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FINAL TECHNICAL REPORT

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INSTITUTION: The Regents of the University of California, UC, Irvine, School of Medicine, Program in Geriatrics
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ABSTRACT

Elder mistreatment inquiry is a relative newcomer to the family violence arena and its empirically-based knowledge lacks a theoretical framework within which to understand its multiple manifestations. Effective intervention and prevention strategies depend upon theory-driven hypotheses testing in order to understand how risk factors at various social-ecological levels interact in the etiology of elder mistreatment. To foster theoretical model development, this article: (1) takes inventory of the empirically-derived knowledge on elder mistreatment; (2) reviews the major theoretical approaches to the etiology of elder mistreatment; (3) proposes a new model of elder mistreatment of older adults with cognitive impairment. Each component of the NIJ-funded work was heavily informed by the methods and models from the adjacent areas of inquiry, child maltreatment and intimate partner violence. Information was obtained through an extensive literature review of the criminal justice, psychology, sociology, gerontology, forensics, and public health literature as well as from interviews with experts from elder mistreatment, child maltreatment, and intimate partner violence.

Background and Approach

Scientific development is a piecemeal process. Empirical findings add to the ever-growing stockpile that constitutes scientific knowledge. In newer areas of inquiry, knowledge development is invariably characterized by a number of disparate findings that exist without a guiding framework (Kuhn, 1962). Elder mistreatment inquiry is a relative newcomer to the family violence arena and its stockpile of empirically-based knowledge lacks a theoretical framework within which to understand its multiple

manifestations. Effective intervention and prevention strategies depend upon theory-driven hypotheses testing in order to understand how risk factors at various social-ecological levels interact in the etiology of elder mistreatment.

To foster theoretical model development, the authors: (1) take inventory of the empirically-derived knowledge on elder mistreatment; (2) review the major theoretical approaches to the etiology of elder mistreatment; (3) propose a new model of elder mistreatment of older adults with cognitive impairment that may be useful going forward. Each component of the NIJ-funded work was heavily informed by the methods and models from the adjacent areas of inquiry, child maltreatment and intimate partner violence. Information was obtained through a review of the literature and from interviews with experts from elder mistreatment, child maltreatment, and intimate partner violence. The review of the literature explored thinking on the causes of family violence by examining research from criminal justice, psychology, sociology, gerontology, forensics, and public health and examined theory development in child maltreatment, intimate partner violence, and elder mistreatment. Research librarians of the Grunigen Medical, the Jack Langson and Science Libraries of the University California Irvine guided systematic, comprehensive searches. The databases employed in the literature search/review were Academic Search Complete, JSTOR, informaworld, PsycINFO, PubMed, ScienceDirect, SocINDEX, and Wiley InterScience. The search criteria specified that articles for inclusion be peer-reviewed research journals and books published between 1950 and 2009. Search terms were elder mistreatment, elder abuse, child maltreatment, child abuse, intimate partner violence, domestic violence, theory,

theoretical model, etiology, and phenomenology.

In addition to the literature review, the authors interviewed experts in child maltreatment, intimate partner violence, and elder mistreatment. The goal of the interviews was to capture unpublished, up-to-date work and ideas on theoretical models for elder mistreatment and the related topics. Most expert interviews were conducted over the telephone with several interviewed via email. Phone interviews were recorded and transcribed using the Cogi-com online software system. Statements derived from the interviews were used with permission from the expert participant and Table 1 lists the participating experts and Table 2 summarizes the interview questions.

Table 1. Child Maltreatment, Intimate Partner Violence, and Elder Mistreatment Experts Interviewed for this Project

NAME AREA OF FAMILY VIOLENCE	AFFILIATION	INTERVIEW FORMAT
David A. Wolfe, PhD Child Maltreatment	Children’s Mental Health University of Toronto	Telephone Interview
Patrick Tolan PhD Child Maltreatment	Institute for Juvenile Research, University of Illinois, Chicago	Telephone Interview
Wendy Wright, MD Child Maltreatment	Randy Children’s Hospital, San Diego Main Campus	Email Interview
Joan S. Meier, JD Intimate Partner Violence	Clinical Law, George Washington Law School	Email Interview
K. Daniel O’Leary, PhD Intimate Partner Violence	Psychology Department, Stony Brook University	Telephone Interview
Michael P. Johnson, PhD Intimate Partner Violence	Emeritus Professor of Sociology, Women’s Studies	Telephone Interview
Andrew R. Klein, PhD Intimate Partner Violence	Advocates for Human Potential, Inc	Telephone Interview
Carmel B. Dyer, MD Elder Mistreatment	Geriatric Medicine University of Texas Medical School	Telephone Interview
Mark S. Lachs, MD, MPH Elder Mistreatment	Division of Geriatrics and Gerontology, Cornell Medical College	Telephone Interview
Linda R. Phillips, RN, PhD Elder Mistreatment	School of Nursing University of California, Los Angeles	Telephone Interview
Georgia Anetzberger, PhD	Health Care Administration Program,	Telephone Interview

