

Anetzberger, G. J. (2000). Caregiving: primary cause of elder abuse? *Generations*, 24(2), 46-51.

Part of a special issue on abuse and neglect of older people. The writer proposed an alternative model to the caregiver-stress model for explaining elder abuse and offers an alternative conceptualization of elder-abuse interventions. She notes that elder abuse is primarily a function of the characteristics of the perpetrator and secondarily of the characteristics of the abused victim. She regards the context of perpetrator - victim Interaction as important as factors involved in the caregiving abuse can vary. She lists factors, such as closer contact than ever before, that can renew old tensions; in addition, the actions or reactions on the part of the care recipient or caregiver may prompt elder abuse. She provides a framework for intervention that recognizes the complexity of the problem, and she concludes that the dynamics of the abuse situation must be examined fully.

Bergeron, L. R. (2002). Family preservation: An unidentified approach in elder abuse protection. *Families in Society*, 83(5/6), 547-556.

Currently family preservation is not recognized as a viable approach in elder abuse practice. Yet most elder abuse in domestic settings is perpetrated by family members, and in cases in which elders are being abused by family members, many times elders choose not to change their living situations. For this article, the author reexamined findings from a 1996 exploratory study the author conducted of decisional factors used by New Hampshire's elder protection service workers to explore the role family preservation had in their elder abuse practice. By comparing the decisional factors found in the original study to an index the author created of characteristics of a family preservation model, several factors were identified as characteristics of a family preservation approach. The findings reveal participants used, to a certain extent, a family preservation approach with little agency and community service provider support. The author concluded that further research should be conducted to see if the family preservation model would help in identifying a universal practice model in elder abuse work to more clearly address some of the complexities of providing intervention to the elderly suffering from domestic violence. Reprinted by permission of the publisher.

Bergeron, L. R. & Gray, B. (2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work*, 48(1), 96-105.

Elder abuse reporting laws exist in every state to protect elderly people being abused physically or emotionally, suffering from neglect, or experiencing financial exploitation. Support groups for caregivers of elderly individuals may help prevent elder abuse by reducing caregiver stress and linking caregivers to community services. Using case illustrations, the authors raise the dilemmas that group facilitators face when deciding whether to report a group member suspected of abusing his or her elder care recipient. The ethical concerns of reporting or withholding a report are discussed, and recommendations to assist facilitators in this complex decision process are presented.

Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Generations*, 24(2), 39-45.

Part of a special issue on abuse and neglect of older people. The writer discusses domestic abuse of the elderly, focusing on abuse perpetrated by family members or caregivers in community settings. She notes that the dynamics of abuse are grounded in an abuser's desire to gain and maintain control over the victim. She disagrees with the caregiver-stress model that is used to explain domestic abuse of the elderly – this model cites incidents of abuse as due to the stress experienced by the caregiver. She reveals that research has found that most cases of elder abuse are more similar to traditional domestic violence. She concludes that when intervening in cases of domestic violence, the primary aim must be the safety of the victim.

Brinig, M.E., Daly, J.M., Dawson, J.D., Ingram, J.G., Jogerst, G.J., & Schmuck, G. A. (2003). Domestic elder abuse and the law. *American Journal of Public Health*, 93(12), 2131-2136.

Objectives. The authors evaluated the impact of state adult protective service legislation on rates of investigated and substantiated domestic elder abuse. Methods. Data were collected on all domestic elder abuse reports, investigations, and substantiations for each US state and the District of Columbia for 1999. State statutes and regulations pertaining to adult protective services were reviewed. Results: There were 190005 domestic elder abuse reports from 17 states, a rate of 8.6 per 1000 elders; 242430 domestic elder abuse investigations from 47 states, a rate of 5.9, and 102879 substantiations from 35 states, a rate of 2.7. Significantly higher investigation rates were found for states requiring mandatory reporting and tracking of numbers of reports. Conclusions. Domestic elder abuse documentation among states shows substantial differences related to specific aspects of state laws. (Am J Public Health, 2003,93:2131-2136) Reprinted by permission of the publisher.

