more likely to have previously uninvolved friends or relatives as the abuser compared to other race by gender combinations. Finally, abuser has easy access to the elder was examined. There was a main effect for type of abuse ($F(3) = 22.19, p < .01$). Post-hoc analyses revealed that hybrid victims were significantly more likely than any other group of abusers to be easily accessible to the abuser (neglect victims were significantly the least readily accessible).

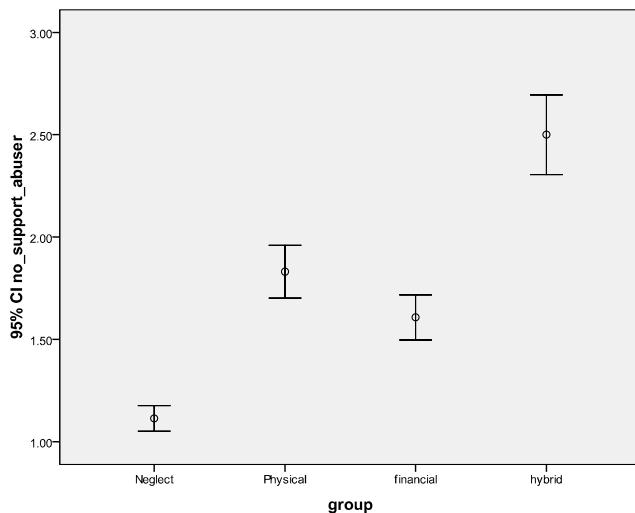


Figure 30. Parasitic abuser by type of maltreatment.

Related to abusive behavior, the elder's experience of mental abuse was also examined.⁹² Mental abuse experienced by the elder resulted in a main effect for type of abuse ($F(3) = 14.40$, $p < .01$) and race ($F(1) = 7.09$, $p < .01$). Post-hoc analyses revealed that physical abuse victims and HFE victims were significantly more likely than PFE victims to experience mental abuse, and neglect victims were significantly less likely than all other types of abuse to experience mental abuse. Caucasians were significantly more likely to experience mental abuse than African Americans.

Finally, "no support" because the elder is isolated in general resulted in a main effect for type of abuse ($F(3) = 2.97$, $p < .05$). Post-hoc analyses revealed that HFE victims were significantly more likely than the other three groups of elderly victims to experience isolation (see Figure 31).

⁹² The assumption being that the perpetrator is the person committing the mental abuse.

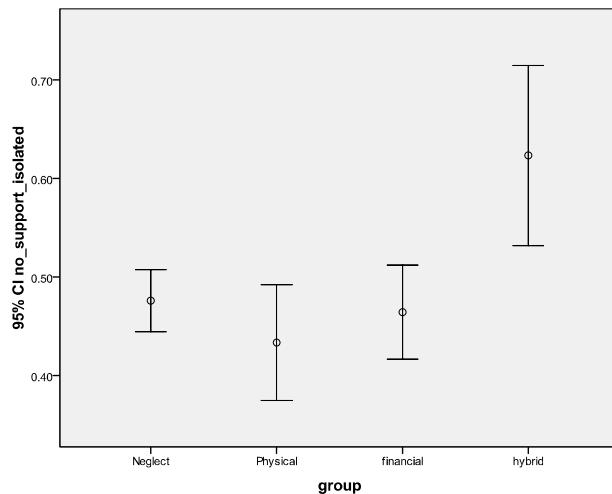


Figure 31. No support – elder isolated by type of maltreatment.

To summarize some of the findings of this section, elderly people who had experienced HFE were generally the most likely to have the abuse occur in someone else's home, to have medical problems (along with neglect victims), to be dependent on others and to be less independent (although less so than neglect victims), to have greater mental health problems, for the perpetrator to have a parasitic relationship with the elder, to have the perpetrator living with them (along with physical abuse victims), and to be easily accessible to the perpetrator. For neglect victims, they were more likely to have medical problems (along with HFE victims), to be dependent on others and to be less independent, to be non-ambulatory, to be less competent, to have dementia/confusion, to experience communication problems, to experience fear/mistrust (along with PFE victims), and to have an overburdened social support network.

Follow up analyses. When ANOVAs were run, many significant effects for neglect and HFE were found, but far fewer differentiations for PFE and physical abuse

were identified. Because few differences for physical abuse and PFE were discovered, the ANOVAs were rerun for each risk factor dependent variable focusing on only physical abuse and PFE. From this analysis, it was found that physical abuse victims were significantly more likely to suffer various impairments than PFE elderly victims. Thus, PFE victims are less likely to suffer medical, emotional, and cognitive impairments compared to physically abused elderly people.⁹³

ASAPS Regression Analyses

In the final set of analyses, regression analyses were conducted using our dependent variables now as predictor variables, run separately for each type of elder maltreatment. Thirteen variables were entered for each regression that were

⁹³ When age was examined, there was a significant main effect for gender ($F(1) = 5.76, p < .05$), with females significantly older than males. When medical problems was examined, there was a significant main effect for gender ($F(1) = 7.56, p < .01$), with African-American males having fewer medical problems than Caucasians. When examining non-ambulatory status, there was a significant main effect for type of abuse ($F(1) = 5.05, p < .05$) and a significant type of abuse by gender interaction ($F(1) = 9.61, p < .01$). Physically abused elders were more likely than PFE elders to be non-ambulatory. In addition, physically abused females were significantly more likely to be non-ambulatory compared to the other group by gender combinations. Regarding cognitive abilities, when competence was examined, there was a significant three-way interaction ($F(3) = 4.99, p < .05$). For females, African-American physically abused victims had significantly lower competence than all other combinations. When communication problems were examined, we found a group by gender interaction ($F(1) = 8.96, p < .01$). Post-hoc analyses revealed that physically abused females were significantly more likely to have communication problems compared to all other type of abuse by gender combinations. Finally, when confusion/dementia was examined, there was a significant main effect for gender ($F(1) = 9.59, p < .01$). Post-hoc analyses revealed that females were significantly more likely than males to have confusion/dementia. When mental abuse experienced by the victim was examined, a significant main effect for type of abuse was found ($F(1) = 7.97, p < .01$). Physically abused victims were significantly more likely to experience mental abuse than PFE elders. Mental health (comprised of 4 items excluding night terrors) resulted in a significant main effect for type of abuse ($F(1) = 8.16, p < .01$). Post-hoc analyses revealed that physically abused victims were significantly more likely than PFE victims to have mental health problems. We also obtained a main effect of group when using the overall mental health (comprised of 7 variables) ($F(1) = 8.07, p < .01$). Physically abused victims were significantly more likely than PFE victims to have mental health problems. Finally, when we examined social support – poor we found a significant main effect for type of abuse ($F(1) = 8.04, p < .01$). Physically abused victims were significantly more likely than PFE victims to have poor social support. Similarly, there was a significant main effect for group for parasitic abuser ($F(1) = 4.18, p < .01$). Post-hoc analyses revealed that physically abused victims were significantly more likely than PFE victims to have a parasitic abuser.

conceptually nonoverlapping and included gender and race that were used as covariates above. Five variables examined above were not used in the logistic regression presented below (i.e., location of incident, Independent, good health, mental abuse, competent) and yet captured various aspects of elder functioning that complemented to the greatest extent possible the interview data. The results of this analysis are presented in Table 23.

When predicting PFE, the best fit model accounted for 18% of the variance in PFE. Five variables made a significant and independent contribution to PFE: age, communication problems, dependent on others, confusion/dementia, and poor social support. Significant betas indicated that for every one year increase in age, PFE risk increased 2% ($B(1) = 1.02$, $p < .05$). Elderly victims without communication problems were 79% more likely to experience PFE ($B(1) = 0.56$, $p < .05$). Elderly victims who were not dependent on others were 66% more likely to experience PFE ($B(1) = 0.60$, $p < .01$). Elderly victims who were not confused or demented were 29% more likely to experience PFE ($B(1) = 0.78$, $p < .01$). Finally, elderly victims who did not have overburdened social support were 88% more likely to experience PFE ($B(1) = 0.53$, $p < .01$). Thus, these elderly people are characterized by an absence of medical, cognitive, and psychological problems. These findings suggest that the variables used by APS to assess financial exploitation are ineffective at capturing this phenomenon. These findings further support our assertion throughout this manuscript that financially exploited elderly people are physically, cognitively and psychologically healthy (i.e., independent).

When predicting physical abuse, the best fit model accounted for 19% of the variance in physical abuse. Four variables made a significant and independent contribution to the occurrence of physical abuse: dependent on others, confusion/dementia, overall mental health, and parasitic abuser. Elderly victims who were not dependent on others were 2.3 times more likely to be physically abused than those who were dependent on others ($B(1) = 0.43$, $p < .01$). Elderly victims who did not have confusion/dementia were 47% more likely to be physically abused versus those with confusion/dementia ($B(1) = 0.68$, $p < .01$). However, for every point increase in overall mental health problems, the likelihood of physical abuse increased 31% ($B(1) = 1.31$, $p < .01$). Finally, elderly victims who had a parasitic relationship with their abuser were 25% more likely to be abused ($B(1) = 1.25$, $p < .01$). Thus, these elderly victims are characterized by an absence of medical problems, but having mental health problems increases their risk, as well as when the perpetrator is dependent on the elder. Again, these findings indicate that the variables collected by adult protective services do not sufficiently capture physical abuse. Furthermore, these results indicate that physically abused elderly people are fairly independent. However, they likely have an abuser who is at least somewhat parasitic.

When predicting neglect, the best fit model accounted for 32% of the variance in neglect. Eight variables made a significant and independent contribution to neglect: age, communication problems, dependent on others, medical problems, confusion/dementia, overall mental health, overburdened social support, and no support from abuser. For every 1 year decrease in age, the likelihood of neglect

increased by 2% ($B(1) = 0.98$, $p < .05$). Elderly victims with communication problems were 60% more likely to be neglected than those without communication problems ($B(1) = 1.60$, $p < .05$). Elderly victims that were dependent on others were three times more likely to be neglected than those who were not dependent on others ($B(1) = 3.12$, $p < .01$). For every unit increase in medical problems, the likelihood of being neglected increased 24% ($B(1) = 1.24$, $p < .05$). Elderly victims with cognitive confusion/dementia were 40% more likely to be neglected than those without cognitive confusion/dementia ($B(1) = 1.40$, $p < .01$). For every one point decrease in overall mental health problems, the likelihood of being neglected increased 23% ($B(1) = 0.10$, $p < .01$) (i.e., the greater the mental health of the elder the more likely they are to be neglected, indicating that mental health is not a predictor for neglect). Elderly victims whose perpetrators who are overburdened in providing social support to the elder are 65% more likely to be neglected than those without overburdened social support ($B(1) = 1.65$, $p < .01$). Finally, neglected elderly persons were 64% less likely to have a parasitic abuser ($B(1) = 0.61$, $p < .01$). Thus, these elderly persons are characterized by significant medical problems and cognitive deficits, although not mental health problems. Their perpetrators are overburdened, but not parasitic. Perhaps not surprisingly, these findings indicate that the variables collected by adult protective services capture the variability in neglect quite well, accounting for 32% of the variance in neglect.

When predicting HFE cases, the best fit model accounted for 18% of the variance in HFE abuse. However, only one variable significantly and independently contributed to the variance in HFE cases: no support from the abuser. Elderly victims who have a

parasitic abuser were 81% more likely to experience HFE maltreatment ($B(1) = 1.81$, $p < .01$). The risk to these elderly victims derives chiefly from their perpetrators' behavior (e.g., the existence of a parasitic relationship) rather than their own. However, it is also likely that adult protective services is failing to collect data HFE cases that sufficiently capture HFE.

Conclusions

Two important conclusions arise from these data. First, predicting elder maltreatment requires that the type of maltreatment be differentiated as risk factors are differentially associated with each type of maltreatment. Simply listing risk factors that are associated with "elder maltreatment" (Ansello, 1996; Bonnie & Wallace, 2003; Kosberg, 1988; Schiamberg & Gans, 2000) or lumping all forms of elder maltreatment together in research (Lachs, Williams, O'Brien, Hurst & Horwitz, 1997) masks that true identity of any one form of elder maltreatment and ultimately harms the field. These results confirmed, as speculated by Bonnie and Wallace (2003) that different types of living arrangements (e.g., living alone, cohabitation with the perpetrator) were associated with different types of maltreatment (see Hooyman & Kiyak, 1988, for an excellent review of the living arrangements of the elderly).

Second, the dyadic relationship between perpetrator and victim must be considered as both victim and perpetrator variables predicted the type of maltreatment experienced by the elder. Although self neglect may be the most frequently reported to APS, when financial exploitation, neglect and physical abuse are combined, nearly half of the cases reported to APS involved a "perpetrator" and it behooves us to better

understand the dyadic relationship between the two rather than focusing solely on the elder (Peake, Oelschlager and Kearns, 2000). As Anezberger (2000) concluded, the cause of elder abuse “lies in the interplay of the characteristics of the perpetrator and the victim within contexts for interaction and occurrence of abuse” (p. 50).

Table 23. Betas and Odds Ratios for Predictors of Four Types of Elder Maltreatment

Predictor	Financial			Physical			Neglect			Hybrid		
	B	OR	B	OR	B	OR	B	OR	B	OR	B	OR
Race	-.13	.88	-.16	.86	.10	1.11	.19	1.2				
Gender	.09	1.09	-.12	.89	.04	1.04	-.01	.99				
Age	.02*	1.02	-.01	.99	-.02*	.98	.02	1.02				
Sufficient income	.50	1.66	.27	1.32	-.41	.67	-.34	.71				
Communication problems	-.58*	.56	-.15	.86	.47**	1.6	-.21	.81				
Dependence on others	-.51**	.60	-.84***	.43	1.14***	3.1	.81	2.25				
Medical problems	-.18	.83	-.21	.81	.21**	1.2	.13	1.14				
Confusion/Dementia	-.25**	.78	-.38***	.68	.34***	1.4	.08	1.08				
Mental health problems	.04	1.04	.27***	1.31	-.21***	.81	.02	1.02				
Good support	.07	1.07	.02	1.02	.00	1.00	-.15	.86				
Overburdened support	-.63***	.53	-.18	.84	.50***	1.65	.04	1.04				
Parasitic abuser	.11	1.10	.22**	1.25	-.49***	.61	.59***	1.81				
No support – isolated	-.05	.95	-.40	.67	.15	1.16	.08	1.09				
Constant	-2.3	.10	-.55	.58	.79	2.21	-5.48	.004				
Nagelkerke R Square		.18		.19		.32		.18				

Take Away Points

- Risk factors differed in significant and meaningful ways across the types of maltreatment under investigation
- Risk factors associated with the elderly person and the perpetrator each contributed independently to the variance in each type of abuse investigated

Results Section 7 of 13:

Characterizing Elderly Persons and Perpetrators

Table 24 summarizes the findings from the interview data and the ASAPS data. While we attempted to replicate our interview data by use of the ASAPS data, the data did not always overlap perfectly. These two sets of data, however, are quite complementary. Two important conclusions from these data are: 1) predicting elder maltreatment requires that the type of abuse be differentiated, and 2) the dyadic relationship between perpetrator and victim must be considered as both victim and perpetrator variables predict the type of abuse experienced by the elder.

Based on the results of the demographic and risk factor data, and complemented with the dynamics data, for each type of abuse we characterized elderly persons and perpetrators as either physically and/or financially independent or dependent (see Table 25).

Table 24. Characterizations of Elder and Perpetrators Based on Interview Data and ASAPS Database.

	Independent Elder	Dependent Elder
Independent Perpetrator	Pure Financial Exploitation	Neglect
Dependent Perpetrator	Physical Abuse	Hybrid Financial Exploitation

Pure financial exploitation (PFE). Elderly persons experiencing PFE tended to be physically and financially independent and their perpetrators tended to be physically and financially independent. As shown in Table 25, these elderly persons tended to have fewer communication problems, less cognitive confusion/dementia, less dependence on others, likely to be younger in age, and to not be experiencing poor social support (based on ASAPS data). These variables were supplemented with our interview findings indicating that PFE elderly persons tended to live alone, have no children, be without a history of childhood family violence, have good relationships with their perpetrators (who were both relatives and nonrelatives), and not be currently experiencing family violence.

Physical abuse. Elderly persons experiencing physical abuse tended to be physically and financially independent while their perpetrators tended to be financially dependent (and often physically dependent). As shown in Table 26, these elderly persons tended to not be dependent on others and to not be experiencing cognitive confusion/dementia, although they did experience some mental health problems, while their perpetrators were characterized as parasitic (ASAPS data). Our interview results also indicated that these elderly persons tended to be widowed, be able to drive, have experienced a long history of abuse from the perpetrator, be at times physically and psychologically aggressive toward the perpetrator, and acknowledge having a poor

relationship with the perpetrator, who was generally unemployed and without children.⁹⁴

Neglect. Elderly persons experiencing neglect by other tended to be physically dependent (although not necessarily financially dependent), while their perpetrators tended to be physically and financially independent. As shown in Table 26, these elderly persons tended to suffer from communication deficits, dependence on others, medical problems, and cognitive confusion/dementia, but not from mental health problem, while their perpetrators tend to be overburdened;⁹⁵ the elderly persons tended to not experience parasitic behavior from their abuser (ASAPS data). The only significant variable for neglect that emerged from the interview data was that the elderly persons did not fear their perpetrator. These perpetrators tended to be employed, physically healthy, and not dependent upon the elder. Based on the dynamics involved, these perpetrators were characterized by a refusal to provide the elder with proper assistance rather than an inability to provide assistance.

Hybrid financial exploitation (HFE). Finally, elderly persons experiencing HFE tended to be physically dependent (although financially independent), while their perpetrators tended to be both physically and financially dependent upon the elder (i.e., mutual dependence existed between the elder and the perpetrator). As shown in Table

⁹⁴ These perpetrators have failed to embrace traditional standards of socialization such as employment, marriage and children, sometimes referred to as stake in conformity. Individuals are more likely to offend, and more resistant to treatment, when they have no stake in conformity (Sampson & Laub, 1993; Sherman & Smith, 1992; although see Simons, Stewart, Gordon, Conger & Elder, 2002, refuting the stake in conformity as an effective form of social control).

⁹⁵ This finding does fit with the stress model (Steinmetz, 2005), and may be appropriate for neglect, but it is also possible that caseworker's are more likely to perceive an overburdened care provider in neglect cases.

26, these elderly persons tended to experience no support from the abuser, but rather the abusers were in a parasitic relationship with the elder (ASAPS data). Moreover, a number of important interview data variables support our characterization. HFE elderly victims and their perpetrators tended to live together; the elderly persons tended to be widowed (all were female), in poor health, unable to drive, feel isolated, fear their perpetrator, have experienced a long history of abuse from the perpetrator (even though their perpetrator tended to be perceived as their caregiver); and the perpetrators were all relatives (typically sons) and tended to be unemployed, unable to drive, and financially dependent on the elder.

Summary. To summarize, PFE elderly persons tended to be financially and physically independent as were their perpetrators; physically abused elderly persons tended to be financially and physically independent, although their perpetrators tended to be financially dependent (and to some extent physically dependent); neglected elderly persons tended to be physically dependent although financially independent, while their perpetrators tended to be both physically and financially independent; and HFE elderly persons tended to be physically dependent although financially independent while their perpetrators tended to be financially and physically dependent.

The complementary findings from these two data sets support the importance of taking into account both elder and perpetrator risk factors when addressing elder abuse, as well as the value of convergent data. The ASAPS (i.e., state) data clearly captures the experience of neglect as eight variables independently predicted neglect. In contrast, only one of the interview study variables was related to neglect (not fearing

the perpetrator). However, HFE was predicted by just one ASAPS variable, no support from abuser. In contrast, twelve interview study variables were able to differentiate HFE from other forms of abuse. Unfortunately, we were unable to run multivariate analyses on our interview data because of the size of the sample, but the complementary findings from these two data bases support the validity of these findings, although future research should attempt to replicate the findings drawn from these two datasets with a larger sample size.

Table 25. Summary of Study and ASAPS Risk Factors for Elderly Persons and Perpetrators by Type of Maltreatment

Pure Financial Exploitation	
■ ASAPS <ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Older age▪ No communication problems▪ No dependence on others▪ No confusion/dementia– Perpetrator<ul style="list-style-type: none">▪ No parasitic abuser	■ Study Results <ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ No childhood family violence▪ Live alone▪ No children▪ Good relationship with perpetrator– Perpetrator<ul style="list-style-type: none">▪ Nonrelative (female)▪ Have children▪ No IPV ($p < .07$)
Physical Abuse	
■ ASAPS <ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ No dependence on others▪ No confusion/dementia▪ Some mental health problems– Perpetrator<ul style="list-style-type: none">▪ Parasitic abuser	■ Study Results <ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Childhood family violence▪ Widowed▪ Able to drive▪ Cohabitating with perpetrator▪ Perpetrator not caretaker▪ Long history of abuse▪ Aggressive toward perpetrator▪ Poor relationship with perpetrator– Perpetrator<ul style="list-style-type: none">▪ Unemployed▪ No children

Neglect by Other	
<ul style="list-style-type: none">■ ASAPS<ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Younger age▪ Communication problems▪ Dependent on others▪ Medical problems▪ Confusion/dementia▪ No mental health problems– Perpetrator<ul style="list-style-type: none">▪ Overburdened social support▪ No parasitic abuser<td><ul style="list-style-type: none">■ Study Results<ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Childhood family violence▪ Does not fear perpetrator– Perpetrator</td>	<ul style="list-style-type: none">■ Study Results<ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Childhood family violence▪ Does not fear perpetrator– Perpetrator
Hybrid Financial Exploitation	
<ul style="list-style-type: none">■ ASAPS<ul style="list-style-type: none">– Elder– Perpetrator<ul style="list-style-type: none">▪ Parasitic abuser	<ul style="list-style-type: none">■ Study Results<ul style="list-style-type: none">– Elder<ul style="list-style-type: none">▪ Childhood family violence▪ Cohabitation with perpetrator▪ Widowed▪ Poor health▪ Unable to drive▪ Feel isolated (trend)▪ Fear perpetrator▪ Perceive perpetrator as caretaker▪ Long history of abuse– Perpetrator<ul style="list-style-type: none">▪ Relative▪ Unemployed▪ Unable to drive▪ Financially dependent

Take Away Points

- Based on the dynamics and the risk factor results, elderly people experiencing abuse can be characterized in the following manner:
 - PFE elderly people are independent, as are their perpetrators
 - Physically abused elderly people are independent, although their perpetrators are dependent
 - Neglected elderly people are dependent, although their perpetrators are independent
 - HFE elderly people are dependent (although not financially dependent), as are their perpetrators

Results Section 8 of 13:

Theory Development

Bonnie and Wallace (2003), and more recently Lowenstein (2009), have admonished the field for failing to develop theories that adequately address elder maltreatment. Recent research has found that, at present, the various interventions designed to protect and assist elderly victims have been relatively ineffective, and sometimes even detrimental to them (Ploeg, Fear, Hutchison, MacMillan, & Bolan, 2009). One explanation for this finding may be that current interventions have an insufficient or inappropriate theoretical foundation (e.g., Steinmetz, 2005). We echo this concern and seek to help redress this situation by applying our research findings to the development of the needed theoretical foundation.

Our data revealed significant and meaningful differences across the various types of abuse, suggesting the need to develop a theoretical foundation that reflects those differences. The search for available theories to explain these differences was challenging. Existing psychological (McGuire, 2004; Pillemer, 2005), aging (Bengtson, Gans, Putney, & Silversmith, 2009; Hooyman & Kiyak, 1988), criminological (Anderson & Dyson, 2002; Cohen & Felson, 1979; Setterlund et al., 2007), sociological (Ansello, 1996; Wolf, 1997) theories and ecological models (Schiamberg & Gans, 1999) were reviewed in search of a theory that would adequately encompass and explain our findings. While each of these theories holds some merit, they did not adequately accomplish this goal. This was in part because these theories tend to treat elder maltreatment as a monolithic

phenomenon (Gordon & Brill, 2001; Phillips, 1983) and fail to take into consideration the roles of both the victim and the perpetrator.

Therefore, we considered it appropriate to step back from a monolithic approach and to instead, at least initially, parse out the different types of elder abuse and attempt to develop independent theoretical foundations for each of them. At the same time, because we found that (1) there was often a co-morbidity in elder abuse, in which a victim of elder abuse experiences simultaneously more than one type of abuse and (2) when this co-morbidity occurs, the causes and manifestations of this abuse, and the needed response, are different from when co-morbidity is not present, it is also important to parse out and to develop an independent theoretical foundation for these occurrences of hybrid financial exploitation.⁹⁶ Thus, we will attempt to develop theoretical foundations for the four forms of elder maltreatment that became the focus of this study, namely, pure financial exploitation (PFE)⁹⁷, physical abuse, neglect, and

⁹⁶ It is likely that the hybrid category of elder abuse should be further broken down to reflect the nature of the co-morbidity that has occurred. For example, it is likely that co-occurring financial exploitation and physical abuse is different from co-occurring financial exploitation and neglect, both of which may be different from co-occurring financial exploitation, physical abuse, and neglect. However, the size of our sample precluded us from exploring these distinctions in depth and developing appropriate theoretical foundations for each of them.

⁹⁷ Undue influence originated at least two centuries ago (Burns, 2002; Green, 1943; Winder, 1939) and is the most frequent ground for invalidating a will (Black, 1997, p. 574). Within the past decade or so, with the increased recognition of financial exploitation, the concept of undue influence has been adapted for use by elder abuse practitioners to explain why an elderly person would relinquish all of their assets to a nonfamily member (Johnson, 2003; Quinn, 2000; Quinn, 2002). Quinn (2000) defines undue influence as occurring "...when one person uses his or her role and power to exploit the trust, dependence, and fear of another." However, the concept has received little empirical attention in the field of elder abuse (Moye & Marson, 2007). We find several problems with the concept as it now stands. First, the concept is extremely broad and encompasses a number of potential constructs (Johnson, 2003). For example, undue influence may involve domination, intimidation, and threats (Johnson, 2003; Quinn, 2000; Quinn, 2002), behaviors far broader than the traditional legal doctrine of undue influence encompasses (Stapleton, 1967). Quinn (2002, p. 14) describes an incident involving a nonrelated perpetrator. We fail to understand why the label of undue influence in this instance is preferable to the more precise label of fraud. Second, the description of the dynamics involved in undue influence as noted in Quinn's (2002, p.

hybrid financial exploitation (HFE), which encompasses the co-occurrence of financial exploitation and physical abuse, financial exploitation and neglect, or financial exploitation, physical abuse, and neglect. Further, our goal is to also take into account elder and perpetrator characteristics, risk factors, and interpersonal dynamics in developing these theories.

Pure financial exploitation. The search for a theory to explain financial exploitation specifically remains elusive. As just described, particularly popular has been the application of family violence theories used to explain elder abuse generally. This led Pittaway, Westhues, and Peressini (1995) to test the application of family violence theories using a large, nationally representative Canadian sample of elderly victims of abuse. The authors noted that the variables associated with family violence could not explain financial exploitation, leading them to conclude that financial exploitation cannot be explained by current family violence theories. Scholars are attempting to

13) article are too simplistic to explain all forms of elder abuse, or financial exploitation. Furthermore, the concept appears to be borrowed directly from the description of the dynamics involved in domestic violence (i.e., intimate terrorism), and does not fit well with our experience of talking with elders. For example, while isolation is certainly a part of the elderly person's experience, there were numerous examples in our study in which the perpetrator was not purposefully isolating the elder, but rather was due to the elder's fierce protection of her (mentally ill or substance abusing) adult child, in combination with the frightening behaviors exhibited by the adult child, that made friends and family uncomfortable and eventually to stop visiting the elderly person. As a result of this dynamic, the elderly person and the adult child become further isolated. Again, we are urging the field to stop borrowing concepts from existing forms of family violence (e.g., domestic violence, child maltreatment) or the law and to let the dynamics of elder maltreatment speak for themselves. Third, we feel the concept is unidirectional and fails to take into consideration aspects of both the perpetrator and the elder in understanding financial exploitation. It is critically important to understand why an elderly person would fall victim to such ploys as well as understanding the motivations of the perpetrator. In our opinion, undue influence is a pop culture label (Madoff, 1997) of convenience for a set of complex behaviors that masks the underlying dynamics and fails to capture the dyadic relationship. Because so little empirical or theoretical work has been done in the realm of undue influence in elder abuse (Madoff, 1997), we suggest that at this time the concept is not precise enough to be useful in explaining financial exploitation. Thus, we have elected to omit this concept from our review. However, we would certainly encourage scientists to undertake the study of this popular concept.

develop alternative theories to explain financial exploitation without relying on the use of family violence models (Rabiner, O'Keeffe, & Brown, 2005; Setterlund et al., 2007). However, none of the published theories adequately explained our results. For example, while Routine Activities Theory (RAT) helps explain why the crime of financial exploitation occurs in general, it does not adequately explain the elder's vulnerability to financial exploitation.⁹⁸ Many cases of financial exploitation are not relatively random criminal acts, which is what RAT tends to focus on.

⁹⁸ The routine activities model posits that crime results from the convergence of three factors: a motivated offender, a suitable target, and an unguarded target. While the model fits our data to some degree, even this model is unsatisfactory in that it fails to account for why individuals seek to financially exploit an individual (let alone an elder). We believe it is important to begin by describing and understanding the motivations of the offender. According to Coleman (1987), white-collar crimes such as financial exploitation are better characterized as crimes of "calculation" rather than crimes of "passion", which would better describe elder physical abuse, for example. The perpetrators of PFE in our study were primarily motivated by economic need (e.g., money for drugs) or greed, and purposefully sought to gain financially. Coleman (1987) argues that this desire for financial gain has become a need for financial gain, and emanates from a cultural acceptance of the value of competition, that the acquisition of wealth is an appropriate and perhaps paramount goal for human beings, and that the measurement of our worth and success is measured by our acquisition of wealth. But the motivation to financially exploit someone is tempered by an assessment of an opportunity to do so that arises, which includes an evaluation of the risks and benefits associated with an attempted undertaking of financial exploitation, as well as perhaps associated internalized social mores (e.g., whether it is socially acceptable to financially exploit an elder). The routine activities model tends to fail to address the internal calculations and personal factors that accompany a decision to pursue or refrain from pursuing the financial exploitation of an elder. Drug addiction, for example, appears to facilitate financial exploitation based on our study findings, perhaps because it increases the "benefits" associated with such actions, diminishes the perpetrator's ability to fully appreciate the risks involved, and degrades the social mores that might otherwise inhibit the exploitation of an elder. Other commentators have found "neutralization" to be a useful framework for understanding criminal behavior (Johnson, 2003; Tomika, 1990; Wallace, 2007). Neutralization allows an individual to maintain a positive self-image in the midst of committing crimes. Thus, an offender may be able to assuage his or her guilt through self-assurances such as "The elder can afford it," "The money will be mine someday anyway," "The elder is selfish and won't share with me so I'll just take it," "I need the money more than she does," and so on.

The routine activities model also focuses on the identification of a suitable target. What makes an elder a suitable target? A suitable target might be someone who is unaware they are being exploited, perhaps because of the prior establishment of a trusting relationship. Coleman (1987) writes that embezzlement, for example, varies with the degree of financial trust placed in different individuals within a company. We similarly found that a substantial proportion of the perpetrators of financial exploitation held a position of trust with the elders and were in some way assisting or managing the elder's finances. Alternatively, in some cases, the elder was seeking to protect or help the perpetrator because of family ties or a similar sense of obligation to the perpetrator and therefore were unwilling to deny or report the perpetrator to the authorities. Additionally, some elders believed they were exchanging their money,

One of the challenges in developing a theory of financial exploitation is that both the elderly persons and perpetrators comprise a heterogeneous group of individuals (e.g., Metlife, 2009). For example, perpetrators are both family members and strangers. Their motivations vary enormously, with some systematically exploiting the elderly, while others simply take advantage of opportunities that arose unexpectedly. Similarly, elderly people as a class vary enormously by age, health, mental capabilities, availability of support systems, relationships with family members, etc. In addition, the myriad ways in which an elder may be financially exploited (Johnson, 2003; Lewis, 2001) increases the complexity of theory development.

Therefore, attention was turned to two characteristics that distinguished the financially exploited group of elderly people from elderly people experiencing other forms of family violence. Financially exploited elderly people were more likely to have

which held less value to them in later years, for the opportunity to remain in their home and in their community. Thus, they were aware of their financial exploitation but felt the tradeoff was worth it. Finally, there were some elders with cognitive deficits (dementia, mental illness) that rendered their judgments questionable or made them attractive targets because of the perpetrator's belief that they would either not detect the exploitation or be able to halt or report it. Thus, this study found a variety of circumstances that might render an elderly individual "suitable" for financial exploitation. An issue that needs more exploration with regard to each of these circumstances is to what degree elders as a class are a more suitable target than any other age bracket and thus in need of special protection. This exploration is further complicated by the fact that elders as a class are not a monolithic group, for example, with an elder of 62 likely to present much differently from an elder of 92, and an elder of poor health or cognitive impairments likely to present much differently from an elder in good health with cognitive abilities largely intact.

Finally, the routine activities model posits that a crime results when the target is unguarded. Applying this tenet to elder abuse, it might be suggested that elders as a class are more "unguarded" (i.e., vulnerable), which explains why they are particularly likely to be exposed to financial exploitation. Such an assumption, of course, has the potential to wildly over generalize as many, perhaps most elders, are, if anything, more suspicious of and on guard against outsiders or others who may seek to take advantage of them. However, many elders are less able to affirmatively protect themselves (particularly when in poor or declining physical or mental health), and may well have a "blind eye" with regard to family members. Further, many of the elders financially exploited in our study were living alone, which often left them without assistance in guarding against the risk of financial exploitation. While adult offspring and other family members were common perpetrators of elder financial exploitation, other nonoffending family members can also help "guard" the elder and the elder's assets.

no children and they were less likely to have a history of child maltreatment. Recall that financially exploited elderly people were characterized as relatively (physically and financially) "independent." They tended to not have cognitive deficits or physical problems, tended to live alone in their own home, and generally did not have significant financial problems, although their income and assets varied from little to considerable.

With regard to the absence of a history of child maltreatment in elderly persons who have experienced PFE, child maltreatment has received considerable attention over the past four decades and much has been learned about the short and long term consequences of child maltreatment (Arias, 2004; Gilbert, Widom, Browne, Fergusson, & Janson, 2009; Kaplow & Widom, 2007; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Rossman & Rosenberg, 1998). One of the consequences of child maltreatment is that the abused individual, even as an adult, finds it difficult to trust other individuals (Lynch & Cicchetti, 1998). Conversely, individuals without a history of child maltreatment may be more likely to trust individuals, which in turn may leave them more vulnerable to the financial manipulation of perpetrators because a lack of inherent skepticism regarding these "pitches." Indeed, undue or unwarranted trust by the elder that was breached defined a small number of the instances of financial exploitation (see Interpersonal Dynamics section). Along these lines, Carstensen and Mikels (2005) use what they characterize as the "positivity effect" to explain elder's vulnerability to financial fraud. In essence, they assert that elderly people tend to process positive information ("He was so nice") and ignore negative information ("She was in a bad mood" or "Why does he call five times a day?"). Focusing more on positive

stimuli and paying less attention to negative stimuli may affect an older person's decision making (Samanez-Larkin et al., 2007) and contribute to their overestimating the perpetrator's trustworthiness.

The presence of children can act as either a risk factor or a buffer against financial exploitation. It may be that elderly people without children lack oversight by a trusted individual (Wilber & Reynolds, 1996). Financially exploited elderly people tended to be physically and financially sound, while living alone in their own home, when they were financially exploited. A review of the interpersonal dynamics associated with these cases suggested that many of these elderly people were not detached from the world around them. Indeed, they generally had friends and family and belonged to community organizations. What was perhaps different about this group, according to our analysis, is that these individuals did not have someone they could consult with who would help them to look out for their best (including financial) interests (Wilber & Reynolds, 1996). While they had people around them that they knew, these elderly people may not have known them well enough to have been comfortable asking them for assistance or to confide in them. Although they may have had friends and family available to provide instrumental support (e.g., to transport the elder to the doctor), the elder may not have been comfortable disclosing personal information to them, particularly when this disclosure may have reflected poorly on the elder's judgment.

Further, as elderly people begin to age, concerns about the future begin to dominate their thoughts. For example, elderly people living alone begin to think about

the time when they will need some assistance. But elderly people may be reluctant to discuss their fears about the future with others as it may suggest to others that they themselves question their ability to live independently, which in turn may cause others to question the elder's ability to remain in their home. The prospect of being removed from their home and placed in an institutional setting is an abhorrent thought for most elderly people. Indeed, at the heart of most of the PFE dynamics we identified was some sort of psychological fear of the future. Thus, although financially exploited elderly people had no physical or cognitive deficits, we hypothesize the presence of a psychological vulnerability.

In addition to the two variables identified in our study, the elder's cognitive status cannot be ignored. Thus, in addition to their lack of inherent skepticism (as well as a frequent lack of knowledge about financial transactions in general) and the absence of someone with whom they could consult, some elderly people may be experiencing a slight decline in cognitive ability that is not readily apparent either to others or to themselves (and if it is self-evident, they are likely to try and hide it because of their fear of losing their independence). Unfortunately, neither our interview data nor the data available in the VDSS database were designed or able to capture subtle forms of cognitive decline. Likewise, although not statistically significant, Sadler, Kurrle and Cameron (1995) found that financial abuse trended in the direction of financially exploited victims having dementia (p. 38).

Marson et al. (2000) have preliminarily found that the financial competence of elderly people declines faster than other forms of competence. As a result,

although an elder is and appears to be generally competent, their cognitive capacity for financial matters may have declined (which may not be obvious to casual onlookers or may be readily hidden by the elder). Okonkwo, Wadley, Griffith, Ball, and Marson (2006) in a more recent study found that decline in executive function was associated with poorer performance on a bill payment task. The authors suggest that the neurocognitive basis for this poor performance involves the inability to selectively attend, self-monitor, and temporarily integrate information (i.e., the executive function of the brain) (p. 1748). Thus, elderly people may be able to successfully live in their own home and function relatively well in that they can maintain their home and personal hygiene or other activities of daily living (ADLs), but be suffering a diminishment of their ability to make financial decisions. Research has demonstrated that ADLs decline at a slower rate than Instrumental Activities of Daily Living (IADLs) (e.g., housekeeping, laundry, food preparation). Thus, there may be few or no external cues to alert outsiders and raise concerns about the decline in financial decision-making capacity of the elder (Moye & Marson, 2007; Okonkwo, Wadley, Griffith, Ball, & Marson, 2006; Wadley, Harrell, & Marson, 2003). Neuropsychological evaluations, in contrast, have found that some elderly people have otherwise unobserved deficits in their executive functioning, which allows the elder to appear to outsiders to be functional, but which leaves their financial decision making capacity increasingly impaired. This subtle cognitive decline—in combination with a lack of someone to consult or monitor their activities, elderly peoples' fears about their future, and inherent lack of skepticism—may have made these elderly people vulnerable to financial exploitation.

Given this scenario, when a perpetrator approaches the elder, either intentionally or opportunistically, the elder may be open and receptive to engaging in conversation due to the fact that they do live alone and may enjoy the company of another. Once the perpetrator senses the elder's vulnerability, the perpetrator may perceive an "unguarded target" (as predicted by the RAT) and engage in further conversation. The positivity effect (Carstensen & Mikels, 2005) may explain why the elder perceives this perpetrator as "such a nice person" and therefore is less likely to be suspicious of the perpetrator. Perpetrator of financial exploitation were both family and nonfamily members (e.g., home care providers, scammers), they were generally physically and financially independent, and tended to be employed individuals who were married with families rather than hard core criminals. Perpetrators of financial exploitation are quite similar to other white collar criminals who tend to be relatively psychologically normal, although driven by greed (Coleman, 1987). Thus, to the elder a perpetrator appears perfectly trustworthy.

It must be noted that not all elderly people were "pure victims" (see Doerner & Lab, 2008; Wallace, 2007). There was some amount of complicity/complacency on the part of many of these elderly persons (see Jackman, 2002). The socioemotional selectivity theory (Fung, Carstensen, & Lutz, 1999) helps explain why some elderly persons may have been willing to deal with the perpetrator, notwithstanding that outsiders may have perceived the behavior of the perpetrator as questionable if not criminal, parting with their money in exchange for a perceived enhanced opportunity to remain in their own home. The socioemotional selectivity theory posits that when the

future is perceived as limited, people become more focused on emotional goals. This helps to explain why elderly persons are more interested in remaining in their home than retaining their assets.

Thus, financially exploited elderly people often lacked a necessary inherent skepticism of others, lacked someone they could consult with or who would monitor their activities, were possibly experiencing some relatively unapparent higher-level cognitive decline, and were worried about a possible future loss of independence, all of which combined to permit an opportunistic white-collar-crime perpetrator to take advantage of the situation and resulted in financial exploitation of the elderly.

Physical abuse.⁹⁹ In this section, we present a possible theoretical framework for physical abuse, particularly when it involves elder parents and their adult offspring. Recall that this type of abuse typically involves independent elderly people and dependent adult offspring. Our findings regarding physical abuse replicate those found in previous research (Pillemer, 1985; Pillemer, 2005). We generally found strong support for the dependency model. For example, research has shown that relatives,

⁹⁹ A theory historically and frequently used to explain physical abuse is the caregiver stress model (Steinmetz, 2005) in which the stress associated with the provision of care to dependent and needy elders results in physical abuse. Although we found some limited support for the caregiver stress model (one case fit this model), this theory has generally fallen out of favor (Anetzberger, 2000; Benson, 2008; Bergeron, 2001; Bonnie & Wallace, 2003; Brandl & Horan, 2002). It is our belief that APS is very effective in combating elder neglect. However, APS appears less equipped to effectively intervene in other forms of elder abuse. As Fisher, Zink, and Regan (2006) write: "For many who work with the elderly, Adult Protective Services does little to protect women who are being abused by a spouse or significant other, as is the case in IPV. In many cases, when violence against an older woman is identified, caregiver stress is often considered the primary cause. . . . Even in the case of abuse of an older woman by her husband it is often thought to be due to an overburdened or stressed caregiver. . . . This type of response is not appropriate in the case of an older woman who is being abused. This [response] still leaves her at the mercy of her abuser without support for her." (p. 111) (see also Bergeron, 2001). Likewise, Anderson and Mangels (2006) assert that APS interventions have been based on the premise that the elderly experience abuse because they are dependent on the abuser, with services geared towards elders who are functionally impaired, which may fail to adequately address the needs of other victims of elder abuse.

particularly mothers, tend to be the care providers for offspring with a mental illness and consequently become targets of violence (Cook, 1988; Estroff & Zimmer, 1994; Solomon, Cavanaugh, & Gelles, 2005). Although mental illness did not distinguish the four types of abuse studied here, many of the perpetrators of physical abuse had a mental illness diagnosis that contributed to their dependency.

Straus and Hotaling (1980), as well as Settersten and Trauten (2009), have argued that the same characteristics that make a family a warm and supportive context are the same characteristics that make it one of the most dangerous places in which to live. For example, privacy unites families while simultaneously making observations by outsiders more difficult. This idea of ambivalence, the presence of both positive and negative perceptions of a phenomenon, was first introduced by Luscher and Pillemer's (1998) to help explain elder maltreatment. However, unlike Luscher and Pillemer (1998) who focus on the elder's ambivalence towards her perpetrator, we argue that both elderly victims and their adult offspring experience ambivalence in their abusive relationship. For example, for both elderly victims and their adult offspring, there exists at the same time a desire for closeness and a desire for independence. Exchange theory suggests that relationships should be balanced in terms of costs (e.g., providing care or assistance to family members) and benefits (e.g., affinity, feelings of admiration, appreciation) to obtain the greatest satisfaction from them. This imbalance is posited to result in violence (see, e.g., Ansello, 1996). While this theory may be useful in explaining relationships which are entered into freely (e.g., intimate partner relationships), it may not be applicable to parent-child relationships in which choice is not the defining

characteristic of membership in this dyad. Thus, there may exist an imbalance in the relationship in which adult children are dependent upon their (fairly) independent parents (Aquilino, 1990¹⁰⁰). While exchange theory would suggest that such an imbalance would lead to great dissatisfaction with the relationship and ultimately a severing of the relationship, the stronger societal norm of parental obligation (Finch, 1989) prohibits elderly parents from simply severing this relationship when their adult offspring abuse them but are simultaneously dependent upon them. However, such an imbalance likely contributes to feelings of ambivalence on the part of the elder. Parents expend considerable energy socializing their children and when those efforts fail to result in an independent adult offspring,¹⁰¹ elderly parents likely feel a sense of failure (Cook, 1988; Sujitor, Pillemer, Keeton, & Robison, 1996; Wolf, 1988) and because they are perceived as outside the mainstream of society, these elderly persons may find formal and informal social supports lacking (Settersten & Trauten, 2009). However, because parents feel responsible for their adult offspring (as well as strong feelings of

¹⁰⁰ Aquilino (1990) found that when adult offspring live with their parent(s) they are not doing so to provide care for their parent(s). Rather, such a living arrangement is intended to meet the needs of the adult offspring. Korbin, Anetzberger, Thomasson and Austin (1991) also reported that elderly parents made substantial contributions to the welfare of their adult children rather than vice versa. Aquilino (1990) reported that 14% of (single) parents co-reside with an adult (unmarried) offspring. Pillemer and Sujitor (1988) reported that the majority of co-residing parents and their children live together harmoniously, but under certain specific circumstances co-residence produces family discord (e.g., when the adult offspring is younger and when they share different structural demographics such as marital status). Typically, disagreements between adult offspring and parents decrease with age, but this is at least partially accounted for by the fact that adult offspring and parents have less contact as they age (Akiyama, Antonucci, Takahashi, & Langfahl, 2003).

¹⁰¹ Aquilino and Supple (1991) found that adult children's unemployment was one of the best predictors of conflict with parents when the generations shared a home. Such continued assistance by parents is associated with increased psychological distress among the elderly (Hess & Waring, 1987). Problems experienced by children that results in their dependency on their parents reduces the quality of the parent-child relationship and may result in opportunities for physical violence.

love), they are unlikely to sever the relationship, even if an abusive relationship exists.¹⁰² In addition, removal of the perpetrator from the home may be a more frightening proposition for the elder as it may result in the elder being left alone or being relocated to another less desirable setting (Wolf, 1988). Many parents also perceive the alternatives for their adult offspring, such as placement in a group home within the community as unacceptable (Lefley, 1987). Consistent with the idea that elderly persons do not want to be separated from their adult offspring is our finding that victims of physical abuse staunchly refuse to accept APS assistance, which will typically focus on separating the elder from the adult offspring. Thus, although supporting and providing for the adult offspring may be challenging for these elderly people and even detrimental to their well-being (Cook, 1988; Fingerman, Pitner, Lefkowitz, Birditt, & Mroczek, 2008; Lefley, 1987), elderly parents tend to accept this responsibility, albeit with accompanying feelings of ambiguity.

For adult offspring with a mental illness, their illness often manifests itself during adolescence or young adulthood. These individuals may have never had an opportunity or the ability to develop the skills necessary for autonomous living (Lefley, 1987). Both parent and adult offspring struggle with issues of separation and individuation. There tend to be frequent attempts by the adult offspring at separation, but they tend to culminate in a reunification with their parent because they are unable to function independently for long periods of time. Thus, these relationships are characterized by

¹⁰² The compassionate parent is likely to be both a hero and a victim (Backlar, 1994).

prolonged and profound psychological intimacy between the parent and the adult offspring (Anetzberger, 1987; Wolf, 1988), with relationships that last for decades.¹⁰³

Adult offspring's dependence (regardless of the cause) facilitates feelings of ambivalence for them as well as they recognize they are violating social norms by remaining dependent on their parents into adulthood. This dependency contributes to feelings of powerlessness and consequently anger directed toward their care provider, most frequently their mother (Cook 1988). At the same time, these adult offspring feel love and gratitude towards their parent for not abandoning them and continuing to provide them with care and support. Thus, ambivalence theory adequately explains why elderly victims and their adult offspring remain together despite the violence that exists in their relationship. It does not, however, explain why the violence occurs.

Not all individuals with a severe mental illness are violent (Mulvey, 1994). However, psychiatric illness, in combination with other risk factors, such as early onset of psychiatric illness or the presence of substance abuse, does elevate the risk of violence (Swanson et al., 2002). In addition, co-residence increases the opportunity for disagreements and angry feelings with the possibility of ensuing violence (Pillemer & Suitor, Chapter 17: Violence and Violent Feelings; Shapiro, 2004; Straznickas, McNeil, & Binder, 1993). Furthermore, perpetrator's feelings of frustration resulting from

¹⁰³ Important work is beginning in the realm of parent abuse by offspring. Consistent with our findings, this body of work indicates that abuse of parents by their offspring in some cases begins in adolescence with many of the dynamics we have observed in our study present at this early stage in the parent-child relationship (Cottrell & Monk, 2004; Downey, 1997; Hunter, Nixon & Parr, 2010; Kennair & Mellor, 2007). The parent abuse literature has not followed these families through to the parent's old age, but this is an intriguing avenue of research.

powerless and dependency likely contribute to violent feelings toward their care providers (Pillemer, 1985; Wallace, 2007).

We propose using hostile attribution theory to help explain why violence is committed by adult children against their mothers. Estroff and Zimmer (1994) found that individuals with a mental illness who have attacked a family member perceived themselves as more friendly, and less hostile, although they perceived their victims as more “attacking.” Hostile attribution theory predicts that if an individual feels attacked, there is a greater chance of responding with violence (de Castro, Veerman, Koops, Bosch, & Monshouwer, 2002; Dodge, 2006; Epps & Kenall, 1995). Straznickas, McNeil, & Binder (1993) reported that the pretext for many violent interludes between the adult offspring and the parent included limit setting by the care provider and substance abuse use. This limit setting (e.g., prohibitions against smoking in the house), for example, or admonitions against substance use, may be perceived by the adult offspring as an “attack” and lead to violence against their parent.

Neglect by other. A distinguishing feature of neglect is the precondition that someone has (explicitly or implicitly) assumed responsibility for the elder’s care. Adult offspring, for example, have no inherent legal responsibility to care for their parents. Thus, in order for someone to be deemed neglectful, they had to have assumed responsibility for the care of the elder.¹⁰⁴

¹⁰⁴ Parents have a moral and legal obligation to care for their children there is no reciprocal legal obligation on the part of children to care for or provide for their parents (Plaisance, 2008). For the elderly, the role of caregiver is not automatically based on filial relationships as it is for children. Rather, a caregiver must explicitly (or implicitly) assume such responsibility (Plaisance, 2008). Some legal scholars have argued for the resurrection and/or adaptation of filial responsibility laws to aid elders (Ross, 2008; Wise, 2002). However, only 30 states have imposed a filial responsibility on adult children to provide

Recall that we found that neglect cases typically involved a (physically) dependent elder and a generally independent perpetrator. Our findings indicate support for a model in which the ostensible care providers were capable of providing care but failed to do so, often simply choosing not to provide it. In these cases, elderly persons and their “caregivers” often had a long and troubled relationship. As the elder aged and came to need assistance, they turned to their adult offspring. However, not surprisingly, the adult child may be disinclined to provide assistance to a parent who has been less than an ideal parent over the years. The adult offspring is not “getting back” at the parent, but rather is disinterested in helping the elder. However, social norms may prevent the adult offspring from completely turning his or her back on the elder, and therefore allows the elder entry into his or her home (whereby there is now an assumption of responsibility). However, because of the disaffection for the parent, this care provider may subsequently fail to provide adequate care to the elder.

The only study we could find that addressed elder neglect that considered the elder and the perpetrator as a dyad was a study by Fulmer et al. (2005). As they note, very little conceptual work exists to explain the neglect of the elderly. However, they too urge an examination of the dynamics that lead to the abuse (p. 525). They offer a

financial assistance for their indigent parents (Pakula, 2005) and no states impose a duty to care for parents by their children (Wise, 2002). This position is based on the Good Samaritan laws. The Restatement of Torts, Second, addresses this issue by stating: “One human being, seeing a fellow man in dire peril, is under no legal obligation to aid him, but may sit on the dock...and watch the other drown. Such decisions have been condemned by legal writers as revolting to any moral sense, but thus far they remain the law. It appears inevitable that, sooner or later, such extreme cases or morally outrageous and indefensible conduct will arise that there will be further inroads upon the older rule.” States’ position regarding elderly care by adult children seems to resonate with the elderly in our country. Very few elders believe their children should be responsible for them (Schorr, 1980), and Caucasians are the least likely ethnic group to provide care for their parents (AARP, 2000).

conceptual model that incorporates the risks (caregiver factors) and vulnerabilities (e.g., elder's need for assistance with bathing) that lead to neglect. Indeed, they found that factors related to both the caregiver and the elder predicted elder neglect. Without either piece, the picture of elder neglect would be incomplete. One interesting finding that replicates our own work was their finding that a history of childhood maltreatment (for both care providers and elderly victims) was related to the subsequent occurrence of neglect. The authors suggest that elderly victims may be more likely to tolerate poor care in later life (and may even see such behavior as normative) if neglect was a part of their childhood experience. In addition, care providers who experienced childhood neglect may have a lower standard of what constitutes adequate caregiving based on their own experience.

While the Fulmer et al. paper is important for orienting scholars to the necessity of considering both the elder and the perpetrator in understanding elder neglect, it too, failed to provide a conceptual framework to explain why adult offspring choose or fail to provide needed care to their ailing or dependent parent(s). To develop a conceptual framework for neglect, we borrow from attachment theory to help explain neglect. In our society, there is a mandatory requirement that parents provide "adequate" care for their children. Attachment scholars argue that when the child's needs are met, a secure attachment between parent and child is more likely to form (Cassidy & Berlin, 1994). Considerable research on attachment finds that these early experiences provide "internal working models" regarding relationships that have implications for subsequent (adult) relationships (Bowlby, 1969; Cassidy & Berlin, 1994). The adult attachment

literature demonstrates that adult children who were securely attached to their parents in childhood are more likely to have positive intimate relationships as adults (including less intimate partner violence). While little research has examined subsequent parent-adult offspring relationships, some research supports the assertion that securely attached children will continue to experience secure attachments to their parents in adulthood (Cicirelli, 1983). Attachment, along with the societal norm of filial obligations (Stein et al., 1998) (that reciprocity demands that adult offspring provide care for their elder parents in return for the care their parents provided them when they were children)¹⁰⁵, explains why most adult offspring provide care for their aging parents (Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002).

However, not all children are securely attached to their parents. Children who are rebuffed by their parents internalize feelings of rejection that inhibits the development of caring and affection for their parent. These early experiences form the working models that guide the development of relationships later in life (Shaver, 1997), including relationships with elder parents. When the parent ages and turns to their adult offspring for assistance, the adult offspring may reluctantly provide “household maintenance” assistance. For example, the adult offspring may allow the parent to reside in the home, but feel no obligation to provide care for the elder (e.g., Krause &

¹⁰⁵ Ingersoll-Dayton & Antonucci (1988) introduced the concept of deferred reciprocity, a support bank to describe a lifetime investment of giving and receiving support. Consistent with this notion, Beckman (1981) found that older women who received support from their children had higher well-being if they had supported their children in the past.

Haverkamp, 1996). The adult child essentially says, "You weren't there for me when I was a child, and I'm not going to be there for you now."

Attachment theory also predicts that these children will have failed to acquire the norm of obligation or even have learned how to care for someone else as they were inadequately cared for themselves. Thus, the quality of the care provided to the elder is depends upon several factors associated with the quality of the relationship between the elder and the adult offspring **prior** to the assumption of this role (Hughes, 1997; Suitor, Pillemer, Keeton, & Robison, 1996, p. 235). This theory explains why a proportion of adult offspring neglect their parents.

Hybrid financial exploitation (HFE). We reported earlier that financial exploitation cases involved a heterogeneous group of elderly persons and perpetrators. However, HFE cases are considerably more homogenous (e.g., all interviewed victims were Caucasian¹⁰⁶). In general, we found that HFE maltreatment involved a physically dependent elder and a financially dependent perpetrator (i.e., mutual dependence existed between the parties). This mutual dependence characterized the HFE, but not the cases in which physical abuse, neglect, or financial exploitation was not accompanied by another type of elder abuse. Thus, when more than one type of elder abuse concurrently, we believe a different model than those described above is required to explain the maltreatment.

¹⁰⁶ ASAPS data also indicated that hybrid financial exploitation victims tended to be Caucasian. This may fit with other research indicating that African Americans are less likely to be involved in exchanges of assistance (e.g., instrumental assistance such as a place to live) than Caucasians (Lye, 1996).

At the root of HFE are relatives of the elder who fail to conform to social norms such as employment and coupling. For a substantial number of these individuals failure to comport with social norms is related to a disability (e.g., mental illness or substance abuse that oftentimes emerged in adolescence) and the associated consequences of having a disability, such as difficulty in obtaining meaningful employment (Cook, 1988; Lefley, 1987). The perpetrator typically had never married, had children, or been employed, markers of successful socialization (Coleman, 1987). As a result, the perpetrator has generally been financially dependent upon his parent(s), a known risk factor for violence (Estroff, Zimmer, Lachicotte, & Benoit, 1994). Consequently, the perpetrator had usually resided with his mother/parents for most, if not all, of his life, with cohabitation another known risk factor for physical violence targeted at one's housemates (Bonnie & Wallace, 2003; Straznickas, McNeil, & Binder, 1993). Although a father was likely present at some point, routinely he has since died (Straznickas, McNeil, & Binder, 1993). Adult offspring with a mental illness are most likely to live with their mothers (Estroff & Zimmer, 1994). Further, mothers are more likely to have violence directed at them than fathers (Cook, 1988), in part because mothers are more likely to tolerate deviant behavior. Because of the bizarre and frightening behavior of the son, in combination with the mother's fierce protection of her offspring (Greenberg, McKibben, & Raymond, 1990), friends and family (including siblings who may believe the mother has chosen this son over them) cease visiting, further isolating the perpetrator and the victim. Finally, the perpetrator usually does not have an independent social support network. As a result of these factors, the perpetrator is in a long-term dependent and

isolated relationship with the elder. He recognizes the abnormality of this living arrangement and resents his dependence.

The elder, on the other hand, typically has willingly provided care for her offspring for decades (Cook, 1988; Lefley, 1987). She realizes he has not attained independence and feels responsible for this. In part because she is a better financial manager than her son, she generally has always controlled the family finances (at least since her husband died). Over the decades, she may have experienced physical abuse at the hands of her son, instilling in her a sense of fear. But although she may fear her son, her overriding concern is the provision of care for her loved one. She would rather experience abuse at the hands of her cohabitating son than wonder where he is, think of him living on the street, or see him incarcerated (Lefley, 1987). Twenty or thirty years ago the elder was able to provide care for (and perhaps control) her dependent child. Now she is beginning to age with her health declining, and she therefore needs greater and greater assistance (Brady, 2008). As her health declines, she in turn becomes more dependent upon her son. Indeed, she increasingly perceives her son as her care provider and a source of social support (Greenberg, 1995), in part because friends and other family have been alienated by the presence of her son (Solomon, Cavanaugh, & Gelles, 2005). As a result of this situation, the mother and son have become mutually dependent upon one another.

Although in all HFE cases there is financial exploitation of the elder of some kind, whether the relationship becomes physically abusive or neglectful depends on the history of the victim-perpetrator dyad. For some families, the relationship has been

marked by physical abuse for decades which continues into the present (Cottrell & Monk, 2004; Downey, 1997; Hunter, Nixon & Parr, 2010; Kennair & Mellor, 2007). For other families, while the family unit may have been dysfunctional throughout the years, now that the elder is in need of care that the son is either unwilling or unable to provide (or provides subpar care), neglect of the elder now emerges. Although the elder perceives her adult offspring as her care provider, the adult offspring has never provided care for his mother and is unwilling and unable to fill that role now (Greenberg, 1995). The elder realizes that her physical vulnerability is increasing. The elder is willing to tolerate inappropriate treatment (physical abuse, neglect, financial exploitation) because of a desire to protect the loved one and a fear that she will be institutionalized if something happens to her perpetrator, believing that her ability to remain in her home is dependent upon her son's ability to remain in the home. Perhaps even more important, however, is her concern about what will happen to her son when she is gone (Tessler & Killian, 1987). The alternative housing arrangements available to such individuals (e.g., group homes, incarceration) are unacceptable in her mind (Lefley, 1987).