Elder Mistreatment	Cleveland State University	
Ron Acierno, PhD Elder Mistreatment	Psychiatry and Behavioral Sciences Medical University of South Carolina	Email Interview
Terry Fulmer, PhD, RN Elder Mistreatment	College of Nursing New York University	Telephone Interview
Bonnie Brandl, MSW Elder Mistreatment	National Clearinghouse Mistreatment Later Life Wisconsin Coalition Against DV	Telephone Interview
Marie-Therese Connolly, JD Elder Mistreatment	The Wilson Center	Telephone Interview
Lisa Nerenberg Elder Mistreatment	Consultant, Trainer, Writer	Telephone Interview

Table 2. Interview Questions Used in Conducting Expert Interviews

<ol style="list-style-type: none"> 1. In thinking about the question, “why does (insert form of family violence) occur?”, what types of theoretical models are in your field? 2. Is there a prevailing model? 3. Is it made explicit? 4. How are the models used (or misused)? 5. How do you find the balance between including relevant factors yet avoiding such complexity as to make the model unusable? 6. As elder mistreatment is not as fully developed as your area, what advice do you have for researchers and practitioners in elder mistreatment ? 7. What is now conceptually lumped together into elder mistreatment may be more accurately conceptualized as several subconstructs. In your opinion, what is the best way to start to disentangle elder mistreatment?
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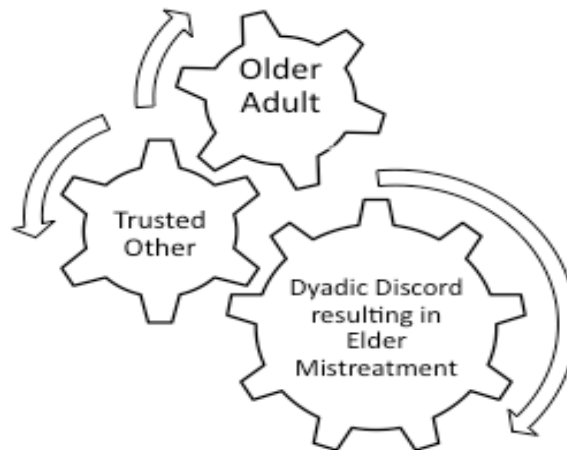
An inventory of the Empirical Findings on Elder Mistreatment

The National Research Council defines elder mistreatment as *intentional actions that cause harm (whether or not harm was intended) or create a serious risk of harm to an older adult by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm (Bonnie, 2003)*. Three components are central to the definition of elder

mistreatment: *harm, older adult, and trust relationship*. In both the research literature and in practice, *harm* is divided into 5 categories: psychological abuse, financial abuse, physical abuse, sexual abuse, and neglect. While variously defined, in this paper, *older adult* refers to adults aged 65 and older. A *trust relationship* refers to those in the life of the older adult who the older adult would reasonably believe they can trust. Trust relationships can include family members, acquaintances, professionals, and paraprofessionals who enter a working or social relationship with the older adult.

The best available incidence rates in family violence indicate that in a year: 12% of children become victims of child maltreatment(US DHHS, 2004); 16% of adults involved in intimate relationships become the victims of intimate partner violence (NFVS, 1992); and 11% percent of cognitively intact older adults become victims of elder mistreatment (Acierno, 2009). Among cognitively intact older adults, a nationally representative sample revealed that the prevalence of elder mistreatment was 4.6% for psychological mistreatment, 1.6% for physical abuse, 0.6% for sexual abuse, 5.1% for neglect, and 5.2% for financial abuse (Acierno, 2009). Elder mistreatment among older adults with cognitive impairment appears to be markedly higher. In a convenience sample of adults with cognitive impairment and their caregivers, 47.3% of adult with cognitive impairment were found to have experienced elder mistreatment. Specifically, 88.5% experienced psychological abuse, 19.7% experienced physical abuse, and 29.5 % experienced neglect (Wiglesworth, et al. 2010).

The characteristics of the older adult that have been shown to be associated with a greater risk of elder mistreatment include: cognitive Impairment (Wiglesworth et