Dawson, J.D., Ely, J.W., Hartz, A.J., Jogertst, G.J., & Schweitzer, L.A. (2000). Community characteristics associated with elder abuse. *Journal of the American Geriatric Society*, 48(5), 513-518.

OBJECTIVES: To help define the relationship between elder abuse rates and counties' demographics, healthcare resources, and social service characteristics. **DESIGN:** County-level data from Iowa were analyzed to test the association between county characteristics and rates of elder abuse between 1984 and 1993 using univariate correlation analysis and stagewise linear regression. **SETTING:** Ninety-nine counties in Iowa. **PARTICIPANTS:** Iowa residents aged 65 years and older. **MEASUREMENTS:** County-level population-adjusted numbers of abused elderly, abused children, children in poverty, high school dropouts, physicians and other healthcare providers, hospital beds, social workers and caseworkers in the Department of Human Services (DHS). **RESULTS:** Community characteristics that had a positive association with rates of reported or substantiated elder abuse at the $P < .05$ with higher community rates of high school dropouts, number of chiropractors, and number of nurse practitioners. After adjusting for number of DHS caseworkers and reported child abuse rates (a surrogate for workload) a district effect persists for substantiated elder abuse cases ($P = .002$). **CONCLUSION:** County demographics are risk factors for reported and substantiated elder abuse. The strongest risk factor for reported elder abuse was reported child abuse. The difference in districts may reflect differences in resources and/or differing characteristics of caseworkers who substantiate elder abuse. The risk factors may reflect conditions that influence the amount of elder abuse or the detection of existing elder abuse. *J Am Geriatr Soc* 48:513-518, 2000. Reprinted by permission of the publisher.

Duncan, R. & Thobaben, M. (2003). Domestic elder abuse by health care providers *Home Health Care Management & Practice*, 15(2), 168-169.

The purpose of this article is to discuss domestic elder abuse by health care providers. Domestic elder abuse refers to physical, psychological, and sexual abuse; financial or material exploitation; and neglect of an older person by a spouse, sibling, child, friend, or caregiver in the elderly person's residence or the home of a caregiver (National Center on Elder Abuse, 2002b). It has been well documented that health care providers abuse elders in institutional settings. Little has been written about the abuse of elders by health care providers in domestic settings.

Dyer, C. & Rowe, J. (1999). Elder abuse. *Trauma*, (1), 163-169.

Accident and emergency departments are often the first point of contact for an abused older person. Elder abuse is common and can take many forms, including physical, psychological, financial and sexual abuse, or neglect. The stereotypical victim of abuse as a frail roleless female is probably not accurate, as there appears to be little correlation between the degree of physical and mental disability of the victim and subsequent physical abuse. Elder abuse is most often domestic violence that has graduated into old age.

Identifying physical abuse is not always easy – the key factor is the incongruity between the signs of injury and the account of the process that led to it. While accident and emergency departments have well-established mechanisms to deal with suspected cases of child abuse, very few have procedures for handling elder abuse. Raising the awareness of healthcare workers in this area is seen as a vital goal in tackling this problem.

Dyer, C. B., Hyman, D. J., Murphy, K. P., & Pavlik, V.N. (2000). The high prevalence of depression and dementia in elder abuse or neglect. *Journal of the American Geriatrics Society*, 48(2), 205-208.

A study was conducted to identify the characteristics of abused or neglected patients and to compare the prevalence of dementia and depression in neglected patients with that of patients referred for other reasons. Data were drawn from a sample of 47 elderly people referred to a geriatrics clinic at the Harris County Hospital District in Houston, Texas, for neglect and 97 referred for other reasons. The findings revealed that there was a statistically significant higher prevalence of dementia and depression among victims of self-neglect than among patients referred for other reasons. It was concluded that geriatric clinicians should rule out elder abuse or neglect in their demented and depressed patients.

Fisher, B. S. & Regan, S. L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist*, 46(2), 200-209.