Regardless of the living arrangements (i.e., whether the perpetrator is living with the elder or the elder is living with the perpetrator), there is also a parasitic financial relationship in that the perpetrators tend to be financially dependent upon the elder. When the perpetrator lives with the elder, the perpetrator typically is unemployable and relies on the elder for subsistence, which the elder willingly provides. However, when the perpetrator is in need of cash, he may have to request money from his

mother. If she refuses, he may steal the money, threaten his parent, or use physical violence to obtain the money. White-collar crimes that often times are devoid of violence, such as financial exploitation, have economic gain as the ultimate goal. Violence is unlikely to be involved, but when it is, it is simply a byproduct of the offense rather than the goal (Coleman, 1987). Thus, violence was simply a means of obtaining a financial goal. It may also be that behaviors that remind the son of his dependence upon his mother, such as having to ask for money and then being denied,¹⁰⁷ fuel his anger and he responds with violence. As the mother and son are isolated, there is no one for the mother to turn to for assistance or to help defend her (Wilber & Reynolds, 1996). Because of their long history together, the perpetrators are confident the elder will neither report them to the authorities or, because of their frailty, halt the exploitation, thus making the elder a ready target for this exploitation.

In contrast, when the elder is living with the perpetrator (as in some hybrid financial exploitation co-occurring with neglect), there is still financial dependence in that the perpetrator typically is taking the elder's social security check and, in part at least, living off of it, rather than using the money to provide adequate care for the elder (Aquilino, 1990¹⁰⁸). What is distinct about cases in which the elder is living with the perpetrator is that generally the elder does not control the family finances, increasing their dependence on their adult offspring. As with the pure neglect cases, these were

¹⁰⁷ Employment, with the income earned by the individual, has been established to be the single most important source of social status and economic reward (Coleman, 1987 p. 420).

¹⁰⁸ Aquilino's research confirms that adult offspring who live with their parents are not living with their parents to provide care for them but, rather, the parents are providing care to their offspring. However, when a parent(s) moves in with a child, it is because the parent is likely vulnerable (e.g., because of low income or because they are uneducated or unmarried).

adult offspring who did not want to provide care for the elderly persons. Like the previous set of cases where the adult offspring with the elder, however, the elderly victims perceived this arrangement as preferable to the alternative of living in an institutional setting, only in this set of cases the institutional care that they were trying to avoid was their own.

Regardless of the living situation, the bottom line for all of the HFE cases is the same: the perpetrator is motivated to obtain assets, usually money, from the elder for their own benefit regardless of the needs of the elder. Importantly, many elderly people are willing to accept subpar treatment from their adult offspring because they think it will enable them to remain in the community. Indeed, as noted, socioemotional selectivity theory posits that maintaining assets may become less important to elderly people in their declining years as they come to place greater weight on staying in the community (Fung, Carstensen, & Lutz, 1999). Because of their strong desire to avoid institutional placement, this makes elderly people ready targets for financial exploitation as they come to view their adult offspring as their only source of social support. A perpetrator who is in need of money or because of greed will use the elder's fear of nursing homes and other institutional settings as a lever to financially exploit the elder. Many elderly persons may expect a greater quid pro quo than this from this arrangement (e.g., believing they will also receive in-home assistance from their offspring), but this is an idea that is unlikely to be shared by the perpetrator (Greenberg, 1995).

It is in the context of this long-term relationship that we find physical abuse, neglect, and financial exploitation occurring in the elder's time of greatest need. As Greenberg, McKibben, and Raymond (1990) reported two decades ago, there is a fierce parental protectiveness that overshadows all other interactions. The result, however, is a web of interdependency and isolation that places the elder at risk. Pillemer (1985) found that mutual dependence was the dynamic that characterized these relationships in his seminal study on elder abuse two decades ago. The elder has likely been mistreated for decades, but now that her health is declining the consequences are becoming more serious for her. By the time APS is involved, the situation has deteriorated to a dangerous level. Wear and tear to the elder, either because of physical abuse, neglect, or poverty, is taking its toll on the elder's health, well-being, and cognitive state (Estroff & Zimmer, 1994; Settersten & Trauten, 2009). At this point, she is likely to be separated from her abuser and placed in a nursing home—ironically, the event she most wanted to avoid—and appointed a guardian.

Conclusions Regarding Theory Development

It was long ago learned in the field of child maltreatment that different forms of maltreatment require different theoretical models to explain these diverse phenomenon (Chaffin, 2006; Donnelly, 1997; Leventhal, 2003; Runyan et al., 2006). Scholars have identified three broad categories of family violence (child maltreatment, intimate partner violence, elder abuse) and have begun to tease out the differences among them and to develop different conceptual models to understand and explain each of them (Tolan, Gorman-Smith, & Henry, 2006). We argue that a similar

demarcation and development is required to adequately understand and respond to elder maltreatment. Few other scholars have systematically examined differences among the various types of elder abuse (but see Reay & Browne, 2001). We found, however, from this study that the dynamics, demographics, and risk factors differed by the type of elder abuse involved. Very different pictures emerged depending on the type of maltreatment under investigation and thus require individualized theoretical development. The basis for these theories relies on making direct comparisons among the types of elder maltreatment. Further, elder abuse cannot be explained by focusing only on the perpetrator's characteristics or only on the elder's characteristics. These cases involve "complex interpersonal relationship patterns" that need to be parsed out (Sadler, Kurrle, & Cameron, 1995).

It is our belief that the theoretical focus of this field of research needs to change away from a relatively fragmented approach that attempts primarily to identify the various relatively unrelated characteristics of a given elderly person and the elderly person's setting, and the characteristics of a prospective perpetrator that place the elder at risk of abuse, and move towards a more dynamic approach that focuses on the interactions of elderly persons and the perpetrators in these cases as a better means to understand and prevent elder abuse. To do so will require a paradigm shift that involves the field divorcing itself from the adult protective services model that is based on a vulnerable adult in need of services model (VCPEA, 2008).¹⁰⁹ We do believe that

¹⁰⁹ Sacco (1993) goes so far as to cogently argue that the traditional concept of elder abuse is scientifically unhelpful in that there are other rubrics under which all forms of elder abuse fit. For example, the abuse

APS is inappropriately focused on the thematic model of caregiver stress, which has been inappropriately borrowed from the field of child maltreatment (e.g., the stress model; Steinmetz, 1995). Although understandable at the time given the historical context in which APS was developed (Quinn & Zielke, 2005), this widely embraced thematic approach has limited the development of better explanatory models. Although this is not the only field to experience this stifling affect that results from reliance on practitioners (Jackman, 2002). When scholars rely on the perceptions of practitioners in the field (either out of fear of offending practitioners or because the funding base requires the deferral to practitioners or their needs), scholars are less free to generate alternative hypotheses that might explain a given phenomenon. Thus, the commingling of research and practice has hampered the development of theoretical models to explain elder maltreatment.

Take Away Points

- Theories to date are unable to explain types of elder maltreatment, in part because they use elder abuse in a monolithic manner
- Individual theories are required to explain each type of elder maltreatment
- Theory must account for both the elderly person and the perpetrator

of elders by children can be framed under the existing parental abuse research (see, e.g., Kennair & Mellor, 2007, for a review).

Results Section 9 of 13:

Consequences

This section examines the consequences that result from the abuse of elderly people. All participants were asked “Were there any *additional* losses associated with the physical abuse/financial exploitation/neglect/hybrid?” Caseworkers reported that 73% of the elderly victims experienced adverse consequences, while only 66% of the elderly persons themselves reported experiencing consequences. There are a number of possible explanations for this discrepancy: (1) elderly persons may have downplayed the abuse they experienced to protect or shield the perpetrators of this abuse, particularly when the perpetrators were dependent adult offspring or other family members, to keep the perpetrators from getting into trouble; (2) elderly persons may have downplayed the abuse they experienced to minimize their vulnerability, which might serve as a basis for removing them from their home or taking away their decision-making authority (e.g., by appointing a guardian); or (3) the APS caseworkers may have overstated the harm to justify their interventions. These variables were not significant associated with type of abuse, however. As shown in Table 27, the identified consequences were assigned to one of 10 consequence variables—a resulting visit to a health care professional or adverse financial, health, psychological, emotional, social, family, autonomy, geographic, or housing consequences.

Table 26. Financial Consequences Associated with Elder Maltreatment by Type of Maltreatment

Response Category	Type of Maltreatment (Frequency)			
	Financial Exploitation	Physical Abuse	Neglect	Hybrid
Financial Consequences	33	0	1	14
No Financial Consequences	4	8	8	2
Total	37	8	9	16

Of the elderly persons experiencing either PFE or HFE, 88.7% experienced adverse financial consequences such as loss of money (on average \$87,967), with 84% of these elderly people experiencing no restitution. See Table 26. Not surprisingly, no physical abuse victims and only one victim of neglect (1%) experienced adverse financial consequences.

As shown in Table 27, 17% of elderly persons, as a result of their maltreatment, were seen by either a physician or at a hospital, 34% experienced health consequences (including bruises, dehydration, overmedication),¹¹⁰ 41% experienced psychological consequences (e.g., a loss of trust in others, depression), 36% experienced emotional consequences (e.g., they were more likely to be worried, to be fearful), 7% experienced social consequences (e.g., loss of an important social relationship), 39% experienced family consequences (e.g., loss of a relationship with a family member), 6% experienced autonomy consequences (e.g., a guardian was appointed to make decisions for the elder), 4% experienced geographic consequences (e.g., the elder had to move to

¹¹⁰ This category encompasses many of the same cases classified under “visit to health care professional,” but it also includes cases where the elder experienced physical injuries or other adverse health consequences that did not lead to a visit to a health care professional.

another state), and 20% experienced housing consequences (e.g., the elder's house was placed in foreclosure or lost due to foreclosure). Collapsing across these categories, 73% of the abused elderly persons experienced adverse consequences beyond the abuse itself (e.g., in addition to financial loss, physical assault, or the experience of neglect).

Table 27. Percentage of Elderly Persons Experiencing Types of

Consequences

Consequence ¹¹¹	Percentage
Visit to health care professional	17%
Health	34%
Psychological	41%
Emotional	36%
Social	7%
Family	39%
Autonomy	6%
Geographic	4%
Housing	20%

When consequences were examined by type of maltreatment, significant associations were detected for four categories of consequences. Visit to a health care

¹¹¹ 93% of PFE or HFE experienced a financial consequence. However, because there were only two categories of financial exploitation, this variable was not measured across all four types of abuse.

professional was significantly associated with type of maltreatment ($\chi^2(3) = 18.28$, $p < .01$) with, not surprisingly, over 3 times as many physically abused victims as expected visiting a physician or hospital, and financially exploited elderly people 6 times less likely than expected to visit the doctor or the hospital.

The occurrence of adverse health consequences was also significantly associated with type of maltreatment ($\chi^2(3) = 11.75$, $p < .01$). Physical abuse victims were twice as likely as expected by chance to have an adverse health consequence and neglected and HFE elderly victims were almost twice as likely to have an adverse health consequence, and conversely, PFE elderly victims were less than half as likely as expected to have a health consequence.

Not surprisingly, we also found that adverse financial consequences was associated with type of abuse ($\chi^2(3) = 41.20$, $p < .01$). Pure financially exploited victims (89.2%) and HFE victims (87.5%) were each 2.5 times less likely than expected to not suffer adverse financial consequences, whereas physical abuse (0%) and neglect (11.1%) were nearly 3 times more likely than expected to not suffer adverse financial consequences (see Table 27).

Finally, there was a “trend” for family consequences to be associated with type of abuse (e.g., other family members stopped visiting the elder) ($\chi^2(3) = 6.54$, $p < .09$), with HFE victims half again as likely as expected to have family consequences as a result of their maltreatment.¹¹²

¹¹² Despite being only a trend, this result was included because it highlights an important point about elder abuse. A family violence model tends to view perpetrators as purposefully isolating their victim, including isolating them from family members. While elders who experienced hybrid abuse could

Summary. The adverse consequences experienced by elderly people as a result of their abuse did vary by type of abuse, albeit in perhaps expected ways. Financial exploitation was related to financial losses, physical abuse was related to visits to the doctor or hospital, neglect was related to adverse health outcomes, and HFE cases were related to financial losses, adverse health outcomes, and loss of relationships with family members. The data pertaining to the HFE cases reflects the multiple types of co-occurring abuse the elder has experienced. The other forms of adverse consequences occurred relatively evenly across the types of abuse.

Take Away Points

- 73% of elderly victims experienced adverse consequences
- Physically abused elderly people were more likely to visit a health care provider as a result of their maltreatment
- HFE elderly people were more likely to have a health consequence, a financial loss, and the loss of a family relationship.

certainly be characterized as isolated, our interviews indicated that this isolation was less a purposeful action by the perpetrator, but rather more a combination of the perpetrator's frightening or bizarre behavior and the elder's fierce defending of the live-in dependent offspring (almost always a son) and the elder's choice to stay with him, which kept or drove other family and friends away.

Results Section 10 of 13:

APS Investigation and Response

Reports of Elder Abuse

Sources of elder abuse reports. As shown in Figure 32 and Table 28, 39% of the elder abuse reports were from mandatory reporters (i.e., members of various groups that are mandated by Virginia law to submit a report if they “suspect” elder abuse¹¹³) and 61% were from “non-mandatory” (i.e., not mandated by law) reporters. These results are roughly comparable to those generated by a national survey that found that 52% of elder abuse reports come from mandated reporters (NEAIS, 1998). Much of the difference in the two studies may be explained by the somewhat greater percentage of elder (non-mandated) self-reports of abuse in our survey (19.7% vs. 8.8%).¹¹⁴

As shown in Figure 33, the percentage of mandatory versus non-mandatory reporters was not significantly associated with type of abuse (mandatory reporters provided 37% of the reports of PFE, 50% of the reports of physical abuse, 44% of the reports of neglect, and 38% of the HFE reports).¹¹⁵ Although not assessed in this study, the absence of a difference in mandatory vs. non-mandatory reporting across the types of abuse may be explained by the fact that different mandated reporters may come into

¹¹³ VA. CODE § 63.2-1606.

¹¹⁴ This difference is likely a result of the methodology employed for this study. Because we were interested in hearing directly the accounts of abused elders, we requested cases where the elders were able to grant us permission to interview them. Elders who had self-reported abuse were no doubt also more likely to agree to an interview regarding that abuse. Thus, the greater prevalence in our study of reports of abuse from elders.

¹¹⁵ The absence of statistically significant differences was somewhat surprising in that it might be expected that mandatory reporters, such as health care providers and police officers, would be more likely to detect and report more visible forms of elder abuse such as physical abuse and neglect, and less likely to report less obvious forms such as financial exploitation. Although the findings trended in this direction, the differences were not statistically significant.

play depending on the type of abuse involved, which may have cancelled out any differences in the percentages of mandated reporters across the types of abuse. For example, while a health care provider can be expected to file reports pertaining to physical abuse or neglect, banking officials are more likely to file reports pertaining to financial exploitation.

In addition, the percentage of mandatory versus non-mandatory reporters was not significantly related to the nature of the relationship between the elder and the perpetrator. Mandatory reporters filed reports for 42% of the cases where the perpetrator was a relative and for 39% of the cases where the perpetrator was a non-relative). However, in light of the fact that in 70% of the cases in this study a relative was the perpetrator, this does suggest that mandatory reporters are less likely to report cases where a relative was the perpetrator.

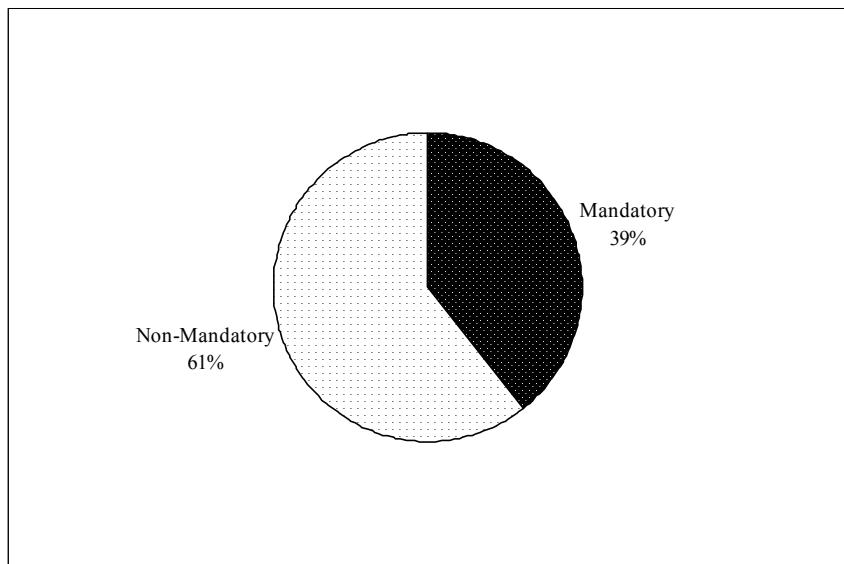


Figure 32. Mandatory vs. non-mandatory reporting.

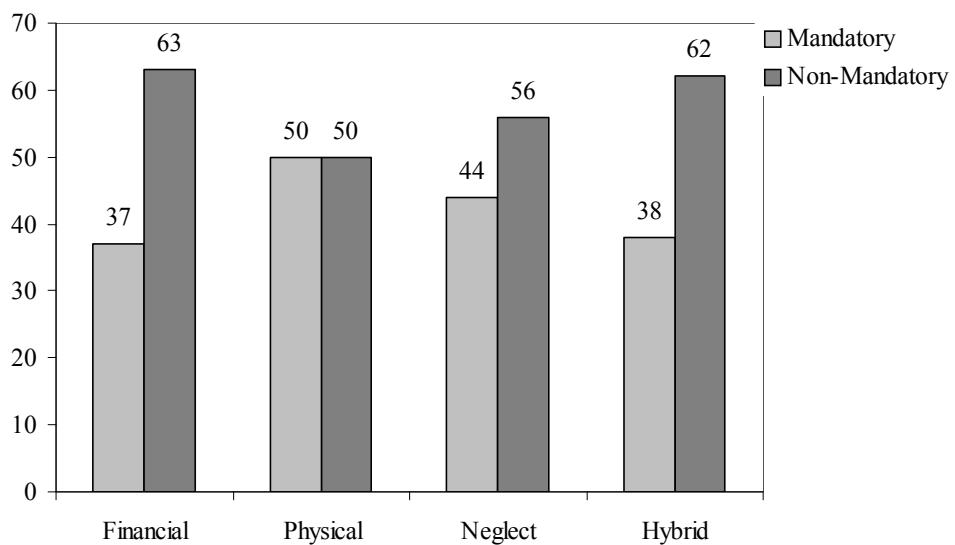


Figure 33. Mandatory reporting by type of maltreatment.

Table 28. Type of Reporter

	Reporter	Frequency (percentage)	NEAIS Results (1998)
Mandatory	APS	3 (4.2%)	
	Medical	6 (8.5%)	25.8%
	Police	8 (11.3%)	11.3%
	Professional Caretaker	2 (2.8%)	9.6% (in-home service provider)
	Other agency/professional	9 (12.7%)	5.2% (out-of-home service provider)
	Total Mandatory	28 (39.4%)	51.9%
Non-mandatory	Elder	14 (19.7%)	8.8%
	Family	18 (25.4%)	20.0%
	Neighbor/ Friend	9 (12.7%)	9.1%
	Financial Institutions	2 (2.8%)	0.4%
	Other	0	15.1%
	Total Non-mandatory	43 (60.6%)	53.4%
Total		71 (100%)	

The APS Investigation

Contact with perpetrator during investigation. Sixty-one percent of APS caseworkers had or attempted to have contact with the perpetrator during the investigation. This variable was associated with type of maltreatment, with APS caseworkers more likely than expected to contact (or attempt to contact) HFE perpetrators (92%) compared to PFE (49%), physical abuse (50%), and neglect (75%) ($\chi^2(3) = 8.76$, $p < .05$). See Figure 34.

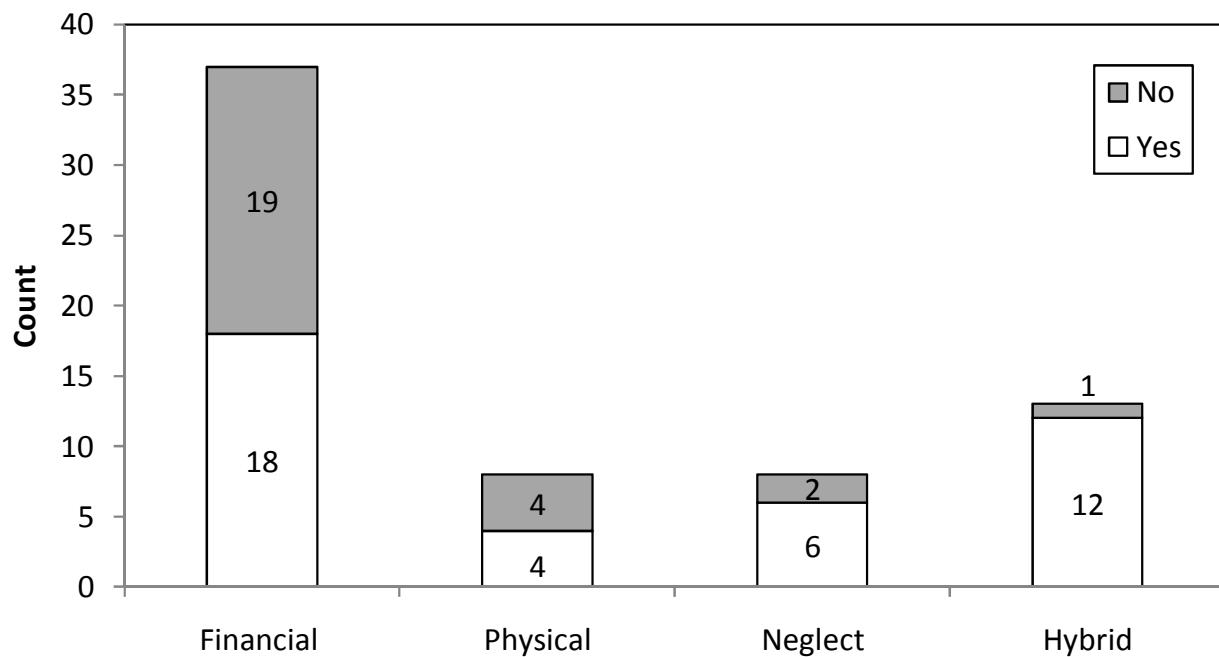


Figure 34. APS contact with the perpetrator by type of maltreatment.

Law enforcement involvement. Although this is discussed in greater detail in a subsequent section, law enforcement involvement is an important part of the APS investigation in some cases. For example, law enforcement officials may have received

or even filed the initial report of abuse (as noted above in Table 28, police filed the initial report to APS in 11% of the cases that were a part of our study), or have been called to resolve a domestic abuse. However, in almost half of the APS investigations (47%), there was no law enforcement involvement. Because the APS charge is to protect the safety and well-being of the elder, and not to conduct a criminal investigation, referral of confirmed cases of elder abuse to the criminal justice system is not required nor, as demonstrated, even routine. However, law enforcement was twice as likely as expected to be involved in an elder abuse investigation when the abuse involved physical abuse ($\chi^2(3) = 10.59$, $p < .05$) , probably because physical harm was more likely to have occurred (as noted above, physical abuse victims were twice as likely as expected by chance to have an adverse health consequence and over 3 times as likely as expected by chance to visit a physician or a hospital as a result of this abuse).

Elder cooperation. APS caseworkers were asked whether the elder in the investigation cooperated with the investigation. In 94% of the cases the caseworker perceived the elder as cooperative. Similar findings were obtained when the elderly participants were asked for their perception, as 96% of elderly people felt they were cooperative with the APS investigation. Thus, even though as indicated earlier many of the elderly people had reasons to fear the outcome of the APS investigation (e.g., that it would result in their removal from their home or lead to adverse consequences for their dependent adult offspring), any such fears seemed not to impede the elder's cooperation with the investigation. It can be speculated that the elder's cooperation will be enhanced to the extent the assigned APS caseworker approaches the elder in a

respectful manner that addresses the elder's fears, delineates and educates the elder regarding a range of possible options, and indicates that the elder's preferences regarding the course of action will generally be respected.¹¹⁶

Difficulty of the case. APS caseworkers were asked whether the case was easy or difficult for them, and why. See Figure 35. Forty-five percent of the caseworkers reported that the case they had handled was easy for them. Explanations for the case being described as easy were coded using a content analysis approach, with four categories of explanations derived. In 15 of the "easy" cases the evidence was viewed as readily available and all the pieces fell into place; in 8 cases it was really too late for APS to do anything thus making, sadly, the case easy to resolve from the caseworker's perspective; in 3 cases the family stepped in and provided a tenable solution to the problem; and, finally, in 6 cases the police took over the case, thus relieving the APS caseworker of his or her obligation.

In contrast, 55% of the cases were perceived by caseworkers as difficult. The most common explanation for describing a case as difficult involved troubling family dynamics (N = 17). Another 12 cases were perceived as difficult due to their complexity (e.g., a number of things were going on at the same time; expertise in other fields, such as real estate law, was required). Six cases were seen as difficult because it was emotionally draining on the caseworker (e.g., there was nothing APS could do as the elder was competent to decide to refuse services). Finally, there were 4 cases that were

¹¹⁶ It appears that APS caseworkers are specifically trained to implement a non-confrontational, minimally intrusive approach that leaves the course of intervention (including no intervention at all) largely in the hands of the elder.

difficult due to logistics (coordinating services, making multiple visits to the home), timing (a sense of urgency in providing services to the elder before the situation became dire), and/or great expense (APS has a very limited budget and one case that involves great expense e.g., paying utility bills, can upset the balanced distribution of goods and services to elderly clients).

The difficulty of the case was not significantly associated with the type of abuse involved. However, 75.0% of the HFE cases and 66.7% of the neglect cases were described as difficult, while only 47.4% of the PFE cases and 37.5% of the physical abuse cases were described as difficult. It can be speculated that the HFE cases were more likely to be seen as difficult because they often involve troubling family dynamics and tend to be relatively complex (in turn, in part, because they involved more than one type of abuse and because they involved relatively deep-seeded, long-standing dysfunctional families).

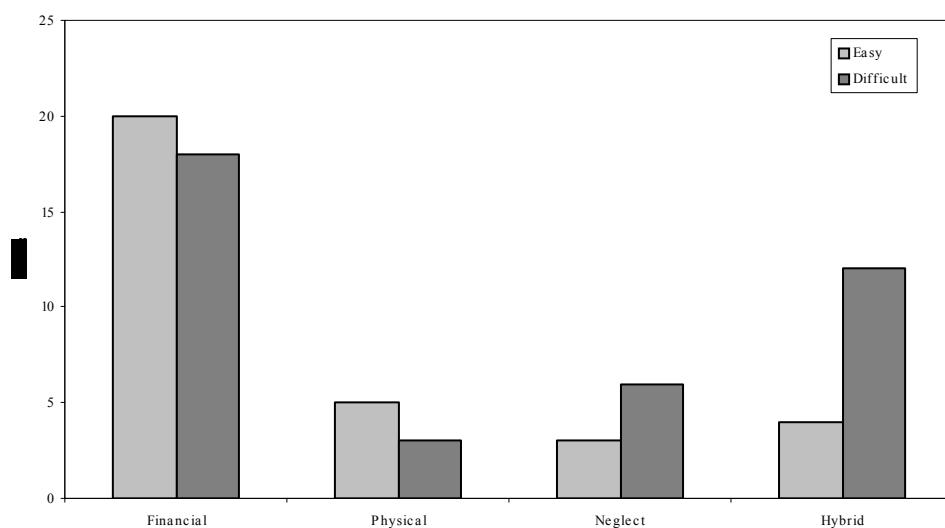


Figure 35. Difficulty by type of maltreatment.

Anything APS would have liked to have done differently. Only 27% of the interviewed caseworkers said they would have liked to have done something differently in their assigned case. This may have reflected a need for closure on their part as they moved on to the next case in their busy caseload, or a tendency to either be resigned to poor outcomes or to feel that they generally successfully resolve these matters (see in Outcomes section, Overall Perceptions of the Case), or a perception that they had few alternative options available to them (particularly if the elder was deemed competent and was refusing their assistance).¹¹⁷ Most typically when they did wish they had done something differently, they wished for more time to devote to the case, a wish that may have been defeated either because a competent elder refused the caseworker's offer of services, because the caseworker had other cases to which they needed to attend, or because as a matter of policy they were only permitted to spend a given amount of time on the case. A desire to have done something differently was not associated with type of abuse.

APS follow up. As shown in Figure 36, in 87% of the cases, the APS caseworker followed up on the case after a disposition was entered. This could include just calling to check on how the elder was doing, but nonetheless the caseworker had been in contact with the elder since a disposition was made in the case. However, there was a significant association between type of abuse and whether this occurred ($\chi^2(3) = 8.74$, p

¹¹⁷ While caseworkers were not specifically asked whether they had sufficient resources to meet the demand posed by elders' needs, APS caseworkers were asked whether they were struggling with any issues in their respective agencies. The three most common problems were insufficient prosecution, insufficient funding for guardianship programs or individuals to serve as guardians, and insufficient funding for companion services/home health aids and the availability of qualified and trusted individuals to serve those roles.

< .05). Examination of the chi-square table revealed that APS caseworkers were twice as likely as expected by chance to not follow up on PFE cases (follow-up occurred in only 72% of PFE cases, but in 100% of all neglect, physical abuse, and HFE cases). Information was not obtained as to why follow-up did not occur, but it may have been that follow-up was more likely when the elder's physical health or safety was directly threatened (which was less likely to be the case when PFE was involved), that PFE cases for other reasons were seen as less serious (e.g., because the amount exploited was a relatively small sum), that PFE cases were seen as someone else's responsibility or outside the expertise of the APS caseworker (e.g., the responsibility of the bank that reported it), or that the matter was seen as completely resolved at the close of the case (e.g., that the targeted asset was gone or the perpetrator could no longer obtain access to the elder). This finding causes some concern as the deleterious impact and the risk of recurrence of financial abuse on elderly persons may be underappreciated (including the possibility that PFE may be a precursor to other types of elder abuse).

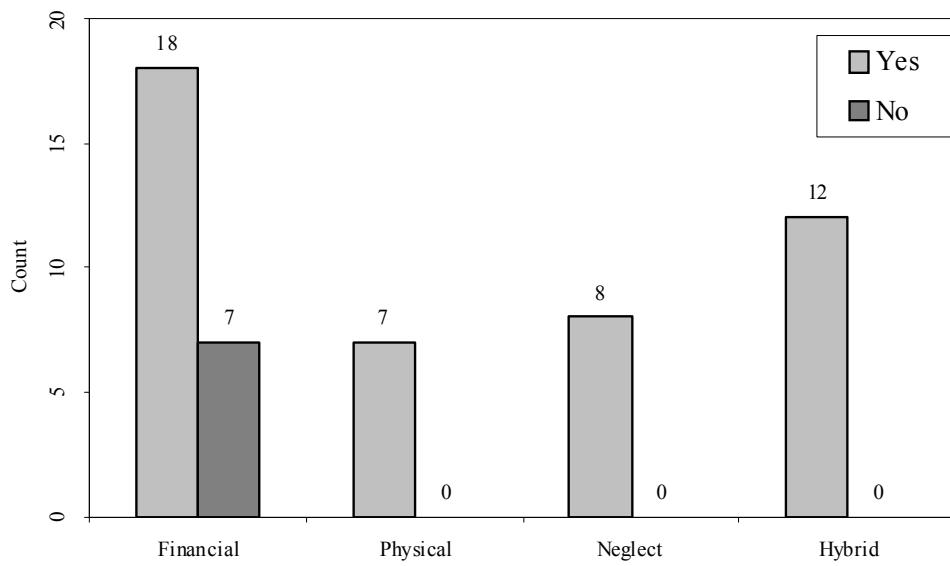


Figure 36. APS follow-up by type of maltreatment.

Incoming Allegation vs. Finding – Differences and Similarities. The incoming allegation of abuse did not always comport with the ultimate finding in the case. Indeed, in 21% ($N = 15$) of the cases the finding in the case was different than the incoming allegation. Five cases (7%) changed from an allegation of abuse involving something other than financial exploitation to a finding of financial exploitation (i.e., PFE). Six other cases (8%) where financial exploitation had not been included in the initial report, ultimately also reached a finding of financial exploitation, albeit in conjunction with some other type of abuse (i.e., a HFE case). There was one case (1.4%) that initially alleged financial exploitation, but the ultimate finding was self-neglect. Finally, there were three cases (4%) where financial exploitation was the initial allegation, but the ultimate finding was that financial exploitation plus either physical abuse or neglect had occurred) (i.e., HFE abuse). Thus, there were 11 cases (15.5%)

where financial exploitation had not been initially alleged but was ultimately discovered, and four cases (6%) where financial allegation was the focus of the initial report, but other forms of elder abuse were found to be present (generally in conjunction with financial exploitation). Clearly, investigating APS caseworkers need to be alert for the possible presence of financial exploitation even when it has not been initially reported, and its inclusion in the initial report should not blind them to the possible presence of other forms of abuse.

Disposition. As can be seen in Table 29, in 75% of cases the disposition¹¹⁸ was that the elder was in need of services and the elder accepted an offer of services from the APS caseworker. However, in 11% of cases, the elder was deemed to be in need of such services but the elder declined them (i.e., in 13% of the cases where an elder had been determined to be in immediate need of services, the elder declined the offer of services). In 13% of cases, a need for services no longer existed by the time APS was notified of the incident.

Table 29. Disposition

Disposition Options	Frequency
Person in need of services and accepts	53 (75%)
Person in need of services and declines	8 (11%)
Need no longer exists	9 (13%)
Other	1 (1%)
Total	71

Disposition (i.e., whether the elder accepted offered services) was not significantly associated with type of maltreatment, however, this might have been

¹¹⁸ It should be recalled that this study only addressed cases where a report of elder abuse had been confirmed.

attributed to the relatively small number of cases involved here when broken down by type of abuse.

ASAPS data: Assessment of the situation, disposition and reasons for closing the case. To complement the interview data, ASAPS data were used to probe the APS caseworker's assessment of the situation, the disposition, and reasons for closing the case.

Regarding assessing the elder's situation, there were four available variables of interest (using race and gender as covariates in the analyses): whether the abuse was deemed to be severe, whether the elder was found to be in imminent danger, whether an immediate response was required, and whether the abuse affected the elder (see Table 30). Examining the severity of the abuse, a three-way interaction was found ($F(3) = 2.76, p < .05$). Post-hoc analyses revealed that African-American female victims of physical abuse were the most likely to be assessed as experiencing severe abuse;¹¹⁹ while African-American male HFE victims were the most likely to be assessed as experiencing severe abuse.

When imminent danger to the elder was examined, a significant race by gender interaction was found ($F(1) = 6.25, p < .05$), with African-American males the least likely to be assessed as being in imminent danger.

When examining whether an immediate response was warranted and whether the abuse had an appreciable impact on the elder, there were no significant differences by type of abuse.

¹¹⁹ This is consistent with the National Crime Victimization Survey reporting that African-American women had the highest rates of non-lethal intimate partner violence (Rennison & Rand, 2003).

The caseworker's disposition in these ASAPS cases was then assessed (see Table 30). There was a significant main effect for type of maltreatment ($F(3) = 20.89$, $p < .01$). Post-hoc analyses revealed that physically abused victims were the most likely to refuse assistance.

Finally, again using the ASAPS data, the reasons for a case being closed were examined. Four possible reasons were listed in the data base: case closed – services completed; case closed – need no longer exists; case closed – client refuses services; and case closed – all other reasons (see Table 30). A significant main effect of type of maltreatment was found ($X^2(9) = 78.45$, $p < .01$). Post-hoc analyses revealed that neglect victims were half as likely as expected by chance to have their case closed because the client refused services (i.e., they are unlikely to refuse services), whereas physical abuse victims were more than twice as likely as expected to have their case closed because the client refused services. In other words, physical abuse victims, who may be caught up in a complete interpersonal dynamic, were the least likely to accept services.¹²⁰

¹²⁰ Vinton (1991a) examined factors associated with maltreated elderly people refusing services and found that sex of perpetrators (males) was significantly associated with refusal of services. She went on to explain that sons may be viewed as the caregivers of last resort (p. 99). "When sons were the primary caregivers of sample elderly, it is likely that first and second choices [i.e., spouses, daughters] were unavailable. If sons threaten to stop giving care if the elder allows intervention, then the victim may feel compelled to refuse services. Even though the elder has been maltreated by the caregiver, the loss of informal support may be more threatening since it is often equated with the risk of nursing home placement. Institutionalization could possibly be seen as a worse fate than maltreatment by elder abuse and neglect victims" (p. 99-100) (Wright, 2010). While this scenario more closely fits our Hybrid Financially Exploited (HFE) elderly people, we speculate that because HFE victims are more likely to receive a guardian, their ability to refuse services has been removed.

Table 30. ASAPS APS Assessment of the Situation, Dispositions, and Reasons for Closing the Case

		M(SD)	
APS Assessment of the Situation	Imminent Danger	M = 0.536 (.50)	
	Severity of Abuse	M = 0.201 (.40)	
	Immediate Attention Required	M = 0.336 (.47)	
	Elder Effected by Abuse	M = 0.321 (.47)	
		N	Percent
Disposition	Need for protective services no longer exists	749	32.7%
	Need for protective services--Accepted	1187	51.8%
	Need for protective services--Refused	357	15.6%
Case Closed	Closed--client refusal	188	8.8%
	Services completed	931	43.5%
	Closed--no need for services	306	14.2%
	All else	717	33.5%

Services offered. Returning to the interview data, as shown in Table 31, whether services, referrals, or advice were offered to elderly clients by APS caseworkers and what was offered was assessed. In 86% of the cases, services were offered to the elder. When offered, 75% of the elderly victims accepted the offer. Services and products to keep the elder in his or her home was offered in the greatest percentage of cases (39%), followed by referral or assistance with financial management (32%), a discussion of advice, suggestions, and options (32%), criminal justice assistance (28%), and relocation/housing (25%). Those services most likely to be accepted when offered were referral for health or medical services (100%; although it was only offered in 4% of the cases), referral or assistance with financial management (87.5%), APS or other agency monitoring the elder (84.6%), criminal justice assistance (e.g., accompanying the elder

to the courthouse) (82.1%), services and products to keep the elder in his or her home (82.1%), and referral to another agency (81.8%). In cases in which elderly persons were not offered services, it was mostly because the case had been resolved by the time APS became involved. The services most likely to be refused by the elder were: counseling/psychological/psychiatric services (61.1% of the time when offered), referral to law enforcement (e.g., police investigation) (50.0%, although only offered in 2% of the cases), relocation/housing (40.0%), services for the perpetrator (33.3%, although only offered in 6% of the cases), advice, suggestions, and options (31.2%), and assistance separating victim and perpetrator (75%). Whether services were offered did not differ significantly by type of abuse nor did each type of service differ by type of maltreatment.

Table 31. Services Offered to Elder Persons & their Acceptance/Refusal of Such Services

Type of Service	Not Offered	Offered & Accepted	Offered & Refused
Services and products to keep elder in their home	61%	32%	7%
Relocation/Housing	75%	15%	10%
Counseling/Psychological/Psychiatric	82%	7%	11%
Referral for Health or Medical Services	96%	4%	0%
Referral or Assistance with Financial Management	68%	28%	4%
Criminal Justice Assistance	72%	23%	5%
Assistance Separating Victim and Perpetrator	96%	3%	1%
Referral to Law Enforcement	98%	1%	1%

Referral to Another Agency	78%	18%	4%
Advice, Suggestions, and Options	68%	22%	10%
APS or Other Agency Monitoring the Elder	87%	11%	2%
Services for Perpetrator	94%	4%	2%

Elderly persons' preferences for an investigation. In 68% of the interview cases the caseworker believed the elder preferred that APS investigate their situation. When asked directly, 75% of the elderly persons expressed a preference for the APS investigation. Apparently, APS caseworkers slightly underestimated how welcome their investigation was by the elderly persons involved. Preference for an investigation did not vary significantly by the type of abuse.

The elder was then asked why he or she did or did not prefer an APS investigation. Responses were coded post hoc, resulting in seven categories that reflected their explanations for desiring or not desiring an APS investigation.

In cases ($n = 36$) in which the elder preferred that APS investigate his or her case, 28 elderly persons were hoping that APS could solve their problem (e.g., help them stay in their own home; obtain help for the perpetrator). In 10 cases, the elderly persons hoped APS could help them get their money back. In 6 cases, the elder appreciated having someone to talk to or that someone was concerned about them, but was not really hoping for a particular outcome. Finally, in two cases the elder was hoping APS could hold the perpetrator accountable.

In cases ($N = 22$) in which the elder preferred that APS not investigate his or her case, the explanations given for this position included 10 elderly persons who did not

want the perpetrator to get into trouble as a result of this incident and 9 cases in which they did not perceive a need for APS involvement (e.g., they did not conceptualize the perpetrator's behavior as criminal or they did not like their privacy disturbed). Finally, in three cases the elderly persons were concerned that APS involvement would make their situation worse than it was currently. These reasons are consistent with findings described earlier in this report regarding elder ambivalence about APS intervention.

Elder satisfaction with the APS investigation. Caseworkers felt that in 94% of their cases the elder thought the intervention was helpful to them and in 92% of the cases the APS caseworker believed the elder was satisfied with the APS investigation. In contrast, 83% of the interviewed elderly persons felt the APS intervention was helpful to them in some way and 84% of elderly persons were satisfied with the APS response. Although not a large difference, perhaps not surprisingly in light of their investment in these cases, the APS caseworkers slightly overestimated the elderly persons' satisfaction with the job they did. These levels of satisfaction did not differ by type of abuse. (Differences in perceptions between APS caseworkers and elderly persons are presented in greater detail in the final section of the results).

Caseworkers' perceptions of financial exploitation. As shown in Figures 37 and 38, and in Table 32, this section examines several factors that might influence a caseworker's ability and willingness to pursue financial exploitation cases. Well over half (63%) of the interviewed APS caseworkers reported receiving less training regarding FE compared to PA or neglect. Not surprisingly, 38% described themselves as having less ability to handle FE cases than PA or neglect cases. Perhaps reflecting their lack of

training, exposure, and capability, 81% of caseworkers perceived FE cases as more difficult to investigate and over half (52%) of them believed it is more difficult to establish the existence of FE than PA or neglect.¹²¹ Further, it appears that caseworkers frequently have to navigate these cases on their own as 53% of them said it is more difficult to obtain assistance from law enforcement and 71% said it is more difficult to obtain assistance from prosecutors on FE cases as opposed to PA or neglect cases. Caseworkers were not asked about their perceptions and experience regarding HFE cases.

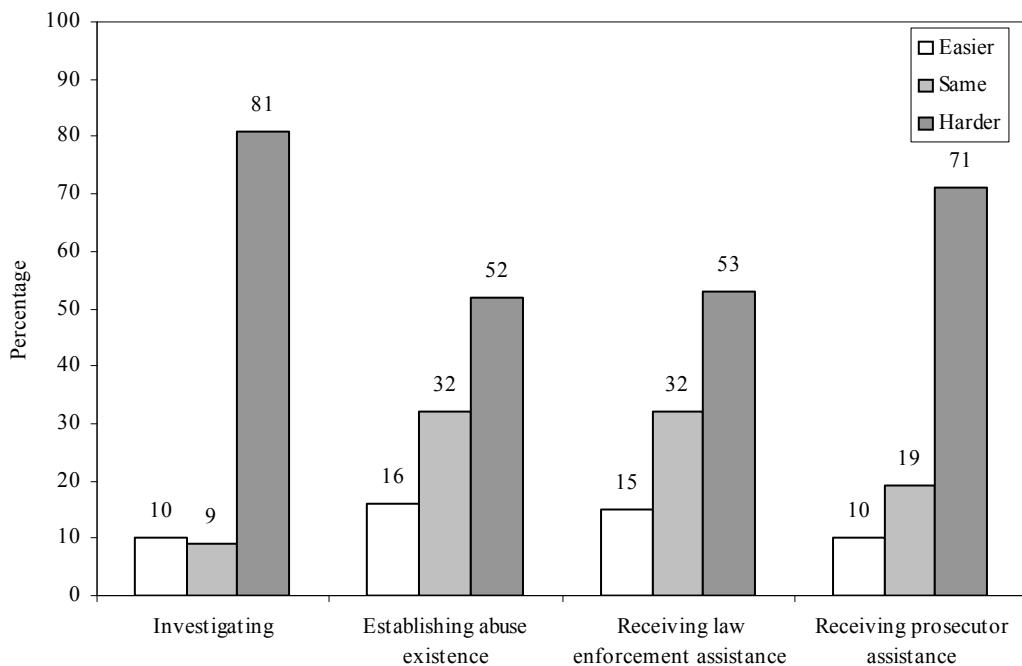


Figure 37. APS Caseworker's perceptions of financial exploitation cases.

¹²¹ We heard anecdotally from caseworkers that financial exploitation cases take longer to investigate than other forms of elder abuse because of the complexity of these cases. Our data confirmed this assertion. However, we were unable to use the ASAPS data to calculate length of investigation by type of case due to the unreliability of the available data (e.g., the calculation resulted in a number of negative time frames).

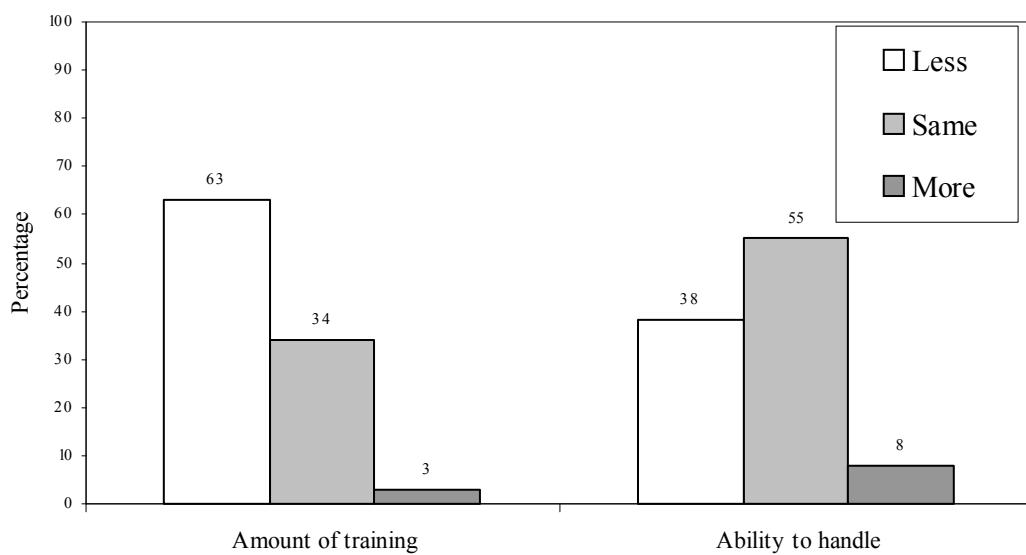


Figure 38. Comparison of perceptions of training and ability to handle financial exploitation cases compared to others.

Table 32. Caseworker Perceptions of Financial Exploitation Cases

Question	Percent
How would you compare the amount of training you receive in financial exploitation compared to physical abuse/neglect training?	63% Less training
	34% Same training
	3% More training
How would you rate your ability to handle a financial exploitation case compared to physical abuse or neglect cases?	38% Less ability
	55% Same ability
	7% More ability
How would you compare the difficulty of investigating a financial exploitation case as opposed to a physical abuse/neglect case?	81% Harder than
	9% Same as
	10% Easier than
How would you compare the difficulty of establishing the existence of financial exploitation as opposed to physical abuse/neglect?	52% Harder than
	32% Same as
	16% Easier than
How would you compare your ability to receive assistance, if needed, from law enforcement officials in a financial exploitation case as opposed to a physical abuse/neglect case?	53% Harder than
	33% Same as
	14% Easier than
How would you compare your ability to receive assistance, if needed, from law enforcement officials/prosecutors in a financial exploitation case as opposed to a physical abuse/neglect case?	72% Harder than
	18% Same as
	10% Easier than

Take Away Points

- 61% of reports were from nonmandated reporters
- 61% of APS caseworkers had or attempted to have contact with the perpetrator during the APS investigation
- Law enforcement was more likely to be involved in a physical abuse APS investigation than any other type of APS investigation
- 94% of APS caseworkers perceived the elder as cooperative with the APS investigation
- 55% of APS caseworkers perceived the investigation as “difficult”
- APS caseworkers were less likely to follow up with elderly people who were financially exploited than elderly people experiencing other forms of maltreatment
- 21% of the findings were different from the incoming allegation
- 15.5% of financial exploitation findings were not included in the initial allegation, but was discovered after an investigation for something else had begun
- Using the ASAPS data, physically abused elderly people were more likely to refuse services than elderly people experiencing other forms of maltreatment
- There were no differences by type of abuse in terms of services offered
- 68% of APS caseworkers perceived, and 75% of elderly persons reported, a preference for the APS investigation
- 94% of elderly persons reported, and 92% of APS caseworkers perceived, that elderly clients were satisfied with the APS response

Results Section 11 of 13:

Criminal Justice Response

Criminal Justice System

Prosecution. It was found that 18.3% (13 of 71) of the cases were prosecuted on a charge related to elder abuse. Some cases were prosecuted for other offenses unrelated to elder abuse, such as a parole violation. Scholars have indicated that elder abuse rates of prosecution hover around 10% (DeMonnin & Schneider; 2005; Heisler & Stiegel, 2002). The 13 cases prosecuted included six PFE (convicted of fraud (n=1) or forgery n = 5), five physical abuse (all convicted of assault), two HFE (all convicted of assault), and zero neglect cases. When prosecution was examined by type of abuse, physical abuse cases were almost 3 times as likely as expected by chance to be prosecuted compared to the other three types of abuse ($\chi^2(3) = 12.98$, $p < .01$) (see Figure 39) (15.8% of PFE, 62.5% of physical abuse, 0.0% of neglect, and 12.5% of HFE cases were prosecuted on a related charge). This finding is not surprising in that physical abuse typically involves more tangible evidence and the laws criminalizing these actions tend to be clearer and more straight-forward to apply (e.g., possible consent is generally not a defense to a charge of assault).

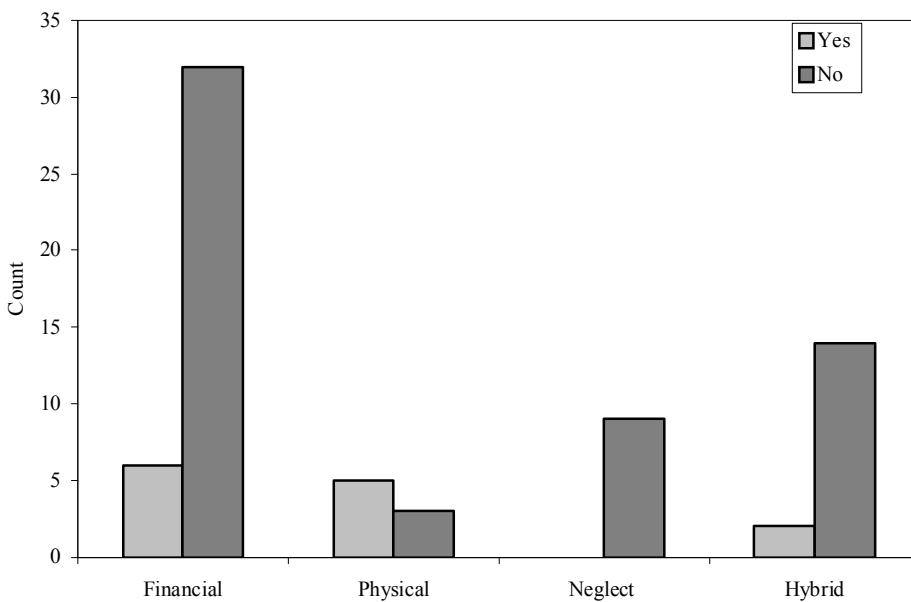


Figure 39. Prosecuted on a related charge by type of maltreatment

Although there was no significant association between type of abuse and elder-perpetrator relationship, when PFE was compared to all other forms of elder maltreatment, there was a significant association ($\chi^2(1) = 8.37$, $p < .01$). Overall, only 53% of the perpetrators of PFE were relatives of the elderly victims compared to 85% of the perpetrators of all other forms of maltreatment (i.e., PFE perpetrators were 50% more likely to be a non-relative compared to other forms of elder maltreatment). Although other types of elder abuse were more likely to be committed by a relative of the elder, it should still be kept in mind that over half of the perpetrators of PFE were also relatives of the elder.

Law enforcement involvement. One explanation for why physical abuse cases are significantly more likely to be prosecuted compared to the other forms of elder maltreatment might be the level of law enforcement involvement in these cases. See

Figure 40. Although there was no law enforcement involvement in 47% of the APS investigations, law enforcement was nearly 2 times as likely as expected to be involved in a physical abuse investigation¹²² ($\chi^2(3) = 10.59$, $p < .05$) (law enforcement was involved in 57.9% of PFE, 87.5% of physical abuse, 11.1% of neglect, and 50.0% of HFE cases).

What may happen is that in the heat of the moment, an elder being physically abused becomes scared and calls law enforcement. Law enforcement may, as a result, be the first responder and, in turn, contact APS. This hypothesis is corroborated by the finding that law enforcement was 2 times as likely to contact APS and report physical abuse compared to other types of cases ($\chi^2(24) = 41.02$, $p < .05$). Clearly, APS and law enforcement are more likely to work together when the case involves physical abuse. This is likely a result of the experience law enforcement has had in intimate partner violence cases over the past 20 years (Maxwell, Garner, & Fagan, 2002).

¹²² Neglect was almost 5 times less likely than expected to have police involvement in the investigation.

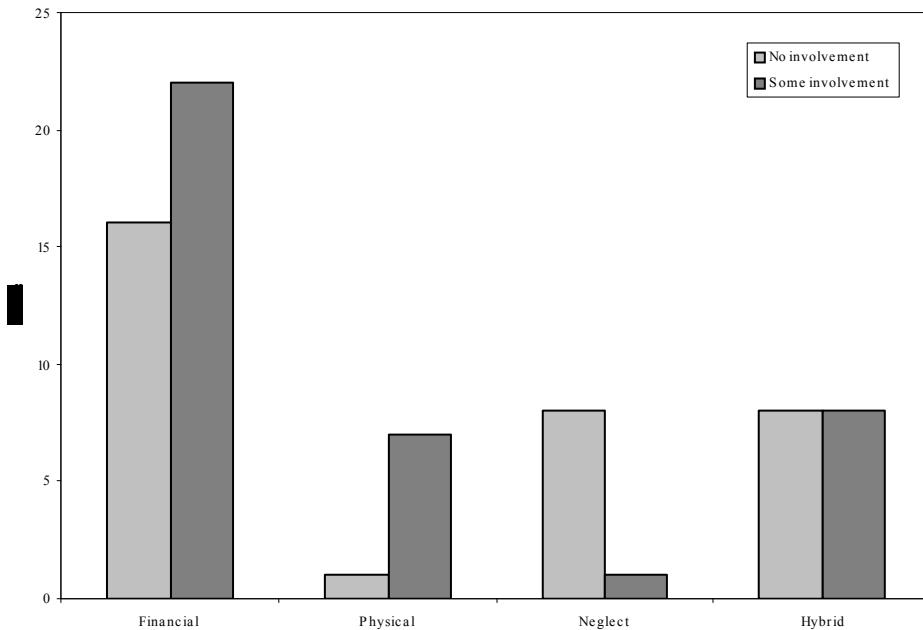


Figure 40. Involvement of law enforcement in APS investigation by type of maltreatment.

Prosecution demographics and outcomes. As noted, a prosecution occurred in 13 of the 71 (18.3%) elder abuse cases studied, with six (15.8%) PFE, five (62.5%) physical abuse, zero (0.0%) neglect, and two (12.5%) HFE cases resulting in a prosecution. In the FE cases, 4 of the 6 cases involved professional care providers, one was a handyman, and one was a distant niece. These cases were all prosecuted on either fraud or forgery charges. In forgery cases, the bank typically offered to return the elderly persons' money on the condition that they would allow the bank to pursue charges against the perpetrators. All elderly persons were willing to do so (probably because they had no emotional investment in these non-relative perpetrators). In the physical abuse cases, the perpetrators were four adult offspring and one boyfriend. These perpetrators were all charged with assault. In the two HFE cases, one was an

adult offspring and one was an adult grandson (who the grandmother had raised). The perpetrators in these two cases were charged with assault rather than financial exploitation, typically an easier charge on which to obtain a conviction. In all of these cases, the prosecution resulted in a conviction and a sentence (from overnight to one year), suggesting that prosecutors only pursue such cases when they are relatively certain that they can obtain a conviction.

The cases that resulted in prosecution involved criminal behavior in which prosecutors could use existing statutes – assault, fraud, or forgery. Behavior that lies outside the confines of these statutes was largely ignored by the criminal justice system (although x cases did result in a conviction for a violation of probation, etc.). What these data indicate are that there are many victims of elder maltreatment for whom a criminal justice response is not provided, driven in part no doubt by the desire of many elder abuse victims, particularly when adult offspring or other complex family dynamics are involved, to not subject perpetrators to criminal prosecution, but also by the fact that prosecutors may not be willing to pursue these cases because of evidentiary challenges or because available statutes do not provide a clear-cut basis for prosecution.

Elder's Perspectives on Law Enforcement and Prosecution

In attempting to understand how elderly persons perceive law enforcement and prosecutor responses, elderly persons were asked a series of questions to obtain their perceptions. What do elderly persons want when they have been victimized? The answer depends on the relationship of the elder to the perpetrator.

Overall, 63% of elderly persons (based on the elderly persons' self-reports) did not or would not want law enforcement involved in their cases. This did not vary by type of abuse (61.3% of PFE, 42.9% of physical abuse, 60.0% of neglect, and 81.8% of HFE cases did not want law enforcement involvement). Even more (74%) of the elderly persons (again based on the elderly persons' self-reports) did not want prosecutors involved in their case. This also did not vary by type of abuse (67.7% of PFE, 85.7% of physical abuse, 100% of neglect, and 72.7% of HFE cases did not want prosecutor involvement). Not surprisingly, elderly persons that did not want law enforcement to be involved were more likely to also not want prosecutors involved ($\chi^2(1) = 25.25$, $p < .001$).

Elderly persons' preferences for prosecution also were related to whether prosecution actually occurred. Cases were twice as likely as expected by chance to be prosecuted when the elder wanted law enforcement involved ($\chi^2(1) = 7.61$, $p < .01$) and 2 to 3 times more likely than chance when the elder wanted prosecutors involved ($\chi^2(1) = 11.31$, $p < .01$). See Figures 41-44. This suggests that victim cooperation strongly impacts prosecutors' decisions to accept and pursue these cases.

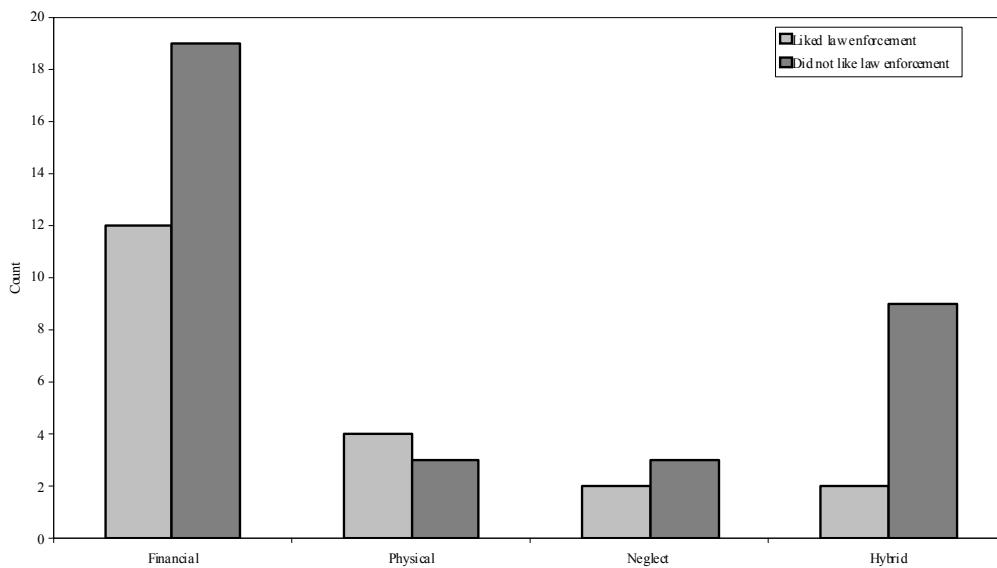


Figure 41. Elder's preference for law enforcement involvement.