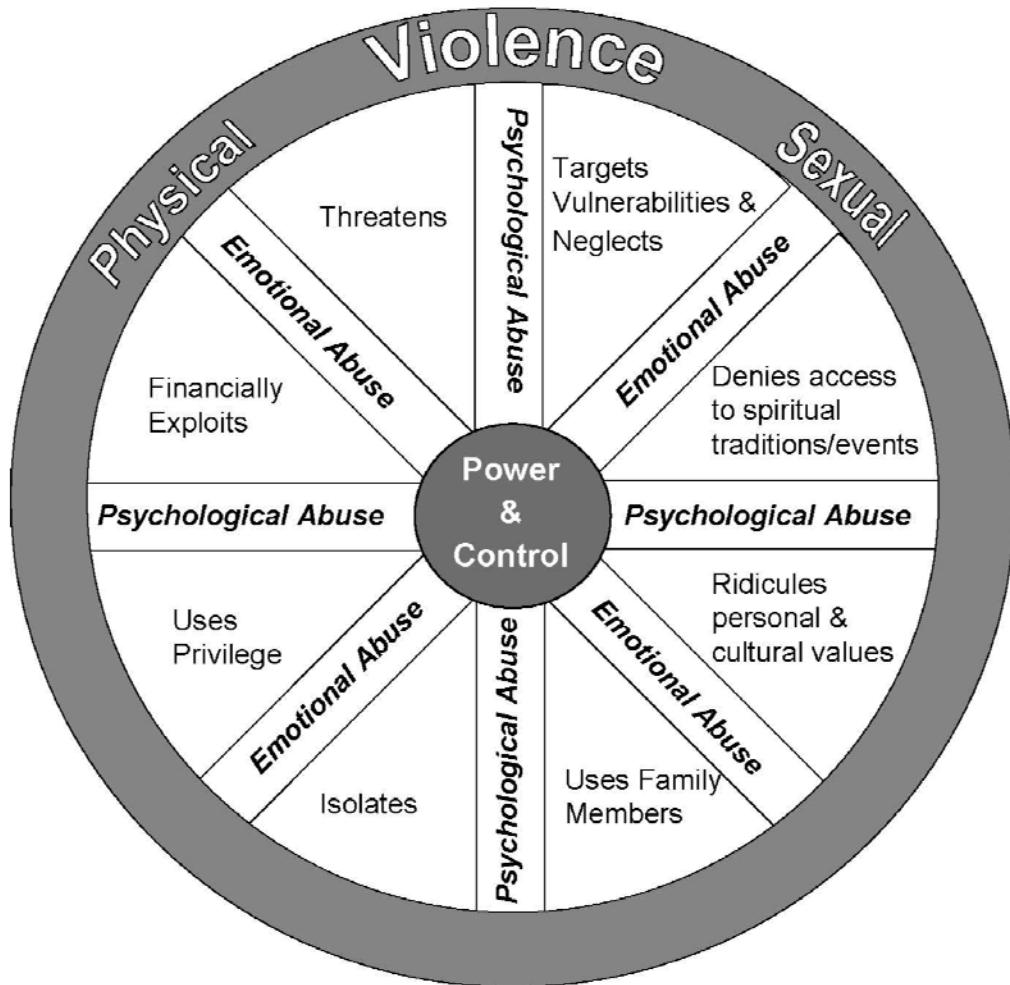
Sociocultural Theories

Power and Control Theory highlights the abuser's use of a pattern of coercive tactics to gain and maintain power and control in the relationship. Power and Control theory was developed in the intimate partner violence literature. Supported by the observation that far more women than men sought help and medical attention, intimate partner violence was framed using Feminist Theory. The focus was upon men, the batterers, who abused their wives/girlfriends, the battered women. Feminist theory considers domestic violence to stem from the unequal and oppressive power relation between women and men (Walker, 1990). Feminism points to the power differential between men and women. There is also a power differential in the US between older adults and younger adults. In 1968, when Vietnam and political protest created a cultural generation gap in America, the gerontologist and psychiatrist Dr. Robert Butler, coined the term "ageism". Ageism is the tendency to dismiss older people as less than competent and diminished

by age. Stemming in part from ageism, in Power and Control theory, perpetrators often believe they have exclusive rights entitling them to mistreat and/or neglect the older adult. Models derived from this theory link the characteristics and thinking patterns of the perpetrator to subsequent abuse. Interventions derived from this theoretical approach emphasize victim safety and empowerment and ensure that the perpetrator is held accountable for the violence. From this perspective, elder mistreatment does not result from the increased needs of the victim but from the “deviance and dependence of abusers” (Pillemer & Finkelhor, 1989). As one expert points out, “Using a framework based on an understand of power and control, rather than caregiver stress will ensure that many more victims are safer and their needs are appropriately met” (Bonnie Brandl, expert interview, 2009). It is likely that power and control models accurately capture the core dynamics of some, but not all types of elder mistreatment. For example, elder mistreatment perpetrated by impaired caregivers.

Figure 6. A Power and Control Model of The Etiology of Elder Mistreatment

Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)
307 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539
www.ncall.us/www.wcadv.org