Purpose: This study assessed the extent of different types of abuse, repeated and multiple abuse experiences among women aged 60 and older, and their effects on the women's self-reported health. **Design and Methods:** A cross-sectional study of a clinical sample of 842 community-dwelling women aged 60 and older completed a telephone survey about type and frequency of abuse, self-reported health status and health conditions, and demographic characteristics. Bivariate and multivariate analyses were performed using SPSS 11.5 and STATA 7.0 **Results:** Nearly half of the women had experienced at least one type of abuse – psychological/emotional, control, threat, physical, or sexual – since turning 55 years old. Sizable proportions were victims of

repeat abuse. Many women experienced multiple types of abuse and experienced abuse often. Abused older women were significantly more likely to report more health conditions than those who were not abused. Women who experienced psychological/emotional abuse – alone, repeatedly, or with other types of abuse- had significantly increased odds of reporting bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems.

Implications: It is important that health care and service providers acknowledge psychological/emotional, control, threat, physical, and sexual abuse against older women and understand their health implications. In addition, it is important for providers to be trained in both aging and domestic violence services and resources.

Heisler, C. J. (2000). Elder abuse and the criminal justice system: New awareness, new responses. *Generations*, 24(2), 52-58.

Part of a special issue on abuse and neglect of older people. The writer examines new initiatives in the criminal justice system to tackle the problem of elder abuse. She notes the new developments adopted by the criminal justice system to deal with elder abuse, such as the enactment of specialized laws and increased training; the creation of specialized units within the relevant agencies concerned; cooperation between relevant agencies in case handling; changing court procedures; and the transformation of the victim's role in case presentation. She concludes that many have now realized that traditional investigative and prosecuting responses are inadequate and new approaches have been adopted to achieve the goals of victim and public safety.

Hyduk, C. A. & Moxley, D. P. (2000). Challenges to the implementation of personal advocacy for older adults. *Families in Society*, 81(5), 455-466.

Despite the endorsement of advocacy by the social work profession, the implementation of advocacy in community-service situations for vulnerable populations poses a major challenge to practice. The implementation of an advocacy project, the purpose of which was to address the community living needs older adults of minority status defined as important to the advancement of their quality of life, is examined. Background on the need for advocacy among minority older persons and advocacy within the context of empowerment is offered, then seven issues social workers should address to ensure the effectiveness and viability of personal advocacy for older adults are discussed. Each implementation issue is examined, the service and practice challenges the issue creates are discussed, and then resolutions that can advance practice in this important area are suggested. Finally, the promise of personal advocacy as a form of prevention at the individual case level of service and the benefits sound implementation can produce for older adults, their families, and social-service systems are considered. Reprinted by permission of the publisher.

Koenig, T. L., Lutz, W. A., & Rinfrette, E. S. (2006). Female caregivers' reflections on ethical decision-making: The intersection of domestic violence and elder care. *Clinical Social Work Journal*, 34(3), 361-372.

As our population ages, increasing numbers of social workers and other therapists will provide counseling to women who are caregivers of frail elders. These female caregivers often face complex ethical dilemmas in caring for a frail elder. Furthermore, these dilemmas are compounded by domestic violence in the caregiver/frail elder relationship initiated before the onset of caregiving. Illustrated with case examples, this article presents an ethical decision-making model based on an empowerment framework for helping practitioners work with caregivers who face difficult dilemmas impacted by domestic violence. Implications for strengthening clinical practice with these caregivers are discussed.

Manigbas, M. (2002). Multiservice organization combats elder abuse in Chinese community. *Generations*, 26(3), 70-71.

Part of a special issue on recognizing diversity in aging. San Francisco-based Self-Help for the Elderly began an elder abuse prevention and intervention program to provide services to Chinese elders in the Bay Area of the Californian city in 1984. The program, which provided case management, community outreach, and education, aims to increase the willingness of the community to report abuse of elders and reduce violence against elders through early intervention. Details of the program and a case study are provided.

Moon, A. (2000). Perceptions of elder abuse among various cultural groups: Similarities and differences. *Generations*, 24(2), 75-80.

Part of a special issue on abuse and neglect of older people. The writer examines perceptions of elder abuse among various cultural groups. She surveys existing research on the topic and reveals that the most consistent research finding is that most older people view psychological abuse and neglect to be as hurtful as physical abuse. She also notes that ethnic-minority elders, especially Asian and Hispanic elderly adults, tend to define elder abuse only within the context of a family situation, and this does not allow for abuse by service providers such as caregivers and health staff. She also indicates that many ethnic-minority elderly were more inclined to remain silent about abuse or keep the problem within the family. She concludes that, often, there are more intergroup similarities than differences; this, overemphasizing unique cultural features can be a mistake.