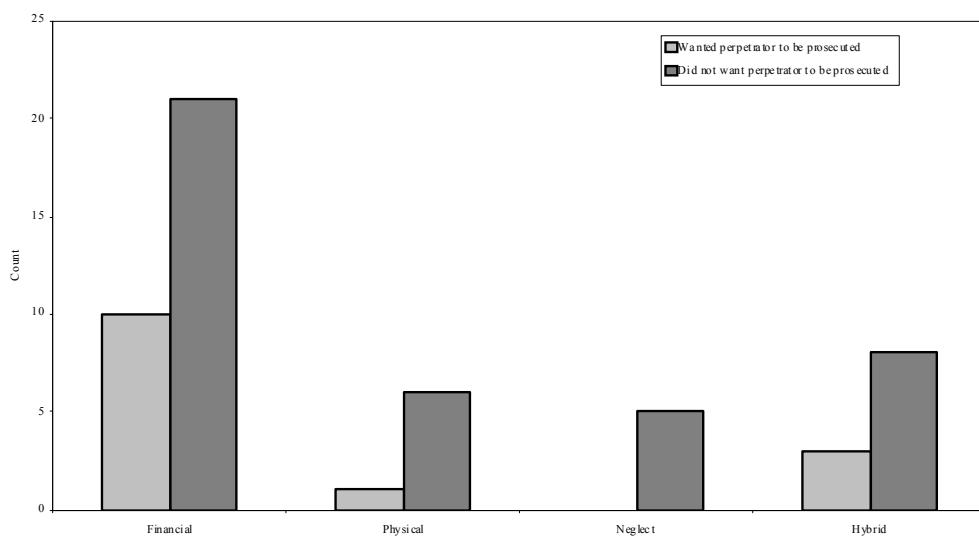


Figure 42. Elder's preference for prosecutor involvement.

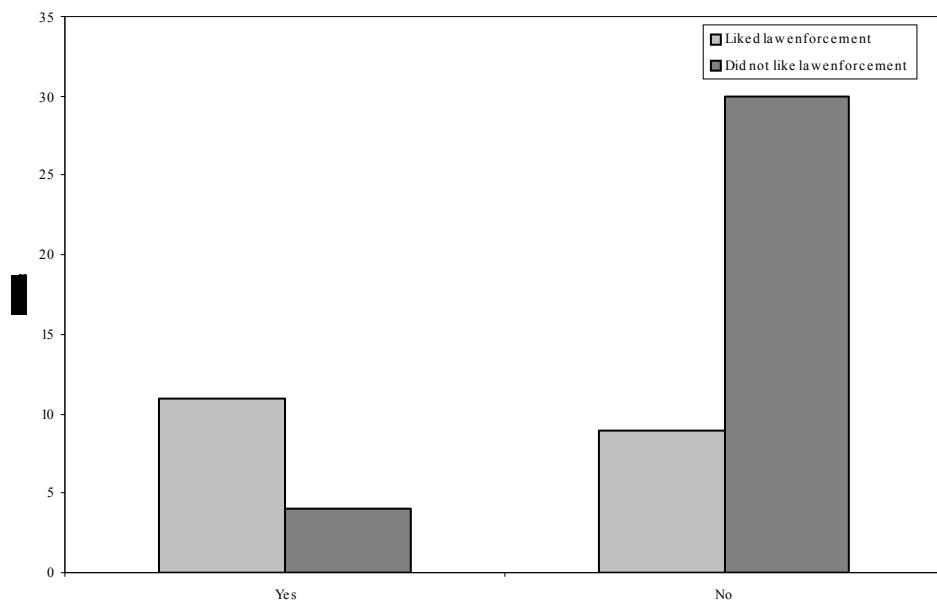


Figure 43. Preference for law enforcement involvement by whether the case was actually prosecuted.

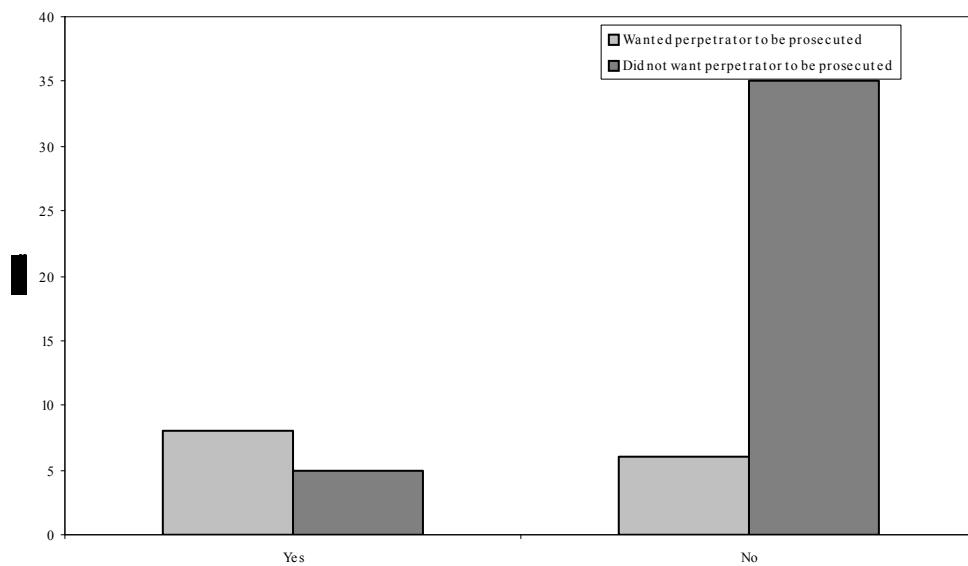


Figure 44. Preference for prosecution involvement by whether the case was actually prosecuted.

Although only one victim of physical abuse preferred that their perpetrator be prosecuted (a boyfriend), recall that physical abuse cases were the most likely to be prosecuted. As noted, during an abusive situation an elder may become scared and call the police. When the police respond, the decision to press charges is taken out of the hands of the elder as law enforcement will typically be unwilling to drop the case once they have been involved. At this point, the elder may well regret calling the police. Although they wanted to end the physical abuse, as discussed in the Dynamics section, they often will not want the perpetrator to be incarcerated, sometimes because of their emotional attachment to the perpetrator (who is often a family member) and sometimes because it may leave them in a situation where they believe they will have no choice but to leave their home and accept a nursing home placement.

Explanations in general (i.e., across all types of elder abuse) for why elderly persons did not want to pursue prosecution were examined post-hoc based on responses to an open-ended question. The most common reason given was perpetrator protection. The most common type of maltreatment prosecuted was physical abuse and they most often involved an adult offspring as the perpetrator. Simply put, elderly persons do not want their adult offspring incarcerated. Elderly persons (typically the perpetrator's mother) did not want their adult children to be prosecuted. Although they would add that if their adult offspring had to be incarcerated they hoped that he or she would receive the mental health or substance abuse treatment they needed.¹²³

¹²³ This approach has been suggested as a means of encouraging elders to pursue prosecution. When asked what advice helped elderly victims make the decision to utilize the formal legal system, the

Parents acknowledged that their adult children would not seek assistance from the local community services board (CSB) (the mental health agencies in Virginia). Conversely, CSBs will not seek out individuals in the community in need of mental health services. However, when such services are available, the state can mandate inmates to attend treatment programs. However, parents reported that none of these perpetrators were receiving any kind of treatment while incarcerated and now the parents were experiencing tremendous guilt for having their adult offspring arrested.

The other explanation reported by elderly people for not pursuing prosecution was that there was really nothing to be gained by prosecuting the perpetrator. Elderly people reported that putting someone in jail would not change their situation. Financially, they may be right. The vast majority (84%) of elderly persons did not recover what they had financially lost as a result of their financial exploitation.

Some elderly people, however, **did** want to prosecute their perpetrators. Explanations differed by whether the perpetrator was a relative or a non-relative. A slight majority of perpetrators (53%) of PFE were non-relatives. Elderly persons have no emotional investment in these individuals and seem to readily agree to prosecution of these perpetrators.

Some parents were (legitimately) fearful of their perpetrator. One 91-year-old grandmother had raised her grandson. He had just returned to her home after serving a 12-year prison sentence (for drinking and fighting). He was released with one bottle of psychotropic medications, but he never refilled the prescription (if he did indeed finish

argument that their offspring would receive help carried substantial weight (Korbin, Anetzberger, Thomasson & Austin, 1991, p 12).

the bottle) and he became more and more abusive over the next 9 months. The grandmother eventually called the police. She stated “I didn’t want to die in my own home.”

Elderly people who did choose to prosecute, however, generally did not do so without encouragement from friends or family. As mentioned, law enforcement often took away the elder’s discretion to prosecute. However, of the 13 cases that were prosecuted, seven cases involved a family member and no elder would have prosecuted a family member without either strong family/friend support or law enforcement involvement.

Adult protective services vs. the criminal justice system. Recall that the majority of elderly people (74%) would have preferred no criminal justice involvement in their case. On the other hand, most of the elderly people (75%) preferred the APS investigation.¹²⁴ (Admittedly, these were elderly people who agreed to participate in the study when asked to do so by APS, suggesting that they both trusted and were pleased with their APS caseworkers and indirectly APS, but there were some elderly people who clearly did not like their caseworker or APS involvement.) One likely explanation for this discrepancy between the preferences for criminal justice system and the APS intervention is that when APS is involved, there are no serious implications (e.g., incarceration) for the perpetrators, who tended to be adult offspring or other family members. APS is a social service agency designed to “help” elderly people. In contrast, the criminal justice system is focused on accountability. While elderly people

¹²⁴ As noted, 83% of the interviewed elders felt the APS intervention was helpful to them in some way and 84% of the elders were satisfied with the APS response.

have a strong desire for their adult offspring to return to “normalcy,” they do not want punitive sanctions imposed on them.

APS Caseworker’s Perspective Regarding Prosecution

APS caseworker’s explanations for why elder abuse cases in this study were not prosecuted fell into three categories. Two-thirds (67%) thought there was insufficient evidence or the case was not criminal. For example, 17% of the PFE and HFE cases involved the misuse of a POA (9 cases) and none of those cases were prosecuted. This is one example of the difference between how APS defines FE and prosecutors define FE. APS readily categorized cases involving the misuse of a power of attorney as FE, noting that a power of attorney is designed to be of benefit to the elder and when the power of attorney is used for the benefit of the perpetrator, that activity is improper and should be illegal. However, as long as the initial granting of a power of attorney to another individual is proper¹²⁵ and the person to whom the power of attorney was given has acted within the scope of authority given to him or her,¹²⁶ nothing illegal has transpired and caseworkers realize prosecutors will generally lack statutory authority to pursue criminal charges associated with the exercising of the power of attorney.

¹²⁵ For example, the person granting the power of attorney was competent at the time and made a voluntary and informed choice without being subjected to duress or coercion.

¹²⁶ And oftentimes the scope of authority, particularly when an elder is involved, is very broad with few limits. For example, states generally authorize the granting of a durable power of attorney that remains in effect even if the principal loses decision-making capacity. See VA. CODE ANN. § 11-9.1. One exception to this broad scope of authority that can come into play is if the agent to whom the power of attorney has been granted uses this power for his or her own benefit rather than for the benefit of the principal, then an illegal action may have been committed. But establishing that a given action was not taken for the benefit of the principal is generally difficult to prove and, as a result, prosecutors are reluctant to pursue charges even under these circumstances. Note, however, that in July 2010 Virginia passed the Virginia Uniform Power of Attorney Act (Hook & Johnson, 2009).

The second explanation given for why elder abuse cases were not prosecuted involved the fact that, as just reviewed, a significant number of elderly people did not want to pursue prosecution. One caseworker responded “. . . with any case, the goal is to stop the abuse or exploitation. We don’t try to recover anything. We give [elderly people] the option of going to the police, but most don’t want to, and the county attorney won’t usually take cases unless the elder presses charges and will make a good witness.”

Finally, in a few cases, APS did not want to press charges. These often involved neglect cases where their focus is on ensuring the elder’s safety, not obtaining retribution.

Caseworkers also noted why prosecutors might not accept elder abuse cases in general. These explanations replicate the literature surprisingly well (e.g., Heisler & Stiegel, 2002; Heisler, 2000; Meirson, 2008; US Department of Justice, 1998). For example, caseworkers reported that in many cases elderly persons consented to the behavior (especially in FE cases), perhaps because of a desire to help the perpetrator (particularly when a dependent adult offspring or other close family is involved) or to obtain a quid pro quo from the perpetrator (e.g., enabling the elder to remain in his or her home). Prosecutors respond to such cases by pointing out that elderly persons knew what they were doing and adults generally have a right to make decisions, even inequitable or bad decisions, for themselves. There tends to be less sympathy for elderly people who had some knowledge of their own maltreatment and allowed it to happen over an extended period of time. Elder complicity/complacency has been

known to negate victim status in general (Jackman, 2002). Interestingly, caseworkers disagreed as to whether having knowledge of their maltreatment should negate the victim status of an elder. A competent elder foolishly signing a power of attorney is sometimes given as a prime example of such a case.

Caseworkers also noted that some forms of elder maltreatment are considered “civil” rather than criminal, such as the misuse of a power of attorney. Which is to say, that the elder is entitled to and should instead pursue a “civil” action to be compensated for the loss that has been incurred due to the wrongdoing of the perpetrator, rather than have the state pursue a criminal action that may result in the incarceration of the perpetrator for a violation of the State’s laws.¹²⁷ Caseworkers acknowledged that there is no statutory authority for a criminal prosecution for many types of elder maltreatment, repeatedly stating, for example, that Virginia has no financial exploitation statute. As noted earlier, the kinds of cases that were actually prosecuted fell under three criminal statutes: fraud, forgery, and assault, leaving elderly persons with other forms of victimization without a criminal justice response.

Another factor that may play against prosecution in FE cases is the amount of money lost. Relatively small amounts of financial loss may be too minor for prosecutors, who tend to have very heavy caseloads to juggle, to consider worthy of their time. Some of the elderly individuals in this study subject to financial exploitation lost only a

¹²⁷ One of the limitations of a civil remedy, however, is that generally the elder must recruit and secure the assistance of a private attorney, and unless the elder is able to pay up-front the fees of the attorney for pursuing such an action, the elder may find it very difficult to obtain this assistance. In addition, pursuing the civil action will be the responsibility of the elder (rather than the State), and the elder may lack the physical or mental capacity or strength and endurance to do so, may be dissuaded to pursue this action by the perpetrator, or may be reluctant to seek an award of damages from the perpetrator because of a continuing emotional attachment to the perpetrator.

few hundred dollars (with a range up to \$750,000). But loss is relative. A few hundred dollars is significant to an elder living off of fixed and relatively limited social security benefits and may negate the elder's ability to pay his or her heating bill, for example. One elder, over an entire lifetime, saved \$5000 for his funeral and lost it all to someone he trusted.

Finally, caseworkers asserted that some elderly victims make poor witnesses because of their cognitive deficits. Further, an elder may become unavailable to provide testimony as the result of a decline in health and, in some cases, death.

Caseworkers' beliefs that prosecutors are generally reluctant to pursue elder abuse cases have serious implications for the practice of APS caseworkers. As a result, APS caseworkers may fail to notify law enforcement -- and ultimately prosecutors -- after predicting that their cases will not be pursued regardless of their efforts and the wrongdoing of the perpetrator.¹²⁸ This becomes a vicious cycle, however, because if prosecutors do not receive elder abuse cases they may conclude that elder abuse is not a significant issue in their jurisdiction.

The belief that prosecutors refuse to accept elder abuse cases has further direct implications for the practice of APS caseworkers. Recall that 71% of APS caseworkers

¹²⁸ Blakely and Dolon (2000) reviewed three decades of research on the relationship between APS caseworkers and criminal justice professionals. They generally conclude that while over the past three decades there is a clear trend for law enforcement to become increasingly helpful to APS caseworkers, problems still remain. However, these same trends are not apparent in terms of prosecutors' helpfulness towards APS caseworkers. In a national survey of APS caseworkers in 1987, Dolon and Blakely (1989) found that caseworkers ranked legal interventions as 9th in effectiveness, citing that caseworkers did not feel there was much to be gained by bringing elder abuse cases to the attention of prosecutors. Ten years later Blakely and Dolon (2000) report that this situation has not changed in the past decade, with 149 of 395 caseworkers identifying prosecution of perpetrators as the most difficult service to obtain from criminal justice professionals (the next most difficult service was the arrest of perpetrators identified by 47 of 395 respondents). The authors describe caseworkers' explanations as "lack of interest or cooperation" from prosecutors in bringing cases of elder abuse to court.

believe that prosecutors are less helpful to them in financial exploitation cases compared to other forms of elder abuse. As a result of this belief, caseworkers may fail to vigorously pursue financial exploitation. This was not an explicit question posed as part of the APS caseworker interview, but as prosecution data were being analyzed (see below), the transcripts were re-read. Throughout the narratives (i.e., “Tell me what happened”) provided by the APS caseworkers were references to the fact that prosecutors will not accept elder abuse cases, so why bother referring cases of elder maltreatment to them (see Figure 45). As noted earlier, according to caseworkers, FE cases are challenging to investigate and confirm. Over half (81%) of caseworkers reported that FE cases are harder to investigate than physical abuse or neglect cases and over half (52%) of them believed it is more difficult to establish the existence of FE than PA or neglect. Caseworkers explained that FE cases take longer to investigate, they may or may not involve traceable evidence, and involved financial institutions and elderly victims are often uncooperative. As one example, a caseworker pursuing a report of physical abuse discovered during the investigation that FE may also have been committed by the perpetrator. However, at this point the perpetrator had been arrested and the financial exploitation was based on a “she-said-he-said” kind of evidence. The caseworker said “I guess I just let the financial exploitation piece go.” She explained that her primary goal was to ensure the elder’s safety and she hoped that the financial exploitation would resolve itself now that the perpetrator was in jail.

Peppered throughout the narratives were caseworker beliefs that financial exploitation was indeed occurring, but for various reasons, chief among them that

prosecutors would refuse these cases anyway, and thus caseworkers disclosed that they had chosen not to pursue such cases. Although such a decision makes sense in the context in which they work (where they may be pressed for time, with limited or ill-suited resources, and with a charge to protect the immediate safety of the elder rather than address the range of maltreatment an elder may be experiencing), the effective result is that FE is often underinvestigated and underaddressed. As the agency designated with the responsibility for keeping elderly victims safe from abuse and providing assistance to redress abuse that has occurred, if the case is not pursued by APS, it is unlikely that it will be pursued by any other agency, including prosecutors. The implications for elderly persons are significant. Even assuming that the FE is detected and confirmed (with elder abuse agreed to be highly underreported and poorly addressed in general), the likelihood of even a convicted perpetrator being released at some point is great, with the likelihood of his or her returning to the elder and resuming this abuse uncomfortably high.

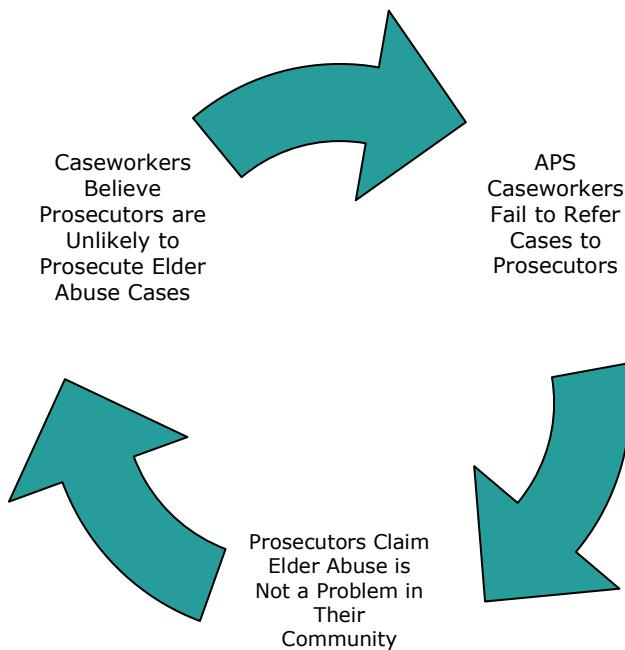


Figure 45. Cycle Influencing the Practice of APS Caseworkers and Potentially

Prosecutors

The Prosecutor's Perspective

The results presented above indicate that the rates of prosecution of elder abuse are relatively low. Furthermore, APS caseworkers are extremely frustrated with the response of the criminal justice system (CJS) to these cases. In particular, 71% of APS caseworkers reported that they receive less assistance from prosecutors in elder financial exploitation cases than in physical abuse or neglect cases. Indeed, caseworkers reported that at times they choose not pursue reports of financial exploitation, even though they sincerely believe it exists, because they anticipate that prosecutors will not hold the perpetrator accountable. This raised the question as to why the criminal justice system is not more aggressively pursuing cases involving the financial

exploitation of elderly people, in particular, and elder abuse cases in general. It is important to understand how prosecutors perceive elder abuse cases in general and financial exploitation in particular as well as a variety of factors that influence their decision whether to pursue and prosecute a case. By understanding the barriers to prosecution, changes can be recommended that will facilitate needed prosecution of elder abuse cases.

A number of factors were examined that might influence a prosecutors willingness to pursue prosecution of elder abuse were divided into three categories. Factors examined included 1) the perceived difficulty of prosecuting elder abuse; 2) factors that might make the case more difficult to prosecute (i.e., the source of the referral, the agency's organizational climate, prosecutor training, victim characteristics and perpetrator characteristics, 3) assistance provided by law enforcement and/or adult protective services; and 4) statutory and legal factors and reforms.

Perceived Difficulty of Prosecuting Elder Abuse

One explanation for why prosecutors are less likely to pursue elder abuse is that they are more difficult to prosecute than other types of crime. Indeed, just over half (56%) of prosecutors agreed that elder abuse cases are harder to prosecute than other types of crimes (see Figure 46)

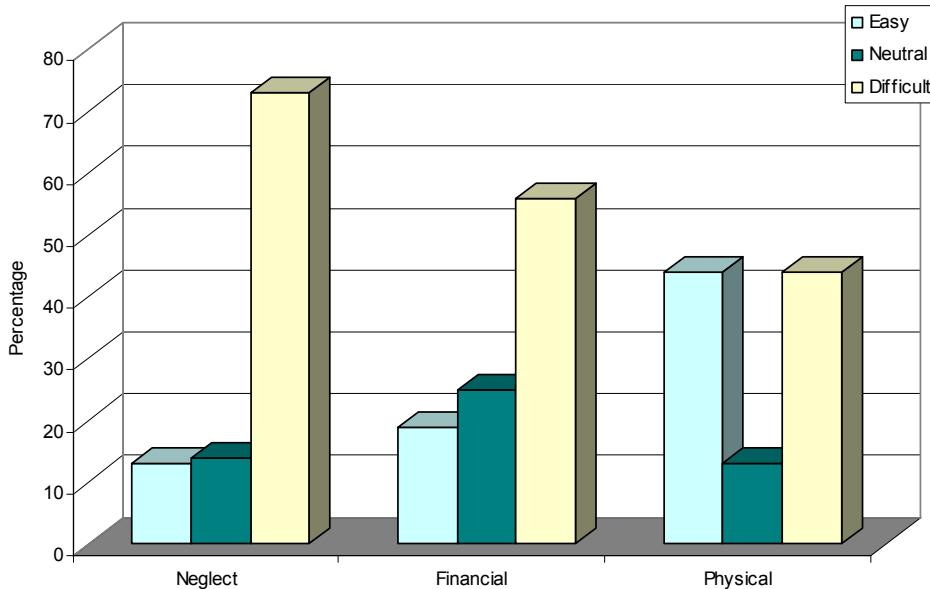


Figure 46. Perceptions of Difficulty Prosecuting Elder Abuse

While overall elder abuse is more difficult to prosecute, the difficulty differed depending on the type of abuse (see Figure 47). Almost three-quarters (73%) of prosecutors perceived that neglect cases were somewhat (60%) or very (13%) difficult to prosecute. Over half (56%) judged financial exploitation somewhat (31%) or very (25%) difficult to prosecute. However, prosecutors in Virginia were significantly more likely to report that prosecuting financial exploitation was “very” difficult ($X (9) = 18.09$, $p < .05$). Finally, 43% of prosecutors judged physical abuse to be somewhat (37%) or very (6%) difficult to prosecute. However, an equal number of prosecutors thought physical abuse cases were easy to prosecute.

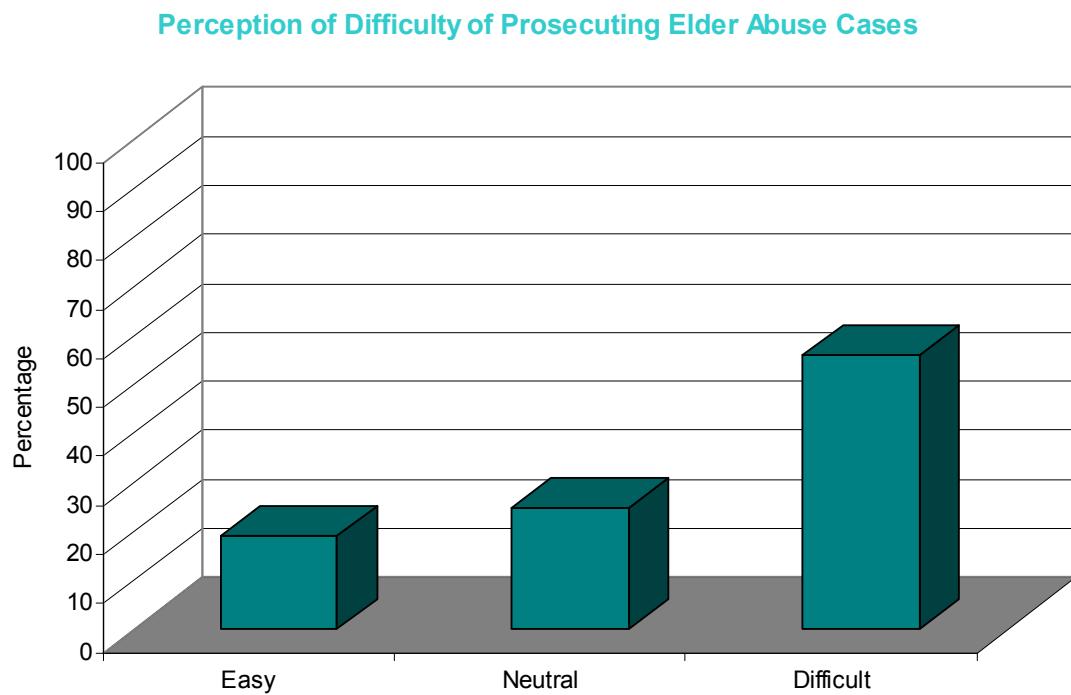


Figure 47. Difficulty of Prosecuting by Type of Case

Factors Influencing Perceptions of Difficulty

Possible explanations for increased difficulty. A number of explanations for why elder abuse cases might be more difficult to prosecute were asked of prosecutors (see Figure 48). The most common agreement (92%) was that elderly people do not make good witnesses, followed by the victim is unavailable as a witness (71%), weak or lack of evidence (66%), perpetrators acted within their rights (64%), and these are he-said-she-said kinds of cases (57%). Factors that less frequently provided an explanation for why elder abuse cases are difficult to prosecute (i.e., less than 25% agreed with the statement) included: Cooperation from 3rd parties is not forthcoming (21%), juries and

judges do not view these actions as crimes (21%), the prosecutor does not feel qualified to pursue these cases (21%), the supervisor in the office does not assign sufficient resources needed to pursue prosecution (7%), the harm to the elder is relatively minor (0%), and the community does not support prosecution (0%). Note that the two most endorsed responses concerned witness characteristics.

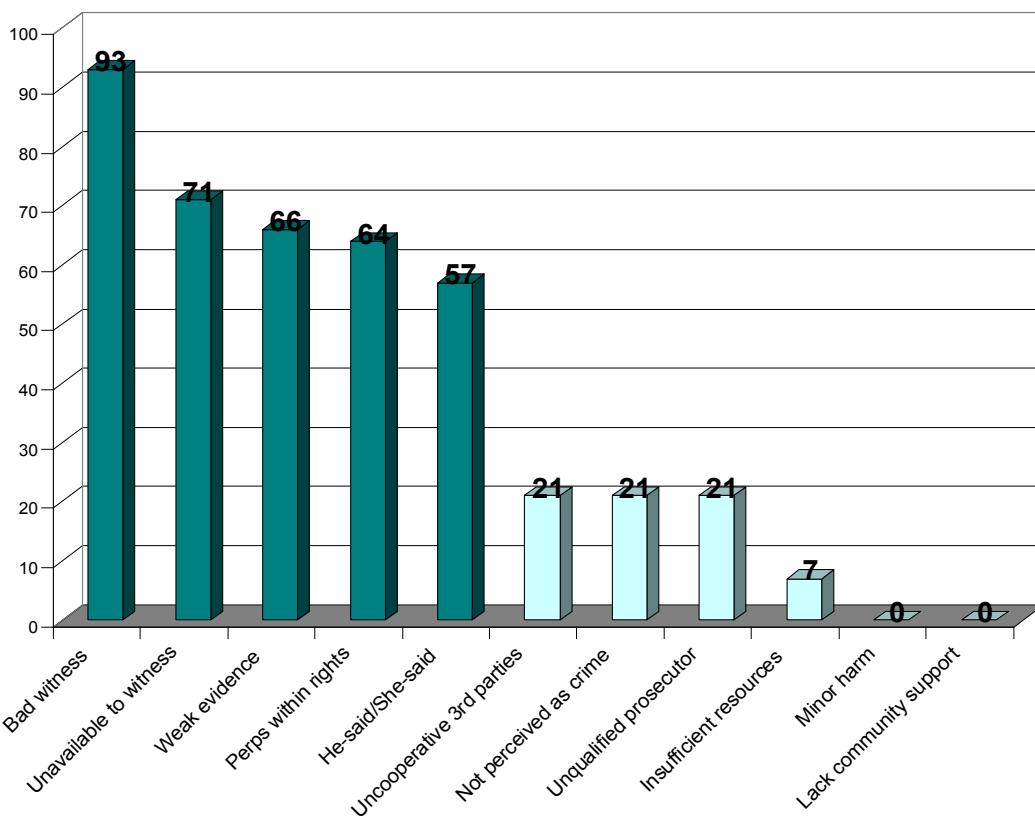


Figure 48. Explanations for Why Elder Abuse Cases are Difficult to Prosecute

Agency's organizational climate. A factor that might influence whether prosecutors vigorously pursue the prosecution of elder abuse is the organizational climate in the prosecutor's office. The vast majority (94%) of prosecutors, however, reported that their office takes elder abuse cases somewhat or very seriously. Over a quarter (29%) of prosecutors reported that other prosecutors in their office are

somewhat or much more willing to prosecute elder abuse cases compared to other cases. One third (33%) of prosecutors felt that elder abuse cases were somewhat or much more likely to obtain a conviction (although 14% believed they were less likely to obtain a conviction) compared to other types of crimes. Finally, nearly half (47%) of prosecutors perceived that they were somewhat or much more rewarded by their office for prosecuting an elder abuse case. However, prosecutors in Pennsylvania were significantly more likely to feel this way, while prosecutors in Virginia were significantly less likely to feel this way ($X(3) = 8.97$, $p < .05$).

Prosecutors' training. Another factor that might influence whether prosecutors pursue elder abuse is the training prosecutors have received. When asked about the amount of elder abuse prosecution training they have received, over one-third (41%) reported that they have received much or somewhat less training in elder abuse compared to other kinds of trainings (see Figure 49).

Training Received in Elder Abuse vs. Other Training

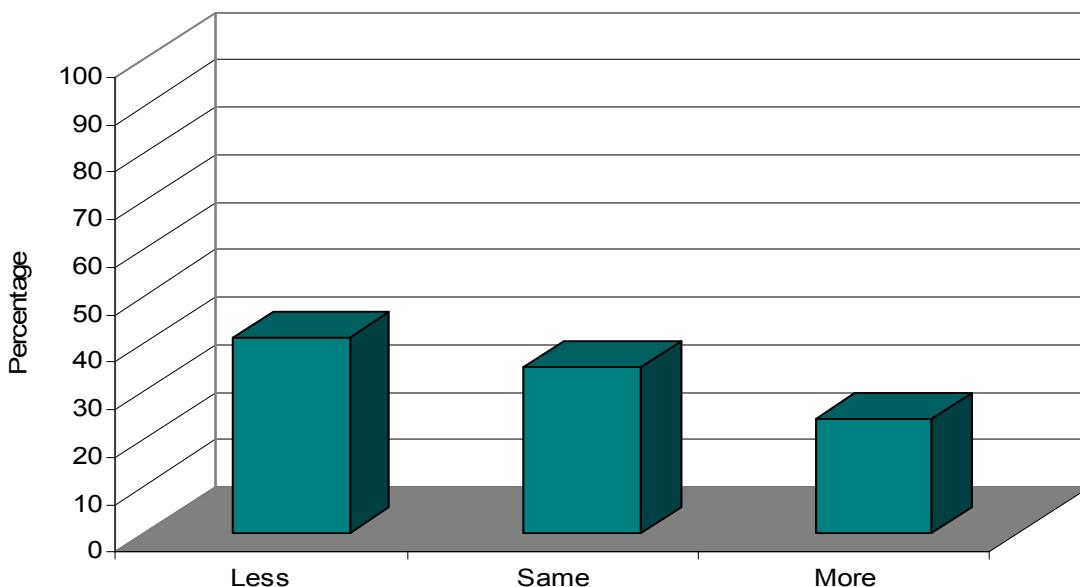


Figure 49. Elder Abuse Training Compared to Other Trainings

Victim characteristics. Another set of factors thought to influence prosecutors' willingness to pursue elder abuse cases are victim characteristics (see Figure 50). Over half of prosecutors agreed they would be more willing to pursue prosecution if: the elder was willing to testify (65%), significant harm was suffered by the elder (53%), and the elder had the ability to testify (50%). While there was some agreement on the following list of additional variables, hovering around 40% agreement among prosecutors, agreement was less than for the preceding variables: the elder was willing to press charges (47%), the elder made the initial complaint (41%), and the elder was not deceased (41%). However, only 19% and 6% of prosecutors agreed that the

perpetrator being a stranger or the perpetrator being a close relative, respectively, would increase their willingness to prosecute a case. Note that many of these characteristics are indicative of victim cooperation.

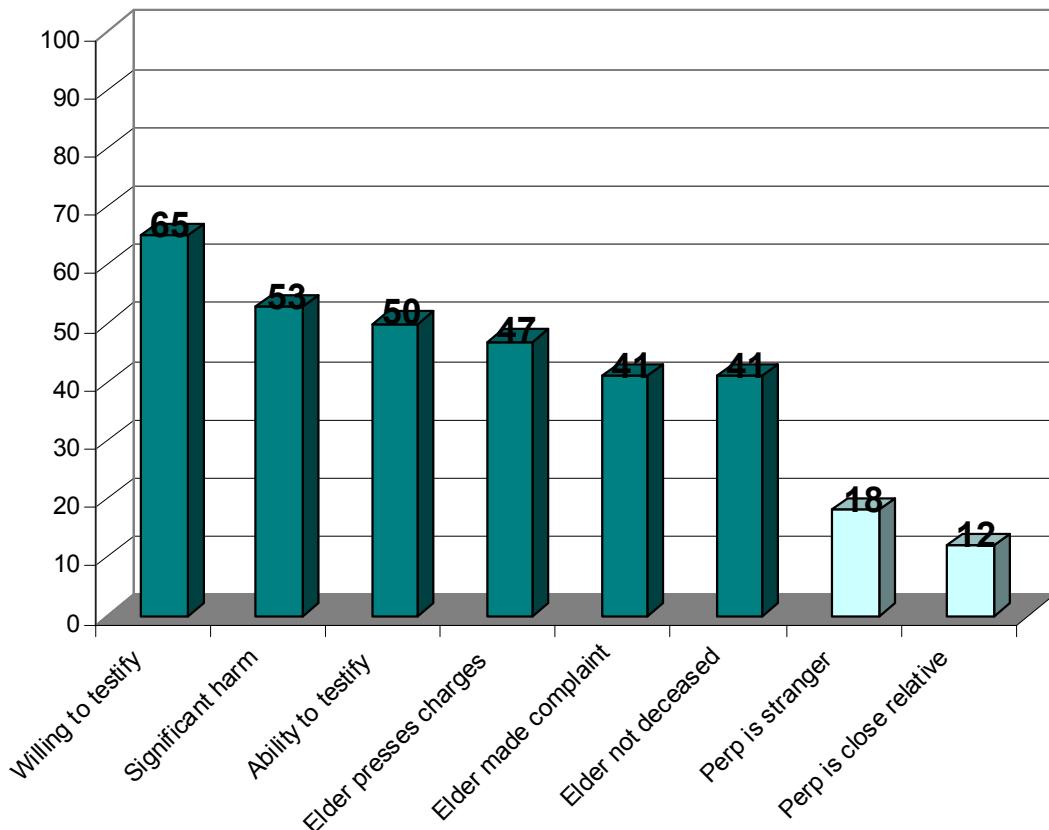


Figure 50. Victim and Perpetrator Characteristics Influencing Prosecution

Personal characteristics of the victim were also assessed (see Figure 51).

Prosecutors agreed that pursuing elder abuse would be more likely when the elder was: in good mental health (50%), articulate (46%), living (40%), in good physical health (31%), and cognitively intact (36%). These factors likely indicate to prosecutors the victim's ability to testify. However, education level (13%), age (12%), gender (0%), and elder's social network (19%) were not rated among most prosecutors (less than 20%) as

important in influencing their willingness to pursue prosecution. These latter factors could be perceived as -isms (classism, sexism, ageism) that society condemns and therefore it is not surprising that prosecutors did not endorse these factors.

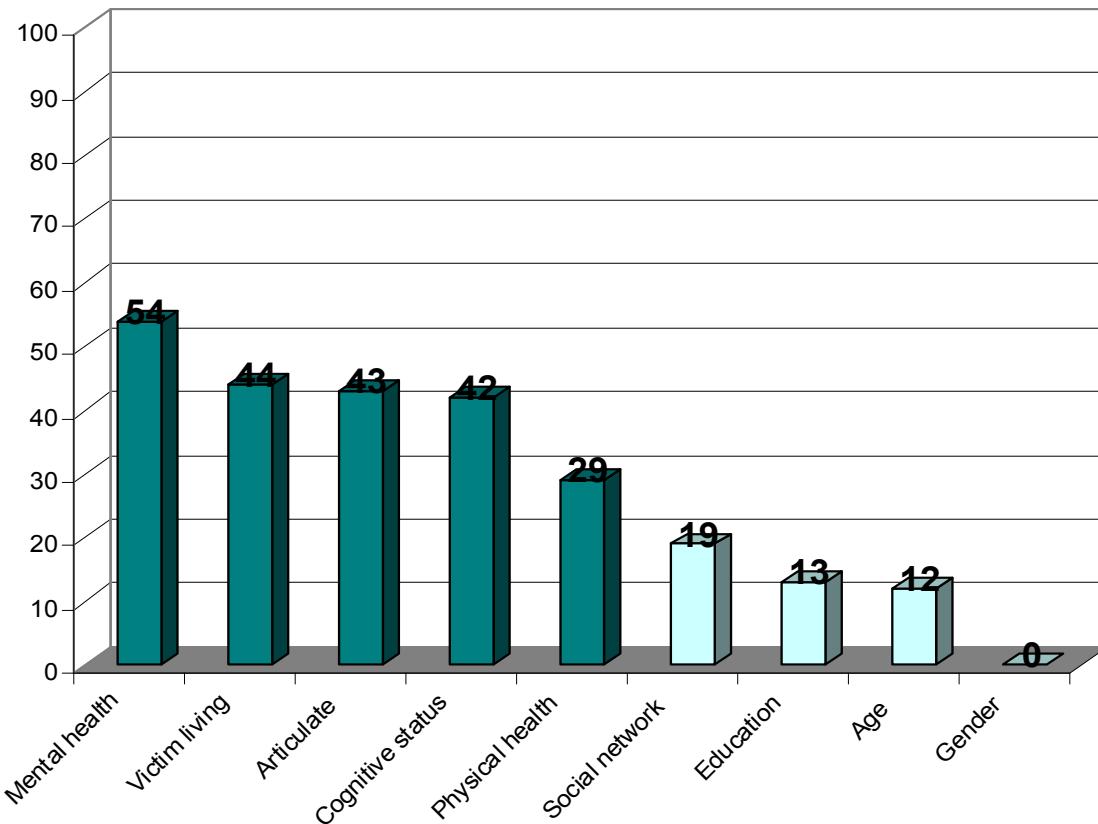


Figure 51. Other Characteristics Influencing Prosecution

Perpetrator characteristics. Prosecutors were asked an open-ended question regarding whether there were any perpetrator characteristics that might influence their willingness to pursue prosecution. Prosecutors overwhelming stated that there were no specific characteristics, reporting “It just depends on the evidence”. However, one prosecutor indicated that family members are less likely to be prosecuted, while

another prosecutor noted that nonstrangers, such as professionals, might be more likely to be prosecuted because of the risk of repeat offending.

Law Enforcement and Adult Protective Services

Source of the referral. Just over a one third (38%) of prosecutors accept 50% or fewer of the cases referred to them by law enforcement. Two-thirds (63%) of prosecutors reported that it made no difference in terms of their acceptance of a case whether the case originated from law enforcement or APS, although 37% had a preference for law enforcement referrals (see Figure 52). However, prosecutors often noted “it depends on the evidence.”

Likelihood of Accepting Case Based on Origin of Report

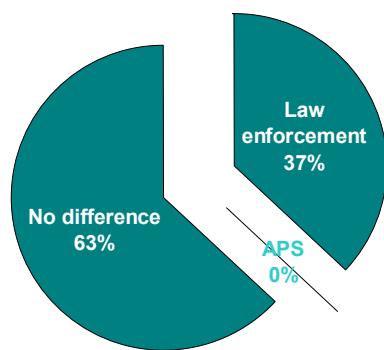


Figure 52. Likelihood of Accepting a Case Based on Origin of Report

Law enforcement. All prosecutors believed that law enforcement officers in their jurisdiction take elder abuse somewhat (20%) or very (80%) seriously. Furthermore, all prosecutors judged the evidence collected by law enforcement in elder abuse cases as good (67%) or very good (33%).

Adult protective services (APS). Prosecutors apparently find assistance from social service agencies such as APS helpful to them. Half (53%) of prosecutors reported that APS is involved in their prosecutions sometimes (18%) or very often (35%). Furthermore, when APS is involved in the case, 71% of prosecutors reported that the APS assistance was somewhat (14%) or very (57%) helpful.

Room for improvement. Although prosecutors are generally satisfied with the assistance they receive from law enforcement and APS, prosecutors did have some suggestions for improvement. These included greater collaboration with law enforcement and APS, having front-line workers more proactive (vigorously pursuing elder abuse), greater documentation of everything for possible use at trial, and additional training for law enforcement, specifically in dealing with individuals with cognitive deficits and on the powers and limits of powers of attorney.

Statutory and Legal Factors

Statutes. Most (81%) prosecutors reported that their state statutes were somewhat (48%) or very (31%) helpful in prosecuting elder abuse. However, Virginia prosecutors were significantly less likely to find their statutes helpful in prosecuting elder abuse ($X(3) = 8.12$, $p < .05$) (although this likely reflects the absence of a financial exploitation statute in Virginia) (see Figure 53).

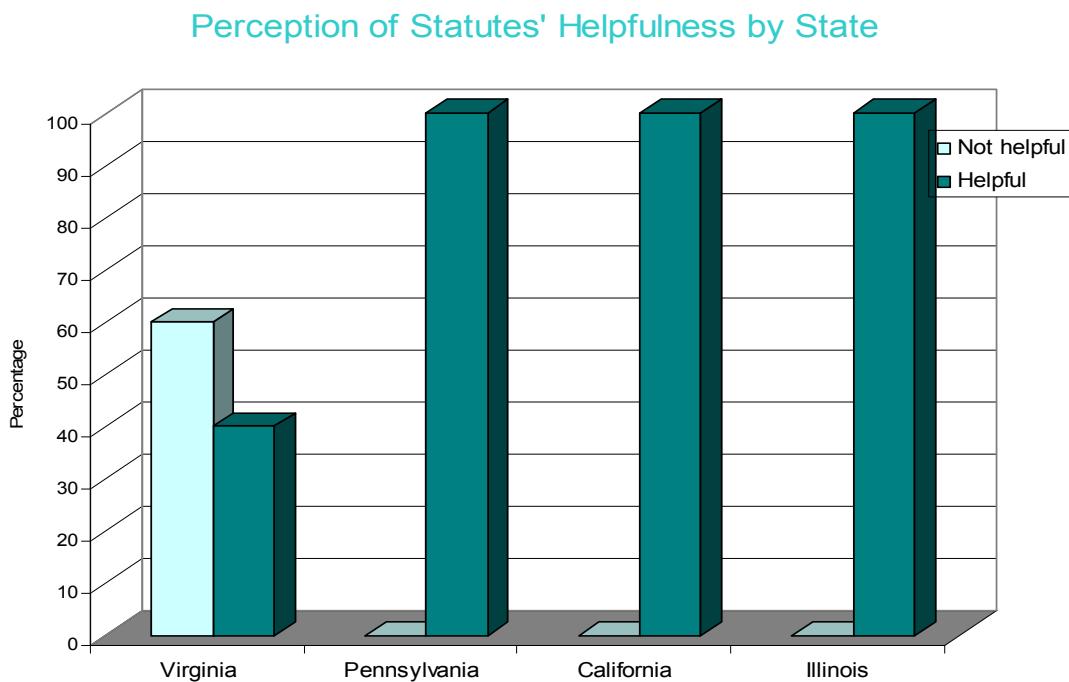


Figure 53. Statutory Effectiveness by State

Legal constraints. Although most prosecutors found their state statutes helpful, they were able to identify some legal constraints that hampered their ability to prosecute elder abuse. The most common comment concerned the confrontation clause, with one prosecutor specifically mentioning the impact of *Crawford v. Washington* (541 U.S. 36 (2004)) on elder abuse.¹²⁹ Prosecutors feel unable to pursue

¹²⁹ *Crawford v. Washington*, 541 U.S. 36 (2004), addressed whether hearsay statements (i.e., out-of-court statements that are testimonial in nature (offered as proof for the truth of the matters asserted)) can be admitted into evidence during courtroom proceedings in criminal cases under the Confrontation Clause of the Sixth Amendment. The Confrontation Clause states, "in all criminal prosecutions, the accused shall enjoy the right...to be confronted with the witnesses against him." The U.S. Supreme Court ruled that such statements were admissible only if the original declarant of the statement is unavailable to testify in court and the defendant has had a prior opportunity to cross-examine him or her. This holding creates a significant challenge for prosecutors in family violence cases (i.e., child abuse, intimate partner violence, elder maltreatment cases), where victims frequently (1) retract or deny prior statements indicating they were abused or (2) are unwilling to provide testimony or otherwise assist prosecutors who seek to impose criminal penalties on the person who abused the victim. Oftentimes, the victim is the only witness to the abuse, and the absence of a statement or testimony from the victim can make it very difficult to obtain a

prosecution when the elder is unavailable to testify or is deceased because the elder's absence violates the confrontation clause. Another category that was mentioned was the need to expand hearsay exceptions. In cases in which the elder is deceased or unavailable, prosecutors would like to pursue the case using hearsay exceptions, but generally are barred from doing so. Power of attorney laws are in need of reform as they prohibit prosecution by reasoning that the elder knowingly provided consent for the activity. And finally, one prosecutor asserted that the neglect statute in the state in which he practiced was too narrow to allow many cases of neglect to be prosecuted (e.g., focusing upon the caretaker).

Court reforms. Prosecutors were read a list of four possible reforms and asked to identify reforms they felt were beneficial to prosecuting elder abuse (see Figure 54). At least two-thirds of prosecutors felt the following reforms were beneficial: Expedited trials (77%), enhanced penalties (65%), priority on court dockets (65%), and courtroom accommodations for elderly victims (65%).

criminal prosecution. The U.S. Supreme Court, however, determined that an opportunity to cross-examine the victim was critical to determining the reliability of the victim's statements.

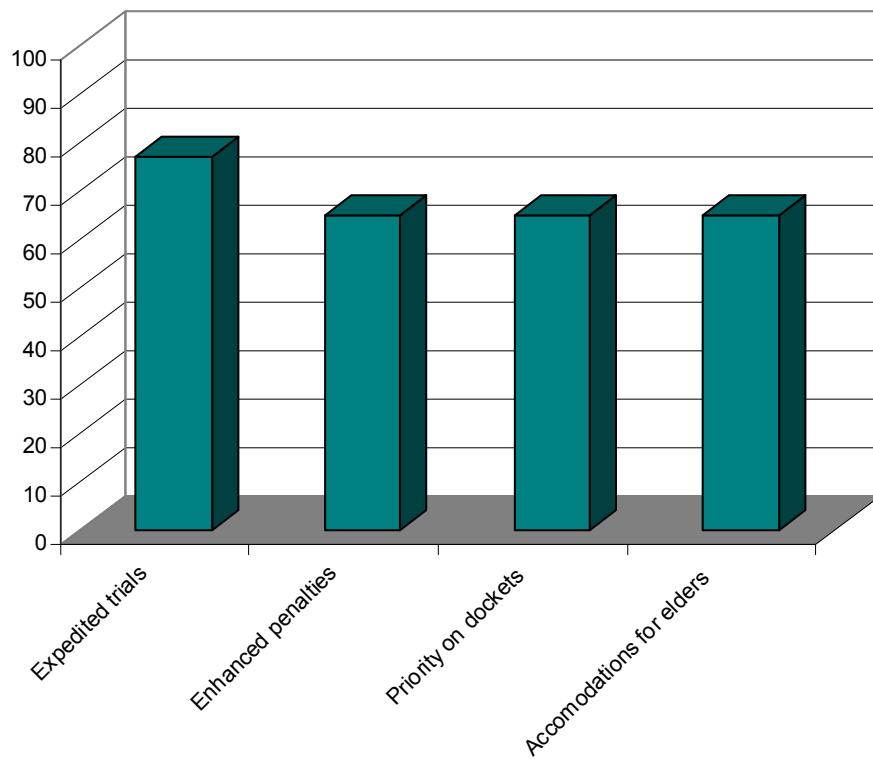


Figure 54. Beneficial Court Reforms

Investigation and prosecution reforms. Prosecutors were also asked about a number of reforms related to investigation and prosecution procedures (see Figure 55). With two exceptions (only 29% felt no drop policies were beneficial and only 18% felt mandatory arrest policies were beneficial), at least two-thirds of prosecutors agreed that the following reforms were beneficial: multidisciplinary teams (88%)¹³⁰, specially

¹³⁰ There is growing consensus that elder abuse requires a multidisciplinary approach to effectively identify, investigate, intervene, and prosecute (Anderson & Mangels, 2006; Bonnie & Wallace, 2003; Davis & Medina-Ariza, 2001; Johnson, 2003; Kemp & Mosqueda, 2005; Kinnear & Graycar, 1999; Marks, Buckmaster & Cunningham, 2003; NDAA, 2003; Price & Fox, 1997; Rabiner, O'Keefe & Brown, 2004). According to Roby and Sullivan (2000), there are strong arguments for law enforcement and APS working collaboratively on these cases as each profession bring different strengths. For example, APS is not bound by the same rules that bind law enforcement; APS is able to access records that law enforcement must obtain with a search warrant; APS has more experience in assessing a family's needs; APS may be better at communicating with elders; and APS is likely has a better understanding of family dynamics. In contrast, law enforcement can gain entry into residences easier than APS; law enforcement is more experienced in collecting, preserving, and processing evidence; law enforcement has the power to arrest;

trained elder abuse prosecutors (88%), social service agencies (71%), specialists to aid investigation (77%), forensic centers to aid investigation (65%), and vertical prosecution (63%).

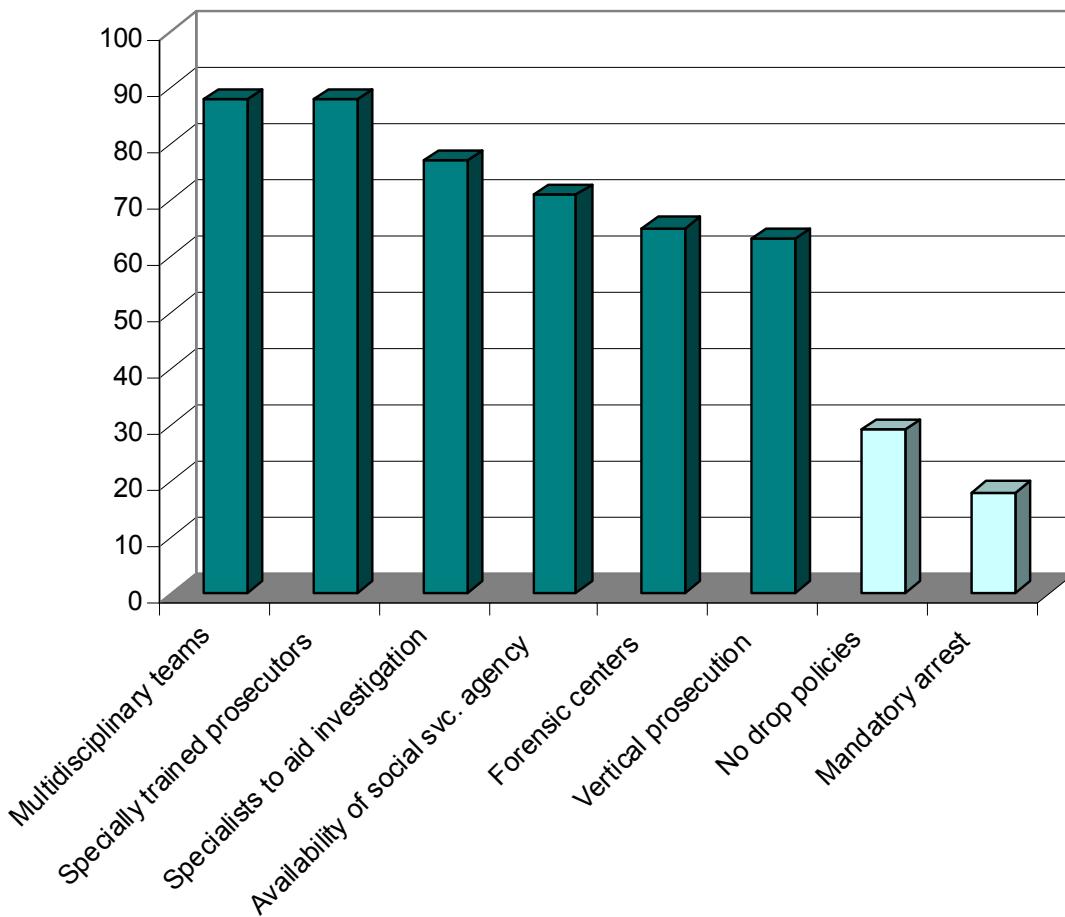


Figure 55. Prosecutors' Perceptions of Other Reforms

Suggestions for reform. Prosecutors were then asked an open-ended question to identify some reforms that would be helpful to their practice of prosecuting elder abuse. Reforms identified by prosecutors were categorized into two groups. Victim-focused reforms included creating additional hearsay exceptions, creating the ability to

and finally, law enforcement has the power to seize evidence. In criminal cases involving “beyond a reasonable doubt” standard, this combination of talent likely will lead to optimal outcomes.

appoint a defense attorney to cross exam the elder even before a defendant has been identified to enable prosecutors to pursue cases in which the elder subsequently dies or is unavailable, and the need for public education for elderly persons. Statutory-focused reforms included changing the power of attorney laws, broadening the category of neglect, instituting harsher punishments for perpetrators, setting minimum/maximum guidelines for sentencing offenders, and passage of a fiduciary exploitation statute.

Financial Exploitation

Over half of prosecutors felt that financial exploitation cases were difficult to prosecute. This may be partially explained by the finding that 20% of prosecutors felt “weak” in their ability to prosecute financial exploitation cases. Nonetheless, 87% of prosecutors believed financial exploitation should be prosecuted in the criminal court, prosecutors (85%) asserted that there was no minimum amount of money required to pursue a financial exploitation case. Furthermore, although less than 25% of financial exploitation cases involve co-occurring financial exploitation and some other form of abuse, for most prosecutors (54%) co-occurring financial exploitation with another form abuse had no impact on their willingness to take the case (although 38% reported that they were somewhat or much more willing to take such a case).

When asked to delineate the key factors in deciding whether to pursue a financial exploitation case, one prosecutor succinctly summed up the comments of all others by saying “I have to be able to prove the elements of the crime to the degree required by law.” However, anecdotally, prosecutors noted that in these cases there is

often a lack of evidence: lack of documentation, lack corroboration, and lack victim participation.

Prosecutors were asked to identify their goals in pursuing financial exploitation cases by being read a list of five possible goals (see Figure 56). Prosecutors were motivated to pursue financial exploitation cases by a desire to: hold the perpetrator accountable (100%), deter the perpetrator from abusing others (92%), restore the victim's loss (69%), send a signal that will deter other perpetrators (61%), and provide a sense of justice to the elder (50%).

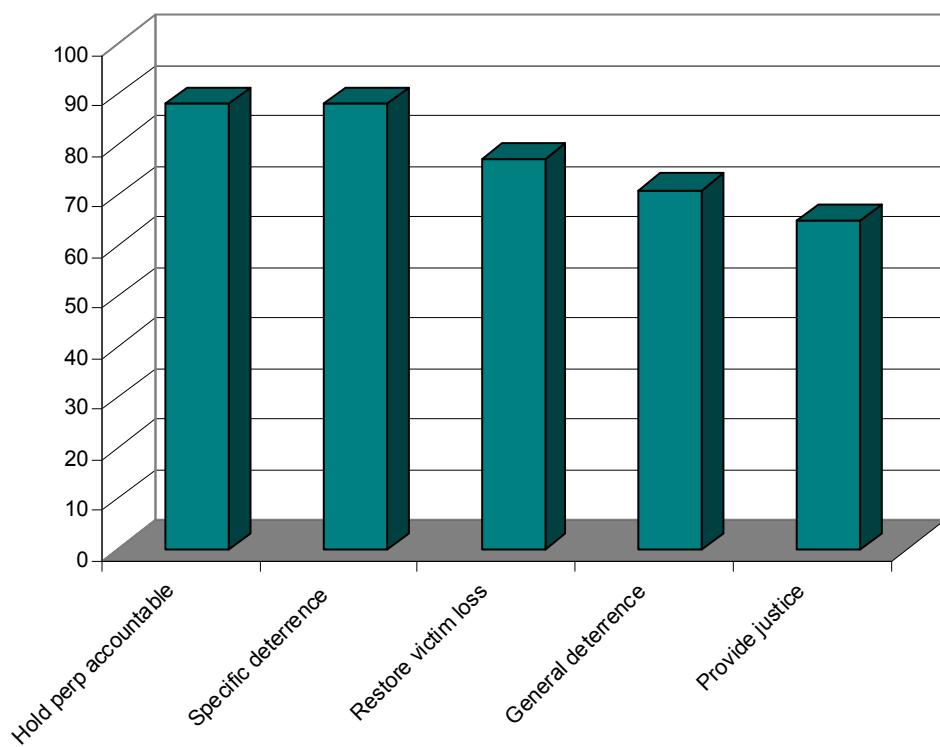


Figure 56. Prosecutors' Goals in Pursuing Financial Exploitation Prosecution

Prosecutors reported that they always ask for restitution. Half (50%) of prosecutors estimated that in 75% of their cases the victim receives some restitution.

However, over half (56%) of prosecutors estimated that elder victims receive less than 25% of what is actually owed them.

Summary

This pilot study confirmed that over half of prosecutors perceived that elder abuse cases are more difficult to prosecute than other crimes. Furthermore, neglect and financial exploitation were perceived as particularly difficult to prosecute, while an equal number of prosecutors thought physical abuse cases were easy as were difficult to prosecute. Prosecutors endorsed a number of explanations for these perceptions that certainly mirror the literature on prosecuting elder abuse (see e.g., Heisler & Stiegel, 2002; Heisler, 2000; Meirson, 2008; US Department of Justice, 1998). These included factors associated with prosecutors themselves, victim characteristics, assistance from law enforcement and APS, and statutory and legal contexts in which they operate.