This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

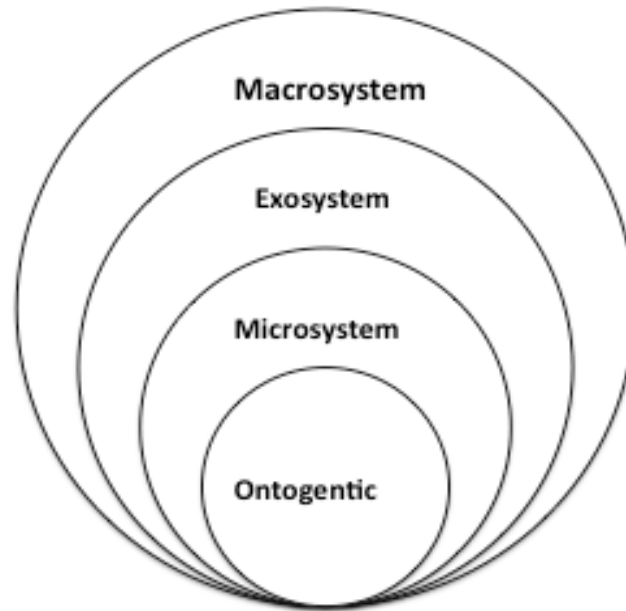
Permission to Adapt 2006

Multisystemic Theories

Ecological Theory was developed to try to capture a number of potential causes and organize them into groups (Bronfenbrenner, 1979). Researchers studying intimate partner violence sought to improve their understanding of intimate partner violence by examining a wider range of potential causes of abuse (Dutton, 1985). In Ecological theory, cultural and societal beliefs are grouped in the outer ring of concentric circles as depicted in Figure 7. Variables in the macrosystem: are age and gender inequality, societal aggression norms. In the exosystem variables are economic environment, integration into the community. Variables in the microsystem variables are individual and family characteristics. In the ontogenetic system, variables include physiology, affect, and behavior.

Ecological theory promotes the inclusion of variables from both the victim and perpetrator but the direction of the aggression was still most often conceptualized as unidirectional. In elder mistreatment, variables of interest are adult child and aging parent; relationships between the family; and external institutions to broad ideological values and norms of a culture. Parra-Cardone and colleagues (2007) used an ecological model to bring to light variables to consider in the study of Latino families affected by elder abuse. Ecological theory helps identify variables for inclusion but does not constitute any particular set of predictions to test so when using ecological models, it would be useful to focus upon one area within the broader model and then to elaborate a sub-model and testable hypotheses within the ecological schema.

Figure 7. An Ecological Model of The Etiology of Elder Mistreatment

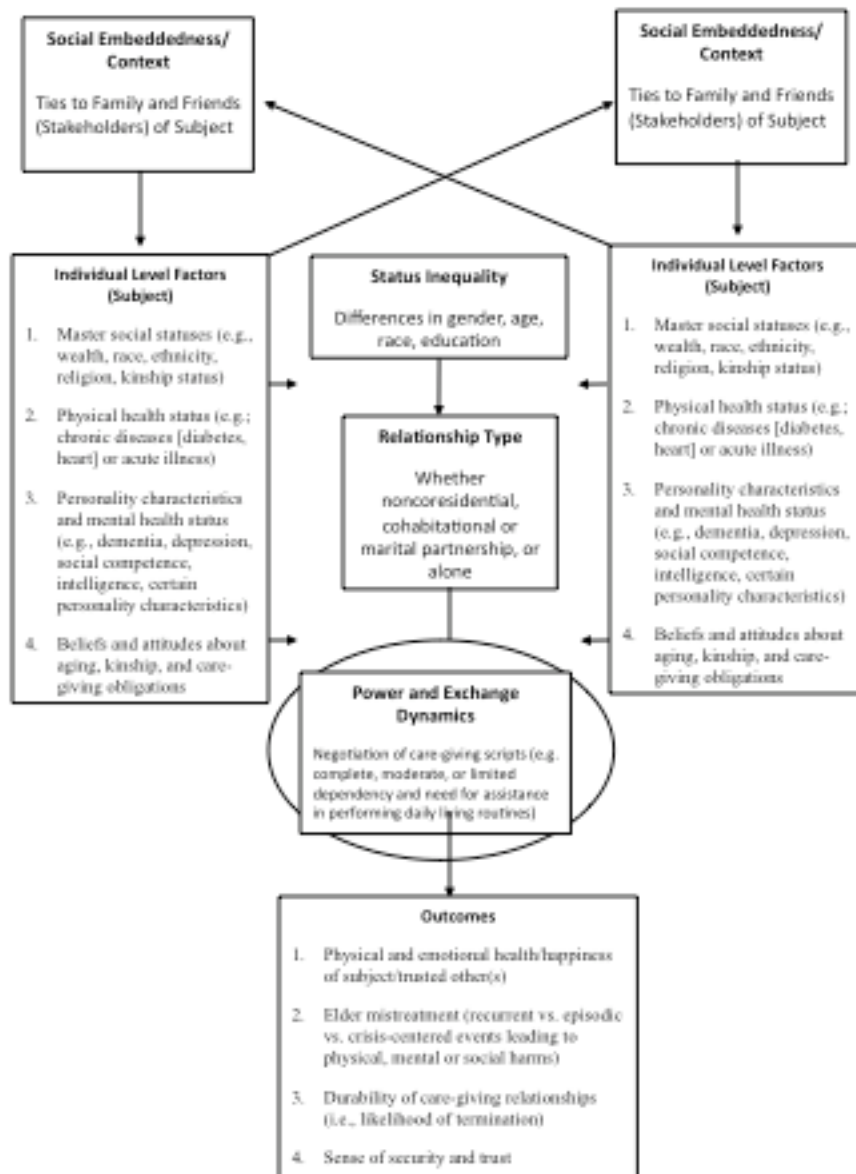


Sociocultural Context

A National Academies of Science convened *Panel to Review Risk and Prevalence of Elder Abuse and Neglect* posed a theoretical model for the study of elder mistreatment designed to help codify findings and provide a framework within which to organize future efforts (citation). It was inspired by George Engles' (1977) biopsychosocial model. As depicted in Figure 8. the model depicts a transactional