Nerenberg, L. (2000). Developing a service response to elder abuse. *Generations*, 24(2), 86-92.

Since the late 1970s, when elder abuse first emerged in the public's consciousness, the question of what actually constitutes abuse has stimulated ongoing and often heated debate. The disagreement has focused on what should not be included under the rubric of elder abuse. In defining the scope of the professional enterprise that studies elder abuse and provides services related to it, researchers, policy makers, and practitioners have attempted to tease out the common threads that connect such disparate acts as neglect by well-meaning caregivers, flagrant acts of physical cruelty, and exploitation by predatory strangers. The goal is to explain the underlying causes or motives for abuse and to shed light on victims' service needs.

Narrowly defined, elder abuse is harmful or hurtful conduct that is willfully inflicted upon an older person. This shorthand definition seems straightforward, yet each element has been challenged and disputed. Some have rejected the requirement that there be a perpetrator, arguing that self-abuse and self-neglect, which range from non-compliance with medical advice to an individual's refusal to accept basic care or necessities, are variants of elder abuse.

Pennant, L. (2000). Unresolved grief: A risk factor for abuse and neglect in old age. *Generations*, 24(2), 70-74.

Part of a special issue on abuse and neglect of older people. A case study in which unethical service providers took advantage of a family is examined. It is revealed that psychotherapist Arlene Walsh become caregiver to the poet and author Anne Morrow Lindbergh after she claimed that Mrs. Lindbergh was not suffering from post-stroke symptoms but her health problem concerned unresolved emotional issues; however, Walsh began to exert harmful control over both the Lindbergh household and Mrs. Lindbergh's own family. Strategies to prevent such cases of unethical behavior by health care professionals are examined such as careful screening of new caregivers, egalitarian care teams, or educating neighbors to possible elder abuse situations.

Pillemer, K. & Wolf, R. S. (2000). Elder abuse and case outcome. *The Journal of Applied Gerontology*, 19(2), 203-220.

Throughout the health and human service systems, interest in the outcome of interventions has been gaining momentum. The purpose of this article is to investigate case resolution, a common social service outcome measure, as it is applied to cases of elder abuse. An in-depth assessment and reassessment (at 6 months) of 59 abuse cases revealed that resolved cases were more likely than unresolved cases to be associated with neglect, increased social support to the victim, reduction in stress, reduction in the interdependency of the victim and perpetrator, and change in the living situation of the victim. For victims of psychological, physical, or financial abuse, as well as those victims who are not willing to accept services or change their living arrangements, the analysis suggests that the level of future risk of abuse may be a more appropriate outcome measure than case resolution.

Reis, M. (2000). The IOA screen: An abuse-alert measure that dispels myths. *Generations* 24(2), 13-16.

Part of a special issue on abuse and neglect of older people. A study was conducted to investigate the abuse of older people by caregivers, as part of a larger three year intervention and outcomes evaluation study called Project Care, and it was located at a large health and social services agency in a residential area of a major North American city. Data were drawn from 341 participants. Findings reveal a set of 29 items, known as the Indicators of Abuse that could be used to predict whether abuse was likely to be present with relative accuracy. It is concluded that the typical abuse case is characterized by a caregiver who has problems getting along with others, and in situations where the care recipient has a history of previous abuse and there is inadequate support, abuse is more likely to occur.

Stiegel, L. (2000). The changing role of the courts in elder-abuse cases. *Generations*, 24(2), 59-64.

Part of a special issue on abuse and neglect of older people. The writer examines the changing role of the courts in cases of elder-abuse. She notes that this change reflects a significant shift for the judicial system. She details reasons why the judicial system is currently hearing more cases involving elder-abuse, such as new statutory remedies for victims of elder abuse and changes in policy and practice related to the courts and to elder abuse. She concludes that the changes have resulted in elder-abuse cases being regarded as both a social and legal problem that is best addressed by a range of services and legal actions.