Some differences by state were identified. Prosecutors in Virginia were significantly less likely to be rewarded for pursuing elder abuse cases, felt their state statute was unhelpful in prosecuting elder abuse, and perceived prosecuting financial exploitation in particular as “very difficult”. However, prosecutors in Pennsylvania were more likely to feel positively rewarded for pursuing elder abuse cases.

Facilitators of pursuing elder abuse prosecution included elder characteristics such as a willingness to pursue charges or the ability to testify, the assistance provided by law enforcement and APS agencies, their state’s statutes, and a variety of reforms that are being implemented across the country. Many of these characteristics likely indicate to prosecutors that elderly victims will be cooperative.

However, there were a number of barriers to the prosecution of elder abuse as well. Again, victim characteristics such as the victim's lack of cooperation, prosecutors' lack of training in elder abuse, and the difficulty involved in prosecuting financial exploitation and neglect specifically. Prosecutors identified a number of legal constraints that also hamper their ability to prosecute elder abuse.

Financial exploitation cases in particular were most frequently rated by prosecutors as "very difficult" to prosecute. Furthermore, 20% of prosecutors felt weak in their ability to prosecute financial exploitation cases. And even when cases are pursued, prosecutors are pessimistic that elderly victims will receive the restitution they deserve. These findings lend further support to our assertion that financial exploitation is underreported, underinvestigated and underprosecuted.

The bottom line for most prosecutors is evidence. However, much of the problem with evidence is really a problem with victim cooperation or availability. Indeed, a number of factors identified by prosecutors as either facilitating or frustrating prosecution, in addition to the reforms identified, ultimately concerned victim cooperation and/or their ability to testify. Thus, prosecutors are still relying on victim cooperation and availability. While prosecutors can proceed without a victim (Ulrey, 2010a), victim cooperation can be enhanced by assuring victims that their perpetrator will receive needed services (Browning, 1998). In addition, we hypothesize that a multidisciplinary approach will facilitate victim cooperation, for example, having APS involved as a victim advocate. These data also indicate the need to develop specialized prosecutors, detectives, advocates, and judges and the need for these various

professionals to work collaboratively as no one agency has all the skills and resources to handle these complex cases that often involve dysfunctional family dynamics that have existed for decades (Anetzberger, 1987).

Criminal Justice Conclusions

Consistent with existing literature, relatively few cases of elder abuse were prosecuted (18% of the 71 cases). However, physical abuse cases were significantly more likely to be prosecuted than other forms of abuse, even though elderly persons did not desire prosecution in those cases. Prosecution likely occurred in these cases because the case fit under an existing statute (i.e., assault, fraud, forgery) and law enforcement was more likely to be involved in physical abuse cases.

Elderly victims have little desire for prosecution. Prosecution was related to the elder's wishes, suggesting victim cooperation influences prosecutor's decisions. However, in financial exploitation cases the banks pursued prosecution rather than the elderly victims. Elderly victims were more likely to support prosecution when the perpetrator was a non-relative. Prosecutions involving relatives were more likely if law enforcement was involved or there was strong family/friend support system in place. Cases involving relatives are more difficult for elderly victims and the situation has to become dire before they will agree to prosecute.

Because APS caseworkers perceive prosecutors as unwilling to accept their cases, particularly financial exploitation cases, APS caseworkers underreport and underinvestigate financial exploitation cases. Further compounding this situation is the

underprosecuting of elder abuse cases, in general, and the prosecution of financial exploitation cases specifically.

Cases that do not fit neatly under a criminal statute are unlikely to be prosecuted resulting in many elderly victims not receiving the criminal justice response they deserve. Compounding this problem is that caseworkers are not pursuing FE cases predicting that prosecutors will not accept the case. A double whammy for elderly victims.

Take Away Points

- 18% of cases were prosecuted and obtained a conviction
 - Physical abuse cases were more likely to be prosecuted
- 47% of cases had no law enforcement involvement
 - Law enforcement was more likely to be involved in a physical abuse case
 - Physically abused elderly people called the police out of fear and then wanted to recant; however, law enforcement officials refused to drop the case
- 63% of elders do not or did not want law enforcement involved and 74% did not or would not want prosecutors involved in their case
- Elder's preference or law enforcement and their preference for prosecutor involvement was related to prosecution, suggesting victim cooperation plays a role in prosecutors' decisions
- Many APS caseworkers believe prosecutors will refuse financial exploitation cases and therefore do not refer cases to prosecutors, resulting in financial exploitation being underinvestigated and underprosecuted

- Over half of prosecutors in a pilot study perceived elder abuse cases as more difficult to prosecute than other crimes
 - Prosecutors perceived neglect and financial exploitation as particularly difficult to prosecute
 - Barriers and facilitators associated with prosecution were identified, although most concerned victim cooperation or availability, indicating that prosecutors perceive the victim as paramount in prosecuting elder abuse

Results Section 12 of 13:

Outcomes

One reason we chose to study closed cases was so that we could examine the outcomes associated with these cases. Further, examining outcomes allows us to assess how the APS intervention affected the elder.

Stopping the elder's maltreatment. We found at the time of our interview, in 83% of the cases the abuse had stopped at the close of the APS case. There were a number of reasons why the abuse stopped. As demonstrated in Table 33, the most frequent explanation given for why the abuse stopped was because of the APS intervention or because of some action on the part of the elder. Abuse stopping varied by type of abuse ($\chi^2(12) = 25.26$, $p < .05$). There were several places in the chi-square table indicating significant associations. In twice as many cases as expected, PFE victims had the abuse stopped because the situation was already resolved when APS received their report. Physical abuse victims were 3 times more likely than expected for the abuse to have stopped because the perpetrator was in jail. HFE elderly victims were 2 times as likely as expected for the abuse to have stopped because the elder was removed from their home or appointed a guardian. Neglect victims were 2 times as likely as expected to have the abuse stopped because of an APS or family intervention.

Table 33. Did the abuse stop and why?

Response Options		Frequency (percentage)
Reason Abuse Stopped	Abuse stopped because elder was appointed a guardian or removed from home	6 (8%)
	Abuse stopped because the elder was removed from the home	6 (8%)
	Abuse stopped because perpetrator is in jail (related or unrelated charge)	10 (14%)
	Abuse stopped because the situation was already resolved when APS received their report	4 (6%)
	Abuse stopped (e.g., elder, APS, or family intervention)	33 (47%)
Abuse Continues	Abuse continues	12 (17%)
	Total	71

Changes in the elder's living arrangements. One possible outcome of APS intervention is a change in the elder's living arrangement, either a change for the better or a change for the worse. In the majority of cases (52%) there was no change in living arrangements. However, in 14% of these cases, the elder and perpetrator remained together.

Living arrangements at the close of the case did vary by type of abuse ($\chi^2(9) = 22.56$, $p < .01$). See Figure 57 and Table 34. Financially exploited victims were half as likely as expected to have a change in living arrangement (i.e., perpetrator and elder no longer live together). However, HFE cases were twice as likely as expected to have a change in living arrangements (i.e., perpetrator and elder no longer live together). We also found that financially exploited elderly victims were almost twice as likely as expected to be removed from their home. We conducted post-hoc analyses to determine whether removal from one's home was related to dementia. We found a

significant association ($\chi^2(3) = 19.40$, $p < .001$). An elder who had a change in their living arrangement by being removed from their home was 3 times as likely as expected to have dementia/Alzheimer's. Conversely, elder's whose living arrangement had not changed and they were still living alone were three times less likely as expected to have dementia/Alzheimer's.

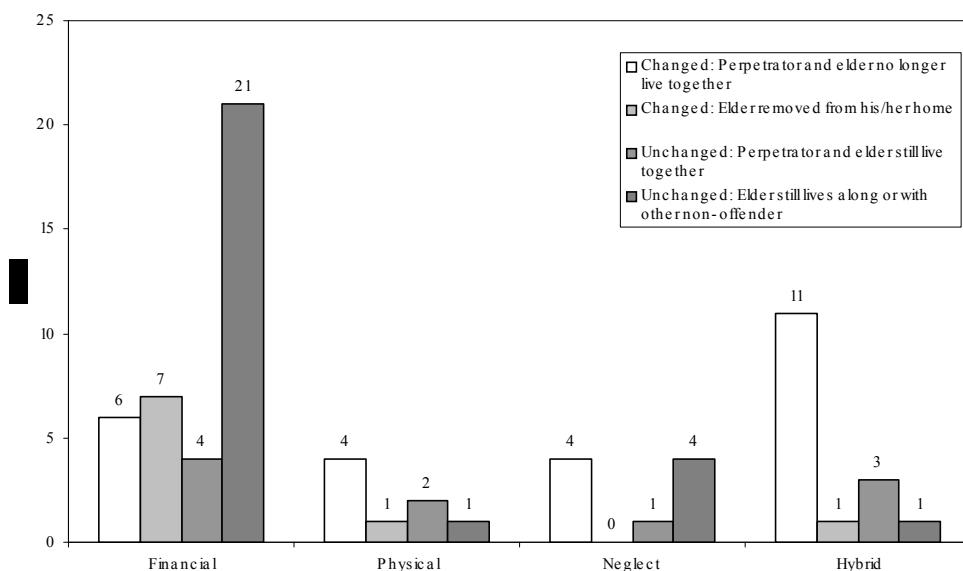


Figure 57. Impact of APS on elderly persons' living arrangements.

Table 34. What, if any, was the elder's change in living situation as a result of APS?

Status	Type of Change	Type of Maltreatment				
		Financial	Physical	Neglect	Hybrid	Total
Changed	Perpetrator and elder no longer live together	6	4	4	11	25
	Elder has been removed from his/her home	7	1	0	1	9
No	Perpetrator and elder still live together	4	2	1	3	10

Change	Elder still lives alone or with other nonoffender	21	1	4	1	27
Total		38	8	9	16	71

Contact between elder and perpetrator. In 37% of the cases, there was ongoing contact between the elder and the perpetrator. See Figure 58 and Table 35. However, of the remaining 63% of cases in which the perpetrator and elder no longer had contact, 15% of those cases had no contact because the perpetrator was in jail or the perpetrator had disappeared, but the elder still desired contact with the perpetrator. There were no differences by type of abuse. In all types of cases, between one half (neglect) and two thirds of elderly persons had no further contact with the perpetrator. As expected, however, elderly persons were significantly less likely than expected to have ongoing contact with a non-relative as a relative (half again as likely as expected to have no further contact with nonrelatives) ($\chi^2(1) = 8.15$, $p < .001$).

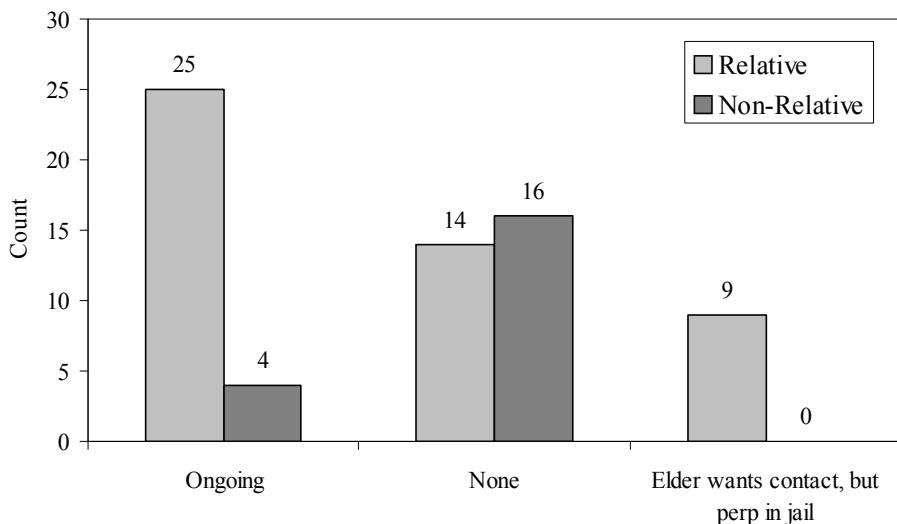


Figure 58. Contact with perpetrator by relationship to perpetrator.

Table 35. Is there ongoing contact between the victim and the perpetrator?

Response Options		Frequency (percentage)
Yes	Ongoing contact between victim and perpetrator	26 (37%)
No	No further contact between victim and perpetrator	34 (48%)
	No contact because perpetrator is in jail, but elder wants contact	9 (12%)
	No contact because perpetrator has disappeared, but elder wants contact	2 (3%)
	Total	71

Changes in the elder's POA. The elder's power of attorney (POA) may be impacted by an APS investigation in one of three ways. There could no change, the perpetrator's POA could be revoked, or the elder may now have a new POA to provide financial assistance. In our study, 80% of elderly persons had no change in their POA (for better or for worse). However, in 13% of the cases, the perpetrator's POA was revoked and in 7% of cases, the elder had now appointed a POA. There were significant changes from the elder's initial POA status (the perpetrator had a POA, a non-offending individual had a POA, or no one had a power of attorney). However, the POA was revoked 6 times as likely as expected when the perpetrator initially had a POA and, conversely, when the perpetrator initially had a POA the POA was 4 times less likely than expected to result in no change ($\chi^2(4) = 56.45$, $p < .01$). As can be seen in Table 36, there were only two cases in which the perpetrator still had a POA. POA outcomes did not differ by type of abuse.

Table 36. Outcome of POA

		What was the status of POA?			Total
		Perpetrator had POA	Non offender had POA	No one had POA	
Outcome of POA	No Change	2	8	46	56
	POA Revoked	9	0	0	9
	No POA to begin with, but a POA now	0	0	5	5
Total		11	8	51	70

Appointment of a guardian. In 13% of the cases a guardian was appointed to the elder because of the elder's cognitive impairment. See Figure 59 and Table 37. Appointment of a guardian varied by type of abuse ($\chi^2(3) = 12.16$, $p < .01$). HFE victims were 3 times as likely as expected to be appointed a guardian, suggesting that they were particularly likely to be determined to be incompetent to be making decisions for themselves. However, PFE victims were half again as likely to be appointed a guardian as would be expected by chance alone, indicating that they were relatively likely to be deemed competent to be making decisions for themselves.

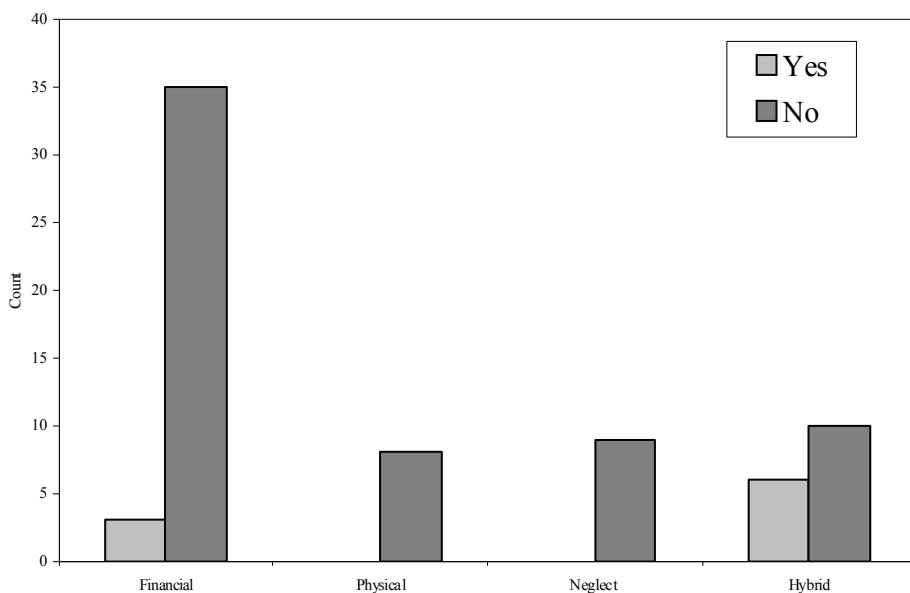


Figure 59. Whether a guardian was appointed by type of maltreatment.

Table 37. Was there a Guardian appointed after the abuse occurred?					
	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Yes	3	0	0	6	9
No	35	8	9	10	62
Total	38	8	9	16	71

Financial impact. When examining the financial impact among PFE and HFE elderly victims, we found that 93% of elders reported having sufficient money for food and shelter and basic necessities at the time of our interview. See Figure 60 and Table 38.

However, we also created a three-level categorical variable: financially solvent, financial difficulties, and financial disaster. In PFE and HFE cases, 60% of the abused elderly person were financially solvent at the close of the case, 20% were experiencing financial challenges and 20% experienced financial disaster. This variable did not differ by type of abuse (PFE or HFE).

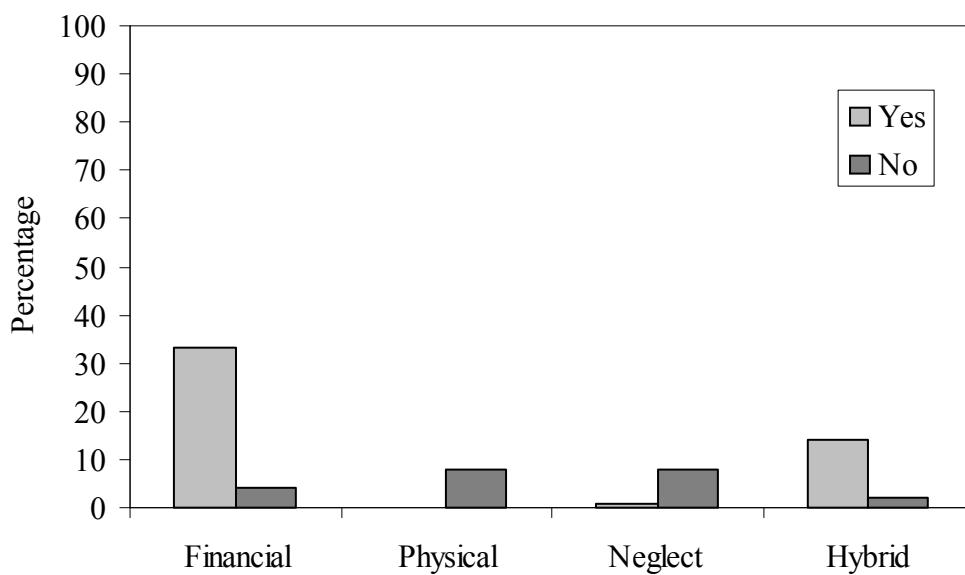


Figure 60. Financial consequences by type of maltreatment.

Table 38. Financial Impact for Financially Exploited and Hybrid Financially Exploited Victims

Financial Impact	Type of Maltreatment		Total
	Financial	Hybrid	
Financially solvent	21	11	32
Financially difficult	10	1	11
Unable to meet financial obligations	7	4	11
Total	38	16	54

Although cases involving financial exploitation were believed to result in greater financial deficits for elderly persons, we asked all elderly participants about their financial status at the time of our interview. See Table 39. Again, we found that 84% of elderly persons reported having sufficient funds for food, shelter, and basic necessities. When we examined the three-level variable, we found that again the majority (66%) of all elderly persons were financially solvent. However, 17% were having financial challenges (e.g., able to pay their bills but having to cut back on some things), while another 17% were unable to meet their financial obligations (in some cases, APS paid some bills for them). This variable was not associated significantly with type of abuse (although financial difficulties were reported for 44.7% of the PFE cases, but only in 0% of the physical abuse, 22.2% of the neglect cases, and 31.3% of the HFE cases).

Table 39. Financial Impact of Financial Exploitation

Financial Impact	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Financially okay (able to pay bills, etc.)	21	8	7	11	47
Financially difficult, maybe had to cut back, but able to pay bills	10	0	1	1	12
Unable to meet financial obligations, maybe APS had to help	7	0	1	4	12
Total	38	8	9	16	71

Future risk for maltreatment. We asked elderly persons and APS caseworkers whether they felt the elder was at risk in the future for being mistreated. See Table 40. Over half (57%) of the caseworkers felt the elderly victims in their cases were not at risk of maltreatment in the future. When elderly victims were asked this question, more of them (69%) felt they were not at risk in the future. It can not be resolved from this data whether the caseworkers were overestimating this risk, or the elderly persons were underestimating this risk. When elderly persons were asked this question, risk for future maltreatment was significantly associated with type of abuse ($\chi^2(3) = 7.88$, $p < .05$). Financially exploited elderly persons were almost half as likely as expected to perceive themselves at risk in the future, whereas physically abused and HFE victims were twice as likely as expected to perceive themselves at risk in the future. Furthermore, risk for future abuse varied by elder-perpetrator relationship in that elderly persons perceive they are not at risk in the future when their perpetrator is a

nonrelative ($\chi^2(1) = 7.47$, $p < .01$). Risk of abuse also varied by the living arrangements of the elder and perpetrator ($\chi^2(9) = 18.62$, $p < .05$). When the perpetrator continued to live with the elder at the close of the case, the elder was 3 times less likely than expected to feel s/he was not at risk in the future (i.e., she felt she was at risk).

Table 40. Is the victim at risk for future abuse?

Risk for Future Abuse	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Yes, at risk for future abuse	3	3	0	5	11
No, not at risk for future abuse	15	3	4	4	26
Total	18	6	4	9	37

Recovery of funds. Of the elderly persons in our study who had lost financially (which comprised 53 of the 71 cases (74.6%) of our sample), 86% did not recover their lost assets. Only 7% had a partial recovery of funds and 7% had a full recovery of funds. Of those who partially recovered their lost funds ($N = 4$), 7% of their lost funds were recovered (\$575,957 total lost and \$37,900 recovered). There were four elderly persons who made a full recovery of their loss for a total recovery of \$320,220. Recovery did not differ by PFE vs. HFE (see Table 41) (although there was at least some recovery in 18.9% of the PFE cases, but in only 6.3% of the HFE cases).

Table 41. Did the victim recover any lost money?

Recovery	Type of Maltreatment		Total
	Financial	Hybrid	
No recovery of any money/property	30	15	45
Partial or Full Recovery	7	1	8
Total	37	16	53

New reports. We examined whether elderly persons in our study had any new reports to APS since the disposition was made. See Table 42. We found that 14% of the elderly persons in our study had received a new APS report. There was a trend for new reports to vary by type of abuse ($\chi^2(3) = 7.51$, $p = .057$). Elderly persons in the HFE group were more than 2 times as likely as expected to have a new report (there was a new report for 33.3% of the HFE cases, but only 7.9% of the PFE cases, 0% of the physical abuse cases, and 22.2% of the neglect cases).

Table 42. Are there any new reports on the victim?

	Type of Maltreatment				Total
	Financial	Physical	Neglect	Hybrid	
Yes	3	0	2	5	10
No	35	8	7	10	60
Total	38	8	9	15	70

Perpetrator outcomes. One of the primary advantages of the design of our study was that we could assess outcomes relevant to the perpetrators. In 44% of the cases the perpetrator experienced no consequences related to their maltreatment of the elder. However, in 56% of the cases, the perpetrator experienced one of five possible consequences. As presented in Figure 61 and Table 43, 28% of the perpetrators were being investigated, arrested, or prosecuted on a charge related to the elder maltreatment. Another 11% were being investigated, arrested, or prosecuted on an unrelated charged (e.g., the perpetrator was arrested for arson rather than financial exploitation).¹³¹ Another 7% of perpetrators no longer had contact with the elder for a variety of reasons, 9% were cut off from access to the elder's money, and 1% (1) perpetrator was fired by his employer.¹³²

When perpetrator consequences were examined by type of abuse, significant associations were found ($\chi^2 (15) = 25.55, p < .05$). In terms of no consequences at all for the perpetrator, physical abuse perpetrators were 3 times less likely than expected to have no consequences, although neglect perpetrators were 2 times more likely than expected to experience no consequences (36.8% of the PFE perpetrators, 12.5% of the physical abuse perpetrators, 88.9% of the neglect perpetrators, and 50.0% of the HFE perpetrators suffered no consequences). As noted earlier, physical abuse perpetrators were 3 times as likely as expected to be either under investigation, arrest, or

¹³¹ Although prosecutors may charge perpetrators with something other than elder abuse statutes to hold them accountable, in the cases identified in this study, the investigation, arrest or prosecution was completely unrelated to the elder abuse.

¹³² When a perpetrator could have more than one consequence, the most severe consequence was recorded. For example, some professional caretakers were fired from their job, but they were also being prosecuted and thus they are categorized as being prosecuted rather than being fired.

prosecution for the related offense.

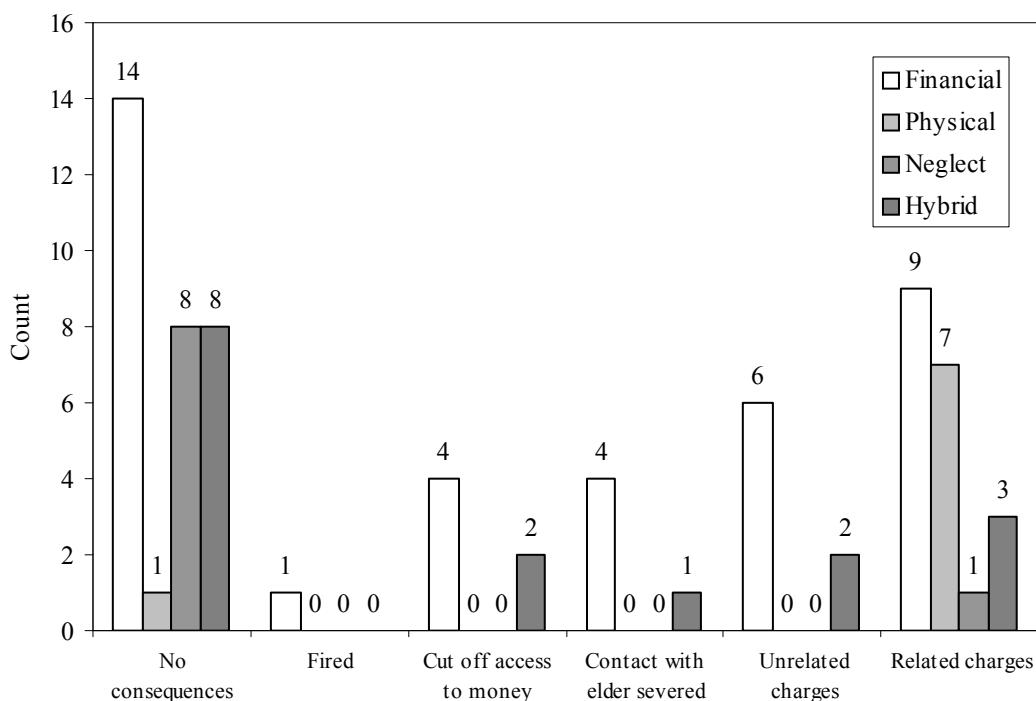


Figure 61. Perpetrator consequences by type of maltreatment.

Table 43. Perpetrator Outcomes

Type of Outcome	Frequency (percentage)
No consequences/changes	31 (44%)
Fired	1 (1%)
Cut off access to elder's money	6 (8%)
Removed from home/left the home/no contact with victim	5 (7%)
Investigating, arrested, and/or prosecuted on unrelated charges or warrant for arrest	8 (11%)
Investigating, arrested, and/or prosecuted on related charges or warrant for arrest	20 (28%)
Total	71

Overall Perceptions of the Case

We asked elderly persons and APS caseworkers to assess their own perceptions of how they felt overall about the outcome of the case. When we asked caseworkers this question, 49% of caseworkers felt the case turned out well, 31% felt it turned out okay, and 20% felt it turned out poorly. When elderly persons were asked this question, 40% of elderly persons felt things turned out well for them, 32% felt it turned out ok, and 28% felt things turned out poorly. Thus, the elderly persons tended to see the case as not having turned out as well as the caseworkers did. Perceptions of overall outcome did not vary by type of abuse for either APS caseworkers or elderly persons (see Figure 62 and 63 and Table 44). However, 53% of PFE elderly persons, 17% of physically abused elderly persons, 50% of neglected elderly persons, and 63% of HFE elderly persons perceived their case as turning out well. This indicates that physically abused elderly persons, whose loved ones were incarcerated although against the elder's wishes, less frequently perceived their case as turning out well.

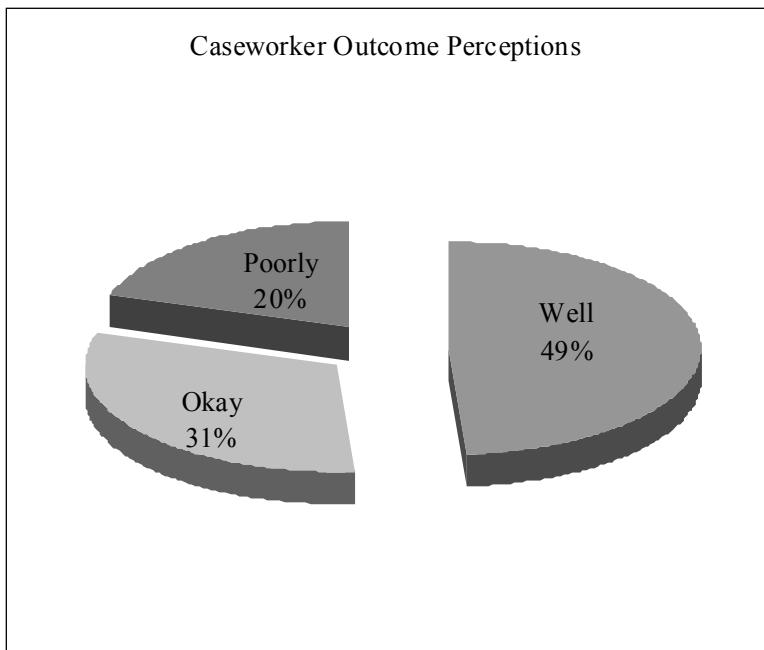


Figure 62. Caseworker outcome perceptions.

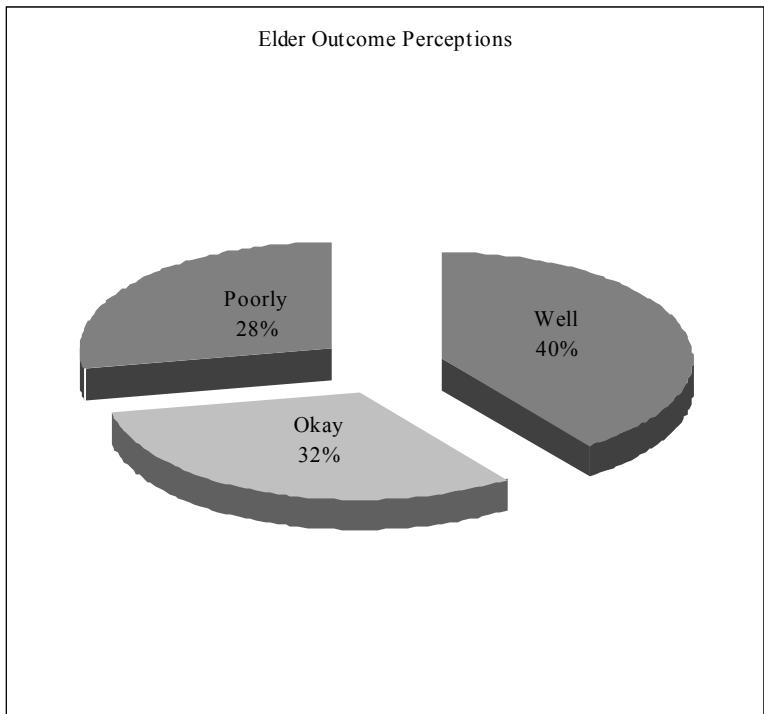


Figure 63. Elderly person's outcome perceptions.

Table 44. Frequency and Percentage of APS Caseworkers and Elderly Persons by Perceptions of Outcome of the Case

Case Outcome	Respondent	
	APS Caseworkers	Elderly Persons
Turned Out Well	34 (49%)	20 (40%)
Turned Out OK	22 (31%)	16 (32%)
Turned Out Poor	14 (20%)	14 (28%)

Take Away Points

- Outcomes differed by type of abuse
- 48% of maltreated elderly persons experienced a change in living arrangement
 - HFE were most likely to experience a change in living arrangement (i.e., separation of elder and perpetrator/son)
 - Removal from one's home was related to dementia
- 37% of elderly persons had ongoing contact with their perpetrator (more often perpetrators who were relatives of the elderly victims)
- 13% of elderly persons were appointed a guardian
 - HFE were more likely to be appointed a guardian
- Physically abused and HFE elderly people were more likely to perceive that they were at risk for abuse in the future
- Of the 54 financially exploited elderly persons (PFE and HFE), 86% had no financial recovery
- 14% of elderly persons had a new APS report filed on them
 - HFE were more likely to have a new APS report filed on them
- 44% of perpetrators had no consequences associated with their abuse of the elderly person

Results Section 13 of 13:

Differences in Perceptions

Little attention has been paid to differences in perceptions between APS caseworkers and elderly victims, although it is widely acknowledged that such differences exist. We begin this section by examining differences in the responses of elderly persons and APS caseworkers to a variety of variables contained in the interview instrument.

In the subsequent section, we conducted an analysis of differences between elderly persons' and APS caseworkers' perceptions regarding the root causes of the elder's abuse. Determining the cause of abusive behavior is the foundation for developing interventions well-designed to correct the abusive situation. However, when two individuals differ in their perceptions of the root cause of a problem, confusion is likely to result and likelihood of a successful intervention diminished. This may explain why solutions offered by APS caseworkers (e.g., separation of the elder and perpetrator; Crystal, 1986) are rebuffed by many elderly persons (Albrecht, Coward, & Shapiro, 1997). Therefore, it was important to determine whether APS caseworkers and elderly persons held similar or discordant perceptions about the causes of the abuse. This analysis also addresses the potential implications of such differences.

Chi-Square Analyses

A number of variables were examined in which the potential existed for differences in perceptions. APS caseworkers received most of their factual information from elderly clients, such as the elderly person's age, living arrangements, etc., and

therefore differences in responses would not be expected regarding these types of variables.

Case characteristics. Differences between APS caseworkers and elderly persons regarding case characteristics were first examined. Only one significant association emerged.¹³³

Elderly persons were two times more likely than expected to report their own attempts to intervene in their abusive situation, while APS caseworkers were three times less likely than expected to report elderly persons' attempts to intervene in their own situation (attempts to intervene by others, other agencies, or never tried to previously intervene were not significantly associated) ($\chi^2(4) = 18.69$, $p = .001$). Thus, elderly persons were more likely to perceive that they had made attempts to stop their abusive situation (however ineffective) than did the assigned APS caseworkers.

Elder risk factors. Second, differences between APS caseworkers' and elderly persons' perceptions regarding risk factors associated with elderly persons were examined. Several significant differences emerged.¹³⁴ Elderly persons were half again more likely than expected to report not having enough money for food and shelter and basic necessities ($\chi^2(1) = 3.86$, $p < .05$). Elderly persons were half again less likely than

¹³³ There was a trend for elders to report being choked ($\chi^2(1) = 4.90$, $p = .056$) and slapped ($\chi^2(1) = 3.76$, $p = .064$) more often than expected compared to responses by APS caseworkers; and for elders to report that they were two times more likely than expected to report not having inadequate food in their home at the time of the APS investigation ($\chi^2(1) = 4.02$, $p = .059$).

¹³⁴ Non-significant differences included: daily living challenges (ADLs), mental health problems, lonely, isolated, victim ever harmed the perpetrator, perceptions of perpetrator as the caretaker, and the elder experiencing other forms of abuse.

expected to report “fair” health ($X^2(2) = 5.95$, $p = .051$).¹³⁵ Elder’s were half again as likely as expected to report having no help with daily living challenges ($X^2(1) = 5.78$, $p = .02$). Elderly persons were half again more likely than expected to report having no social support ($X^2(1) = 4.24$, $p = .05$). Fewer elderly persons by half than expected reported lacking the ability to manage their life and live independently ($X^2(1) = 4.24$, $p = .05$). Likewise, fewer elderly persons by half than expected reported lacking the ability to protect themselves from abuse. Fewer elderly persons by half than expected reported fearing their perpetrator ($X^2(1) = 6.86$, $p = .01$). Elderly persons were half again less likely than expected to report that something unusual was going on in their life at the time of the abuse ($X^2(1) = 6.93$, $p = .05$). And finally, elderly persons were half again as likely as expected to report having a poor relationship with the perpetrator ($X^2(1) = 4.50$, $p = .05$).¹³⁶ Thus, elderly persons perceived their life situation as worse than did caseworkers. At the same time, elderly persons perceived they were more in control of their own lives than did caseworkers.

Perpetrator risk factors. Third, differences between APS caseworkers’ and elderly persons’ perceptions regarding perpetrator risk factors were examined. Several

¹³⁵ Elderly persons and caseworker definitely agreed on the elder’s poor health. Where the differences arose was in classifying the elder’s health as good or fair. Using all three categories and Don’t Know, $p = .057$. When three categories were used and Don’t know was removed, $p = .051$. When good/fair v. poor is used, n.s., and when good vs. fair/poor is used, $p = .034$.

¹³⁶ A number of chi-square analyses were significant when “Don’t know” responses were included, but when “Don’t know” responses were removed, the differences became non-significant. In all cases, the caseworker reported “Don’t know” more than would be expected by chance alone. These variables included: religious affiliation, drug/alcohol addiction or dependence of the elder, history of childhood abuse (witnessing or experiencing), and violence in current adult relationships (with partner and/or children, excluding abuse against the elder).

significant differences emerged.¹³⁷ APS caseworkers reported that perpetrators had significantly fewer ($M = 1.03$) children than did the elderly persons ($M = 1.85$) ($F(1) = 4.49$, $p < .05$). Elderly persons were half again more likely than expected to report that the perpetrator had poor health ($\chi^2(1) = 6.93$, $p = .05$).¹³⁸ Elderly persons underreported the perpetrator's financial dependence upon the elder ($\chi^2(1) = 4.17$, $p = .05$).¹³⁹ Finally, elderly persons were almost two times as likely as expected to report that perpetrators had no social support, whereas caseworkers were half as likely as expected to report that perpetrators had no social support ($\chi^2(1) = 6.93$, $p = .05$).¹⁴⁰ Thus, elderly persons perceived the perpetrator more sympathetically and more needy than did caseworkers.

APS investigation and response. Fourth, differences between APS caseworkers' and elderly persons' perceptions regarding the APS investigation and response were examined. A few significant associations emerged.¹⁴¹ Elderly persons were four times less likely than expected to report having had a previous APS report and caseworkers were half again as likely as expected to report the elder having had a previous APS

¹³⁷ Non-significant differences included: length of time the elder and perpetrator had known each other, employment status, age, mental health status, residential dependence, emotional dependence, experience with caring for others, and perpetrator has done something similar to others in the past.

¹³⁸ When good/fair health are combined vs. poor health, there are no significant differences (i.e., the difference is in assessing "fair" health (same as for elder's health)).

¹³⁹ Anecdotally, many elders indicated that when their son lived with them, they comingled their funds and thus the perpetrator was perceived by elders as contributing financially to the household.

¹⁴⁰ There were a number of variables that were significant when "Don't know" responses were included, but when "Don't know" responses were removed, the differences became non-significant. In all cases, the caseworker reported "Don't know" more than would be expected by chance alone. These variables included perpetrator: education level, marital status, religious affiliation, history of childhood abuse (witnessing or experiencing), violence in adult relationships (with partners or children), criminal record, drug or alcohol dependence or addiction, and finally, anything unusual going on in the perpetrator's life at the time of the incident(s).

¹⁴¹ Non-significant differences included: the elder was cooperative and helpful to the APS investigation, preference for the APS investigation, helpfulness of the APS response, satisfaction with the APS response, APS caseworker has followed up on the case, filing of criminal charges, preference for law enforcement involvement, preference for criminal justice consequences for the perpetrator, and case accepted by the prosecutor.

report ($\chi^2(1) = 14.32$, $p = .01$). Elderly persons were also more likely than expected to report that the abuse had already stopped by the time APS became involved, while conversely, APS caseworkers were half as likely as expected to report the abuse had already stopped by the time APS became involved ($\chi^2(1) = 14.32$, $p = .01$).¹⁴² Thus, elderly persons underreported their previous APS involvement and underestimated the benefit of the APS investigation/intervention in stopping their abuse.

Outcomes. Differences between APS caseworkers' and elderly persons' perceptions regarding the outcome of the case were examined next.¹⁴³ However, there were no significant associations on any of the variables related to the outcome of the case. Importantly, there were no significant associations between APS caseworkers and elderly persons regarding their perceptions of how well the case turned out overall (well, ok, poor) (see Table 44).¹⁴⁴

Summary. This section indicates that APS caseworkers and elderly persons held very similar perceptions and had a similar knowledge base regarding the case characteristics and the outcomes associated with each case. Elderly persons, however, perceived themselves as making more attempts to stop their own abuse. There were a few differences in terms of the APS investigation and response. For example, caseworkers were more likely to assert that elderly persons had had previous APS reports. Elderly persons, on the other hand, were more likely to report their abuse had

¹⁴² There were no variables in the APS investigation and response in which removing "Don't know" resulted in a non-significant difference.

¹⁴³ Non-significant differences included: living situation, contact between elder and perpetrator, elder's current safety, status of financial losses, perpetrator consequences, risk of future abuse, and sufficient funds currently.

¹⁴⁴ This variable was created three ways (retaining three levels, combining well and ok, combining ok and poor) and, in each case, there were no significant differences.

already stopped by the time APS began investigating their situation. Beyond this, however, generally, elderly persons' and APS caseworkers' responses were quite similar in terms of the case characteristics, the investigation, and the outcomes.

Where important differences emerged is in terms of how the elderly persons perceived themselves and their perpetrators. Elderly persons reported being worse off in many respects compared to APS caseworkers' beliefs regarding their current (post-intervention) living situation (insufficient income, lacking social support, no help with ADLs). Nevertheless, elderly persons clearly reported feeling more in control of their lives (ability to protect oneself, live independently) than did caseworkers. Furthermore, elderly persons were more likely to report perpetrator characteristics that indicated their need for assistance (e.g., poor health, few social supports available), suggesting a continuation of their emotional bonds with many of these perpetrators.

Differences in Perceptions Regarding the Cause of the Elderly Persons' Abuse

A different methodology was employed to examine differences in perceptions regarding the cause of the elderly persons' abuse. Participants were APS caseworker and elder pairs ($N = 63$) (or third party observers if no elder was available). An outline was developed for differences in perceptions regarding the causes of abuse that addressed five issues (see Table 45 for an example). The first issue addressed whether the APS caseworker and the elder initially held similar or discrepant perceptions regarding the cause of the elder's abuse (i.e., the perpetrator motivations and characteristics). If the perceptions were different, the second issue was coded: the nature of the difference in perception (e.g., the perpetrator had a mental illness). Third,

all cases were coded for whether at the close of the case perceptions regarding the causes of abuse between APS caseworkers and elderly persons were similar or discrepant. Fourth, whether there was a resolution in the case was coded. And fifth, whether the abuse stopped or continued was coded.

A coding scheme for open-ended questions (see Table 45) was devised post hoc by the principal investigators to capture in a systematic fashion the answers provided. The coding scheme was employed across all interviews by one member of the project staff and independently by a master's level research assistant trained in the coding scheme. Coding was then compared across coders, and the 8 instances of disagreement (10%) were resolved through re-review of the interviews, conversation between the principal coders, and clarification of the coding scheme, until all discrepancies were reconciled.

Table 45. Example of Coding Categories	
Initial Perceptions	Discrepant: APS saw an abusive daughter. Elder/mother saw a mentally ill daughter therefore she excused her daughter's behavior and attributed the behavior to her daughter's mental illness. The elder/mother felt guilty about her daughter's childhood. The elder/mother did not perceive her daughter's behavior as financial exploitation.
Nature of the Difference	Attributions to mental illness and guilt
Close of Case Perceptions	Similar: APS gave the mother permission to say "Enough is enough".
Solution	Separation of elder/mother and daughter
Abuse Stopped	The abuse has stopped

In 39 of 63 (62%) pairs of interviews, elder and APS caseworker perceptions were discrepant regarding the explanations for the cause of the elder's maltreatment.

Factually, the stories related by APS and the elder were consistent, although the reasons for the abuse (justifications) were quite different.

Initial differences in perceptions were significantly associated with type of abuse ($\chi^2(3) = 12.63$, $p < .01$). See Figure 64 and Table 46. Specifically, financially exploited elderly persons were half again more likely than expected to hold similar perceptions with APS caseworkers. This may be partially explained by the slight trend in which APS caseworkers' and elderly persons' perceptions were almost twice as likely as expected to be similar when the perpetrator was a non-relative ($\chi^2(1) = 2.95$, $p = .087$) (perpetrators of PFE were more likely to be non-relatives compared to other forms of elder abuse). In contrast to PFE elderly victim, physically abused elderly victim were 2.5 times less likely than expected to have similar perceptions with APS caseworkers, and HFE elderly victims were 5.5 times less likely than expected to have similar perceptions with APS caseworkers.

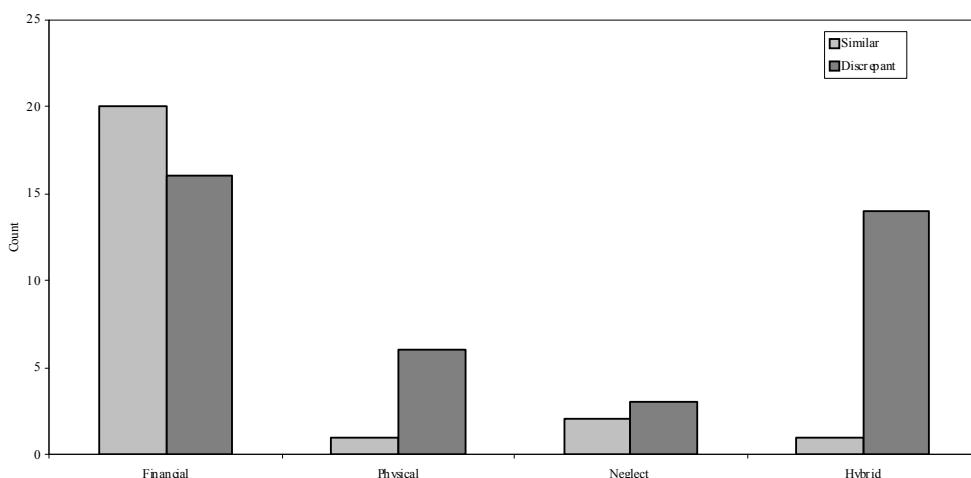


Figure 64. Initial similarity and differences between perceptions of APS caseworkers and elderly persons.

Table 46. Differences in Perceptions Between APS Caseworkers and Elderly Persons by Type of Abuse

Type of Abuse	Similar Perceptions	Discrepant Perceptions	Total
Financial Exploitation	20	16	36
Physical Abuse	1	6	7
Neglect by Other	2	3	5
Hybrid	1	14	15
Total	24	39	63

In cases in which there was a discrepant perception between elderly persons and APS caseworkers ($N = 39$), the nature of the discrepancies fell into six broad categories. The most common perception by elderly persons (33%) was what we termed “exchange,” that is, the perpetrator was perceived by the elder as fulfilling some need (e.g., the elder was able to remain in their home rather than reside in a nursing home in exchange for being mistreated). However, as perceived by APS, this was a dangerous situation for the elder.

The second most common explanation (28%) for this discrepancy concerned the elder sincerely wanting to protect or help the perpetrator. Perhaps the perpetrator was unemployable or had some other problematic characteristic (e.g., substance abuse) with which the elder wanted to provide some assistance. For example, in one case a family member had been divorced and was having a hard time financially and the elder felt like

this family member needed some help. However, as perceived by the APS caseworker, the perpetrator was unstable and taking advantage of the situation.

Third (13%), explanations for the perpetrator's behavior concerned the perpetrator's mental health issues. Whereas APS saw a dangerous situation with the perpetrator's potential for violence due to his mental illness, the elderly persons' perceived a mentally ill son in need of mental health treatment (not punishment or separation from the elder).

Fourth (13%), there were a handful of elderly persons who simply failed to perceive their situation as abusive compared to APS caseworkers. For example, one case concerned an elder who had experienced physical abuse her entire life and was now experiencing physical abuse and neglect and financial exploitation by her son. Although the home was uninhabitable and the son was abusive, this was the life she had always known and if you asked her whether anything was wrong she would likely say "No." She was living in her own home, where she wanted to remain with her son (although ultimately she was removed from her home). To APS, the home was unfit for human habitation and the situation was extremely dangerous for the elder.

The fifth most common discrepancy (10%) concerned other explanations such as a couple playing the lottery in an attempt to obtain enough money to make some necessary home repairs that would enable them to remain in their home. In another situation, the elder was helping out friends and organizations in need of money. In the latter case, APS waited patiently for the elder to become incapacitated so they could then intervene and stop the elder from being financially exploited and financially ruined.

Finally, one case (3%) concerned the perpetrator's drug abuse. The elder perceived this as a situation in which drug abuse was driving the perpetrator's behavior and the elder desperately wanted the perpetrator to be in drug treatment. APS, on the other hand, saw this as a potentially dangerous and definitely exploitive situation.

Thus, almost two-thirds (62%) of elderly persons initially held a perception of the situation that was discrepant from the APS caseworker's perception. See Figure 65 and Table 47. However, at the close of the case, only 41% ($n = 26$) of elderly persons and APS caseworkers held discrepant perceptions. Not surprisingly, when caseworker and elder perceptions were initially discrepant, they were more likely than expected to be discrepant at the close of the case ($\chi^2(1) = 25.56$, $p < .001$). Nonetheless, 13 elderly persons changed their perceptions to be more in line with APS caseworkers by the close of the case (APS caseworkers did not change their perceptions to match the elderly persons' perceptions). They were likely to be concordant in 70.6% of the PFE cases, 42.9% of the physical abuse cases, 40.0% of the neglect cases, and 38.5% of the HFE cases.

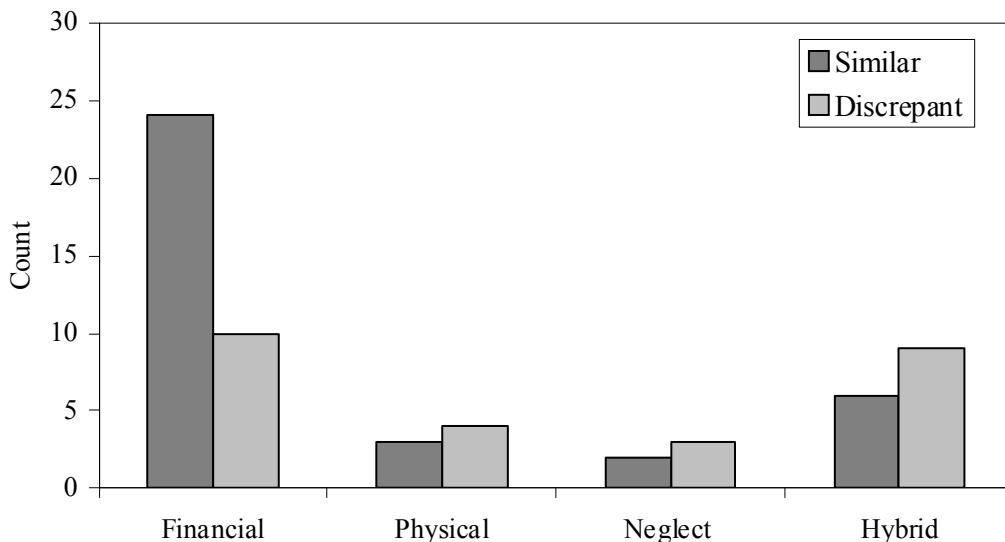


Figure 65. Similar or discrepant perceptions at close of case.

Table 47. Differences Between the Perceptions of APS Caseworkers and Elderly Persons Initially and at the Close of the Case			
Initially, are APS and elder perceptions similar or discrepant	At the close of the case, are APS and Elder Perceptions		Total
	Similar Perceptions	Discrepant Perceptions	
Similar Perceptions	22	0	22
Discrepant Perceptions	13	26	39
Total	35	26	61

The 13 cases in which the elder's perceptions changed to become more aligned with the APS caseworker's perspective were examined to understand this movement. In 9 of the 13 cases there had been a long history of abusive behavior by the perpetrator toward the elder (i.e., the perpetrator was a family member). The combination of family support and APS intervention resulted in these elderly persons being unable to

deny their abuse any longer and becoming “fed up” with the perpetrator’s behavior. In several of these cases, the perpetrator was arrested.

Another scenario which resulted in several elderly persons changing their perspective was the persistence of APS caseworkers. Although the elderly persons initially denied any problems, the caseworkers suspected a problem and returned on several occasions (not against the elderly persons’ will) and was able, for example, to provide evidence (e.g., bank statements) to convince the elder of the perpetrators’ wrongdoing. In one case, a non-offending child intervened and “made” his parents perceive the potentially dangerous situation in which they were involved.

Differences in perceptions at the close of the case were examined for whether a solution to the problem was obtained. A solution was defined as an intervention designed to stop the abuse, e.g., the elder and perpetrator were separated. In 46 of 61 cases (75%), a solution was obtained that resolved the abusive situation (see Table 48).

When perceptions remained discrepant at the close of the case, the case was more likely than expected to result in no solution to the problem ($\chi^2(1) = 11.36$, $p < .01$). In contrast, when the APS caseworker’s and the elder’s perceptions were similar, the case was more likely than expected to result in a solution. It should be noted, however, that very often the solution involved removing the elder from the home, resulting in a safer situation for the elder, albeit not always entirely the elder’s preference.

Table 48. Similar Perceptions by Whether a Solution was Obtained

At the close of the case, are APS and Elder Perceptions Similar or Discrepant?	Was a Solution Obtained?		Total
	Solution	No Solution	
Similar Perceptions	32	3	35
Discrepant Perceptions	14	12	26
Total	46	15	61

Finally, cases were examined for whether the abuse actually stopped at the close of the case and what accounted for the interruption in abuse. In 51 cases (84%), the abuse had stopped. The most prevalent explanation for the abuse stopping (48%) was because of the APS caseworker or the elder doing something to stop the abuse. Specifically, in 18% of the cases the abuse stopped because the perpetrator was arrested on charges related to the current offense, and in 7% of the cases the perpetrator was arrested on unrelated charges but nonetheless was no longer with the elder. In 12% of the cases the elder was appointed a guardian, effectively cutting off the perpetrator from the elder. And finally, in one case the abuse stopped because the elder was removed from the home.

However, there were 10 cases (16%) in which the abuse continued even after the close of the case. Abuse was two times more likely than expected to continue when perceptions between APS caseworkers and elderly persons at the close of the case were discrepant ($\chi^2(1) = 6.83$, $p < .01$). Specifically, when APS caseworkers and elderly persons held discrepant perceptions (see Table 49) about the causes of the abuse, abuse

was two times as likely as expected to continue; conversely, the abuse was almost four times less likely than expected to be stopped when elder and APS caseworker's were discrepant at the close of the case.

Table 49. At the close of the case, are APS and Elder perceptions similar or discrepant?			
Did the Abuse Stop?	Similar Perceptions	Discrepant Perceptions	Total
Abuse Stopped	33	2	35
Abuse Continues	2	8	10
Total	35	10	45

Finally, abuse was stopped more often when a solution had been reached than when no solution was reached. See Table 50. As would be expected, there were no cases in which the abuse continued when a solution had been reached. However, there were 10 cases in which abuse continued and no solution was reached ($\chi^2(1) = 36.68$, $p < .01$).

Table 50. Did the abuse stop and why?			
Was a Solution Found?	Abuse Stopped	Abuse Continues	Total
Solution	46	0	46
No Solution	5	10	15
Total	51	10	61

Summary

Although there were no discrepancies between elderly persons and APS caseworkers regarding factual information, the APS investigation, and outcomes, there were significant and meaningful differences between elderly persons and APS caseworkers across a variety of domains. Elderly persons perceived that they had made attempts to stop their abusive situation (however ineffective) and thus felt they were doing something to stop their abuse. This fits with their perceptions that they felt more in control of their lives than did APS caseworkers, and perhaps even their ability to provide assistance to perpetrators described as being in need (no social support, poor health), albeit receiving financial assistance from their perpetrator in some cases rather than the perpetrator being financially dependent upon the elder. However, elderly persons perceived their living situation as worse compared to APS caseworkers. Interestingly, elderly persons underreported their previous APS involvement and underestimated the benefit of the APS investigation/intervention in stopping their abuse.

Almost two-thirds of elderly persons and APS caseworkers held discrepant perceptions regarding the causes of the elder's abuse. Importantly, however, a significant number of elderly persons changed their perceptions to match the APS caseworkers' perceptions by the close of the case. This is important because when elderly persons and APS caseworkers held similar perceptions, a solution was more likely to be found and consequently, the abuse stopped. It is still the case, however, that the majority of those solutions involved separation of the elder and the perpetrator

(e.g., removal of the elder from the home or arrest of the perpetrator). Nonetheless, when APS can convince an elder that they are being abused, the abuse is more likely to cease.

Take Away Points

- Elderly persons and APS caseworkers differed in their perceptions across a variety of domains
 - Elderly persons felt they had more agency (control over their lives) than did APS caseworkers
 - Elderly persons perceived their living situation as worse than did APS caseworkers
 - Elderly persons were more likely than APS caseworkers to describe their perpetrator as “in need”
- In almost two-thirds of the cases, elderly persons and APS caseworkers held discrepant perceptions regarding the causes of the perpetrator’s behavior
 - Elderly victims of PFE were more likely to hold similar perceptions with APS caseworkers regarding the causes of the perpetrator’s behavior
- When elderly persons and APS caseworkers held similar perceptions regarding the causes of the perpetrator’s behavior at the close of the case, a solution to the problem of abuse was more likely to occur

Chapter 4

Summary of Results

Financial loss. The 54 financially exploited elderly persons (both PFE and HFE) who participated in this study lost \$4.6 million, an average loss of \$87,967 per elderly person. In 17% of these cases, a power of attorney was misused to financially exploit the elderly person, resulting in a total loss of \$432,000, an average loss of \$48,000 per elderly person. Most (86%) of these elderly persons did not recover any of their lost funds or assets.

Comparing pure financial exploitation (PFE) with hybrid financial exploitation (HFE). We sought to determine, in part, whether financial exploitation unaccompanied by other forms of abuse (PFE) was different than when it co-occurred with other forms of maltreatment of elderly persons (i.e., HFE). Comparisons revealed substantial differences between these two forms of financial exploitation. Elderly persons who experienced PFE were more likely to live alone in their own home, retain the ability to drive, and be physically and cognitively intact. PFE perpetrators tended to be physically healthy, employed, and married, and included both family and nonfamily members. PFE perpetrators were more likely to engage in fraud and to abuse the elderly person for a shorter period of time compared to HFE perpetrators. Finally, APS caseworkers were less likely to follow up with elderly people in PFE cases.

In contrast, HFE perpetrators were all relatives, with the elderly persons and the perpetrators generally cohabitating. HFE elderly persons tended to be experiencing declining health, while their perpetrators were financially (and residentially) dependent

upon the elderly persons due to mental illness and/or substance abuse problems. HFE cases were perceived by APS caseworkers as more difficult. The inter-dependency and residential proximity of the elderly victims and their HFE perpetrators may explain why APS caseworkers were more likely to contact the perpetrator during an investigation of HFE, notwithstanding that their primary charge is to assist the abused elderly person. Finally, HFE elderly persons were more likely to experience a change in their living arrangement (typically, the elderly person and perpetrator would no longer live together) at the close of the APS investigation and were more likely to have a guardian appointed or be removed from their home.

These findings demonstrate that there are significant and meaningful differences between elderly people experiencing PFE and HFE that indicate that these two forms of abuse need to be conceptualized distinctly. Therefore, the remaining analyses examined differences across four types of maltreatment: PFE, HFE, physical abuse that did not co-occur with another form of abuse (“physical abuse”), and neglect by other that did not co-occur with another form of abuse (“neglect”).

Case characteristics. The characteristics of the maltreatment of elderly persons varied with the type of abuse. Perpetrators of PFE and neglect included both family and non-family members, while physical abuse and HFE were committed exclusively by family members (with one case of physical abuse involving an intimate partner). Whereas HFE and physically abused elderly persons were typically aware that they were being mistreated, significantly fewer PFE elderly persons were aware they were being financially exploited. A majority of the elderly victims (84%) were abused more than

once by their perpetrator; elderly people experiencing neglect were the most likely to experience maltreatment as a single event. Physical abuse and HFE elderly persons were abused over a significantly longer period of time (often extending over decades) than victims of neglect or PFE. Interestingly, the existence of a previously filed APS report did not vary by type of abuse, although an APS report had been filed previously for 42% of the elderly victims. Furthermore, although the likelihood of a prior intervention by someone seeking to help was not related to the type of abuse, in 53% of the cases no one had tried to intervene previously. While elderly persons who are abused are often thought of as passive, 17% of the elderly persons in our study reported making efforts to stop their own abuse.