process unfolding over time among the elder, his or her trusted other, and other interested parties. The model starts with the “social embeddedness” (social network) of the elder and of the trusted other. Then the model captures the individual factors of the both parties such as their demographic characteristics, physical health, personality, mental health, and attitudes about caregiving obligations. These factors impact the status inequality and relationship type, which in turn impacts the power and exchange dynamics. The outcomes specified in this theoretical model are: physical and emotional health and happiness of the elder and the trusted other, elder mistreatment, the durability of the caregiving relationship, and sense of security and trust.

Figure 8. A Sociocultural Model of The Etiology of Elder Mistreatment



Toward New Theoretical Approaches to the Understanding of Elder Mistreatment

Dr. Georgia Anetzberger summarized a common theme derived from the expert interviews: “The problem for elder abuse is we have enlarged the concept so much that clearly no single theory or set of theories is going to cut it in terms of looking at the

problem as a whole. The best thing to do is to pull apart what we have come to know as elder abuse in a variety of ways.” (expert interview, 2009)

What is now called “elder mistreatment “may be broken into numerous subcategories, which at times (for certain research, practice, and educational purposes) make it easier to comprehend. In intimate partner violence, a number of studies have indicated that partner violence is not a unitary phenomenon (Graham-Kevan & Archer, 2003; Holzworth-Munroe, Meehan, Herron, Rehamn & Stuart, 2000). Dr. Michael Johnson (2000) proposed that intimate partner violence is more accurately conceptualized as two subtypes: **Intimate Terrorism** and **Situational Couple Violence**. Intimate Terrorism is embedded in a general pattern of power and control. Situational Couple Violence is a response to a situation specific conflict. Under this perspective, intimate terrorism is one-directional and situational couple violence is two directional. In a 2009 interview, Dr. Johnson explains:

The reason I came to this typology idea was that people working from two different perspectives were saying very different things about what was the nature of intimate partner violence. A particular type of intimate partner violence dominates the sample that is encountered by advocates and agencies that are dealing with the problem, intimate partner violence. That’s why it is a power and control model, which is the appropriate model of intimate terrorism. The family violence researchers in sociology were saying that intimate partner rounds were gender-symmetric, that women were the perpetrators as frequently as men. The sociologists were dealing with general samples that were heavily dominated by situational couple violence. So when, in fact, they were both studying dramatically different phenomena, they were in loggerhead with each other, each thinking the other was misunderstanding. (expert interview, June 2009)

Family courts serve as an example of how Johnson’s conceptual framework has impacted practice. In family courts there is training for judges that is based upon the intimate partner terrorism and situational couple violence typology. The purpose of the

training is to assist judges in informing their decisions about bail and sentencing in cases of intimate partner violence. When asked whether there have been any unintended consequences resulting from the typology, Dr. Johnson explained:

One concern about the typology is that people may treat certain types as not dangerous. There is a tendency for some people to look at it and say “oh, situational couple violence, that’s not serious”. Now, I’ve been careful in everything I write to say it can be very serious. It can even be homicidal, so you can’t treat it as less serious, although on average, the level of violence is lower than it is from Intimate Partner Terrorism. One of the things that battered women’s advocates, for example, are concerned about is that this typology can serve as an excuse, that men can say they were involved in Situational Couple Violence. Now men always did this. They would come in and say well, she hit me first, and they would talk about it as basically a fight between the two of them. However, now they would have sort of have a scientific basis for saying look, there is a literature out there that says most intimate partner violence is actually Situational Couple Violence and that’s all that is going on here. So there’s some concern about that as a possible unintended consequence.

But there’s another side too. When I do workshops for shelter workers, the most common reaction people coming up afterward and saying, “thank you for this typology, because we’ve always known there were people who came into this shelter who didn’t fit the power and control model and we didn’t know what to do with them. This gives us a way of addressing the issue with them and saying, you’ve got a serious problem. It’s not a power and control thing, it is this other thing. Now let’s see how we can address that effectively. (expert interview, June 2009)

When asked about how subgroups/ typologies are created, Dr. Johnson

recommended using an inductive approach to give you ideas about what the basic differences are. Dr. Mark Lachs asserted:

I think we do have to identify some homogeneous fruit (subgroups of cases that are alike within groups). The question becomes, which are they? If there were a few homogeneous sort of subcategories, how would you define them? How would you collect the data to find them? That may not happen quickly. It will happen someday, maybe during our lifetime. I think ultimately you’re going to wind up with a group of experts who decide where the “money” is, in terms of a homogeneous typology. Then get some parameters around defining it and then ultimately do some kind of intervention study with entry criteria based on those. I think we are probably heading in that direction.... Maybe we should be looking

entirely out of violence for ways in which people have dealt with interventions for heterogeneous problems. (expert interview, 2009)

Dr. Michael Johnson suggested:

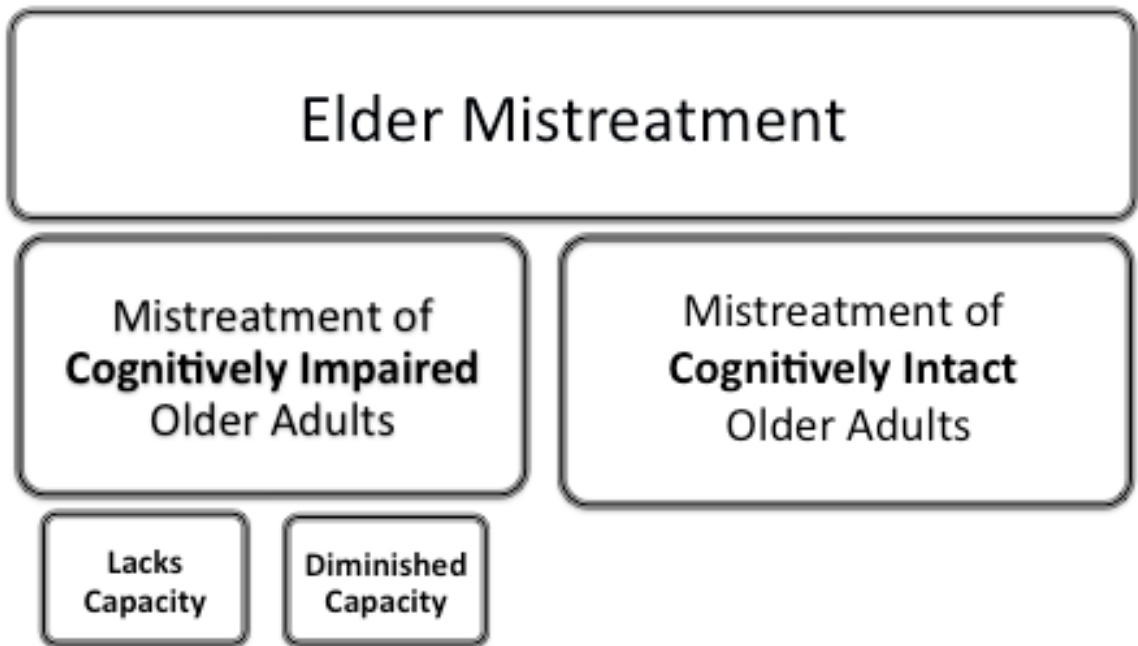
It is likely that elder mistreatment can be broken down into studyable components. Developing typologies is important. If you just lump everybody together and ask what is the most important, what is the biggest correlation in this data set? You might find stress as the biggest correlation. That doesn't mean there isn't some sub-group of that sample in which stress is completely unimportant. The trick is to develop an understanding of the phenomena that allows you to identify those subgroups for which the cause factors might be different. (expert interview, June 2009)

To that end, we draw from the forensic investigation practice of disentangling elder mistreatment cases by a key victim characteristic: cognitive impairment. Dr. Ron Acierno said, "there is a difference between violence (of any subtype) perpetrated against a cognitively intact, socially independent adult and violence perpetrated against a cognitively impaired, less independent, or completely dependent adult" (expert interview, 2010).

One of the most critical questions in addressing cases brought to The Elder Abuse Forensic Center in Orange County, California is whether the older victim has cognitive capacity. In cases in which cognitive capacity is unknown, proper assessment and completion of a capacity declaration is often the key step in addressing the cases. Likewise, in proposing a theoretical model, a helpful step is to conceptually separate cases involving cognitively impaired older adults from cases involving cognitively intact older adults. Figure 9 depicts the two subgroups of elder mistreatment based upon the cognitive impairment of the victim. For the subgroup, *Mistreatment of Cognitively Impaired Older Adults*, a further subgrouping may be used to divide the group into older

adults who lack capacity for all decision making verses older adults with diminished capacity. Capacity is not an all-or-nothing phenomenon as it varies by the decision to be made –with some decisions requiring greater capacity than others.

Figure 9. Elder Mistreatment Subgroups based upon Cognitive Impairment of the Victim



Focusing on the subcategory, mistreatment of older adults with cognitive impairment, we propose a theoretical model that examines both the risk factors of elder mistreatment as well as the protective factors (Figure 10). Drawing from aspects of

Ecological Theory, Dyadic Discord Theory, Power and Control Theory, Social Exchange Theory, and Caregiver Stress theory, this model includes both the risk and **protective** factors of the trusted other, impaired older adult, context, and relationship. This model is amenable to generating testable hypotheses of what factors belong in each of the boxes. In the risk side, several factors have been included in the model based upon existing research. The literature is virtually devoid of empirical study of protective factors. An understanding of protective factors is critically important in the prevention of elder mistreatment. For each of the factors on the risk side of the model, one can examine three questions:

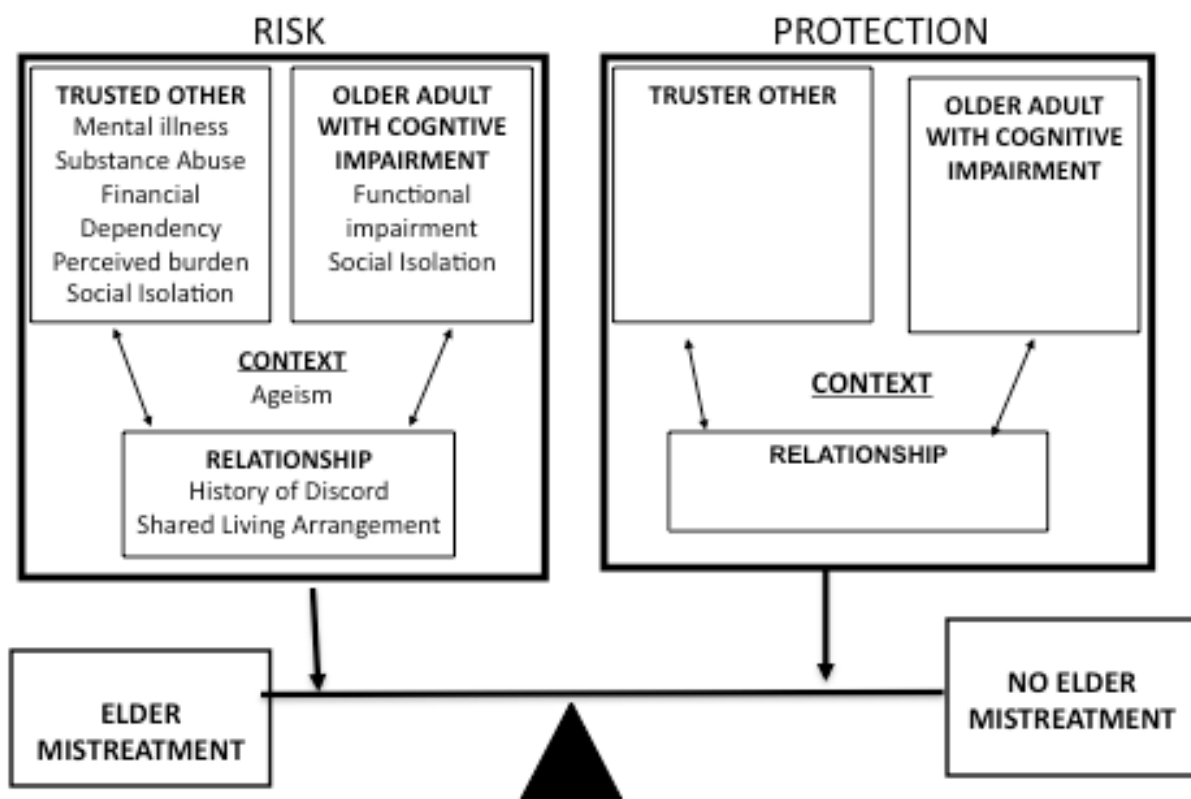
1. If you identify and “fix” a risk factor, will you decrease **the risk** of elder mistreatment?
2. If you identify and “fix” a risk factor will you fix/ameliorate an **already abusive** situation?
3. If you prevent a risk factor or certain group of risk factors, will you **prevent** elder abuse?

For each of these factors on the protection side, one can examine three questions:

1. If you identify and effectively foster a preventive factor, will you decrease **the risk** of elder mistreatment?
2. If you identify and effectively foster a preventive factor will you fix/ameliorate an **already abusive** situation?
3. If you identify and effectively foster a panel of salient protective factors, will you **prevent** elder abuse?

In creating a typology, these hypotheses can also be tested in cognitively intact older adults. Findings from studies in cognitively intact older adults may be similar, or may open a door to a whole separate subcategory of violence. This could provide conceptual clarity in whether it is useful to study elder mistreatment based on cognitive functioning.