Interpersonal dynamics. A qualitative examination of the interpersonal dynamics associated with these cases further supports the conclusion that there are significant differences among the different types of abuse.

Eight interpersonal dynamics were derived from an examination of the PFE cases. The scenarios identified included: (1) relatively independent elderly persons who had quite reasonably come to trust someone they knew quite well in the course of a relatively positive relationship, but ultimately this trust had been breached when circumstances changed or tempting opportunities arose that the perpetrator did not resist, (2) relatively independent elderly persons who, usually unwisely, sought to protect the perpetrator, primarily because the perpetrator was dependent on the elderly person and because a “child-parent” like relationship existed between the two, (3) relatively independent elderly persons who feared a loss of their independence,

generally associated with having to leave or losing their home, became enmeshed in circumstances that permitted a perpetrator to prey on their fear, (4) relatively independent elderly persons who placed undue trust in and overestimated the skill or good Intentions of the perpetrator, with the perpetrator manipulating or taking advantage of this undue trust, (5) previously independent elderly persons whose health had recently declined, leaving them dependent and vulnerable, which had created an opportunity that a family member had exploited, (6) relatively independent elderly persons who were quite charitable and were misled by a perpetrator who conveyed a relatively sympathetic persona, (7) relatively independent elderly persons who entered into a relatively short-term romantic or sexual relationship where contributions from the elderly person's assets were the quid pro quo required by the perpetrator to continue the relationship (Sweetheart Scams), and (8) elderly persons who lived in the community but who were suffering from ongoing and permanent cognitive deficits and were taken advantage of by perpetrators who recognized the cognitive limitations of the elderly person.

The physical abuse cases were associated with three different dynamics: (1) protective elderly persons who were physically assaulted by an adult offspring who was dependent on the elderly person, with this assault representing a continuation of a lengthy history of verbal and sometimes physical abuse of the elderly person, (2) elderly persons who were physically assaulted by an intimate partner, and (3) elderly persons who were physically assaulted by a household member following increased tensions

believed (perhaps incorrectly) by the perpetrator to be caused by the presence of the elderly person in the household.

Neglect cases involved four dynamics: (1) adult offspring who were an unsuitable care provider for the elderly person, (2) adult offspring who were reluctantly or unwillingly serving as the elderly person's care provider but were incapable of providing this care, (3) miscellaneous, non-malevolent neglect, and (4) the elderly person did not perceive maltreatment as occurring although a consensus existed that the elderly person had been neglected.

Finally, HFE cases involved (1) co-occurring but relatively unrelated financial exploitation and physical abuse where a generally independent elderly person sought to protect the dependent perpetrator in a "parent-child" relationship, (2) co-occurring and intertwined financial exploitation and physical abuse where a co-dependent perpetrator used physical abuse instrumentally to financially exploit the elderly person, (3) relatively unrelated co-occurring financial exploitation and neglect where the ostensible, but often reluctant, care provider took advantage of a relatively vulnerable and dependent elderly person, (4) co-occurring financial exploitation and neglect where the perpetrator neglected the elderly person in an instrumental fashion to facilitate his or her ability to financially exploit the relatively vulnerable and dependent elderly person, and (5) co-occurring financial exploitation, physical abuse, and neglect involving a mutually dependent perpetrator and elderly person where abuse had become a "way of life" for the parties involved.

What is striking is that there is very little overlap in the dynamics between the four types of maltreatment, further supporting the inference that these forms of maltreatment of elderly persons are relatively distinct. Not surprisingly, there is more overlap between HFE and the other types of maltreatment as HFE encompasses, in part, the same forms of abuse as found in the other categories of maltreatment. It is also important to note that both the elderly persons and the perpetrators play a role in the occurrence of this maltreatment in general. Only by examining the roles played by both of them can a more accurate understanding of the maltreatment of elderly persons be obtained. Finally, there was considerable variation in the PFE dynamics, suggesting a range of factors should be considered when addressing this form of abuse.

Risk factors. Two sets of analyses were conducted to identify the risk factors for abused elderly persons and the perpetrators of this abuse across the four types of abuse. The first set of analyses involved a series of chi-square computations conducted with the data obtained from the interview study, while the second set of analyses applied logistic regressions to the ASAPS dataset.

Based on these two datasets, victim variables that were significantly related to PFE included the victim's relatively younger age, an absence of communication problems, an absence of a dependence on others, an absence of confusion/dementia (ASAPS data), an absence of childhood family violence, living alone, having no children, and the perception of the elderly person that a good relationship existed with the perpetrator (interview data). Significant PFE perpetrator variables included the absence of a parasitic abuser (ASAPS data), being a nonfamily member, having had children, and

a trend toward an absence of intimate partner violence in their current relationship with a partner (i.e., not with the elder) (interview data).

Significant variables associated with elderly people experiencing physical abuse included an absence of dependence on others, an absence of confusion/dementia, some mental health problems (ASAPS database), a history of childhood family violence, widowed status, an ability to drive, cohabitation with the perpetrator, not perceiving the perpetrator as a care provider, aggression towards the perpetrator (by the elderly person), perceiving that a poor relationship exists with the perpetrator, and a long history of abuse (interview data). Significant perpetrator variables included being parasitic (ASAPS data), unemployed, and having no children (interview data).

Variables associated with the elderly victims that were significantly related to neglect included younger age, communication problems, dependence on others, medical problems, confusion/dementia, an absence of mental health problems (ASAPS data), a history of childhood family violence, and an absence of fear regarding the perpetrator (interview data). The significant perpetrator variables included being overburdened with social support responsibilities and not being a parasitic abuser (ASAPS data).

Finally, variables associated with the elderly victims that were significantly related to HFE included a history of childhood family violence, cohabitation with the perpetrator, widowed status, poor health, an inability to drive, feelings of isolation (trend), a fear of the perpetrator, perceptions of the perpetrator as a care provider, and a long history of abuse (interview data). Significant perpetrator variables included being

parasitic (ASAPS data), a relative, unemployed, unable to drive, and financially dependent (interview data).

Examining these results, it is clear that the risk factors associated with each type of maltreatment differ substantially. Further, they point to the need to contextualize the maltreatment of elderly persons and to recognize that it occurs within a relationship that guides and shapes the interactions between the victim and the perpetrator. Thus, to understand this abuse and when and how it is manifested, it is important to consider the nature of this relationship in addition to the individual characteristics of the parties involved. The elderly person is not a passive actor in these incidents, but contributes to a dynamic that engulfs both the elderly person and the perpetrator. Finally, it is worth noting that the nature of this relationship varies considerably depending on which type of abuse is involved.

When these risk factors are considered in combination with the interpersonal dynamics described above, there is compelling evidence for differentiating among these four types of maltreatment, and, equally important, a need to reconceptualize the maltreatment of elderly persons away from something that “happens” to elderly persons, towards increased understanding that the maltreatment of elderly persons takes place within a dyadic relationship (even when the perpetrator is a nonfamily member). By recognizing that abused elderly persons were active participants in the events that led up to their abuse (which is not to say they should be viewed as having caused or be held “responsible” for the occurrence of the abuse), efforts to prevent and redress this abuse can be more appropriately tailored. It is important to understand the mindset of elderly persons that contributes to their psychological

vulnerability to being maltreated, particularly with regard to financial exploitation, and to their willingness to assist efforts to remediate the abuse.

Characterizations of elderly persons and perpetrators. Based on the analyses of interpersonal dynamics and risk factors, a key identified variable was the financial or physical dependence/independence of the elderly persons and the perpetrators. For example, elderly persons who experienced PFE were generally financially and physically independent, as were their perpetrators. Physically abused elderly persons were generally physically and financially independent, although their perpetrators were generally financially dependent on the elderly person (although not physically dependent). Neglected elderly persons were generally physically (not financially) dependent on the perpetrator (who tended to be the elderly person's primary care provider), although their perpetrators were generally physically and financially independent. Finally, HFE elderly persons were typically physically (not financially) dependent on the perpetrator, and their perpetrators were generally financially (and somewhat physically) dependent on the elderly persons. Thus, the nature of the relationship between the elderly persons and perpetrators, specifically their respective levels of financial and physical independence/dependence, varied with the type of maltreatment.

Development of theory. Two important conclusions arise from these analyses. First, the maltreatment of elderly persons differs by type of abuse, and second, the maltreatment of elderly persons involves a relationship, the nature of which plays a critical role in the occurrence of the abuse. These conclusions have important implications for theory development pertaining to the maltreatment of elderly persons. While there are a number of maltreatment theories in existence, they tend to treat the maltreatment of elderly persons as

relatively monolithic. However, as shown, there are important differences across the different types of maltreatment identified in this study that argue against such a conceptualization. Rather, there should be different theories that correspond, respectively, to the underlying dynamics and risk factors associated with each type of maltreatment. This approach has been widely accepted in the field of child maltreatment for decades (Chaffin, 2006; Donnelly, 1997; Leventhal, 2003; Runyan et al., 2006), differentiating between child physical abuse, child sexual abuse, child psychological abuse, child neglect, and children witnessing violence.

To begin this theory building with regard to the maltreatment of elderly persons, we suggest, based on our findings, the following possible theories as helpful for understanding the different types of abuse. These theories have yet to be tested, but their articulation can begin the process of improving our theory-based understanding of this behavior.

Our PFE focused theory focuses on two key characteristics of the victims of this type of abuse. They were more likely to have no children and were less likely to have a history of child maltreatment. We hypothesize that these elderly persons were relatively likely to trust others, including individuals they did not know well, and were less likely to be periodically monitored by someone with a highly developed altruistic interest in their welfare (such as an adult offspring). In addition to these factors, our dynamics data led us to hypothesize that many elderly persons were likely to be experiencing some type of psychological fear or dread such as social isolation or no longer being able to live independently in their home. Finally, we speculate based on a growing body of literature that some of these elderly people were more likely to have been experiencing subtle forms of cognitive decline that were not readily observable by others. When these elderly people interacted with individuals (both family and

nonfamily members) who appeared generally respectable and who offered courses of action that promised to redress their psychological fears , the likelihood of PFE increased.

Ambivalence theory may provide a useful guide to explain the occurrence of physical abuse of elderly persons. Based on our dynamics and risk factors data, the elderly victim (generally a woman) in these cases had typically been physically abused by an adult offspring (generally the elderly person's son) who was financially dependent on the elderly person (often compounded by the offspring's substance abuse). Further, there was generally a long history of this maltreatment, often extending back for decades. It is at least arguable that both the elderly person and her offspring experienced feelings of ambivalence about each other. The elderly persons may have viewed their offspring as failing to achieve social expectations of independence or as otherwise violating social norms. In turn this may have made the elderly persons conclude that they had not properly raised or socialized their offspring, leading them to feel responsible for their offspring's dependence and obligated to protect their offspring, even when doing so placed the elderly person at risk. At the same time, the adult offspring recognized that they were not meeting social norms regarding the expected independent functioning of an adult and may even have been aware of their parents' ambivalence towards them, and thus became resentful and directed feelings of anger towards their elderly parents. At the same time, however, the adult offspring may be grateful to the elderly person (typically the offspring's mother) for providing continuing care. This ambivalence serves to maintain the relationship. However, hostile attribution theory is useful for explaining why the perpetrator uses violence against the elderly person notwithstanding the perpetrator's ambivalence towards the elderly person.

Neglect can best be explained through an application of attachment theory. This theory suggests that when someone becomes emotionally attached to someone else, with a parental-child relationship one of the strongest such bonds that can occur, they will go to extreme lengths to avoid harming the other person. Generally, merely being the adult offspring of an elderly person does not impose a duty to provide care to that person. Undertaking such a responsibility, which can be a relatively arduous task, suggests that the adult offspring is attached to the elderly person. Because the occurrence of neglect requires a breach of either an implicit or explicit agreement to provide assistance to a dependent elderly person, the occurrence of the neglect indicates that the underlying attachment was either not particularly strong or was stretched to the breaking point by various circumstances. In examining the dynamics of these cases, however, it was clear that many of these elderly persons were not stellar mothers when these adult children were young. Attachment theory would predict that these children would grow up and feel little if any filial obligation to provide care for the elderly person in their time of need. When, for whatever reason, they felt compelled to provide this care, it would not have taken much for them to neglect this care.

Finally, HFE can perhaps be explained by using a combination of the theories outlined above such as ambivalence and attachment theory. However, the co-morbidity of the various types of abuse and the different possible permutations (financial exploitation and physical abuse, financial exploitation and neglect, or financial exploitation and neglect and physical abuse) makes the development of a theory explaining HFE considerably more complicated.

Consequences of maltreatment of elderly persons. In light of the differences across the types of abuse, it is not surprising that the consequences resulting from the maltreatment

differed by the type of abuse involved as well. Thus, physically abused elderly persons were more likely to visit a doctor or a hospital as a result of their maltreatment; neglected elderly people were more likely to have a health-related consequence (e.g., amputation as a result of neglecting a wound); and finally, elderly people experiencing HFE had more negative health consequences as well as a trend toward having a disruption in family relationships in which family members stopped visiting the elder.

APS response and intervention. To explore in part society's response to the maltreatment of elderly persons through the mechanism most widely employed, namely APS, APS caseworkers' perceptions of financial exploitation were compared to their perceptions regarding the other forms of maltreatment. Well over half (63%) of them reported receiving less training regarding FE than for physical abuse or neglect. Not surprisingly, 38% described themselves as having less ability to handle FE cases than physical abuse or neglect cases. Perhaps reflecting their limited training and capability, 81% of the caseworkers perceived financial exploitation cases as more difficult to investigate and over half (52%) of them believed it is more difficult to establish the existence of financial exploitation than physical abuse or neglect. Further, it appears that caseworkers frequently have to navigate these cases on their own as 53% of them said it is more difficult to obtain assistance from law enforcement and 72% said it is more difficult to obtain assistance from prosecutors in financial exploitation cases as opposed to physical abuse or neglect cases.

There were also some important differences in the manner in which APS caseworkers receive reports of and investigate the maltreatment of elderly persons. While the nature of the reporter ("mandatory reporters" who are required to file a report of abuse with APS if they

suspect abuse occurred vs. “non-mandatory reporters” who are not mandated to report abuse but nevertheless volunteer this information) did not vary by the type of abuse, it is noteworthy that 61% of the reports came from non-mandatory reporters. Following a report of abuse, in almost half (47%) of the investigations law enforcement was not involved, further emphasizing that the APS caseworkers were frequently on their own while conducting these investigations. However, law enforcement was more likely to be involved in a physical abuse APS investigation. Almost all (94%) of the APS caseworkers perceived the elderly person as cooperative during the investigation, although cooperation did not vary by type of maltreatment. In 55% of the cases the APS caseworkers perceived the investigation as difficult (vs. easy), a characterization that did not vary significantly by type of abuse (although APS caseworkers were more likely to perceive HFE as difficult compared to PFE). Perhaps because of the challenge posed by financial exploitation cases, APS caseworkers were significantly less likely to follow up with the elderly person in a PFE case compared to the other forms of maltreatment. In a substantial number (20%) of the cases, financial exploitation was not included in the initial report of abuse but was discovered after the investigation of some other type of abuse was underway (in contrast, in only one case did an investigation of an incoming report of financial exploitation uncover another type of abuse (namely, self neglect)).

Only a small percentage (11%) of the cases resulted in a disposition where the elderly person was determined to be in need of services by the APS caseworker but the elderly person declined these services. The ASAPS data revealed that physically abused elderly people were significantly more likely to refuse services than elderly persons who had experienced the other

types of abuse. There were no differences by type of maltreatment in terms of the services offered.

Elderly persons were generally pleased with the APS involvement. Most (75%) of them welcomed the APS investigation, 83% felt the APS investigation was helpful to them, and 84% were satisfied with the APS response. While these results likely reflect some sampling bias, there were a few elderly persons who candidly expressed animosity towards their APS caseworker.

Interestingly, relatively few of the APS response and intervention variables differed by type of abuse. While the characteristics of the abuse and the related risk factors, dynamics, and consequences each differed by type of abuse, the various aspects of the APS involvement generally did not.

Criminal justice response. A number of important findings emerge in conjunction with the criminal justice response to the maltreatment of elderly persons. First, while only 18% of these cases were prosecuted, physical abuse cases were significantly more likely to be prosecuted than the other forms of maltreatment. This may be linked to the finding that law enforcement was more likely to be involved in an APS investigation involving physical abuse, with confirmation of abuse by a law enforcement official making prosecutors more willing to pursue such cases. Not surprisingly, physical abuse cases were prosecuted on a charge of assault, and financial exploitation cases were prosecuted on a charge of forgery or fraud. HFE cases, which generally could have been prosecuted on either or both sets of charges, were all prosecuted on a charge of assault, perhaps because it was easier to obtain a conviction based on such a charge. No negligence cases were prosecuted.

Most elderly persons did not want law enforcement or prosecutors (63% and 74%, respectively) involved in their case. Elderly persons who had been physically abused, however, were more likely to call the police for assistance during an abusive situation, although they often attempted to recant their complaint after the situation was defused. Nevertheless, once contacted, police were reluctant to drop the charges. Even though the elderly victims did not want their perpetrator prosecuted, the case was likely to be prosecuted, with, as noted, physical abuse cases significantly more likely to be prosecuted than other types of abuse. Another dynamic playing a role in the occurrence of prosecution was family or friend support, with prosecution more likely when the elderly person had strong family or friend support to encourage the elderly person to pursue prosecution. It was also found that an elderly person's preference for prosecution was correlated with actual prosecution, suggesting that victim cooperation is a key factor in prosecutors' decisions to pursue these cases. As discussed, most of the elderly persons welcomed the APS investigation in contrast to their preference that law enforcement and prosecutors not be involved. This may be because they believed that there would be fewer serious consequences (e.g., incarceration) for the perpetrator when involvement was limited to APS, with its focus on "helping" elderly persons, in contrast to the criminal justice system's focus on holding criminal offenders accountable for their misdeeds.

Many APS caseworkers expressed their frustration with this lack of prosecution. Further, as noted, 72% of APS caseworkers believed prosecutors are even less helpful and willing to take up their cases when financial exploitation is involved. These expectations of a lack of response are likely to result in a vicious cycle of APS caseworkers referring even fewer of their cases to prosecutors, particularly those

involving financial exploitation. In turn, this is likely to result in prosecutors concluding that the maltreatment of elderly persons, particularly financial exploitation, is not an issue in their jurisdiction because they never receive referrals involving this maltreatment.

Further, as a result of their belief that prosecutors are unlikely to be helpful, some APS caseworkers are less likely to vigorously pursue indications of financial exploitation, which is no doubt compounded by the finding noted earlier that 81% of the caseworkers view financial exploitation cases as harder to investigate than physical abuse or neglect cases. Caseworkers explained that financial exploitation cases take longer to investigate and require evidence that is harder to produce, and the financial institutions and elderly victims involved are often uncooperative. As a result, they were likely to focus on physical abuse or neglect in their investigations if either of them was present and base any determination of maltreatment on them instead. The effective result is that the occurrence of financial exploitation is underinvestigated and underestimated by APS.

If APS, the primary entity charged with preventing, responding to, and remedying the abuse of elderly persons, does not pursue a case, it is unlikely to receive attention from any other entity, particularly by prosecutors. Further, in a small pilot study we conducted, over half of the prosecutors interviewed reported that cases involving the abuse of elderly persons are more difficult to prosecute, although there are a number of reforms emerging that seem to facilitate this prosecution. Taken

together, these results indicate that the abuse of elderly persons, particularly their financial exploitation, is underaddressed by society.

These data suggest a need for the creation of multidisciplinary teams or centers, such as are widely used in conjunction with child abuse, to promote and facilitate collaboration among APS caseworkers, law enforcement officials, and prosecutors. Resulting improved communication and coordination may also enhance the willingness of victims of elder maltreatment to cooperate with investigations and support the implementation of remedial measures, including prosecution where appropriate.

Case outcomes. Given the observed differences among the various forms of abuse, it is not surprising to find that case outcomes also were differentially associated with type of abuse. The following outcome variables varied with the type of maltreatment involved: the reason the elderly person's maltreatment stopped was different for each type of abuse (e.g., the abuse had already stopped by the time APS became involved in PFE cases); HFE were more likely to experience a change in living arrangement (i.e., the elder and perpetrator who had been cohabitating were now separated); HFE were more likely to be appointed a guardian; HFE and physically abused elderly people were more likely to perceive that they were at risk for abuse in the future; HFE were more likely to have a new APS report filed against them since the close of the case; and there were different consequences for perpetrators for each type of abuse investigated (e.g., perpetrators of physical abuse were the most likely to be under investigation, arrested or prosecuted).

What could not be established by this study was whether these differences in outcomes were the result of the basic case characteristics and risk factors associated with each type of abuse or whether they could be attributed to fundamental differences in the nature of the APS intervention that ensued upon establishing that a given type of abuse had occurred.

Differences in perceptions between APS caseworkers and elderly persons.

Finally, differences in the perceptions of the elderly persons and the APS caseworkers associated with these cases of maltreatment were studied. They tended to have a similar understanding regarding the basic characteristics (e.g., the duration of the abuse) and outcomes (e.g., the living arrangements) of these cases. Significant differences emerged, however, with regard to how the elderly persons perceived themselves (perceptions that were particularly germane to their vulnerability to future abuse) and their perpetrators. The victims of maltreatment were generally more likely to perceive themselves as having attempted to stop the abuse. They were also more likely to describe their day-to-day living situation in negative terms (including insufficient income, a lack of social support, and a lack of assistance with the activities of daily living). However, they were also more likely to feel that they were in control of their lives (including their ability to protect oneself, to live independently). Furthermore, probably reflecting their continuing concern for the perpetrators, who were generally family members, the elderly persons were more likely to describe their perpetrators as in need of assistance (e.g., poor health, few social supports available).

When APS initially investigated the case, in 62% of the cases the perceptions of the elderly person and the APS caseworker were discrepant regarding their explanations for the cause of the elderly person's maltreatment (e.g., the elder perceives her son as having mental health problems while the APS caseworker perceives the elder's son as parasitic). Comparing the different types of abuse, the elderly victims and the APS caseworkers were more likely to hold similar perceptions regarding the causes of PFE, whereas they were more likely to disagree regarding the causes of physical abuse and HFE. However, at the close of the investigation, in only 41% ($n = 26$) of the cases did the elderly persons and APS caseworkers hold discrepant perceptions regarding the causes of the perpetrator's behavior. Thus, 13 elderly persons changed their perceptions (13 out of 39 elderly persons who initially held discrepant perceptions) to be more in line with APS caseworkers by the close of the case. When the perceptions of elderly persons and APS caseworkers remained discrepant at the close of the case, a solution to the problem was unlikely and abuse was more likely to continue. In contrast, when the APS caseworkers' and elderly persons' perceptions were similar, the case was more likely than expected to have been resolved and for the abuse to have stopped.¹⁴⁵

Limitations

This study suffers from a number of limitations that should be taken into consideration. First, this was a convenience sample. Our sample consisted of elderly

¹⁴⁵ It should be noted, however, that very often the solution was to remove the elder from his or her home, which resulted in a safer environment for the elder, but not necessarily a placement preferred by the elder (Wright, 2010).

people willing to be interviewed about a traumatic experience. Because of the nature of this study, a random sample was not possible.

Furthermore, the sample was considerably smaller than was our intent. We would encourage APS caseworkers to engage in this type of research in the future to facilitate more definitive results.

Third, these cases may or may not represent all types of elder maltreatment. Recognizing that APS receives the tip of the iceberg in terms of reports of elder maltreatment, these cases arguably are typical of the cases that reach APS and are worthy of investigation for that reason.

Chapter 5

Implications and Recommendations for Policy and Practice

The results of this study indicate that financial exploitation is distinguishable from other forms of maltreatment of elderly persons. It also plays out in a number of different scenarios, potentially making it more difficult to conceptualize, understand, predict, and remediate. In general, it is likely that it is underreported, underinvestigated, and poorly redressed.

But an important first step is to distinguish between PFE and HFE. While all forms of maltreatment of elderly persons have devastating consequences for the elderly persons involved, HFE is perhaps the most entrenched (e.g., it is generally the longest in duration) and intractable (because it is characterized by mutual dependency between the elderly person and the perpetrator), the most difficult for APS to investigate, and with the most draconian outcomes for the victims of this abuse (e.g., the victim is the most likely to be appointed a guardian). To best respond to financial exploitation, a key is to avoid a reductionist tendency to conflate these two very different types of financial abuse.

Similarly, across a range of domains, this study identified meaningful and significant differences among all four types of maltreatment of elderly persons. Whether examining case characteristics, interpersonal dynamics, risk factors, consequences, or outcomes, it is clear that there is no one monolithic phenomenon

encompassing the abuse of elderly persons. To effectively understand and respond to this abuse, elder abuse must be parsed into different subtypes of maltreatment.

Furthermore, even within the four broad categories of maltreatment of elderly persons identified here, associated behavior is far more nuanced than is generally recognized. For example, financial exploitation should not be characterized merely as individuals methodically taking an unaware elder's monies or goods for their own gain, as it can also encompass a range of other behaviors, motivations, and, importantly, relationships between the elder and the perpetrator.

In general, efforts to address the maltreatment of elderly persons have suffered from an inadequate theoretical foundation for this work. The findings of this study indicate that because elder maltreatment is not a monolithic phenomenon no one theory can explain elder maltreatment. The findings presented here can help to redress this under development, but considerably more research and attention needs to be devoted to this effort.

This study also indicates the need to avoid focusing exclusively on either the elderly person or the perpetrator. We routinely found that a symbiotic relationship existed between the two, and only by understanding their interpersonal relationship could the abuse and how best to respond to this abuse be identified. The abuse of elderly persons needs to be reconceptualized as a dyadic relationship. An exclusive focus on elderly persons or perpetrators will continue to result in ineffective interventions that leave many elderly people vulnerable. It should be noted, that a tendency to focus exclusively on the elderly person may be driven by statutory codes

that compel APS to focus exclusively on the needs and safety of the elderly person. At the same time, when law enforcement and prosecution become involved, their primary focus tends to be the perpetrator. Both perspectives miss critical details needed to appropriately respond to elder abuse.

Finally, while the APS caseworkers we interviewed were clearly dedicated and hard-working individuals who sincerely and in good faith wanted to improve the lives of their clients, one of the apparent impediments to a better societal response to this abuse is that the goals and perceptions of the elderly person may differ from that of the APS caseworker. They can differ regarding the elderly person's initiative at stopping their own abuse, the nature of the relationship between the perpetrator and the elderly person, the causes of the abuse, and what constitutes a satisfactory outcome for the elderly person. When these perceptions diverged, the resolution of a case was less likely to be successful. Reconciling these perceptions can enhance the likelihood of effective interventions.

Implications for APS Caseworkers and the Adult Protective Services System

There was a general consensus among APS caseworkers that financial exploitation cases are challenging to investigate. Caseworkers need some incentive to pursue financial exploitation cases. Although APS caseworkers suspect financial exploitation, their first concern is ensuring the elder's physical safety. They may drop the financial exploitation aspect of the abuse because it is too difficult to investigate and there is no payoff in the end. Prosecutors decline these cases and elderly people rarely recover financially.

It could be hypothesized that APS caseworkers have less experience with financial exploitation cases than other forms of elder maltreatment and that this experience makes the difference in terms of their willingness to pursue a case. However, the percentage of financial exploitation cases was relatively similar to the percentage of physical abuse cases, indicating similar rates of experience, and yet APS caseworkers were more comfortable and confident intervening in physical abuse cases than financial exploitation cases. Caseworkers may be better at investigating physical abuse and neglect cases than financial exploitation cases, in part because they know a lot more about physical abuse and neglect due to more frequent availability of training, physical abuse is visible, and they are able to obtain the cooperation from health care providers more readily than financial institutions. We learned from APS caseworkers that, in their opinion, financial exploitation cases are harder to investigate, they take longer to investigate, it is harder to make a finding of financial exploitation, and they are less likely to receive assistance from law enforcement and prosecutors. APS caseworkers expressed difficulty in dealing with financial institutions (who are not mandated reporters and very often are unhelpful). Caseworkers are unfamiliar with financial papers and financial legal transactions. The bottom line is that financial exploitation cases are underreported and underinvestigated.

Further hampering their ability to pursue financial exploitation is the finding that each caseworker defined financial exploitation differently. Some considered "living off the elder" financial exploitation while others did not define such activity as financial exploitation because the elder "knew" what she was doing. There is no consensus on

what constitutes financial exploitation. Conrad, Iris and Ridings (2009) are working on conceptually defining financial exploitation.

The APS caseworker cannot be faulted for not vigorously pursuing financial exploitation given the context in which they operate. However, the situation needs to change. Trainings are becoming more prevalent, but again, there are structural barriers in place that make investigating difficult and those structural barriers need dismantling. Nonetheless, greater work is needed in the development of training tools for APS caseworkers as many felt their ability to handle financial exploitation was inadequate (see also Choi et al., 1999; Malks, Buckmaster & Cunningham, 2003; Price & Fox, 1997; Setterlund et al., 2007).

We also learned that APS caseworkers focus very little attention on perpetrator and instead focus on victims. While the Virginia statute encourages perpetrator contact, it does not require it. This is consistent with the APS philosophy to focus on the elder rather than the perpetrator (Moskowitz, 1998; Otto, 2000; Roby & Sullivan, 2000). However, we believe this absolute singular focus on victims is misguided as most elderly people have an ongoing relationship with the perpetrator. It is our contention that interventions that are “many and various” (McCreadie, 2002, p. 7), need to take into consideration both the elder and the perpetrator (Hwalek, Neale, Goodrich, & Quinn, 1996; McCreadie, 2000; Nordstrom, 2005).

We found that very few aspects of the APS intervention differed by type of abuse. Services offered, for example, did not differ by type of abuse, suggesting a one-size-fits-all approach to services. The effectiveness of the APS intervention is brought

into question as it failed to stop abuse or in some cases the abuse stopped before APS became involved, particularly in financial exploitation cases. APS may be more effective for cases involving neglect and some minor cases (Lithwick, Beaulieu, Gravel & Straka, 1999). Elder victims rarely recover financial losses (i.e., intervention is ineffective) and HFE and some physical abuse cases received multiple APS reports.

We did find that APS caseworkers who were persistent with the elder generally were able to convince the elder of their perpetrator's wrongdoing. Caseworkers reported that they do not have time to spend "convincing" the elder of their maltreatment. While this persistence must be balanced against the elder's autonomy, if disclosure is thought of a process rather than a discrete act, it might legitimize the persistence employed by some APS caseworkers. In these cases, while the elderly victims lost some money, they were prevented from complete financial ruin. Bergeron (2007) encourages APS caseworkers to understand the basis for elder's decisions before blindly accepting the decision (see also Oetjen &Oetjen, 2006).

Finally, cases in which APS and law enforcement worked collaboratively were more likely to result in prosecution. The use of multidisciplinary teams is gaining acceptance and we would encourage APS caseworkers, law enforcement, and prosecutors among others to form multidisciplinary teams (Anderson & Mangels, 2006; Bonnie & Wallace, 2003; Davis & Medina-Ariza, 2001; Johnson, 2003; Kemp & Mosqueda, 2005; Kinnear & Graycar, 1999; Malks, Buckmaster & Cunningham, 2003; NDAA, 2003; Price & Fox, 1997; Rabiner, O'Keefe & Brown, 2004; Teaster & Nerenberg, 2000).

Implications for Elderly Victims

The overriding conclusion from this research is that elder abuse is not a monolithic phenomenon affecting all elderly persons the same. Across all domains of inquiry, we found significant and meaningful differences by type of abuse.

The two concerns driving much of the elder's behavior is the desire to protect their perpetrator and the desire to avoid an institutional placement. In some cases, these two concerns were related. That is, HFE elderly victims wanted to protect their loved one, but one of the implications for elderly victims if the perpetrator was removed might be their own removal from their home (Vinton, 1991). Thus, while the elderly people realized they were being mistreated, the alternative of an institutional placement was far worse.

For the majority of elderly people in our study, their maltreatment did not begin at age 65. There was often a very long history of maltreatment. Perpetrator dependence of some kind was also common. One conclusion based on this study, however, is that many impediments to needed interventions remain.

We did make the interesting observation that women were exploited by adult children and other relatives. In some cases, husbands acted as barriers to the elder's financial maltreatment and when the husband died, the elder became vulnerable to financial exploitation. Life transitions (death of a loved one, hospitalization) are vulnerable times for elderly people and a time when they may require even greater oversight.

Finally, elderly persons differed in their perceptions of their own agency compared to APS caseworkers. Elderly persons felt they were able to protect themselves and live independently significantly more than did APS caseworkers. While we must always respect the autonomy of elderly people with capacity, it is equally imperative to ensure their decisions are truly borne of free will and other causes (Bergeron, 2007).

As one avenue to combat elder maltreatment, some scholars are calling for public education campaigns particularly aimed at the education of elderly people (Johnson, 2003, p. 39; Kinnear & Graycar, 1999; NDAA, 2003; Rabiner, O'Keefe & Brown, 2006; Wolfe, 2003, p. 519).¹⁴⁶

Implications for Prosecutors and the Criminal Justice System

Although fewer cases than APS caseworkers would like are being prosecuted, in our study 18% of the cases were prosecuted on a charge related to elder maltreatment. However, physical abuse cases were significantly more likely to be prosecuted compared to other forms of elder maltreatment. Of the cases prosecuted, perpetrators were charged with either fraud, forgery, or assault.

¹⁴⁶ Planning for the possibility of disability is important (Quinn, 2000). A power of attorney needs to be obtained while the principal has capacity (Jorgensen, 2007). Unfortunately, indigent elders are least likely to have obtained a power of attorney due to the lack of financial resources needed to acquire the documentation or the elder already lacks capacity to make such a decision. Elderly people may also be educated regarding how to prepare ahead of time for the possible mental health decline through the preparation of a psychiatric advanced directive. As of 2007, 25 states had laws defining psychiatric advance directives (PADs) which allows competent persons to document advance instructions for their future mental health treatment or to designate a health care agent to make decisions for them in the event of an incapacitating psychiatric crisis (Elbogen, Swanson, Swartz, et al., 2007). This concept has been adopted in Virginia (VA Code § 54.1-2982).

While law enforcement was involved in approximately half the cases, when law enforcement was involved the case was more likely to be prosecuted. This was in part because once law enforcement was contacted, the decision to go forward with the case was removed from the elder. This suggests that a multidisciplinary approach in which several agencies work together toward a common goal (prosecution) benefited the elder and holds the perpetrator accountable.

In addition, we found that elderly persons' desire for prosecution was related to actual prosecution, indicating that victim cooperation contributed to prosecution. Elderly persons who agreed to prosecute had strong family or friend support. Although the majority of elderly persons did not want their perpetrator prosecuted, it may be that encouragement from prosecutors could result in greater victim cooperation (Feraro & Boychuck, 1992), especially for elderly persons without strong family or friend support.

Virginia is in need of statutory reforms that would allow prosecutors to pursue cases of elder maltreatment more vigorously. Virginia code currently lacks the statutory authority to allow the prosecution of financial exploitation, although passed in July 2010 was the Virginia Uniform Power of Attorney Act (Hook & Johnson, 2009). Although commonwealth's attorneys use existing statutes where possible (e.g., assault charge), there are likely a number of instances of elder maltreatment that are not prosecuted. It is unclear whether there are cases that would fit under some existing statute and prosecutors chose for other reasons not to accept the case for reasons other than lacking statutory authority.

Other Agencies Implicated

Although the focus of our study did not include the following entities, throughout our investigation these institutions continued to be implicated as part of the problem of elder maltreatment. Thus, we felt it was important to include them in our final report.

Financial institutions. Currently, financial institutions are not mandated reporters in Virginia. Whether the financial institution was helpful to APS was completely unpredictable. In our study, 2% of reporters were financial institutions themselves. Financial institutions have been identified as a key to combating financial exploitation of elderly people as they are able to monitor the activities of the elder's accounts (Black, 2008). However, this monitoring is sorely underutilized. California has recognized the importance of this institution and has decreed that employees of financial institutions are mandatory reporters (CAL. WELFARE & INSTITUTIONS CODE § 15630.1.(a)). While there is controversy surrounding mandatory reporting in general (Crystal, 1986; Glick, 2005; Kohn, 2003; Plaisance, 2008), few would argue with the benefits of mandating financial institutions to report suspected financial exploitation of the elderly.

Home health agencies. Professional caretakers are frequent perpetrators of financial exploitation (Peake, Oelschlager, & Kearns, 2000). Although our study is not epidemiological, 13% of the perpetrators of PFE were professional caregivers (home health aides). According to APS caseworkers, there is a severe shortage of home health aides. In one case, a home health care aide reported to the principal investigator that

her agency did not in practice conduct background checks on potential applicants, although it was their stated policy to do so, because the demand for aides was so high while the supply was low. Rather than fire aides who had engaged in questionable activities, the home health aide would be placed in another home or prohibited from having access to the elder's financial accounts. Personal and home care aides are the second fastest growing occupation in 2008-2009 and home health aides are the third fastest growing occupation (US Bureau of Labor Statistics, 2010). Greater attention to this growing industry is warranted.

Community service boards. In our study, 25% of perpetrators had a diagnosed serious mental illness, in contrast to 2% in the general population (Swanson, Holzer, Ganja, & Jono, 1990). Although community service boards (CBSs) might have been aware of the individual, none of the perpetrators were receiving case management from a CSB. The stance of the CSB is if the individual wants help, the CSB is available. However, there is no outreach.

Implications for Interventions

Currently, adult protective services utilizes a victim support model of intervention. The goal is to provide for the safety of the elder. This approach results in an intervention in which while APS tries to keep elderly persons in their home, there is a tendency to want to separate the elder and their perpetrator. Because many times, these are relationships that have existed for decades, these separations are unlikely to be effective, either immediately or in the long-term (Albrecht, Coward, & Shapiro, 1997; Wright, 2010). We need to think creatively about how to effectively intervene in some

other way besides simply separating the elder and perpetrator. APS gets terribly frustrated because the elder refuses their assistance and then APS receives another report on the elder. As is well known, this model was adopted from the child abuse model over three decades ago (Ansello, 1996). There is growing consensus that if we are to effectively intervene in the lives of elderly people, a different model is required.

The alternative as posited in the literature, however, is a criminal justice response (i.e., perpetrator accountability), borrowed from the intimate partner violence model. There are certainly proponents of such an adaption (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009; Pillemer, 2005).

However, we would like to suggest that neither of these approaches is satisfactory. Our results strongly indicate the need to respond differently to different forms of abuse in order to effectively intervene, taking into consideration both the elder and the perpetrator. Because our theories of maltreatment differ by type of maltreatment, it naturally follows that the interventions should differ as well.

Financial exploitation may require a more challenging intervention because it is much more amorphous than these other forms of maltreatment. The perpetrators are relatives and nonrelatives; they are relatively independent; they have a variety of ways with which they can financially exploit elderly persons, some of which are easier to track than others. The elder victims of financial exploitation, however, are likely to live alone and they are relatively healthy and cognitively fit. Their concerns lie in the future, such as what will happen to them when they are “older.” Educating elderly persons that society intends to help them remain in their home as long as possible may alleviate

some fears. To do this, however, will require a greater monitoring of home health agencies who will be providing that unskilled laborer to provide care for the elder.

Physical abuse cases, however, require a different intervention. While early intervention is likely warranted in these cases as the abuse began decades earlier, for elderly persons right now, early intervention is too late. In these cases, the perpetrators are dependent on the elder (e.g., mental illness, substance abuse) as they are often unable to work and form families of their own. They do not have a stake in conformity that might reign in their behavior (Sampson & Laub, 1993; Sherman & Smith, 1992). However, there are healthy elderly individuals willing to provide care for these individuals who might otherwise be on the streets or in jail.¹⁴⁷ Therefore, we would like to see supports for these elderly persons providing care for their “disabled” children. At the same time, however, monitoring of and outreach to the perpetrators is in order (Murphy, Musser, & Maton, 1998). We do not have longitudinal data to support this assertion, but it may be that some of these physically abused mothers characterized as independent at this point will slip down into the HFE category (described below) over time as their health declines.

Neglect cases are either the easiest to intervene in, or the most difficult to intervene in. While early intervention is implicated in neglect cases as well, it is generally too late for elderly persons experiencing neglect. Neglect is sometimes used

¹⁴⁷ Fifty years ago, many of the adult children with mental health or other cognitive difficulties were likely to be institutionalized. However, deinstitutionalization resulted in these individuals having no where else to go and therefore family members claimed responsibility for them. We agree with Korbin, Anetzberger, Thomasson & Austin (1991) who wrote than many elderly parents are suffering from the results of deinstitutionalization decades ago.

as a catch-all category by APS to enable them to provide needed assistance to an elder. This makes prediction of the category more challenging. Nonetheless, in our sample we found evidence of a general unwillingness or inability on the part of adult offspring who had become care providers in these cases to provide necessary assistance to their parents. Adult offspring are under no obligation to provide care for their parents unless they agree to undertake that care, thereby imposing a duty of care. As noted by their own admission, these elderly victims were not stellar mothers when their children were young, which contributed to their adult offspring's unwillingness to care for them now. Neglect is further hampered by the fine line between lifestyle and hazardous conditions for the elder. Regardless, APS can effectively intervene in these cases and provide for the elder's health needs either through nursing home placement or provision of in-home services (Lithwick, Beaulieu, Gravel & Straka, 1999). However, solutions typically do not involve family members but rather finding outside assistance.

Finally, HFE cases are especially challenging to intervene in. As with other forms of elder maltreatment, early intervention is warranted as in most of these cases the abuse in the household has existed for decades, not when the elder turned 65. As with physical abuse, some of these mothers have dependent children they are caring for while trying to care for their own ailing bodies. Thus, these mothers are in need of supports for themselves. However, they are also in need of support that will enable them to continue caring for their dependent child. While we as a society tend to have less sympathy for substance abusing children, much greater sympathy is accorded mothers of children with an intellectual disability, who now live longer lives with their

elderly parents still providing care for these “children.” And while we have less sympathy for mothers protecting children who suffer from substance abuse, they need support as well. Simply separating – or attempting to separate – the mother and adult child is likely to fail. Here again, we have mothers/grandmothers who are willing to provide care for individuals who would otherwise be on the street or in jail as he is unemployed and unemployable. Families are often ill-prepared to manage the violent behavior of their adult children (Solomon, Cavanaugh, & Gelles, 2005). At the same time, these mothers “perceive” their adult children as extremely helpful to them (both instrumentally and emotionally). While most caretakers of elderly parents are female (Doty, 1996), the fact that sons are providing this instrumental care for their mothers may be a red herring to outsider observers (Vinton, 1991). It is appropriate for authorities to require these adult sons to behave in socially acceptable ways if they are to remain in the home, with monitoring and out-reach services provided. Clearly, this intervention will require more case management on the part of APS caseworkers, perhaps working in conjunction with both the courts and community service boards, further arguing for the need for multidisciplinary teams to respond to elder maltreatment.

Chapter 6

Future Research

To validate these findings, this research will need to be replicated. In addition, we encourage this methodology to be extended to other forms of elder maltreatment such as psychological abuse and sexual abuse.

We strongly encourage greater theoretical development and testing of theories to gain a better understanding of elder abuse. Furthermore, theory development should form the foundation for the development of effective interventions (Ansello, 1996; Lithwick, Beaulieu, Gravel & Straka, 1999). APS interventions have flowed more from philosophy than theory and research (Pillemer, Suitor, & Wethington, 2003). We reiterate the importance of incorporating both elderly persons and perpetrators in these theories and models of intervention (Bristowe & Collins, 1989). Further, these interventions must be subject to evaluation (Bonnie & Wallace, 2003; Wolf, 1988).

It appears that financial exploitation is more heterogeneous than other forms of elder maltreatment, for example, perpetrators are both family and nonfamily members and can involve a large range of dynamics. Thus, financial exploitation does not fit as neatly under the family violence rubric as other forms of elder maltreatment (e.g., physical abuse). Financial exploitation may fit more neatly under a criminological framework. However, future research should investigate whether financial exploitation perpetrated exclusively by family members is different in any meaningful way from financial exploitation perpetrated by nonfamily members (Johnson, 2003). While our data indicate this might be the case, future research should test this distinction.

We were struck by how many elderly persons had been experiencing ongoing abuse, many for decades. There is an urgent need to study elderly persons and perpetrators more deeply and over time to understand the development and life course of elder abuse. We agree with Bonnie and Wallace (2003) that domestic violence among elderly persons is not elder abuse, but rather is a continuation of an abusive relationship into older adulthood. These data suggest the same may be true for a number of elderly people experiencing abuse of various kinds (Kinnear & Graycar, 1999; Sacco, 1993), abuse that often began when their children were in their teens or early adulthood. It is only now that these elderly people are over the age of 59 and/or are becoming frail that they are coming to the attention of APS.

One of the most interesting findings from the study was related to the distinction between pure financial exploitation (PFE) and hybrid financial exploitation (HFE). While these findings are promising, much greater development of this concept is needed. Because comorbidity among forms of elder abuse is blatantly absent in the literature, little is known about this phenomenon. However, it is important both theoretically and practically. It is unclear whether the intractability and draconian outcomes associated with HFE is simply a consequence of experiencing more than one form of abuse or whether there is something unique when financial exploitation co-occurs with other forms of abuse. Further, it is unclear whether it is the financial exploitation or the physical abuse or neglect that is resulting in poor outcomes for elderly people. Much more work is needed to disentangle these possibilities.

Likewise, we found that the APS caseworkers perceived HFE as more difficult to investigate and respond to than PFE. It is unclear whether APS is responding more vigorously to the physical abuse and/or neglect aspects of the HFE cases or the financial exploitation aspect of the HFE cases, or both. Future research will need to clarify this issue.

We found that the majority of outcomes examined were differentially associated with type of maltreatment. It is unclear whether these differences in outcomes by type of abuse were the result of initial differences across the case characteristics and risk factors that were found to also differ significantly by type of abuse or whether differences in outcomes resulted from the APS intervention. Currently, even rudimentary variables are not captured by APS departments and there is no way to determine whether APS is effectively intervening in the lives of elderly people (Wolfe, 2003; Teaster et al., 2006). However, we must not only assess the harmful consequences of the maltreatment, but also the potentially harmful consequences of interventions (Lithwick, Beaulieu, Gravel & Straka, 1999; Wright, 2010). We encourage the development of protocols to capture this critical outcome information useful for evaluating APS interventions.

Scholars (Bergeron, 2007; Wright, 2010; Vinton, 1991) have asserted that elderly persons make decisions by taking into consideration factors other than their own safety in contrast to APS caseworkers. The perceptions of the APS caseworkers and elderly

persons were divergent in a number of important domains.¹⁴⁸ These differences had significant impacts on case outcomes, for example, whether the abuse was stopped. Much more work is needed to understand how these differences in perceptions impact case outcomes, and whether there are methods APS caseworkers can utilize to persuade elderly people to change their perspective without alienating them. There are important implications for the safety of elderly persons.

It was our intent to interview elderly people regarding their experience of maltreatment. Therefore, our sample likely underestimated the number of elderly people with dementia and further underestimated the impact of dementia on elder abuse. While research has identified a link between dementia and elder abuse (Coyne, 2001; Paveza, Cohen, Eisdorfer, Freels, Semla, Ashford, Gorelick, Hirschman, Luchins, & Levy, 1992; Sadler, Kurrle & Cameron, 1995), the direction of effect is less clear (Paveza et al., 1992). Much more research is needed to fully understand these associations.

We have posited the importance of considering both elderly persons and perpetrators throughout this report. Although controversial, we encourage the field to undertake the study of perpetrators of elder maltreatment. We were prohibited from directly contacting perpetrators to ensure the elderly person's safety. While some limited work has been done in this area (Johnson, 2003; Sklar, 2000), creative researchers should design methods to study the perceptions and motivations of perpetrators involved in these cases. Their perspective is critically important to

¹⁴⁸ As one elder stated “[caseworker] is afraid of [seriously mentally ill son], but I’m not. I’m afraid to be here alone. And DC does so much for me around here. We share expenses and groceries and everything. And I’m scared to be here by myself at night. I am afraid to stay here by myself at night, but [caseworker] is not worried about that. … It’s been two months that he’s been in jail.”

understanding elder abuse (Bonnie & Wallace, 2003, p. 27). Likewise, services for perpetrators must be part of any intervention designed to stop elder maltreatment (Nordstrom, 2005). If elder abuse cases are to be effectively resolved, intervention must involve services aimed at reducing substance abuse among abusers (Hwalek, Neale, Goodrich, & Quinn, 1996; McCreadie, 2000) and managing serious mental illness among perpetrators.

We also would like to challenge adult protective services (and other governmental agencies) to develop systems of data collection that accommodate a wider array of risk factors than those related primarily to neglect. The ASAPS (i.e., state) data clearly captured the experience of neglect as eight variables independently predicted neglect. In contrast, only two of the interview study variables were related to neglect (not fearing the perpetrator and history of childhood family violence). However, HFE abuse was predicted by just one ASAPS variable, parasitic abuser. In contrast, twelve interview study variables were able to differentiate HFE from other forms of abuse. The ASAPS database, while an admitted advance, falls short of collecting data that would allow an assessment of the predictors of a range of elder maltreatment types for both elderly persons and perpetrators. We are encouraged that the Bureau of Justice Statistics has recently released a solicitation to address this problem (see *2010 Assessment of Administrative Data on Elder Abuse, Maltreatment, and Neglect Solicitation*, OMB No. 1121-0329).

Additional research on prosecution also is desperately needed. Elder abuse is widely believed to be underprosecuted, and yet little is known about this phenomenon.

Research needs to better understand prosecution barriers and facilitators. As noted by Ulrey (2010), there are always barriers to prosecuting elder maltreatment, but none that education cannot correct. However, this education needs to be targeted at identified misperceptions. Research on the development and use of multidisciplinary teams may prove very useful in this respect. Further work is needed into ways of encouraging victim cooperation within the context of prosecution, perhaps through the use of multidisciplinary teams. Research on how to facilitate greater communication between APS caseworkers and prosecutors has the potential to simultaneously demonstrate whether this approach would facilitate investigations of financial exploitation by APS caseworkers and prosecution (Brandl, Dyer, Heisler, Otto, Stiegel & Thomas, 2007).

Throughout data collection, we heard from frustrated APS caseworkers that law enforcement (and prosecutors) refused cases involving [the misuse of] a power of attorney. Virginia recently enacted the Uniform Power of Attorney statute (Va Code § 26-72 (2010)) as advocated by Stiegel and VanCleave Klem (2008). Training in recognizing and responding to this behavior will be necessary. Research is also needed to address the challenges associated with communicating and interviewing elderly individuals (NDAA, 2003). As law enforcement becomes increasingly involved in elder maltreatment cases, this will become increasingly critical. Law enforcement officials should also be included on research involving the benefits and shortcoming associated with the utilization of multidisciplinary teams.

We found that victim's desire for law enforcement and for prosecution was related to actual prosecution, suggesting that victim cooperation is important in prosecutors' decisions to pursue prosecution. While we are in favor of evidence-based prosecution, research designed to understand methods that would encourage elderly people to participate in prosecution also is needed. Based loosely on our results, and the work of others, it may be that victim cooperation can be enhanced through a multidisciplinary approach in which APS caseworkers provide the social support elderly persons need while law enforcement officials simultaneously gather evidence. While we are confident this approach holds merit, it has yet to be empirically tested. Furthermore, limited research indicates that approaching elderly persons about prosecution from the perspective of gaining access to services for perpetrators (especially perpetrators who are family members) is a valuable approach and also deserving of empirical attention (Bergeron, 2007; Brownell, 1998; Korbin, Anetzberger, Thomasson & Austin, 1991).

Chapter 7

Challenges Encountered

We thought it would be informative to discuss some of the challenges we experienced in conducting this research. Those who have read the report by Bonnie and Wallace (2003) will not be surprised by this discussion.

We began this project with the full support of the state (the Commissioner of the Department of Social Services, the Virginia Department of Social Service's Program Manager). We felt that with their support, caseworkers would be sufficiently encouraged to participate. However, we quickly encountered resistance to our recruitment efforts. Initially, caseworkers were being contacted directly, which was too time consuming given their schedules out in the field. However, once a caseworker was reached and the criteria explained, we often heard "I don't have any cases that fit your criteria" or "I don't have time to look up closed cases." There was also likely some concern about contacting elderly clients for fear of upsetting them or exposing them to somehow being harmed by the research.

As our recruitment efforts were failing, we met with our state liaison and developed some solutions. We decided that face-to-face contact between the caseworkers and one of the principle investigators would facilitate recruitment. It was decided that one of the principle investigators would attend a coordinator's meeting in each region, introduce the study with a handout containing relevant information (see Appendix I), and be available to answer questions on the spot.

The handout provided to caseworkers at the coordinator's meeting was Financial Exploitation of the Elderly: Assessing the Dynamics, Risk Factors, and Society's Response. When we did receive a case, it was highly likely that it was a financial exploitation case. There seemed to be a misunderstanding that we were only interested in financial exploitation cases. We changed the title of the study to Four Types of Abuse: Assessing the Dynamics, Risk Factors, and Society's Response. We also requested that Commissioner Conyers modify his letter to reflect the fact that we were interested in all four types of abuse and to emphasize that the perpetrator did not have to be a family member.

Second, a system of contacting agencies was developed whereby the Commissioner would send out the letter to several agencies every three weeks. One of the PIs would have already attended the coordinator's meeting and this letter would be a reminder that someone from the study staff would be contacting the agency.

It was further decided that the supervisors would be the point-of-contact person. The supervisor would consult with the caseworkers about possible cases and then in turn contact us directly when they had identified a case.

Finally, we expanded our criteria to include elderly people with dementia and in such cases we would contact the guardian for permission to interview the elder. We struggled with how to handle cases in which the elderly person suffered from dementia. We very much wanted to be able to talk directly with elderly persons about their experience of abuse and the response to it, but dementia can limit an elderly person's ability to remember and relay relevant information. For example, we interviewed one

elderly person who was currently living in a nursing home. She was a very nice woman who seemed to enjoy conversing with the interviewer. While the elderly person was relatively lucid when talking about her current situation (and her desire to return home), when the interviewer tried to obtain details about the abuse experienced and the subsequent response virtually no useful information could be obtained.

However, it is widely recognized that dementia often is not a global disability, but rather dementia varies in its manifestation and often varies across time in a given individual ("good days" vs. "bad days") (Bonnie & Wallace, 2003). It is important not to confuse partial cognitive impairment with a total cognitive impairment, or to assume that an inability to communicate at one point in time means that the person is unable to communicate at all times.

Therefore, we opted to interview elderly people with dementia after obtaining consent from the elderly person's guardian. We believe that valuable information can indeed be obtained from elderly persons with a partial cognitive impairment, and even when a severe cognitive impairment is present, an attempt should be made to obtain as much as possible the elderly person's views and desires.

It is doubtful, however, whether any of these modifications resulted in significant recruitment gains. It was our sense that the key factor to success was supervisor support of the research. Although we likely would not have been awarded the grant without the state's support, it was not the state's support that facilitated our recruitment of caseworkers, but the person that caseworker answered to on a daily basis. We also strongly believe that the ability to compensate caseworkers would have

facilitated their participation. Researchers need to find creative ways of compensating practitioners, and state agencies need to be flexible in allowing some compensation for their state workers' participation.

Another problem surfaced once the study began. We had to collect social security numbers from participants in order for the University of Virginia to pay the participants (due to tax implications). Several months into the project, this arrangement was no longer viable as several interviewed elderly participants were still not paid. Many of our participants had been financially exploited and as part of their intervention, many had been warned not to provide their social security number to anyone. We made a plea to the Vice President of Research for an alternative payment method, which was ultimately granted. We were granted a petty checking account from which to pay participants (participants were given their payment before the interview started to assure them that they would be compensated even if they chose to stop the interview).

While there were layers of bureaucracy to traverse, another significant barrier in some jurisdictions were legal concerns. For example, we worked with two jurisdictions for nearly a year in maneuvering through their legal advisors, only ultimately to learn they would not participate. Concerns about confidentiality trumped the benefits that could be gained from this research. We hope our successful study provides an example to local jurisdictions that the benefits of such research far outweigh their concerns. As one Washington, D.C., insider said "The best researcher-practitioner relationships are those that are developed over years of experience together and building trust."

Finally, concerns should be noted about home visits. Our procedures provided that caseworkers would make the initial contact with elderly person about the study, and that one of the principle investigators would contact the elderly person and schedule the interview. Nonetheless, there was confusion among some elderly persons as to our purpose when arriving at their door. A few elderly persons called a relative to be there at the same time of our arrival. However, one elderly person with significant cognitive deficits opened the door and allowed the principle investigator inside. She had no memory of talking to the principle investigator. Her son was contacted by the principal investigator and arrangements were made for him to provide consent for the elder, as well as to be interviewed himself.

Because of the myriad challenges faced by investigators engaged in research with APS as identified in this study and others (Bonnie & Wallace, 2003), two documents have been developed by the National Adult Protective Services Association to assist researchers in working with APS agencies and caseworkers (attached below). Researchers are encouraged to review these documents prior to engaging in research with APS agencies.



NAPSA_NCPEA_Guiding_Principles[1].FINAL.pdf



NAPSA_NCPEA_GUIDELINES_FOR_EVALUATING_AND_APPLYING_RESEARCH[1]. FINAL.pdf

References

- AARP. (1993). *Abused elders or older battered women? Report on the AARP forum.* Washington, DC: AARP Women's Initiative.
- AARP. (2001, July 19). AARP on the issues: Elder abuse. Retrieved from: <http://www.aarp.org/ontheissues/issueelderab.html>.
- Acierno, R. (2003). Elder maltreatment: Epidemiological assessment. In R. J. Bonnie & R. B. Wallace (Eds.), *Elder maltreatment: Abuse, neglect and exploitation in an aging America* (pp. 261–302). Washington, DC: National Academies Press.
- Administration on Aging [AoA]. (2004). Elder rights & resources: Elder abuse. Retrieved from: http://www.aoa.dhhs.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp.
- Administration on Aging (2008). *A profile of older Americans: 2008.* Retrieved from: http://www.aoa.gov/AoAroot/Aging_Statistics/Profile/index.aspx
- Administration on Aging (October, 2008). A statistical profile of older Americans aged 65+. *Administration on Aging Fact Sheet.* Washington, DC: US Department of Health and Human Services.
- Albrecht, S. L., Coward, R. T., & Shapiro, A. (1997). Effects of potential changes in coresidence on matched older parent-adult child dyads. *Journal of Aging Studies*, 1, 81-96.
- American Bar Association Commission on Law and Aging and American Psychological Association (2005). *Assessment of older adults with diminished capacity: A handbook for lawyers.* Washington, DC: American Bar Association
- American Bar Association Commission on Legal Problems of the Elderly. (2001). *Commission on Legal Problems of the elderly. Section on Family Law Report to the House of Delegates.* Retrieved from: http://www.abanet.org/aging/commissionprojects/clpe_rpt_w_rec_to_hague.pdf
- American Prosecutors Research Institute (APRI). (2003a). *Prosecution of elder abuse, neglect, and exploitation: Criminal liability, due process, and hearsay.* Alexandria, VA: American Prosecutors Research Institute.

American Prosecutors Research Institute (APRI). (2003b). *Protecting America's senior citizens: What local prosecutors are doing to fight elder abuse*. Alexandria, VA: American Prosecutors Research Institute.

Anderson, M. A., Gillig, P. M., Sitaker, M., McCloskey, K., Malloy, K., Grigsby, N. (2003). 'Why doesn't she just leave?': A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*, 18, 151-155.

Anderson, J. F., & Dyson, L. (2002). *Criminological theories: Understanding crime in America*. Lanham, Md.: University Press of America.

Anderson, J., & Mangels, N.J. (2006). Helping victims: Social services, health care interventions in elder abuse. In R.W. Summers & A.M. Hoffman (Eds.), *Elder abuse: A public health perspective* (pp. 139-166). Washington, DC: American Public Health Association.

Anetzberger, G. J. (1987). Etiology of Elder Abuse by Adult Offspring (NCJRS #105013).

Anetzberger, G. J. (2000). Caregiving: Primary cause of elder abuse? *Generations*, 24 (2), 46-51.

Anonymous. (2002). Senator John Breaux: The Elder Justice Proposal of 2002. *Journal of Elder Abuse and Neglect*, 14, 38.

Ansello, E. F. (1996). Causes and theories. In L. A. Baumhover & S. C. Beall (Eds.), *Abuse, neglect and exploitation of older persons: Strategies for assessment and intervention* (pp. 9-29). Baltimore: Health Professions Press.

Aquilino, W. S. (1990) The likelihood of parent-adult child coresidence: Effects of family structure and parental characteristics. *Journal of Marriage and the Family*, 52, 405-419.

Aquilino, W.S., & Supple, K. R. (1991). Parent-child relations and parents' satisfaction with living arrangements when young adult children live at home. *Journal of Marriage and the Family*, 53, 13-28.

Arias, I. (2004). The legacy of child maltreatment: Long-term health consequences for women. *Journal of Women's Health*, 13(5), 468-473.

Azar, S. T., & Wolfe, D. A. (1998). Child abuse and neglect. In E. Mash and R.A. Barkley (Eds.), *Treatment of childhood disorders* (2nd ed.), (pp. 501-544). New York, NY: Guilford Press.

Backlar, P. (1994). *The family face of schizophrenia*. New York: Putnam.

- Bailly, R. M., & Loewy, E. (2007). Financial exploitation of the elderly: Legal issues, prevention, prosecution, and social service advocacy. Civic Research Institute, Inc.
- Barber, J. W. (2008). The kids aren't all right: The failure of child abuse statutes as a model for elder abuse statutes. *The Elder Law Journal*, 16, 107-134.
- Baron, S., & Welty, A. (1996). Elder abuse. *Journal of Gerontological Social Work*, 25(1), 33-57.
- Beck, C. M., & Phillips, L. R. (1984). The unseen abuse: Why financial maltreatment of the elderly goes unrecognized. *Journal of Gerontological Nursing*, 10, 26-30.
- Beckman, L.J. (1981). Effects of social interaction and children's relative inputs on older women's psychological well-being. *Journal of Personality and Social Psychology*, 41, 1075-1086.
- Bengtson,V. L., Gans, D., Putney, N. M., & Silversmith, M. (2009). Handbook of Theories of Aging (2nd ed.). New York, NY: Springer.
- Benson, W. F. (2008, May). *Tales from the Elder Justice Act & other stories of life inside the Beltway*. Remarks presented at the annual conference of the Virginia Coalition for the Prevention of Elder Abuse, Virginia Beach, VA.
- Bergeron, L. R. (1999). Decision-making and Adult Protective Services workers: Identifying critical factors. *Journal of Elder Abuse and Neglect*, 10(3-4), 87-113.
- Bergeron, L. R. (2001). An elder abuse case study: Caregiver stress or domestic violence? You decide. *Journal of Gerontological Social Work*, 34, 47-63.
- Bergeron, L.R. (2007). Self-determination and elder abuse: Do we know enough? *Journal of Gerontological Social Work*, 46, 81-102.
- Bergeron, L. R., & Gray, B. (2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work*, 48, 96-105.
- Bernatz, S.I., Aziz, S.J., & Mosqueda, L. (2001). Financial abuse. In M.D. Mezey (Ed.) *The encyclopedia of elder care* (pp. 264-267). New York: Springer.
- Birditt, K. S., Fingerman, K. L., & Zarit, S. H. (2010). Adult children's problems and successes: Implications for intergenerational ambivalence. *Journal of Gerontology: Psychological Sciences*, 65B(2), 145-153.

- Black, J. A. (2008). The not-so-golden years: Power of attorney, elder abuse, and why our laws are failing a vulnerable population. *St. John's Law Review*, 82, 289.
- Blair, J. (1996-1997). "Honor thy father and they mother" – But for how long? – Adult children's duty to care for and protect elderly parents. *University of Louisville Journal of Family Law*, 35, 765-782.
- Blakely, B. E., & Dolon, R. (2000). Perceptions of adult protective services workers of the support provided by criminal justice professionals in a case of elder abuse. *Journal of Elder Abuse and Neglect*, 12, 71-94.
- Blenkner, M., Bloom, M., & Nielson, M (1971). A research and demonstration project of protective services. *Social Casework*, 52, 483-499.
- Blunt, A.P. (1993). Financial exploitation of the incapacitated: Investigations and remedies. *Journal of Elder Abuse and Neglect*, 5, 19-32.
- Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. New York: Basic.
- Bond, J.B., Cuddy, R., Dixon, G.L., Duncan, K.A., & Smith, D. L. (1999). The financial abuse of mentally incompetent older adults: A Canadian study. *Journal of Elder Abuse and Neglect*, 11, 23-38.
- Bonnie, R.L., & Wallace, R.B., (Eds.). (2003). Elder maltreatment: Abuse, neglect, and exploitation in an aging America. *Panel to Review Risk and Prevalence of Elder Abuse and Neglect. National Research Council, Division of Behavioral and Social Sciences and Education, Committee on National Statistics and Committee on Law and Justice*. Washington, D.C.: The National Academies Press.
- Burns, F. R. (2002). Undue influence inter vivos and the elderly. *Melbourne University Law Review*, 26, 499-536.
- Brady, D. A. (2008, May). *The psychiatric aspects of abuse and neglect*. Remarks presented at the annual conference of the Virginia Coalition for the Prevention of Elder Abuse, Virginia Beach, VA.
- Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Generations*, 24, 39-45.
- Brandl, B., & Horan, D. L. (2002). Domestic violence in later life: An overview for health care providers. In C. Reyes, W.J. Rudman, & C.R. Hewitt (Eds.), *Domestic violence and health care: Policies and prevention* (pp. 41-54). New York: Haworth Medical Press.

- Brandl, B., Dyer, C. B., Heisler, C. J., Otto, J. M., Stiegel, L. A., & Thomas, R. W. (2007). Elder abuse detection and intervention: A collaborative approach. New York: Springer.
- Breaux, J.B., & Hatch, O. G. (2003). Confronting elder abuse, neglect, and exploitation: The need for elder justice legislation. *The Elder Law Journal*, 11, 207-211.
- Brewer, K.D., Rowe, D.M., & Brewer, D.D. (1997). Factors related to prosecution of child sexual abuse cases. *Journal of Child Sexual Abuse*, 6, 91-111.
- Bristowe, E., & Collins, J. B. (1989). Family-mediated abuse of non-institutionalized elder men and women living in British Columbia. *Journal of Elder Abuse & Neglect*, 1, 45-54.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brown, A. S. (1999). Patterns of abuse among Native American elderly. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 143-159). Philadelphia, PA: Brunner/Mazel.
- Brownell, P. J. (1998). Family crimes against the elderly: Elder abuse and the criminal justice system. New York, NY: Garland.
- Byrom, C.E. (2005). The use of the excited utterance hearsay exception in the prosecution of domestic violence cases after *Crawford v. Washington*. *The University of Texas Review of Litigation*, 409-428.
- Campbell Reay, A. M., & Browne, K. D. (2001). Risk factor characteristics in carers who physically abuse or neglect their elderly dependents. *Aging and Mental Health*, 5, 56-62.
- Capezuti, E., Brush, B. L., & Lawson, W. T. (1997). Reporting elder maltreatment. *Journal of Gerontological Nursing*, 23, 24-32.
- Cardona, J.R.P., Meyer, E., Schiamberg, L., & Post, L. (2007). Elder abuse and neglect in Latino families: An ecologically and culturally relevant framework for clinical practice. *Family Process*, 46, 451-470.
- Carstensen, L. L., & Mikels, J. A. (2005). At the intersection of emotion and cognition: Aging and the positivity effect. *Current Directions in Psychological Science*, 14(3), 117-121.

- Cassidy, J., & Berlin, L. J. (1994). The Insecure/Ambivalent Pattern of Attachment: Theory and Research. *Child Development*, 65, 971-991.
- Central California Legal Services [CCLS]. (2001). Elder financial abuse. Retrieved from: <http://www.las.org/abuse/elderfinancial.html>
- Chaffin, M. (2006). The changing focus of child maltreatment research and practice within psychology. *Journal of Social Issues*, 62, 663-684.
- Chang, J., & Moon, A. (1997) Korean elderly's knowledge and perceptions of elder abuse: A qualitative analysis of cultural factors. *Journal of Multicultural Social Work*, 6, 139-54.
- Chatters, L.M., & Taylor, R.J. (1990). Social integration. In Z. Harrel, E.A. McKinney, & M. Williams (Eds.), *Black aged* (pp. 82-99). Newbury Park, CA: Sage.
- Choi, N. G., Kulick, D. B., & Mayer, J. (1999). Financial exploitation of elders: Analysis of risk factors based on county adult protective services data. *Journal of Elder Abuse & Neglect*, 10: 39-62.
- Choi, N. G., & Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. *Journal of Gerontological Social Work*, 33, 5-25.
- Christie, N. (1986). The ideal victim. In E.A. Fattah (Ed.), *From crime policy to victim policy: Reorienting the justice system*. Basingstoke: Macmillan.
- Cicirelli, V. G. (1983). Adult children's attachment and helping behavior to elderly parents: A path model. *Journal of Marriage and the Family*, 45, 815-825.
- Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, 44, 588-608.
- Cohen, M., Levin, S. H., Gagin, R., & Friedman, G. (2007). Elder abuse: Disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse. *Journal of the American Geriatrics Society*, 55, 1224-1230.
- Coker, J., & Little, B. (1997, December). Investing in the future: Protecting the elderly from financial abuse. *FBI Law Enforcement Bulletin*, 1-5.
- Coleman, J. W. (1987). Toward an integrated theory of white-collar crime. *American Journal of Sociology*, 93, 406-439.

- Comijs, H. C., Dijkstra, W., Bouter, L. M., & Smit, J. H. (2000). The quality of data collection by an interview on the prevalence of elder maltreatment. *The Journal of Elder Abuse & Neglect*, 12, 57-72.
- Comijs, H. C., Pot, A.M., Smit, J.H. (1998). Elder abuse in the community: Prevalence and consequences. *Journal of the American Geriatrics Society*, 46, 885-88.
- Conrad, K. J., Iris, M., & Ridings, J.W. (2009). Final Report: Conceptualizing and measuring financial exploitation and psychological abuse of elderly individuals (Document # 228632). Washington, DC: US Department of Justice.
- Cook,
- Corsilles, A. (1994). Note: No drop policies in the prosecution of domestic violence cases: Guaranteed to action or dangerous solution. *Fordham Law Review*, 63, 853-881.
- Cottrell, B., & Monk, P. (2004). Adolescent-to-parent abuse: A qualitative overview of common themes. *Journal of Family Issues*, 25(8), 1072-1095.
- County Welfare Directors Association. (1988). *Protecting the silent population: Remedyng elder and dependent adult abuse*. Sacramento, CA: Author.
- Coyne, A. C. (2001). The relationship between dementia and elder abuse. *Geriatric Times*, 2, 15-18.
- Cross, T.P., De Vos, E., & Whitcomb, D. (1994). Prosecution of child sexual abuse: Which cases are accepted?. *Child Abuse & Neglect*, 18, 663-677.
- Cross, T. P., Walsh, W. A., Simone, M., & Jones, L. M. (2003). Prosecution of child abuse: A metaanalysis of rates of criminal justice decisions. *Trauma, Violence, and Abuse*, 4, 323-340.
- Crystal, S. (1986). Social policy and elder abuse. In K. & R. Wolf (Eds.) *Elder abuse: Conflict in the family*. Dover, MA: Auburn House Publishing Company.
- Davis, R.C. & Medina-Ariza, J. (September, 2001). *Results from an elder abuse prevention experiment in New York City*. Washington, DC: National Institute of Justice Research in Brief.
- Dawson, M. & Dinovitzer, R. (2001). Victim cooperation and the prosecution of domestic violence in a specialized court. *Justice Quarterly*, 18, 593-622.

- de Castro, B. O., Veerman, J. W., Koops, W., Bosch, J. D., & Monshouwer, H. J. (2002). Hostile attribution of intent and aggressive behavior: A meta-analysis. *Child Development*, 73(3), 916-934.
- Deem, D. L. (2000). Notes from the field: Observations in working with the forgotten victims of personal financial crimes. *Journal of Elder Abuse & Neglect*, 12, 33-48.
- Department of Law [DOL]. (2000, September 21). Financial abuse of the elderly targeted: Bank employees to receive training to combat exploitation. Retrieved: http://www.oag.state.ny.us/press/2000/sep/sep21b_00.html
- Dessin, C. L. (2000). Financial abuse of the elderly. *Idaho Law Review*, 36, 203-226.
- DeMonnin, J., & Schneider, S. (2005). Elder abuse prevention and prosecution in Oregon. *Victimization of the elderly and Disabled*, 7, 81.
- Dodge, K. A. (2006). Translational science into action: Hostile attributional style and the development of aggressive behavior problems. *Development and Psychopathology*, 18, 791-814.
- Doerner, W. G., & Lab, S. P. (2008). *Victimology*. Newark, NJ: Lexis Nexis Matthew Bender.
- Dolon, R., & Blakely, B.E. (1989). Elder abuse and neglect: A study of adult protective services workers in the U.S. *Journal of Elder Abuse and Neglect*, 1, 31-49.
- Donnelly, A. C. (1997). We've come a long way, but the challenges ahead are mighty. *Child Maltreatment*, 2, 6-11.
- Donorovich, C. L. (2002). Multidisciplinary approach to domestic violence prosecution in Los Angeles: Law enforcement, prosecutors, judges, and counselors working together. *Journal of Legal Advocacy and Practice*, 4, 53-.
- Doty, P. (1986). Family care of the elderly: The role of public policy. *Millbank Quarterly*, 64: 34-75.
- Douglas, H. (2003). Crime in the intimate sphere: Prosecutions of intimate partner violence. *Newcastle Law Review*, 7, 79-100.
- Downey, L. (1997). Adolescent violence: A systemic and feminist perspective. *A. New Zealand Journal of Family Therapy*, 18(2), 70-79.
- Elbogen, E. B., Swanson, J. W., Swartz, M. S., Van Dorn, R., Ferron, J., Wagner, H. R., & Wilder, C. (2007). Effectively implementing psychiatric advance directives to

- promote self-determination of treatment among people with mental illness.
Psychology, Public Policy, and Law, 13, 273-288.
- Ellison, L. (2002). Prosecution of domestic violence without victim participation. *Modern Law Review*, 65, 834-858.
- Epps, J., & Kenall, P. C. (1995). Hostile attributional bias in adults. *Cognitive Therapy and Research*, 19(2), 159-178.
- Estroff, S. E., & Zimmer, C. (1994). Social networks, social support, and violence among persons with severe, persistent mental illness. In Violence and mental disorder: Developments in risk assessment.
- Estroff, S., Zimmer, C., Lachicotte, W., & Benoit, J. (1994). The influence of social networks and social support on violence by persons with serious mental illness. *Hospital and Community Psychiatry*, 45, 669-679.
- Ferraro, K.J., & Boychuck, T. (1992). The court's response to interpersonal violence: A comparison of intimate and nonintimate assault. In E.S. Buzawa & C.G. Buzawa (Eds.), *Domestic violence: The changing criminal justice response* (pp. 209-225). Westport, CT: Auburn House.
- Field, S. B. (1987). How does crime affect the elderly? Most crimes against the elderly are sustained by the inner-city aged who live alone. *Geriatric Nursing*, 1, 80-83.
- Finch, J. (1989). Family obligations and social change. Cambridge, MA: Polity Press.
- Fingerman, K. L., Pitzer, L., Lefkowitz, E. S., Birditt, K. S., & Mrocze, D. (2008). Ambivalent relationship qualities between adults and their parent: Implications for both parties' well-being. *Journal of Gerontology: Psychological Sciences*, 63B, P362-P371.
- Finkel, S. I., & Macko, I. J. (2000). Impact of the criminal justice process on older adults. In M. B. Rothman, B. D. Dunlop, & P. Entzel (eds.), *Elders, crime, and the criminal justice system: Myth, perceptions, and reality in the 21st Century* (pp. 105-125). New York, NY: Springer.
- Fisher, B., Zink, T., Pabst, S., Regan, S., Rinto, B., & Gothelf, E. (2003). Services and programming for older abused women: The Ohio experience. *Journal of Elder Abuse and Neglect*, 15, 67-83.
- Fisher, B., Zink, T., & Regan, S. (2006). Hidden within the Golden Years: Intimate partner violence and abuse against older women. In R.W. Summers & A.M. Hoffman

- (Eds.), *Elder abuse: A public health perspective* (pp. 5-18). Washington, DC: American Public Health Association.
- Ford, D. A. (2003). Coercing victim participation in domestic violence prosecutions. *Journal of Interpersonal Violence, 18*, 669-684.
- Fryling, T., Summers, R., & Hoffman, A. (2006). Elder Abuse: Definition and scope of the problem. In R.W. Summers & A.M. Hoffman (Eds.), *Elder abuse: A public health perspective* (pp. 5-18). Washington, DC: American Public Health Association.
- Fulmer, T., Guadagno, L., Bitondo Dyer, C., & Connolly, M.T. (2004). Progress in elder abuse screening and assessment instruments (2004). *Journal of the American Gerontological Society, 52*(2), 297-304.
- Fulmer, T., Paveza, G., VandeWeerd, C., Fairchild, S. Guadagno, L., Bolton-Blatt, M., & Norman, R.. (2005). Dyadic vulnerability and risk profiling for elder neglect. *Gerontologist. 45*, 525-34.
- Fung, H. H., Carstensen, L. L., & Lutz, A. M. (1999). Influence of time on social preferences: Implications for life-span development. *Psychology and Aging, 14*(4), 595-604.
- Galbraith, M. W. (1989). A critical examination of the definitional, methodological and theoretical problems of elder abuse. In R. Filenson & S.R. Ingman (Eds.), *Elder abuse: Practice and policy*. New York: Human Sciences Press.
- Garner, B.A. (2004). *Black's law dictionary* (8th ed.). St. Paul: West Group.
- General Accounting Office [GAO]. (1991). *Elder abuse: Effectiveness of reporting laws and other factors*. Washington, D.C.: Government Printing Office. (HRD-91-74)
- Gilbert, A. N. (1986). The ethics of mandatory elder abuse reporting statutes. *Advances in Nursing Science, 8*, 51-62.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet, 373*(9657), 68-81.
- Gingrich, N., & Kerrey, B. (2009). *A national Alzheimer's strategic plan: Report of the Alzheimer's study group*. Retrieved from: www.alz.org/documents/national/report_ASG_alzplan.pdf
- Giordana, J. A., Yegidis, B. L., & Giordana, N. H. (1992). Victimization of the elderly: Individual and family characteristics of financial abuse. *Arete, 17*, 26-37.

- Given, B., Sherwood, P. R., & Given, C. W. (2008). What knowledge and skills do caregivers need? *The American Journal of Nursing*, 108, 28-34.
- Glick, J. B. (2005). Protecting and respecting our elders: Revising mandatory elder abuse reporting statutes to increase efficacy and preserve autonomy. *Virginia Journal of Social Policy & the Law*, 12, 714.
- Gordon, R. M., & Brill, D. (2001). The abuse and neglect of the elderly. *International Journal of Law and Psychiatry*, 24, 183-197.
- Green, M.D. (1943). Fraud, undue influence and mental incompetency. *Columbia Law Review*, 43 (2), 176-205.
- Green, S. (2007). Crime, victimization and vulnerability. In S. Walklate (Ed.), *Handbook of victims and victimology* (pp. 91 – 117). Devon, UK: Willan Publishing.
- Greenberg, J. R., McKibben, M., & Raymond, J.A. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse and Neglect*, 2, 73-86.
- Grisso, T. (1986). In T. Grisso (Ed.), *Evaluating competencies*. New York: Plenum.
- Hafemeister, T. (2003). Financial abuse of the elderly in domestic settings. In R.L. Bonnie & R.B. Wallace (Eds.), *Elder Maltreatment: Abuse, neglect, and exploitation in an aging America* (pp. 382-445). Washington, D.C.: The National Academies Press.
- Hall, J. M. (1999). Abuse of black elders in Rhode Island. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 13-25). Philadelphia, PA: Brunner/Mazel.
- Hall, R. C., Hall, R. C., & Chapman, M. J. (2005). Exploitation of the elderly: Undue influence as a form of elder abuse. *Clinical Geriatrics*, 13(2), 28-36.
- Hansberry, M. R., Chen, E., & Gorbien, M. J. (2005). Dementia and elder abuse. *Clinics in Geriatric Medicine*, 21, 315-332
- Harrington Meyer, M., & Bellas, M. (1995.) U.S. old age policy and the family. In V. Bedford and R. Blieszner (eds.) *Handbook on aging and the family* (pp. 263-83) New York: Academic Press.
- He, W., M. Sengupta, V. Velkoff and K.A. DeBarros. (2005). *65+ in the United States: Current population reports, Special studies*. Washington, DC: US Census Bureau.

- Heisler, C. J. (2000). Elder abuse and the criminal justice system: New awareness, new responses. *Generations*, 24, 52-58.
- Heisler, C. J., & Stiegel, L. A. (2002). Enhancing the justice system's response to elder abuse: Discussions and recommendations of the "Improving Prosecution" working group of The National Policy Summit on Elder Abuse. *Journal of Elder Abuse and Neglect*, 14, 31-54.
- Henderson, D., Buchanan, J. A., & Fisher, J. E. (2002). Violence and the elderly population: Issues for prevention. In P. A. Schewe, & P. A. Schewe (Eds.), *Preventing violence in relationships: Interventions across the life span* (pp. 223-245). Washington, DC US: American Psychological Association.
- Henningsen, E.J. (2000). Preventing financial abuse by agents under powers of attorney. *Wisconsin Lawyer*, 73. Retrieved from: www.wisbar.org.
- Henningsen, E.J. (2001, July 9). Financial abuse of the elderly, Wisconsin Department of Health & Family Services—Programs & services. Retrieved from: http://www.dhfs.state.wi.us/aging/Age_News/N0111/finabus.htm
- Hess, B.B. & Waring, J.H. (1978). Changing patterns of aging and family bonds in later life. *Family Coordinator*, 27, 303-314.
- Hightower, J., Hightower, H. C., & Smith, M. J. G. (2006). Hearing the voices of abused older women. *Journal of Gerontological Social Work*, 46, 25-27.
- Holmes, T.H., & Rahe R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11, 213-218
- Hook, A.H., & Johnson, L.V. (2009). The Virginia Uniform Power of Attorney Act. *University of Richmond Law Review*, 44, 107-147.
- Hooyman, N. R., & Kiyak, H. A.. (1988). *Social gerontology : A multidisciplinary perspective*. Boston: Allyn and Bacon.
- Hudson, M. F., & Carlson, J. R. (1999). Elder abuse: Its meaning to Caucasians, African Americans, and Native Americans. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 187-204). Philadelphia, PA: Brunner/Mazel.
- Hughes, M. (1997). 'That triggers me right off': Factors influencing abuse and violence in older people's care-giving relationships. *Australasian Journal on Ageing*, 16, 53-60.
- Hunter, C., Nixon, J., & Parr, S. (2010). Mother abuse: A matter of youth justice, child

- welfare or domestic violence? *Journal of Law and Society*, 37(2), 264-284.
- Hwalek, M., Hill, B., & Stahl, C. (1989). Illinois plan for a statewide abuse program. In Filinson, R., & Ingman, S. (Eds.), *Elder abuse: Practice and policy* (pp. 196-207). New York: Human Services Press.
- Hwang, M. M. (1996). Durable power of attorney: Financial planning tool or license to steal? *Journal of Long-Term Home Health Care*, 15, 13-23.
- Ingersoll-Dayton, B., & Antonucci, T.C. (1988). Reciprocal and nonreciprocal social support: Contrasting sides of intimate relationships. *Journal of Gerontology*, 43, S65-73.
- Jackman, M. R. (2002). Violence in social life. *Annual Review of Sociology*, 28, 387-415.
- Jasinski, J. L. (2001). Theoretical explanations for violence against women. In C. M. Renzetti, J. L. Edleson, & R. Kennedy Bergen (Eds.), *Sourcebook on violence against women* (pp. 5-21). Thousand Oaks, CA: Sage.
- Johnson, K. D. (2003). Financial crimes against the elderly. *Problem-oriented guides for police, problem-specific guides series, No. 20*. Washington, D.C.: U.S. Department of Justice, Office of Community Oriented Policing Services.
- Jogerst, G., Daly, J.M., & Ingram, J. (2001). National Elder Abuse Questionnaire: Summary of Adult Protective Services investigator responses. *Journal of Elder Abuse and Neglect*, 13, 59-71.
- Jogerst, G. J., Dawson, J. D., Hartz, A. J., Ely, J. W., & Schweitzer, L. A. (2000). Community characteristics associated with elder abuse. *Journal of the American Geriatrics Society*, 48, 513-518.
- Jorgensen, M. E. (2007). The convicted felon as a guardian: Considering the alternatives of potential guardians with less-than-perfect records. *The Elder Law Journal*, 15, 51 – 122.
- Kaplow, J. B., & Widom, C. S. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology*, 116(1), 176-187.
- Kapp, M. A. (1995). Elder maltreatment: Legal interventions and policy uncertainties. *Behavioral Sciences and the Law*, 13, 365-380.
- Karp, N., & Wood, E. F. (2007). Guardianship monitoring: A national survey of court practices? *Stetson Law Review*, 37, 143-192.

- Kemp, B., & Mosqueda, L. (2005). Elder financial abuse: An evaluation framework and supporting evidence. *Journal of American Geriatric Society*, 53, 1123-1127.
- Kempe, C.H., Silverman, F.N., Steele, B.F., Droege, W., Silver, H.K. (1962). The Battered-Child Syndrome. *Journal of the American Medical Association*, 181, 17-24.
- Kennair, N. & Mellor, D. (2007). Parent abuse: A review. *Child Psychiatry & Human Development*, 38, 203-219.
- Kinnear, P. & Graycar, A. (1999). Abuse of older people: Crime or family dynamics? In *Trends and issues in crime and criminal justice* (pp. 1-6). Canberra: Australian Institute of Criminology.
- Kirsh, T. (2001). Problems in domestic violence: Should victims be forced to participate in the prosecution of their abusers? *William and Mary Journal of Women and the Law*, 7, 383-443.
- Klaus, P. (2005). Crimes against persons age 65 or older, 1993-2002. *Bureau of Justice Statistics Special Report* (NCJ 206154). Washington, DC: Bureau of Justice Statistics, US Department of Justice.
- Kleinschmidt, K. C. (1997). Elder abuse: A review. *Annals of Emergency Medicine*, 30, 463-472.
- Korbin, J.E., Anetzberger, G.J., Thomasson, R., & Austin, C. (1991). Abused elders who seek legal recourse against their adult offspring: Findings from an exploratory study. *Journal of Elder Abuse and Neglect*, 3, 1-18.
- Kohn, N. A. (2006). Elder empowerment as a strategy for curbing the hidden abuses of durable powers of attorney. *Rutgers Law Review*, 59, 1-54.
- Kohn, N.A. (2003). Second childhood: What child protection systems can teach elder protection systems. *Stanford Law & Policy Review*, 14, 175.
- Korbin, J., Anetzberger, G. & Eckert, J. (1989) Elder abuse and child abuse: A consideration of similarities and differences in intergenerational family violence. *Journal of Elder Abuse & Neglect*, 1, 1-1.
- Kosberg, J.L. (1988). Preventing elder abuse: Identification of high risk factors prior to placement decisions. *Gerontologist*, 28, 43-50.
- Kosberg, J.I. (1998). The abuse of elderly men. *Journal of Elder Abuse and Neglect*, 9, 69-88.

- Kosberg, J. I., & Nahmias, D. (1996). Characteristics of victims and perpetrators and milieus of abuse and neglect. In L. A. Baumhover & S. C. Beall (Eds.), *Abuse, neglect, and exploitation of older persons: Strategies for assessment and intervention* (pp. 31-49). Baltimore, MD: Health Professions Press.
- Krause, A. M., & Haverkamp, B. E. (1996). Attachment in adult child-older parent relationships: Research, theory, and practice. *Journal of Counseling and Development*, 75, 83-92.
- Lachs, M., Bachman, R., Williams, C., Kossack, A., Bove, C., & O'Leary, J. (2004). Older adults as crime victims, perpetrators, witnesses, and complainants: A population-based study of police interactions. *Journal of Elder Abuse & Neglect*, 16, 25-40.
- Lachs, M.S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder maltreatment. *Journal of the American Medical Association*, 280, 428-432.
- Lachs, M. S., Williams, C., O'Brien, S., Hurst, L., Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37, 469-474.
- Lefley, H. P. (1987). Aging parents as caregivers of mentally ill adult children: An emerging social problem. *Hospital and Community Psychiatry*, 38(10), 1063-1070.
- Langan, J., & Means, R. (1996). Financial management and elderly people with dementia in the U.K.: As much a question of confusion as abuse? *Ageing and Society*, 16, 287-314.
- Laumann, E.O., Leitsch, S.A., & Waite, L.J. (2008). Elder maltreatment in the United States: Prevalence estimates from a nationally representative study. *Journal of Gerontology*, 63, 48-254.
- Lavrisha, M. (1997). What can nurses do about financial exploitation of elders? *Journal of Gerontological Nursing*, 23, 49-50.
- Leventhal, J.M. (2003). The field of child maltreatment enters its fifth decade. *Child Abuse & Neglect*, 27, 1-4.
- Lewis, T. (2001). Fifty ways to exploit your grandmother: The status of financial abuse of the elderly in Minnesota. *William Mitchell Law Review*, 28, 911-954.

- Lithwick, M., Beaulieu, M. Gravel, S. & Straka, S.M. (1999). The maltreatment of older adults: Perpetrator-victim relationships and interventions. *Journal of Elder Abuse & Neglect*, 11, 95 – 112.
- Longres, J. F. (1993). Race and type of maltreatment in an elder abuse system. *Journal of Elder Abuse & Neglect*, 4, 61-84.
- Lowenstein, A. (2009). Elder abuse and neglect – “old phenomenon”: New directions for research, legislation, and service developments. *Journal of Elder Abuse and Neglect*, 21, 278-287.
- Luscher, K., & Pillemer, K. (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family*, 60, 413-425.
- Luu, A.D., & Liang, B.A. (2005). Clinical case management: A strategy to coordinate detection, reporting, and prosecution of elder abuse. *Cornell Journal of Law and Public Policy*, 15, 165.
- Lye, D.N. (1996). Adult parent-child relationships. *Annual Review of Sociology*, 22, 79-102.
- Lynch, M., & Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children’s symptomatology. *Development and Psychopathology*, 10, 235-257.
- Macolini, R. M. (1995). Elder abuse policy: Considerations in research and legislation. *Behavioral Sciences and the Law*, 13, 349-363.
- Madoff, R. D. (1997). Unmasking undue influence. *Minnesota Law Review*, 81, 571-629.
- Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson, & R. Kennedy Bergen (Eds.), *Sourcebook on violence against women* (pp. 143-178). Thousand Oaks, CA: Sage.
- Malhotra, G. (2006). Resolving the ambiguity behind the bright-line rule: The effect of *Crawford v. Washington* on the admissibility of 911 calls in evidence-based domestic violence prosecutions. *University of Illinois Law Review*, 205-241.
- Malks, B., Buckmaster, J., & Cunningham, L. (2003). Combating elder financial abuse—A multi-disciplinary approach to a growing problem. *Journal of Elder Abuse & Neglect*, 15, 55 – 70

- Marharaj, S. (2007). *Violence in marriage: Why do women stay?* Unpublished manuscript.
- Marshall, C. E., Benton, D., & Brazier, J. M. (2000). Elder abuse: Using clinical tools to identify clues of maltreatment. *Geriatrics*, 55, 42-53.
- Marson, D., Ingram, K., Cody, H., & Harrell, L (1995). Assessing the competency of patients with Alzheimer's disease under different legal standards: A prototype instrument. *Archives of Neurology*, 52, 949-954.
- Marson, D.C., Savage, R., Phillips, J. (2006). Financial capacity in persons with schizophrenia and serious mental illness: Clinical and research ethics aspects. *Schizophrenia Bulletin*, 32(1), 81-91
- Marson, D.C., Sawrie, S.M., Snyder, S. McInturff, B., Stalvey, T., Boothe, A., Aldridge, T., Chatterjee, A., & Harrell, L.E. (2000). Assessing financial capacity in patients with Alzheimer disease: A conceptual model and prototype instrument. *Archives of Neurology*, 57, 877-884.
- Martin, J. (2005, February 16). Personal communication.
- Martin, N. (2009). Consumer scams and the elderly: Preserving independence through shifting default rules. *Journal of Elder Law*, 17, 2-30.
- National Committee for the Prevention of Elder Abuse, *Mental Capacity, Consent, and Undue Influence* (2003),
<http://www.preventelderabuse.org/issues/capacity.html>.
- Nordstrom, N. (2005). Perpetrators of abuse and neglect. In J M Otto (ed.) Abuse and Neglect of Vulnerable Adult Populations. Kingston, NJ: Civic Research Institute.
- Maxwell, C. D., Garner, J. H., & Fagan, J. A. (2002). The preventive effects of arrest on intimate partner violence: Research, policy and theory. *Criminology & Public Policy*, 2(1), 51-80.
- McCreadie, C. (2002). A review of research outcomes in elder abuse. *The Journal of Adult Protection*, 4, 3-8.
- McGuire, J. (2004). *Understanding psychology and crime: Perspectives on theory and action*. Berkshire, UK :Open University Press.
- Meirson, A. (2008). Prosecuting elder abuse: Setting the gold standard in the Golden State. *Hastings Law Journal*, 60, 431-452.

Melton, G.B. (2002). Chronic neglect of family violence: More than a decade of reports to guide U.S. policy. *Child Abuse & Neglect*, 26, 569-586.

Metlife (Metlife Mature Market Institute, National Committee for the Prevention of Elder Abuse, & the Center for Gerontology at Virginia Polytechnic Institute and State University) (2009). *Broken trust: Elders, family, and finances*. Retrieved from: <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

Mickelson, K. D., Kessler, R. C., & Shaver, P.R. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology*, 5, 1092-1106.

Miller, M. L., & Johnson, J. L. (2003) *Protecting America's senior citizens: What local prosecutors are doing to fight elder abuse*. Alexandria, VA: American Prosecutors Research Institute.

*Make sure cited like this in text

Moon, A. (1999). Elder abuse and neglect among the Korean elderly in the United States. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 109-118). Philadelphia, PA: Brunner/Mazel.

Moskowitz, S. (1998a). New remedies for elder abuse and neglect. *Probate and Property*, 12, 52-56.

Moskowitz, S. (1998b). Saving granny from the wolf: Elder abuse and neglect—the legal framework. *Connecticut Law Review*, 31, 77-201.

Moye, J., & Marson, D. C. (2007). Assessment of decision-making capacity in older adults: An emerging area of practice and research. *Journal of Gerontology: Psychological Sciences*. 62B(1), P3-P11.

Mullan, F., Ficklen, E., & Rubin, K. (2006). *Narrative matters: The power of the personal essay in health policy*. Baltimore, MD: The Johns Hopkins University Press.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse and Neglect*, 20(1), 7-21.

Mulvey, E. (1994). Assessing the evidence of a link between mental illness and violence. *Hospital and Community Psychiatry*, 45, 663-668.

Muncie, J. (2003). Youth, risk and victimization. In P. Davies, P. Francis & V. Jupp (Eds.), *Victimisation: Theory, research, and policy*. Basingstoke: Palgrave Macmillan.

National Center on Elder Abuse [NCEA]. (1996). *Elder abuse: Questions and answers*. Washington, DC: National Center on Elder Abuse.

National Center on Elder Abuse [NCEA]. (1997). Reporting of elder abuse in domestic settings. *Elder Abuse Information Series*, 3. Retrieved from:
http://www.ncea.aoa.gov/ncearoot/Main_Site/pdf/basics/fact3.pdf

National Center on Elder Abuse [NCEA]. (1998). *The National Elder Abuse Incidence Study: Final report*. Washington, DC: National Aging Information Center.

National Committee for the Prevention of Elder Abuse [NCPEA]. (2001). Elder abuse: Financial abuse. Retrieved from:
http://www.preventelderabuse.org/elderabuse/fin_abuse.html

National Clearinghouse on Family Violence [NCFV], Health Canada. (2001). Financial abuse of older adults. Retrieved from: <http://www.hc-sc.gc.ca/hppb/familyviolence/html/financialaben.html>

National District Attorneys Association (NDAA). (2003). *Policy positions on the prosecution of elder abuse, neglect and financial exploitation*. Retrieved from: www.ndaa.org/pdf/policy_elder_abuse_march_22_2003.pdf

Navarro, A. E., Wilber, K. H., & Schneider, D. C. (2009). The Los Angeles County Elder Abuse Forensic Center: Team Synergy to Advance positive outcomes. Poster presented at the Gerontological Society of America, Atlanta, GA, November, 2009.

Navarro, A. E., Wilber, K. H., Yonashiro, J., & Homeier, D. C. (2010). Do We Really Need Another Meeting? Lessons From the Los Angeles County Elder Abuse Forensic Center. *The Gerontologist*.

Neale, A. V., Hwalek, M., Goodrich, C. S., & Quinn, K. M. (1996). The Illinois elder abuse system: Program description and administrative findings. *The Gerontologist*, 36, 502-511.

Nelson, H.D., Nygren, M., McInerney, Y., Klein, J. (2004). Screening women and elderly adults for family and intimate partner violence: A review of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 140(5), 387-404.

Nerenberg, L. (2000a). Developing a service response to elder abuse. *Generations*, 24, 86-92.

- Nerenberg, L. (2000b). Forgotten victims of financial crime and abuse: Facing the challenge. *Journal of Elder Abuse & Neglect*, 12, 49-72.
- Nerenberg, L. (1999). Culturally specific outreach in elder abuse. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 205-220). Philadelphia, PA: Brunner/Mazel.
- Nerenburg, L. (1996). Hornswoggled? An interview with Margaret Singer on undue influence. *Nexus: A Publication for SCPEA Affiliates*, 2, 4-6.
- Nievod, A. (1992). Undue influence in contract and probate law. *Journal of Questioned Document Examination*, 1, 14-26.
- Oetjen, D. & Oetjen, R. (2006). The moral and ethical implications of elder abuse. In R.W. Summers & A.M. Hoffman (Eds.), *Elder abuse: A public health perspective* (pp. 77-96). Washington, DC: American Public Health Association.
- Okonkwo, O. C., Wadley, V. G., Griffith, H. R., Ball, K., & Marson, D. C. (2006). Cognitive correlates of financial abilities in mild cognitive impairment. *Journal of the American Gerontological Society*, 54, 1745-1750.
- Otto, J. M. (2000). The role of adult protective services in addressing abuse. *Generations*, 24, 33-38.
- Pain, R. (2003). Old age and victimization. In P. Davies, P. Francis & V. Jupp (Eds.), *Victimisation: Theory, research, and policy*. Basingstoke: Palgrave Macmillan.
- Pakula, M., & National Center for Policy Analysis (U.S.). (2005). *The legal responsibility of adult children to care for indigent parents*. Dallas, TX: National Center for Policy Analysis.
- Paris, B. E. C., Meier, D. E., Goldstein, T., Weiss, M., & Fein, E. D. (1995). Elder abuse and neglect: How to recognize warning signs and intervene. *Geriatrics*, 50, 47-51.
- Paveza, G. J., Cohen, D., Eisdorfer, C., Freels, S., Semla, T., Ashford, W., Gorelick, P., Hirschman, R., Luchins, D., & Levy, P. (1992). Severe family violence and Alzheimer's disease: Prevalence and risk factors. *The Gerontologist*, 32, 493-497.
- Payne, B. K. (2008). Training adult protective services workers about domestic violence: Training needs and strategies. *Violence Against Women*, 14, 1199-1213
- Peake, T. H., Oelschlager, J. R., & Kearns, D. F. (2000). Elder abuse: Families, systems, causes, and interventions. In F. W. Kaslow (Ed.), *Handbook of couple and family forensics* (pp. 400-425). New York: Wiley.

- Phillips, L.R. (1983). Elder abuse: What is it? Who says so? *Geriatric Nursing*, 4, 167-170
- Pillemer, K. (1985). The dangers of dependency: New findings on domestic violence against the elderly. *Social Problems*, 33, 146-158.
- Pillemer, K. (2005). Elder abuse is caused by the deviance and dependence of abusive caregivers. In D.R. Loseke, R.J. Gelles, & M.M. Cavanaugh (Eds.), *Current controversies on family violence (2nd ed.)* (pp. 207-220). Thousand Oaks, CA: SAGE.
- Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28, 51-57.
- Pillemer, K., & Suitor, J. J. (1988). Elder abuse. In V.B. Van Hasselt, R. L. Morrison, A.S. Bellack, & M. Hersen (Eds.), *Handbook of family violence* (pp. 247-270). New York: Plenum Press.
- Pillemer, K., & Suitor, J.J. (1991). Relationships with children and distress in the elderly. In K.A. Pillemer & K. McCartney (Eds.), *Parent child relations throughout life* (pp. 163-178). Hillsdale, NJ: Lawrence Erlbaum.
- Pillemer, K., & Suitor, J.J. (1991). Sharing a residence with an adult child: A cause of psychological distress in the elderly? *American Journal of Orthopsychiatry*, 61, 144.
- Pillemer, K., & Suitor, J.J. (1991). 'Will I ever escape my child's problems?': Effects of adult children's problems on elderly parents. *Journal of Marriage and the Family*, 53, 585-594.
- *Make a and b in text
- Pillemer, K., & Suitor, J. J. (1998). Violence and violent feelings: What causes them among family caregivers? In R. K. Bergen, & R. K. Bergen (Eds.), *Issues in intimate violence*. (pp. 255-266). Thousand Oaks, CA US: Sage Publications, Inc.
- Pillemer, K., Suitor, J.J. & Wethington, E. (2003). Integrating theory, basic research, and intervention: Two case studies from caregiving research. *The Gerontologist*, 43(S1), 19-28.
- Pittaway, E.D., Westhues, A., & Peressini, T. (1995). Risk factors for abuse and neglect among older adults. *The Gerontologist*, 43(S1), 19-28.

- Plaisance, L. Q. (2008). Will you still...When I'm sixty-four: Adult children's legal obligations to aging parents. *Journal of the American Academy of Matrimonial Lawyers*, 21, 245-270.
- Ploeg, J., Fear, J., Hutchison, B., MacMillan, H., & Bolan, G. (2009). A systematic review of interventions for elder abuse. *Journal of Elder Abuse and Neglect*, 21, 187-210.
- Podnieks, E. (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse & Neglect*, 4, 5-58.
- Price, G., & Fox, C. (1997). The Massachusetts bank reporting project: An edge against elder financial exploitation. *Journal of Elder Abuse & Neglect*, 8, 59-71.
- Quinn, M. J. (2000). Undoing undue influence. *Journal of Elder Abuse & Neglect*, 12, 9-16.
- Quinn, M. J. (2002). Undue influence and elder abuse: Recognition and intervention strategies. *Geriatric Nursing*, 23(1), 11-17.
- Quinn, K. & Zielke, H. (2005). Elder abuse, neglect, and exploitation: policy issues. *Clinics in Geriatric Medicine*, 21, 449-457.
- Rabiner, D., O'Keefe, J., & Brown, D. (2004). A conceptual framework of financial exploitation of older persons. *Journal of Elder Abuse & Neglect*, 16, 53-73.
- Rand, M., & Catalano, S. (2007). Criminal victimization, 2006. *Bureau of Justice Statistics Bulletin* (NCJ 219413). Washington, DC: Bureau of Justice Statistics, US Department of Justice.
- Rathbone-McCuan, E. (2000, Fall). Elder abuse within the context of intimate violence. *UMKC Law Review* 69, 215-226.
- Reay, A.M.C., & Browne, K.D. (2001). Risk factor characteristics in carers who physically abuse or neglect their elderly dependents. *Aging and Mental Health*, 5, 56-62.
- Rennison, C., & Rand, M. (2003). Non-lethal intimate partner violence: Women age 55 or older. *Violence Against Women*, 12, 1417-1428.
- Rhein, J. L. (2009). No one in charge: Durable powers of attorney and the failure to protect incapacitated principals. *The Elder Law Journal*, 17, 167-199.
- Riffe, P. (2007). Mandatory reporting in Texas for domestic violence against vulnerable adults: The need for changes in statutory enforcement. *St. Mary's Law Review on Minority Issues*, 10, 1.

- Robbins, K. (1999). No-drop prosecution of domestic violence: Just good policy, or equal protection mandate? *Stanford Law Review*, 52, 205-233.
- Roby, J. L., & Sullivan, R. (2000). Adult protection service laws: A comparison of state statutes from definition to case closure. *Journal of Elder Abuse & Neglect*, 12, 17-51.
- Ross, A.E. (2008). Taking care of our caretakers: Using filial responsibility laws to support the elderly beyond the government's assistance. *Elder Law Journal*, 16, 167-171.
- Roszman, B.B. R. & Rosenberg, M. S. (1998). Multiple victimization of children: Conceptual, developmental, research and treatment issues. New York, NY: Haworth.
- Ruf, P. (2006). Understanding elder abuse in minority populations. In R.W. Summers & A.M. Hoffman (Eds.), *Elder abuse: A public health perspective* (pp. 51-64). Washington, DC: American Public Health Association.
- Runyon, M.K., Kerry, M.C., Berry, E.J., Deblinger, E., & Brown, E.J. (2006). Etiology and surveillance in child maltreatment. In J.R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies* (pp 23-47). Washington, DC: American Psychological Association.
* Check in-text spelling of first two authors and delete/change references for Deblinger & Brown alone
- Rush, R. L., & Lank, R. J. (2000). How to thwart financial fraud of elderly clients. Retrieved from: <http://www.elderweb.com/default.php3?PageID=2206>.
- Sacco, V. F. (1993). Conceptualizing elder abuse: Implications for research and theory. In W. Bilsky, C. Pfeiffer, & P. Wetzel (Eds.), *Fear of crime and criminal victimization*, (pp. 71-82). Stuttgart: Verlag.
- Sadler, P., Kurrle, S., & Cameron, I. (1995). Dementia and elder abuse. *Australasian Journal on Ageing*, 14, 36-40.
- Saks, M.J. (1992). Do we really know anything about the behavior of the tort litigation system – and why not? *University of Pennsylvania Law Review*, 140, 1147.
- Samanez-Larkin, G. R., Gibbs, S. E. B., Khanna, K., Nielsen, L., Carstensen, L. L., & Knutson, B. (2007). Anticipation of monetary gain but not loss in healthy older adults. *National Neuroscience*, 10(6), 787-791.

- Sampson, R. J., & Laub, J.H. (1993). *Crime in the making*. Cambridge, Mass.: Harvard University Press.
- Sanchez, Y. M. (1996). Distinguishing cultural expectations in assessment of financial exploitation. *Journal of Elder Abuse & Neglect*, 8, 49-59.
- Scharlach, A. (2008). Historical overview - lessons from the past, challenges for the future. *The American Journal of Nursing*, 108, 16.
- Schiambberg, L.B & Gans, D (1999) An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse & Neglect*, 11(1), 79-105.
- Schiambberg, L. B., & Gans, D. (2000). Elder abuse by adult children: An applied ecological framework for understanding contextual risk factors and the intergenerational character of quality of life. *International Journal of Aging & Human Development*, 50, 329-359.
- Schorr, A. (1980). *'Thy father and thy mother': A second look at filial responsibility and family policy*. (ED208267) Social Security Administration (DHHS), Washington, DC. Office of Research and Statistics.
- Setterlund, D., Tilse, C., Wilson, J., McCawley, A., & Rosenman, L. (2007). Understanding financial elder abuse in families: the potential of routine activities theory. *Ageing and Society*, 27, 599-614.
- Settersten, R.S., & Trauten, M.E. (2009). The new terrain of old age: Hallmarks, freedoms, and risks. In V. Bengtson, D. Gans, N.M. Putney & M. Silverstein (Eds.), *Handbook of theories of aging* (pp. 455-470). New York: Springer
- Shapiro, A. (2004). Revisiting the generation gap: Exploring the relationships of parent-adult-child dyads. *Journal of Aging and Human Development*, 58, 127-146.
- Sherman, LW., & Smith, D.A. (1992). Crime, punishment, and stake in conformity: Legal and informal control of domestic violence. *American Sociological Review*, 57, 680-690.
- Shulman, K. I., Cohen, C. A., Kirsh, F. C., Hull, I. M., & Champine, P. R. (2007). Assessment of testamentary capacity and vulnerability to undue influence. *American Journal of Psychiatry*, 164(5), 722-727.
- Silverstein, M., Conroy, S.J., Wang, H., Giarrusso, R. & Bengtson, V.L. (2002). Reciprocity in parent-child relations over the adult life course. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57, S3-S13.

- Simons, R.L., Stewart, E., Gordon, L.C., Conger, R.D. & Elder, G.H. (2002). A test of life-course explanations for stability and change in antisocial behavior from adolescence to young adulthood. *Criminology*, 40, 401 - 434
- Sklar, J. B. (2000). Elder and dependent adult fraud: A sample of actual cases to profile the offenders and the crimes they perpetrate. *Journal of Elder Abuse and Neglect*, 12, 19-32.
- Smith, D. (1998). *The elderly population*. Washington, DC: US Census Bureau, US Department of Congress. Retrieved from:
<http://www.census.gov/prod/3/98pubs/p23-194.pdf>
- Smith, R. S. (1999). *Fraud & Financial Abuse of Older Persons*, No. 132 Canberra, Australia: Australian Institute of Criminology.
- Smith, M.G., & Fong, R. (2004). *The children of neglect: When no one cares*. New York: Brunner Routledge.
- Solomon, P. L., Cavanaugh, M. M., & Gelles, R. J. (2005). Family violence among adults with severe mental illness: A neglected area of research. *Trauma, Violence & Abuse*, 6(1), 40-54.
- Span, P. (2009, March 24). They don't want to live with you, either. Entry posted to the *New York Times* New Old Age Blog,
<http://newoldage.blogs.nytimes.com/2009/03/24/they-dont-want-to-live-with-you-either/>
- Span, P. (2009, May 10). Cut-rate angels. *The Washington Post Magazine*, p. 12.
- Stapleton, B. D. (1967). The presumption of undue influence. *U.N.B. Law Journal*, 17, 46-65.
- Stein, C.H., Wemmerus, V.A., Ward, M., Gaines, M.E., Freeberg, A.L., & Jewell, T.C. (1998). 'Because they're my parents': An intergenerational study of felt obligation and parental caregiving. *Journal of Marriage and the Family*, 60, 611-622.
- Steinmetz, S.K. (1988). Duty bound: Elder abuse and family care. *Family Relations*, 39, 113-114.
- Steinmetz, S.K. (2005). Elder abuse is caused by the perception of stress associated with providing care. In D. R. Loseke, R. J. Gelles, M. M. Cavanaugh (Eds.), *Current controversies on family violence* (pp. 191-206). Thousand Oaks, CA: SAGE.

- Stiegel & Klem (2007). Types of abuse: Comparison chart of provisions in adult protective services laws, by state. Retrieved from:
http://www.abanet.org/aging/about/pdfs/Abuse_Types_Statutory_Provisions_by_State_Chart.pdf.
- Straus, M. A., & Hotaling, G.T. (Eds.). (1980). The social causes of husband-wife violence. Minneapolis: University of Minnesota Press.
- Straznickas, K. A., McNeil, D. E., & Binder, R. L. (1993). Violence toward family caregivers by mentally ill relatives. Hospital and Community Psychiatry, 44(4), 385-387.
- Straus, M. A., & Hotaling, G.T. (eds.) (1980). The social causes of husband-wife violence. Minneapolis: University of Minnesota Press.
- Suitor, J. J., Pillemer, K., Keeton, S., & Robison, J. (1996). Aged parents and aging children: determinants of relationship quality. In R. Blieszner & V. H. Bedford (Eds.) *Aging and the family: Theory and research* (pp. 223-242). Westpoint, CT: Praeger.
- Summers, R.W., & Hoffman, A.M. (2006). *Elder abuse: A public health perspective*. Washington, DC: American Public Health Association.
- Swanson, J. W., Swartz, M. S., Essock, S. M., Osher, F. C., Wagner, R., Goodman, L. A., Rosenberg, S. D., & Meador, K. G. (2002). The social-environmental context of violent behavior in persons treated for severe mental illness. American Journal of Public Health, 92(9), 1523-1531.
- Swanson, J., Holzer, C., Ganja, V., & Jono, R (1990). Violence and psychiatric disorder in the community: Evidence from the Epidemiologic Catchment Area surveys. Hospital and Community Psychiatry, 41, 761-770.
- Tatara, T. (Ed.). (1999). *Understanding elder abuse in minority populations*. Philadelphia, PA: Brunner/Mazel.
- Tatara T, & Kuzmeskus LB. (1997). *Summaries of the Statistical Data on Elder Abuse in Domestic Settings for FY 95 and FY 96*. Washington, DC: National Center on Elder Abuse; 1997.
- Teaster, P., Dugar, T., Mendiondo, M., Abner, E., Cecil, K. & Otto, J. (2006). *The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older*. Washington D.C.: National Center on Elder Abuse.

- Teaster, P., & Nerenberg, L. (2000). *A national look at multidisciplinary teams*. Washington, DC: National Center on Elder Abuse.
- Teaster, P.B., & Roberto, K.A. (2004) Sexual abuse of older adults: APS cases and outcomes. *The Gerontologist, 44*, 788-796.
- Tessler, R. C., & Killian, L. M. & Gubman, G. (1987). States in family response to mental illness: an ideal type. *Psychosocial Rehabilitation Journal, 10*, 3 – 16.
- Thilges, A.A. (2000). Abuse of a power of attorney: who is more likely to be punished, the elder or the abuser? *Journal of the American Academy of Matrimonial Law, 16*, 579-
- Thomas, C. (2000). First national study of elder abuse and neglect: Contrast with results from other studies. *Journal of Elder Abuse and Neglect, 12*, 1-14.
- Tjaden, P., & Thoennes, N. (1998). *Prevalence, incidence and consequences of violence against women: Findings from the National Violence against Women Survey*. (NCJ172837), Washington, DC: US Department of Justice: National Institute of Justice/Centers for Disease Control and Prevention.
- Tolan, P., Gorman-Smith, D. & Henry, D. (2006). Family violence. *Annual Review of Psychology, 57*, 557-583.
- Tomika, S.K. (1990). The denial of elder maltreatment by victims and abusers: The application of neutralization theory. *Violence and Victims, 5*, 171-184.
- Tueth, M. J. (2000). Exposing financial exploitation of impaired elderly persons. *American Journal of Geriatric Psychiatry, 8*, 104-111.
- Twomey**, M., Quinn, M. J., & Dakin, E. (2005). Behind closed doors: Shedding light on elder abuse and domestic violence in late life. *Journal of the Center for Families, Children & the Courts, 6*, 73 – 86.
- Uekert, B., & Dancy, D. (2007). *State courts and elder abuse: Ensuring justice for older Americans*. Williamsburg, VA: National Center for State Courts.
- Ulrey, P. (June, 2010). Discussant on the National Institute of Justice Research and Evaluation 2010 Conference panel on the Prosecution of Elder Abuse. Washington, DC.
- U.S. Congress, House Select Committee on Aging. (1981). *A report: Elder abuse (An examination of a hidden problem)*. Washington, D.C.: Government Printing Office. (Comm. Pub. No. 97-277)

- U.S. Congress, House Select Committee on Aging (1991). *Elder abuse: What can be done?* Washington, D.C.: Government Printing Office.
- US Department of Justice (1998). New directions from the field: Victims' rights and services for the 21st Century. Washington, DC: Office of Justice Programs.
- Velick, M.D. (1995). Mandatory reporting statutes: A necessary yet underutilized response to elder abuse. *Elder Law Journal*, 3, 165.
- Vilhauer, J. (2000). Essay: Understanding the victim: A guide to aid in the prosecution of domestic violence. *Fordham Urban Law Journal*, 27, 953-963.
- Vinton, L. (1991). Factors associated with refusing services among maltreated elderly. *Journal of Elder Abuse and Neglect*, 3(2), 89-103.
- Vinton, L. (1991). Abused older women: Battered women or abused elders? *Journal of Women & Aging*, 3, 5-19.
- Vinton, L. (1992). Battered women's shelters and older women: The Florida experience. *Journal of Family Violence*, 7, 63-72.
- Vinton, L. (1998). A nationwide survey of domestic violence shelters' programming for older women. *Violence Against Women*, 4, 559-571.
- Virginia Guardianship Association (2008). *Guardianship and conservatorship in Virginia*. Richmond, VA: The Virginia Guardianship Association.
- Virginia Department of Social Services (2008). *Adult services SFY 2008 program report*. Richmond, VA: Virginia Department of Social Services.
- Wallace, H. (2007). *Victimology : Legal, psychological, and social perspectives*. Boston: Pearson A&B.
- Wacker, R.R. (1996). Legal issues and family involvement in later-life families. In R. Blieszner, & V.H. Bedford (Eds.), *Aging and the family: Theory and research* (pp. 284-306). Westport, CT: Praeger.
- Wadley, V. G., Harrell, L. E., & Marson, D. C. (2003). Self- and informant report of financial abilities in patients with Alzheimer's disease: Reliable and valid? *Journal of the American Gerontological Society*, 51, 1621-1626.
- Walsh, C.A. Ploeg, J., Lohfeld, L., Horne, J. MacMillan, H., & Lai, D. (2007). Violence across the lifespan: Interconnections among forms of abuse as described by

- marginalized Canadian elders and their care-givers. *British Journal of Social Work*, 37, 491-514.
- Wilber, K. H., & Reynolds, S. L. (1996). Introducing a framework for defining financial abuse of the elderly. *Journal of Elder Abuse & Neglect*, 8, 61-80.
- Wills, D. (1997). Mandatory prosecution in domestic violence cases: Domestic violence: The case for aggressive prosecution. *UCLA Women's Law Journal*, 173-182.
- Winder, W.H.D. (1939). Undue influence and coercion. *The Modern Law Review*, 3(2), 97-120.
- Wise, K. (2002). Caring for our parents in an aging world: Sharing public and private responsibility for the elderly. *New York University Journal of Legislation and Public Policy*, 5, 563.
- Wolf, R.S. (1988). Abuse of the elderly: 10 years later. *Journal of the American Geriatric Society*, 36, 758-762.
- Wolf, R. S. (2000). Introduction: The nature and scope of elder abuse. *Generations*, 24, 6-12.
- Wolf, R. (2003). Elder abuse and neglect: history and concepts. In R. J. Bonnie & R. B. Wallace (Eds.), *Elder maltreatment: Abuse, neglect and exploitation in an aging America* (pp. 238-248). Washington, DC: National Research Council.
- Wolf, R.S., & Pillemer, K.A. (1989). *Helping elderly victims: The reality of elder abuse*. New York: Columbia University Press.
- Wolf, R., Strugnell, C., & Godkin, M. (1982). *Preliminary findings from three model projects on elder abuse*. Worcester, Massachusetts: University of Massachusetts Medical Center.
- Wolfe, D. A. (2003). Elder abuse intervention: Lessons from child abuse and domestic violence initiatives. In R. J. Bonnie & R. B. Wallace (Eds.), *Elder maltreatment: Abuse, neglect and exploitation in an aging America* (pp. 501-525). Washington, DC: National Research Council.
- Wolfe, D.A., & Jaffe, P. (1991). Child abuse and family violence as determinants of child psychopathology. *Canadian Journal of Behavioural Science*, 23, 282-299
- Wooldredge, J., & Thistlethwaite, A. (2002). Reconsidering domestic violence recidivism: Conditioned effects of legal controls by individual and aggregate levels of stake in conformity. *Journal of Quantitative Criminology*, 18, 45-70.

- World Health Organization. (2002). *World report on violence and health: Summary*. Geneva: World Health Organization.
- Wright, J. L. (Working Paper 2010). Guardianship for your own good: Improving the well-being of respondents and wards. University of St. Thomas Minnesota Law Review.
- Zarit, J. (2009). Assessment and intervention with family caregivers. In S.H. Qualls & S.H. Zarit (Eds.), *Aging families and caregiving* (pp. 113-131). Hoboken, NJ: John Wiley & Sons, Inc.
- Zimka, K. (1997). Financial exploitation of the elderly. Retrieved from:
<http://www.ext.colostate.edu/pubs/columncc/cc970710.htm>.
- Zink, T., Jacobson, C.J., Pabst, S., Regan, S., & Fisher, B.S. (2006). A lifetime of intimate partner violence: Coping strategies of older women. *Journal of Interpersonal Violence*, 21, 634-651.
- Zink, T., Regan, S., Jacobson, J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*, 9, 1429-1441.