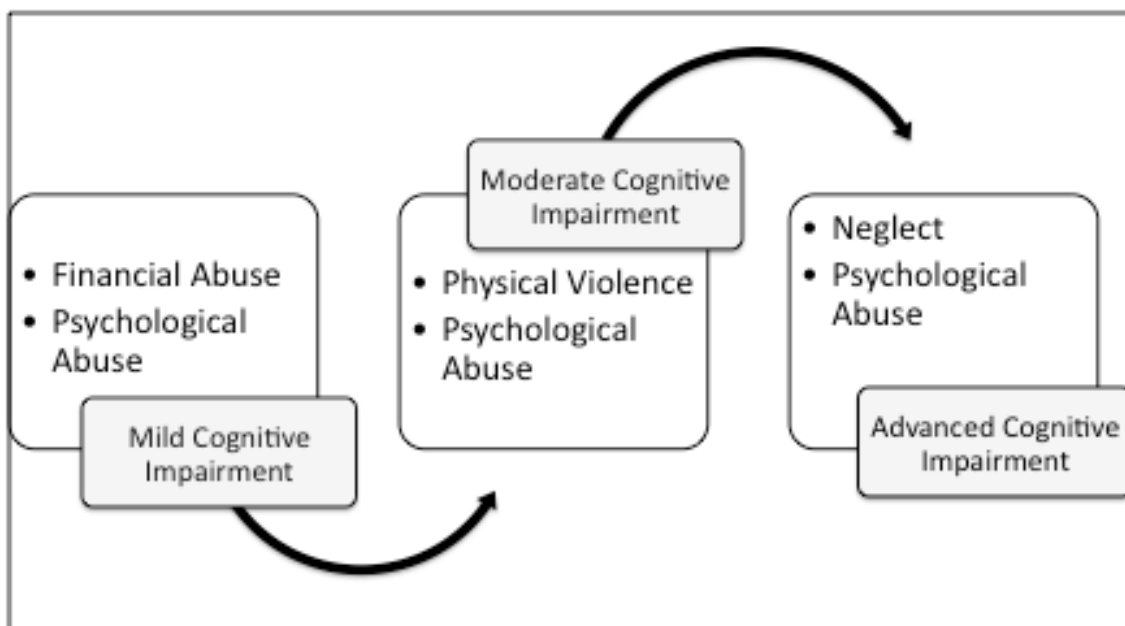
Figure 10. A Risk-Protection Model of Elder Mistreatment of Older Adults with Cognitive Impairment



Another model worthy of study takes a different approach which we propose based upon our experience and expert interviews. It is possible that different stages of cognitive impairment create different vulnerabilities, which, in turn, correspond to

different types of elder mistreatment. As modeled in Figure 12, early dementia, there may be a greater likelihood of financial abuse. As the dementia progresses in the moderate stage, one may become vulnerable to physical abuse. In the advanced stages of dementia, neglect may be the greater risk. Psychological abuse seems to occur throughout all stages of dementia.

Figure 11. Elder Mistreatment in Older Adults in Different Stages of Cognitive Impairment



Testable hypotheses are easily derived from models such as these. For example, from the *Risk-Protection Model*, research could test the hypothesis that social connection in the lives of cognitively impaired older adults is a protective factor that will

be associated with lower incidence of elder mistreatment. A subsequent intervention study might examine the impact of improved transportation options that would enable older adults with cognitive impairment to attend congregate meals at a senior center. From the *Stages of Cognitive Impairment* model, one could test the hypothesis that adults with moderate dementia are physically abused at greater rates than are adults with mild or advanced cognitive impairment.

If cognitive functioning does prove to be a distinct subcategory in elder mistreatment, then a separate abuse-progression may exist for cognitively intact elders. The *Sociocultural Model* suggests that as the older adult- trusted other relationship changes so may the context for abuse. For example, if the residency changes from living separate to cohabitants, opportunities for elder mistreatment may likewise change from financial abuse to physical abuse to neglect. However, there may also be a confounding of variables in the abuse progression if abused cognitively intact older adults later develop a cognitive impairment.

Conclusion

There are several theoretical approaches that have been used to explain elder mistreatment. Still, little progression has been made in the development of the theory basis of elder mistreatment. This suggests that the problem may not be due to the theoretical backgrounds, rather in the methods in which they are being applied. Based upon what we do know, it appears that it is best to address elder mistreatment based on contextual factors and subcategories. To date, theory has been applied broadly to 'elder mistreatment' and has not been broken down into smaller conceptual pieces. Successful

theory development in elder mistreatment may first rely on a thorough conceptualization of all the individual factors involved. Once theory has been developed to explain context-specific subcategories of elder mistreatment, an overarching etiology may appear, or the separate theories may continue to be most helpful for generating testable hypotheses.

Based upon research and clinical experience in elder mistreatment, the authors have conceptualized two subcategories based on cognitive functioning. The framework has testable hypothesis and intervention options for cognitively impaired older adults experiencing familial elder mistreatment. By examining the relationship and etiology of abuse in cognitively impaired older adults, it is likely to provide insight into the causal pathways of abuse for cognitively intact older adults.

Theory provides a sound reasoning on which to base research designs and explain study results. With the steadily increasing number of older adults, and cases of elder mistreatment, there is a great need for a theoretical understanding of the processes involved in elder mistreatment. Guided by context-specific theories, testable hypotheses yielding targeted interventions can be designed and implemented. A greater understanding of elder mistreatment will aid in policy decisions as well as provide insight in screening assessments. Not until we truly understand the etiology, risk factors and manifestations of elder mistreatment can primary prevention occur.

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