Appendix A

Financial Exploitation Interview with Caseworker

12 Interviews

Zip Code: _____
ID#: _____
Date of interview: _____
Interviewer name: _____
Length of interview: _____

Type of Theoretical Model:

- Stress Model
- Psychopathological Model
- Other

After the Interview: Does the elder

- Internalize responsibility (blame self)
- Externalize responsibility (blame perpetrator)

- Asserted control over the problem
- Feelings of helplessness

Describe the setting or unique aspects of the interview:

Lessons Learned:

* **Sign consent form**

(After consent forms have been signed). Thank you for agreeing to take the time to talk to me today. We're going to be talking about a lot of things today. I'd like to get some information from you about yourself as an APS caseworker and then we'll talk about the specific case of financial exploitation. But let's begin by talking about you for a couple of minutes.

Caseworker Information

How many years have you been an APS caseworker? _____

Age: _____

Education: No college degree College degree Masters

Degree in: Social work Other _____

Off the top of your head, what percent of your cases are:

- ____ Financial exploitation
- ____ Physical and sexual abuse
- ____ Neglect by other
- ____ Self-Neglect

How many of those cases are hybrid cases: that is financial exploitation + physical abuse/neglect: _____

How would you compare the amount of training you receive in financial exploitation compared to physical abuse/neglect training:

- ___ Less than
- ___ Same as
- ___ Greater than

How would you rate your ability to handle a financial exploitation case compared to physical abuse or neglect cases?

- ___ Less than
- ___ Same as
- ___ Greater than

How would you compare the difficulty of investigating a financial abuse case as opposed to a physical abuse/neglect case?

- ___ Easier than
- ___ Same as
- ___ Harder than

How would you compare the difficulty of establishing the existence of financial abuse as opposed to physical abuse/neglect?

- ___ Easier than
- ___ Same as
- ___ Harder than

How would you compare your ability to receive assistance, if needed, from law enforcement officials/prosecutors in a financial abuse case as opposed to a physical abuse/neglect case?

- Easier than
- Same as
- Harder than

Nature of Abuse and Its Consequences

Let's begin by talking about [whatever the instant case is e.g., the time **[name of victim]** lost some money.]

Tell me what happened. _____

(if checks involved) Was [perpetrator's name]'s name on the checking account?

- Yes
- No

How did APS become involved (if you know)?

Type of Financial Case:

- Granted expensive gifts
- Changed the will
- Deeded over the home or other property
- Made the perpetrator the beneficiary of a trust
- Theft (disappearance of funds)
- Extortion
- Inappropriate use of home/other resources
- Transfer of property/assets
- Sale of property through deception

- Improper use of checks (forgery, writing checks to self when checks should go to pay victim's bills)

APS Categories (check all that apply):

- Unexplained disappearance of funds or valuables
- Dependent relationship (e.g. adult child is financially dependent upon the older person or the older person is dependent for care giving by the alleged abuser)
- Misuse of money or property by another person
- Transfer of property, savings, etc.
- Excessive payment for care and/or services
- Client unaware of income amount
- Depleted bank account
- Sudden appearance of previously uninvolved relatives/friends
- Change in payee, power of attorney, Will
- Caregiver is overly frugal
- Unexplained cash flow
- Unusual household composition
- Chronic failure to pay bills
- Personal belongings missing
- Client is kept isolated
- Signatures on check that do not resemble the client's signature
- Client complains doesn't know what happened to money
- Checks no longer come to house
- Client reports signing papers and doesn't know what was signed

Did [name of victim] know the abuse was happening? [getting at consent to the purported abuse]

- Yes, consent given
- Yes, but no consent given, but didn't actively resist
- No
- No, but found out later and didn't try to stop it

After [name of victim] learned this was happening, did s/he:

- Try to stop it
- Do nothing about it
- Never learned it was happening

Did [name of victim] have a Power of Attorney? Yes No

Who was the Power of Attorney?

- Perpetrator
- Other _____

Can you describe what the Power of Attorney was used for – what is it limited to?

- General
- Medical only
- Financial only
- Other only _____

How did [perpetrator name] obtain/get the Power of Attorney?

- Victim asked perpetrator to be POA
 - Deception on the part of the perpetrator
 - Other
-
-
-

Does [name of victim] have a Guardian/Conservator? Yes No

Who was the Guardian/conservator?

- Perpetrator
- Other _____

Did the guardian/conservator fulfill his/her responsibilities? Yes No

If not, how did the guardian/conservator fail to fulfill his/her responsibilities?

How is [perpetrator name] related to [name of victim]?

- Relative: Son
 - Grandson
 - Daughter
 - Granddaughter
 - Spouse
 - Other relative _____
- Non-relative: Caretaker
 - Other _____

Were other people involved in this case? Yes No

Who and how?

How many times did this abuse happen?

- One time
 - More than one time
- Frequency: _____
Duration (over how long a period): _____

How did it begin? How did [perpetrator] get [**name of victim**] to go along with it?
[modus operandi]

- Persuasion
 - Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed
 - Elder didn't know FE was occurring
-
-
-

You mentioned earlier that this happened x number of times. Did someone ever try to stop this from happening before APS became involved or was APS the first attempt at stopping the behavior?

- Elder tried to stop the abuse (previous help-seeking behavior)
- Other person/caregiver tried to stop the abuse
- An agency tried to stop the abuse
- APS has tried to stop it in the past
- Never tried to stop it before/APS was the first involvement

(If tried to stop it) What did that person do to try to stop the abuse?

Did that stop the financial exploitation?

- Yes
- No

Why did that work – or not work?

Why do you think this continued/happened more than once/periodically/continuously? [enabled abuse to continue]

- Elder person persuaded to allow
 - Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed (why? _____)
 - Elder didn't vigorously resist (why not? _____)
-
-
-
-

How much e.g., money [or value or possessions] did [name of victim] end up losing?

\$ _____

Are there any other losses [name of victim] has experienced as a result of this?
e.g., loss of residence, loss of trust, loss of retirement savings. Yes No

How do you think this happened? What do you think **caused** it in the first place?

Risk Factors (and demographics) – Elder Person

Transition: Now I'd like to talk about [name of victim] for awhile. Some of the questions are quite personal and may seem strange, but we are asking everyone in the study these questions. These question pertain to the time when the elder was experiencing this abuse.

When this happened, was [name of victim] working at the time or was s/he already retired?

- Retired
- Disability
- Working full-time or part-time

What does (or did) [name of victim] do for a living (occupation)?

Did [name of victim] finish high school? College?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate
- Don't know

Did [name of victim] have enough money for food and shelter and basic necessities while this happened? [standard of living] Yes No

Was [name of victim] living in his/her own home while this happened?

- Yes
 - No
-
-

Was anyone else living with [name of victim]? Yes No

Who:

- Perpetrator
- Other _____

How old was [name of victim] at that time? _____

Gender? (document gender of elder person: male or female)

Was [name of victim] married at that time?

- Yes
 - No
 - Widowed/widower
-
-

How many children did [name of victim] have, if any: _____

What is [name of victim] race/ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other

Does [name of victim] belong to a religious organization?

- Yes
- No
- Don't know

What is it? _____

How would you describe [name of victim] health at that time?

- Good Fair Poor

Did [name of victim] have a disease or chronic condition or a disability?

- Yes No

Type _____

Was [name of victim] taking prescriptions for any of these? Yes No

Type/for _____

Did [name of victim] have any daily living challenges that s/he was dealing with at that time, such as forgetting to take prescriptions or trouble just walking from the kitchen to the bedroom? Yes No

Was anyone helping [name of victim] with those tasks? Yes No

Relationship	Duties

Do you have a home health nurse or personal care aid?

- Yes No

Did [name of victim] have any mental health problems or a mental health diagnosis at that time?

Yes Diagnosis: _____

No

Were medications being taken for it? Yes No Type: _____

Did [name of victim] have a problem with drug (prescription or otherwise) or alcohol dependence or addiction at that time? Yes No

Tell me about that.

Does [name of victim] drive any longer?

- Yes No

Was [name of victim] able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

- Had decision making capacity
- Lacked decision making capacity in general
- Lacked decision making capacity with regard to specific types of decisions (Type: _____)

Did [name of victim] have a criminal record? Yes No Don't know
Charge/Conviction: _____

Do you think [name of victim] felt like s/he had someone (or more than one person) s/he can call if s/he needs to talk to someone or if s/he needs help with something like getting to a doctor's appointment – some type of social support?

- Yes
- No
- Don't know

Was [name of victim] feeling lonely at that time? Yes No

Do you think [name of victim] felt isolated at that time? Yes No

Was [name of victim] able to manage his/her own life/live independently?

- Yes
- No (or no, not without assistance)

Did [name of victim] have the ability/capacity to protect self from abuse?

- Yes
- No

Did [name of victim] fear the perpetrator?

- Yes
- No

Was there anything unusual going on in [name of victim] life at the time this happened? [deprivations, stresses, context of abuse]

- Yes
 - No
-
-
-

Do you know if there was any physical or psychological abuse between [name of victim] and her husband/partner or between either parent and the children?

- Yes, between [name of victim] and child(ren)
- Yes, between [name of victim]'s partner and child(ren)

- Yes, between [name of victim] and partner only
(Aggressor: _____)
 - Yes, among [name of victim], partner and child(ren)
 - No history of family violence
 - Don't know
-
-

Do you know if [name of victim] grew up in a home where there was physical or psychological abuse, things like slapping, throwing things, hitting, either between your parents or between [name of victim] and his/her parents such as using physical discipline – or both?

- Yes, between father and child(ren)
 - Yes, between mother and child(ren)
 - Yes, between parents only
 - Yes, among parents and child(ren)
 - No history of family violence
 - Don't know
-
-

Did [name of victim] ever physically or psychologically harm [perpetrator name], even if s/he didn't mean to? [aggressive toward perpetrator]

- Yes
 - No
 - Don't know
-

How? _____

Did [perpetrator name] take care of [name of victim] in some way or was s/he more like a friend or family member? [caretaking role of perpetrator]

- caretaking role
- non-caretaking role

[If caring for elder] Did [name of victim] feel like [perpetrator name] wanted to take care of [name of victim]? [stress with caregiving role]

- Yes
- No
- Don't know

How would you describe [name of victim] relationship with [perpetrator name] at that time? [quality of the relationship]

- Good relationship
- Neutral relationship

- Poor relationship
-

Has [name of victim] experienced other forms of abuse as an elder that we haven't talked about? Yes No

Risk Factors - Perpetrator

Transition. Thank you. Now I'd like to talk about [perpetrator name] for awhile. I'll be asking similar questions about [perpetrator name] that I asked about [name of victim]. Remember we are talking about while the abuse was occurring.

How long has [victim name] known [perpetrator name]? _____

How did [perpetrator name] come to know the victim?

- Relative
 - Employee
 - Other
-
-

Was [perpetrator name] working at that time?

- Don't know
- No
- Yes (if yes) Full time or Part time

What did [perpetrator name] do for a living? [occupation] Don't know

Did [perpetrator name] graduate from high school or college?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate
- Don't know

What is [perpetrator name]'s race/ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other
- Don't know

How old was [perpetrator name] at that time? _____ Don't know

Gender? [indicate (or ask) gender of perpetrator: Male Female

Did [perpetrator name] have enough money for food and shelter and basic necessities at the time of the reported abuse? [standard of living]

Yes No Don't know

Was [perpetrator name] married at that time? Yes No Don't know

How many children did [perpetrator name] have, if any? _____ Don't know

Where was [perpetrator name] living at the time: with the victim, living in his/her own home, or living with other people (getting at dependence)?

- living with victim
 - In his/her own residence
 - In someone else's residence
-
-

Does [name of perpetrator] drive any longer?

- Yes
- No
- Don't know

Did [perpetrator name] belong to a religious organization?

- Yes
- No
- Don't know

Name of organization? _____

Did [name of perpetrator] grow up in a home where there was physical or psychological violence, things like slapping, throwing things, hitting, either between your parents or between [name of perpetrator] and his/her parents such as using physical discipline – or both? Please describe it for me.

- Yes, between father and child(ren)
- Yes, between mother and child(ren)
- Yes, between parents only
- Yes, among parents and child(ren)
- No history of family violence
- Don't know

If yes, please tell me about that.

As an adult, did [perpetrator name] live in a home whether there is violence, either between him/herself and a partner (e.g., wife/girlfriend) or between the parents and children – or both? ?

- Yes, between [perpetrator name] and child(ren)
- Yes, between perpetrator's partner and child(ren)
- Yes, between [perpetrator name] and partner only
(Aggressor: _____)
- Yes, among [perpetrator name], partner and child(ren)
- No history of family violence
- Don't know

Did [perpetrator name] have a criminal record?

- Yes
- No
- Don't know

Crime: _____

Did [perpetrator name] have a drug or alcohol dependence or addiction?

- Yes
- No
- Don't know

(If yes) Please tell me about that.

How would you describe the health of [perpetrator name] at that time?

- Good
- Fair
- Poor
- Don't know

Does [perpetrator name] have a disease or chronic illness or a disability?

- Yes
- No
- Don't know

Was [name of perpetrator] taking prescriptions for any of these?

- Yes
- No
- Don't know

Type/for _____

Was [perpetrator name] able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

- Had decision making capacity
- Lacked decisional making capacity in general

- Lacked decision making capacity with regard to specific types
 - Don't know
-

Are you aware of any psychological problems or mental health diagnosis [perpetrator name] had at that time? Please tell me about them.

- Yes No Don't know

If yes, Diagnosis: _____

Was there anything unusual going on in his/her life at the time? [family or life stressors] Yes No Don't know

Describe: _____

Was [perpetrator name] dependent on [name of victim] for anything, such as a place to live or money? [dependence]

- Financially dependent
- Residentially dependent
- Emotionally dependent
- All of the above
- No
- Don't know
- Other _____

Do you know if [perpetrator name] was caring for others or had cared for someone else in the past? [caregiving experience]

- No caregiving responsibilities/experience in the past
 - Cared for own family (presently or in the past – circle one)
 - Cared for other older person e.g., other parent/in-law parent in the past
 - Don't know
-
-

Did [perpetrator name] have someone (or more than one person) he/she could call if he/she needed to talk to someone or if he/she needed help with something like getting the elder person to a doctor's appointment?

Yes No Don't know

Has [perpetrator name] done something similar to this to someone else in the past that you are aware of?

Yes No Don't know

Nature of Disclosure/Report

Thank you. Now I'd like for us to talk about how APS became involved in this case.

What was the incoming allegation (check all that apply):

- Financial exploitation
- Exploitation
- Physical
- Sexual
- Self Neglect
- Neglect by other

Date of allegation: _____

Has XX had other APS reports on him/her? Yes No

How many? _____

What for? Financial (#_____)
 Exploitation (#_____)
 Physical (#_____)
 Sexual (#_____)
 Self Neglect (#_____)
 Neglect by other (#_____)

Once the investigation began, what was the first thing you did?

Was [name of victim] cooperative and helpful to APS? [providing assistance]

Yes No

How so? _____

Do you think [name of victim] would have preferred that APS not investigate this case or was he/she glad that they were investigating this case?

- Preferred investigation

Preferred no investigation

(If preferred) What was [name of victim] hoping would happen?

(If not preferred) Why did [name of victim] not want APS investigating this case?

Were other people involved in the investigation besides [name of victim], [perpetrator name], and of course APS (e.g., police)? Yes No

Who else (Relationship/Function)	Purpose

APS Response

Thank you. Ok, now I'd like to talk about the APS response to the incident.

Was this an easy or a difficult case? Easy Difficult

Why? _____

What kinds of things do you think **helped** the investigation?

What kinds of things made the investigation **difficult**?

Should we override competent adult's decision making when we think they are making poor decision?

Yes No

What did you find - What was the disposition in the case (check all that apply)?:

- Financial
- Exploitation
- Physical
- Sexual
- Self Neglect
- Neglect by other
- Other _____

Date of disposition: _____

(Do not ask the following, but indicate:

- Same as incoming allegation Different from incoming allegation)

What was the final disposition (check all that apply):

- Person in need of services (substantiated) and accepts
- Person in need of services (substantiated) and declines services
- Person not in need of services (not substantiated)
- _____
- _____

Was [name of victim] offered any services, referrals or advice?

- Yes
- No

What kinds of services/referrals/advice were offered to [name of victim]?

List services recommended/offered and check whether they were accepted or declined:

Service/Referral Offered	Accepted	Declined

Did you feel like the services were primarily for [name of victim] or for [perpetrator name]?

- Elder person

Perpetrator

What were those services supposed to do for [name of victim]/[name of perpetrator]?

Was the APS response helpful to [name of victim]?

- Helpful
 - Not helpful
-
-

Did you feel like [name of victim] was satisfied with the APS response?

- Satisfied
 - Not satisfied
-
-

Did the APS intervention stop the abuse?

- Yes
 - No, it was already stopped before APS was involved
 - No, the abuse continues
-
-

Have you followed up on the case? Yes No

What is happening now?

Is there anything you would have liked APS to do differently?

- Yes
- No

Tell me about that.

Were criminal charges filed in this case? Yes No

Why/why not?

Would (or did) [name of victim] like or not like to have law enforcement involved in this case?

- Liked law enforcement involved
- Did not like law enforcement involved

Why? _____

Did [name of victim] want (or would you like) [perpetrator name] to have to go to court/jail?

- Would want [perpetrator name] to go to court/jail
- Would *not* want [perpetrator name] to go to court/jail

Why? _____

Was the case accepted by the prosecutor?

- Yes
- No

What was the compelling evidence:

Did the case go to trial? Yes No

Why or why not?

Type of case:

- Misdemeanor
- Felony

Disposition:

- Guilty _____
- Not guilty _____
- Other _____

Sentence:

[If yes] Did [name of victim] have to provide testimony against [perpetrator name]?

Yes No

Case Outcome

Ok, thank you. The last thing we're going to talk about today is the outcome of the case.

What has happened to [name of victim]?

Living situation:

- Same living arrangement
- Different living arrangement (e.g., moved into nursing home)
- Other _____

Is there:

- Ongoing contact between victim and perpetrator
- No further contact between victim and perpetrator

Does [name of victim] have a guardian or conservator or power of attorney now?

- Guardian
- Conservator
- Power of Attorney

Does [name of victim] have enough money for food and shelter and basic necessities now? [standard of living] Yes No

Safety:

- Safe (abuse has stopped)
- Abuse will continue

Is (victim name):

- At risk for future abuse
- Not at risk for future abuse

Any new reports on (name of victim)? Yes No

What happened to [name of victim] lost funds/valuables?

- No recovery of anything
- Partial recovery of loss
- Full recovery of loss

What happened to [perpetrator name]?

- Nothing Prosecuted Other Don't know
-
-
-

What happened to the other people involved in the case [if any]?

How do you feel about the outcome of the case? Did you think everything turned out the way you would have liked?

- Turned out well; like I would have liked
- Turned out ok, could've been better
- Turned out poorly; I would wish for a different outcome

Why?

In a perfect world, what could we do differently? What needs to change?

If an adult is competent, do you agree or not agree that they have the right to make their own decisions?

- Agree
- Not agree

The End

Any other thoughts regarding the case that you'd like to share with me?

Ok, that's the end of the interview. I'd like to thank you again. This has been so helpful and very interesting. I appreciate the time you took to talk to me today.

Financial Exploitation Interview with Elder

Zip Code: _____
ID#: _____
Date of interview: _____
Interviewer name: _____
Length of interview: _____

Type of Theoretical Model:

- Stress Model
- Psychopathological Model
- Other

After the Interview: Does the elder

- Internalize responsibility (blame self)
- Externalize responsibility (blame perpetrator)

- Asserted control over the problem
- Feelings of helplessness

Describe the setting or unique aspects of the interview:

Lessons Learned:

* Sign consent form

(After consent forms have been signed). Thank you for agreeing to take the time to talk to me today. We're going to be talking about a lot of things today. I'd like to get some information from you about yourself as an APS caseworker and then we'll talk about the specific case of financial exploitation. But let's begin by talking about you for a couple of minutes.

Nature of Abuse and Its Consequences

Let's begin by talking about [whatever the instant case is e.g., the time **[name of victim]** lost some money.]

Tell me what happened. _____

(if checks involved) Was [perpetrator's name]'s name on the checking account?

- Yes No

How did APS become involved (if you know)?

Type of Financial Case:

- Granted expensive gifts
- Changed the will
- Deeded over the home or other property
- Made the perpetrator the beneficiary of a trust
- Theft (disappearance of funds)
- Extortion
- Inappropriate use of home/other resources
- Transfer of property/assets
- Sale of property through deception
- Improper use of checks (forgery, writing checks to self when checks should go to pay victim's bills)

APS Categories (check all that apply):

- Unexplained disappearance of funds or valuables

- Dependent relationship (e.g. adult child is financially dependent upon the older person or the older person is dependent for care giving by the alleged abuser)
- Misuse of money or property by another person
- Transfer of property, savings, etc.
- Excessive payment for care and/or services
- Client unaware of income amount
- Depleted bank account
- Sudden appearance of previously uninvolved relatives/friends
- Change in payee, power of attorney, Will
- Caregiver is overly frugal
- Unexplained cash flow
- Unusual household composition
- Chronic failure to pay bills
- Personal belongings missing
- Client is kept isolated
- Signatures on check that do not resemble the client's signature
- Client complains doesn't know what happened to money
- Checks no longer come to house
- Client reports signing papers and doesn't know what was signed

Did you know the abuse was happening? [getting at consent to the purported abuse]

- Yes, consent given
- Yes, but no consent given, but didn't actively resist
- No
- No, but found out later and didn't try to stop it

Did you have a Power of Attorney? Yes No

Who was the Power of Attorney?

- Perpetrator
- Other _____

Can you describe what the Power of Attorney was used for – what is it limited to?

- General
- Medical only
- Financial only
- Other only _____

How did [perpetrator name] obtain/get the Power of Attorney?

- Victim asked perpetrator to be POA
- Deception on the part of the perpetrator

Other

Do you have a Guardian/Conservator? Yes No

Who was the Guardian/conservator?

Perpetrator
 Other _____

Did the guardian/conservator fulfill his/her responsibilities? Yes No

If not, how did the guardian/conservator fail to fulfill his/her responsibilities?

How is [perpetrator name] related to you?

Relative: Son
 Grandson
 Daughter
 Granddaughter
 Spouse
 Other relative _____

Non-relative: Caretaker
 Other _____

Were other people involved in this case? Yes No

Who and how?

How many times did this abuse happen?

One time
 More than one time
Frequency: _____
Duration (over how long a period): _____

How did it begin? How did [perpetrator] get you to go along with it? [modus operandi]

- Persuasion
 - Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed
 - Elder didn't know FE was occurring
-
-
-
-

Did you or anyone else try to stop this from happening before APS became involved or was APS the first attempt at stopping the behavior?

- Elder tried to stop the abuse (previous help-seeking behavior)
 - Try to stop it
 - Do nothing about it
 - Never learned it was happening
- Other person/caregiver tried to stop the abuse
- An agency tried to stop the abuse
- APS has tried to stop it in the past
- Never tried to stop it before/APS was the first involvement

(If tried to stop it) What did that person do to try to stop the abuse?

Did that stop the financial exploitation?

- Yes
- No

Why did that work – or not work?

Why do you think this continued/happened more than once/periodically/continuously? [enabled abuse to continue]

- Elder person persuaded to allow

- Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed (why? _____)
 - Elder didn't vigorously resist (why not? _____)
-
-
-

How much e.g., money [or value or possessions] did you end up losing?
\$ _____

Are there any other losses you have experienced as a result of this? e.g., loss of residence, loss of trust, loss of retirement savings. Yes No

How do you think this happened? What do you think **caused** it in the first place?

Risk Factors (and demographics) – Elder Person

Transition: Now I'd like to talk about you for awhile. Some of the questions are quite personal and may seem strange, but we are asking everyone in the study these questions. These question pertain to the time when the elder was experiencing this abuse.

When this happened, were you working at the time or were you already retired?

- Retired
- Disability
- Working full-time or part-time

What do did you do for a living (occupation)?

Did you finish high school? College?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate

Don't know

Did you have enough money for food and shelter and basic necessities while this happened? [standard of living] Yes No

Were you living in his/her own home while this happened?

Yes No

Was anyone else living with you? Yes No

Who:

Perpetrator
 Other _____

How old were you at that time? _____

Gender? (document gender of elder person: male or female)

Were you married at that time?

Yes No Widowed/widower

How many children do you have, if any: _____

What is your race/ethnicity?

Caucasian African American Asian Hispanic Native American Other

Did you belong to a religious organization?

Yes No Don't know

What is it? _____

How would you describe your health at that time?

Good Fair Poor

Did you have a disease or chronic condition or a disability?

Yes No

Type _____

Were you taking prescriptions for any of these? Yes No

Type/for _____

Did you have any daily living challenges that s/he was dealing with at that time, such as forgetting to take prescriptions or trouble just walking from the kitchen to the bedroom? Yes No

Was anyone helping you with those tasks? Yes No

Relationship	Duties

Did you have a home health nurse or personal care aid?

Yes No

Did you have any mental health problems or a mental health diagnosis at that time?

Yes Diagnosis: _____
 No

Were medications being taken for it? Yes No Type: _____

Did you have a problem with drug (prescription or otherwise) or alcohol dependence or addiction at that time? Yes No

Tell me about that.

Were you able to drive at that time?

Yes No

Were you able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

- Had decision making capacity
- Lacked decision making capacity in general
- Lacked decision making capacity with regard to specific types of decisions (Type: _____)

Did you have a criminal record? Yes No Don't know
Charge/Conviction: _____

Did you feel like you had someone (or more than one person) you could call if you needed to talk to someone or if you needed help with something like getting to a doctor's appointment – some type of social support?

- Yes No Don't know
-

Were you feeling lonely at that time? Yes No

Did you feel isolated at that time? Yes No

Were you able to manage his/her own life/live independently?

- Yes No (or no, not without assistance)

Did you have the ability/capacity to protect self from abuse?

- Yes No

Were you afraid of the perpetrator?

- Yes No

Was there anything unusual going on in your life at the time this happened?
[deprivations, stresses, context of abuse]

- Yes No
-
-
-
-

When you were growing up as a child, was there any physical or psychological violence between either your parents or between your parents and the children, things like slapping, throwing things, hitting or name calling?

- Yes, between father and child(ren)
 Yes, between mother and child(ren)
 Yes, between parents only
 Yes, among parents and child(ren)
 No history of family violence
 Don't know
-
-

When you grew up and had your own family, was there any physical or verbal violence between you and your husband (partner) or between the parents and your children?

- Yes, between myself and child(ren)
 - Yes, between myself, my partner and child(ren)
 - Yes, between myself and partner only
(Aggressor: _____)
 - Yes, among myself, partner and child(ren)
 - No history of family violence
 - Don't know
-

Did you ever physically or psychologically harm [perpetrator name], even if s/he didn't mean to? [aggressive toward perpetrator]

- Yes
- No
- Don't know

How? _____

Did [perpetrator name] take care of you in some way or was s/he more like a friend or family member? [caretaking role of perpetrator]

- caretaking role
- non-caretaking role

[If caring for elder] Did you feel like [perpetrator name] wanted to take care of [name of victim]? [stress with caregiving role]

- Yes
- No
- Don't know

How would you describe your relationship with [perpetrator name] at that time?
[quality of the relationship]

- Good relationship
 - Neutral relationship
 - Poor relationship
-
-

Have you experienced other forms of abuse as an elder that we haven't talked about? Yes No

Risk Factors - Perpetrator

Transition. Thank you. Now I'd like to talk about [perpetrator name] for awhile. I'll be asking similar questions about [perpetrator name] that I asked about [name of victim]. Remember we are talking about while the abuse was occurring.

How long have you known [perpetrator name]? _____

How did you come to know [perpetrator name]?

- Relative
 - Employee
 - Other
-
-

Was [perpetrator name] working at that time?

- Don't know
- No
- Yes (if yes) Full time or Part time

What did [perpetrator name] do for a living? [occupation] Don't know

Did [perpetrator name] graduate from high school or college?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate
- Don't know

What is [perpetrator name]'s race/ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other

How old was [perpetrator name] at that time? _____ Don't know

Gender? [indicate (or ask) gender of perpetrator: Male Female

Did [perpetrator name] have enough money for food and shelter and basic necessities at the time of the reported abuse? [standard of living]

- Yes
 - No
 - Don't know
-
-

Was [perpetrator name] married at that time? Yes No Don't know

How many children did [perpetrator name] have, if any? _____ Don't know

Where was [perpetrator name] living at the time: with you, living in his/her own home, or living with other people (getting at dependence)?

- living with you (victim)
 - In his/her own residence
 - In someone else's residence
-
-

Was [name of perpetrator] able to drive?

- Yes
- No
- Don't know

Did [perpetrator name] belong to a religious organization?

- Yes
- No
- Don't know

Name of organization? _____

Did [name of perpetrator] grow up in a home where there was physical or psychological violence, things like slapping, throwing things, hitting, either between your parents or between [name of perpetrator] and his/her parents such as using physical discipline – or both? Please describe it for me.

- Yes, between father and child(ren)
- Yes, between mother and child(ren)
- Yes, between parents only
- Yes, among parents and child(ren)
- No history of family violence
- Don't know

If yes, please tell me about that.

As an adult, did [perpetrator name] live in a home whether there is violence, either between him/herself and a partner (e.g., wife/girlfriend) or between the parents and children – or both? ?

- Yes, between [perpetrator name] and child(ren)
- Yes, between perpetrator's partner and child(ren)
- Yes, between [perpetrator name] and partner only
(Aggressor: _____)
- Yes, among [perpetrator name], partner and child(ren)

- No history of family violence
- Don't know

Did [perpetrator name] have a criminal record?

- Yes
- No
- Don't know

Crime: _____

Did [perpetrator name] have a drug or alcohol dependence or addiction?

- Yes
- No
- Don't know

(If yes) Please tell me about that.

How would you describe the health of [perpetrator name] at that time?

- Good
- Fair
- Poor
- Don't know

Does [perpetrator name] have a disease or chronic illness or a disability?

- Yes
- No
- Don't know

Was [name of victim] taking prescriptions for any of these?

- Yes
- No
- Don't know

Type/for _____

Was [perpetrator name] able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

- Had decision making capacity
- Lacked decisional making capacity in general
- Lacked decision making capacity with regard to specific types
- Don't know

Are you aware of any psychological problems or mental health diagnosis [perpetrator name] had at that time? Please tell me about them.

- Yes
- No
- Don't know

If yes, Diagnosis: _____

Was there anything unusual going on in his/her life at the time? [family or life stressors]

Yes No Don't know

Describe: _____

Was [perpetrator name] dependent on [name of victim] for anything, such as a place to live or money? [dependence]

- Financially dependent
 - Residentially dependent
 - Emotionally dependent
 - All of the above
 - No
 - Don't know
 - Other _____
-
-

Do you know if [perpetrator name] was caring for others or had cared for someone else in the past? [caregiving experience]

- No caregiving responsibilities/experience in the past
 - Cared for own family (presently or in the past – circle one)
 - Cared for other older person e.g., other parent/in-law parent in the past
 - Don't know
-
-

Did [perpetrator name] have someone (or more than one person) he/she could call if he/she needed to talk to someone or if he/she needed help with something like getting the elder person to a doctor's appointment?

Yes No Don't know

Has [perpetrator name] done something similar to this to someone else in the past that you are aware of?

Yes No Don't know

Nature of Disclosure/Report

Thank you. Now I'd like for us to talk about how APS became involved in this case.

Had you heard of Adult Protective Services before they became involved in your case?

Yes No

What did you think of APS?

- Harmful (scary) to the elderly
 - Helpful to the elderly
-
-
-

Have you had other APS reports on yourself? Yes No

How many? _____

What were they for: Financial

- Exploitation
- Physical
- Sexual
- Self Neglect
- Neglect by other

Once the investigation began, what was the first thing [APS caseworker] did?

Were you cooperative and helpful to APS? [providing assistance]

Yes No

How so? _____

Did you prefer that APS investigate this case or would you prefer they not investigate this case?

- Preferred investigation
- Preferred no investigation

(If preferred) What were you hoping would happen?

(If not preferred) Why did [name of victim] not want APS investigating this case?

Were other people involved in the investigation besides [name of victim], [perpetrator name], and of course APS (e.g., police)? Yes No

Who else (Relationship/Function)	Purpose

APS Response

Thank you. Ok, now I'd like to talk about the APS response to the incident.

Were you offered any services, referrals or advice?

- Yes No

What kinds of services/referrals/advice were offered to [name of victim]?

List services recommended/offered and check whether they were accepted or declined:

Service/Referral Offered	Accepted	Declined

Did you feel like the services were primarily for you or for [perpetrator name]?

- Elder person
 Perpetrator

What were those services supposed to do for you/name of perpetrator?

Was the APS response helpful to you?

- Helpful
 Not helpful

Were you satisfied or not satisfied with the APS response?

- Satisfied
 - Not satisfied
-
-

Did the APS intervention stop the abuse?

- Yes
 - No, it was already stopped before APS was involved
 - No, the abuse continues
-
-

Has [APS caseworker] followed up on the case? Yes No

What is happening now?

Is there anything you would have liked APS to do differently?

- Yes
- No

Tell me about that.

Were criminal charges filed in this case? Yes No

Why/why not?

Would you (did you) want or not want law enforcement involved in this case?

- Liked law enforcement involved
- Did not like law enforcement involved

Why?

Would you (did you) want or not want [perpetrator name] to have to go through the court process and perhaps serve some time?

- Would want [perpetrator name] to go to court/jail
- Would *not* want [perpetrator name] to go to court/jail

Why? _____

Was the case accepted by the prosecutor?

- Yes
- No

What was the compelling evidence:

Did the case go to trial? Yes No

Why or why not?

Type of case:

- Misdemeanor
- Felony

Disposition:

- Guilty _____
- Not guilty
- Other

Sentence:

[If yes] Did [name of victim] have to provide testimony against [perpetrator name]?

- Yes
 - No
- _____

Case Outcome

Ok, thank you. The last thing we're going to talk about today is the outcome of the case.
What has happened to you?

Living situation:

- Same living arrangement

Different living arrangement (e.g., moved into nursing home)

Other _____

Is there:

Ongoing contact between victim and perpetrator

No further contact between victim and perpetrator

Do you have a guardian or conservator or power of attorney now?

Guardian

Conservator

Power of Attorney

Do you have enough money for food and shelter and basic necessities now?

[standard of living] Yes No

Safety:

Safe (abuse has stopped)

Abuse will continue

Is (victim name):

At risk for future abuse

Not at risk for future abuse

Any new reports on (name of victim)? Yes No

What happened to [name of victim] lost funds/valuables?

No recovery of anything

Partial recovery of loss

Full recovery of loss

What happened to [perpetrator name]?

Nothing

Prosecuted

Other

Don't know

What happened to the other people involved in the case [if any]?

How do you feel about the outcome of the case? Did you think everything turned out the way you would have liked?

- Turned out well; like I would have liked
- Turned out ok, could've been better
- Turned out poorly; I would wish for a different outcome

Why?

In a perfect world, what could we do differently? What needs to change?

If an adult is competent, do you agree or not agree that they have the right to make their own decisions?

- Agree
- Not agree

Any other thoughts regarding the case that you'd like to share with me?

Ok, that's the end of the interview. I'd like to thank you again. This has been so helpful and very interesting. I appreciate the time you took to talk to me today.

Financial Exploitation Interview with Caretaker/Guardian

Zip Code: _____
ID#: _____
Date of interview: _____
Interviewer name: _____
Length of interview: _____

Type of Theoretical Model:

- Stress Model
- Psychopathological Model
- Other

After the Interview: Does the elder

- Internalize responsibility (blame self)
- Externalize responsibility (blame perpetrator)

- Asserted control over the problem
- Feelings of helplessness

Describe the setting or unique aspects of the interview:

Lessons Learned:

* Sign consent form

(After consent forms have been signed). Thank you for agreeing to take the time to talk to me today. We're going to be talking about a lot of things today. I'd like to get some information from you about yourself as an APS caseworker and then we'll talk about the specific case of financial exploitation. But let's begin by talking about you for a couple of minutes.

Caretaker Demographics:

Relationship _____

Age _____

Gender _____

Length of time known victim _____

Nature of Abuse and Its Consequences

Let's begin by talking about [whatever the instant case is e.g., the time **[name of victim]** lost some money.]

Tell me what happened. _____

(if checks involved) Was [perpetrator's name]'s name on the checking account?

Yes No

How did APS become involved (if you know)?

Type of Financial Case:

- Granted expensive gifts
- Changed the will
- Deeded over the home or other property
- Made the perpetrator the beneficiary of a trust
- Theft (disappearance of funds)
- Extortion
- Inappropriate use of home/other resources
- Transfer of property/assets

- Sale of property through deception
- Improper use of checks (forgery, writing checks to self when checks should go to pay victim's bills)

APS Categories (check all that apply):

- Unexplained disappearance of funds or valuables
- Dependent relationship (e.g. adult child is financially dependent upon the older person or the older person is dependent for care giving by the alleged abuser)
- Misuse of money or property by another person
- Transfer of property, savings, etc.
- Excessive payment for care and/or services
- Client unaware of income amount
- Depleted bank account
- Sudden appearance of previously uninvolved relatives/friends
- Change in payee, power of attorney, Will
- Caregiver is overly frugal
- Unexplained cash flow
- Unusual household composition
- Chronic failure to pay bills
- Personal belongings missing
- Client is kept isolated
- Signatures on check that do not resemble the client's signature
- Client complains doesn't know what happened to money
- Checks no longer come to house
- Client reports signing papers and doesn't know what was signed

Did [name of victim] know the abuse was happening? [getting at consent to the purported abuse]

- Yes, consent given
- Yes, but no consent given, but didn't actively resist
- No
- No, but found out later and didn't try to stop it

After [name of victim] learned this was happening, did s/he:

- Try to stop it
- Do nothing about it
- Never learned it was happening

Did [name of victim] have a Power of Attorney? Yes No

Who was the Power of Attorney?

- Perpetrator
- Other _____

Can you describe what the Power of Attorney was used for – what is it limited to?

- General
- Medical only
- Financial only
- Other only _____

How did [perpetrator name] obtain/get the Power of Attorney?

- Victim asked perpetrator to be POA
 - Deception on the part of the perpetrator
 - Other _____
-
-
-

Does [name of victim] have a Guardian/Conservator? Yes No

Who was the Guardian/conservator?

- Perpetrator
- Other _____

Did the guardian/conservator fulfill his/her responsibilities? Yes No

If not, how did the guardian/conservator fail to fulfill his/her responsibilities?

How is [perpetrator name] related to [name of victim]?

- Relative: Son
 - Grandson
 - Daughter
 - Granddaughter
 - Spouse
 - Other relative _____
- Non-relative: Caretaker
 - Other _____

Were other people involved in this case? Yes No

Who and how?

How many times did this abuse happen?

- One time
 - More than one time
- Frequency: _____
Duration (over how long a period): _____

How did it begin? How did [perpetrator] get [**name of victim**] to go along with it?
[modus operandi]

- Persuasion
 - Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed
 - Elder didn't know FE was occurring
-
-
-

You mentioned earlier that this happened x number of times. Did someone ever try to stop this from happening before APS became involved or was APS the first attempt at stopping the behavior?

- Elder tried to stop the abuse (previous help-seeking behavior)
- Other person/caregiver tried to stop the abuse
- An agency tried to stop the abuse
- APS has tried to stop it in the past
- Never tried to stop it before/APS was the first involvement

(If tried to stop it) What did that person do to try to stop the abuse?

Did that stop the financial exploitation?

- Yes
- No

Why did that work – or not work?

Why do you think this continued/happened more than once/periodically/continuously? [enabled abuse to continue]

- Elder person persuaded to allow
 - Threats
 - Physical force
 - Deception
 - Undue influence
 - Elder willingly agreed (why? _____)
 - Elder didn't vigorously resist (why not? _____)
-
-
-
-

How much e.g., money [or value or possessions] did [name of victim] end up losing?

\$ _____

Are there any other losses [name of victim] has experienced as a result of this?
e.g., loss of residence, loss of trust, loss of retirement savings. Yes No

How do you think this happened? What do you think **caused** it in the first place?

Risk Factors (and demographics) – Elder Person

Transition: Now I'd like to talk about [name of victim] for awhile. Some of the questions are quite personal and may seem strange, but we are asking everyone in the study these questions. These question pertain to the time when the elder was experiencing this abuse.

When this happened, was [name of victim] working at the time or was s/he already retired?

- Retired
- Disability
- Working full-time or part-time

What does (or did) [name of victim] do for a living (occupation)?

Did [name of victim] finish high school? College?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate
- Don't know

Did [name of victim] have enough money for food and shelter and basic necessities while this happened? [standard of living] Yes No

Was [name of victim] living in his/her own home while this happened?

- Yes
 - No
-
-

Was anyone else living with [name of victim]? Yes No

Who:

- Perpetrator
- Other _____

How old was [name of victim] at that time? _____

Gender? (document gender of elder person: male or female)

Was [name of victim] married at that time?

- Yes
 - No
 - Widowed/widower
-
-

How many children did [name of victim] have, if any: _____

What is [name of victim] race/ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other

Does [name of victim] belong to a religious organization?

- Yes
- No
- Don't know

What is it? _____

How would you describe [name of victim] health at that time?

- Good
- Fair
- Poor

Did [name of victim] have a disease or chronic condition or a disability?

Yes No

Type _____

Was [name of victim] taking prescriptions for any of these? Yes No

Type/for _____

Did [name of victim] have any daily living challenges that s/he was dealing with at that time, such as forgetting to take prescriptions or trouble just walking from the kitchen to the bedroom? Yes No

Was anyone helping [name of victim] with those tasks? Yes No

Relationship	Duties

Do you have a home health nurse or personal care aid?

Yes No

Did [name of victim] have any mental health problems or a mental health diagnosis at that time?

Yes Diagnosis: _____

No

Were medications being taken for it? Yes No Type: _____

Did [name of victim] have a problem with drug (prescription or otherwise) or alcohol dependence or addiction at that time? Yes No

Tell me about that.

Does [name of victim] drive any longer?

Yes No

Was [name of victim] able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

Had decision making capacity

- Lacked decision making capacity in general
- Lacked decision making capacity with regard to specific types of decisions (Type: _____)

Did [name of victim] have a criminal record? Yes No Don't know
Charge/Conviction: _____

Do you think [name of victim] felt like s/he had someone (or more than one person) s/he can call if s/he needs to talk to someone or if s/he needs help with something like getting to a doctor's appointment – some type of social support?

- Yes
- No
- Don't know

Was [name of victim] feeling lonely at that time? Yes No

Do you think [name of victim] felt isolated at that time? Yes No

Was [name of victim] able to manage his/her own life/live independently?

- Yes
- No (or no, not without assistance)

Did [name of victim] have the ability/capacity to protect self from abuse?

- Yes
- No

Did [name of victim] fear the perpetrator?

- Yes
- No

Was there anything unusual going on in [name of victim] life at the time this happened? [deprivations, stresses, context of abuse]

- Yes
 - No
-
-
-

Do you know if there was any physical or psychological abuse between [name of victim] and her husband/partner or between either parent and the children?

- Yes, between [name of victim] and child(ren)
- Yes, between [name of victim]'s partner and child(ren)
- Yes, between [name of victim] and partner only
(Aggressor: _____)
- Yes, among [name of victim], partner and child(ren)

- No history of family violence
 - Don't know
-
-

Do you know if [name of victim] grew up in a home where there was physical or psychological abuse, things like slapping, throwing things, hitting, either between your parents or between [name of victim] and his/her parents such as using physical discipline – or both?

- Yes, between father and child(ren)
 - Yes, between mother and child(ren)
 - Yes, between parents only
 - Yes, among parents and child(ren)
 - No history of family violence
 - Don't know
-
-

Did [name of victim] ever physically or psychologically harm [perpetrator name], even if s/he didn't mean to? [aggressive toward perpetrator]

- Yes
 - No
 - Don't know
-

How? _____

Did [perpetrator name] take care of [name of victim] in some way or was s/he more like a friend or family member? [caretaking role of perpetrator]

- caretaking role
- non-caretaking role

[If caring for elder] Did [name of victim] feel like [perpetrator name] wanted to take care of [name of victim]? [stress with caregiving role]

- Yes
- No
- Don't know

How would you describe [name of victim] relationship with [perpetrator name] at that time? [quality of the relationship]

- Good relationship
 - Neutral relationship
 - Poor relationship
-
-

Has [name of victim] experienced other forms of abuse as an elder that we haven't talked about? Yes No

Risk Factors – Perpetrator

Transition. Thank you. Now I'd like to talk about [perpetrator name] for awhile. I'll be asking similar questions about [perpetrator name] that I asked about [name of victim]. Remember we are talking about while the abuse was occurring.

How long has [victim name] known [perpetrator name]? _____

How did [perpetrator name] come to know the victim?

- Relative
 - Employee
 - Other
-
-

Was [perpetrator name] working at that time?

- Don't know
- No
- Yes (if yes) Full time or Part time

What did [perpetrator name] do for a living? [occupation] Don't know

Did [perpetrator name] graduate from high school or college?

- Didn't graduate from High School
- High school graduate/GED
- Some college
- College graduate
- Don't know

What is [perpetrator name]'s race/ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other

How old was [perpetrator name] at that time? _____ Don't know

Gender? [indicate (or ask) gender of perpetrator: Male Female

Did [perpetrator name] have enough money for food and shelter and basic necessities at the time of the reported abuse? [standard of living]

- Yes No Don't know
-
-

Was [perpetrator name] married at that time? Yes No Don't know

How many children did [perpetrator name] have, if any? _____ Don't know

Where was [perpetrator name] living at the time: with the victim, living in his/her own home, or living with other people (getting at dependence)?

- living with victim
 In his/her own residence
 In someone else's residence
-
-

Does [name of perpetrator] drive any longer?

- Yes No Don't know

Did [perpetrator name] belong to a religious organization?

- Yes No Don't know

Name of organization? _____

Did [name of perpetrator] grow up in a home where there was physical or psychological violence, things like slapping, throwing things, hitting, either between your parents or between [name of perpetrator] and his/her parents such as using physical discipline – or both? Please describe it for me.

- Yes, between father and child(ren)
 Yes, between mother and child(ren)
 Yes, between parents only
 Yes, among parents and child(ren)
 No history of family violence
 Don't know

If yes, please tell me about that.

As an adult, did [perpetrator name] live in a home whether there is violence, either between him/herself and a partner (e.g., wife/girlfriend) or between the parents and children – or both? ?

- Yes, between [perpetrator name] and child(ren)
- Yes, between perpetrator's partner and child(ren)
- Yes, between [perpetrator name] and partner only
(Aggressor: _____)
- Yes, among [perpetrator name], partner and child(ren)
- No history of family violence
- Don't know

Did [perpetrator name] have a criminal record?

- Yes
- No
- Don't know

Crime: _____

Did [perpetrator name] have a drug or alcohol dependence or addiction?

- Yes
- No
- Don't know

(If yes) Please tell me about that.

How would you describe the health of [perpetrator name] at that time?

- Good
- Fair
- Poor
- Don't know

Does [perpetrator name] have a disease or chronic illness or a disability?

- Yes
- No
- Don't know

Was [name of perpetrator] taking prescriptions for any of these?

- Yes
- No
- Don't know

Type/for _____

Was [perpetrator name] able to make decisions for him/herself at that time or did someone else make important decisions for him/her, such as financial or medical decisions? [cognitive functioning]

- Had decision making capacity
- Lacked decisional making capacity in general
- Lacked decision making capacity with regard to specific types
- Don't know

Are you aware of any psychological problems or mental health diagnosis [perpetrator name] had at that time? Please tell me about them.

- Yes No Don't know

If yes, Diagnosis: _____

Was there anything unusual going on in his/her life at the time? [family or life stressors]

Yes No Don't know

Describe: _____

Was [perpetrator name] dependent on [name of victim] for anything, such as a place to live or money? [dependence]

- Financially dependent
 Residentially dependent
 Emotionally dependent
 All of the above
 No
 Don't know
 Other _____
-
-

Do you know if [perpetrator name] was caring for others or had cared for someone else in the past? [caregiving experience]

- No caregiving responsibilities/experience in the past
 Cared for own family (presently or in the past – circle one)
 Cared for other older person e.g., other parent/in-law parent in the past
 Don't know
-
-

Did [perpetrator name] have someone (or more than one person) he/she could call if he/she needed to talk to someone or if he/she needed help with something like getting the elder person to a doctor's appointment?

- Yes No Don't know
-

Has [perpetrator name] done something similar to this to someone else in the past that you are aware of?

Yes No Don't know

Nature of Disclosure/Report

Thank you. Now I'd like for us to talk about how APS became involved in this case.
Had you heard of Adult Protective Services before they became involved in your case?

Yes No

What did you think of APS?

- Harmful (scary) to the elderly
- Helpful to the elderly

Has [name of victim] had other APS reports on him/her? Yes No
How many? _____

What for? Financial
 Exploitation
 Physical
 Sexual
 Self Neglect
 Neglect by other

Once the investigation began, what was the first thing APS did?

Was [name of victim] cooperative and helpful to APS? [providing assistance]
 Yes No
How so? _____

Are you glad APS investigated this case or would have preferred no investigation?

- Preferred investigation
- Preferred no investigation

What about [name of victim]? Do you think [name of victim] would have preferred that APS not investigate this case or was he/she glad that they were investigating this case?

- Preferred investigation
- Preferred no investigation

(If preferred) What was [name of victim] hoping would happen?

(If not preferred) Why did [name of victim] not want APS investigating this case?

Were other people involved in the investigation besides [name of victim], [perpetrator name], and of course APS (e.g., police)? Yes No

Who else (Relationship/Function)	Purpose

APS Response

Thank you. Ok, now I'd like to talk about the APS response to the incident.

Was [name of victim] offered any services, referrals or advice?

- Yes
- No

What kinds of services/referrals/advice were offered to [name of victim]?

List services recommended/offered and check whether they were accepted or declined:

Service/Referral Offered	Accepted	Declined

Did you feel like the services were primarily for [name of victim] or for [perpetrator name]?

- Elder person
- Perpetrator

What were those services supposed to do for [name of victim]/[name of perpetrator]?

Do you think the APS response helpful to [name of victim]?

- Helpful
 - Not helpful
-
-

Were you satisfied or not satisfied with the APS response?

- Satisfied
 - Not satisfied
-
-

Did the APS intervention stop the abuse?

- Yes
 - No, it was already stopped before APS was involved
 - No, the abuse continues
-
-

Has APS followed up on the case? Yes No

What is happening now?

Is there anything you would have liked APS to do differently?

- Yes
- No

Tell me about that.

Were criminal charges filed in this case? Yes No
Why/why not?

Would you (did you) want or not want law enforcement involved in this case?

- Liked law enforcement involved
- Did not like law enforcement involved

Why? _____

What about [name of victim], would [name of victim] want or not want law enforcement involved in this case?

- Liked law enforcement involved
- Did not like law enforcement involved

Why? _____

Would you (did you) want or not want [perpetrator name] to have to go through the court process and perhaps serve some time?

- Would want [perpetrator name] to go to court/jail
- Would *not* want [perpetrator name] to go to court/jail

Why? _____

What about [name of victim], would [name of victim] want or not want [perpetrator name] to have to go through the court process and perhaps serve some time?

- Would want [perpetrator name] to go to court/jail
- Would *not* want [perpetrator name] to go to court/jail

Why? _____

Was the case accepted by the prosecutor?

- Yes No

What was the compelling evidence:

Did the case go to trial? Yes No
Why or why not?

Type of case:

Misdemeanor Felony

Disposition:

Guilty _____
 Not guilty
 Other

Sentence:

[If yes] Did [name of victim] have to provide testimony against [perpetrator name]?

Yes No

Case Outcome

Ok, thank you. The last thing we're going to talk about today is the outcome of the case.
What has happened to [name of victim]?

Living situation:

Same living arrangement
 Different living arrangement (e.g., moved into nursing home)
 Other _____

Is there:

Ongoing contact between victim and perpetrator
 No further contact between victim and perpetrator

Does [name of victim] have a guardian or conservator or power of attorney now?

- Guardian
- Conservator
- Power of Attorney

Does [name of victim] have enough money for food and shelter and basic necessities now? [standard of living] Yes No

Safety:

- Safe (abuse has stopped)
- Abuse will continue

Is (victim name):

- At risk for future abuse
- Not at risk for future abuse

Any new reports on (name of victim)? Yes No

What happened to [name of victim] lost funds/valuables?

- No recovery of anything but never asked
 - No recovery of anything but wanted/attempted recovery
 - Partial recovery of loss
 - Full recovery of loss
-
-
-

What happened to [perpetrator name]?

- Nothing
 - Prosecuted
 - Other
 - Don't know
-
-
-

What happened to the other people involved in the case [if any]?

How do you feel about the outcome of the case? Did you think everything turned out the way you would have liked?

- Turned out well; like I would have liked
- Turned out ok, could've been better
- Turned out poorly; I would wish for a different outcome

Why?

The End

In a perfect world, what could we do differently? What needs to change?

If an adult is competent, do you agree or not agree that they have the right to make their own decisions?

- Agree
- Not agree

Any other thoughts regarding the case that you'd like to share with me?

Ok, that's the end of the interview. I'd like to thank you again. This has been so helpful and very interesting. I appreciate the time you took to talk to me today.

Appendix B

Lawyer Assessment of Capacity Used to Assess Competency

IV. Lawyer Assessment of Capacity

Lawyers must make capacity judgments in their everyday practice. There are at least two aspects to such assessments. First, the attorney must determine whether the prospective client has sufficient legal capacity to enter into a contract for the attorney's services. Second, the attorney must evaluate the client's legal capacity to carry out the specific legal transaction(s) under consideration. In either instance, the attorney must conduct an analysis of the legal elements of the capacity at issue in relation to the client's presenting cognitive and emotional abilities.

This chapter describes each of the following steps that the lawyer should take in a thorough analysis of client capacity:

- A. Observe and Interpret signs of diminished capacity;
- B. Evaluate understanding in relation to the specific legal elements of capacity for the transaction at hand;
- C. Consider the degree of risk to the client and the ethical factors set out in the Comment to Rule 1.14;
- D. Complete the legal analysis;
- E. Document capacity observations; and
- F. Take appropriate actions in response.

This chapter outlines the lawyer's task of observation, legal analysis, and capacity judgment. For many, if not most clients, these will be the only necessary steps, because clinical consultation or assessment will not be needed to reach a firm conclusion about capacity. The next chapter directly supplements this discussion by ensuring that clients are judged under circumstances that support and enhance their capacity. The remaining chapters describe the process of obtaining and using an informal clinical consultation or a formal clinical assessment, should the lawyer believe that step is necessary prior to forming a final conclusion about legal capacity.

The process described below focuses on key signs and factors to consider in a legal assessment of capac-

ity. The process outlined is meant to structure and record observations leading to a legal judgment that is sufficiently comprehensive in scope, systematic in process, accountable if challenged, and documented.

Furthermore, the process is geared to blend in naturally to the case interview process, rather than adding a whole new costly element. When used with the worksheet at the end of this chapter, the process systematizes and documents what the lawyer already does implicitly. The worksheet is designed to be used by the lawyer either during the client interview as a note-taking device, or immediately afterwards as an analytic tool.

A. Observing Signs of Possible Diminished Capacity

There is no single indicator that provides a consistent, clear signal that an older adult is functioning with diminished capacity. However, there are markers that, when considered together, may reflect diminished capacity. These signs should not be taken in and of themselves to be proof of diminished capacity. Instead, they may indicate a need for further evaluation of capacity by an independent professional if the signs are present in sufficient number and/or severity.

In noting potential signs of incapacity, it is important to keep in mind that the focus is on decisional abilities rather than on cooperativeness or affability. It may be challenging to disentangle one's reactions to a client's interpersonal style from observations of the client's cognitive, emotional, or behavioral problems.

Observe with the following in mind:

- Focus on decisional abilities, not cooperativeness or affability.
- Pay attention to changes over time; history is important.
- Beware of ageist stereotypes.
- Consider whether mitigating factors could explain the behavior.

IV. Lawyer Assessment of Capacity

It can also be difficult to determine the meaning of cognitive, emotional, or behavioral anomalies in a new client. However, if a client is a returning one, it is critical to consider the history of interactions and pay attention to changes in functioning. A baseline of what is typical for any particular person is extremely helpful in assessing current decisional abilities. Be sensitive to gradual or sudden changes in functioning among returning clients.

Finally, it is useful to be sensitive to societal stereotypes about aging, commonly termed “ageism.” Aging stereotypes may be positive, idealizing old age; or negative, perhaps including the assumption that aging and diminished capacity are synonymous. Such beliefs could influence an appraisal of capacity. Hopefully, awareness of the possible signs of incapacity will help the lawyer to be more objective.

During the course of an interview, the attorney should be aware of specific cognitive, emotional, or behavioral anomalies that serve as “red flags.” These may indicate possible neurological or psychiatric illness that could diminish capacity. Most of the red flags will be observed during the interview or reported by third parties such as family members. It will not be necessary (and in most cases not appropriate) to use psychological screening instruments during preliminary capacity assessments.

During and immediately after a client interview, the attorney can document the signs observed, and also make notations about the nature and severity of these signs on the worksheet following this chapter.

PART A OF WORKSHEET	
Observational signs of diminished capacity:	
<input type="radio"/>	Cognitive signs
<input type="radio"/>	Emotional signs
<input type="radio"/>	Behavioral signs
Mitigating factors may alter weight of observations.	

Possible Cognitive Signs of Incapacity

1. Short-term Memory Loss

A client quickly may forget information discussed in the interview, repeating the same statements or ask-

ing the same question multiple times, with no indication that she or he has done so more than once. Also, while the client can discuss events from 10 years to 20 years ago, there may be more difficulty describing events of the past few days or weeks. For example, the client may be able to engage in brief casual conversation, such as a five-minute conversation about the weather or sports, but have trouble going beyond that in detail and begin to repeat questions already asked or forget your name or the purpose of the visit. The ability to engage in such small talk can lead family who live out of town to say that an impaired older adult “sounds just fine on the phone.”

2. Communication Problems

A great deal can be learned by observing how the client uses language and communicates ideas. For example, a client may have repeated difficulty finding a particular word or naming common items even if they can talk about the item. For example, she may say “I brought my thing with the papers in it” instead of “I brought my notebook.” A common “cover” tactic for older adults with memory or communication problems is to defer to others excessively when asked direct questions, perhaps saying “My wife handles all the appointments, you’d have to ask her if we went,” or “I hardly ever call my own phone number; my son would remember because he uses it.”

Clients who are asked direct questions may have trouble staying on the topic, frequently shifting to discussion of unrelated issues, or moving erratically or nonsensically between topics. Such problems can indicate trouble organizing thoughts such as is found in frontal dementia or in thought disorder (e.g., psychotic thinking). Repeated difficulty finding words and vague or disorganized language may indicate an inability to communicate a clear decision or to comprehend important or relevant information.

3. Comprehension Problems

It is important to explore the client’s comprehension of information with other than yes/no questions. For example, difficulty repeating back or paraphrasing simple concepts is indicative of problems in comprehension. Repeated questioning could indicate poor memory or it could indicate poor comprehension. Many people with poor memory can paraphrase infor-

IV. Lawyer Assessment of Capacity

mation immediately, while individuals with poor comprehension will have trouble even with this.

4. Lack of Mental Flexibility

A client may lack the capacity to understand or even acknowledge multiple alternatives or viewpoints other than her or his own, or have difficulty comprehending and adjusting to changes. This is different from simply being stubborn in that someone who is stubborn can typically acknowledge that other perspectives exist, and can provide reasons for not choosing them. For example, a stubborn person may not want to change a will for particular reasons, whereas an older adult lacking in mental flexibility may exhibit a general fear of making any changes for very vague reasons.

5. Calculation Problems

A client may have very basic difficulties with simple math problems that are far worse than expected given the level of education. An example of this is someone with a college degree who makes an error in adding dollar amounts together, or lines up columns of numbers incorrectly while adding or subtracting. The client may also present signs suggesting impairment in financial management abilities more broadly, e.g., lack of awareness of current financial assets or debts.

6. Disorientation

Disorientation can occur relative to space, time, or location. For example, a long-time client may have difficulty navigating through the attorney's office building spatially or may get lost driving to the office even if he or she has been there several times over many years (spatial orientation). Once there, the client may not be able to identify where he or she is (orientation to place). The client may also not be aware of what time it is or what year it is, perhaps making references to events from several years ago as if the events were current (orientation to time).

Possible Emotional Signs of Incapacity

1. Significant Emotional Distress

A client may be persistently emotionally distressed during an interview or across interviews, beyond typical emotions expected given the circum-

stances, such that the individual's emotional state makes it very difficult to address the relevant legal questions. For example, the client may appear extremely anxious, tearful, or seem depressed and appear to have no energy and respond very slowly to questions.

2. Emotional Lability/Inappropriateness

Rather than a steady emotional state, a client may also either show an extremely wide range of emotions during an interview (perhaps moving quickly from laughter to tears). Alternatively, a client may express feelings that seem highly inconsistent with what he or she is discussing (laughter when discussing death of a spouse, tears of distress while professing to be happy).

Possible Behavioral Signs of Incapacity

1. Delusions

Delusions are beliefs that are unlikely to be true, such as a belief that neighbors or the government are spying on oneself. Delusional thinking may be manifest more generally in expressions of feeling frightened or unsafe. Presence of delusions may call into question the extent to which decisions are founded on sound reasoning. For example, some delusional nursing home residents occasionally stop eating because of beliefs that their food is being poisoned. However, apparent delusions that seem more reality-based may warrant further exploration. Older adults commonly have concerns about relatives or facility staff stealing money or possessions from them, which unfortunately may be more reality based.

2. Hallucinations

Hallucinations are sensory experiences in the absence of physical stimuli that could be responsible for such experiences, such as hearing voices that no one else can hear. They are often auditory or visual, but can involve the other senses: smell, touch, and/or taste. An example is an older adult who seems to be having a conversation with another person who is not there. As with delusions, hallucinations may call into question the extent to which a decision is reality-based. However, it should be noted that high functioning older adults who are recently widowed and grieving sometimes report hearing a deceased spouse

IV. Lawyer Assessment of Capacity

call their name or briefly seeing their image. Also, significant hearing or vision problems can place an older adult at risk for sensory misperceptions. When combined with isolation and anxiety, such misperceptions may appear hallucinatory or delusional in quality.

3. Poor Grooming/Hygiene

Individuals who are experiencing cognitive difficulties or serious emotional problems may not brush their hair, shave, or shower regularly, or have other grooming issues. For example, along with irregular bathing or shaving, a relatively common behavior among older adults with dementia is to wear multiple layers of clothing, perhaps several shirts or multiple pairs of pants. Attention to the appearance, clothing, and smell of a client gives clues to possible mental status changes.

Functioning Beyond the Office

Observations in the office setting are obviously quite limited. If the lawyer has the ability to interview clients in their home setting, there is a definite advantage in being able to see some of their functioning in their natural and familiar environment. The lawyer may in the natural course of contact with clients—and family members with whom your client has permitted communication—learn other information about the client's level of functioning at home, particularly with respect to "activities of daily living," (ADLs) and "instrumental activities of daily living" (IADLs).

Such information may or may not be relevant to capacity. For example, an inability to write checks to pay the bills may be merely a physical deficit (and thus have nothing to do with decisional capacity), or it may be a result of failing to remember payment obligations or how to understand a bill (and thus be quite relevant to capacity for certain legal tasks). In any case, any additional information regarding client functioning in the home and community rounds out the total picture of the client's abilities and deficits. The worksheet on page 23 provides a space for recording any such information about the client's functioning beyond the office setting.

Undue Influence

Capacity assessment focuses on the fit between the individual's cognitive, functional, and decisional

ADLS	IADLS
Dressing	Grocery shopping & meal preparation
Bathing	Driving
Toileting	Housework
Eating	Managing money
Walking	Managing medication
Transferring between bed/chair	Using telephone & mail

abilities and the complexity and risk of the legal transaction at hand. On the other hand, undue influence refers to a dynamic between an individual and another person. It is certainly more challenging to assess such a dynamic, but there are certain factors to assess with the elderly client to gauge whether undue influence is at work. Lawyers might attend to whether the elderly client appears fearful, isolated, overly dependent or vulnerable, or seems overwhelmed by or unaware of financial information.³³ It is also useful to determine the history of the relationship between the elderly client and any person who appears to be in a position of power: is it a long-term trustworthy relationship or is it a family member, caregiver, or acquaintance who has more recently become a "new best friend."

Mitigating/Qualifying Factors in Assessing Signs of Diminished Capacity

In addition to noting potential signs of incapacity, there are a number of mitigating or qualifying factors that may influence observed signs. In most cases, the attorney will need to ask some follow-up questions to determine whether these mitigating factors are playing a role. If found, these factors indicate a need for alternative action, be it a referral to a physician, adjusting the approach to communication, or waiting until another time when the client is functioning better.

1. Stress; Grief; Depression; Recent Stressful Events

A client may at times seem confused, unable to pay attention to instructions, or unable to make decisions. It is important to ascertain stresses in the client's life that could cause anxiety, depression, or inability to act. These potential signs of diminished capacity could go away when the transient stresses are alleviated.

IV. Lawyer Assessment of Capacity

Consider these mitigating factors that may be addressed to enhance capacity:

- Stress, grief, depression, recent events
- Reversible medical factors
- Normal fluctuations in mental ability and fatigue
- Hearing and vision loss
- Education
- Socio-economic background
- Cultural and ethnic traditions

2. Reversible Medical Factors

Signs of disorientation and confusion could be due to a host of medical conditions and medication factors that are reversible. Some common causes are related to medications: adverse medication reaction, interactions among too many medications (polypharmacy), and taking medications incorrectly. Also, older adults can be extremely sensitive to dietary insufficiency—inadequate nutrition, hydration, and deficiency in certain vitamins in the diet can lead to temporary cognitive changes. Further, persistent pain may impact cognition. A referral to a physician or geriatrician (physician specializing in older adults) prior to further action may be indicated.

Indeed, if the client has not had a complete physical in the past year, referral is always worthwhile.

3. Normal Fluctuations in Mental Ability in Older Adults

Normal mental status varies over the time of day depending on the situational stresses and available energy for the older client. Clinicians have learned to test older clients in mid-morning when the client is most alert, since fatigue could cause lower performances.

4. Hearing and Vision Loss

Losses in hearing and vision are normal in aging. Diminished functioning in the senses should not be generalized to mental incapacity. The amount of peripheral loss varies from person to person. Older adults learn ways to compensate for these losses. However, problems in hearing and vision could some-

time present a picture that the older client cannot attend, focus, or provide appropriate responses to questions. Suggestions for accommodating sensory changes are provided in the next chapter.

5. Individual Differences and Variability Considerations

Mental abilities can be influenced by a person's education, life and job-related experiences, and sometimes socio-economic background. The styles and strategies used in mental performances can be further influenced by the client's gender, personality, lifestyle choices, value system, and eccentricities. In addition, cultural and ethnic traditions in approaching personal, family, and medical issues may vary. From this perspective, the range of cognitive functions that is considered normal among older adults is large. These individual differences are important and need to be taken into account in evaluating potential mental capacity of older clients.

B. Evaluating a Client's Understanding in Relation to Legal Elements of Capacity

Observation of signs of diminished capacity is only an initial step for the attorney evaluating a client's capacity. The next and more substantive step is to evaluate the client's legal capacity for the proposed transaction or situation at issue. This requires a direct comparison of the client's understanding with each of the functional elements of capacity set out in statute or case law for the transaction or situation at hand.

PART B OF WORKSHEET

- Note the legal elements of capacity for the particular task at hand—e.g., testamentary capacity, contractual capacity, and donative capacity.
- Compare client's understanding, appreciation, and functioning with the relevant legal elements.

Testamentary capacity, again, can serve as the illustrative case example. Although a client may

IV. Lawyer Assessment of Capacity

demonstrate signs of diminished capacity in introductory remarks and discussion, the real heart of the capacity issue involves the attorney's judgment as to whether the client can satisfy the legal elements (usually four) constituent to making a will:

- Can the client describe what a will is?
- Does the client know the "objects of his/her bounty"—i.e., his/her natural heirs?
- Does the client know the nature and extent of his/her assets?
- Can the client describe a basic plan for distributing these assets to his/her heirs?

The client's decisional process will be implicit and intuitive, as well as explicit and conscious. The attorney's role is to present information, answer and ask questions, gently probe and query, and weigh client responses and thought processes. In addition, with client consent or in accordance with the rules of ethics, the attorney could solicit information from family members and other collateral sources, including fellow professionals. The decisional process may occur over the course of one or several meetings with the client. Ultimately, the attorney must form a judgment about the client's understanding of the respective legal elements of the transaction at issue, and regarding the client's capacity overall to undertake the transaction(s) at issue (in this example, to execute a will), or the client's capacity to care for self or property under the elements set out in the state guardianship law.

C. Considering Factors from Ethical Rules

Not only must the lawyer assess the client's understanding of the legal transaction, but also take into consideration the factors set out in the Comment to Rule 1.14 of the MRPC. The new rule and comment have not been adopted everywhere, yet they merit consideration because of their authoritative source.

The factors addressed in the comment derive from recommendations of a 1993 National Conference on Ethical Issues in Representing Older Clients³⁴ and, in particular, from an article on representing clients with questionable capacity prepared for the conference by Peter Margulies.³⁵ Margulies describes six factors—five of which Comment 6 to Rule 1.14 expressly refers to.

PART C OF WORKSHEET

The Margulies/Fordham criteria:

1. Ability to articulate reasoning behind the decision.
2. Variability of state of mind.
3. Appreciation of consequences.
4. Substantive fairness of decision.
5. Consistency with lifetime values.
6. Irreversibility of the decisions.

1. *The client's ability to articulate reasoning leading to a decision.* The client should be able to state the basis for his or her decision. The stated reasons for the decision should be consistent with the client's overall stated goals and objectives.
2. *Variability of state of mind.* Margulies defines this factor as the extent to which the individual's cognitive functioning fluctuates.
3. *Ability to appreciate consequences of a decision.* For example, does a client recognize that without a given medical decision, he or she may physically decline or even die—or without a legal challenge to an eviction, he or she may be without a place to live.
4. *The substantive fairness of the decision.* Margulies maintains that while lawyers normally defer to client decisions, a lawyer nonetheless cannot simply look the other way if an older individual or someone else is being taken advantage of in a blatantly unfair transaction. To do so could defeat the very dignity and autonomy the lawyer seeks to enhance, and thus fairness is one element to balance. Of course, judging fairness risks the interjection of one's own beliefs and values, so caution is required.

Yet, the reality is that when the desired legal plan conforms to conventional notions of fairness—e.g., equitable distribution of assets among all children—or the plan is consistent with the lawyer's long-standing knowledge of the client and family, then capacity concerns wane proportionally.

IV. Lawyer Assessment of Capacity

- tionately. Capacity may be diminished but adequate for a legal transaction deemed to be very low risk in the context of conventional fairness.
5. *The consistency of a decision with the known long-term commitments and values of the client.* The decision normally should reflect the client's life-long or long-term perspective. This will be easier to determine if the lawyer-client relationship is long-standing. At the same time, individuals can change their values framework as they age. The distinction is important.
 6. *Irreversibility of the decision.* This factor is listed in the Margulies article but not in the Comment to Rule 1.14. Margulies notes that "the law historically has attached importance to protecting parties from irreversible events," and that "doing something that cannot be adjusted later calls for caution on the part of the attorney."³⁶

Of these six factors, the first three are "functional" in the sense that they reflect the cognitive functioning of the individual. These may be supported by observation of the signs of diminished capacity described previously. The latter three are "substantive" in that they look at the content and nature of the decision itself. Under the Margulies approach, the latter three factors may be thought of as substantive "levers" that modulate a kind of sliding scale of capacity. The greater the concerns under the latter three substantive variables (fairness, consistency with commitments, irreversibility), the greater the level of functioning demanded under the first three variables (ability to articulate reasoning, variability of state of mind, and appreciation of consequences).³⁷ In other words, the higher the risk (as measured by the client's own values, the finality, and fairness), the more one must probe to ensure decisional capacity.

The Margulies paradigm has no direct evidence-based validation in the psychological or medical literature, although the paradigm is consistent with the psychological models previously described in Chapter III, emphasizing functional and interactive (i.e., substantive) aspects of capacity. The paradigm rests upon Margulies' ethical analysis of the threshold for protective action, enhanced by an appreciation of the reali-

ties of legal counseling. A key strength is that the factors Margulies enumerates blend quite seamlessly with the kind of issues that lawyers would typically discuss in counseling clients. In that respect, the factors are very user-friendly for lawyers and amenable to easy documentation in the lawyer's notes. A careful weighing and balancing of these factors along with the specific elements of legal capacity for the transaction at hand will assist the lawyer to make a preliminary judgment of capacity.

D. Performing the Legal Analysis and Categorizing the Legal Judgment

In making a capacity judgment at this stage (without resorting to clinical consultation or formal assessment), an attorney will need to weigh all the data obtained up to this point as a whole. The completed worksheet summarizes the lawyer's observations regarding cognitive, emotional, and behavioral functioning; the presence of any mitigating factors affecting the observations; the client's decisional functioning in comparison to the applicable legal tests; and task-specific factors recommended under the Margulies/Fordham approach.

With these data, the lawyer should make a categorical assignment of the fit between the client's abilities and the legal capacity at issue. Unfortunately, there is no simple score that will help the attorney easily to arrive at a conclusion. The conclusion is ultimately a professional judgment that is aided by the systematic consideration of signs of incapacity, the client's understanding of the legal transaction, and the factors laid out in the Model Rule. In integrating these sources of data to form a conclusion, the attorney may consider the capacity classification schema in the box on the next page.

If the attorney feels uncertain as to whether the observed problems represent "mild" versus "more than mild" issues, this would be an indication to consult with a clinician as described in Chapter VI.

E. Documenting the Capacity Judgment

As in other client matters, the attorney should document his or her observations and assessment regarding client capacity. The worksheet provides that

IV. Lawyer Assessment of Capacity

PART D OF WORKSHEET	
Capacity Conclusions	
<input type="checkbox"/> Intact	No or very minimal evidence of diminished capacity.
<input type="checkbox"/> Mild problems	Some evidence of diminished capacity, but insufficient in attorney's judgment to preclude representation or proposed transaction.
<input type="checkbox"/> More than mild problems	Substantial evidence of diminished capacity sufficient to warrant attorney consultation with mental health professional, or referral of client for a formal professional assessment of capacity.
<input type="checkbox"/> Severe problems	Client lacks the capacity to proceed with the transaction and the representation.

documentation, although it may be advisable to further summarize key observations, conclusions, and reasonings in a case note, either in the space provided at the end of the worksheet or elsewhere in a case summary. In cases where the additional steps of consultation with a mental health professional or referral for formal assessment are necessary, the worksheet provides a first level of assessment. Once additional steps are taken (as described in Chapters VI and VII), the lawyer should document further analysis, judgment, and final disposition in the case file.

Videotaping As Documentation?

The question is often asked whether videotaping of the client completing a legal transaction, such as a will signing or being questioned just before the transaction, is a good idea. Experienced practitioners have come to different conclusions on this question. In selected cases, videotape evidence of a client explaining his or her reasons behind a particular dispositive provision can provide a deterrence to a contest. But, there are several arguments against videotaping the client's execution of a document:

- Videotaping may, in fact, exaggerate the client's deficits in decisional capacity.
- Unless the attorney videotapes all clients, the fact of videotaping may itself be used to raise doubts of capacity.
- The videotape cannot be edited to remove portions for any reason without risking ethical or legal violation of evidence tampering prohibitions.

F. Taking Actions Following Informal Capacity Assessment

Following a preliminary capacity assessment, an attorney may need to weigh different courses of action. In the majority of cases, presumably there will be no issues of diminished capacity and the attorney can proceed with the legal representation without further concern. In the case of "mild problems" with capacity, the attorney may want to consider referring the client for a *geriatric medical evaluation* to ensure there are no medical problems which may be transiently affecting capacity and for which resolution could remove any lingering concerns.

In cases involving "more than mild problems" with capacity, the attorney also should consider a general geriatric work-up. However, in such cases it is likely that capacity issues will persist and will require either a formal referral to a *clinician* for capacity assessment or at least attorney consultation with a clinician for guidance and clarification. After taking such external steps, the attorney then can decide the best course of action concerning the representation.

In situations where "severe problems" with capacity exist, further representation by the attorney may be problematic. Withdrawal from direct representation, taking all reasonable steps to protect the client's interests, or seeking to advance the client's interests through representation of another party (e.g., a family member), may be indicated. If a client-lawyer relationship already exists before capacity becomes an issue, then protective action may be ethically appropriate under Model Rule 1.14(b).

A formal evaluation of capacity by a clinician will be useful in supporting these actions. Communication with the client about the capacity issues, as well as with family members and significant others where

IV. Lawyer Assessment of Capacity

Possible Action Steps Following Preliminary Assessment	
Intact Capacity	<input type="radio"/> Proceed normally
Mild problems	<input type="radio"/> Proceed normally <input type="radio"/> Consider medical referral or <input type="radio"/> Informal mental health consultation or <input type="radio"/> Formal capacity assessment
More than mild problems	<input type="radio"/> Proceed with great caution <input type="radio"/> Consider medical referral or <input type="radio"/> Informal mental health consultation or <input type="radio"/> Formal capacity assessment
Severe problems	<input type="radio"/> Formal capacity assessment <input type="radio"/> Decline representation or withdraw <input type="radio"/> Protective action if appropriate

appropriate, may be warranted in most of these cases to protect the client's legal interests and to reduce the risk of exploitation.

G. Caution Against Lawyer Use of Psychological Instruments

Cognitive screening instruments have enjoyed wide acceptance and use in clinical settings, mainly because of their brevity and simplicity in administering, scoring, and interpreting. Several brief mental status questionnaires have been developed, the most popular of which is the 30-item Mini-Mental Status Examination (MMSE), although others are widely used, too. See the Cognitive Screening tests in Appendix 3.

The MMSE provides a quick but blunt assessment of overall cognitive mental status. It assesses orientation, attention, registration and immediate recall, language, and the ability to follow simple verbal and written commands. It provides a total score that places

the individual on a 30-point scale of cognitive function. In clinical settings, the MMSE has been used to detect impairment, follow the course of an illness, monitor response to treatment, screen for cognitive disorders in epidemiological studies, and follow cognitive changes in clinical trials.

While this handbook argues that lawyers regularly engage in the legal assessment of capacity and should do so in a systematic manner, for a variety of reasons addressed below, it is generally not appropriate for attorneys to use more formal clinical assessment instruments, such as the MMSE.

Lack of Training

Lawyers generally do not have the education and training needed to administer these tests. Many factors must be taken into consideration when administering and interpreting psychological tests. A few examples include: limits to the validity and reliability of tests; impact of mental status, education level, environmental variables (e.g., lighting, noise), fatigue, sleep deprivation, and sensory deficits on test results; and impact of social and cultural issues on performance.

Limited Yield

For an attorney, the information yield of psychological screening instruments is very limited, compared with other sources of relevant information. At best, screening test scores will indicate that further psychological evaluation is needed, which could often be better determined on the basis of careful observation and a thorough interview.

Over-Reliance

There is a danger of over-reliance on single test scores. Single test scores can unfortunately appear to be objectively and numerically precise. A multidimensional approach to clinical assessment is considered the gold standard for formal assessment. Decisions should not be made on the basis of a single test score.

False Negatives and False Positives

Screening exams such as the MMSE pose a risk of producing both false positives and false negatives in conclusions about mental deficits related to relevant tasks. For example, a client with mobility problems (e.g., arthritis) may have a reduced MMSE score relat-

IV. Lawyer Assessment of Capacity

ed to difficulty drawing pentagons or folding a paper. This deficit has little relevance to the ability to prepare an advance directive. Such a conclusion would be a “false positive.” On the other hand, an individual who demonstrates excellent performance on the MMSE (knows the date, has good memory) but has a specific focused and unfounded delusion about a family member, which represents an acute psychosis, may lack testamentary capacity despite the high score. This is a “false negative.”

Practice Effects

When cognitive screening tests are used more than once, familiarity with the test can improve perform-

ance, even though one’s cognitive functioning has not improved.

Lack of Specificity to Legal Incapacity

In a number of studies, cognitive screening alone has been found lacking sensitivity or specificity to many decisional tasks, such as medical decision-making.³⁸ It is likely to be much more relevant to evaluate the client’s understanding of the specific legal elements of capacity for the transaction at hand and consider the factors laid out in this chapter. Such an approach is much more consistent with a normal attorney-client interview and will likely be more defensible in the event of a malpractice claim.

Capacity Worksheet for Lawyers

Source: *Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers*, by the ABA Commission on Law and Aging and the American Psychological Association (2005).
Please read and review the handbook prior to using the worksheet.

Client Name: _____ Date of Interview: _____

Attorney: _____ Place of Interview: _____

A. OBSERVATIONAL SIGNS

◆ Cognitive Functioning	Examples
Short-term Memory Problems	Repeats questions frequently Forgets what is discussed within 15-30 min. Cannot remember events of past few days
Language/Communication Problems	Difficulty finding words frequently Vague language Trouble staying on topic Disorganized Bizarre statements or reasoning
Comprehension Problems	Difficulty repeating simple concepts Repeated questioning
Lack of Mental Flexibility	Difficulty comparing alternatives Difficulty adjusting to changes
Calculation/Financial Management Problems	Addition or subtraction that previously would have been easy for the client Bill paying difficulty
Disorientation	Trouble navigating office Gets lost coming to office Confused about day/time/year/season
◆ Emotional Functioning	Examples
Emotional Distress	Anxious Tearful/distressed Excited/pressured/manic
Emotional Lability	Moves quickly between laughter and tears Feelings inconsistent with topic

Appendix C

Letter of Support from Commissioner Conyers Provided to All Agencies



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

March 1, 2007

Dear Director:

The purpose of this letter is to let you know of the involvement of the Virginia Department of Social Services in a research study on financial exploitation of the elderly that is being conducted by two University of Virginia professors, Drs. Shelly Jackson and Thomas Hafemeister. The study is federally funded through the National Institute of Justice and is entitled "Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Dynamics, Risk Factors, and Society's Response."

The objective of this research is to learn whether and how financial exploitation of elders differs from other forms of elder mistreatment by family members and differences in responses to financial exploitation. To ascertain the perceptions of all individuals involved in a case, the researchers will interview the Adult Protective Services (APS) worker, the elder person, and his or her caretaker or residential partner, if available. The same interview questions will be used for all participants.

The researchers anticipate collecting data on 240 cases (that is, 240 social workers, 240 elder persons, and 240 caretakers) statewide over a period of 18 months. Interviews will be conducted by the two researchers and specially trained graduate-level students. Persons interviewed (other than APS workers) will receive \$75 for participating.

The researchers have identified five criteria for cases to be included in the study:

- The case involves one of the following committed by a family member: 1) financial exploitation; 2) physical abuse (excluding sexual abuse); 3) neglect (excluding self-neglect), or 4) financial exploitation and either physical abuse or neglect (i.e., hybrid cases).
- The elder person can carry on a reasonable conversation with the interviewer.
- The elder person was over the age of 59 at the time of the incident.
- The elder person was not living in an institutional setting at the time of the incident, but may be living in an institutional setting now.
- The allegation(s) may or may not have been substantiated, but invalidated cases will be excluded

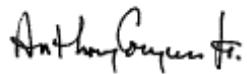
This research will take approximately 1.5 hours of each worker's time. Specifically, the APS worker will be asked to 1) identify a case that fits these criteria, 2) make the initial contact to determine whether the elder person is interested in participating (if he/she is interested, the researchers will then contact the elder person directly to schedule the interview), and 3) engage in a separate 45-minute face-to-face interview about the case.

The research protocol has been pilot tested at the Albemarle County Department of Social Services and the procedures worked well. Informal feedback from participants (APS workers and supervisor, elder persons, and caregivers) indicated an appreciation for the research taking place and an opportunity to talk to someone about the case.

While participation in this project is voluntary, VDSS strongly supports the research and encourages your agency to participate. There has been relatively little research on elder financial abuse. The results of this study will be of significant benefit to Virginia and local APS programs in Virginia and nationwide. The Institutional Review Boards at VDSS and UVA have approved this project.

Thank you for your consideration of this project. Dr. Jackson will be in touch with you within two weeks of the receipt of this letter to answer any questions and to determine your willingness to participate. We have met with the researchers and are confident that they are both highly qualified to conduct this research and committed to these issues.

Sincerely,



Anthony Conyers, Jr.

AC:gsn

December 19, 2007

Dear Director:

The purpose of this letter is to let you know of the involvement of the Virginia Department of Social Services in a research study on elder abuse that is being conducted by two University of Virginia professors, Drs. Shelly Jackson and Thomas Hafemeister. The study is federally funded through the National Institute of Justice and is entitled "Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Dynamics, Risk Factors, and Society's Response."

The objective of this research is to learn whether and how financial exploitation of elders differs from other forms of elder mistreatment and differences in responses to financial exploitation. To ascertain the perceptions of all individuals involved in a case, the researchers will interview the Adult Protective Services (APS) worker, the elder person, and his or her caretaker or residential partner, if available. The same interview will be used for all participants.

The researchers anticipate collecting data on 240 cases (that is, 240 social workers, 240 elder persons, and 240 caretakers) statewide over a period of 18 months. Interviews will be conducted by the two researchers and specially trained graduate-level students. Persons interviewed (other than APS workers) will receive \$75 for participating.

The researchers have identified five criteria for cases to be included in the study:

- The case involves one of the following:
 - 1) Financial exploitation;
 - 2) Physical abuse (excluding sexual abuse);
 - 3) Neglect (excluding self-neglect); or
 - 4) Financial exploitation *and* either physical abuse or neglect.
- The elder person is over the age of 59 at the time of the incident.
- The elder person was living in their home at the time of the incident(s), but may be living in an institutional setting now.
- The allegation(s) may or may not have been substantiated, but invalidated cases will be excluded.

- The report is closed (i.e., investigation is closed, a disposition is made, client accepts/refuses services).

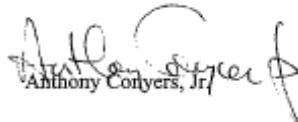
This research will take approximately 1.5 hours of each worker's time. Specifically, the APS worker will be asked to 1) identify a case that fits these criteria, 2) make the initial contact to determine whether the elder person is interested in participating (if he/she is interested, the researchers will then contact the elder person directly to schedule the interview), and 3) engage in a separate 45-minute interview about the case.

Thus far the researchers have been engaged in data collection in the Eastern, Western, and Piedmont Regions with plans to continue their research in the Northern and Central Regions. Informal feedback from participants (APS workers and supervisors, elder persons, and caregivers) indicates an appreciation for the research taking place. APS clients especially appreciate an opportunity to talk to someone about their experience.

While participation in this project is voluntary, VDSS strongly supports this research and encourages your agency to participate. There has been relatively little research on elder financial abuse. The results of this study will be of significant benefit to Virginia and local APS programs in Virginia and nationwide. The Institutional Review Boards at VDSS and UVA have approved this project.

Thank you for your consideration of this project. Dr. Jackson will be in touch with you within two weeks of receipt of this letter to answer any questions and to determine your willingness to participate. We have met with the researchers and are confident that they are both highly qualified to conduct this research and committed to these issues.

Sincerely,



Anthony Conyers, Jr.

AC: gsn

Appendix D

Permission to Obtain Verbal Consent from Elders



COMMONWEALTH of VIRGINIA DEPARTMENT OF SOCIAL SERVICES

March 28, 2007

Shelly L. Jackson, Ph.D.
Assistant Professor of Psychiatric Medicine
Institute of Law, Psychiatry and Public Policy
P.O. Box 800660
University of Virginia
Charlottesville, Virginia 22908-0660

Re: IRB review of prospective research study, "Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors and Society's Response"

Dear Dr. Jackson:

In response to your e-mail request dated March 15, 2007, the Institutional Review Board (IRB) of the Virginia Department of Social Services agrees that it is acceptable for case workers to obtain *verbal* consent from elderly clients *to be contacted* by you or other members of your research team. In other words, case workers must obtain consent from an elderly client before providing the client's contact information to you, but for IRB purposes consent to be contacted does not need to be signed by the elderly client.

If a researcher then contacts the client, however, the researcher must obtain from the participant a signed acknowledgement of informed consent prior to proceeding with the interview.

If you have any further questions or concerns about this issue, please contact Todd Areson, IRB Coordinator, by telephone at (804) 726-7490 or by e-mail at todd.areson@dss.virginia.gov.

Best wishes for the success of your research project.

Sincerely,

A handwritten signature in black ink, appearing to read "Erik Beecroft".

Erik Beecroft, Chair
VDSS Institutional Review Board

Appendix E

Informed Consent Forms

Informed Consent Agreement APS Caseworker Form

Page 1 of 2

Project Title:

Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response

**Please read this consent agreement carefully before
you decide to participate in the study.**

Introduction:

You are invited to be in a research study on elder mistreatment. You are being asked to take part in this study because you are an Adult Protection Services worker.

Why is this study being done?:

The reason we are doing this study is to figure out how various forms of abuse of older persons are the same or different and to look at the ways people view each of these forms of abuse.

What you will do in the study:

You will be asked to complete an interview with a member of the study staff regarding one case of elder abuse.

Time required:

You will spend about one to two hours participating in this study project.

Risks:

Being in this study involves very little risk to you. However, it is possible that some confidential information could be disclosed. All information disclosed during the interview will be kept confidential. During the interview you can skip any questions you do not feel comfortable answering.

Benefits:

There are no direct benefits to you for participating in this research. The research may help us understand the perceptions of APS caseworkers who handle elder mistreatment cases.

Confidentiality:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report. Electronic data will be stored in password-protected computers for future use by researchers. Again, no identifying information will be stored in the computers.

Voluntary participation:

Your participation in the study is completely voluntary.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 8/24/06 to 8/23/09

GMB

Page 2 of 2

Right to withdraw from the study:

You have the right to withdraw from the study at any time without penalty.

How to withdraw from the study:

If you want to withdraw from the study, tell the member of the study staff and he or she will stop the interview process. There is no penalty for withdrawing. All materials will be destroyed.

Payment:

You will not receive any payment for participating in this study.

If you have questions about the study, contact:

Shelly Jackson, Ph.D.
Institute of Law, Psychiatry and Public Policy
P.O. Box 800660
University of Virginia
Charlottesville, VA 22908-0660
Telephone: (434) 924-8309

Thomas Hafemeister, J.D., Ph.D.
Institute of Law, Psychiatry and Public Policy
P.O. Box 800660
University of Virginia
Charlottesville, VA 22908-0660
Telephone: (434) 924-8309

If you have questions about your rights in the study, contact: Tonya R. Moon, Ph.D.,
Chair, Institutional Review Board for the Behavioral Sciences, One Morton Dr., Suite 500,
Charlottesville, Virginia, 22901. Telephone: (434) 243-2915

Agreement:

I agree to participate in the research study described above.

Signature: _____ **Date:** _____

You will receive a copy of this form for your records.

IRB Project # 2005 - 0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09

[Signature]

Informed Consent Agreement

Page 1 of 2

Project Title:

Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response

**Please read this consent agreement carefully before
you decide to participate in the study.**

Introduction:

You are invited to be in a research study on elder mistreatment. You are being asked to take part in this study because you have been involved in an abusive situation that was reported to Adult Protection Services.

Why is this study being done?

The reason we are doing this study is to figure out how various forms of abuse of older persons are the same or different and to look at the ways people view each of these forms of abuse.

What you will do in the study:

You will be asked to complete an interview with a member of the study staff about your specific case of mistreatment and the Adult Protective Services response to your situation. You also give permission for your caseworker to be interviewed about your case.

Time required:

You will spend about one to two hours participating in this study project.

Risks:

Being in this study involves very little risk to you. Taking part in this research study may involve providing information that you consider confidential or private and it may make you feel uncomfortable or embarrassed or rekindle memories of unpleasant events. Although unlikely, it is possible that some private information could be discovered. During the interview you can skip any questions you do not feel comfortable answering. If you experience any discomfort and wish to stop, you may immediately suspend or end the interview. In addition, on the accompanying form there are a number of counseling services that are available to help you address any emotional discomfort. If you like, project staff will help you contact them.

Benefits:

There are no direct benefits to you for participating in this research. The research may help us understand the perceptions of individuals who experience various forms of abuse.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09


Page 2 of 2

Confidentiality:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report. Electronic data will be stored in password-protected computers for future use by researchers. Again, no identifying information will be stored in the computers.

Voluntary participation:

Your participation in the study is completely voluntary.

Permission to contact and interview your caregiver/residential partner:

You give study staff permission to interview your caregiver/residential partner about your specific case of mistreatment.

Right to withdraw from the study:

You have the right to withdraw from the study at any time without penalty. You will still receive full payment for the study.

How to withdraw from the study:

If you want to withdraw from the study, tell the member of the study staff and he or she will stop the interview process. There is no penalty for withdrawing. All materials will be destroyed.

Payment:

You will receive \$75 for participating in this study.

If you have questions about the study, contact: Shelly Jackson, Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-5435 or Thomas Hafemeister, J.D., Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-8309

If you have questions about your rights in the study, contact: Tonya R. Moon, Ph.D., Chair, Institutional Review Board for the Behavioral Sciences, One Morton Dr., Suite 500, Charlottesville, Virginia, 22901. Telephone: (434) 243-2915

Agreement:

I agree to participate in the research study described above.

Signature: _____ **Date:** _____
You will receive a copy of this form for your records.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09

[Signature]

**Informed Consent Agreement
Residential Partner or Full-Time Care Provider Form**

Page 1 of 2

Project Title:

Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response

**Please read this consent agreement carefully before
you decide to participate in the study.**

Introduction:

You are invited to be in a research study on elder mistreatment. You are being asked to take part in this study because you are a residential partner or full-time care provider of an individual involved in an abusive situation that was reported to Adult Protective Services.

Why is this study being done?:

The reason we are doing this study is to figure out how various forms of abuse of older persons are the same or different and to look at the ways people view each of these forms of abuse.

What you will do in the study:

You will be asked to complete an interview with a member of the study staff about a specific case of elder mistreatment and the Adult Protective Services response to that situation. You also give permission for the caseworker to be interviewed about this case.

Time required:

You will spend about one to two hours participating in this study project.

Risks:

Being in this study involves very little risk to you. Taking part in this research study may involve providing information that you consider confidential or private and it may make you feel uncomfortable or embarrassed or rekindle memories of unpleasant events. During the interview you can skip any questions you do not feel comfortable answering. If you experience any discomfort and wish to stop, you may immediately suspend or end the interview. In addition, on the accompanying form there are a number of counseling services that are available to help you address any emotional discomfort. If you like, project staff will help you contact them.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 6/24/08 to 8/23/09



Page 2 of 2

Benefits:

There are no direct benefits to you for participating in this research. The research may help us understand the perceptions of individuals who experience various forms of abuse.

Confidentiality:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report. Electronic data will be stored in password-protected computers for future use by researchers. Again, no identifying information will be stored in the computers.

Voluntary participation:

Your participation in the study is completely voluntary.

Right to withdraw from the study:

You have the right to withdraw from the study at any time without penalty. You will still receive full payment for the study.

How to withdraw from the study:

If you want to withdraw from the study, tell the member of the study staff and he or she will stop the interview process. There is no penalty for withdrawing. All materials will be destroyed.

Payment:

You will receive \$75 for participating in this study.

If you have questions about the study, contact: Shelly Jackson, Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-8309 or Thomas Hafemeister, J.D., Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-3187

If you have questions about your rights in the study, contact: Tonya R. Moon, Ph.D., Chair, Institutional Review Board for the Behavioral Sciences, One Morton Dr., Suite 500, Charlottesville, Virginia, 22901. Telephone: (434) 243-2915

Agreement:

I agree to participate in the research study described above.

Signature: _____ **Date:** _____
You will receive a copy of this form for your records.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09
GBOB

Informed Consent Agreement Guardian for Elder Person

Page 1 of 2

Project Title:

Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response

**PLEASE READ THIS CONSENT AGREEMENT CAREFULLY BEFORE
YOU DECIDE TO PARTICIPATE IN THE STUDY.**

Introduction:

You are being asked to provide consent for your ward to be in a study on elder mistreatment. This person is being asked to be in the study because they were the victim of elder abuse that was reported to Adult Protection Services.

Why is this study being done?

The reason we are doing this study is to figure out how various forms of abuse of older persons are the same or different and to look at the ways people view each of these forms of abuse.

What your ward will do in the study:

Your ward will be asked to talk to an interviewer about what happened to them and the Adult Protective Services response. You also give permission for your ward's caseworker to be interviewed about this case.

How much time will your ward spend?

Your ward will spend less than two hours talking to the interviewer.

Risks:

There is very little chance of your ward being harmed during this study. They may feel uncomfortable talking about some very personal things. During the interview your ward can skip any questions s/he does not feel comfortable answering. If your ward wishes to stop the interview, your ward simply needs to tell the interviewer. The interviewer will give your ward a sheet of paper with the phone number of counseling services that are available in your area. Your ward may call them him/herself or the interviewer can help your ward call these services.

Benefits:

There are no direct benefits to your ward for being in this study. The study may help us figure out the thoughts and opinions of people like your ward.

IRB Project # 2005-0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09

[Signature]

Page 2 of 2

Protection of your ward's information:

The information that your ward will give in the study will be protected by the staff. The information from the interview will be given a code number rather than using your ward's name. The list connecting your ward's name to this code will be kept in a locked file. When the study is done, this list will be shredded. Your ward's name will not be used in any report. No information that could identify your ward will be kept on the computers.

Being in the study is voluntary:

Being in this study is totally voluntary.

Right to stop the interview at any time:

Your ward can stop the interview at any time with no consequences. Your ward will still be paid in full.

How to stop the interview:

If your ward wants to stop the interview, your ward can tell the interviewer to stop the interview. There are no consequences for stopping the interview. All the information that your ward gave will be destroyed.

Payment:

Your ward will be given \$75 for being in this study.

If you have questions about the study, contact:

Shelly Jackson, Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660
University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-8309

Thomas Hafemeister, J.D., Ph.D., Institute of Law, Psychiatry and Public Policy, P.O.
Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434)
924-3187

If you have questions about your rights in the study, contact: Tonya R. Moon,
Ph.D., Chair, Institutional Review Board for the Behavioral Sciences, One Morton Dr.,
Suite 500, Charlottesville, Virginia, 22901. Telephone: (434) 243-2915

Agreement:

I agree to allow my ward be in the study described above.

Signature of Guardian: _____ **Date:** _____
You will receive a copy of this form for your records.

IRB Project # 2005-0258-00

Approved from 8/24/08 to 8/23/09

SGS

Revision Date: 04/30/04

Informed Consent Agreement Guardian

Page 1 of 2

Project Title:

Financial Abuse of the Elderly vs. Other Forms of Elder Abuse: Assessing Their Dynamics, Risk Factors, and Society's Response

**PLEASE READ THIS CONSENT AGREEMENT CAREFULLY BEFORE
YOU DECIDE TO PARTICIPATE IN THE STUDY.**

Introduction:

You are being asked to be in a study on elder mistreatment. You are being asked to be in this study because you are the guardian of a victim of elder abuse that was reported to Adult Protection Services.

Why is this study being done?

The reason we are doing this study is to figure out how various forms of abuse of older persons are the same or different and to look at the ways people view each of these forms of abuse.

What you will do in the study:

You will be asked to talk to an interviewer about what happened to the victim of elder abuse and the Adult Protective Services response. You also give permission for the caseworker to be interviewed about this case.

How much time will you spend?

You will spend less than two hours talking to the interviewer.

Risks:

There is very little chance of you being harmed during this study. You may feel uncomfortable talking about some very personal things. Although unlikely, it is possible that some private information could be discovered. During the interview you can skip any questions you do not feel comfortable answering. If you wish to stop the interview, just tell the interviewer. The interviewer will give you a sheet of paper with the phone number of counseling services that are available in your area. You may call them yourself or the interviewer can help you call these services.

Benefits:

There are no direct benefits to you for being in this study. The study may help us figure out the thoughts and opinions of people like you.

IRB Project # 2005 - 0258-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09

[Signature]

Page 2 of 2

Protection of your information:

The information that you give in the study will be protected by the staff. The information from the interview will be given a code number rather than using your name. The list connecting your name to this code will be kept in a locked file. When the study is done, this list will be shredded. Your name will not be used in any report. No information that could identify you will be kept on the computers.

Being in the study is voluntary:

Being in this study is totally voluntary.

Right to stop the interview at any time:

You can stop the interview at any time with no consequences. You will still be paid in full.

How to stop the interview:

If you want to stop the interview, tell the interviewer to stop the interview. There are no consequences for stopping the interview. All the information that you gave will be destroyed.

Payment:

You will be given \$75 for being in this study.

If you have questions about the study, contact:

Shelly Jackson, Ph.D., Institute of Law, Psychiatry and Public Policy, P.O. Box 800660
University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434) 924-8309

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Box 800660, University of Virginia, Charlottesville, VA 22908-0660, Telephone: (434)
924-3187

If you have questions about your rights in the study, contact: Tonya R. Moon,
Ph.D., Chair, Institutional Review Board for the Behavioral Sciences, One Morton Dr.,
Suite 500, Charlottesville, Virginia, 22901. Telephone: (434) 243-2915

Agreement:

I agree to be in the study described above.

Signature: _____ **Date:** _____

You will receive a copy of this form for your records.

IRB Project # 2005-025B-00

Revision Date: 04/30/04

Approved from 8/24/08 to 8/23/09

Appendix F

Description of Creation of ASAPS Variables

Dependency

Dependent on other

Communication Deficits

Communication problems
Does not communicate

Competent

Alert
Sound reasoning
Capable/competent

Dementia/Confusion

Needs constant supervision
Confusion
Dementia

Mental Health Problems

Anxiety/Depression (Anxiety Depression/blunted affect, Poor self esteem, Self-destructive activity or suicidal ideation)
Fear/Mistrust (Intense fear reactions to an individual or to people in general; Mistrust of others)
Mental illness
Mental retardation
Substance abuse
Ongoing treatment for MR/MH/SAS
Nightmares, night tremors

Good Support

Support system available
Support system available to provide assistance
Support system will advocate for elder

Overburdened social support

Support system overburdened
Support system burned out

Parasitic abuser

Parasitic relationship with elder
Unusual household composition
Appearance of previously uninvolved relatives/friends
Abuser lives with victim
Abuser has easy access to the victim

No Support – isolated

Isolated/No known support system
Isolated

Medical/Health Problems

Untreated medical conditions
Genital or urinary irritation, injury, infection or scarring
Presence of a sexually transmitted disease
Frequent, unexplained physical illness
Fluctuating medical or chronic condition

Table . ASAPS Frequencies and Percentages for Elder Abuse Victims (Individual Items)

	Category	Frequency	Percentage
Gender	Female	1438	67.1%
Race (Caucasian vs. African American)	Caucasian	1521	71.0%
Income	Sufficient Income	1989	92.9%
Dependent on Others	Yes	1808	84.4%
	No	334	15.6%
Non-Ambulatory	Yes	506	23.6%
	No	1636	76.4%
Independent and Capable	Yes	600	28.0%
	No	1542	72.0%
Good Health	Yes	335	27.1%
	No	903	72.9%
Disturbed Peer Interactions	Yes	56	2.6%
	No	2086	97.4%
Mental Illness	Yes	45	2.1%
	No	2097	97.9%
Mental Retardation	Yes	115	5.4%
	No	2027	94.6%
Substance Abuse	Yes	20	0.9%
	No	2122	99.1%
Ongoing Treatment for MI/MR/SAS	Yes	50	2.3%
	No	2092	97.7%
Nightmares Night Terrors Sleep Disturbances	Yes	65	3.0%
	No	2077	97.0%
Parasitic Relationship	Yes	58	2.7%
	No	2084	97.3%
Unusual Household	Yes	414	19.3%

Composition	No	1728	80.7%
Appearance of Previously Uninvolved Relatives	Yes	206	9.6%
	No	1936	90.4%
Abuser Lives with Elder	Yes	99	4.6%
	No	2043	95.4%
Abuser Has Easy Access to Elder	Yes	949	44.3%
	No	1193	55.7%

Appendix G

Elder Demographic and Risk Factor Descriptive Statistics

Elder Demographic and Risk Factor Descriptive Statistics		
Characteristic	Response Options	Elder Victim
Age (M)		76 years
Gender (%)	Male	24
	Female	76
Ethnicity (%)	Caucasian	83
	African American	17
Marital Status (%)	Never married	13
	Married	18
	Divorced	17
	Widowed	51
Children (%)	Yes	75
	No	25
Living Arrangements (%)	Living alone	41
	Living with perpetrator in own home	33
	Living with other in own home	10
	Living in perpetrator's home	16
Education (%)	Less than high school	53
	High school/GED	24
	Some college	7
	College graduate	17
Income (%)	Sufficient for basic necessities	87
	Insufficient	13
Employment (%)	Retired	87
	Disability	9

	Employed	4
Work History (%)	Unskilled	29
	Semiskilled	15
	Skilled	9
	Managers, Officials, Proprietors, Clerical, & Sales	14
	Professional & Technical	19
	Unemployed	14
Health (%)	Good	32
	Fair	35
	Poor	33
Chronic Disease or Disability (%)	Yes	86
	No	14
Dementia/Alzheimer's (%)	Yes	23
	No	77
Taking Prescription Medication (%)	Yes	90
	No	10
Challenge to Daily Living (%)	Yes	54
	No	46
Unusual Life Events (Stressors) at Time of Offense (%)	Yes	49
	No	51
Able to Drive (%)	Yes	45
	No	55
Mental Health (%)	Diagnosed with some type of mental illness	27
	No diagnosis	73
Substance Abuse (%)	Drug or alcohol problem	6
	No drug or alcohol problem	94
Criminal Record (%)	Yes	3
	No	97

Religious Affiliation (%)	Self-identified as belonging to a religious organization	64
	No affiliation	36
Subjective Support (% Yes)	Perceived social support	72
	Felt lonely	50
	Felt isolated	46
Able to Live Independently (%)	Yes	63
	No	37
Childhood History of Family Violence (%)	Yes	29
	No	53
	Don't know	18
Adult History of Family Violence (%)	Yes	33
	No	67
Characteristics of Relationship with Perpetrator (% Yes)	Fear of perpetrator	46
	Perceived ability to protect self from abuse	42
	Perceived perpetrator as caretaker	46
	History of aggression toward perpetrator	13
Quality of Relationship with Perpetrator (%)	Good	68
	Neutral	17
	Poor	15

Perpetrator Demographic and Risk Factor Descriptive Statistics		
Characteristic	Response Categories	Perpetrator
Age (M)		45 years
Gender (%)	Male	62
	Female	38
Ethnicity (%)	Caucasian	77

	African American	23
Relationship to Elder (%)	Related	68
	Not related	32
Marital Status at Time of Offense (%)	Unmarried	70
	Married	30
Children (%)	Yes	70
	No	30
Education (%)	Less than high school	39
	High school/GED	45
	Some college	6
	College graduate	10
Income (%)	Sufficient for basic necessities	57
	Insufficient	43
Employment at Time of Offense (%)	Employed	46
	Unemployed	54
Work History (%)	Unskilled	23
	Semiskilled	20
	Skilled	10
	Managers, Officials, Proprietors, Clerical, & Sales	11
	Professional & Technical	6
	Unemployed	30
Health (%)	Good	64
	Fair	34
	Poor	2
Chronic Disease or Disability (%)	Yes	46
	No	54
Unusual Life Events (Stressors) at Time of Offense (%)	Yes	56
	No	44

Able to Drive (%)	Yes	85
	No	15
Mental Health (%)	Diagnosed with some type of mental illness	25
	No diagnosis	75
Substance Abuse (%)	Drug or alcohol problem	50
	No drug or alcohol problem	50
Criminal Record (%)	Yes	46
	No	54
Religious Affiliation (%)	Self-identified as belonging to a religious organization	22
	No affiliation	78
Childhood History of Family Violence (%)	Yes	45
	No	55
Adult History of Family Violence (%)	Yes	68
	No	32
Dependence on Elder Victim (%) Yes)	Financial	43
	Residential	37
	Emotional	29
	Other	4
History of Caregiving	None	45
	Cared for family member	49
	Cared for non-family member	6
History of Other Elder Abuse (According to Caseworker)	Yes	45
	No	55

Appendix H

Prosecutor Interview

Examining Prosecutor's Decisions to Prosecute Elder Maltreatment

State: _____

ID#: _____

Date of interview: _____

Length of interview: _____

Check when consent has been reviewed with participant.

[Jurisdiction _____ Office/Department _____]

Position/title _____

How long have you been a prosecutor? _____ years

Roughly, how many cases are you responsible for at any given time? _____

How often do you handle a case that involves elder abuse? _____

How often a case that involves financial abuse of the elderly? _____

Rate the **difficulty** of prosecuting elder abuse cases compared to other cases?

- Much harder Somewhat harder Same Somewhat easier Much easier

[If they say harder] Why are they harder to prosecute?

- Weak or lack of evidence
- Difficult case to establish (e.g., they involve he-said-she-said disputes)
- Perpetrators acted within their rights (e.g., elder consented, p/atty)
- Harm to victim is relatively minor
- Elders don't make good witnesses (inarticulate, confused, infirm)
- Victim is unavailable as a witness
- Cooperation from 3rd parties not forthcoming (e.g., health care professionals, banks)
- Juries/judges don't view as crimes
- Don't feel as well qualified to pursue these cases
- Supervisor/office doesn't assign resources needed to prosecute
- The community doesn't support the prosecution of these cases
- Other (specify: _____)

Rate the amount of **training** you receive to help you prosecute elder abuse compared to the training you receive for other areas of prosecution?

- Much greater Somewhat greater Same Somewhat less Much less

Compared to other cases, how **willing** to prosecute elder abuse cases are the attorneys in your office?

- Much greater Somewhat greater Same Somewhat less Much less

How likely to **pursue** the prosecution of an elder abuse case?

- Much greater Somewhat greater Same Somewhat less Much less

Why? _____

How likely to obtain a **conviction**?

- Much greater Somewhat greater Same Somewhat less Much less

Why? _____

How well **rewarded** for prosecuting an elder abuse case?

- Much greater Somewhat greater Same Somewhat less Much less

How **seriously** does your office take elder abuse cases?

- Very serious Somewhat serious Not very serious Largely ignores

On a scale of 1 (very easy) to 5 (very difficult), how **difficult** do you find each of the following to prosecute?

- ___ Physical abuse cases
___ Neglect cases
___ Financial exploitation cases
___ Cases in general

Which of the following increases your **willingness** to prosecute an elder abuse case?

- Perpetrator was a close relative
 Perpetrator was a stranger
 Elder victim made the initial complaint
 Elder victim willing to press charges
 Elder victim willing to testify
 Elder victim able to testify
 Elder victim is not deceased
 Significant harm was suffered by the elder victim

For those that do influence your decision, why do they do so? _____

Which of the following **victim characteristics** make prosecution for elder abuse more likely?

- education level (higher or lower?)
 - age (younger or older?)
 - gender (male or female?)
 - social network (extensive or isolated?)
 - good health (good or poor?)
 - mental health (good or poor?)
 - cognitive status (high or low?)
 - articulate (high or low?)
 - victim is living
 - other _____
-
-

What **perpetrator or case characteristics** make prosecution of elder abuse more likely?

How seriously does **law enforcement** in your jurisdiction take elder abuse cases?

- Very serious
- Somewhat serious
- Not very serious
- Largely ignores

How would you rate the quality of the **evidence collected** by law enforcement in elder abuse cases in your jurisdiction?

- Very good
- Somewhat good
- Somewhat poor
- Very poor

What percent of all the elder abuse cases that law enforcement presents to you do you **typically pursue**? _____ %

How frequently does **APS** (Adult Protective Services) or some other social services agency (e.g., Dep't of Human Services) get involved in the elder abuse cases you receive for possible prosecution?

Very often Sometimes Once in a while Almost never
When? _____

If APS does get involved, how would you **rate their help?**

Very helpful Somewhat helpful Limited help Not helpful
Why? _____

Would you be more inclined to **accept** an elder abuse case for prosecution if the original report came from law enforcement or from APS?

Law enforcement APS No difference
Why? _____

What do you want law enforcement or APS to be **doing more of** that would be helpful to you in prosecuting elder abuse?

How well do your **state's statutes** match your needs when prosecuting elder abuse cases?

Very helpful Somewhat helpful Limited help Not helpful
Why? _____

What would you like to see **changed** in your state's laws, if anything?

Which of the following have you found to be **helpful** in prosecuting elder abuse cases (check all that apply)?

- Mandatory arrest
- No drop policies
- Enhanced penalties
- Cases given priority on the court's docket
- Expedited trials
- Courtroom accommodations for the victim (list: _____)
- Specially trained elder abuse prosecutors

- Availability of social services agencies to aid investigation
 - Availability of specialists in elder abuse to aid investigation
 - Availability of multidisciplinary teams to aid investigation
 - Availability of elder forensic centers to aid investigation
 - Other _____
-

Are you satisfied that victims of elder abuse receive the **justice** they deserve?

- Very much
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Cases Involving Financial Exploitation of Victim

How would you rate your **ability** to prosecute an elder financial abuse case?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak

What are the **key factors** in your deciding whether to pursue a financial abuse of the elderly case (e.g., age/vulnerability of victim, size of monetary loss to victim, etc.)?

If the amount of the monetary loss is a key factor, what is the **minimum amount** in general that you would require before you would prosecute for financial exploitation?

What percent of your elderly financial exploitation cases **also involve physical abuse** or neglect by the perpetrator? _____

What **impact** does the co-occurrence of physical abuse have on your willingness to pursue a case of elderly financial abuse?

- Much more willing
- Somewhat more willing
- No difference
- Somewhat less willing
- Much less willing

Rate your **goals** in pursuing a financial exploitation/abuse case (rate each 1 (low) to 5 (high))

- _____ hold the perpetrator accountable
- _____ prevent the perpetrator from harming others
- _____ restore the victim's loss
- _____ provide victim, family members, loved ones with a sense of justice
- _____ deter this perpetrator from abusing others
- _____ send a signal that will deter others from abusing elders

In what percentage of your financial abuse cases does the elder victim actually receive **restitution**? ____%

On average, **how much** of their loss does the elder recover? ____%

How much do you agree or disagree with the statement that elderly financial abuse cases should not be pursued within the **criminal justice system**?

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

What other questions should we ask that will help us understand what facilitates and what hinders the prosecution of elder abuse in general and financial abuse of the elderly in particular?

What other questions should we ask that will help us understand how the prosecution of elder abuse in general and financial abuse of the elderly in particular is succeeding and how it is failing?

Appendix I

Supervisor's Handout for Coordinator's Meetings

Four Forms of Elder Maltreatment: Assessing Their Dynamics, Risk Factors, and Society's Response *(Funding provided by the National Institute of Justice 2006-WG-BX-0010)*

Shelly L. Jackson, Ph.D.
slij4u@virginia.edu
434/409-3069

Thomas L. Hafemeister, J.D., Ph.D.
th4n@virginia.edu
434/924-3187

Institute of Law, Psychiatry and Public Policy
Department of Psychiatry and Neurobehavioral Sciences
University of Virginia

University of Virginia School of Law &
Institute of Law, Psychiatry and Public Policy,
Department of Psychiatry and Neurobehavioral Sciences
University of Virginia

Purpose

- Identify what triggers and promotes the reporting of elder abuse
- Identify what facilitates and limits investigations of elder abuse
- Compare the outcomes of the various forms of elder abuse
- Compare the elder person's and caseworker's perceptions of the case

Eligibility Criteria

- The APS report involved one of the following:
 - 1) physical abuse (excluding sexual abuse)
 - 2) neglect (excluding self-neglect)
 - 3) financial exploitation
 - 4) financial exploitation and either physical abuse or neglect
- The elder person was over the age of 59 at the time of the incident
- The elder person was living in his/her home at the time of the incident(s), but may be living in an institutional setting now
- The allegation(s) may or may not have been substantiated
- The APS report is closed in ASAPS (i.e., APS investigation is closed, a disposition is made, client accepted/refused APS services); however, the case may still be opened to services

Design

- For each identified case, interview the caseworker, the elder person/guardian, and the caretaker, if appropriate

Procedures

- Data collection throughout Virginia
- Schedule of notification to LDSS directors and supervisors
- For each identified case, interviews conducted with the elder person/guardian and the caretaker, if appropriate
- \$75 to the elder person/guardian and the caregiver

Caseworker's Involvement

- Time Commitment
- 1) Identify a case that fits these criteria;
 - 2) Contact the elder person to determine his/her willingness to participate, and
 - 3) Engage in a telephone interview about the case

Appendix J

References Used in the Instrument Development

- Anetzberger, G. J. (2000). Caregiving: Primary cause of elder abuse? Journal of the American Society on Aging, 2, 46-51.
- Ansello, E. E. (1996). Causes and theories. In L. A. Baumhover & S. C. Bell (eds.), Abuse, Neglect and Exploitation of Older Persons: Strategies for Assessment and Intervention. Baltimore, MD: Health Professions Press.
- Bergeron, L. R. (2001). An elder abuse case study: Caregiver stress or domestic violence? You decide. Journal of Gerontological Social Work, 34(4), 47-63.
- Blakely, B. E., Dolon, R. Elder maltreatment (2002). In J.E. Hendricks, & B. D. Byers (Eds), Crisis intervention in criminal justice/social service (3rd ed.). (pp. 226-259). Springfield, IL: Charles C. Thomas, Publisher.
- Bonnie, R. J., & Wallace, R. B. (2003). Elder maltreatment: Abuse, neglect, and exploitation in an aging America. Washington, DC: National Research Council.
- Buttell, F. P. (1999). The relationship between spouse abuse and the maltreatment of dementia sufferers by their caregivers. American Journal of Alzheimer's Disease, 14(4), 230-232.
- Campbell Reay, A. M. & Browne, K. D. (2001). Risk factor characteristics in carers who physically abuse or neglect their elderly dependants. Aging & Mental Health, 5(1), 56-62.
- Choi, N. G., Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. Journal of Gerontological Social Work, 33(2).
- Henderson, D., Buchanan, J. A., & Fisher, J. E. (2002). Violence and the elderly population: Issues for prevention. In P. A. Schewe (ed.), Preventing violence in relationships: Interventions across the life span (pp. 223-245). Washington, DC: American Psychological Association.
- Hirschman, D. L., & Levy, P. (1992). Severe family violence and Alzheimer=s disease: Prevalence and risk factors. The Gerontologist, 32, 493-497.
- Lachs, M.S., Williams, C., O=Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. The Gerontologist, 37(4), 469-474.

Nerenberg, L. (2000). Forgotten victims of financial crime and abuse: Facing the challenge. *Journal of Elder Abuse and Neglect*, 12(2), 49-73.

Paveza, G. J., Cohen, D., Eisdorfer, C., Freels, S., Semla, T., Ashford, W., Gorelick, P., Hirschman, R., Luchins, D., & Levy, P. (1992). Severe family violence and Alzheimer's disease: Prevalence and risk factors. *The Gerontologist*, 32(4), 493-497.

Pillemer, K. (2005). Elder abuse is caused by the deviance and dependence of abusive caregivers. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (eds.), Current controversies on family violence 2/e (pp. 207-220). Thousand Oaks: Sage.

Pillemer, K. A., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.

Pillemer, K., & Sujitor, J. J. (1998). Violence and violent feelings: What causes them among family caregivers? In R. K. Bergen (Ed.), *Issues in intimate violence*, (pp. 255-266).

Rittman, M. , Kuzmeskus, L. B., Flum, M. A. (1999). A synthesis of current knowledge on minority elder abuse. In T. Tatara (Ed.), Understanding elder abuse in minority populations. (pp. 221-238).

Roby, J. L. (2000). Adult protection service laws: A comparison of state statutes from definition to case closure. *Journal of Elder Abuse and Neglect*, 12(3/4), 17-51.

Shaw, B. A., Krause, N. (2002). Exposure to physical violence during childhood, aging, and health. *Journal of Aging & Health*, 14(4), 467-494.

Schiamborg, L. B., Gans, D. (2000). Elder abuse by adult children: An applied ecological framework for understanding contextual risk factors and the intergenerational character of quality of life. *International Journal of Aging & Human Development*, 50(4), 329-359.

Steinmetz, S. K. (2005). Elder abuse is caused by the perception of stress associated with providing care. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (eds.), Current controversies on family violence 2/e (pp. 191-206). Thousand Oaks: Sage.

Vinton, L. (1998). A nationwide survey of domestic violence shelters= programming for older women. *Violence Against Women*, 4(5), 559-571.

Wilber, K. H., & McNeilly, D. P. (2001). Elder abuse and victimization. In J. E. Birren et al. (Eds.), Handbook of the psychology of aging (5th ed.) (pp. 569-591). San Diego, CA: Academic Press.